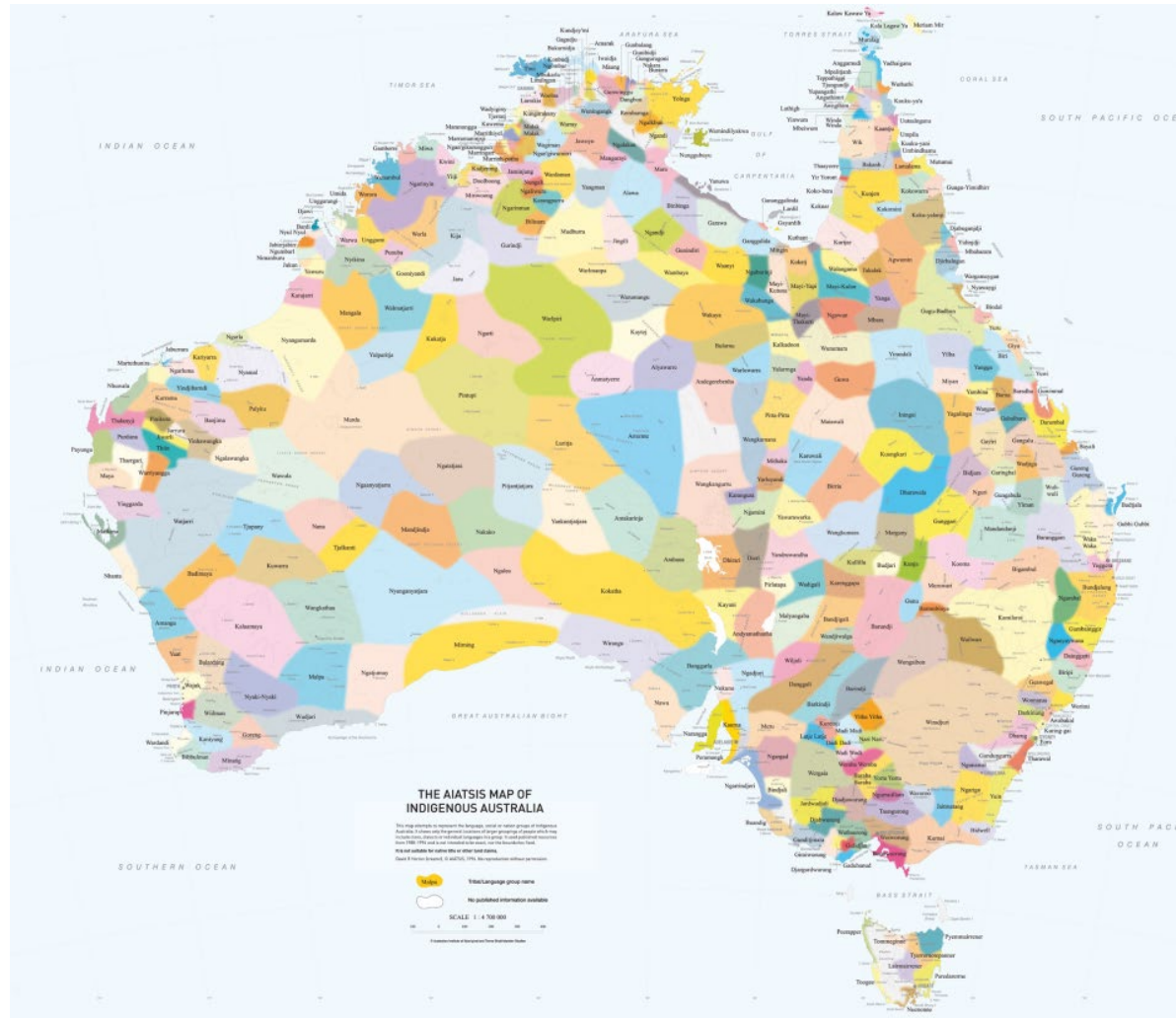


Welcome to today's Insight / APSAD webinar.

We'll be starting a little after 10am (QLD time).

- Use the chat icon for all questions and comments – *select All panelists and attendees.*
- If you are experiencing other problems or require further technical assistance call Zoom on **1800 768 027.**
- A pdf version of today's presentation will be available soon in the chat window.
- A recording of this webinar will be available on our YouTube channel in the coming weeks.





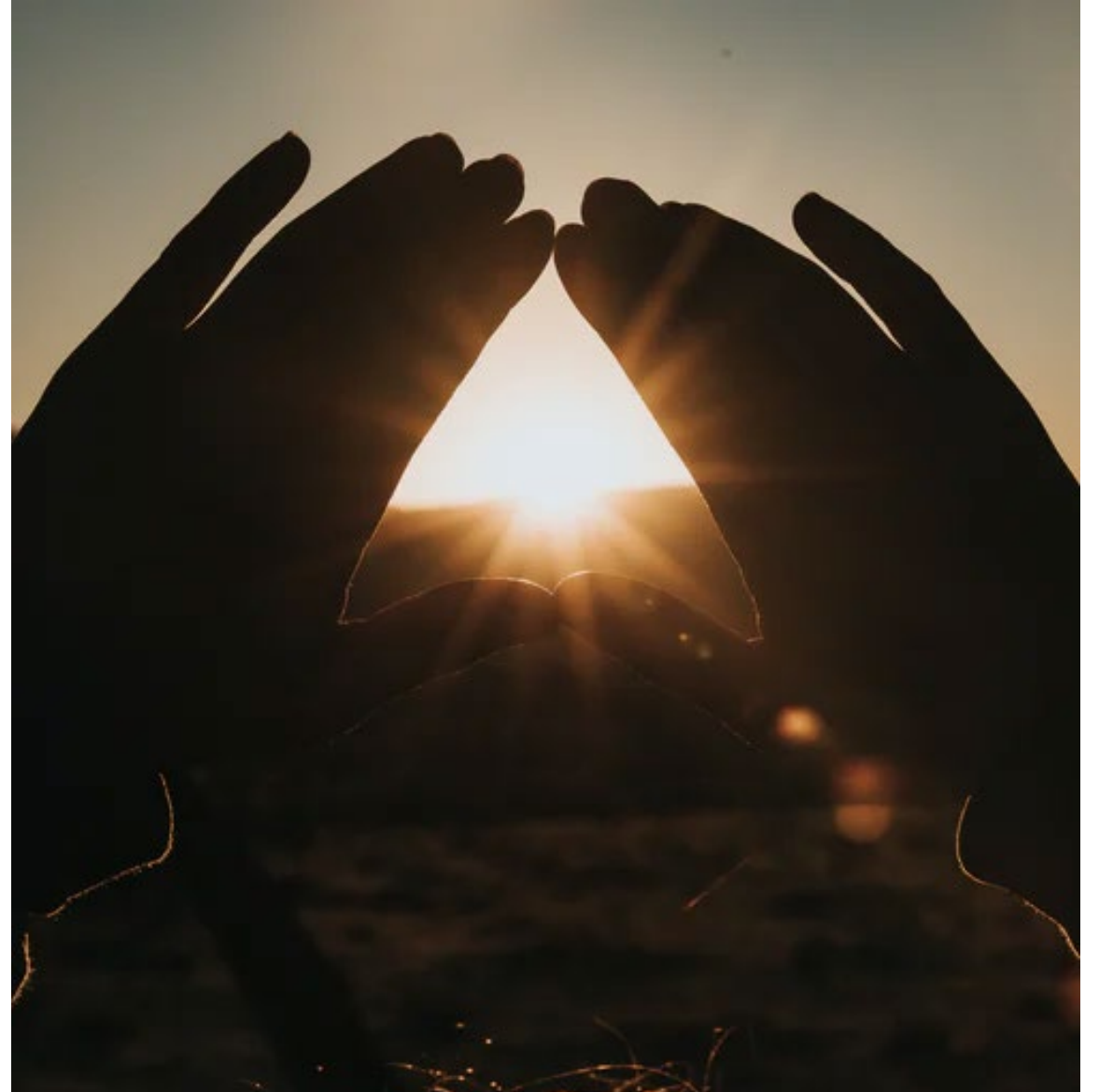
We acknowledge the Traditional Owners of the land on which this event takes place and pay respect to Elders past and present.

This map attempts to represent the language, social or nation groups of Aboriginal Australia. It shows only the general locations of larger groupings of people which may include clans, dialects or individual languages in a group. It used published resources from 1988-1994 and is not intended to be exact, nor the boundaries fixed. It is not suitable for native title or other land claims. David R Horton (creator), © AIATSIS, 1996. No reproduction without permission. To purchase a print version visit: www.aiatsis.ashop.com.au/

The ROADS Project

Heidi Deifel-Carlino & Michaela Boyce

Acknowledgement of Clients



**Adis 24/7 Alcohol and Drug Support
is a confidential support service for people in
Queensland with alcohol and other drug concerns,
their loved ones and health professionals.**

- Statewide service proudly hosted by Metro North HHS
- Phone lines: Adis1800 177 833; National Hotline; ADCAS; Tele-D; Clean Needle / Safe Disposal Hotline; Biala Building; Overflow for Metro North After Hours
- Currently 3000 in bound calls per month + 1900 outbound calls
- 60% of our callers for own use, 25-30% of our callers are family members, 10% health professionals
- 300 Telephone Police/Court Diversions per month

Early Intervention and improving accessibility to treatment

Early Intervention and improving accessibility to treatment

- * Only 1 in 5 People with SUD ever seek treatment
- * 18 years (average) for a person with problematic alcohol use to reach out for support
- * 7 year (average) for a person with illicit substance use to reach out for support
- * In 2005 societal cost of alcohol misuse cost the Australian Commonwealth \$15 Billion
- * Only 50% attendance within AODS services



Adis-Link Direct Referral

Reduce treatment navigation barriers for clients and the need for clients to repeat their story

Facilitate a timely response to referrals

Streamline referral pathways

Substance Use Intervention Telephone Service (SUITS)

Specialised in offering multi-session interventions

Deliver Police and Court Diversions and other multi-session interventions.

Experience working with pre-contemplative, contemplative and mandated client populations.

The ROADS Program

Released Offender Alcohol and Drug Support

Timeline





Samantha and
Matthew

Background

- Increase in calls from recently release people seeking support and treatment, 3 times higher 2018 vs 2013
- Commencement of OST in QLD correctional centres based on parole system review changes.
- QLD has the highest level of offenders to operational staff in community corrections (31-1).
- Almost half the rate of mortality of ex-prisoners has been identified as being a result of drug related causes.
- Many of these deaths occur in the first 2-4 weeks of release.
- Non-fatal overdose is 20-30 times more common compared to the general population putting strains on hospital and emergency services.
- Suicide accounts for 32% of deaths in males and 30% in females in the first year of release from prison, peaking at 2 weeks post release in men.



What is the
solution?

Partnership with QCS

Brisbane North Community Corrections

- Information Sharing Agreement
- Referral - Statement of Attendance

Inclusion of other referral agencies:

- Brisbane North
- Brisbane Central
- Pine Rivers
- Redcliffe
- Caboolture
- MARA
- CREST



What is ROADS?



A brief intervention offering 4 sessions (1 session per week for up to 4 weeks)



Clients referred for support in the first 24-48 hours post release



Sessions are tailored based upon immediate needs of clients in relation to substance use concerns and treatment matching.



Referral options available for ongoing support or treatment.

Aim

01

reduce associated harms in relation to substance use on release from prison including reduction of accidental overdose, suicide and criminal recidivism.

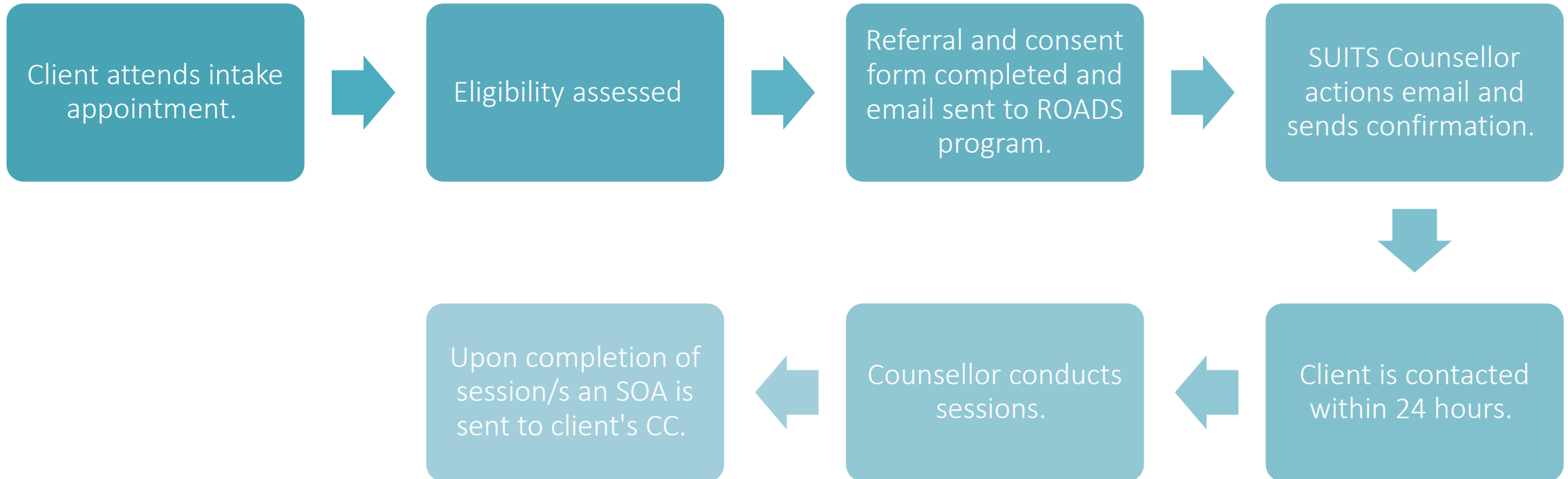
02

address the disconnect between Queensland Health alcohol and drug services and Queensland Corrective Services by providing a cost-effective way to manage increasing demand.

03

first contact with clients to be made within 48 hours of release from prison.

Referral Process



Criteria

- Consent to take part in the program
- Over 18 years old
- Released from custody within the last 24 to 48 hours.
- Attending one of the participating referral agencies.
- Clients with an identified history of substance use
- Linked with a mental health service if identified mental health concern

Identified history of substance use?

- Current substance use concerns
- History of substance use concerns (particularly if client experienced non-fatal overdose).
- Client was identified by PMH to be withdrawing from substances when first incarcerated.
- Substance use was identified as part of offence.
- Client was found to be using substances whilst incarcerated.
- Client attended substance use education programs whilst incarcerated.

Content - Why?

Brief intervention

Delivery of harm reduction information

Inclusion of CBT and strength based interventions

Inclusion of the ASSIST

Trauma informed and culturally sensitive approach

Content



Session 1

Risk Assessment

Harm Reduction

Transition back into the
Community

Referral



Session 2

Screening Tool

High Risk Environments and
Triggers to Use

Stage of Change (AOD
treatment match)

Support Network

Creating Routine

Referral



Session 3

Emotional Regulation

Wheel of Wellbeing (Self-Care)

Wise Mind Decision Making

SMART Goals

Referral



Session 4

Review goals

Review stage of change

Referral

Case Study

— Max

Referral received from BNCC

Information:

- Released from custody yesterday
- Long term hx of polysubstance use
- Seeking support as he is not wanting to relapse and return to custody
- Reported no current or hx of mental health concerns.

Intervention



Engagement

- Open questions, active listening, utilising strength based approaches to build rapport and enhance the therapeutic alliance.



Exploration

- Long term hx of daily Methamphetamine use.
- Ceased use 6 months ago.
- Desire to continue abstinence and develop relapse prevention plan.



BPS assessment

- Dx Hepatitis C
- Dx Anxiety
- Hx childhood trauma
- Lives with a family member
- 1 child who resides with her Mother. Family court conditions in place.
- Unemployed however currently undertaking volunteer work.
- No upcoming court hearings.



Risk Assessment & Management

- High overdose risk due to hx of polysubstance use.
- No children in his care. No previous DOCS intervention.
- No thoughts of harming himself or others.
- Previous PPO however no current DVO in place.



Harm reduction advice & Health promotion

- Provided harm reduction information about tolerance and polysubstance use.
- Discussed the difference between a lapse and a relapse.
- Encouraged client to attend GP for Hep C treatment.



Interventions

- Relapse prevention plan developed.
- Normalised transition back into the community.
- Highlighted triggers and high risk environments.
- Explored social supports and ways to build a daily routine to support goals.
- Emotional regulation (anger).
- Referral completed to Chermside Psychosocial team.



- Client has consented to receive a 1 month follow up call.
- Sent SMS with Adis 24/7 contact number for client. Notes entered into CIMHA and SOA sent.

Evaluation



Quantitative data



Client 1 Month Follow-Up Survey



Focus Groups

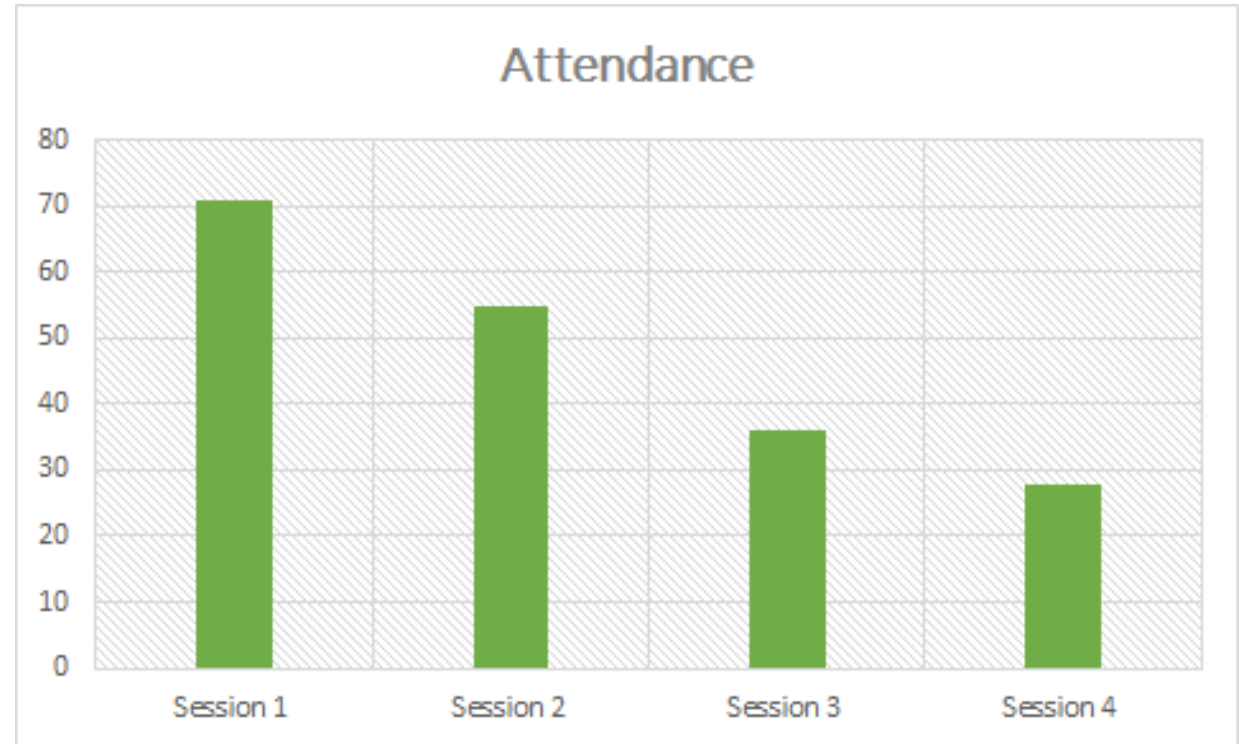
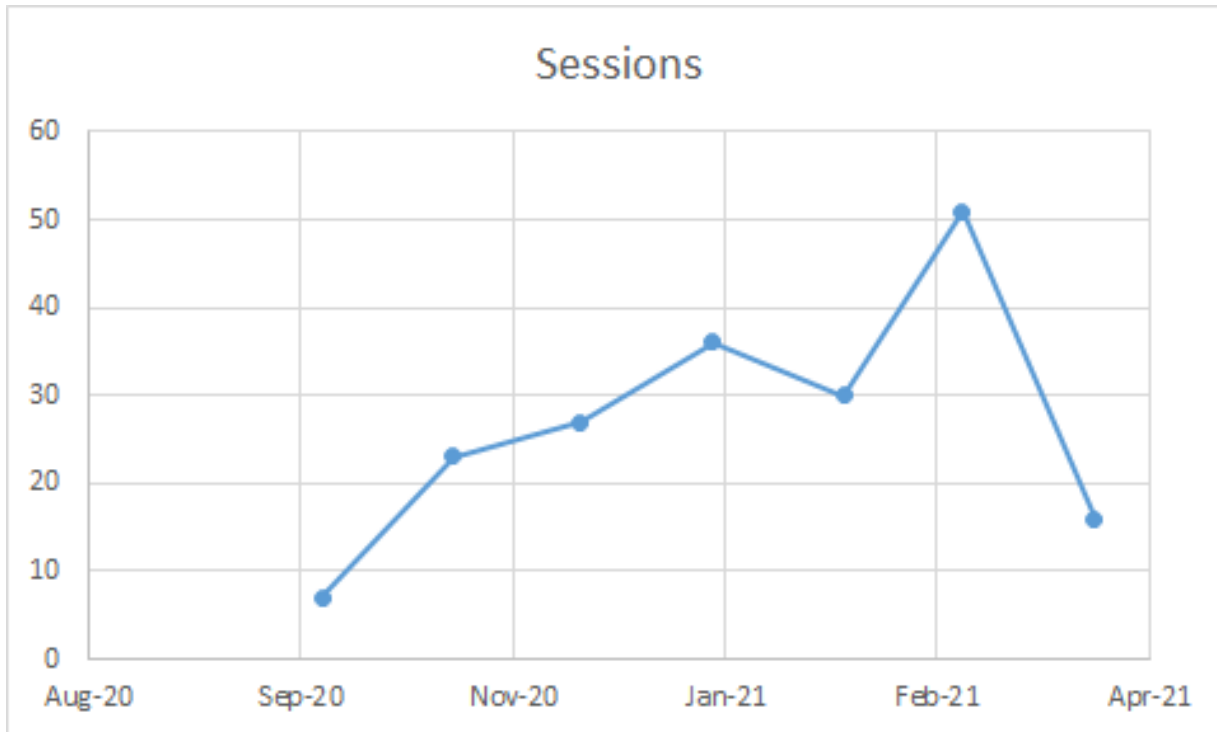


Referral Agency Survey



Adis Counsellor Survey

Sessions and Attendance



Client Contact



AVERAGE CALL TIME = 36
MINUTES



AVERAGE DAYS AFTER RELEASE
UNTIL FIRST SESSION = 3 DAYS

Engagement

There were numerous reasons as to why people were referred however did not engage, with the significant factor being clients were uncontactable and lost to follow up:

- Clients were uncontactable (52%).
- Clients declined taking part in the program as it was not mandatory, or they felt substance use was not a concern (32%).
- Some clients referred from re-entry services where still in custody when referred and were not released in time to take part in the trial (13%).
- Some clients were referred however did not meet criteria for early release (3%).

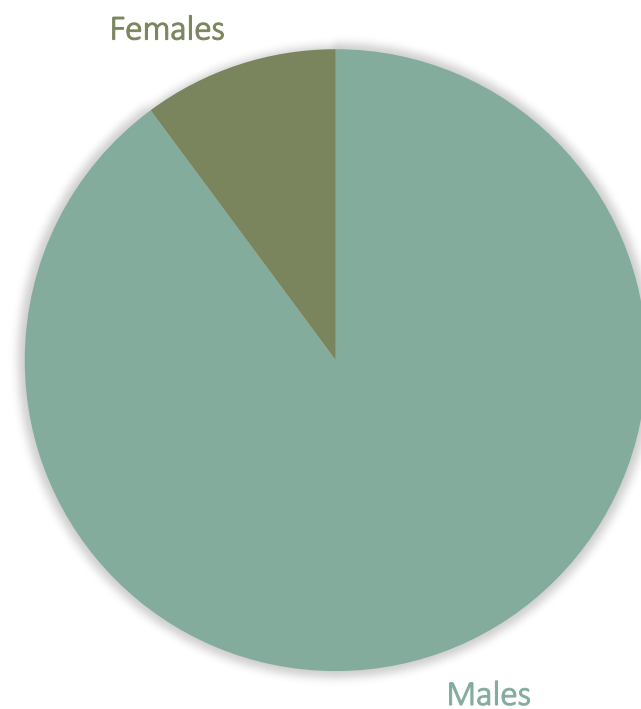


Referrals

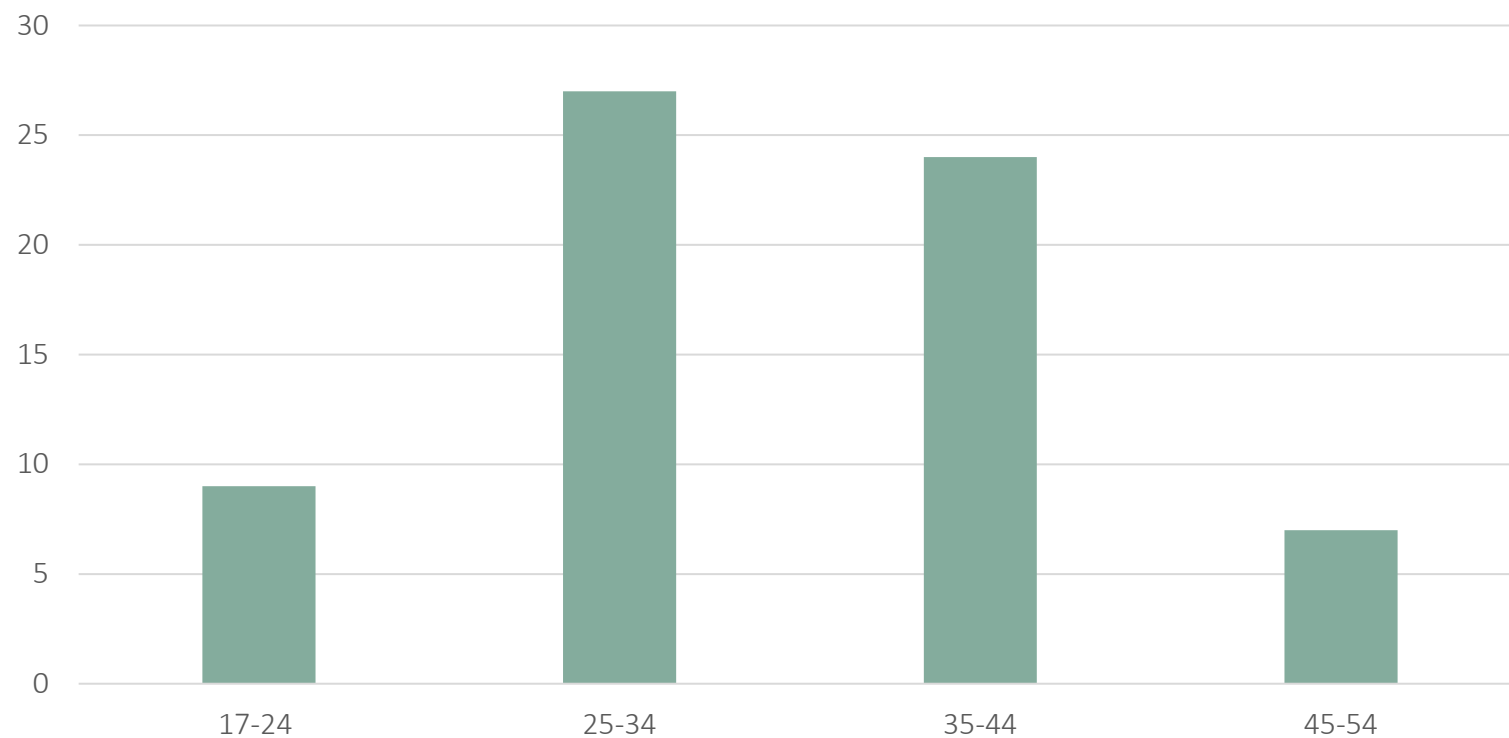
1. QOTP
2. Face to face counselling
3. Adis 24/7 Alcohol and Drug Support
4. GP
5. Accessing Naloxone
6. Support groups (NA and AA)
7. Information

Client Demographics

GENDER

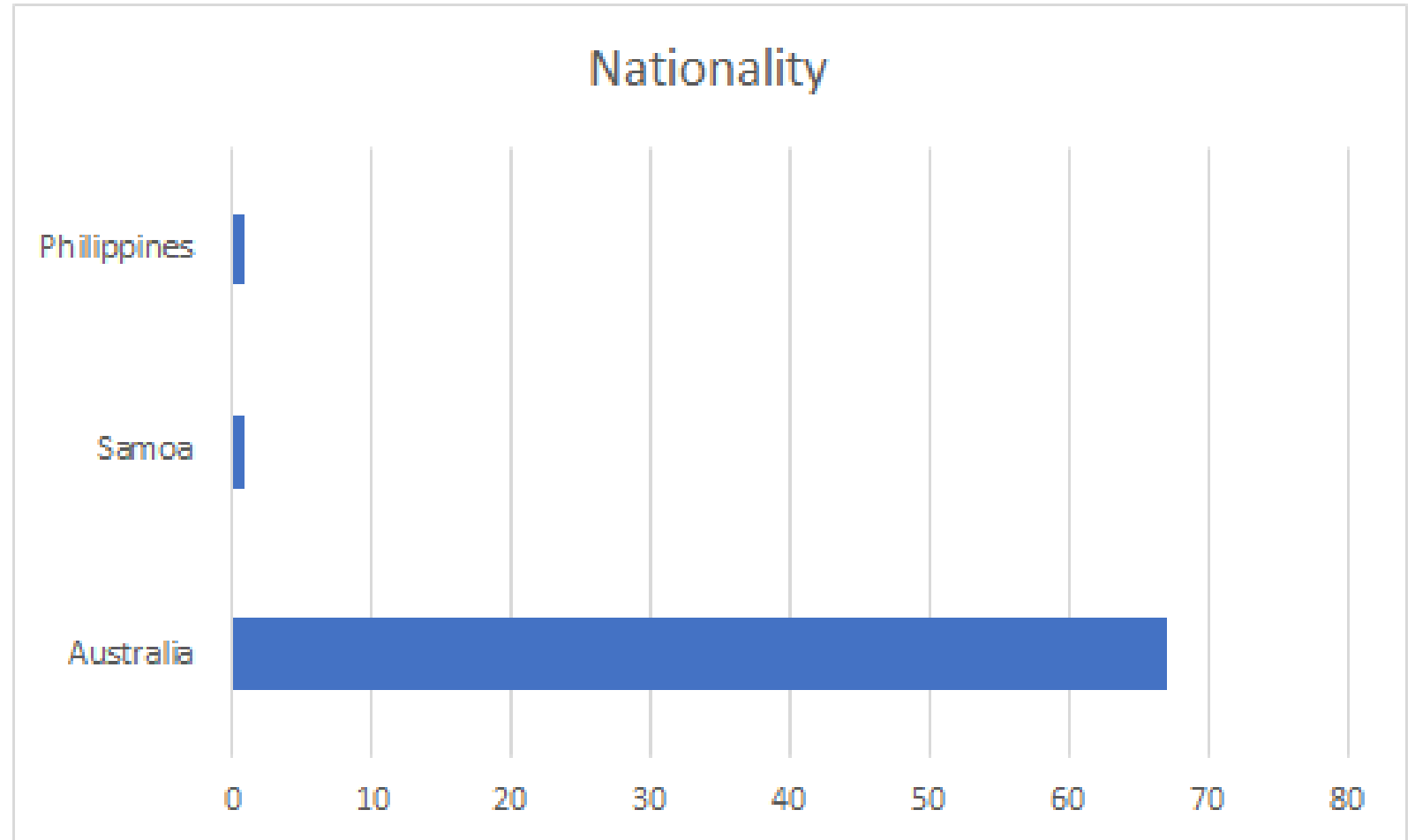


Age



Cultural Background and Nationality

- 22% of ROADS clients reported identifying as Aboriginal and or Torres Strait Islander origin.
- No clients reported to be from Australian South Sea Islander origin or from a CALD background



Substance Use

PDOC = 63% of clients reported Methamphetamine followed by Buprenorphine, Alcohol, Cannabis and Heroin.

ODOC = Cannabis (25%), Methamphetamine (22.7%) and Buprenorphine (13.6%)

Method = 67% reported IVDU with the other 33% reporting to smoke or swallow substances.

Buprenorphine use

ASSIST – Alcohol, Smoking and Substance Involvement Screening Test

INTRODUCTION (Please read to patient)

Thank you for agreeing to take part in this brief interview about alcohol, tobacco products and other drugs. I am going to ask you some questions about your experience of using these substances across your lifetime and in the past three months. These substances can be smoked, swallowed, snorted, inhaled, injected or taken in the form of pills (show drug card).

Some of the substances listed may be prescribed by a doctor (like amphetamines, sedatives, pain medications). For this interview, we will not record medications that are used as prescribed by your doctor. However, if you have taken such medications for reasons other than prescription, or taken them more frequently or at higher doses than prescribed, please let me know. While we are also interested in knowing about your use of various illicit drugs, please be assured that information on such use will be treated as strictly confidential.

NOTE: BEFORE ASKING QUESTIONS, GIVE ASSIST RESPONSE CARD TO PATIENT

Question 1
(If completing follow-up please cross check the patient's answers with the answers given for Q1 at baseline. Any differences on this question should be queried)

In your life, which of the following substances have you <u>ever used</u> ? (NON-MEDICAL USE ONLY)	No	Yes
a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	0	3
b. Alcoholic beverages (beer, wine, spirits, etc.)	0	3
c. Cannabis (marijuana, pot, grass, hash, etc.)	0	3
d. Cocaine (coke, crack, etc.)	0	3
e. Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)	0	3
f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)	0	3
g. Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)	0	3
h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)	0	3
i. Opioids (heroin, morphine, methadone, codeine, etc.)	0	3
j. Other - specify:	0	3

Probe if all answers are negative:
Not even when you were in school?

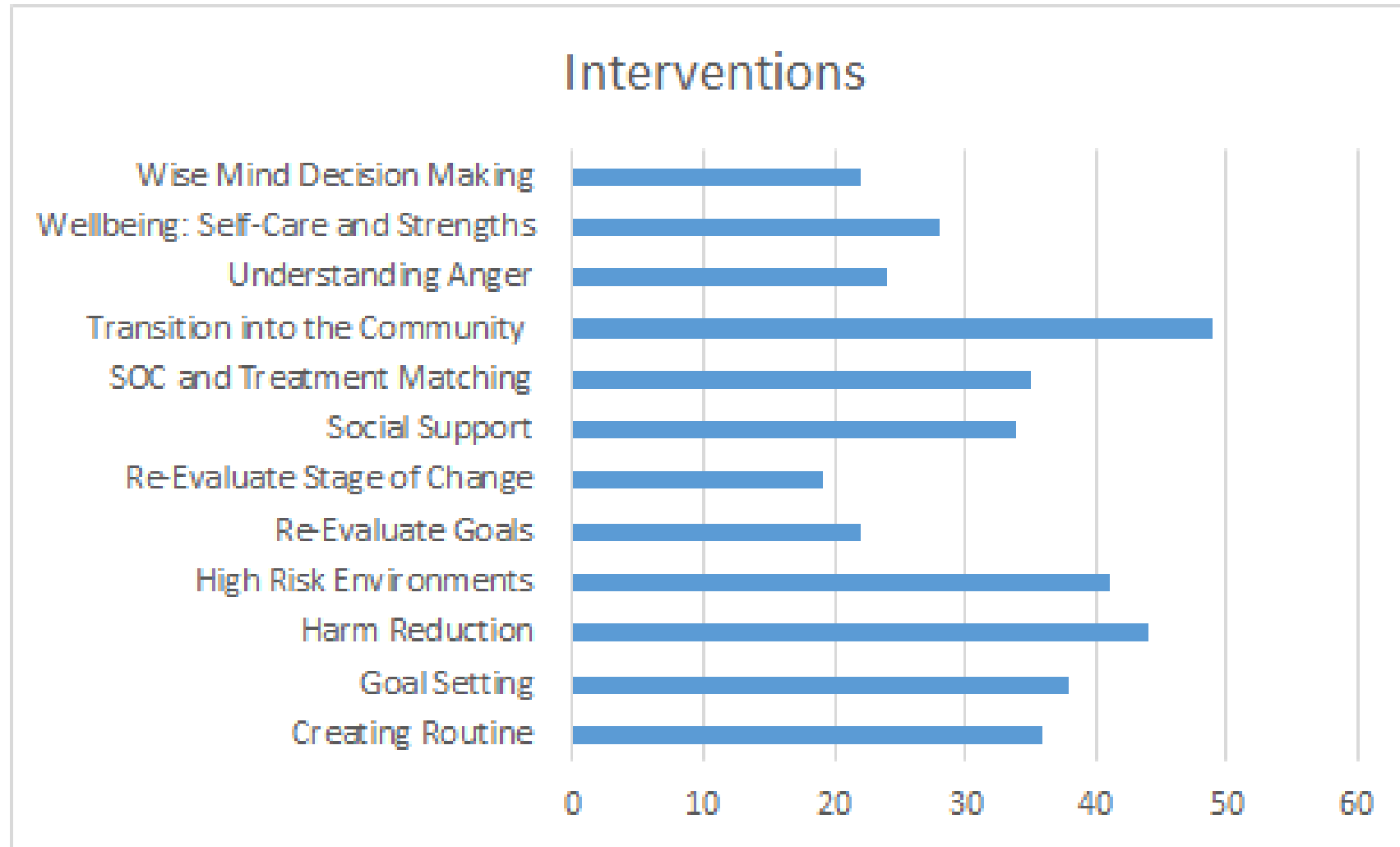
If "No" to all items, stop interview.

If "Yes" to any of these items, ask Question 2 for each substance ever used.



Recidivism
Mental Health
(Suicide)
Domestic and
Family Violence
(Violence)

Interventions



Challenges and Barriers

- COVID-19
- 48 hour time frame
- Contacting clients/phones
- Information Sharing Deed delays
- Introduction of CIMHA
- Accessing Naloxone
- Connecting with ongoing support/treatment

Feedback

"XXXX was speaking with me today about what a positive experience he has already had connecting with ROADS, and that he is looking forward to his next appointment. He said the opportunity to talk aloud about his experiences of AOD and get such amazing support in response is having a really positive impact on him."

"Thank you very much for the service you offer – it is making a wonderful difference to our clients 😊."

"never believed in psychologists or counsellors" until he participated in the ROADS program. He stated that it has been a great experience so far and that he has learnt a lot more strategies to help his substance use over the last 3 sessions than he ever has.

"These sessions are working! I have a job interview this afternoon and I'm feeling so motivated. I was looking forward to the session today"

"He stated that he was also really happy with the approach to his sessions and finds the strength based and judgement free approach of the program to be motivating and helpful. XXXX also stated that he is looking forward to the 4th session next week".

"appreciated the genuine approach rather than a purely clinical approach of others he has worked with".

Findings (Themes)

Client Feedback

Non invasive, easy, relevant. Recommend additional sessions, Information about program when in custody

"I was treated as a human and not judged".

"I wasn't judged, I was spoken to like a human".

Referrer Feedback

Increased confidence, longer periods of abstinence, greater awareness of harm reduction strategies. Recommend more information about attendance, speaking to clients when in custody, more sessions until linked into ongoing treatment.

"Clients take comfort in knowing that they are going to be speaking to someone who understands they have been released from custody and aren't going to be judged due to this".

Counsellor Feedback

Increase in client safety and motivation. Recommend Inclusion of more stress management and emotional regulation into interventions, Offer additional sessions, Reduction of administration.

"Stated he was treated as a human being which I believe is encouraging for future help seeking behaviours".

"Thankful that someone spoke to them on a human level and not as "an offender"".

Learnings

1. Common myths:

"Hepatitis C treatment is painful"

"QOTP is for Methamphetamine dependence"

"You cannot overdose from Methamphetamine"

2. Availability of Buprenorphine in Correctional Centres

3. Clients feeling supported by Case Managers



Stigma

Recommendations

1. Continuation and expansion of the ROADS program
2. Development of a booking/collateral information application
3. Additional sessions
4. Naloxone provided upon release
5. Promotion of the ROADS program within correctional centres
6. Further education about stigma

"ROADS is like someone holding your hand through the first few weeks of release".



Questions

Thanks for joining us today!

We will be breaking until 14 July 2021.

Please join us then for
'The Role of the Psychedelic Assisted Therapist'
with
Melissa Warner

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