

# Tuesday's with Nexus

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RURAL EXPERIENCE DURING COVID

# Acknowledgement of Country

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*We acknowledge the traditional custodians of the land on which we meet today, the Peek Whurrong People of the Maar Nation. We pay our respects to one of the world's oldest continuing cultures, and to Elders past, present and future.*

WRAD believe that our clients are entitled to quality care that respects their dignity, beliefs and rights and acknowledge and respect that they come from diverse backgrounds, cultures, bodies, experiences, identities, sexual identity, gender identity, gender expression, abilities, beliefs, health and socioeconomic status. These attributes make each person unique and valuable



Compassion,

Respect,

Excellence,

Accountability

Teamwork and

Ethical behavior

# March 2020 to now

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## Trends reported:

### Changes in drug use

- Alcohol remains highest substance
- Increased money from Government support has led to some increased use (opportunistic)
- Increased methamphetamine use
- Increased cannabis use particularly when people aren't able to access preferred drug and more poly substance use.
- Youth services report more experimentation with hallucinogenic as well more risky drinking
- Hearing more anecdotally use of GHB

# Brief Interventions Program

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- busy with more GPs referring to program.
- More first-time clients presenting to Brief Interventions Program
- higher rate of Dual Diagnosis in people.
- Alcohol and cannabis still main substances being used. Individuals turning to Alcohol as access to other illicit drugs has been impacted by restrictions.
- Increase in prescribed medications being used illicitly.
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# Youth Outreach Program

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Significant change to service delivery going from 80% outreach to almost entirely telephone support.

Attendance rates 'up and down'.

Issues with data connection and living situations impacting on desirability of telephone counselling from the youth.

Worker also reported significant increase in harmful/risky substance use with excessive alcohol, cannabis and more experimental use of hallucinogens

Some reports substance prices have gone up which has led to use of the "dark web" people using larger amounts of ecstasy and "Bad Trips". Also more reported use of magic mushrooms

# Dual Diagnosis Program

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No specific reported changes to substance use patterns since COVID.

Anecdotal reports of increased stress and anxiety around COVID

Have increased support via telehealth with addiction psychiatrist which has been helpful to both clinicians and doctors at WRAD and community GP's

# Family Violence Services

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Referrals progressing toward pre COVID-19 lockdown.

Police referrals (I17's) still lower than normal.

Self-referrals up.

Advice and Service info requests up.

Some decrease in RAMP clients due to a few being incarcerated.

# Positives of COVID

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Attendance rates have increased

Access for clients who traditionally may have avoided centre based sessions have also responded well

Day rehab program significant increase in attendance and runs at 120% attendance

WRAD formed partnership with local meal provider “tasty Plate” a disability organization that provides catering. WRAD have purchased over 300 meals for our clients

WRAD have used some of the court fund to support clients with Coles vouchers, taxi vouchers and laundry vouchers (last 2 are a new trial)

WRAD have also purchased data and mobile phones for some clients engaged in programs to stay connected and participate



# Negatives

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Clients have not so readily transitioned to telehealth platforms preferring phone contact

- Leads to less personal contact
- Difficulties in making comprehensive assessment of well-being
- Unable to make that visual connection which is so important in therapeutic engagement but also non-verbal's in communication
- Increased risk of perpetrator interference in cases of FV
- Some lapses in participants of Day rehab program

## Staff Impact

- Some staff have struggled with working from home and adapting to new technology and ways of delivering services. Increase in use of EAP

## Access to rehab centres and detox significantly reduced

- Significant delays in accessing withdrawal so considering options for how to manage in community environment

# SMART recovery and *BeSMART*

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SMART recovery groups have had participants talk about issues of COVID being at home more, increased substance use or relapse of substance use. Some cite the stress of COVID, others the boredom and for two they had lost jobs due to COVID.

*BeSMART* group is for families and friends. Participants have highlighted scenarios of the substance use more “in your face”. Issues with not being able to get away or have time out from the person using substances. Others have reported some increase in “niggling” behavior and ‘blame shifting’ trying to make the loved one feel responsible for the “using”

# Summary of COVID impact

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Some changes in substance use

Some increase risk in FV and inability to assertively engage clients

Improved connection with other clients and greater attendance

Use of creative approaches to therapy that were not done due to “comfort of practice” COVID has pushed clinicians to think and try different things

There has not been an increase dramatically of people presenting to the service hence have to wonder what does that means

- People aren't in the “light” so the substance use goes on unheeded ?
- Don't have to get up for work or workplaces aren't seeing the person still affected from night before so no consequences immediately
- Boredom and stress have been taken as socially acceptable reasons for increased use.