

Drug & Alcohol Response Teams (DARTs)

Empowering the community to respond to local drug and alcohol issues

Outline Brief

Overview

Drug and Alcohol Response Teams (DARTs) are a multifaceted, place-based solution to increasing levels drug and alcohol problems experienced by young people, families and communities across Victoria.

DARTs bring together all key stakeholders in communities to provide an integrated, carefully targeted and localised response aimed at intervening as early as possible to ensure that alcohol and other drug problems are prevented or dealt with effectively.

Context

A recent census of young people across the youth Alcohol and Other Drug (AOD) sector was conducted by YSAS (Youth Support + Advocacy Service) and Turning Point in 2013. Results demonstrate that harmful drug and alcohol use and dependence continue to be a major problem for young people across Victoria. In particular, methamphetamine has risen to be the main problematic drug for many young people seeking treatment, behind the mainstays of alcohol and cannabis. Similarly, examination of Odyssey House Victoria data over the last 10 years shows an increase in people seeking help for methamphetamine, now at similar proportions to those seeking help for alcohol, heroin and cannabis.

In regional Victoria, the sixteen community health organisations that partnered YSAS in the pilot of Youth Drug and Alcohol Advice (YoDAA) project reported widespread supply of methamphetamine, including the dependent use of methamphetamine in previously engaged and employed young adults, particularly trainee and apprentice tradespeople. This is the case in provincial centres as well as small towns.

The current Parliamentary inquiry into 'Ice' has equally received a large number of community submissions, whilst Victoria Police are reporting the rise of a particularly potent powdered form of ecstasy and the increase in online purchased synthetic drugs.

The level of community concern and anxiety is high and has resulted in weekly requests from local sports clubs, community groups and traders to the Australian Drug Foundation (ADF), Odyssey House Victoria and YSAS for information and assistance in dealing with methamphetamine and other drug misuse. As reported by the Australian National Council on Drugs (ANCD) this month, schools have also reported an increased level of problematic AOD use and continue to seek information and seminars from local service providers. Internal organisational resources only permit a limited response to telephone advice, community presentations or sporadic involvement in meetings.

DARTs would be able to address this need.

Rationale

While there are specific adult populations that are particularly vulnerable, problems with alcohol and other drugs are more prevalent in adolescence and early adulthood than they are in later adulthood, and typically result in greater risk taking.

As with many other mental health problems, adolescence is the key developmental period for the emergence of substance use disorders and problems. While substance use disorders (SUD) are rarely seen in children under 12, there is a sharp increase in the prevalence from ages 12 to 18 (Merikangas & McClair, 2012).

Among young people, overdoses of alcohol and other drugs compete with road crashes as leading causes of death, and the contribution of AOD intoxication and misuse to suicide, homicide, injuries, and poisoning is well established (Toumbourou, et al., 2007).

When problems with alcohol and other drugs emerge in adolescence, the consequences are more likely to be negative and long lasting than when they emerge in adulthood. “Individuals who develop SUD in adolescence are more likely to have those symptoms persist into adulthood” (Merikangas & McClair, 2012; p783). In addition to more persistent symptoms, adolescents who enter the transition to adulthood with problematic substance use are more likely than others to demonstrate negative outcomes in young adulthood such as elevated levels of drug use, lower educational and occupational attainment, and higher levels of aggressive and violent behaviour (Keller, Blakeslee, Lemon, & Courtney, 2010).

Based on prevalence alone, it could be argued that adolescents and young adults warrant larger numbers of AOD treatment places per head of population than other age groups. When we factor in the relatively high proportion of deaths and burden of disease due to substance use, and the long term costs of negative health and social outcomes later in adulthood, a case can readily be made that adolescents and young adults require relatively more investment from AOD services in terms of treatment, early intervention and prevention.

Victoria has established an effective treatment system for those young people who have developed drug and alcohol problems and require treatment and continuing care. There is strong evidence that a further investment in alcohol and drug **prevention** and **early intervention** at the local level can modify the risks to young people and protect the health and well-being of communities. This would maximise the likelihood of an effective alcohol and drug response for all cohorts of Victorian young people.

Early intervention refers to interventions targeting people who are displaying the early or emerging signs and symptoms of drug and alcohol problems. This requires the early identification of these young people and vulnerable adults to enable a timely, effective and appropriate response that prevents the problem from progressing and becoming entrenched.

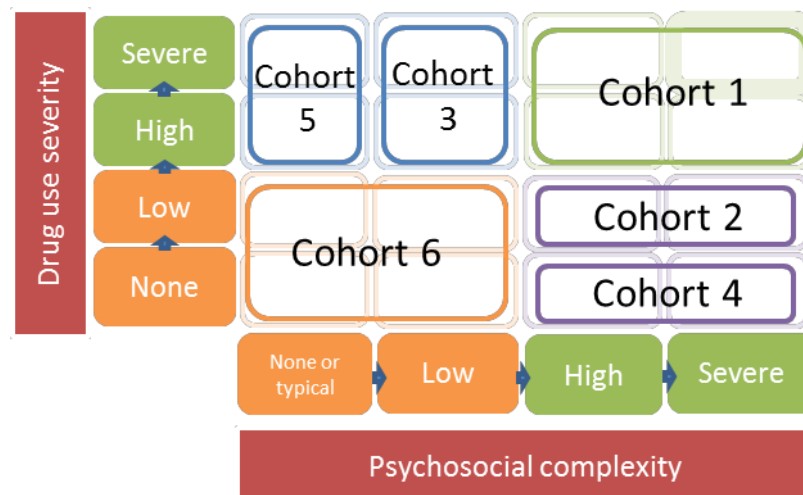
Prevention is defined as ‘interventions that occur before alcohol and drugs are used or before individuals or groups are showing signs that problems are likely to develop’. The prevention of alcohol and drug problems relies on reducing the alcohol and drug risk factors as well as enhancing the protective factors that build the resilience of people and promote their healthy participation in community life.

A whole of population approach

Alcohol and drug related issues are encountered by people and their families in different ways across Victoria. Consumption rates, usage patterns, degree of harm experienced and impact on health and development varies widely. As such, an effective whole-of-population response has to be multifaceted, targeting specific cohorts of young people and adults within the broader population and matching alcohol and drug interventions to their particular alcohol and drug related needs and issues.

For example, the *Youth AOD needs identification and intervention planning matrix* illustrated below, developed by YSAS and Turning Point, groups young people into 6 cohorts by cross referencing their degree of substance use severity with their level of psychosocial complexity. This is in line with recent international demand modelling research where increasing AOD problem severity and complexity are assumed to be indicative of increasing levels of risk and therefore need for different types of interventions (Rush et al., 2012).

Figure 1. Youth AOD needs identification and intervention planning matrix



The vertical axis of the matrix maps the four levels of AOD severity including a category indicating no severity. The horizontal axis maps psychosocial complexity spanning from a level that is 'typically' expected for the age group to extreme complexity where four or more problems (such as homelessness, mental illness, family conflict and disconnection, criminal justice system involvement, etc) are impacting on the young person at the same time.

Cohort 1: Young people experiencing high to severe AOD problems interrelated with high to extreme psychosocial complexity. These young people are expected to need interventions that address the interrelated AOD problems and vulnerability/complexity addressed simultaneously.

Cohort 2: Young people whose lives feature high to extreme psychosocial complexity but with low level or emerging AOD use. These young people are expected to be younger but at serious risk of AOD problems developing and escalating. Early intervention would be required to prevent transition to entrenched, harmful substance use.

Cohort 3: Young people with a high or severe level AOD problem combined with an indicator of additional psychosocial complexity. These young people are expected to have stable living circumstances and connection with family, school and/or employment. Specific AOD intervention is required and possibly early intervention to maintain connectedness and participation and to further psychosocial complexity and transition to the first cohort (above).

Cohort 4: Young people who are not using substances but experiencing high to extreme levels of psychosocial complexity putting them at high risk of developing alcohol drug problems. This group is suitable for 'indicated' prevention involving mentoring, reinforcement of engagement in constructive activity and challenging the normalisation of substance use.

Cohort 5: Young people who are likely to be family, school and/or work connected and undergoing typical adolescent transition but engaged in occasional intensive AOD use such as binge use of alcohol and/or amphetamine type stimulants. These young people are anticipated to need targeted approaches based on moderating risk and enabling parents to set more effective limits around the substance using behavior. These interventions fall into the category of selective prevention.

Cohort 6: The majority of young people in communities across Victoria will be in this cohort. These young people who are expected to have an age typical relationship with AOD use and low exposure to risk factors for problematic substance use. Universal prevention strategies are expected to be sufficient for this group. Universal prevention interventions are directed at whole populations that have not been identified on the basis of risk, and are aimed at improving the overall health and resilience of a population. Programs are often targeted at building community connectedness in local neighbourhoods and the delivery of age appropriate education programs.

The Victorian youth AOD service system is geared to provide treatment and direct care for cohort 1 (young people with concurrent substance use and psychosocial problems) and cohort 3 (young people who are mainly experiencing problems with substance use). Young people in Cohort 5 use substances intensively but aren't experiencing any psychosocial issues and consequently do not seek and treatment and are not engaged by the system. Youth AOD treatment services also do not target young people in the other cohorts as they are not using or only using substances at low levels. While this is the case for cohort 2, the experience of psychosocial problems that are known determinants of substance misuse and dependence makes them a suitable target for early intervention. **Again, DARTs would be able to address this need.**

Objectives

The aims of the DARTs are to:

1. Support the development of a whole of community response to drug related issues through coordinated involvement of local community organisations. Both external and local service expertise can be drawn on to mobilise resources that enable drug misuse and dependence to be understood and treated appropriately;
2. Support schools, TAFEs, sporting clubs, community groups, local government and other local organisations with education and advice as requested;
3. Coordinate with local AOD treatment and allied health/mental health services; and
4. Ensure a consistent, evidence-based and empowering approach to prevention and early intervention is delivered across all communities in Victoria, through access to centralised support and materials, such as those developed and provided by YoDAA.

Model

Place-based, community drug and alcohol teams have been employed successfully for the last decade in NSW and the UK. The DARTs work with a range of local stakeholders:





Resourcing

A DART comprises two experienced AOD workers for each of the current 16 Department of Health catchments, supported by a central team of two based in YoDAA who are responsible for coordination, training, quality control and development of materials, including video, as well as reporting.

Whilst based in appropriate local organisations, the DARTs are mobile and harness technology to remain connected.

The cost of staffing, transport, and resources is estimated at \$3.5m per annum, with the cost of their accommodation/hot desking base met by local host organisations.

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