

# Drug & Alcohol capacity building program for primary care providers

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

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## **ASK & ASSESS**

- Screening assessment & readiness to change

## **ADVISE & AGREE**

- Brief intervention, motivational interviewing, negotiating goals

## **ASSIST** 10<sup>th</sup> April

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

## **ARRANGE** - 8<sup>th</sup> May

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

# Advise & Agree

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D&A (& comorbid MH) intervention

# Advise & Agree D&A (& comorbid MH)

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Chat

Breakout Rooms

Invite

Record on this Computer⌘⇧R

Record to the Cloud⌘⇧C

Disable Attendee Annotation

Audio Options...

Video Settings...

Optimize for full-screen video clip

End Meeting

# Drug & Alcohol capacity building program

for primary care providers

Talking:

# Drug & Alcohol capacity building programme

for primary care providers

Zoom Group Chat

Save chat

Allow attendees to chat with:

- Host only
- ☒ Everyone

To: Everyone

Type message here...

More ▾

# Brief Interventions are Effective

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# What is motivational interviewing?

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- A **patient centered approach** to working with a person to:
  - Strengthen their motivation
  - Resolve ambivalence
  - Build a plan for change

# Ambivalence

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Is normal, work with it



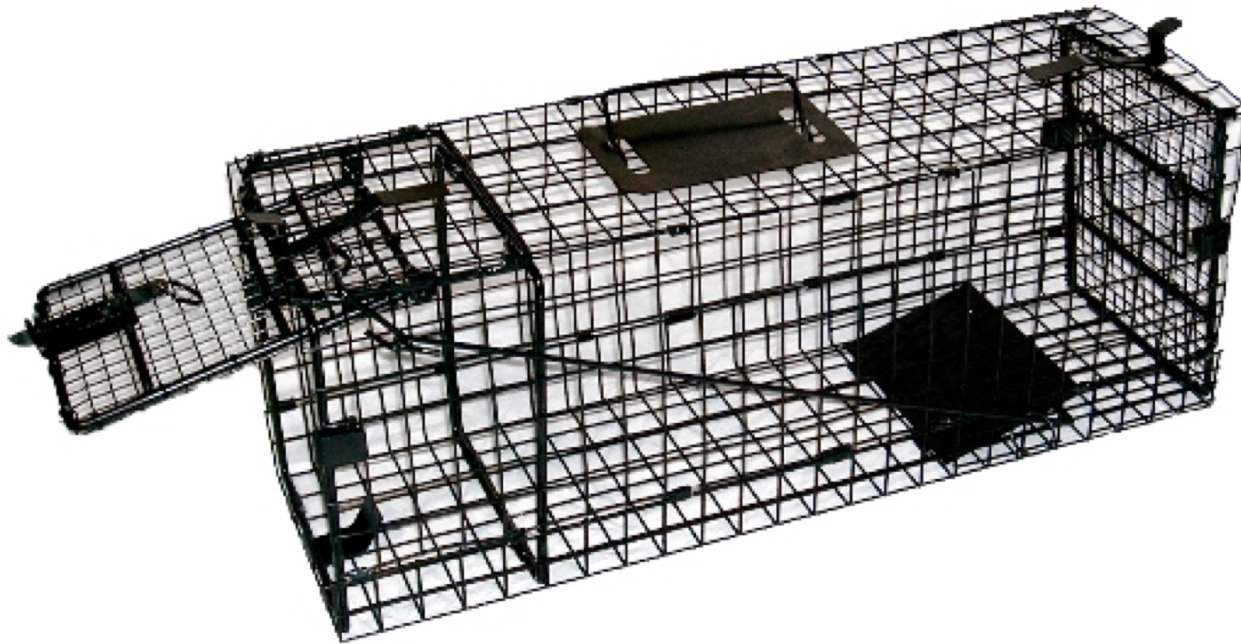
# Listening is key

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# Traps that invite sustain talk



# Premature focus

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Giving advice too soon





# Every Nurse

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“It is within the role and scope of practice of all nurses and midwives to minimise the harm associated with hazardous substance use resulting from intoxication, withdrawal and dependence. All registered and enrolled nurses, midwives, and assistants in nursing in NSW are responsible for adhering to the principles herein, and for clinical expertise according to these Guidelines.”

Clinical guidelines for nursing and midwifery practice in NSW: Identifying and responding to drug and alcohol issues [http://www1.health.nsw.gov.au/PDS/pages/doc.aspx?dn=GL2008\\_001](http://www1.health.nsw.gov.au/PDS/pages/doc.aspx?dn=GL2008_001)

# Why Nurses?

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- Largest component of the healthcare workforce = high contact exposure
- Empirical evidence
- Nurses = GP
- Nurses already record information
- Nursing roles in health promotion and health education

Joseph, J. et al 2014; Lock, C.A. et al 2002; Lock, C. A. et al 2006

# Practice Nurses and SNAP

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- Educate and inform patients individually or in groups
- Follow-up patients by phone, mail, home visits or recall
- Schedule support visits (up to five visits, MBS 10997 CDM nurse or AHW)
- Schedule support visits for Aboriginal and Torres Strait Islander peoples who have had a health check (up to 10 visits, MBS 10987 nurse or AHW).
- Appropriate tools available to conduct health assessments and management
- Provide a link with self-help and other community organisations
- Quality improvement
- Work with other services to reach disadvantaged groups and link the practice's work with population health programs
- Liaise and follow-up of referrals with local health service providers

Adapted from Smoking, nutrition, alcohol, physical activity (SNAP): A population health guide to behavioural risk factors in general practice, 2nd edn. Melbourne: The Royal Australian College of General Practitioners 2015.

# SNAP Advise and Agree

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Smoking	Brief advice and motivational interviewing, set a quit date
Overweight	Advise on benefits of weight loss, set goals for 5–10% weight loss
Poor diet	Set goals for portions of fruit and vegetables, reduce saturated fat
Hazardous drinking	Information and motivational interviewing
Physical inactivity	Set goals for minutes of physical activity/ day and/ or reducing sedentary time

Adapted from Smoking, nutrition, alcohol, physical activity (SNAP): A population health guide to behavioural risk factors in general practice, 2nd edn. Melbourne: The Royal Australian College of General Practitioners 2015.

# Ask & Assess

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**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

## ✓ Ask

***‘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:**

***‘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.’***

# Ask & Assess

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## ✓ Assess

***'How many cigarettes do you smoke per day?'***

***'How many minutes from waking to your first cigarette?'***

## Mrs G

### Smoking

- 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

### Alcohol

- 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

# Advise & Agree

Brief Counselling and Referral – Saitz, R. (2016). Unhealthy alcohol use. *The New England Journal of Medicine*, 352(6), 596-607.

➤ Advise & Agree

HOW TO ADVISE OR REFER PATIENTS	EXAMPLES
<ul style="list-style-type: none"><li>• Provide specific advice in comparison with population norms</li><li>• Link existing problems to alcohol use when appropriate, to make information relevant to the patient.</li></ul>	<p><i>“90% of women drink less than the amounts you report drinking. Mrs G, you mentioned your husband is concerned about your drinking... what have you noticed?”</i></p>

What else could you say to Mrs G?

# Advise & Agree

Brief Counselling and Referral – Saitz, R. (2016). Unhealthy alcohol use. *The New England Journal of Medicine*, 352(6), 596-607.

➤ Advise & Agree

Mrs G:

*'I think I need to stop smoking..'*  
*'my friends have told me they're concerned about my drinking. I know I should drink less but it really helps me..'*

HOW TO ADVISE OR REFER PATIENTS	EXAMPLES
<ul style="list-style-type: none"><li>When the patient expresses interest or gives permission, provide information, including a menu of options, about how to change.</li></ul>	<i>"Would you like information on how to cut down or abstain? Other people have found a range of options helpful, such as keeping a drinking diary, counselling, and mutual-help groups. What do you think about these?"</i>



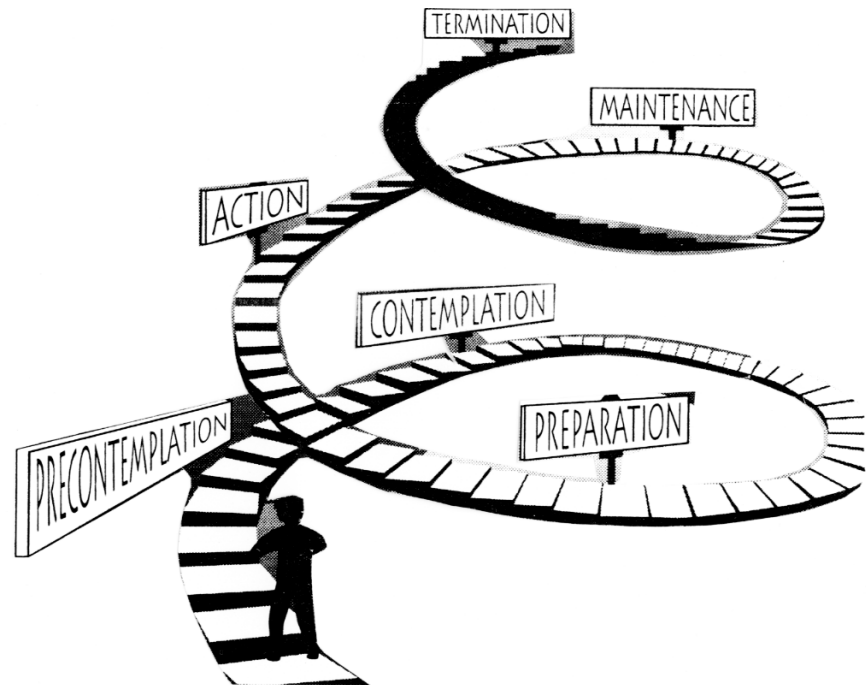
# Advise & Agree

## ➤ Advise & Agree

Mrs G:

*'I think I need to stop smoking..'*

*'my friends have told me they're concerned about my drinking. I know I should drink less but it really helps me..'*



Where would you put Mrs G in Stages of Change?

# Ask & Assess

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- **Mr H**, age 45, new patient, he attends your practice for ROS after laceration sustained at work.

## ✓ Ask

*'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?'*

## Mr H:

*'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.'*

# Ask & Assess

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## ✓ Assess

‘How often?’

‘How much...on a day when you are drinking?’

‘How often...six or more drinks (SD)?’

- 15-16 SD x 3 per week
- 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

# Advise & Agree

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## ➤ Advise & Agree

Mr H:

*'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 I had the accident, and that's not ok, I can't do that again, and I get into fights, .....'*

# Advise & Agree

Brief Counselling and Referral – Saitz, R. (2016). Unhealthy alcohol use. *The New England Journal of Medicine*, 352(6), 596-607.

➤ Advise & Agree

HOW TO ADVISE OR REFER PATIENTS	EXAMPLES
<ul style="list-style-type: none"><li>Express concern</li><li>Provide clear advice regarding the ideal goal</li></ul>	<p><i>“Mr H, I am concerned about your drinking; my medical advice is that the healthiest choice for you is to cut down or abstain.”</i></p>
<ul style="list-style-type: none"><li>Schedule a follow-up session to assess drinking and changes in alcohol use.</li></ul>	<p><i>“Please think about your drinking and the health risks we discussed; contact me if you decide you would like assistance in the future. Let’s schedule a follow-up visit in a month to talk again.”</i></p>

What else could you say to Mr H?

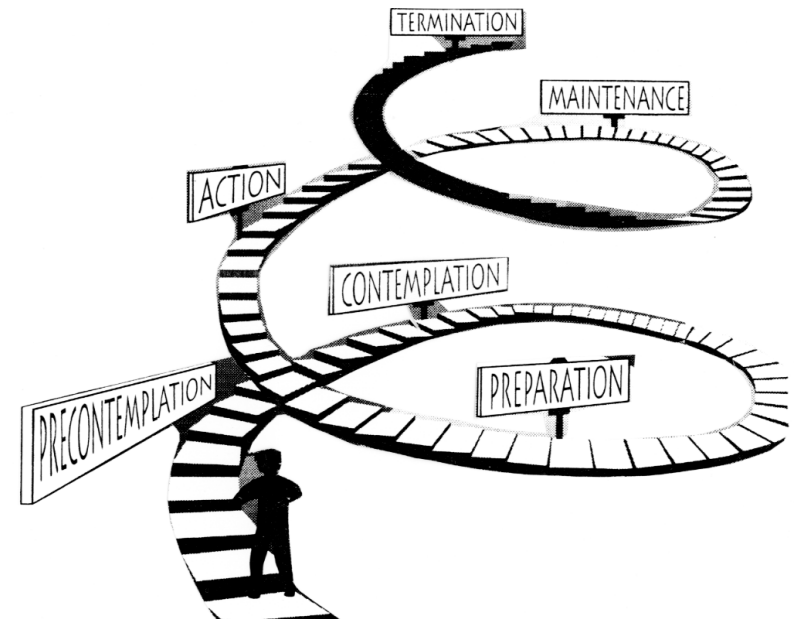
# Advise & Agree

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Where would you put Mr H in Stages of Change?

# Change talk

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## Mrs G

*'My daughter really wants me to stop smoking and I don't want to disappoint her. My husband doesn't agree with my drinking, I mean he can drink a couple of beers, but not very often. Once I start I don't seem to be able to easily stop. I tell myself to take a night off but always end up having a drink. I mean I limit it to 3-4 times a week. I know it stops me from losing weight. I would very much like to lose a few kilos.....'*

## Mr H

*'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 I had the accident, and that's not ok, I can't do that again, and I get into fights, I need to do this differently.....'*

# Action Phase

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## Mrs G

*'I'd like to cut down my alcohol and stop smoking. I think I need a complete break from alcohol for a few months, and that will help me lose weight.....'*

## Mr H

*'I think it's time to cut my drinking. I probably need to stop going out with my heavy drinking mates, they're getting into the crystal anyway and that's not my thing. But my cannabis and tobacco?'*



# Establishing Goals

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- The client should be very involved in establishing the goals
  - *“What would you like your goal to be?”*
  - *“OK, where should we go from here?”*
  - *“What small steps could we make?”*
- Its OK to offer a range of suggestions to the person
  - *“Here are some options that you could consider. These have worked well for people in the past. Which one do you prefer?”*
- Elicit commitment
  - *“Is this what you want to do?”*

# SMART Goals

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**Specific**



**Measurable**



**Attainable**



**Relevant**



**Timely**



# The next steps with Mrs G & Mr H

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**ASSIST 10<sup>TH</sup> April** - Drug and alcohol (and comorbid mental health) primary care treatment

- Best practice for tobacco (combination NRT), alcohol & cannabis treatment
- Withdrawal and pharmacotherapy
- Ambulatory detox specialist line

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