

The Right Medicine: Paths out of Alcohol & Other Drug Use Questions & Answers (Session 2)

Q: Is the peer perspective resources kind of like a YELP review for treatment services?

A:

NUAA: In terms of the question around peer services being like a “Yelp” for health services no, that is not what we do. Our stories are more about individuals experiences with various issues, which sometimes includes positive and negative interactions with health services. No person or service is ever identified and I personally don’t believe such a rating system would be that useful. We work closely with groups such as the OTP Statewide Managers Group and Drug and Alcohol Directors and sim for constructive dialogue. There are a couple of ways we provide direct feedback to services. First, via Insider’s News a publication that is targeted to Correctional Services. When we get a letter detailing particular issues we sometimes bring them to the attention of Justice Health and work with them on resolving them. We also have a service called PeerLine, which anyone can ring for support. At times people will ring with issues and again we work directly with services to resolve them. Based on our long experience, there are usually two sides to every situation, sometimes issues can be resolved so that everyone is happy and sometimes they are not but we always work with open minds.

Q: how can you tell if psychosis is done by an anti-depressant or mdma please?

A:

Dr Tarun Yadav: it is very uncommon to see psychosis associated with antidepressant except situation such as delirium where psychotic symptoms may be present. MDMA also is a unique stimulant with also has some hallucinogenic properties and may lead to psychotic symptoms during severe intoxication. Both are unlikely to cause long-term psychotics symptoms but may precipitate pre-existing vulnerability to a primary psychotic illness via stress vulnerability. In most situations, you will find other drugs such as cannabis or amphetamines being the culprit in inducing psychosis.

Q: How do you manage anxiety and depression symptoms during cannabis withdrawal?

A:

Dr Tarun Yadav: there are no specific medications for treatment of cannabis withdrawal. Usually, cannabis withdrawals are mostly associated with psychological symptoms such as mood changes and anxiety which can be managed with short course of low dose long-acting Benzodiazapine such as diazepam or atypical antipsychotics it’s Seroquel. Other psychosocial support and interventions are always helpful to add. For the clients who mix tobacco with cannabis, it is important to highlight the nicotine withdrawal contributing to the same.

Q: What are the things that we can say and do to help a patient feel comfortable and safe to talk to us about their use?

A:

Dr Tarun Yadav: the key is having a non-judgemental approach in our body language and conversation and avoiding the terms such as addict. We can always use motivational interviewing skills and linking the substance used to their reason for presentation after initial rapport has been established. Empathic validation, allowing them to express their frustration and longer appointment times are other ways to reduce resistance to talk about the substance use.

Mrs Donna Boughton: A: I would firstly say to the client that you appreciate how big a deal it was for them to make the appointment and turn up. Each of those are a big step for the user. Something like ‘I imagine it took a lot of courage to first make the appointment *and then* walk through the door – good on you!’. They need to genuinely hear you are aware of the big step they are contemplating towards change. I would ask when their use started and was there something

The Right Medicine: Paths out of Alcohol & Other Drug Use Questions & Answers (Session 2)

difficult happening in their life. This helps them get perspective that the use is often a way to manage 'the pain or issue' at the time of beginning use and helps relieve a little of the shame. I would ask how the drugs have been helpful to them, and then what is not so helpful now. Then maybe 'Do you want to stop?' and 'What do you think would be a good way to manage your drug use?'. 'Would you like some suggestions and support?' Don't use the computer when they are talking to you! Please follow them up – so many before have said they would but didn't. Also if the client appears a little overwhelmed ask if they would like you to write down any information of suggestions that have been discussed. They are probably very nervous and fearful in the clinical setting. Your smile and empathy will go a long way towards breaking down barriers.