

## CLINICAL PRACTICE POINT

# EMBEDDING SUBSTANCE USE TREATMENT APPROACHES INTO MENTAL HEALTH PRACTICE

### THIS RESOURCE WILL HELP YOU

1. define embedded practice and its principles;
2. engage young people in non-judgmental conversations about their substance use;
3. apply substance use treatment approaches as part of routine youth mental healthcare; and
4. learn about additional resources to support your practice.



To guide practice, this resource brings together evidence from young people with lived experience of mental ill-health and substance use, subject matter experts and research literature.

### SETTING THE SCENE

There is a high prevalence of co-occurring substance use and mental health issues among young people aged 12–25 who are accessing mental health services in Australia.<sup>1</sup> The relationship between substance use and mental health is complex, with each often influencing the other.<sup>2</sup> Early onset of substance use, particularly during adolescence, may interrupt a young person’s developmental trajectory and increase the risk of developing substance use disorders later in life.<sup>3</sup>

Engaging young people in care can take time and patience. Young people have reported feeling uncomfortable or unsafe discussing their substance use with mental health professionals.<sup>4</sup> Stigma and shame commonly prevent young people from disclosing these issues<sup>5</sup> and many young people are more inclined to seek help for mental health issues rather than substance use.<sup>6</sup>

Mental health professionals therefore have a unique opportunity to address substance use as part of routine practice.<sup>6</sup> When mental health professionals adopt respectful, non-stigmatising approaches, young people are more likely to

share information about their substance use and seek help.<sup>1</sup> By addressing substance use early, professionals can help young people achieve better long-term psychological, physiological and overall health outcomes.<sup>1</sup> To enhance health and wellbeing outcomes and reduce potential harms, mental health professionals should be skilled and confident in screening for substance use, developing collaborative care plans and engaging in open, non-judgemental conversations with young people about substance use.

### WHAT IS EMBEDDED PRACTICE?

Embedded practice refers to the integration of mental health and substance use treatment approaches by an individual mental health professional. Within an embedded practice framework, equal attention is given to both substance use and mental health as part of routine care. This approach addresses the interconnectedness of a young person’s mental health and substance use and acknowledges that treating one issue without addressing the other reduces the efficacy of treatment overall.<sup>7</sup>

**“Substance use is everyone’s business.”**

**STEVE LEICESTER, DUAL DIAGNOSIS AND ADDICTION STREAM LEAD, ORYGEN**

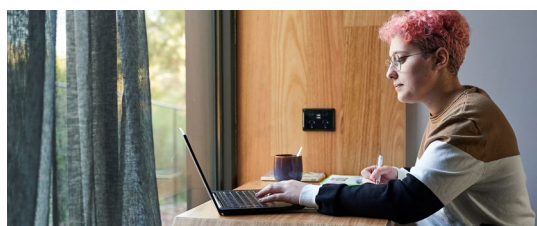
Embedded practice involves considering the whole person – their psychological, physical, cultural and sociodemographic domains – to fully understand their mental health and substance use.<sup>8</sup> Key aspects of this approach are integrating substance use assessment, formulation and treatment throughout care and ensuring that interventions are safe and evidence informed.

**“Mental health and substance use often intersect and are intertwined. I hate having multiple workers as it can be hard to manage all the appointments, it would be much easier and beneficial to connect with one person instead of multiple people.”**

**YOUNG PERSON WITH LIVED EXPERIENCE OF MENTAL ILL-HEALTH AND SUBSTANCE USE**

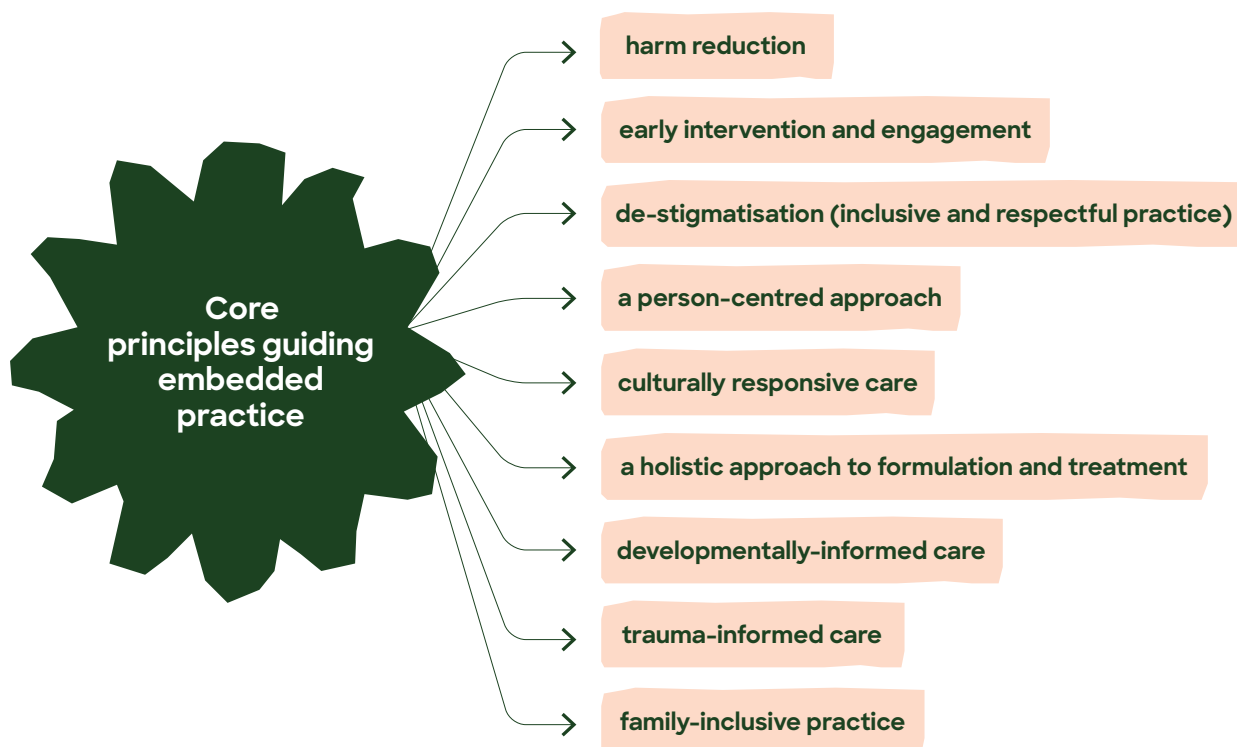
#### WHERE DOES EMBEDDED PRACTICE SIT WITHIN INTEGRATED TREATMENT MODELS?

Integrated treatment models incorporating both substance use and mental health within a single treatment plan are recommended by Australian and international government bodies, and experts.<sup>9</sup> These models can be implemented by a single service – potentially by one clinician – or through a coordinated care plan involving multiple services working together in an integrated way.<sup>1</sup> Embedded practice draws from an integrated approach by emphasising the importance of a single health professional being skilled in holistically addressing both mental health and substance use issues. This promotes a comprehensive, person-centred experience where there is continuity with one professional, which allows for a stronger therapeutic relationship and reduces the risks of a young person falling through the gaps in the service system.



## CORE PRINCIPLES GUIDING EMBEDDED PRACTICE

The core principles of embedded practice are fundamental for providing comprehensive mental health and substance use support for young people.



Orygen’s video series, *Embedded practice: the principles underpinning substance use and mental health treatment approaches*, explores each principle in more depth.

## ENGAGING YOUNG PEOPLE ABOUT THEIR SUBSTANCE USE

“When mental health professionals asked about my substance use, it made it easier to talk about it.”

YOUNG PERSON WITH LIVED EXPERIENCE OF MENTAL ILL-HEALTH AND SUBSTANCE USE

Therapeutic engagement is crucial when a young person presents with both substance use and mental health issues. Since each issue on its own requires a high level of rapport, even greater trust is needed when they co-occur. Engagement involves taking the time to get to know the young person, developing trust and understanding the whole person to identify where substance use fits into their life. Mental health professionals already have engagement and assessment skills that can be applied to supporting young people with substance use issues.

A curious and respectful approach is helpful when asking about substance use. These tips will help guide conversations with young people:

- **Take your time to get to know the young person** – understanding a young person’s interests, goals and priorities establishes a connection, which makes discussions about substance use more comfortable and more easily integrated into routine practice.
- **Use person-centred language** – stigmatising language can reinforce negative stereotypes and beliefs about substance use, for example, using terms such as ‘addict’, ‘drug abuse’ or ‘problem use’. Using person-centred language is essential to focus on the individual rather than their substance use.<sup>10</sup>

“When clinicians didn’t come from a place of understanding, I would keep my use secret as I didn’t feel comfortable to share.”

YOUNG PERSON WITH LIVED EXPERIENCE OF MENTAL ILL-HEALTH AND SUBSTANCE USE

- **Remember the young person is the expert on themselves and their substance use** – giving a young person the space to share empowers them and promotes collaboration.
- **Set aside your own agenda** – allowing a young person to lead the discussion respects their autonomy and prioritises their goals.
- **Normalise the conversation about substance use and continue having regular discussions** – this reduces stigma and anxiety, making the young person more comfortable to share, while also ensuring that mental health professionals avoid making assumptions about who may or may not be using substances.

For example: “*There are normally a few questions I like to ask young people about substance use. Can I ask you some of these questions?*”

- **Be transparent** – explaining your intentions builds trust and makes it clear that you are there in a supportive capacity.
- **Use open-ended questions to explore different substances that may be being used<sup>11</sup>** – this assists in understanding a young person’s perspective of their use and centres the young person as the expert.

For example: “*What do you think about your drug use? Tell me about what you do on a typical day and how your drug use fits into this?*”

- **Promote harm reduction principles from your initial engagement with a young person** – this emphasises the aim of helping the young person stay safe regardless of their pattern of use.

For example: “*I’m not here to tell you to stop using. I just want to help you stay as safe as possible and reduce any harms.*”

- **Don’t position substance use negatively** – it is possible that substance use has become an important coping strategy for the young person.
- **Be aware of your own values and beliefs about substance use** – personal values and beliefs can influence how you approach and interpret a young person’s substance use.

“People looked at me as less of a human because of my substance use and judged me even though I didn’t want to be using, which made it really hard.”

YOUNG PERSON WITH LIVED EXPERIENCE OF MENTAL ILL-HEALTH AND SUBSTANCE USE



## IDENTIFYING SUBSTANCE USE: SCREENING AND ASSESSMENT

Like any mental health issue, screening and assessing substance use with a young person is an ongoing process that starts with building rapport and should be guided by a person-centred and flexible approach. Mental health professionals may feel tentative to ask about substance use because they lack confidence in addressing a young person's disclosure or fear they might exacerbate the situation. It's important to understand that asking about substance use will not worsen the situation or encourage young people to use substances.

**“You're not going to cause harm by talking about drugs the young person is already using.”**

**REBECCA, DUAL DIAGNOSIS CLINICIAN, ORYGEN**

Some key considerations for screening and assessing substance use effectively include:

### DO

- **Consider the function of the young person's substance use.** This will assist you to build insight into the young person's reasons for use and help in developing collaborative goals in relation to their substance use.

**“Exploring the function of my use helped me to realise why I was using and assisted me to get clean.”**

**YOUNG PERSON WITH LIVED EXPERIENCE OF MENTAL ILL-HEALTH AND SUBSTANCE USE**

- **Ask about all the substances the young person might be using and explore potential interactions with other substances, including prescribed medications.** Young people often use multiple substances together, particularly alcohol alongside other drugs, which can increase potential harms.<sup>12</sup> Make sure you ask about over-the-counter, prescription and traditional medicine as well as alcohol and nicotine, specifically smoking and vaping.
- **For each substance, explore what the young person likes and dislikes about their use.** Many young people perceive their substance use as serving a positive function, such as helping them relax, stay awake for socialising, enhance experiences or manage their mood.<sup>13</sup> Exploring both the benefits and downsides to substance use can assist you to understand the role substance use plays in their life.

For example: *“What do you like about using [insert substance/s]? Are there any downsides about using [insert substance/s]?”*

- **Explore the young person's patterns of substance use.** Young people may display varied patterns of use across different substances at different times. Understanding these patterns provides insight into their reasons for substance use, the interplay with their mental health, and the underlying functions of their behaviour.

For example: *“Roughly, how often do you use [insert substance/s]? Is this more or less than usual for you? What do you think has led to an increase or decrease in your use of [insert substance/s] lately?”*

- **Ensure culturally responsive and inclusive practice when supporting young people.**<sup>14</sup> Mental health professionals must consider a young person's cultural background to ensure that their language, approach and style are culturally appropriate during screening, assessment and treatment. Using culturally specific screening tools and integrating a social and emotional wellbeing model is particularly beneficial when working with First Nations young people.<sup>15</sup>

**“Having an informal yarn and just getting to understand and learn about the young person, their family, culture and community is important first to understand what substance use looks like for them.”**

**GUY NEAVES, ABORIGINAL MENTAL HEALTH WORKER, ORYGEN**

- **Revisit substance use assessment throughout the period of engagement with a young person.** Assessment and formulation should be an ongoing, shared process between you and the young person. Assessing the factors contributing to mental health and substance use issues should be revisited with the young person as often as necessary.



## DON'T

- **Dismiss or minimise the young person's substance use.** Invalidating a young person's use can prevent them from help seeking as they may worry their concerns won't be taken seriously. Always approach substance use with care even if it's recreational as the young person is sharing it for a reason.

"I started struggling with a different drug a few years later and it took me so long to get help because I was scared of being dismissed again and not taken seriously."

YOUNG PERSON WITH LIVED EXPERIENCE OF MENTAL ILL-HEALTH AND SUBSTANCE USE

- **Tell the young person to stop using substances.** While abstinence may be ideal, many young people do not perceive their substance use as problematic or they may not be ready to change their use.<sup>1</sup> Requiring young people to abstain from substance use to engage in support can be a barrier to accessing care and disregards their reasons for use. Harm reduction approaches are therefore best practice for encouraging help-seeking behaviour.<sup>8</sup>

"Mental health professionals need to understand that substance use is a coping mechanism and shouldn't dismiss it or tell a young person to stop using. That is not realistic."

YOUNG PERSON WITH LIVED EXPERIENCE OF MENTAL ILL-HEALTH AND SUBSTANCE USE

- **Assume that substance use screening and assessment approaches for adults can be applied to young people.** Developmentally informed care is essential, particularly during adolescence and early adulthood.<sup>1</sup> Tailoring screening and assessment to the developmental stage of young people ensures that their unique needs and challenges are addressed.

## CONFIDENTIALITY

Sharing information about confidentiality is crucial when working with young people. Clearly discussing confidentiality, its limits, and duty of care builds trust and encourages engagement, especially when addressing substance use.

"Knowing I wasn't going to get punished for my substance use and knowing my rights was very helpful."

YOUNG PERSON WITH LIVED EXPERIENCE OF MENTAL ILL-HEALTH AND SUBSTANCE USE

Transparency ensures young people understand the limits of confidentiality and feel safe sharing information about themselves. It is important for mental health professionals to reassure young people that disclosing substance use will not lead to punishment, legal consequences or notification to police or family and supports.

## HOLISTIC FORMULATION AND TREATMENT

Holistic formulation and treatment should comprehensively address both mental health and substance use issues, recognising their interconnectedness. This process centres on a strengths-based and collaborative approach, ensuring the young person's voice and perspectives guide formulation and treatment planning.

Mental health professionals need to consider the intersectional domains of a young person's life to understand the impact of mental health and substance use on each other. It is crucial to view substance use not merely as a factor maintaining mental ill-health but as part of a broader, dynamic interaction with social and occupational functioning.



## BIOPSYCHOSOCIAL FORMULATION

Biopsychosocial formulation, also known as case formulation, is a mental health approach that integrates biological, psychological and social factors to increase understanding of the individual and guide treatment.<sup>16</sup> This model considers presenting issues alongside predisposing, precipitating, perpetuating and protective factors.<sup>16</sup> Using this approach, mental health professionals can holistically consider the interactions between substance use, mental health and other areas of the young person's life that may be contributing to current issues.

Critical to holistic biopsychosocial formulation is the inclusion of trauma-informed, developmentally sensitive and culturally contextual information. Integrating these perspectives into formulation will offer a rounded understanding of the young person's intersectional needs related to their mental health and substance use. These aspects are further explored in Orygen's video series, *Embedded practice: the principles underpinning substance use and mental health treatment approaches*.

To develop a holistic formulation, consider these questions:

- At what age did the young person start using each substance and how does this relate to their life circumstances at that time?
- How do substances affect the young person's mood and daily functioning?
- Is the young person using substances to manage their mental health?
- How does the young person's culture, environment and social connections influence their substance use?
- How does the young person's age and developmental stage influence our understanding of their substance use? Is it a typical aspect of developmental risk-taking behaviours?
- How does trauma or adverse life experiences contribute to their substance use and mental health?
- What strengths and resources do they have that can be leveraged to support their recovery?
- How does the young person's family perceive their substance use?

## STRATEGIES TO EMBED SUBSTANCE USE INTO FORMULATION

The following tools can help facilitate collaborative discussions with young people about how substance use and mental health interconnect and affect various aspects of their life and overall wellbeing, thus supporting the formulation process.

### Functional analysis of substance use behaviour

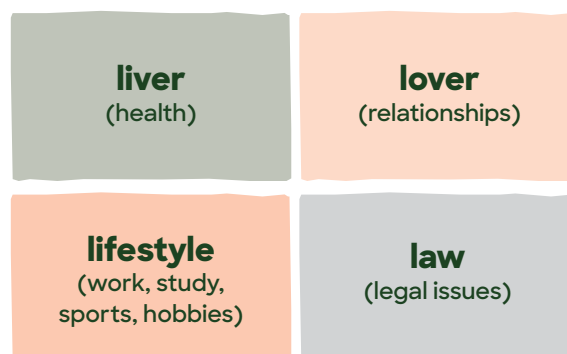
Functional analysis helps both the young person and the mental health professional build a shared understanding of the function, purpose and role of substance use in the young person's life. It explores internal and external triggers for use, the type, amount and frequency of substance use, and its short-term and long-term consequences. This strategy helps the young person understand their patterns of use and how these patterns impact their mental health, mood and functioning, and vice versa. This is particularly useful when a young person demonstrates limited insight into their substance use behaviour.

### The 4Ls' Model for understanding substance use

Roizen's 4Ls' Model offers a structured approach to exploring a young person's substance use and assessing its impact across four key life domains: liver (health), lover (relationships), lifestyle (work, study, sports, hobbies), and law (legal issues).<sup>17</sup> This framework highlights how substance use interconnects with the young person's mental health and daily functioning across different areas of their life.

Dovetail (Youth Team – Insight, Centre for Alcohol and Other Drug Training and Workforce Development) in Queensland has produced a video, [The 4Ls' – practice tool](#), which is an in-depth look at how this model can be applied in practice.

### Roizen's 4Ls' Model for understanding substance use



## EMBEDDED TREATMENT PLANNING

“It’s okay if you just do your best if you’ve done the relationship work. It’s better than sending the young person off to talk to a stranger about their substance use even if they have more specific skills in alcohol and other drugs.”

**MEG SCHNECK, YOUTH ALCOHOL AND DRUG PRACTITIONER, HEADSPACE CLINICAL IN-REACH TEAM, QUEENSLAND HEALTH**

Mental health professionals are skilled in developing mental health care plans with young people. Embedded treatment planning involves applying this expertise to address both the young person’s substance use and mental health.

The table below presents specific interventions that can be incorporated to provide holistic, integrated support to address both mental health and substance use issues.



INTERVENTION	CHARACTERISTICS OF INTERVENTION
<b>Harm reduction</b>	Harm reduction strategies should be integrated into conversations throughout treatment. Addressing the potential physical, psychological, legal and social harms is essential.
<b>Psychoeducation</b>	<p>Providing factual, objective and developmentally targeted information to young people and families about substances and their effects on the brain, mood and body can be a helpful strategy.</p> <p>This aims to build insight and awareness so that young people can understand the relationship between their substance use and overall health. Psychoeducation can support young people to develop motivation for change as it can provide a deeper understanding of how substance use impacts their physical and psychological health.</p>
<b>Building emotional regulation skills</b>	<p>Because young people may use substances to manage their emotions, developing tools to help them handle distressing emotions and sensations is a valuable skill.</p> <p>Supporting the development of alternative coping mechanisms is essential before a young person considers reducing their substance use.</p>
<b>Collaboratively monitoring a young person’s use</b>	<p>This involves working together to set goals for treatment that align with the young person’s readiness to make change and then, if the young person is interested, focusing on stabilising their use.</p> <p>Stabilising a young person’s substance use is a valuable strategy as it helps minimise risks. While this phase is crucial, especially when the young person might not be ready to change their substance use immediately, maintaining a stable level of use without increasing it can serve as a protective factor.</p>
<b>Motivational interviewing</b>	Motivational interviewing is a person-centred counselling style that addresses ambivalence about change and elicits the person’s own inherent arguments for change. <sup>18</sup> Similar to other evidence-based psychological therapies for adults, there is a lack of strong evidence that motivational interviewing effectively reduces substance use in young people. However, adopting a motivational interviewing-informed approach, such as emphasising collaboration and compassion, aligns well with developmentally informed practices when supporting young people. <sup>19</sup>

## ALIGNING TREATMENT WITH THE STAGE OF CHANGE

“Understanding my cycle of behaviour helped me to understand why I was using and assisted me to exit that path and choose something different.”

### YOUNG PERSON WITH LIVED EXPERIENCE OF MENTAL ILL-HEALTH AND SUBSTANCE USE

The Transtheoretical Stages of Change Model<sup>20</sup> is a widely used framework for understanding where a person is at in terms of their readiness to make change across a range of issues, including mental health and substance use. This model identifies six stages that individuals often navigate when changing their behaviours: precontemplation, contemplation, preparation, action, maintenance, and lapse/relapse.<sup>21</sup> The process is typically non-linear, with young people moving back and forth between stages. Readiness for change can fluctuate based on factors like mood, financial resources, social connections, family pressure, external supports, functioning and hope for the future. Many young people find this model helpful when used as a visual tool for gaining insight into their readiness and motivations for change.

Young people may present at distinct stages of change for different substances and behaviours

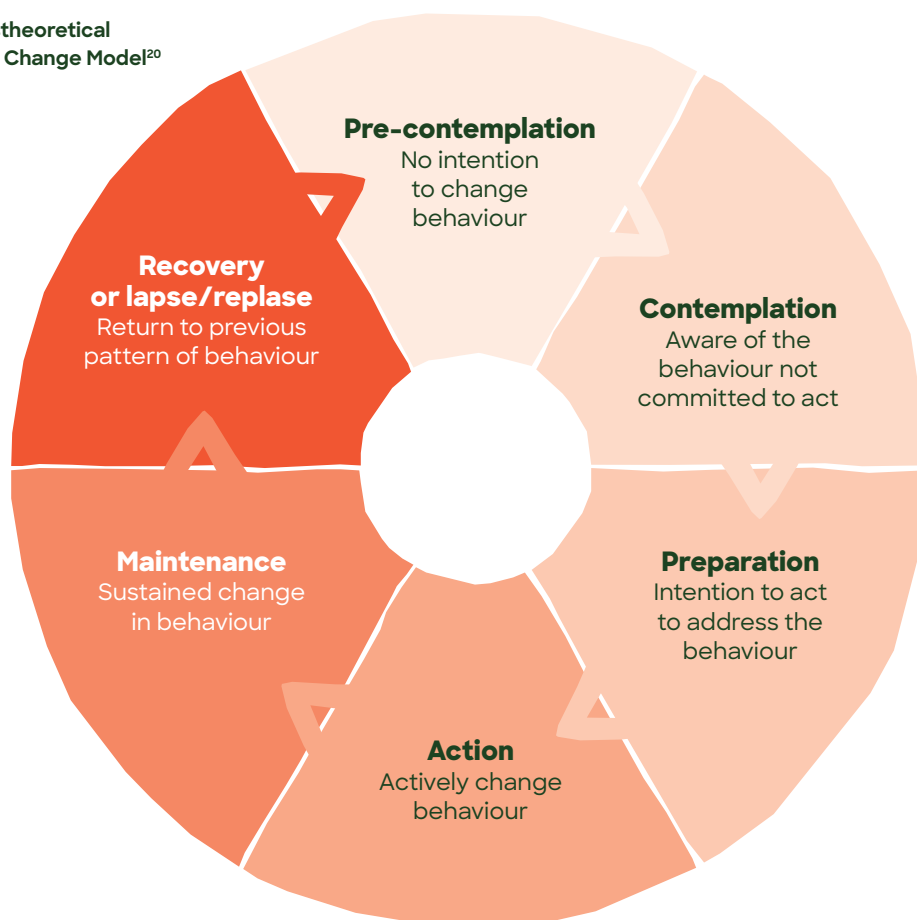
so it is important to engage the young person to explore their current stage and goals for each substance separately. This approach helps identify where their motivation for change is strongest allowing you to tailor your support accordingly. Whether their motivation is more focused on substance use or mental health issues, let the young person guide the process to ensure support remains person-centred.



Dovetail (Youth Team - Insight, Centre for Alcohol and Other Drug Training and Workforce Development) in Queensland has created a tip sheet, [Matching AOD interventions to the stages of change](#), which can help guide you in selecting interventions and strategies that align with a young person's readiness to change.

The Northern Territory Government adapted the Transtheoretical Stages of Change Model to reflect an Aboriginal and Torres Strait Islander perspective. Titled Aboriginal and Torres Strait Islander stages of change story (2000), it is available on the [Insight Centre for Alcohol and Other Drug Training and Workforce Development website](#).

The Transtheoretical Stages of Change Model<sup>20</sup>





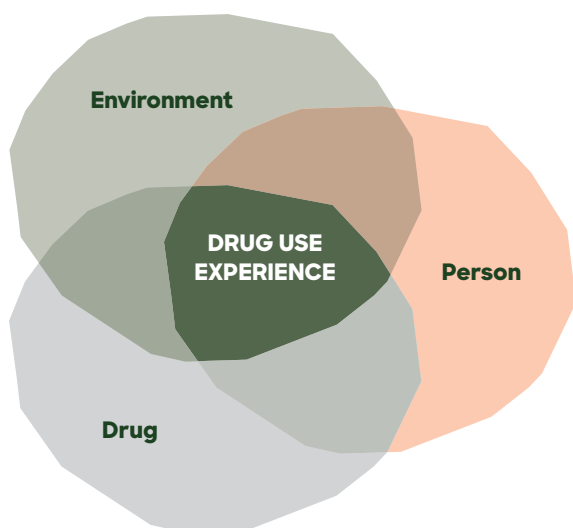
## INTEGRATING HARM REDUCTION INTO EVERY STAGE

“Don’t think of harm reduction as something else – it’s a powerful intervention and needs to be considered the entire way through your engagement with a young person.”

STEVE LEICESTER, DUAL DIAGNOSIS AND ADDICTION STREAM LEAD, ORYGEN

Harm reduction is a core principle that underpins embedded practice at every stage of treatment. It aims to reduce the negative physical, psychological, social, and legal impacts associated with substance use.<sup>1</sup> Harm reduction strategies can be applied to three main elements: the person, the drug and the environment. Understanding these elements as both intertwined and interdependent is crucial to providing holistic support.

The intersectional factors contributing to a persons drug use experience: drug, person and environment



## HARM REDUCTION TIPS

“Starting with basic harm reduction conversations is helpful.”

GUY NEAVES, ABORIGINAL MENTAL HEALTH WORKER, ORYGEN

- **Be factual** – learn about different substances or explore information with the young person using resources like the Alcohol and Drug Foundation’s anonymous text line – 0439 835 563 –for the latest drug information and harm reduction strategies.
- **Focus on health-related discussions** – frame conversations around maintaining and prioritising health and safety.
- **Provide targeted advice** – offer harm reduction information specifically to those who are using or planning to use substances. Do not provide harm reduction advice to young people who do not use.
- **Timing discussions** – choose the right moment for discussions based on the substance use cycle, such as whether the young person is intoxicated, withdrawing, craving or in a stable period of use.
- **Discuss often** – revisiting the conversation often, and in small chunks, can be less overwhelming.

The following table breaks down strategies by drug, person and environment, and provides examples of questions that mental health professionals can use to explore these areas in more detail with a young person.

The questions can be used to discuss the risks associated with substance use as well as to work on reducing harms with the young person and creating safety plans. This strategy is especially effective with young people who are in the pre-contemplative stage and not yet considering changing their substance use.

DOMAIN	PHYSICAL, SOCIAL AND PSYCHOLOGICAL HARM REDUCTION CONSIDERATIONS	HARM REDUCTION QUESTIONS TO EXPLORE WITH YOUNG PEOPLE
<b>Drug</b>	<ul style="list-style-type: none"> <li>Type of substance (depressant, stimulant, hallucinogen).</li> <li>Typical amount taken.</li> <li>Purity of substance.</li> <li>Young person's pattern of use.</li> <li>Route of administration (snorting, smoking, injecting, swallowing).</li> <li>Onset, duration, intensity of substance use.</li> <li>Poly-substance use (use of multiple substances).</li> <li>Side effects, changes in mood or behaviour.</li> <li>Safe practice and harm reduction measures already in place.</li> </ul>	<ul style="list-style-type: none"> <li>What substance(s) are you using (depressant, stimulant, hallucinogen)?</li> <li>How much do you typically use?</li> <li>Who do you get your drugs from? Is it a consistent dealer?</li> <li>What is your usual pattern of use (how often and in what amounts)?</li> <li>How do you usually use the substance? Are there times when you use different methods?</li> <li>How soon do you feel the effects of the substance and how long do they last?</li> <li>Are you using one or more substance at the same time?</li> <li>Have you noticed any physical or mental health effects from your substance use?</li> <li>What happens when you use drugs or alcohol?</li> <li>How do you keep yourself safe when using?</li> <li>What do you know about drug overdose? What do you think it looks like and when should you call triple 0?</li> </ul>
<b>Person</b>	<ul style="list-style-type: none"> <li>Age and developmental stage.</li> <li>Physical and mental health issues.</li> <li>Tolerance levels.</li> <li>Previous experiences of using the substance.</li> <li>Expectations of using the substance.</li> <li>Mood and functioning.</li> <li>Cultural context.</li> </ul>	<ul style="list-style-type: none"> <li>How might your mood influence your experience of the substance and how much you use?</li> <li>How does using this substance impact your mood and daily functioning? What patterns have you observed?</li> <li>Can you share some of your past experiences using this substance? What have you learned from those experiences?</li> <li>How has your tolerance to this substance changed over time? What changes have you noticed in how it affects you?</li> <li>Have you experienced any negative effects on your physical or mental health because of using substances? Have you been able to get help for these?</li> <li>When you use [drug name] what do you want to, or hope will, happen?</li> </ul>
<b>Place and environment</b>	<ul style="list-style-type: none"> <li>Physical setting.</li> <li>Safe versus unsafe environment.</li> <li>Familiarity and comfort of environment.</li> <li>Social setting.</li> <li>Alone versus with friends.</li> <li>Transport to and from the location of use.</li> <li>Potential for exposure to associated harm (risk of violence and sexual violence).</li> </ul>	<ul style="list-style-type: none"> <li>In which situations and environments do you normally use?</li> <li>How do you get your alcohol and drugs?</li> <li>How does the place in which you use impact your experience? Are there particular settings where you feel it's safer or more comfortable to use?</li> <li>How do you determine whether an environment is safe or unsafe for using the substance?</li> <li>What role does your social setting play in your substance use? How do the people around you influence your experience?</li> <li>Do you prefer using the substance alone or with friends?</li> <li>How do you travel to and from the location of use safely?</li> <li>Have you engaged or been pressured to engage in sex work to pay for your drug use?</li> <li>Have you been exposed to violence when obtaining or using drugs?</li> </ul>

## BEFORE, DURING AND AFTER USE STRATEGY

Another effective strategy for integrating harm reduction into practice is to consider the interventions needed before, during, and after use to reduce potential harms. This approach targets specific risks and helps reduce harm at each phase.

### BEFORE USE

- Learn about how the substance might interact with the young person's mental health, such as its effects on mood or anxiety.
- Explore whether the substance is sourced from a consistent dealer.
- Identify potential triggers for excessive use or associated risks.
- Plan for managing anxiety, paranoia or irritability, including strategies and available supports.
- Discuss the details of their use plan: amount, environment, transportation.
- Plan strategies to minimise harms, like using public transport and having condoms for safe sex.
- Make sure the young person's phone is fully charged.
- Encourage the young person to think about two to three contact people they can get in touch with if they need help.
- Plan for a medical emergency, such as being aware to call 000.

### DURING USE

- Don't use alone and let people know what you are using.
- Start with a small amount to gauge effects.
- Monitor for worsening anxiety, paranoia or irritability.
- Avoid mixing substances, including alcohol and pills.
- Take breaks between uses to reduce harm.

### AFTER USE

- Encourage the young person to stay hydrated, eat well and get enough rest.
- Plan to avoid stressful people and situations.
- Reflect on how recent use has affected anxiety and overall wellbeing.
- Discuss potential triggers during the comedown and their impact on physical and psychological health.

## MANAGING CRAVINGS, WITHDRAWAL AND RELAPSE PREVENTION

Managing cravings, withdrawal and preventing relapse are crucial aspects of supporting young people with substance use. Effective strategies include helping young people identify and understand their triggers, develop coping mechanisms to manage cravings and encouraging the use of healthy distractions.

## TIPS TO SHARE WITH YOUNG PEOPLE



### Cravings

- Discuss when cravings start and their intensity.
- Explore distractions to delay use.
- Remind young people that cravings are normal and will pass.

### Withdrawal

- Discuss how withdrawal affects their mental health and functioning.
- Explore methods to relieve tension and promote relaxation.
- Provide information on withdrawal effects for different drugs.
- Plan activities to keep the young person occupied and avoid triggers.

### Relapse prevention

- Identify triggers and cues for use.
- Develop alternative coping strategies.
- Plan for situations, social interactions and emotions that may influence cravings and a desire to use.

## ENGAGING WITH FAMILIES, CARERS AND OTHER SUPPORTS

Family inclusive practice is fundamental to supporting young people in mental health settings to improve their experiences and outcomes.<sup>22</sup> Families are defined uniquely by each young person and are an integral part of the young person's circle of support. Many families have different perspectives about their young person's substance use, therefore sharing the Stages of Change Model<sup>20</sup> with families can help them understand the young person's level of motivation for change. This can assist both the young person and their family to set realistic goals for reducing harms and for treatment. This will help to avoid setting the young person up for failure as well as helping the family to support them at home.

**“I think being given the option to talk with my family about my use would have reduced the stigma, and I wouldn't have spent so long struggling alone with my substance use if it was something recommended by my clinicians.”**

**YOUNG PERSON WITH LIVED EXPERIENCE OF MENTAL ILL-HEALTH AND SUBSTANCE USE**

Recognising that families may also move through their own stages of change when supporting a young person using substances can be helpful.<sup>23</sup> Family Drug Support Australia has developed a model for families that includes stages such as denial, emotion, control, chaos and coping.<sup>24</sup> Helping families understand their own reactions can assist them to support the young person. Encouraging family members to seek their own support is also important.

## REFERRING TO A SPECIALIST SUBSTANCE USE SERVICE

Determining when to refer a young person to a specialist substance use service can be difficult and may not necessarily mean discharging them from your service. Instead, it may include continuing to support the young person through the referral process and collaboratively working with the specialist service.

Here are some helpful questions to guide your decision-making process:

- **Does the young person need intensive support from multiple services beyond what you can provide?**  
If so, consider a collaborative and integrated model of care with a substance use service to ensure coordinated support. This includes developing a joint care plan addressing both the young person's substance use and mental health, with a coordinated focus on their recovery goals.

- **Is the young person seeking detox or rehab?**  
Young people may be interested in detox programs or residential rehabilitation services that are accessible in many Australian states and territories. Detox programs provide a safe, supervised space to manage withdrawal, while residential rehabilitation offers therapy, education and skill-building to holistically address substance use and support recovery. It is crucial to assess with the young person when these referrals are suitable, rather than viewing them as the first or only option for treatment. Knowing local options, referral processes, criteria and wait times is key to supporting young people to effectively navigate these supports.
- **Is pharmacotherapy beneficial for this young person?**  
Young people with significant drug use and dependence might benefit from medications to manage symptoms and/or withdrawal. If so, discuss with the young person a referral to a psychiatrist or general practitioner for consultation. Be mindful that access to psychiatrists varies across Australia depending on region and remoteness.

The Drug and Alcohol Clinical Advisory Service in each state and territory is a useful resource for mental health professionals. Their free consultation lines connect health professionals with addiction specialists, alcohol and other drug clinical nurses, and counsellors who provide guidance on treatment, medication and referrals.

## CONCLUSION

Mental health professionals should embed substance use practices into routine mental health support to effectively address the high prevalence of co-occurring substance use and mental health issues among young people. Building on existing skills, mental health professionals can deliver holistic, person-centred and respectful support to address both mental health and substance use. By minimising shame and stigma, professionals can offer more comprehensive support that truly addresses the holistic needs of young people.



## RELATED RESOURCES

### Substance use

- Dovetail - Supporting the youth alcohol and other drug sector in Queensland: <https://insight.qld.edu.au/dovetail>
- YoDAA - Youth Drugs + Alcohol Advice line: <https://yodaa.org.au/>
- Youth Support and Advocacy Service (YSAS) YouthAOD Toolbox – The Centre for Youth AOD Practice Development: [Youth AOD Toolbox | Evidence-informed practice in youth AOD work](https://www.yodaa.org.au/yodaa-toolbox)
- Alcohol and Drug Foundation: <https://adf.org.au/>
- The Matilda Centre: <https://www.sydney.edu.au/matilda-centre/>
- NCETA – The National Centre for Education and Training on Addiction: <https://nceta.flinders.edu.au/>

### Harm reduction

- Harm Reduction Victoria: <https://www.hrvc.org.au/>
- Hi-Ground: <https://hi-ground.org/about/>

### Working with First Nations communities

- Australian Indigenous HealthInfoNet: <https://healthinfonet.ecu.edu.au>
- WellMob – Healing Our Way: Social, emotional and cultural wellbeing online resources for Aboriginal and Torres Strait Islander People: <https://wellmob.org.au/>
- Transforming Indigenous Mental Health and Wellbeing – fact sheets: <https://timhwb.org.au/fact-sheets/>

### Working with LGBTIQ+ communities

- Touchbase – Alcohol & drug information for LGBTIQ+ communities: <https://touchbase.org.au>

### Resources to share with families

- Family Drug Support: <https://www.fds.org.au/>
- SHARC – Self Help Addiction Resource Centre: <https://www.sharc.org.au>

### Orygen resources

- Resources on a range of youth mental health topics: <https://www.orygen.org.au/Training/Resources>

## REFERENCES

- Baker D, Bedi G, Arunogiri S, Lubman D. Seamless support: toward an integrated treatment experience for young people with co-occurring alcohol and other drug use and mental ill-health. *Orygen*. 2022;38.
- Esmaeelzadeh S, Moraras J, Thorpe L, Bird Y. Examining the association and directionality between mental health disorders and substance use among adolescents and young adults in the U.S. and Canada – a systematic review and meta-analysis. *J Clin Med*. 2018 Dec 13;7(12):543.
- Richmond-Rakerd LS, Slutske WS, Lynskey MT, Agrawal A, Madden PAF, Bucholz KK, et al. Age at first use and later substance use disorder: shared genetic and environmental pathways for nicotine, alcohol, and cannabis. *J Abnorm Psychol*. 2016 Oct;125(7):946–59.
- Corrigan PW, Kuwabara SA, O’Shaughnessy J. The public stigma of mental illness and drug addiction: findings from a stratified random sample. *J Soc Work*. 2009;9(2):139–47.
- Brown A, Rice S, Rickwood D, Parker A. Systematic review of barriers and facilitators to accessing and engaging with mental health care among at-risk young people. *Asia-Pac Psychiatry Online*. 2016;8(1):3–22.
- Reavley NJ, Cvetkovski S, Jorm AF, Lubman DI. Help-seeking for substance use, anxiety and affective disorders among young people: results from the 2007 Australian National Survey of Mental Health and Wellbeing. *Aust N Z J Psychiatry*. 2010 Aug;44(8):729–35.
- Cleary M, Hunt GE, Matheson S, Walter G. Psychosocial treatments for people with co-occurring severe mental illness and substance misuse: systematic review. *J Adv Nurs*. 2009 Feb;65(2):238–58.
- Marel C, Siedlecka E, Fisher A, Gournay K, Deady M, Baker A, et al. Guidelines on the management of co-occurring alcohol and other drug and mental health conditions in alcohol and other drug treatment settings. The Matilda Centre for Research in Mental Health and Substance Use University of Sydney [Internet]. 2022;3rd. Available from: <https://comorbidityguidelines.org.au/pdf/comorbidity-guideline.pdf>
- Cheetham A, Arunogiri S, Lubman D. Integrated care – panacea or white elephant? A review of integrated care approaches in Australia over the past two decades. *Adv Dual Diagn*. 2023 Jan 1;16(1):3–16.
- Language matters. Netw Alcohol Drug Agencies NADA NSW Users AIDS Assoc NUAA. 2021;2.
- Christie G, Marsh R, Sheridan J, Wheeler A, Suaalii-Sauni T, Black S, et al. The Substances and Choices Scale (SACS) – the development and testing of a new alcohol and other drug screening and outcome measurement instrument for young people. *Addict Abingdon Engl*. 2007 Sep;102(9):1390–8.
- Young Australians, illicit drug use and harm reduction – What the evidence tells us: A summary report. Alcohol Drug Found [Internet]. 2021 [cited 2024 Sep 25]; Available from: <https://adf.org.au/reducing-risk/young-drug-use-harm-reduction/>
- Boys A, Marsden J, Strang J. Understanding reasons for drug use amongst young people: a functional perspective. *Health Educ Res*. 2001 Aug 1;16(4):457–69.
- Access and equity: Working with diversity in the alcohol and other drugs setting. Netw Alcohol Drugs Agencies NADA. 2021;2:30.
- Dudgeon P, Milroy H, Walker R. Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practices [Internet]. 2nd ed. Australian Capital Territory: Commonwealth of Australia, Telethon Institute for Child Health Research/Kulunga Research Network, University of Western Australia; 2014 [cited 2024 Sep 25]. Available from: <https://indigenoupsyched.org.au/resource/working-together-aboriginal-and-torres-strait-islander-mental-health-and-wellbeing-principles-and-practices/>
- Owen G. What is formulation in psychiatry? *Psychol Med*. 2023 Apr;53(5):1700–7.
- Heather N, Robertson I. Problem drinking: the new approach [Internet]. Vol. 15. London: Pelican Books; 1985 [cited 2024 Sep 20]. 286 p. Available from: <https://www.cambridge.org/core/journals/behavioural-and-cognitive-psychotherapy/article/abs/problem-drinking-the-new-approachn-heather-and-i-robertson-london-pelican-books-1985-pp-286-395/913D90258956647610936D0E56395799>
- Miller WR, Rollnick S. Motivational interviewing: helping people change, 3rd ed. New York, NY, US: Guilford Press; 2013. xii, 482 p.
- Randell A, Scanlan F. Evidence Summary: How effective are brief motivational interventions at reducing young people’s problematic substance use? Orygen National Centre of Excellence in Youth Mental Health [Internet]. 2018;2nd. Available from: <https://www.orygen.org.au/Training/Resources/Alcohol-and-substance-use/Evidence-summary/Motivational-Interviewing/The-Effectiveness-of-Motivational-Interviewing-for?ext=>
- Prochaska JO, DiClemente CC. Stages and processes of self-change of smoking: toward an integrative model of change. *J Consult Clin Psychol*. 1983 Jun;51(3):390–5.
- Prochaska JO, DiClemente CC, Norcross JC. In search of how people change. Applications to addictive behaviors. *Am Psychol*. 1992 Sep;47(9):1102–14.
- Baker D, Burgat L, Stavelly H. We’re in this together: family inclusive practice in mental health services for young people. *Orygen* [Internet]. 2019 [cited 2024 Sep 20]. Available from: [https://www.orygen.org.au/Orygen-Institute/Policy-Areas/Government-policy-service-delivery-and-workforce/Service-delivery/We-re-in-this-together/Orygen\\_We-re-all-in-this-together\\_2019](https://www.orygen.org.au/Orygen-Institute/Policy-Areas/Government-policy-service-delivery-and-workforce/Service-delivery/We-re-in-this-together/Orygen_We-re-all-in-this-together_2019)
- Crane P, Moore T, O’Regan M, Davidson D, Francis C, Davis C. Youth alcohol and drug practice guide 5: Working with families and significant others. Dovetail [Internet]. 2016 [cited 2024 Sep 20]. Available from: <https://insight.qld.edu.au/shop/working-with-families-and-significant-others>
- Family Drug Support. Family Drug Support Australia [Internet]. Leura NSW: Family Drug Support; [cited 2024 Sep 25]. Available from: <https://www.fds.org.au/>



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