windana
Drug & Alcohol Recovery

Building Treatment Capacity for People Withdrawing from Methamphetamine

Final Report

31 July 2015

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Manager Withdrawal & Coordinated Care, Windana

"Having the project coordinator has personalised the client's journey to be more about the individual rather than about the drug."

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Acknowledgements

Acknowledgment and appreciation is extended to the Victorian Department of Health and Human Services (DHHS) who provided the funding for this initiative.

Windana wish to acknowledge the work undertaken by the Project Coordinator, Nicola Williams who provided unending energy and commitment to not only this project but most importantly to the clients and families she worked with.

Without the commitment and support of the Windana Adult Withdrawal Unit staff, the Windana Admissions team and the GP's and Practice Nurse at First Step Primary Care practice the project would not have experienced the successes it has.

Most importantly, our respect, appreciation and acknowledgment go to the clients who participated in the project - their courage in seeking and engaging in treatment is to be commended. As the author William Faulkner said *"You cannot swim for new horizons until you have courage to lose sight of the shore."*

"I thought the ICE project was managed very well, mainly because of having someone coordinating care. The coordinator has the right temperament for clients who often present in chaos and crisis and having someone who can liaise between services and the client as well as picking them up and escorting them to appointments was invaluable as I think they mostly wouldn't have even managed to get through the pre-admission process. The guidance that the Coordinator provided in managing this particular client group was important in getting people into, and continuing their treatment.

The project and Coordinator were great in providing pre-detox info and education about the withdrawal process and what to expect, while in treatment and post Windana. The Coordinator engaged a number of clients going through the project with longer term mental health supports through us and this has been extremely beneficial for the clients who have chosen to continue to receive supports.

Given the large amounts of clients who are presenting affected by ICE and wishing to go through a withdrawal program having a common liaison point was also beneficial for professionals and services involved, I know it was very helpful from this end having a consistent contact point."

Practice Nurse, First Step Primary Care Clinic

Glossary

ADIS	Alcohol and Drug Information System
ADHD	Attention Deficit Hyperactivity Disorder
AOD	Alcohol and Other Drug
ATSI	Aboriginal and Torres Strait Islander
BPD	Borderline Personality Disorder
CRC	Care and Recovery Coordination
DHHS	Victorian Department of Health and Human Services
GP	General Practitioner
GHB	Gamma-Hydroxybutyrate
MH	Mental Health
PTSD	Post-Traumatic Stress Disorder
WHOQOF-BREF	World Health Organisation Quality of Life Scale Abbreviated Version

Executive Summary

> *"The Victorian Government recognised the growing use of methamphetamines in the Victorian community and the harms associated with heavy use. In particular, there (was an) acknowledgement of the increasing demands on withdrawal services from clients seeking assistance in ceasing their methamphetamine use."*

Between January and July 2015 Windana Alcohol and Drug Recovery (Windana) was funded by the Victorian Department of Health and Human Services (DHHS) to undertake a time limited initiative to develop improved capacity for methamphetamine withdrawal. This project had a particular focus on complex clients identified as requiring more flexible and intensive support.

Windana had been experiencing a significant increase in the numbers of people referred for treatment of methamphetamine-related challenges and saw this project as offering the opportunity to determine how to better meet the needs of this client group.

The project objectives were to:

1. Increase completion rates of residential withdrawal for methamphetamine clients
2. Increase the numbers of methamphetamine clients using residential withdrawal services.
3. Increase post-withdrawal engagement in treatment
4. Increase staff confidence and skills in responding to methamphetamine clients

To meet these objectives, Windana employed a Project Coordinator from January – July 2015 who worked within the Admissions and Coordination team and the adult withdrawal unit staff to:

- identify and engage with in-scope clients at the point of referral to assist them to access and prepare for admission to withdrawal services
- assist these clients to engage with recovery and discharge planning activities while in the withdrawal unit
- develop programmatic support options for these clients in the withdrawal unit
- assist these clients to access appropriate support services post-discharge eg primary care, non-residential withdrawal, care and recovery coordination and counselling
- provide professional development opportunities for Windana staff to better meet the complex needs of these clients, including the adoption of Methamphetamine Withdrawal Scales and
- develop quality assurance activities to monitor client outcomes and satisfaction.

Of the 500 clients referred to Windana during the project timeframe, 210 people identified methamphetamine as their primary drug of choice. Of this group, 49 agreed to engage with the Methamphetamine Project Coordinator and participate in this project

Key Findings

Objective 1 Increase completion rates of residential withdrawal for methamphetamine clients

Activities:

- Amphetamine withdrawal scales were adopted and monitored in the withdrawal unit
- Clients were offered extended admissions (up to 10 days and at times longer)
- Residential program activities were adjusted to accommodate clients experiencing amphetamine withdrawal symptoms and
- One to one support was provided to clients in the unit by the Coordinator, especially those at risk of premature discharge

Outcomes:

Of those 33 who entered treatment, 26 successfully completed a withdrawal episode – a 79% completion rate, a significant improvement on pre-project completion rates.

Prior to the project commencing the completion rate of residential treatment for those undertaking methamphetamine withdrawals was 53%.

Objective 2 Increase the numbers of methamphetamine clients using residential withdrawal services

Activities:

- The Project Coordinator identified clients at the point of referral to Windana and engaged with them before admission.
- Clients were provided practical support, education, information and familiarisation with the admission process and residential environment.

Outcomes:

It has been difficult to quantify the increased engagement rate in treatment compared to pre-project as data was not collected for a comparison. However the project has demonstrated a high level of engagement with 33 of the 49 clients entering residential withdrawal treatment.

Objective 3 Increase post-withdrawal engagement in treatment

Activities:

Pre –admission, the Project Coordinator offered:

- robust and collaborative discharge planning
- engagement and supported referrals to appropriate other services e.g. mental health

During admission, the Project Coordinator provided:

- One to one discharge planning support
- One to one support to clients, staff and families

Post admission, the Coordinator provided limited assertive outreach case management and assisted the clients to access:

- non-residential withdrawal teams to facilitate step up/step down support
- relevant AOD services such as non-residential withdrawal, care and recovery coordination and counselling
- relevant non-AOD services such as housing, mental health and employment agencies

Outcomes:

Utilising the WHOQOF-BREF (World Health Organisation Quality of Life Scale Abbreviated Version), project participants were assessed at the commencement of their treatment journey and again up to 12 weeks post discharge from residential withdrawal. Results show that 72% of those clients engaged with the Project Coordinator experienced improvements post discharge.

Significantly, 73% of clients remained engaged in treatment over the project period with only 27% of this group experiencing relapse.

Objective 4 Increase staff confidence and skills in responding to methamphetamine clients

Activities:

The Project Coordinator worked with a range of staff and provided

- support and role-modelling to intake and assessment staff regarding engagement with this client group and preparing these clients for admission to residential settings

- support, education and role-modelling to withdrawal unit staff in the application of Amphetamine Withdrawal Scales, adapting activity programs for individual clients and developing effective discharge plans
- leadership regarding quality improvement activities to improve client outcomes and satisfaction with Windana's service

Outcomes:

Staff survey results show that 100% of staff reported that they have a better understanding of responding to and managing methamphetamine withdrawal as a result of the project.

Staff also reported that the project positively influenced the culture of the residential withdrawal unit and established a more personalised and client centred approach to care.

Recommendations

Overall the success of the project is demonstrated by the high levels of treatment participation and low levels of relapse. The care coordination aspects of the project are viewed as highly significant and successful in supporting this client group.

Objective 1 Increase completion rates of residential withdrawal for methamphetamine clients

1.1 That the DHHS provide ongoing funding for a care coordinator to work in withdrawal unit teams to provide day to day support with program engagement and discharge planning , and assist clients to address pressing health and social issues such as homelessness, domestic violence and engagement with mental health services

1.2 That withdrawal services and the DHHS work collaboratively to further embed evidence informed methamphetamine withdrawal protocols

Objective 2 Increase the numbers of methamphetamine clients using residential withdrawal services

2.1 That the DHHS provide funding for care coordination within residential admissions teams to assist clients to engage with the service, prepare for their admission and link them with relevant services to need their immediate health and social needs such as mental health services

2.2 That withdrawal services and the DHHS work collaboratively to review current data gathering systems to ensure that data regarding methamphetamine-use and admissions for methamphetamine-use is accurate, allowing for better service planning

Objective 3 Increase post-withdrawal engagement in treatment

3.1 That the DHHS provide funding for care coordination in residential programs to assist clients develop effective discharge plans

3.2 That the DHHS funds additional care coordinator positions to offer adequate assertive outreach to better meet the needs of clients with complex needs

Objective 4 Increase staff confidence and skills in responding to methamphetamine clients

4.1 That the DHHS provide funding for staff training specific to working with clients with methamphetamine-use challenges, dual diagnosis and other complex needs

4.2 That opportunities are sought for ongoing mentorship, reflective practice opportunities and supervision to enable staff to implement and maintain effective responses to clients with methamphetamine-use challenges

Background

Windana was established in 1984 and is an independent organisation providing a range of alcohol and other drug services across metropolitan and regional catchments in Victoria. Services include:

- Residential withdrawal and rehabilitation services - Youth withdrawal unit in Dandenong, adult withdrawal unit in St Kilda and the Therapeutic Community in Gippsland.
- Care Coordination services including Admissions team, Service Coordination, Dual Diagnosis, Care & Recovery
- Non-residential withdrawal services in metropolitan south east, Barwon and Geelong and Frankston/Mornington Peninsula
- Community Services which includes the Windana health and healing, counseling services, Family Services, Street Project and Art Therapy.

The Adult Withdrawal Unit provides a holistic approach to drug withdrawal which focuses on personal empowerment and incorporates western medicine supported by complementary therapies, harm minimisation, life-skills education, relapse prevention, diet/nutrition and exercise.

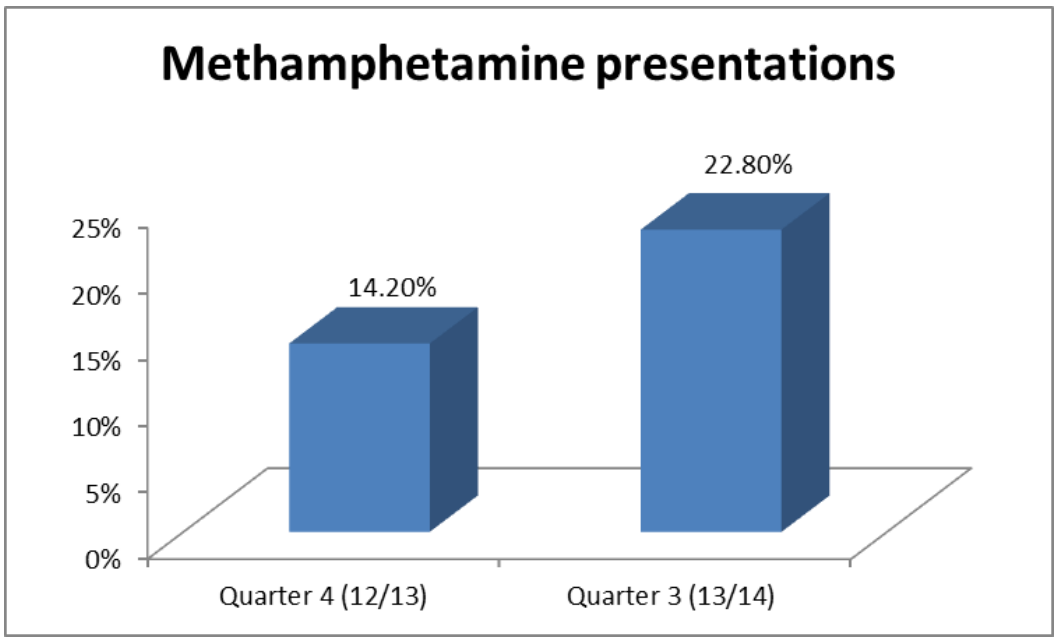
The multi-disciplinary team works from a bio psychosocial framework, which involves an integrated approach with clinical services, various community agencies, families and significant others. The team is also committed to promoting and increasing awareness of problematic substance use issues as they affect the wider community.

The Windana Drug Withdrawal House is a 15 bed residential facility located in St Kilda

Over several years, Windana has been experiencing increased challenges in engaging and supporting people in methamphetamine withdrawal highlighted by:

- An increase in methamphetamine referrals for residential withdrawal (see Figure 1). Note that this data is only reflective of those clients that self-report methamphetamine as their primary substance.
- Low transition to treatment rates for clients referred for admission to residential withdrawal – engagement with, and providing support for, this client group can be complicated by their often chaotic lifestyles
- Low treatment completion rates for withdrawal – these completion rates have been linked with poor preparedness for admission and rigid program participation requirements where clients are expected to engage in activities during the first five days of their admission
- Difficulties in identifying and managing withdrawal symptoms and behaviours during a withdrawal admission
- Low staff confidence and competence in managing methamphetamine withdrawal

Figure 1: Methamphetamine presentations



Unfortunately, the current ADIS reporting system does not allow services to record methamphetamine separately from amphetamine use.

Additional data collection methods implemented during the project period recorded that 42% of all clients referred to Windana for treatment identified methamphetamine as their primary substance of use.

Project model

Windana engaged a Project Coordinator who worked in collaboration with the Windana Admissions & Care Coordination team, the Adult Withdrawal Unit and Non-Residential Withdrawal services.

This model enabled a dedicated staff member to identify clients at the point of referral and engage with them through their treatment journey.

The coordinator reviewed the withdrawal processes and activity program in the withdrawal unit to provide suggestions, training and monitor practice change, and implemented quality improvement initiatives related to measuring client outcomes and satisfaction.

This project improved the collaboration between Windana and First Step Primary Care clinic when working with clients with complex needs.

Based on the project objectives, a range of pre-admission, admission and post withdrawal client centred approaches were implemented including:

1. Client pre-admission support

- Engagement by the Project Coordinator with the client at the point of referral
- Intense care coordination was provided to the client and their family at the pre-admission stage including support with attending medical appointments, brief interventions to assist with managing their chaotic lifestyle, homelessness, mental health issues etc. In addition, support was provided to family members to increase their understanding of, and engagement in, the client's recovery process.
- Supported client participation in a collaborative medical model with a community based General Practice specialising in substance misuse and mental health. This model delivered an interdisciplinary approach to preparation for admission, monitoring and management during admission, and support on discharge.
- Improved access and facilitated referrals for people with identified mental health issues
- Utilisation of the non-residential withdrawal service model to facilitate a step up/step down approach to treatment

2. Client admission support

- The project coordinator provided a detailed and thorough intake-handover to unit staff
- The Project Coordinator provided daily support to the client and residential unit staff during the client's admission
- Additional one to one support was provided to the client by the Coordinator during admission. This was particularly important when the client indicated they were at risk of leaving treatment

- Staff applied amphetamine withdrawal scales to assist in recognising and managing withdrawal symptoms
- The clients were offered extended stays in the residential withdrawal unit (up to 10 days and sometimes longer)
- The residential program was adjusted to meet the withdrawal needs of these clients. Individuals were exempt from participating in household chores or group programs, and were supported to sleep when required; generally 1 – 5 days post intoxication.

3. Client post withdrawal support

- Robust and collaborative discharge planning commenced at referral and continued throughout the client's admission
- Clients received supported referrals to other services – mental health, housing, counselling, non-residential withdrawal services and residential rehabilitation services
- Short term care coordination was provided post-discharge

Staff and clients confirmed the importance of pre-admission support for clients seeking residential treatment and the usefulness of assertive outreach and care coordination.

90% of staff reported that the project had:

- provided improved care coordination of clients
- provided improved discharge planning for clients
- supported clients to complete their residential treatment
- greatly improved their overall confidence and competence when supporting clients with methamphetamine-use challenges.

4. Staff training and professional development

Further to the mentoring and support provided to the residential withdrawal staff by the Project Coordinator, staff were encouraged to access further professional development to enhance their confidence and competence.

A range of staff from the adult withdrawal units, non-residential withdrawal and Admissions and Care Coordination participated in external targeted methamphetamine training. 86% of staff working full time within the adult withdrawal unit and the Admissions team have attended formal training and professional development.

90% of staff responded that the external training they had attended had improved their confidence in managing the client group.

Project outcomes

Objective 1 Increase completion rates of residential withdrawal for methamphetamine clients

Project outcomes in regard to engagement in and completion of treatment are significant.

79% of methamphetamine clients admitted to the unit during the project completed treatment, compared to 53% completing treatment prior to the project.

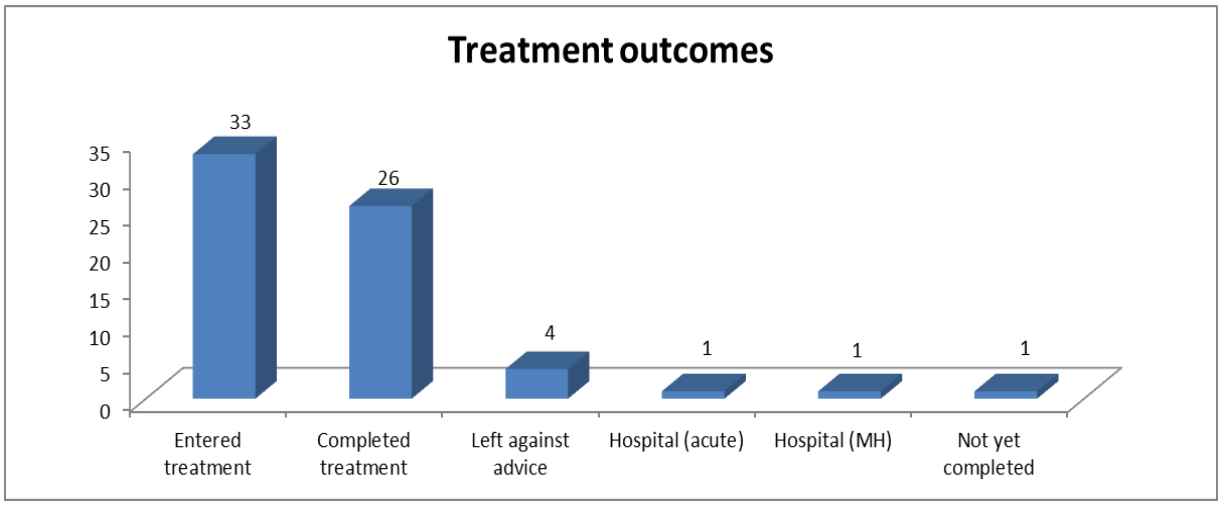
Of the 49 clients engaged with the Project Coordinator, 33 (67%) entered treatment. Of those 26 (79%) completed a residential withdrawal episode of care. Four (4) clients left treatment against advice, two (2) were hospitalised and at the time of reporting one (1) remains in treatment.

Withdrawal scales

Client symptoms were monitored utilising the Amphetamine Withdrawal Scale. These assessments were undertaken pre-admission, the day of admission and then on a regular basis throughout the clients admission period.

55% of clients scored higher on their withdrawal symptom score during days 2 to 7. The increase in score was frequently related to drowsiness, depression, irritability and agitation. These scores enabled staff to better respond to their needs for rest, low stimulus environments and support.

Figure 2: Treatment outcomes



Recommendations:

1.1 That the DHHS fund a care coordinator to work in withdrawal unit teams to provide day to day support with discharge planning and program engagement, and assist clients to address pressing health and social issues such as homelessness, domestic violence and mental health engagement

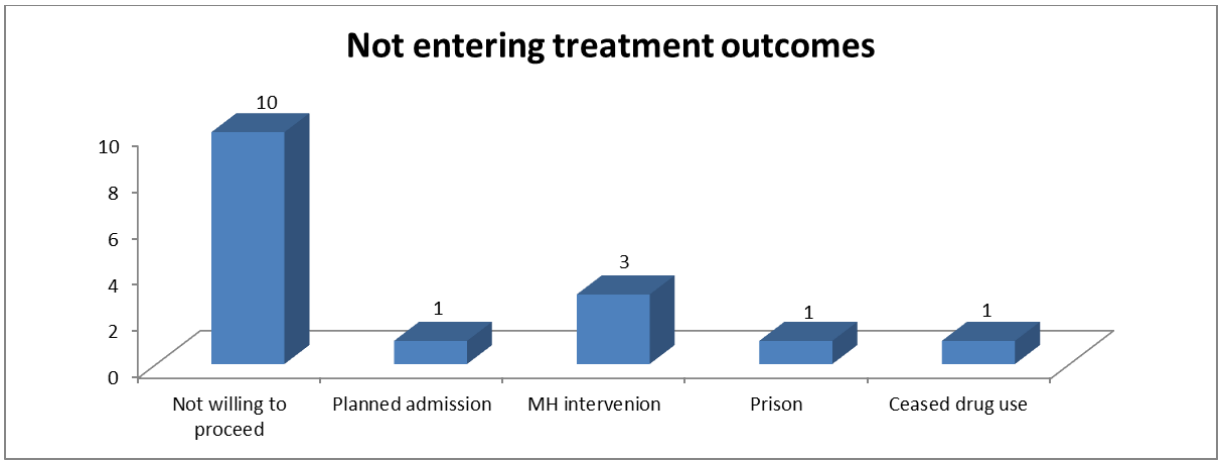
1.2 That withdrawal services and the DHHS work collaboratively to further embed evidence informed methamphetamine withdrawal protocols

Objective 2 Increase the numbers of methamphetamine clients using residential withdrawal services.

Of those who did not enter residential withdrawal treatment 63% were reported as 'not willing to proceed' due to ambivalence regarding engaging with a residential treatment service. Additionally, three people required mental health intervention, one was incarcerated, one had a planned admission and one ceased drug use prior to the planned admission.

Of those not willing or ready to proceed to residential withdrawal treatment, interventions were negotiated for ongoing contact and referral to services such as counselling, non-residential withdrawal or mental health services.

Figure 3: No Treatment outcomes



Recommendations:

2.1 That the DHHS provide funding for care coordination within residential intake teams to assist clients to engage with the service, prepare for their admission and link them with relevant services to need their immediate health and social needs eg mental health

2.2 That withdrawal services and the DHHS work collaboratively to review current data gathering systems to ensure that data regarding methamphetamine-use and admissions for methamphetamine-use is accurate, allowing for better service planning

Objective 3 Increase post-withdrawal engagement in treatment

Relapse and re-admission rates

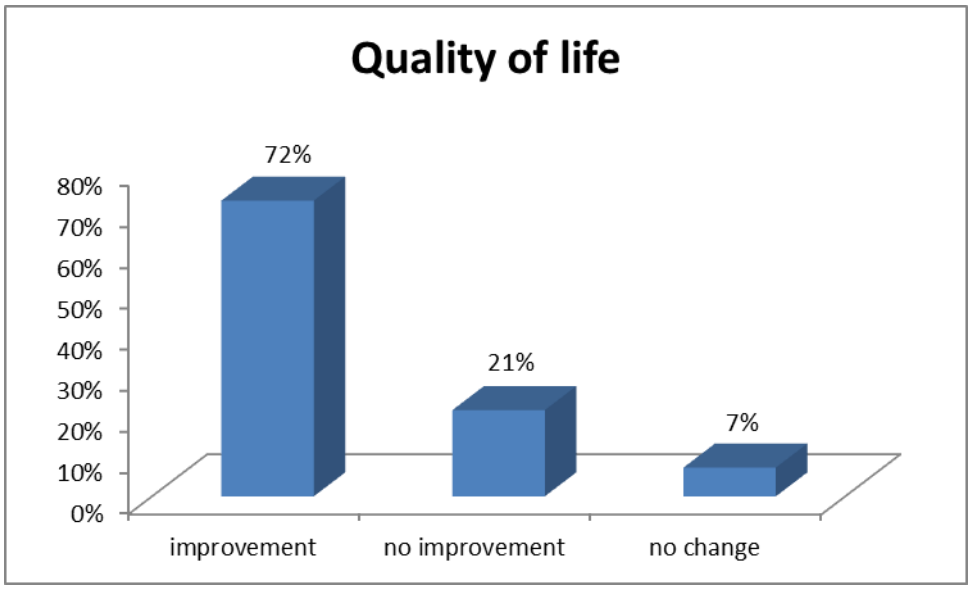
The project demonstrated a successful non-relapse rate of 73% for clients engaged in treatment over the project period.

Of the nine (9) people who relapsed, six (6) had completed residential withdrawal treatment and of those, four (4) were re-admitted to the residential withdrawal unit.

Quality of life outcomes

Utilising the WHOQOF-BREF project participants were assessed at the commencement of their treatment journey and again up to 12 weeks post discharge from residential withdrawal.

Figure 4: Quality of Life



Of the clients who participated in the WHOQOL, 72% indicated a significant improvement in their quality of life as a result of engagement with the ICE project.

Referral destination

Participating clients were referred to a number of other services following treatment and engagement as outlined below. Many clients were offered and accepted supported referrals to more than one service.

A significant number of clients (55%) were referred at the end of their participation to residential rehabilitation services.

Residential rehabilitation	12
Windana Therapeutic Community	6
GP mental health plan (nursing and/or psychologist)	12
Counseling	10
Nonresidential withdrawal (step down)	6
Mental health (acute)	4
Housing service	4
Care and Recovery Coordination	3
ATSI support services	3
Partners in Recovery	2
Declined referral assistance	2
Incarcerated	1
Mental health inpatient	1
Hospital	1
Planned withdrawal admission	1
Psychologist	1

Almost one third of clients were referred to organisations for services such as GP mental health plans in order to maintain connectedness and sustainable service delivery on the understanding the project was only short term.

Facilitating referrals to other appropriate and accessible organisations is critical in the recovery journey for this client group. The ongoing and long term challenges for people with depression and dysthymia and cognitive decline as a result of their methamphetamine use warrant significant coordinated input from the system in order to better manage the person's mental health.

Social connectedness is also critical for this client group. Due to their often chaotic lifestyle their social connections are often minimal if existent at all. Reconnecting people to family, friends and services that can assist longer term is imperative.

Recommendations:

3.1 That the DHHS provide funding for care coordination in residential programs to assist clients develop effective discharge plans

3.2 That the DHHS provide funding for care coordination to offer adequate assertive outreach to better meet the needs of clients with complex needs

Objective 4 Increase staff confidence and skills in responding to methamphetamine clients

As part of the project evaluation staff from across residential withdrawal, non-residential withdrawal, and admissions & care coordination teams were asked a range of questions and to provide feedback about the project. The questionnaires yielded significantly high results across all fields.

- 100% of staff surveyed indicated that the ICE project has provided improved support to clients during withdrawal
- 100% of staff indicated that the ICE Coordinator provided invaluable support to unit staff and clients during the admission
- 100% of staff indicated that their understanding of withdrawal management had improved since the project commenced
- 80% of staff believed that clients were more prepared when they entered residential withdrawal
- 90% of staff surveyed believed that the residential withdrawal unit had been adapted to better cater for methamphetamine withdrawal
- 90% of staff reported that overall the ICE project had provided improved care coordination and discharge planning
- 80% of staff reported that overall they felt more confident and competent in their management of the client group in the past 6 months

GP Feedback

Feedback from the partner community based General Practice clinic engaged in the project was overwhelming positive and reinforced the care coordination and assertive outreach components of the model.

Recommendations:

4.1 That the DHHS provide funding for staff training specific to working with clients with methamphetamine-use challenges, dual diagnosis and other complex needs

4.2 That further work is undertaken addressing ongoing mentorship, reflective practice opportunities and supervision to enable staff to implement and maintain effective responses to clients with methamphetamine-use challenges

Project feedback

Client and stakeholder feedback

Feedback from clients was overwhelming positive with many clients expressing their appreciation for the one to one support in assisting them to 'organise their lives' in order to prepare for residential withdrawal. The breadth of care coordination and client centred approach to this preparation clearly highlighted the importance of 'getting one's life in order' to seek appropriate treatment. The coordinated approach and connectedness with the project worker was seen as vital to the client's perception of success in treatment.

Laura's journey

'Laura' is a 32 year old female who has been using methamphetamine for 15 years. Laura was assessed for residential withdrawal and entered the residential unit in January. Prior to being assessed for treatment Laura had not been involved with any other alcohol or drug service.

Pre-admission support was provided to Laura and constituted one on one care coordination sessions. Laura lived in an abusive relationship and her partner was exceptionally controlling so organising meetings around this was particularly difficult. This situation meant that the admission process was prolonged.

Laura requested to be accompanied on all appointments due to agoraphobia, she seldom left her house and never without her partner. After a diagnosis of anorexia ten years ago Laura disengaged from mental health services and had no contact with any health professionals.

Following the initial withdrawal episode Laura agreed to a mental healthcare plan to begin to address her eating disorder. A referral to Partners in Recovery was also completed and Laura began to attend sessions with a counsellor to address her abusive relationship. Laura remained abstinent for 4 weeks post discharge from the unit however when she returned to her partner she began using substances again. Laura was admitted into the residential withdrawal unit 8 weeks later. The ICE Project Coordinator introduced Laura to various residential rehabilitations and she decided to prepare for an admission to the Windana Therapeutic Community. Laura remained abstinent for 10 weeks before returning to her former partner.

The ICE Project Coordinator worked closely with Laura's family throughout the 6 months of the project and fortnightly sessions involving Laura and her mother were viewed as very successful as her mother gained a better understanding of Laura's treatment plan and was better able to support her recovery.

Although Laura was initially assessed as unsuitable for the Therapeutic Community due to an active eating disorder she remained motivated and attended a range of appointments and interventions that were initiated and supported by the ICE project coordinator including:

- *weekly psychologist appointments*
- *complied with a mental health review*
- *regular engagement with health care professionals*
- *weekly vitamin b injection*

- *commenced iron supplements*
- *attended a consultation with nutritionist*
- *engaged with Partners in recovery*

Laura was eventually admitted to the Therapeutic Community in early July 2015 six months after initial presentation and three admissions to the residential withdrawal unit. With the support of the ICE Project Coordinator she had a range of interventions in place to support her long term recovery.

Mary's journey

Mary is a 45 year old female, who had been using methamphetamine and cannabis for 15 years. She reported two nine month periods of abstinence over 10 years ago when she was pregnant with both her children.

Mary was referred to the ICE project by her friend with a family member who had completed treatment at Windana. Mary engaged with the project coordinator and was admitted to the unit for withdrawal. Mary decided that the residential treatment was not suited to her, self-discharging on day three. The ICE project co-ordinator linked her in with a GP practice and non-residential withdrawal services to continue her withdrawal in the community. Mary reports this was successful and she also reports no substance use since this period.

Mary continues to engage with the ICE project coordinator weekly for rehabilitation support and has begun to engage with a mental health clinician. Mary has also agreed to a mental health review where she will discuss medication options for mood stabilisers and antidepressants. Mary has gained more insight into her mental health and rates her overall quality of life as significantly higher since engaging withy the ICE Project.

Staff feedback

Feedback from senior nursing staff at Windana provided an overall view of the positive outcomes from the project.

"The Coordinator displayed assertive outreach principles whereby the clients were contacted at the point of referral and supported in the process from pre-admission and the day of admission medical appointments. The clients did well in their chaos/crisis stage prior to entry as they had the Coordinator to support hem and give them practical solutions. Importantly education and information was given to them on what to expect in withdrawal and the rules and boundaries that they would expect.

When the clients entered the withdrawal unit they had a familiar face in the Coordinator who would visit them daily and ensure the transition was a streamlined one.

The Coordinator had a great understanding of support during the initial crisis/chaos stage, supporting the clients through the medical appointments and being the point of contact when the clients were in withdrawal. The Coordinator also did much secondary consultation work with the

Admissions Team, Withdrawal Unit staff, community based General Practice Clinic and external workers.

From my observation the withdrawal unit team were very supportive of clients during their "crash period" and education was given around hydration and nutrition and management of other symptoms during this period for this cohort of clients.

Hopefully in the future we can continue to give this group of clients an extended stay, as their emotional withdrawal tends to appear on day 10 and 11, and sometimes these clients need more one to one support as they reach that second stage of withdrawal wherein they have more insight into their problems."

Clinical Lead Nursing July 2015

"The ICE project has definitely improved the attendance of clients and they are better prepared for entering the program; understanding the rules and expectations. The Coordinator gives a comprehensive handover of the client history and anticipated behaviour and withdrawal symptoms which assists staff in managing their program. We are better advised to accommodate the initial grace period and prepare them for participation in the program. It has become apparent that clients would benefit from a longer withdrawal program." **Residential Withdrawal Team Leader July 2015**

Appendix

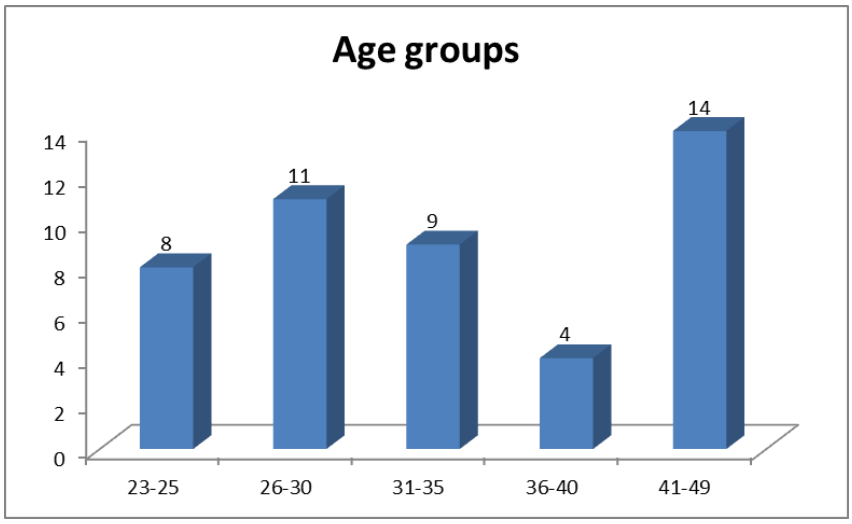
Client Data

1. *Gender*

Of the project participants 23 were male and 26 female – a slightly higher number of female participants at 53%. Of the females represented 87% were aged over 30 years with 7 of those women aged over 40 years.

2. *Age*

Figure 5: Age



Project participation was spread across all age groups with the 41 – 49 year age group represented most significantly.

There is some anecdotal feedback that suggests that the higher proportion of older clients presenting for treatment are a group of people who have been using for some years and now wishing to access treatment.

3. *Diversity*

The higher representation of ATSI clients ***(15%)*** in the project is worth noting. This presentation rate is higher than the ATSI presentation rate for substances other than methamphetamine. This engagement could be attributed in part to the significant networking by the Project Coordinator with the ATSI community and improved referrals as a result.

13% of clients were from a culturally diverse background

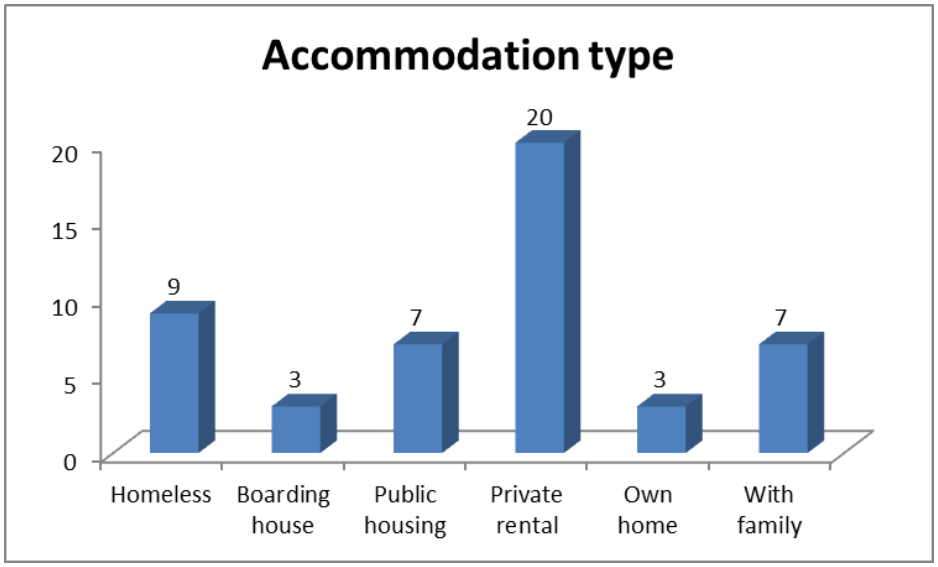
4. *Employment*

The employment status of clients was 4% employed with the vast majority of clients (96%) being unemployed.

5. Housing

Almost 25% of the project group were homeless, sleeping rough or living in a boarding house arrangement. 41% lived in a variety of private rental arrangements with a high number of these people reporting that this was not viewed as secure accommodation.

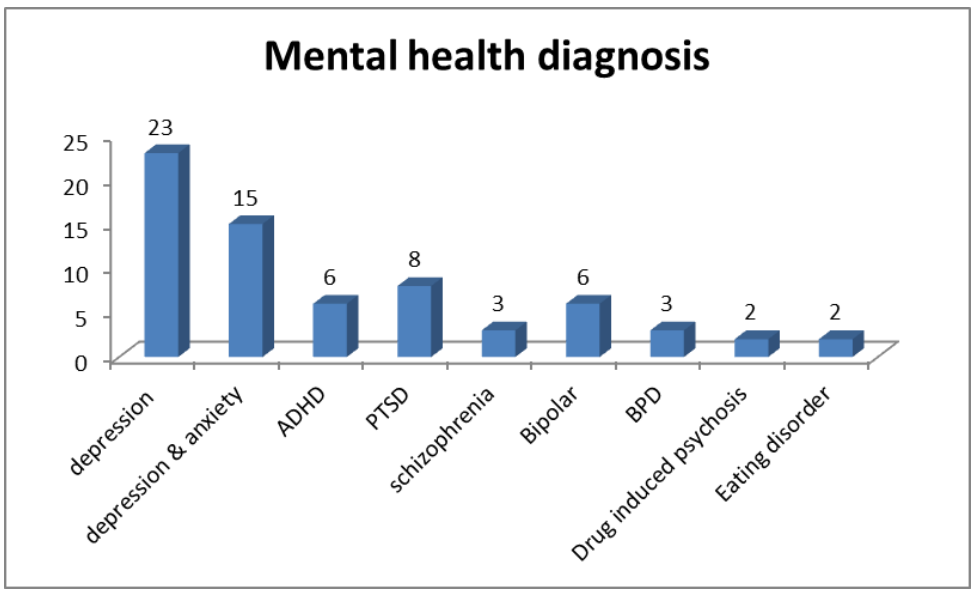
Figure 6: Accommodation



6. Mental Health

33 people were reported as having a mental health diagnosis which represents 67% of the total client group. Of those 33 people, 23 or 70% were reported to have more than one diagnosis.

Figure 7: Mental Health diagnosis



Of those with a mental health diagnosis, 70% were reported to have depression and/or depression and anxiety with a further 24% having a diagnosis of post-traumatic stress disorder.

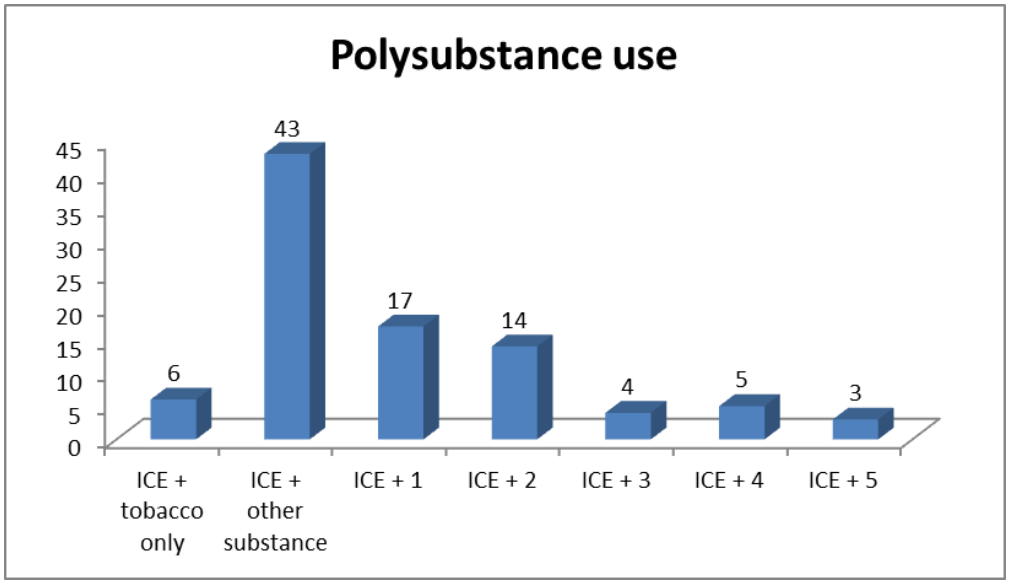
7. Legal

Almost 60% of the client group were identified as being subject to legal conditions including bond, bail and community treatment orders.

8. Polysubstance use

Of the clients engaged in the project 88% reported Polysubstance use with almost 25% reporting use of ICE plus three or more other substances.

Figure 8: Polysubstance use



53% of people reported use of cannabis within the previous 4 weeks and 39% reported use of alcohol. Almost one third of the client group reported concurrent use of benzodiazepines.

94% of the client group smoked tobacco on a daily basis.

Figure 9: Concurrent substances