

Drug & Alcohol capacity building program for primary care providers

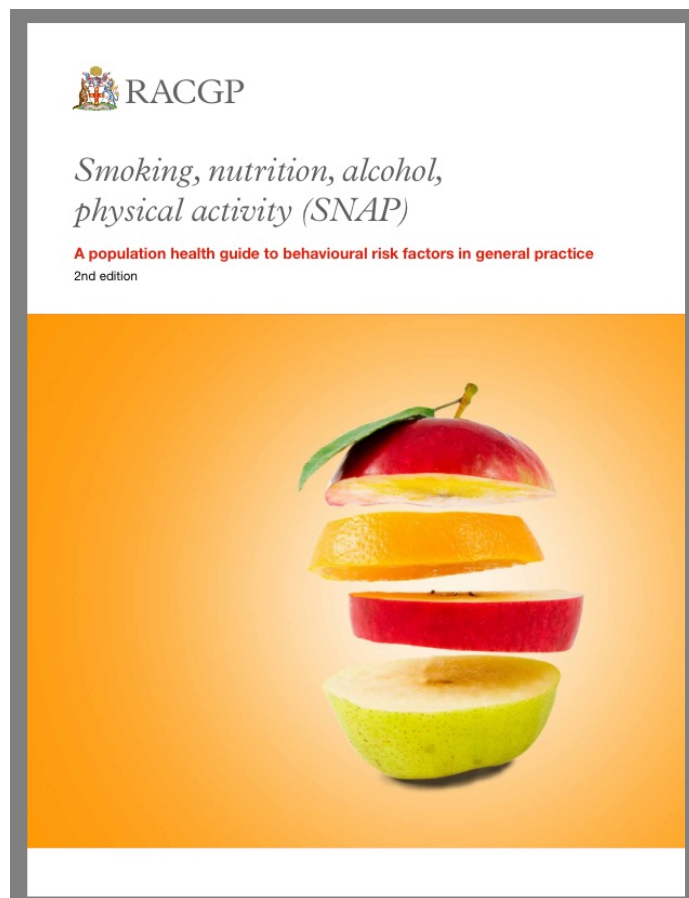
Drug and Alcohol

Helping our patients in the GP setting

Format

- Informal, interactive discussion between presenters
- Please feel free to post questions, provide feedback and contribute to the discussion

Webinar series extending the scope of the RACGP SNAP Guide



Plus - improving the capacity of primary care providers to provide:

- treatment for drug
- comorbid mental health issues

<http://www.racgp.org.au/download/Documents/Guidelines/snap.pdf>

5 A's - Drug and alcohol (and comorbid mental health)

ASK & ASSESS

- Screening assessment & readiness to change

ADVISE & AGREE 13th March

- Brief intervention, motivational interviewing, negotiating goals

ASSIST 10th April

- Treatment in the general practice setting (including withdrawal & pharmacotherapy)

ARRANGE - 8th May

- Follow up
- When & how to refer to D&A & MH services

Ask & Assess D&A (& comorbid MH)



**PROF AMANDA
BAKER**

Clinical
Psychologist &
Academic (UON)



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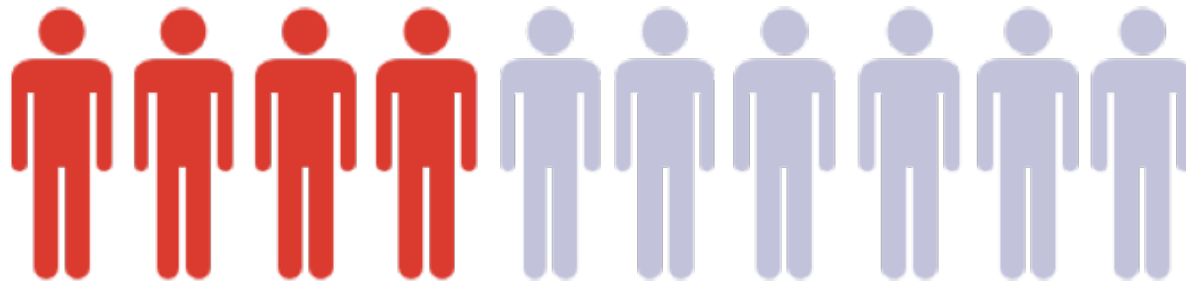


STEPHEN LING

Nurse Practitioner,
D & A Clinical
Services, Liaison
Service,
John Hunter
Hospital

AOD Use (National Drug Strategy Household Survey 2016)

- Just under **4 in 10** Australians either smoked daily, drank alcohol in ways that put them at risk of harm or used an illicit drug in the previous 12 months.



AOD Use (National Drug Strategy Household Survey 2016)

DRUG	PREVALENCE
TOBACCO	<ul style="list-style-type: none">About 3 million Australians (or 14.9%) aged 14 or older were current smokers
ALCOHOL	<ul style="list-style-type: none">3 in 4 (77%) drank alcohol in the past 12 months26% exceeded single occasion risk guidelines
ILLICIT DRUGS	<ul style="list-style-type: none">4 in 10 (43%) people had ever illicitly used a drug1 in 6 (15.6%) had done so in the past 12 monthsThe most commonly used illicit drugs in the past 12 months were:<ul style="list-style-type: none">- Cannabis (10.4%)- Misuse of pain-killers/opioids (3.6%)- Cocaine (2.5%)- Ecstasy (2.2%)

National Survey of Mental Health and Wellbeing (conducted most recently in 2007)

- Around 7.3 million (45%) of Australians aged 16–85 will experience a high prevalence mental disorder, such as depression, anxiety or a substance use disorder in their lifetime (ABS 2008).

In general practice

- In 2013–14:
 - 13.5% were daily smokers, 2.3% were occasional smokers, 28.6% were previous smokers
 - 23% drank 'at risk' levels of alcohol
 - 62.7% were overweight (34.9%) or obese (27.8%)
 - around 50% had at least one of the above three risk factors
- Bettering the Evaluation and Care of Health (BEACH) data - cross-sectional survey of general practice activity in Australia

Unhealthy behaviours and leading preventable causes of death - (AIHW 2012)

DISEASE	BEHAVIOUR	BIOMEDICAL
CHD/ STROKE	Smoking, inactivity, alcohol, diet	Obesity, high BP, cholesterol
CANCERS	Smoking, inactivity, alcohol, diet	Obesity
RESPIRATORY	Smoking	

Mental health, drug and alcohol & physical health



Communication

- GP
 - Empathy
 - Warmth
 - Reflection
 - Motivational interviewing
- Patient feedback
- Measure / Training

(Miller & Moyers 2014)



Ask

- Mrs G, age 45, has attended your practice for many years, usually with her kids, she comes in today with a cold. You notice she appears to be overweight
- Mr H, age 45, new patient, he attends your practice for ROS after laceration sustained at work.
- Do you routinely ask your patients about lifestyle issues?
- Who?
- How often?
- How do you do this?

The 5As

<http://www.racgp.org.au/download/Documents/Guidelines/snap.pdf>



Smoking, nutrition, alcohol, physical activity (SNAP)

A population health guide to behavioural risk factors in general practice
2nd edition



Ask all patients 14yrs and older
every 3 years

High risk groups

I.e. pregnant, older Australians,
people with liver disease etc

Asking permission – setting the scene

- ***‘As part of my routine review of all my patients, I always ask about lifestyle factors, including things like exercise, diet, stress, alcohol and other drugs. Is it ok if I ask you about these?’***
- Many of our pts don’t present seeking help with mental health and or alcohol and other drug issues, however often a factor
- Ask pts with mental health issues – about alcohol and other drugs

Asking Mrs G and Mr H

- ***‘As part of my routine review of all my patients, I always ask about lifestyle factors, including things like exercise, diet, stress, alcohol and other drugs. Is it ok if I ask you about these?’***
- Mrs G, age 45, attending with chesty cough, appears overweight....She says;
- *‘Sure, but is this going take much time I've got to get away to pick up the kids from school.....’*
- Mr H, age 45, new patient, work injury... He says;
- *‘yeah, sure, but how private is my information...’*

Ask – screen – brief questions – screening tools

- ‘Have you ever.....’
- ‘In the last 3 months, have you...’
 - Used tobacco, alcohol, recreational drugs, cannabis, cocaine, methamphetamines, others....
 - Had any problems with your mental health....
- Any concerns, you or others?
- Problems with this?
- Issues trying to cut down, cravings?

Ask – Mrs G- mum with a cough

- Mrs G says ‘I get a bit worried from time to time and recently I feel more overwhelmed. I’m not sleeping very well. I smoke cigarettes and drink alcohol sometimes and it make me feel more relaxed. I’ve never taken any other drugs.’
- What else do you need to ask?

Assessing risk

- Ask
 - How much
 - How often
 - How taken
 - Any issues, any harms
 - Any features of dependency, of substance use disorder
- Consider in context of general health
- Pregnancy, age, co morbidities

Ask and assess – Mrs G-mum with a cough

- Smokes 25 cigarettes a day, 1st 10mins after waking
- Stopped when pregnant with kids but started again after births
- Her 11 year old daughter is hassling her to stop smoking
- 3-4x per week drinks a bottle (7.5SD) of sweet wine
- Helps her to relax
- Doesn't sleep so well without a drink
- Husband is worried about her drinking

Ask and assess – Mrs G- mum with a cough

- Smoking - nicotine dependent, previous successful attempts, family want her to stop
- Alcohol – drinking at risky/hazardous or ?dependent levels
- sweet wine - weight
- Using to relax, sleep
- Family concerned
- Does she want to change?
- Health literacy?

Mrs G - mum with a cough

- do you want to change this?
- Mrs G says *'my friends have told me they're concerned about my drinking. I know I should drink less but it really helps me..'*
- *'I think I need to stop smoking..'*

Screening - Audit-C– Mr H – work injury

- How often?
- How much...on a day when you are drinking?
- How often...six or more drinks (SD)?
- Mr H - 15-16 SD x 3 per week

Ask – Mr H, 45yo work place injury

- Mr H says 'I had a time when I was really low after my marriage broke up. I'm doing better now. I smoke cigarettes and have a couple of cones at night to help me relax. I drink a bit with the boys. I've used ice a few times in the past.'
- What else do you need to ask?

Ask & assess Mr H- 45yo work place injury

- Smokes 5 cigarettes a day
- Mixes with cannabis
- Smokes a couple of cones at night to help him sleep
- Drinks 10-12 schooners full strength beer (15-16SD) Friday, Saturday and sometimes Sunday nights
- Ice in the past
- Workplace injury happened on Monday after big weekend

Mr H – Work injury

Do you want change this?

- Mr H says, *I'm not worried about the ice, I didn't like it, I don't think I'll do that again.'*

'cannabis, hmm not sure, I really like it, it helps me sleep.'

'Alcohol, yep, I've been thinking about it, my new girlfriend is getting pretty annoyed and I reckon I was still half pissed at work that morning, and that's not ok, I can't do that again, and I get into fights,

Assessing desire for change

- Consider screening tools
-audit etc
- ‘Are you concerned about your use of?’
- ‘Do you want to change this?’

Assessment Tools

- AUDIT: Alcohol Use Disorder Identification Test
- CUDIT-R: Cannabis Use Disorder Identification Test-Revised
- DUDIT: Drug Use Disorder Identification Test
- SDS: Severity of Dependence Scale
- ASSIST-Lite: Alcohol Smoking and Substance Involvement Screening Test

Alcohol Use Disorders Identification Test: AUDIT

	0	1	2	3	4
How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times per month	2-3 times per week	4+ times per week
How many units of alcohol do you drink on a typical day?	1-2	3-4	5-6	7-9	10+
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
How often during the last year have you failed to do what was normally expected from you because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
Have you or somebody else been injured as a result of your drinking?	No		Yes but not in the last year		Yes during the last year
Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?	No		Yes but not in the last year		Yes during the last year
Pint of lager or cider					
3 units					
125ml Glass of red wine					
1.6 units					
125ml Glass of white wine					
2.3 units					
Single measure of spirit					
1 units					
Double measure of spirit					
2 units					
Bottle of lager					
1.7 units					
Single gin & tonic					
1 units					
Glass of champagne					
2 units					
Half pint of lager or cider					
1.5 units					
Cocktail					
2 units					
Pint of bitter					
2.8 units					
Bottle of alcopop					
1.4 units					
Bottle of wine					
10 units					

Cannabis Use Disorder Identification Test- Revised: CUDIT-R

Cannabis

The Cannabis Use Disorder Identification Test – Revised (CUDIT-R)

Have you used any cannabis over the past six months? YES / NO

If YES, please answer the following questions about your cannabis use. Circle the response that is most correct for you in relation to your cannabis use over the past six months:

1.	How often do you use cannabis?	Never 0	Monthly or less 1	2-4 times a month 2	2-3 times a week 3	4 or more times a week 4
2.	How many hours were you “stoned” on a typical day when you had been using cannabis?	Less than 1 0	1 or 2 1	3 or 4 2	5 or 6 3	7 or more 4
3.	How often during the past 6 months did you find that you were not able to stop using cannabis once you had started?	Never 0	Less than monthly 1	Monthly 2	Weekly 3	Daily or almost daily 4
4.	How often during the past 6 months did you fail to do what was normally expected from you because of using cannabis?	Never 0	Less than monthly 1	Monthly 2	Weekly 3	Daily or almost daily 4
5.	How often in the past 6 months have you devoted a great deal of your time to getting, using, or recovering from cannabis?	Never 0	Less than monthly 1	Monthly 2	Weekly 3	Daily or almost daily 4
6.	How often in the past 6 months have you had a problem with your memory or concentration after using cannabis?	Never 0	Less than monthly 1	Monthly 2	Weekly 3	Daily or almost daily 4
7.	How often do you use cannabis in situations that could be physically hazardous, such as driving, operating machinery, or caring for children:	Never 0	Less than monthly 1	Monthly 2	Weekly 3	Daily or almost daily 4
8.	Have you ever thought about cutting down, or stopping, your use of cannabis?	Never 0	Yes, but not in the past 6 months 2			Yes, during the past 6 months 4

Scores of 8 or more indicate hazardous cannabis use.

Scores of 12 or more indicate a possible cannabis use disorder, for which further intervention may be required.

For further interpretation see:

Adamson S, Kay-Lambkin F, Baker A, et al. An improved brief measure of cannabis misuse: The Cannabis Use Disorders Identification Test – Revised (CUDIT-R). Drug Alcohol Depend 2010; (In Press).

Drug Use Disorder Identification Test: DUDIT

Screening Tool Domain – DUDIT

Client – Because drug use can affect your health and can interfere with certain medications and treatments, it is important that we ask some questions about your use of drugs. Your answers will remain confidential within the Substance Misuse Service, so please be honest. In event that these results need to be shared as part of your care plan, we will discuss with you why sharing is necessary, seek your consent to share and ask you to sign a Release of Information Form. You may refuse at any time to have these results shared.

For each question in the chart below, please X in one box that best describes your answers

Male () Female () Age ()	0	1	2	3	4	Score
1. How often do you use drugs other than alcohol?	Never	Once a month or less often	2-4 times a month	2-3 times A week	4 times a week or more	Objective: Frequency per week/month
2. Do you use more than one type of drug on the same occasion?	Never	Once a month or less often	2-4 times a month	2-3 times A week	4 times a week or more often	Objective: Poly-drug use
3. How many times do you take drugs on a typical day when you use drugs?	0	1-2	3-4	5-6	7 or more	Objective: Frequency per day
4. How often are you heavily influenced by drugs	Never	Less often than once a month	Every month	Every week	Daily or almost daily	Objective: Heavy use
5. Over the past year, have you felt that your longing for drugs was so strong that you could not resist it?	Never	Less often than once a month	Every month	Every week	Daily or almost daily	Objective: Craving
6. Has it happened, over the past year that you have not been able to stop taking drugs once you started?	Never	Less often than once a month	Every month	Every week	Daily or almost daily	Objective: Loss of control
7. How often over the	Never	Less often than	Every month	Every week	Daily	

Drug Use Disorder Identification Test: DUDIT

before?						
9. How often over the past year have you had guilt feelings or a bad conscience because you used drugs?	Never	Less often than once a month	Every month	Every week	Daily or almost daily	Objective: Guilt feelings
10. Have you or anyone else been mentally/physically hurt because you used drugs?	No	Yes, but not over the last year	Yes, over the last year			Objective: Harmful use
11. Has a relative or a friend, a doctor or a nurse, or anyone else, been worried about your drug use or said to you that you should stop using drugs?	No	Yes, but not over the last year	Yes, over the last year			Objective: Concern from others

Total DUDIT Score -

DUDIT Scoring Guidance

Feel free to show the form to the person you are interviewing and fill it out together.

Questions 1 to 9 are scored 0, 1, 2, 3 or 4.

Questions 10 and 11 are scored 0, 2 or 4.

The maximum score is 44.

A client with 25 points or more is probably heavily dependent on drugs.

Severity of Dependence Scale

Severity of Dependence Scales (SDS)

This questionnaire will assist your GP to identify ways of meeting your needs about a drug which may be causing you some concern.

Circle the answer that best applies to how you have felt about your use of over the last twelve months.

1. Did you ever think your use of(drug) was out of control?

- | | |
|------------------------------|----------|
| <i>Never or almost never</i> | <i>0</i> |
| <i>Sometimes</i> | <i>1</i> |
| <i>Often</i> | <i>2</i> |
| <i>Always</i> | <i>3</i> |

2. Did the prospect of missing a shot/snort make you very anxious or worried?

- | | |
|------------------------------|----------|
| <i>Never or almost never</i> | <i>0</i> |
| <i>Sometimes</i> | <i>1</i> |
| <i>Often</i> | <i>2</i> |
| <i>Always</i> | <i>3</i> |

3. How much did you worry about your use of the drug?

- | | |
|--------------------------------|----------|
| <i>Not at all</i> | <i>0</i> |
| <i>A little</i> | <i>1</i> |
| <i>Often</i> | <i>2</i> |
| <i>Always or nearly always</i> | <i>3</i> |

4. Did you wish you could stop?

- | | |
|------------------------------|----------|
| <i>Never or almost never</i> | <i>0</i> |
| <i>Sometimes</i> | <i>1</i> |
| <i>Often</i> | <i>2</i> |
| <i>Always</i> | <i>3</i> |

5. How difficult would you find it to stop or go without(drug)?

- | | |
|-----------------------------|----------|
| <i>Not difficult at all</i> | <i>0</i> |
| <i>Quite difficult</i> | <i>1</i> |
| <i>Very difficult</i> | <i>2</i> |
| <i>Impossible</i> | <i>3</i> |

SCORE_____

ASSIST-Lite

Instructions: These questions ask about psychoactive substances in the **PAST 3 MONTHS ONLY**

1 Did you smoke a cigarette containing tobacco?	Yes [1] No [0]	> No: Sktp to Q2
1a Did you usually smoke more than 10 cigarettes each day?	Yes [1] No [0]	
1b Did you usually smoke within 30 minutes after waking?	Yes [1] No [0]	Tobacco score: _ [0-3] Cut-off = 2
2 Did you have a drink containing alcohol?	Yes [1] No [0]	> No: Sktp to Q3
2a On any occasion, did you drink more than 4 standard drinks of alcohol?	Yes [1] No [0]	
2b Have you tried and failed to control, cut down or stop drinking?	Yes [1] No [0]	
2c Has anyone expressed concern about your drinking?	Yes [1] No [0]	Alcohol score: _ [0-4] Cut-off = 3
* 1 standard drink is about 1 small glass of wine, or one can of medium strength beer, or one single shot of spirits ¹		
3 Did you use cannabis?	Yes [1] No [0]	> No: Sktp to Q4
3a Have you had a strong desire or urge to use cannabis at least once a week or more often?	Yes [1] No [0]	
3b Has anyone expressed concern about your use of cannabis?	Yes [1] No [0]	Cannabis score: _ [0-3] Cut-off = 2
4 Did you use an amphetamine-type stimulant, or cocaine, or a stimulant medication not as prescribed?	Yes [1] No [0]	> No: Sktp to Q5
4a Did you use a stimulant at least once each week or more often?	Yes [1] No [0]	
4b Has anyone expressed concern about your use of a stimulant?	Yes [1] No [0]	Stimulant score: _ [0-3] Cut-off = 2
5 Did you use a sedative or sleeping medication not as prescribed?	Yes [1] No [0]	> No: Sktp to Q6
5a Have you had a strong desire or urge to use a sedative or sleeping medication at least once a week or more often?	Yes [1] No [0]	
5b Has anyone expressed concern about your use of a sedative or sleeping medication?	Yes [1] No [0]	Sedative score: _ [0-3] Cut-off = 2
6 Did you use a street opioid (e.g. heroin), or an opioid-containing medication not as prescribed?	Yes [1] No [0]	> No: Sktp to Q7
6a Have you tried and failed to control, cut down or stop using an opioid?	Yes [1] No [0]	
6b Has anyone expressed concern about your use of an opioid?	Yes [1] No [0]	Opioid score: _ [0-3] Cut-off = 2
7. Did you use any other psychoactive altering substance? What did you take? _____		Not scored – but prompts further assessment

Primary Health Care Nurse - Roles

- Health promotion
- Illness prevention
- Antenatal and postnatal care
- Child and family health nursing
- Treatment and care of sick people
- Rehabilitation and palliation
- Community development
- Population and public health
- Education and research
- Policy development and advocacy

→ Adapted from APNA

Drug and Alcohol
screening assessment

RACGP – Practice Nurses

“Other areas in which PNs have been shown to be effective includes counselling patients with health problems related to their lifestyle, including smoking, hazardous drinking, nutrition, immunisation, and chronic disease including cardiovascular disease, asthma and diabetes.”

- <https://www.racgp.org.au/your-practice/guidelines/greenbook/a-framework-for-prevention-in-general-practice/key-strategies-for-improved-prevention-performance/practice-nurses/>

Opportunities for Screening

- Universal screening
- Targeted screening
 - Known susceptibility
 - Pragmatic case finding
- Patient perspective
- New registration
- Healthy lifestyle clinics
- Chronic disease and care planning clinics
- Mental health and care planning
 - Adapted from Tam et al (2016)

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Smoking Cessation



Indicates specific advice about Aboriginal and Torres Strait Islander people.



Indicates information specific to people from culturally and linguistically diverse communities.



[About smoking cessation](#)



Practice Point!

The best brief advice to give is, "The best thing you can do for your health is to quit smoking". Simply telling patients to stop smoking has less impact.

Assessment

1. Ask all patients if they smoke and document.
 - Congratulate non-smokers.
 - If a smoker, utilise the ask, assess, advise, assist and arrange follow-up (5A) approach².
2. Assess for markers of nicotine dependence:
 - Smoking within 30 minutes of waking.
 - Smoking > 10 cigarettes per day.
 - History of [withdrawal symptoms](#) on previous quit attempts.¹
3. Discuss previous attempts to quit and reasons for restarting smoking.
4. Assess patient's motivation:
 - Are they ready to stop smoking?
 - On a scale of 0 to 10, how does the patient rate:
 - the importance of quitting?
 - their confidence to do so?
 - their readiness to quit?
 - Discuss a time frame for quitting.

/hne.healthpathways.org.au/31775.htm

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 - + **Alcohol**
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- + Therapeutics
- + Public Health
- + Surgical
- + Women's Health
- + Our Health System
- + Service Directories

Alcohol



This page includes specific advice for Aboriginal and Torres Strait Islander peoples.

This pathway includes questions to ask your patient and suggested brief advice, depending on the patient's answer.

See also: [Alcohol Withdrawal](#), [Alcohol Intervention](#)

Assessment

See the [Standard Drink Guide](#).

Question 1: Are you of Aboriginal or Torres Strait Islander origin?

- ☒ [Yes](#)
- No

Question 2: How often do you have a drink containing alcohol?

- Never (0) (End questionnaire)
- Monthly or less (1)
- 2 to 4 times a month (2)
- 2 to 3 times a week (3)
- 4 or more times a week (4)

Question 3: How many drinks would you have on a typical drinking day?

- 1 or 2 (0)
- 3 or 4 (1)
- 5 or 6 (2)
- 7, 8, or 9 (3)
- 10 or more (4)

Question 4: How often do you have 4 or more drinks on any one occasion?

- Never (0)
- Less than monthly (1)
- Monthly (2)

/hne.healthpathways.org.au/37662.htm

Check out HealthPathways

HNE HealthPathways

[Hne.healthpathways.org.au](http://hne.healthpathways.org.au)

Username: hnehealth

Password: p1thw1ys

Central Coast HealthPathways

<https://centralcoast.healthpathways.org.au>

Username: centralcoast

Password: 1connect

Questions

The next steps with Mrs G & Mr H

13TH MARCH - ADVISE & AGREE -Drug and alcohol (and comorbid mental health)

- brief intervention
- motivational interviewing
- negotiating goals

Join us next time to find out more.....