



Alcohol Tobacco & Other Drug
Association ACT

ATOD and mental health: A newcomer's helicopter view of the system

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Exploring the Needs of People Experiencing Mental Health and Alcohol and Other Drug Issues

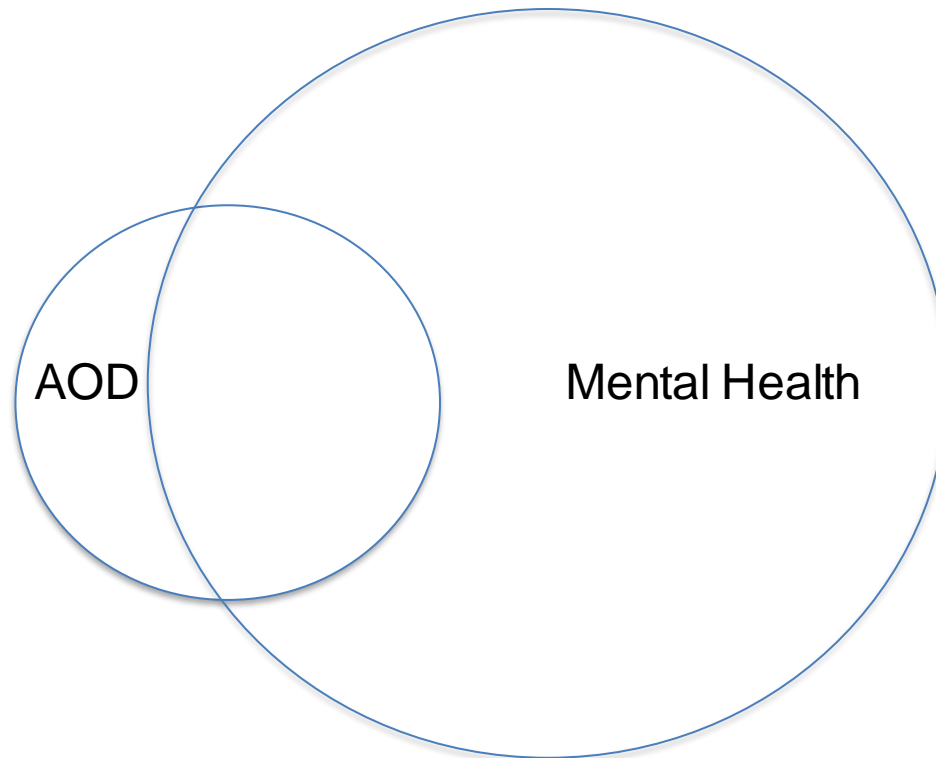
5 November 2020

My positioning

- 3 months as ATODA CEO
- No clinical background in:
 - AOD
 - Psychology
- Public health

Overlapping sectors

Client need



Client stigma

- Mental health stigma being reduced
 - Mental health sector playing an important role
- AOD stigma still very strong
- Overlapping stigma important and heightened by system failures

Access to treatment

- Access to services poor for AOD clients
 - Discrimination in accessing a wide range of services

Access to treatment

- Access to specialist AOD services often requires substantial wait
 - Best estimate nationally is that we would need to double capacity to meet demand Ritter et al 2019
 - In Canberra in 2018
 - 45% of clients accessing residential treatment services waited between 3 weeks and 2 months
 - 41% waited over two months



ATODA 2020

Quality of treatment

- Specialist AOD services offer evidence-based, high quality clinical treatment by a range of qualified practitioners
 - NGO and ACT Government providers
 - One of the areas where NGOs contribute most substantially to health system

Quality of treatment

- 90% of clients report that the service meets their needs
- Clients report strong therapeutic relationships with staff
 - 89% say staff listen to them carefully
 - 94% say staff treat them with respect
 - 86% say treatment plan reflects what they need from treatment or from the service

Access to treatment for people with dual diagnosis

- Improved over recent years
- AOD services in Canberra have capacity to treat simple, low-risk mental health issues
- Opportunities for improvement persist
 - Especially for people who require a high level of treatment in both AOD and mental health

Health system hierarchical

- Health system very hierarchical
- When providing care for people with dual-diagnosis, need to ensure that hierarchies don't interfere with best treatment



Hierarchy and stigma

- Hierarchies can diminish the recognition of personhood of those within them
- In general, treatment of stigmatized people should de-emphasize hierarchy



Smoking and mental health

- People with severe mental illness $>2\frac{1}{2}$ times more likely to smoke than the general population in SA Bowden et al 2011
- Smoking kills about 2/3 of lifelong smokers
- Mental illness increases smoking in smokers Lawrence et al 2009
- People with mental illness want to quit Bowden et al 2011

Leading preventable cause of mortality and morbidity



Removing silos for health

“Strategies that address smoking in mental illness, and mental illness among smokers would seem to be important directions for tobacco control.”

Lawrence, David, Francis Mitrou, and Stephen R. Zubrick. "Smoking and mental illness: results from population surveys in Australia and the United States." *BMC public health* 9.1 (2009): 1-14.

WeCAN

- Best smoking cessation
 - Nicotine replacement therapy (NRT)
 - Counselling
- ATODA's We CAN program
 - Provides NRT to people accessing specialist AOD services
 - Already have access to expert counselling
 - Each helps the other
 - Scope to substantially expand this proven program

WeCAN – CAN You?

- Parallel program in mental health?
- A wonderful investment of the health dollar
 - RoI
 - Helping a marginalized group
- Need to overcome silos

Acknowledgements

We CAN program is funded by
ACT Health Directorate
ATODA also receives other
funding from the ACT and
Commonwealth governments

References

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- Lawrence, David, Francis Mitrou, and Stephen R. Zubrick. "Smoking and mental illness: results from population surveys in Australia and the United States." *BMC Public Health* 9.1 (2009): 1-14.
- Ritter, Alison, Jenny Chalmers, and Maria Gomez. "Measuring unmet demand for alcohol and other drug treatment: The application of an Australian population-based planning model." *Journal of Studies on Alcohol and Drugs. Supplement* (2019): 42.

