

Keyfacts - Substance use

Social and emotional wellbeing workers web resource

What are substance use disorders?

There are two main types of 'substance use disorders': substance misuse and substance dependence. A substance may be a legal drug, an illegal drug, a prescribed drug (medicine given out by a doctor), or a toxin (poison).

Substance misuse describes when a person experiences harmful or negative consequences when repeatedly taking a substance. These consequences can range from mild (e.g. headache) to severe (e.g. legal problems because of the substance). It is the severe consequences that can lead to someone having a substance misuse problem. It is important to note that the diagnostic guidelines use the term substance 'abuse' when talking about people who have a substance misuse problem, but most health professionals now prefer the word 'misuse'.

Substance dependence describes when a person continues to take a substance over a long period of time even though the behaviour is causing them serious problems. The person will experience a range of cognitive (mental processes), behavioural, and physiological (body) symptoms. They may also build up a tolerance for the substance (need to use more of the substance to get the same effects), and could also experience withdrawal symptoms when the substance is not taken regularly. Withdrawal symptoms are the unpleasant physical and mental effects that occur when the amount of substance in the body begins to drop. Most people who have a substance dependence problem also have a substance misuse problem.

There are many different substances and they can each affect the mind and body in different ways. The types of substances a person

may misuse and/or become dependent on, include:

- licit substances (legal drugs)
 - alcohol (grog)
 - tobacco (durries)
 - pills/medicine (e.g. pain killers)
- illicit substances (illegal drugs)
 - marijuana/cannabis (gunja, yarndi)
 - heroin (smack)
 - ecstasy (E, eccy)
 - cocaine (coke, crack)
 - amphetamines (speed)
 - pain killers (when not used as intended medically)
- volatile substances (also called inhalants)
 - solvents, such as glue and petrol
 - gases, such as those found in cigarette lighters
 - aerosols, such as spray paint
 - nitrites, such as those found in room sprays.

People can misuse and/or become dependent on more than one substance.

What are the signs and symptoms of substance use disorders?

Many people use substances without developing a substance use disorder, but there are a small number of people who will misuse and/or become dependent on a substance or

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substances. Some signs that a person may have a substance use disorder include:

- they're often unable to fulfil major commitments at work, school, or home due to their substance use
- they often use the substance in situations in which it is dangerous to do so, such as driving a car when drunk
- they have legal problems because of their substance use, such as being arrested for having illegal drugs
- they continue to use the substance even though it's causing problems in their social and personal lives, such as having physical fights with friends or arguments with their partner
- they develop a tolerance for the substance (need to use more of the substance to get the same effects)
- they use the substance over a longer period of time than they planned to
- they find it hard to cut down the amount they're using
- they spend a lot of time either trying to get the substance, using the substance, or recovering from the effects of the substance
- they recognise that the substance is causing them mental and/or physical problems but they still continue to take the substance.

A diagnosis of substance use disorder can only be made by a qualified and trained health professional, such as a psychiatrist. The diagnosis is based on the person meeting a strict set of criteria (meaning that the person using the substance(s) must experience a certain number of signs/symptoms for a certain length of time). It's important to remember that there will always be people who show some signs of a substance use disorder, but do not meet the diagnostic criteria; they should also be offered help and support.

What are the risk factors for substance use disorders?

There is no single reason why people misuse and/or become dependent on substances, but there are factors that can increase the likelihood of a person developing a substance misuse or dependence problem. These factors include:

- having another health issue, such as a mental illness
- having a family history of mental illness
- having experienced past trauma
- learnt behaviour (seeing substance misuse/dependence in the family)
- social environment, such as having friends who misuse substances or are dependent on substances
- substances being easy to get
- having a sensitivity to drugs (react easily to a drug or drugs).

What other conditions are associated with substance use disorders?

Substance use disorders can often occur with other mental illnesses, such as depression. The occurrence of two mental illnesses at the same time is called comorbidity. There are a number of reasons why comorbidity may occur:

- a person may use a substance(s) to relieve symptoms of a mental illness, which then leads to the development of a substance use disorder
- the intoxication and withdrawal that is part of substance use disorders can lead to the development of a mental illness, such as anxiety
- the two mental illnesses may share several risk factors, so the factors that increase the likelihood of one illness, may also increase the likelihood of the other illness.

Sometimes the effects a substance has on the mind and body are similar to the signs of mental illness. This can make it hard to recognise other mental illnesses in people with substance use disorders. Many types of substances have been linked with mental illnesses, such as:

- alcohol dependence and depression
- opioid dependence and anxiety disorders (opioids are a group of drugs that contain opium, such as morphine and heroin)
- cannabis dependence and psychosis
- volatile substance misuse/dependence and personality disorders.

How common are substance use disorders among Aboriginal and Torres Strait Islander people?

It is helpful to look at how common substance use is among Aboriginal and Torres Strait Islander people and non-Indigenous people before looking at how many people experience substance use disorders. Information from the 2008 National Aboriginal and Torres Strait Islander Social Survey showed that Aboriginal and Torres Strait Islander people are less likely to drink alcohol than are non-Indigenous people, but those Aboriginal and Torres Strait Islander people who do drink alcohol, are more likely than non-Indigenous people to do so at harmful levels.

The survey also reported that almost one-quarter of Aboriginal and Torres Strait Islander people aged 15 years or over had used an illicit substance in the previous 12 months. This was more than

one-and-a-half times the amount reported by non-Indigenous people in a similar survey.

Alcohol and tobacco are the most commonly used substances among Aboriginal and Torres Strait Islander people followed by:

- cannabis
- pain killers (for non-prescription purposes)
- amphetamines
- ecstasy
- petrol and other volatile substances.

Information on how many Aboriginal and Torres Strait Islander people have been diagnosed with a substance use disorder is not available, but information from 2008-09 shows more Aboriginal and Torres Strait Islanders were hospitalised for substance use disorders than any other type of mental and behavioural disorder. Aboriginal and Torres Strait Islander people were nearly four times more likely to be hospitalised for substance use disorders than non-Indigenous people.

How do you treat substance use disorders?

Substance use disorders must be taken seriously and it is important that health workers don't react in a negative way to someone they think has a substance misuse and/or dependence problem. It is common for people with substance use disorders or other types of mental illness to not want to talk about the problem. To encourage people to get help, it is important to remind them that substance use disorders and other mental illnesses are health problems just like any other illness and that they have the right to seek treatment without blame.

Examples of how you can help someone with a substance misuse and/or dependence problem includes encouraging them to:

- talk to someone they trust, such as an Elder or friend
- seek counselling (someone to yarn to)
- speak to a doctor or another health professional with experience in working with people with substance use disorders
- seek support from services that can help with alcohol, drugs, and mental health problems
- seek cultural and spiritual support
- look after their general health, such as healthy eating, exercise.

Dealing with substance use disorders requires a long-term approach. It begins with a solid practitioner-client relationship that is based on honesty, trust, and respect. It is important that the client's treatment preferences and readiness to change are taken

into account when developing a treatment plan. For clients with substance use disorders and other mental illnesses, the treatment may focus on one or both of the illnesses and may include psychosocial interventions, medication, or a combination of both.

Please note the term 'mental illness' has been used in place of 'mental disorder' and 'psychological disorder' because it is a more common term.

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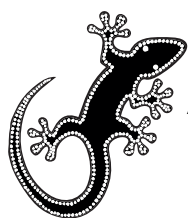
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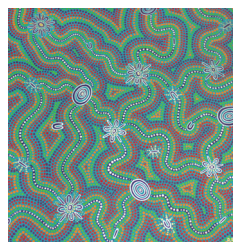
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Two concepts underpin the HealthInfoNet's work. The first is evidence-informed decision-making, whereby practitioners and policy-makers have access to the best available research and other information. This concept is linked with that of translational research (TR), which involves making research and other information available in a form that has immediate, practical utility. Implementation of these two concepts involves synthesis, exchange and ethical application of knowledge through ongoing interaction with key stakeholders.

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