

Caring for patients who use alcohol and other drugs

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Learning outcomes

By the end of this workshop, you should:

- Be aware of the consequences of alcohol and other drug use
- Know the current NHMRC alcohol guidelines
- Know how to conduct an AOD risk assessment and provide a targeted brief intervention
- Know how to identify and refer high-risk cases to specialist services

National Drug Strategy Household Survey 2019

Drug use is common in Australia

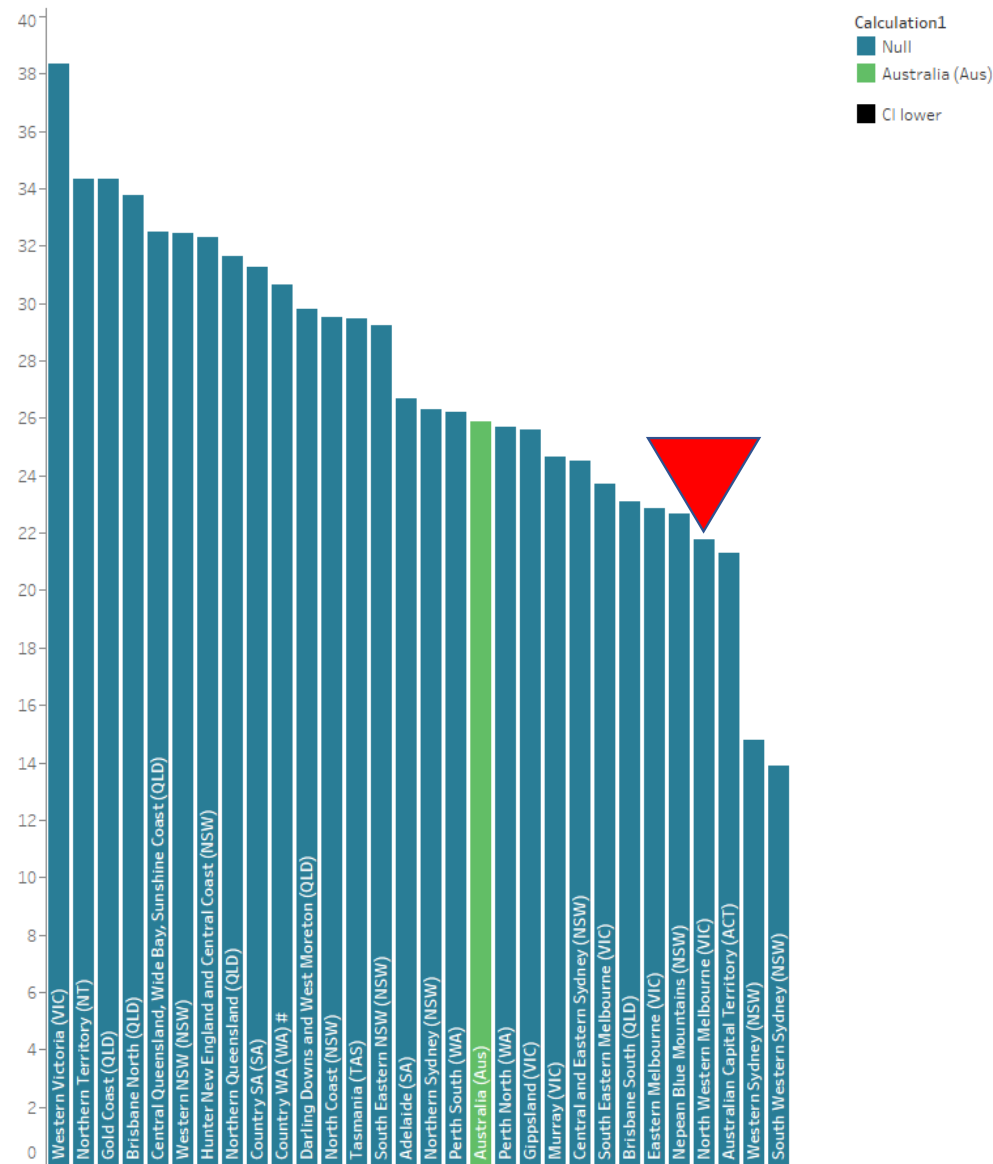
Population aged 14 years and over:

- 76.7% drank alcohol
 - 5.4% drank daily (cf. 7.4% in 2010)
 - 5th highest risk factor of the total burden of disease
 - 6.0% for men, 2.8% for women
- 15% smoked tobacco
 - 11.0% smoked tobacco daily (cf. 13.1% in NWMPHN)
 - Leading risk factor contributing to burden of disease
 - 8.6% of the total burden of disease
- 43% used an illicit drug at least once in lifetime
 - 1 in 6 (16.4%) had used one in the last 12 months
 - 3% of the total disease burden in Australia (sixth highest risk factor)

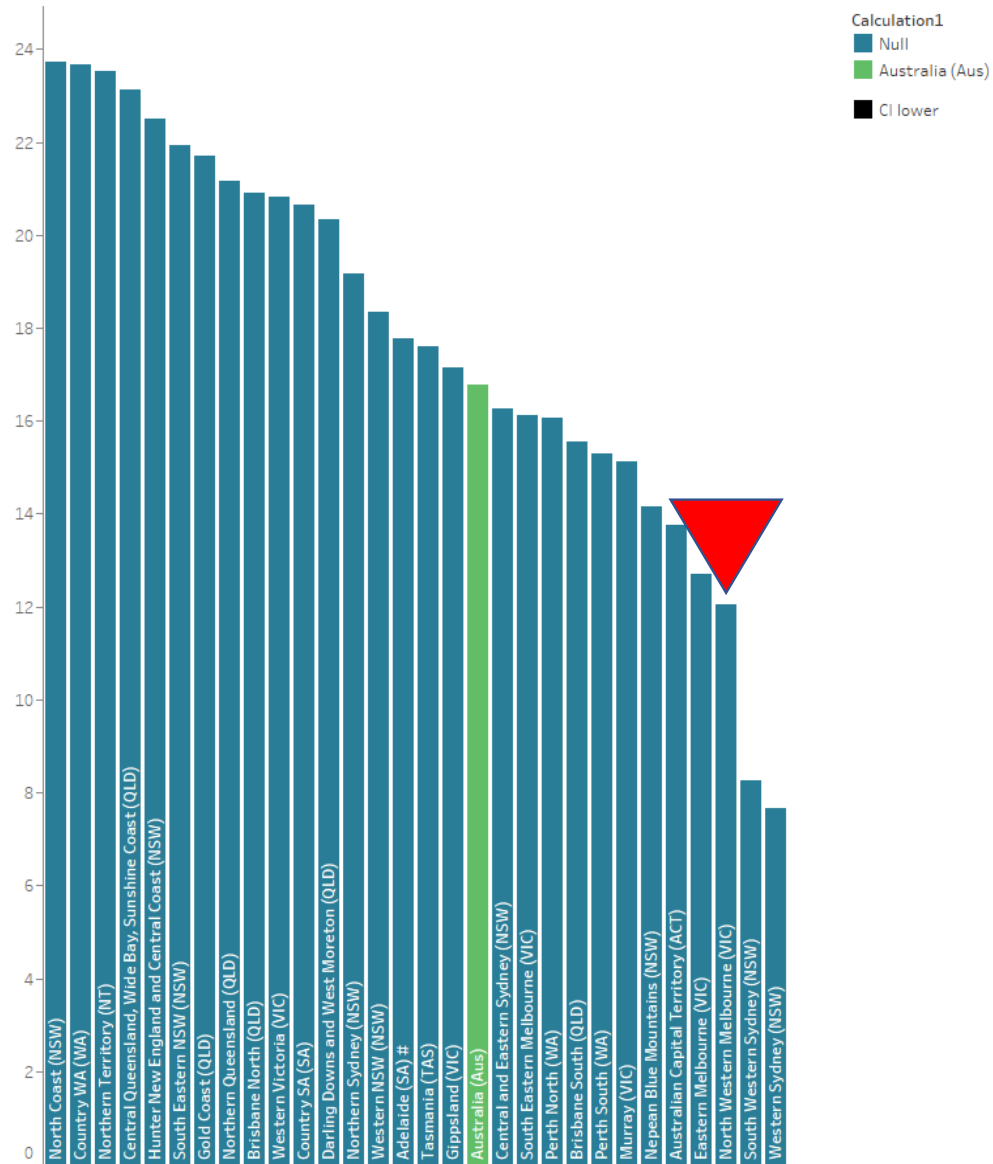
Alcohol



Percentage of Australians aged 14 or older who consumed more than 4 standard drinks on a single occasion a least once in the past month, by Primary Health Networks, 2019

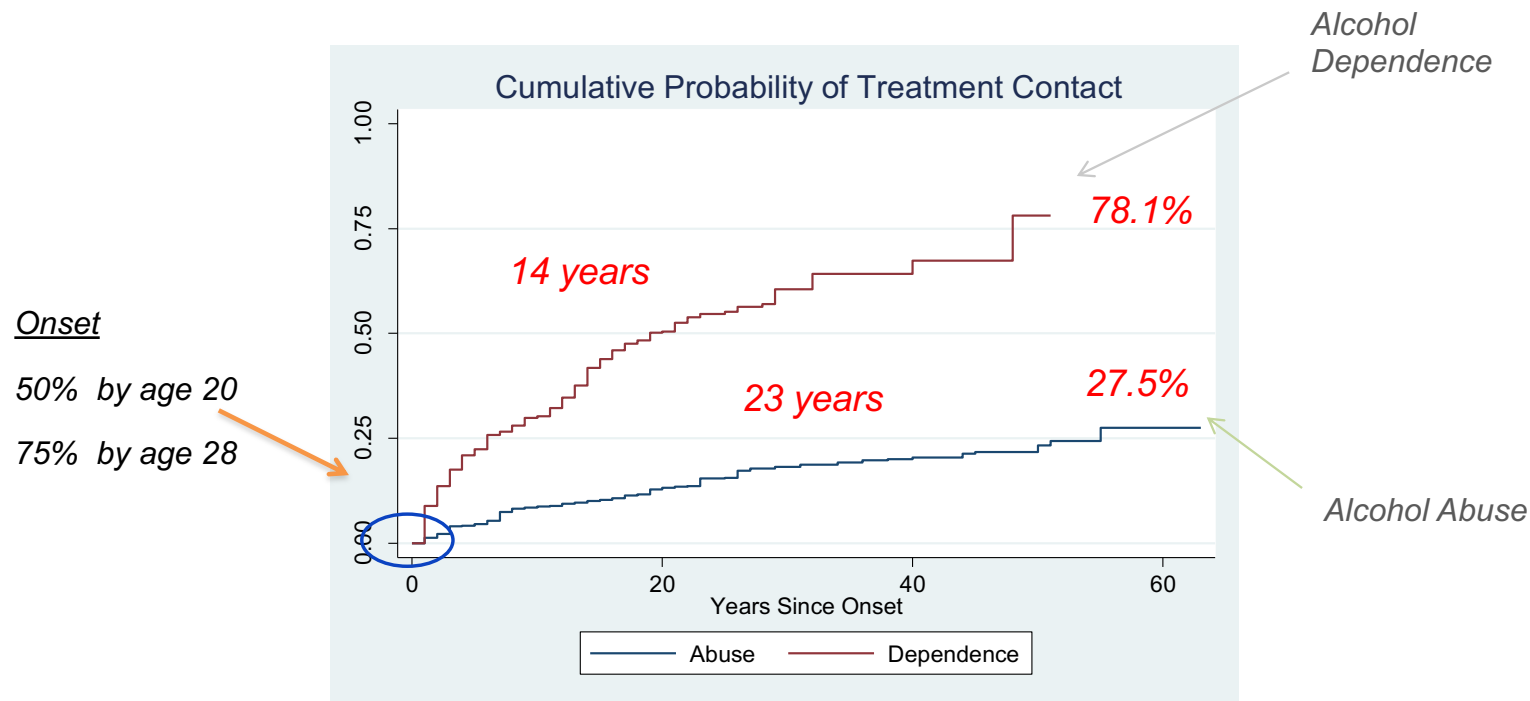


Percentage of Australians aged 14 or older who consumed more than 2 standard drinks per day on average, by Primary Health Networks, 2019



The delay to seek treatment is long..

The median delay among those with AUDs who eventually make treatment contact in Australia is **18 years**



Lifetime treatment rate of AUDs is 34.6%

Poll Question

- For alcohol consumption, what is the new NHMRC guidance for low risk drinking for adults?

NHMRC

BUILDING
A HEALTHY
AUSTRALIA

Alcohol Guidelines

Australian guidelines to reduce
health risks from drinking alcohol

1: HEALTHY ADULTS

Drink no more than
10 standard drinks a **week**



AND

no more than 4 standard drinks
on **any one day**



to reduce the risk of harm from alcohol.

The less you drink, the lower
your risk of harm.

2: CHILDREN AND PEOPLE UNDER 18 YEARS OF AGE

Should not drink alcohol



to reduce the risk of harm from alcohol.

3: WOMEN WHO ARE PREGNANT OR BREASTFEEDING

Should not drink alcohol



to prevent harm from alcohol
to their unborn child or baby.

New NHMRC low risk drinking guidelines

- Alcohol risk is voluntary
 - Risk set at 1 in 100 of dying from an alcohol related disease or injury
 - similar level of risk to the lifetime level of risk from driving a car
- An individual's risk is an interaction between the substance, the setting where it is consumed and the person.
 - Women are more susceptible to the direct physiological effects
 - However, men tend towards higher levels of risk-taking behaviour
 - *at low levels of alcohol consumption*, lifetime risks of harm are similar for men and women

Populations at greater risk for guideline 1.

WHY?

- young adults aged 18–25 years
- people aged over 60 years
- people with coexisting mental or physical health conditions
- people with a family history of alcohol dependence
- people who use illicit drugs or take medications that interact with alcohol

Poll Question

What is a standard drink?



Although they restricted themselves to one drink at lunch time, Alan and Roger found they were not at their most productive in the afternoons

What is a standard drink?



**LIGHT
BEER**

425 ml | 2.7% alc/vol



**MID STRENGTH
BEER**

375 ml | 3.5% alc/vol



**FULL STRENGTH
BEER**

285 ml | 4.9% alc/vol



**REGULAR
CIDER**

285 ml | 4.9% alc/vol



SPARKLING WINE

100 ml | 13% alc/vol



WINE

100 ml | 13% alc/vol



FORTIFIED WINE
(e.g. sherry, port)

60 ml | 20% alc/vol

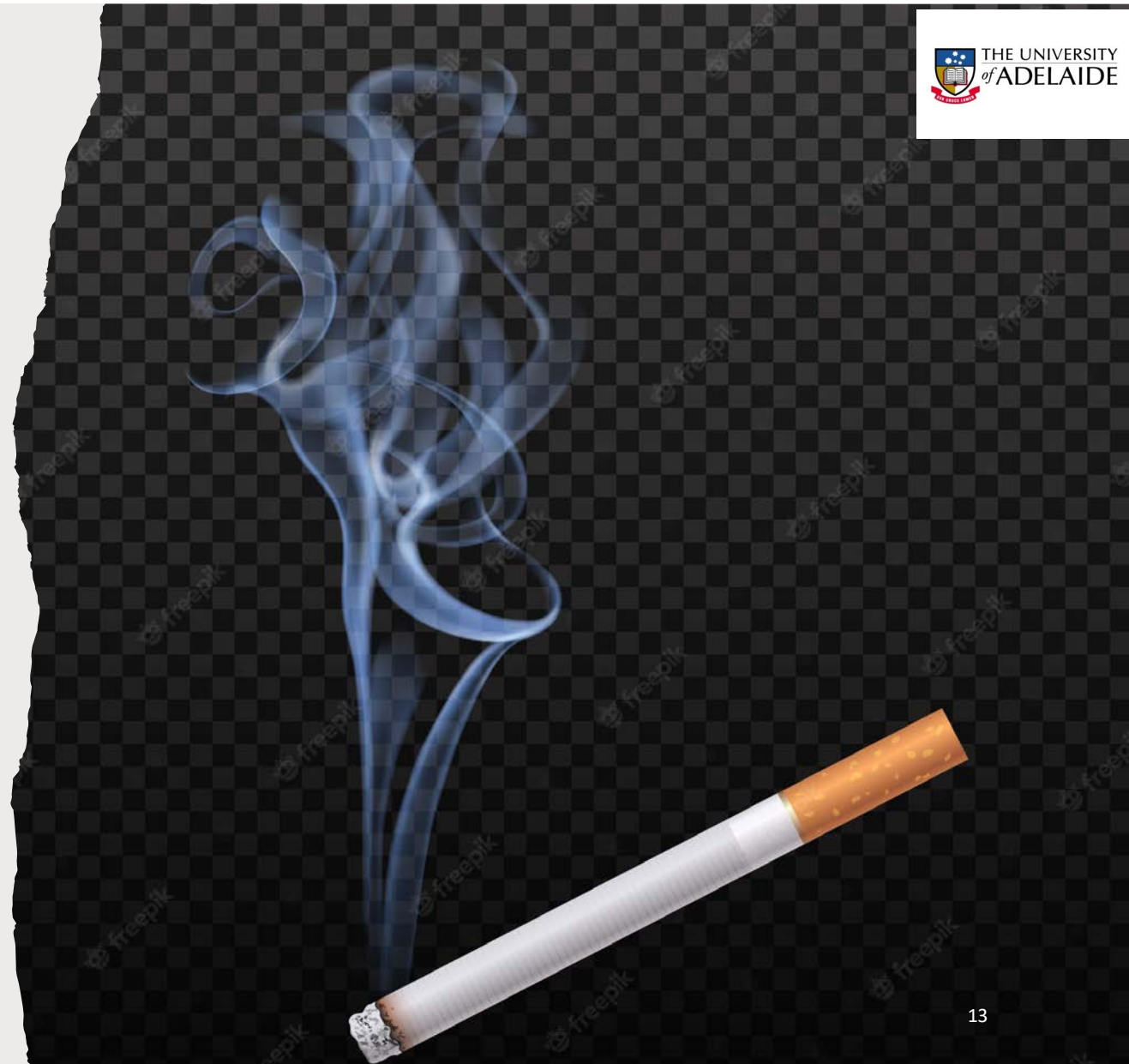


SPIRITS

(e.g. vodka, gin, rum, whiskey)
30 ml | 40% alc/vol

The standard drink is defined in the Australia and New Zealand Food Standards Code.

Tobacco



Percentage of Australians aged 14 or older who smoked daily, by Primary Health Networks, 2019



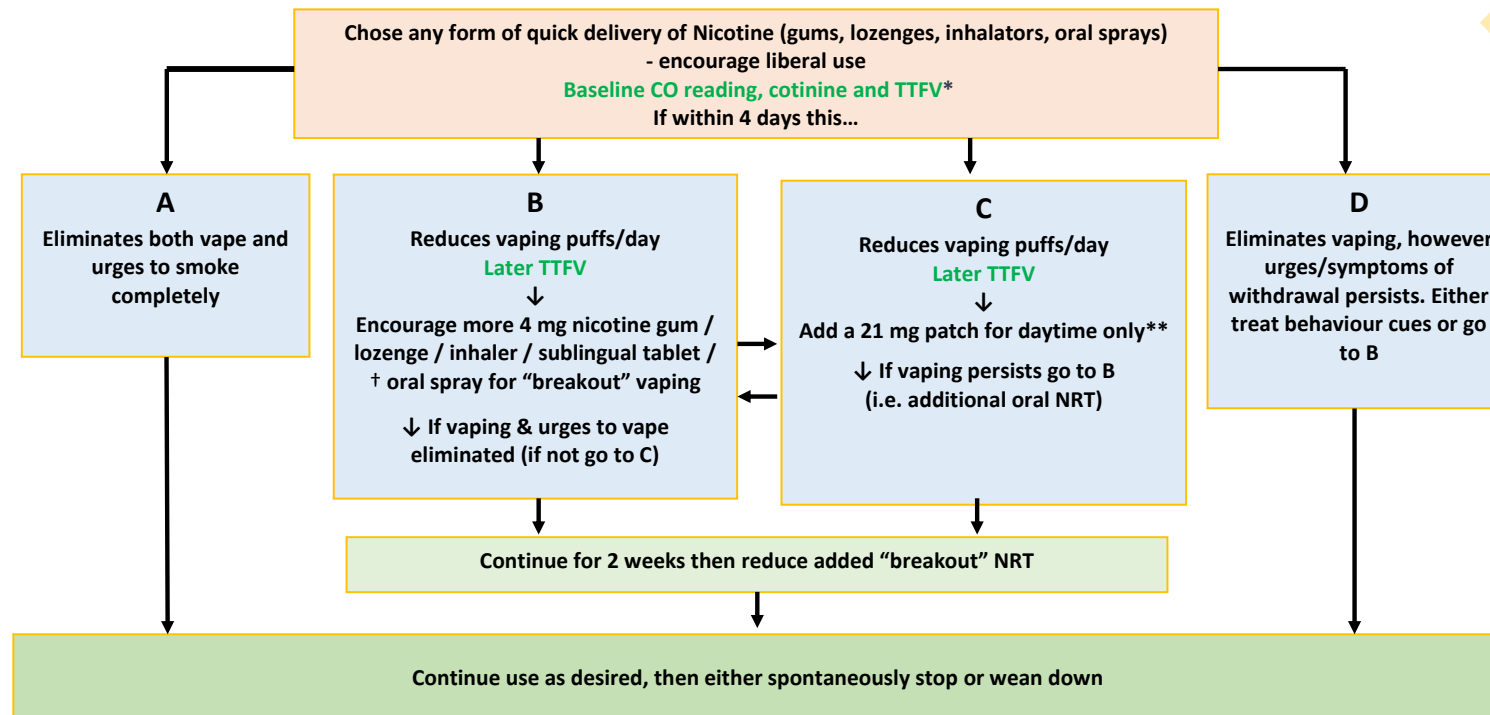
e-cigarettes in Victoria (Vaping)

- 2018-19 to 2022
 - ever use increased (17.0% to 22.0%)
 - current use doubled (3.0% to 6.1%)
 - regular use more than doubled (1.6% to 3.5%)
 - Largest increase in under 30year olds
 - particularly women aged 18-24 years (2.8% to 15.2%).
- In 2022
 - one-quarter of current e-cigarette users were never smokers (25.0%)
 - almost half (46.3%) were current smokers
 - 28.7% were former smokers

Vaping

- Four main types of vapers:
 - Adults who vape daily
 - Adults who are dual vaping and tobacco smoking daily
 - Adolescents who vape non-daily
 - Adolescents who vape daily
- Evidence of emerging adolescent group who are dual vaping and tobacco smoking daily
- Plasma nicotine levels shown to be high in vapers
 - taking more puffs, inhaling deeper and breath-holding
- Nicotine withdrawals described in both adults and adolescent vapers

Appendix 5: Bittoun Combination Nicotine Replacement Therapy Algorithm for Adolescents who Vape



*TTFV – Time To First Vape

** Consider adding 14 to 21mg patch depending on child's weight

† Either 4 mg nicotine gum or lozenge depending on patient choice. An inhaler or sublingual tablet is recommended as best choice if patient needs faster reinforcement.

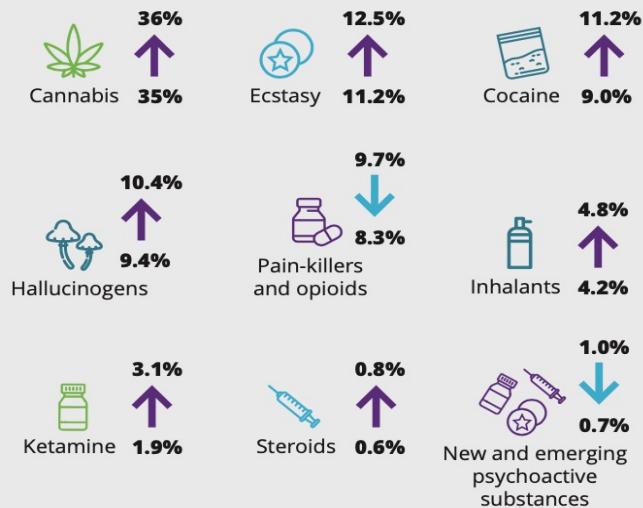
(Based on: "A Combination Nicotine Replacement Therapy (NRT) Algorithm for Hard-to-Treat Smokers", Bittoun, 2006)
© R. Bittoun

Illicit Drugs

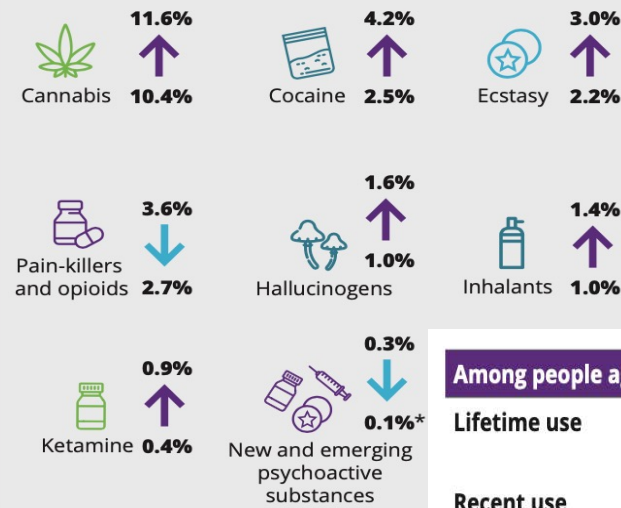


NDSHS 2019 key findings

Changes in lifetime use



Changes in recent use



* Estimate has a relative standard error of 25% to 50% and should be used with caution.

Methamphetamine

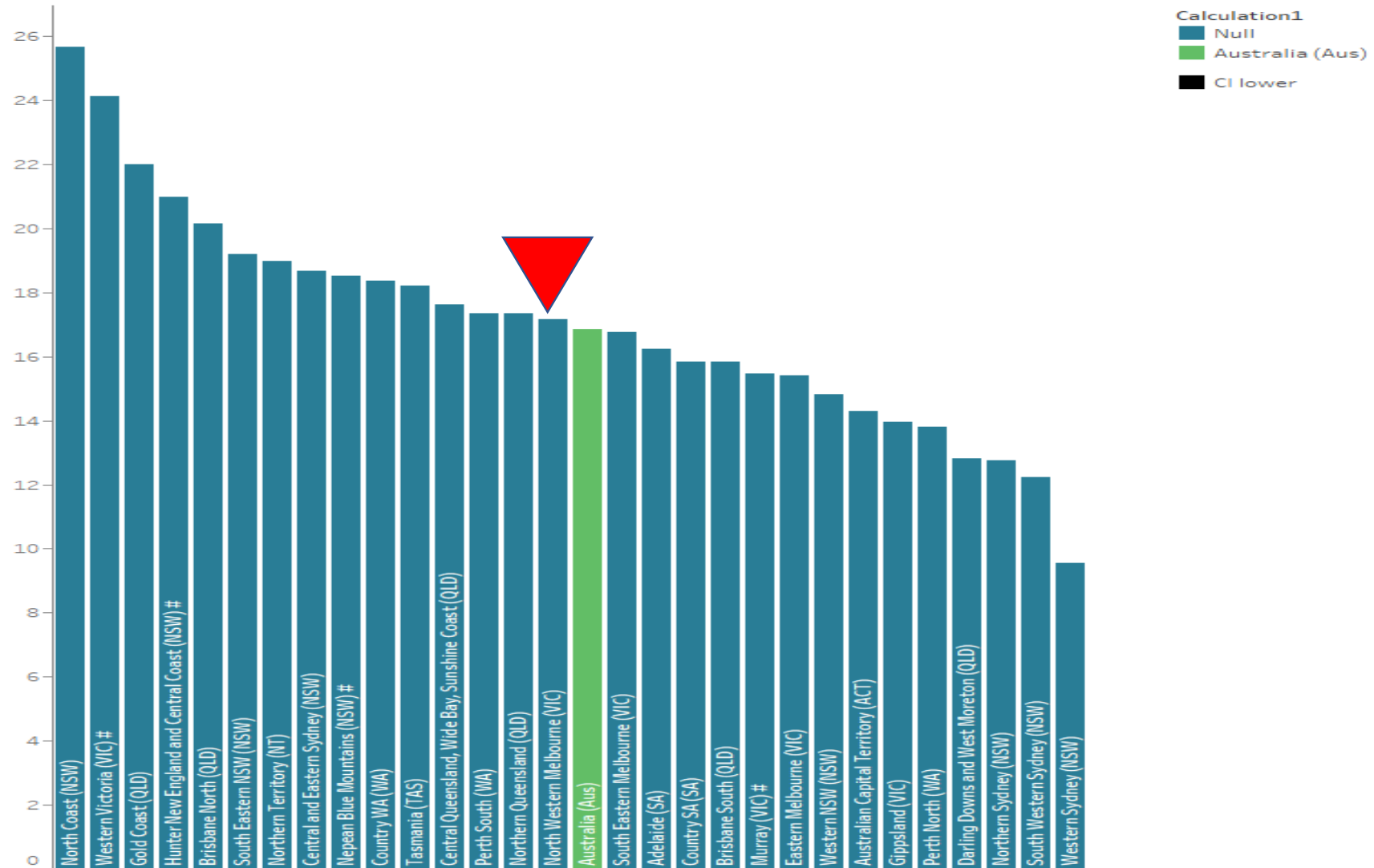
Among people aged 14 and over:

Lifetime use	5.8% (1.2 million)
Recent use (last 12 months)	1.3% (300,000)
Change since 2016	~Lifetime use (6.3%) ~Recent use (1.4%)
Change since 2001	↓ Lifetime use (8.9%) ↓ Recent use (3.4%)
Offered/ Opportunity to use in last 12 months	4.4%

Among people who used meth/amphetamines:

Average age of first use (years)	22 (mean) 20 (median)
Age group most likely to use (% recent use)	20-29 (2.4%)
Median age of people who use meth/amphetamines (years)	32
Used weekly or more often	16.9%
Main form used	Crystal/ice (50%) Powder/speed (19.9%)
Diagnosed or treated for a mental illness	31%
High or very high psychological distress	36%

Percentage of Australians aged 14 or older who used an illicit drug in the past 12 months, by Primary Health Networks, 2019





Cannabis

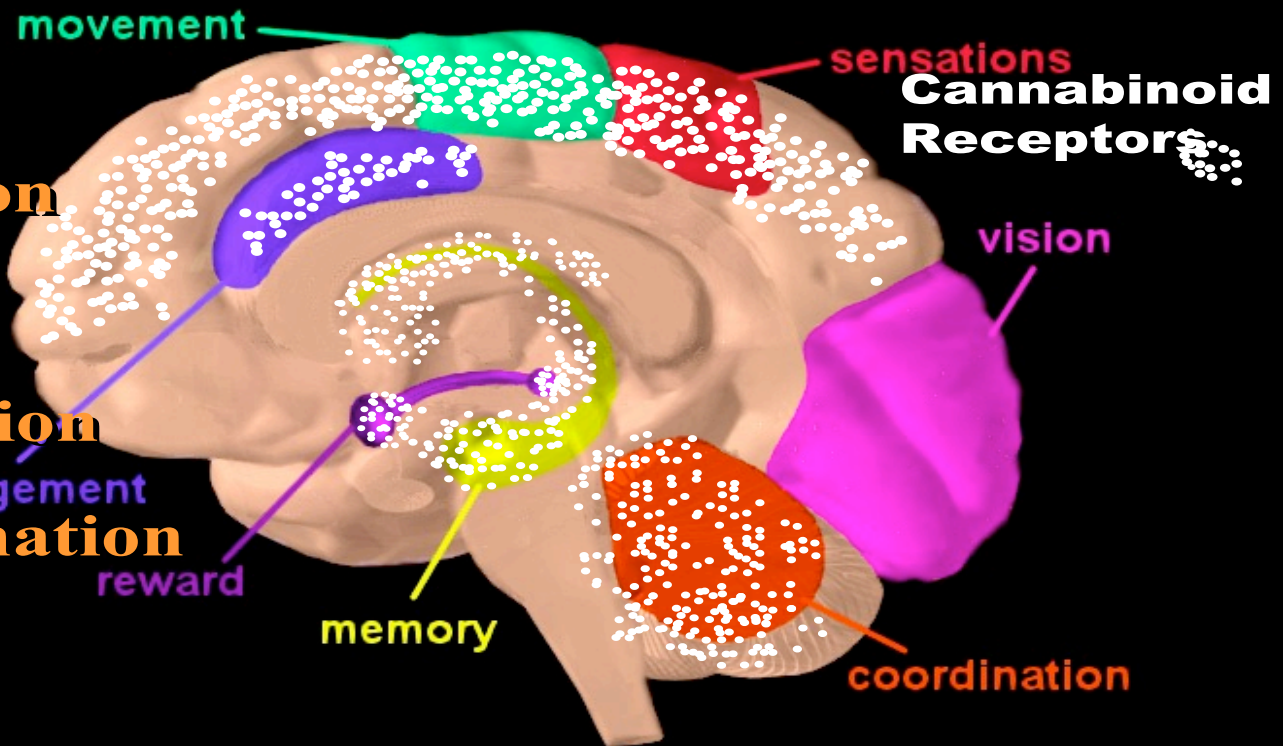


Basic Research



Cannabinoid Receptors Are Located in Many Areas Throughout the Brain and Play An Important Role In Regulating:

- **Brain Development**
- **Memory and Cognition**
- **Motivational Systems & Reward**
- **Appetite**
- **Immunological Function**
- **Reproduction**
- **Movement & Coordination**
- **Pain Regulation & Analgesia**



Acute Effects

- anxiety, dysphoria, panic, paranoia
 - especially among naive users
 - Most common adverse effect
- Acute Toxic psychotic symptoms (rare)
 - high doses of THC
 - ? Genetic Vulnerability
- CVS
 - Increase heart rate (dose related)
 - Concern with pre-existing IHD
- Injury while intoxicated
 - cognitive impairment
 - psychomotor impairment
 - increased risk of motor vehicle accidents
 - cannabis use before driving increases the risk of motor vehicle crashes 2–3 times
 - Lower risk than alcohol
- Impaired short-term memory
- Altered judgment
 - May increasing the risk of sexual behavior

Chronic Use Adverse Effects

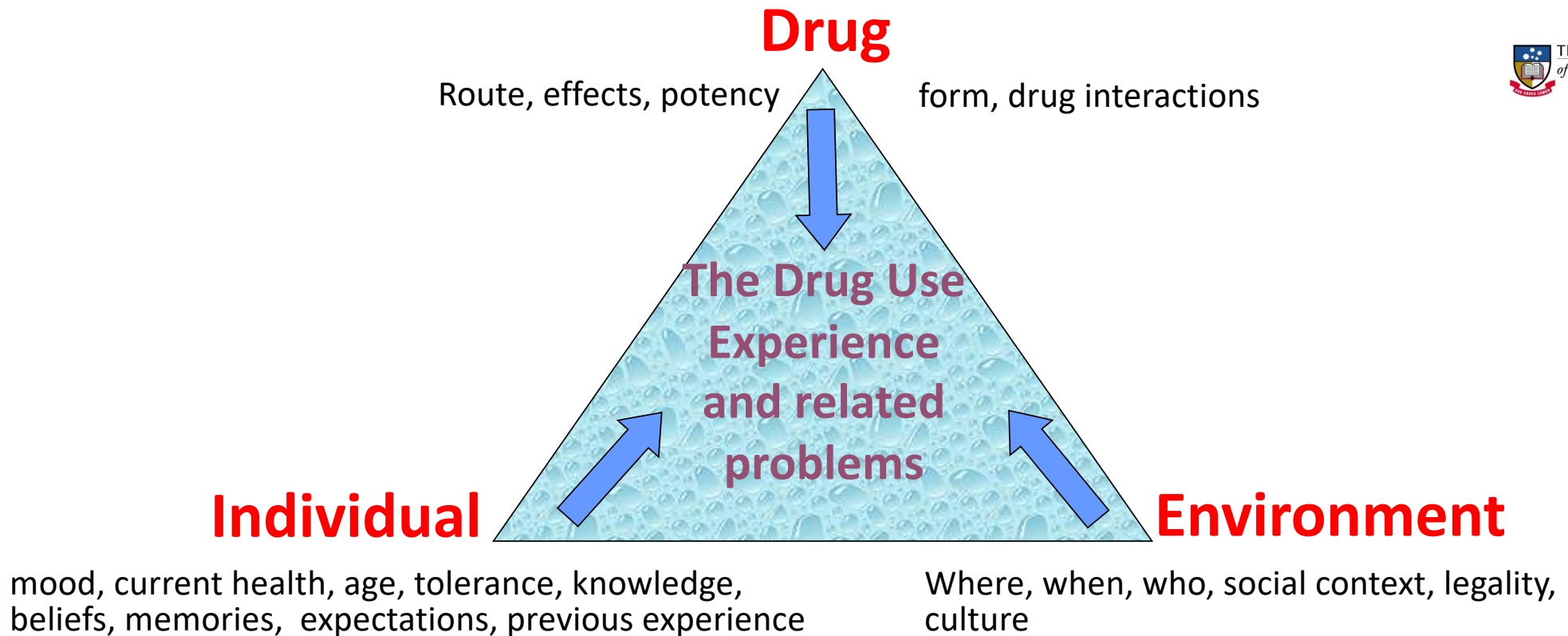
- Respiratory
 - Can cause chronic bronchitis
 - Probably causes Lung cancer
 - Strong plausibility
 - Epi studies mixed results
 - Case control studies more convincing but not conclusive
- Cognitive Impairment
 - Reported by some heavy users
 - Difficult to document objectively
 - Effects of chronic intoxication vs residual effects
- Psychosis
 - Probably can produce toxic symptoms
 - Probably exacerbates schizophrenia
 - Precipitates schizophrenia in vulnerable

Risks of Chronic Cannabis Use

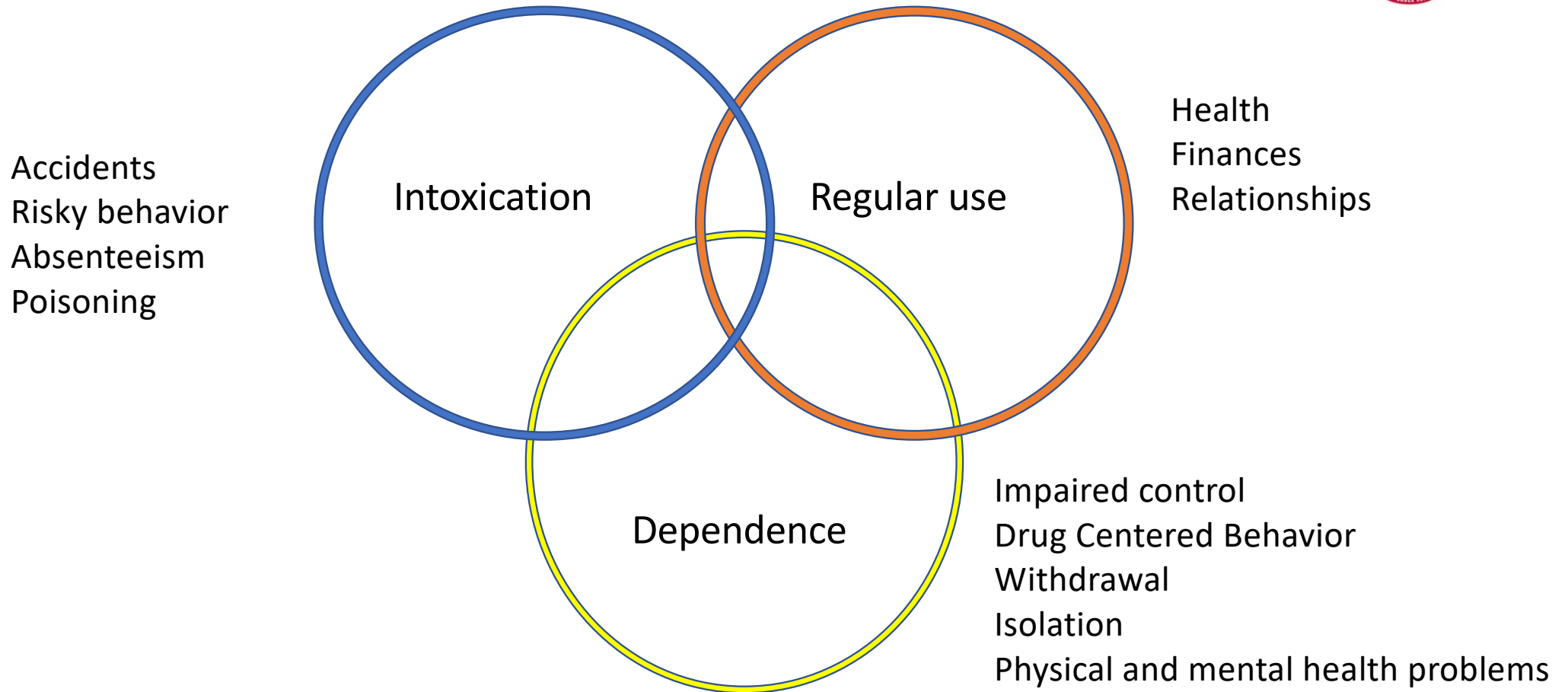
- Adolescent cannabis use a risk factor for:
 - dependence
 - poor educational outcomes
 - other illicit drug use
- Dependence
 - An under-appreciated risk
 - 9% chance for lifetime users
 - 25-50% for daily users
 - 17% if commence as adolescent users

Conceptual Models for drug use and harm

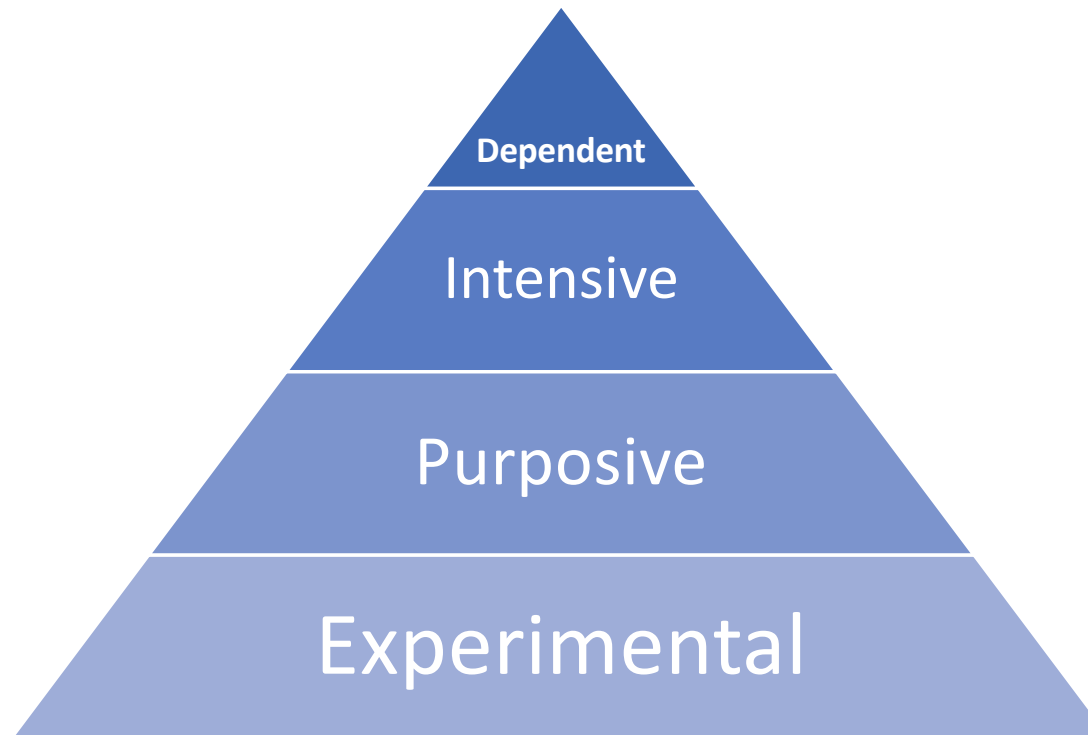
Interactive model of drug use **and** related problems



Thorley's Model



Patterns of drug use



Dependence Diagnosis

Characteristic feature is a strong internal drive to use manifested by:

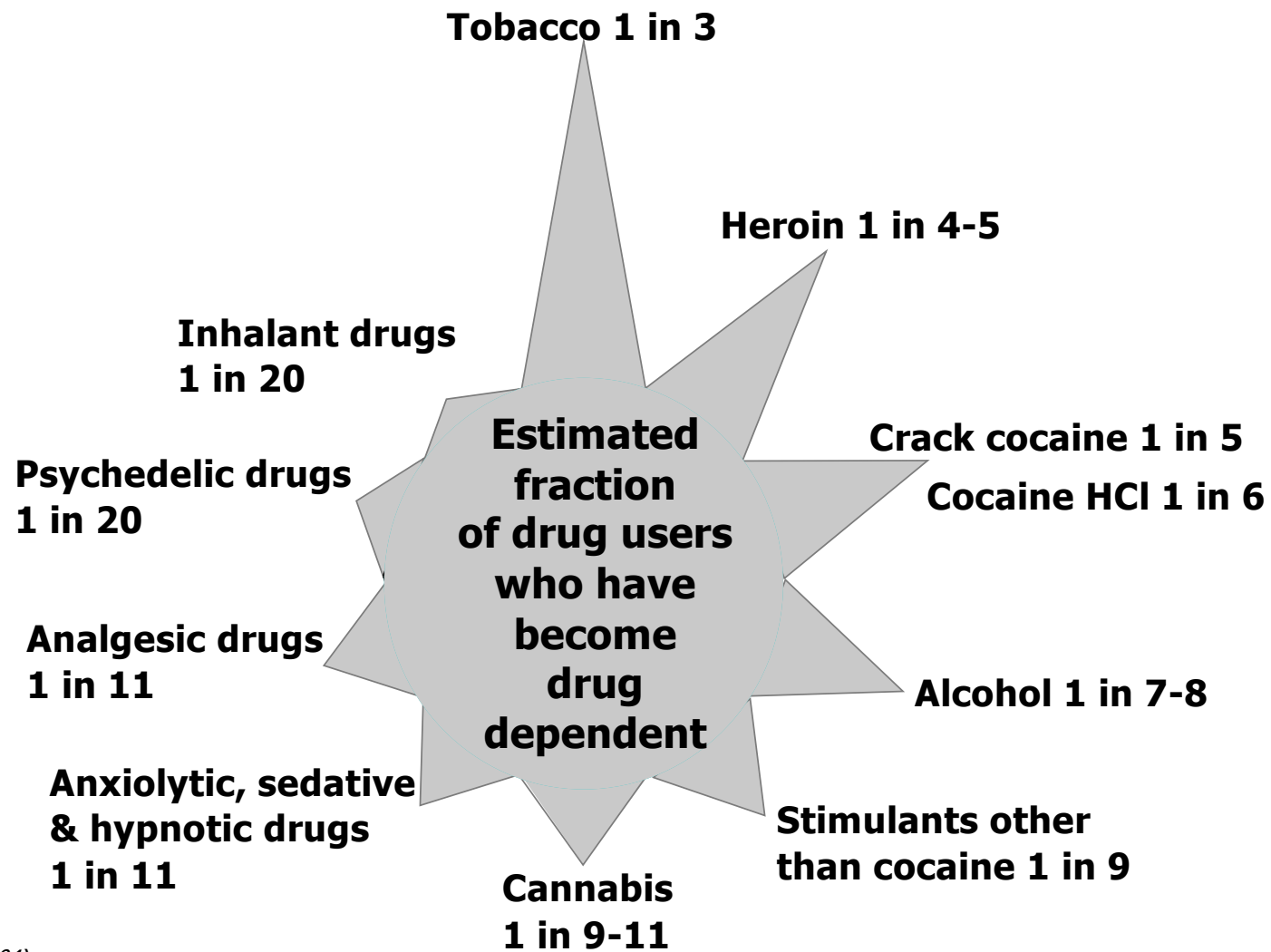
- impaired ability to control use
 - often accompanied by craving
- increasing priority given to use over other activities
 - persistence of use despite harm
- physiological features of dependence
 - tolerance
 - withdrawal symptoms

Features of dependence usually evident over a period of at least 12 months but the diagnosis may be made if alcohol use is continuous (daily or almost daily) for at least 1 month

Poll Question

- Which drug has the highest proportion of people who tried becoming addicted?





(Adapted from:
Anthony et al., 1994; Chen & Anthony, 2004)

OVERVIEW OF THE ASSIST

Questions asked for all psychoactive substances

- **Lifetime use** (filter question)
 - Q1 Ever used (Medication ONLY if used in ways not intended by the prescriber)
- **Last 3 months** (*never, once or twice, monthly, weekly, daily/almost daily*)
 - Q2 Frequency of use
 - Q3 Strong desire or urge to use (craving)
 - Q4 Health, social, legal, or financial consequences from use
 - Q5 Failure to do what was normally expected of you (tobacco excluded)
- **Lifetime use** (higher score if it occurred in last 3 months)
 - Q6 Concern by others
 - Q7 Unsuccessful attempts to cut down or stop use
 - Q8 Injecting behaviour (Non scoring)

When its appropriate to screen for substance use?

- All new patients
- Plausible it may be contributing to their presentation
- Medication review
- Preventive health consultations
- Chronic disease assessment and care planning (eg for hypertension, diabetes, gastro-oesophageal reflux disease)
- Mental health assessment and care planning (eg for anxiety, depression)

Common examples of consequences from substance use that may be a trigger to raise the question

■ Tobacco

- breathlessness
- less fit than usual
- takes longer to recover from illness
- financial problems

■ Alcohol

- hangovers
- GI problems
- Hypertension
- arguments
- broken sleep
- relationship tension

■ Cannabis

- ↓ attention and motivation
- ↓ short term memory
- ↓ problem solving
- depression, anxiety, panic

■ Amphetamine-type stimulants

- bad come down – depression, anxiety
- anger & aggression
- sleep problems
- dental problems (teeth grinding)

Case Study: Jade

- Jade is 22yo retail assistant
- Currently living with her mother after breaking up with her boyfriend (Josh). Jade's partying with her friends caused friction between her and Josh
- Jade presents to you on a Monday Morning wanting a sick certificate claiming she has the 'flu'
- On examination she is afebrile, chest is clear and nil found on ENT examination.
- This is the 3rd Monday, in recent months that she has presented with a similar request
- You ask if you can ask her some further questions

ASSIST in Action

- You will need a copy of the ASSIST 3.1
- Score Jades answers as you watch her being interviewed
- Add up the Substance Specific scores at the completion of the interview
- Determine her risk level for for each drug she has used

Alcohol, Smoking, Substance Involvement Screening Test (ASSIST)

Client name: _____

Date of Birth: _____

Sex: _____

INTRODUCTION (please read to client)

The following questions ask about your experience of using alcohol, tobacco products and other drugs across your lifetime and in the past three months. These substances can be smoked, swallowed, snorted, inhaled or injected (*show response card*). Some of the substances listed may be prescribed by a doctor (like amphetamines, sedatives, pain medications). For this interview, we will not record medications that are used as prescribed by your doctor.

However, if you have taken such medications for reasons other than prescription, or taken them more frequently, at higher doses than prescribed or in ways in which it wasn't intended, please let me know. While we are also interested in knowing about your use of various illicit drugs, please be assured that information on such use will be treated as strictly confidential.

	Score Legend	Tobacco (Cigarettes, chewing tobacco, cigars)	Alcohol (Beer, wine, spirits)	Cannabis (Marijuana, pot, grass, hash)	Cocaine (Coke, crack)	Amphetamine type stimulants (Speed, meth, ice, ecstasy)	Inhalants (Nitrous, glue, petrol, amyl nitrite)	Sedatives or sleeping pills (Valium, Serepax, Xanax)	Hallucinogens (LSD, acid, mushrooms, trips, ketamine)	Opioids (Heroin, Morphine, Buprenorphine, Oxycodone)	Other (Kava, GHB, excess caffeine)
Q1. In your life which of the following substances have you ever used?	Tick YES or NO for each substance. For substances answered YES complete Q2-Q8. If no to all stop interview	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO
(Probe if all answers are negative e.g., "not even when you were in school?")											
Q2. In the past 3 months, how often have you used _____?	0 – never 2 – once/twice 3 – monthly 4 – weekly 6 – daily/almost daily Ask individually for ALL substances answered YES in Q1										
(If "never" for a substance in the last 3 months skip to question 6 for that substance)											
Q3. During the past 3 months, how often have you had a strong desire or urge to use _____?	0 – never 3 – once/twice 4 – monthly 5 – weekly 6 – daily/almost daily										
Q4. During the past 3 months how often has your use of _____ led to health, social, legal or financial problems?	0 – never 4 – once/twice 5 – monthly 6 – weekly 7 – daily/almost daily										

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ASSIST in Action



Jade POLL Question

- What was her methamphetamine Substance Specific Score?
- What was her Risk category?



eASSIST Report

Substance	Risk	Score
Tobacco	Moderate	6
Alcohol	Low	4
Cannabis	Low	0
Cocaine	Low	0
Amphetamine	Moderate	23
Inhalants	Low	0
Sedatives	Low	0
Hallucinogens	Low	0
Opioids	Low	0
Other	Low	0

What do your scores mean?

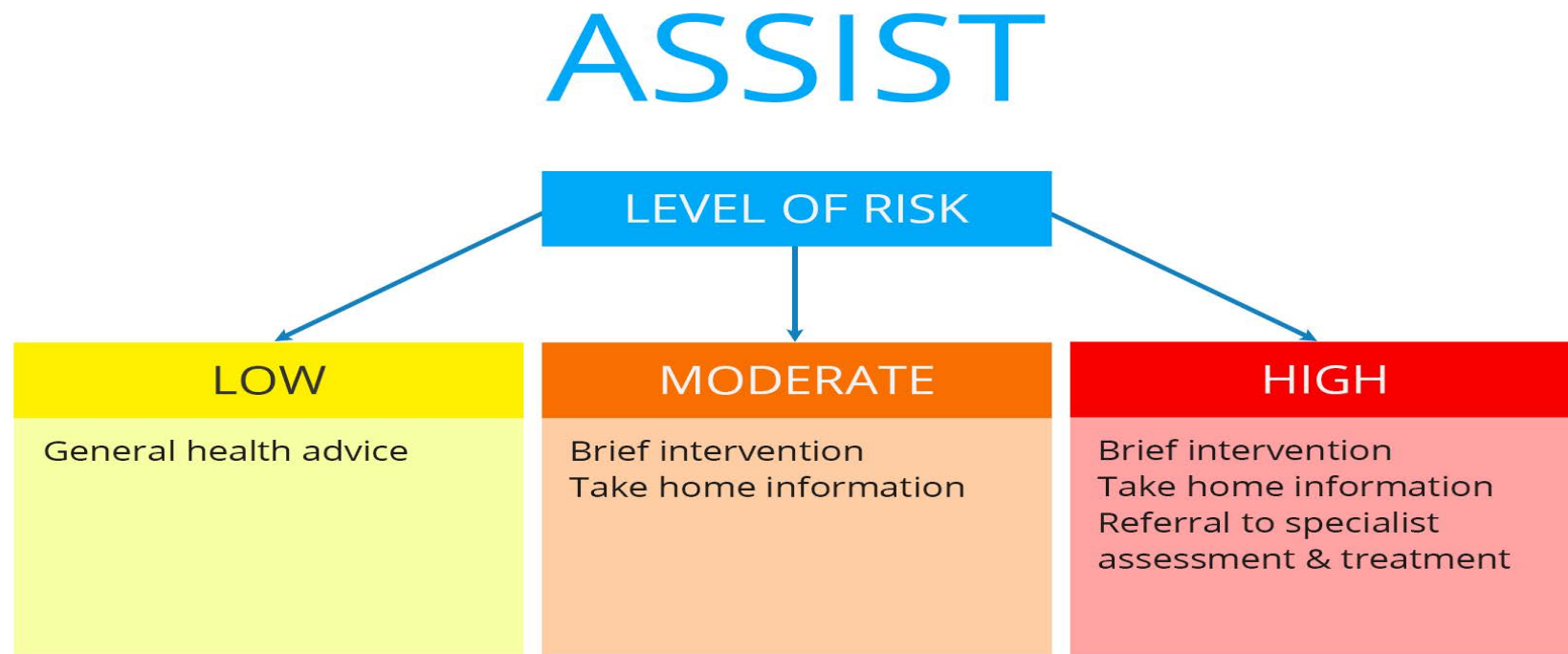
Low:	You are at low risk of health and other problems from your current pattern of use.
Moderate:	You are at risk of health and other problems from your current pattern of substance use.
High:	You are at high risk of experiencing severe problems (health, social, financial, legal, relationship) as a result of your current pattern of use and are likely to be dependant.

Jade (breakout groups)

- What was your opinion of the ASSIST assessment?
 - Style?
 - Content?
- *What next?*





LINKING TO APPROPRIATE INTERVENTION



NB - your clinical/professional judgment is also required

What is the ASSIST-linked Brief Intervention ?

- A simple brief discussion about their ASSIST scores and what they mean
- Intended for clients scoring in 'moderate risk' range
- Not intended for high risk as stand-alone intervention
 - ✓ Use BI to facilitate referral to specialist treatment for assessment
- Read from the ASSIST Feedback Report Card
- Takes as little as 3 mins (usually 5-10 mins)



WHO ASSIST V3.0
Feedback Report Card for Clients

Substance	Score	Risk Level		
Tobacco		0-3 Low	4-26 Moderate	27+ High
Alcohol		0-10 Low	11-26 Moderate	27+ High
Cannabis		0-3 Low	4-26 Moderate	27+ High
Cocaine		0-3 Low	4-26 Moderate	27+ High
Amphetamine type stimulants		0-3 Low	4-26 Moderate	27+ High
Inhalants		0-3 Low	4-26 Moderate	27+ High
Sedatives or sleeping pills		0-3 Low	4-26 Moderate	27+ High
Hallucinogens		0-3 Low	4-26 Moderate	27+ High
Opioids		0-3 Low	4-26 Moderate	27+ High
Other		0-3 Low	4-26 Moderate	27+ High

What do your scores mean?
Low: You are at low risk of health and other problems from your current pattern of use.
Moderate: You are at risk of health and other problems from your current pattern of substance use, both now and also in the future if you continue the same pattern of use.
High: You are at high risk of experiencing severe problems (health, social, financial, legal, relationship) as a result of your current pattern of use and could be dependent.

Are you concerned about your substance use?

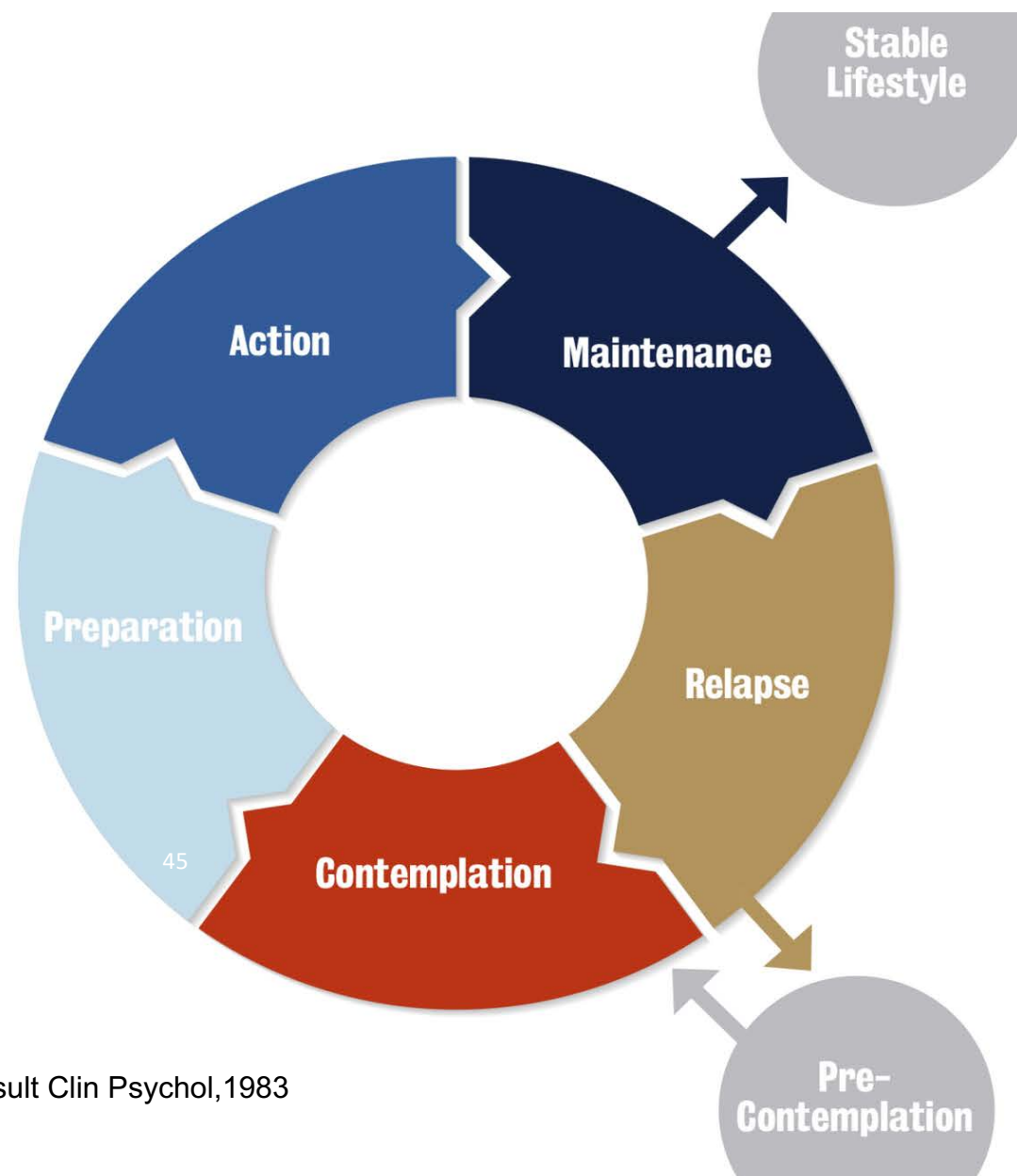
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WHO ASSIST V3.0 Feedback Report Card | AU version December 2021

ASSIST-linked BI is based on ...

The **FRAMES** model of behaviour change *(Sanchez-Craig & Miller)*

- Personalised **Feedback** about ASSIST scores
- Client has **Responsibility** for their choices
- Given simple **Advice** about how to reduce risk associated with substance use
- Given **Menu** of alternative strategies to promote personal choice, goals & control
- Shown **Empathy** which is a potent determinant of client motivation & change
- **Self-efficacy** to instil optimism



Prochaska and DiClemente, J Consult Clin Psychol, 1983

Motivational Interviewing

- Developed to help clients move through the stages of change
- Behavior change is elicited by helping clients to explore and resolve their ambivalence
- MI is done **for** or **with** someone, not **on** or **to** them.

Consider these issues in the video

- What strategies are used?
- What works well?
- What would you do differently?
- Does this reflect your clinical style?

Principles of Brief Intervention



Jade

Poll Question

- What 'stage of change' was Jade regarding her methamphetamine use?



Discussion (breakout groups)

- What strategies were used?
- What worked well?
- What would you have done differently?
- Does this reflect your clinical style?

ASSIST Resources

ASSIST Portal <https://www.assistportal.com.au/>

- Tools (eASSIST, ASSIST Checkup Smartphone app)
- Resources (self help material, BI guide)
- eLearning
- Instruction manuals and videos:
 - *ASSIST with Substance*
 - *ASSIST on Ice*
 - *ASSIST with Youth*
 - *ASSIST-Lite in the ED*
- Bibliography



Health Pathway



Questions?