

Alcohol & Other Drugs Newsletter



EASTER

This year we are progressing with several collaborative projects, one being the Alcohol and Other Drugs (AOD) Shared Care GP Program. This has been a successful project between Sydney North Health Network (SNHN) and the Northern Sydney Local Health District (NSLHD). The Drug and Alcohol Service has provided GPs with access to supervised clinical attachments within inpatient and outpatient units at Royal North Shore Hospital and Brookvale Community Health Centre. Special thanks go to Mark Montebello, Clinical Director NSLHD Drug and Alcohol Services, for facilitating this opportunity. GPs attended different clinic sessions supervised by either an addiction medicine specialist or an addiction psychiatrist. Eight GPs have completed their attachments so far and provided some great feedback.

One GP stated “I learned an awful lot during this attachment. I have referred patients to the Herbert St Clinic for years and only now realise where I am sending patients to! The ‘medicine’ I also learned could not have been as effectively communicated in a better way than this i.e. Personally”.

This will be an ongoing opportunity for GPs who have a specialist interest in addiction medicine and receiving face to face specialist advice and support.

GPs participating in the Shared Care Program also have access to mentoring and a private clinician-only peer support group for case management.

This year an EOI was released to General Practices within Sydney North Health Network to pilot nurse-led clinics for alcohol and other drugs in primary care. An experienced drug and alcohol nurse will operate in a general practice one session per week and support primary care staff by providing care planning, screening, medication advice, education and more.

ALCOHOL SCREENING AND BRIEF INTERVENTION PILOT

We have finalised the Alcohol Screening and Brief Intervention Project with a group of GPs in Northern Sydney. GPs screened patients using the AUDITC alcohol screen and provided verbal advice and information leaflets to eligible patients. More information and early findings are provided in the article below written by Dr Nicole Gouda. Planning is in progress to expand this work into an ongoing quality improvement activity.

SNHN NEEDS ASSESSMENT 2019/22 ALCOHOL CONSUMPTION

The SNHN region has a higher rate of alcohol attributable hospitalisations compared to NSW.

- The region had a rate of 829 per 100,000 (95% CI 811-848) alcohol attributable hospitalisations for 2013/14 compared to 694 per 100,000 for NSW (95% CI 688-700)

Daily drinking declined significantly in Australia between 2010 and 2013 yet in the SNHN region the proportion of the population hospitalised for alcohol-related conditions has increased by an average of 3.6% a year since 2010. Females in the region have the highest rate of alcohol attributable hospitalisations in NSW.

Some useful Links, Resources and Articles

Alcohol and Drug Foundation Preventing harm in Australia

<https://adf.org.au/alcohol-drug-use/>

Drug info. A to Z of drugs.

<https://druginfo.sl.nsw.gov.au/drugs/a-to-z-of-drugs>

Party Drugs: Use and harm reduction. AFP article

https://www.racgp.org.au/download/documents/AFP/2010/August/201008frei_partydrugs.pdf

RACGP Drugs and Alcohol Education <https://www.racgp.org.au/education/professional-development/online-learning/webinars/drugs-and-alcohol/>

Comorbidity Guidelines

<https://comorbidityguidelines.org.au/>

Alcohol and Other Drugs — Webinars

We have launched a series of 8 Alcohol and Other Drugs Webinars. The first three of the series have been placed upon the SNHN AOD webpage.

Topics include

1. Substance use in our community: identifying commonly used substances and their effects
2. Managing AOD and physical health in general practice
3. New and emerging psychoactive substances

The next webinar in the series is on Tuesday 28th May and will be Motivational Interviewing, so please put this in your calendar.

SNHN is committed to supporting GPs and other primary care workers who provide services to patients with drug and alcohol issues.

For further information about Alcohol and Other Drugs Programs or suggestions or anything else contact Debra Clark.

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Acronym index

OTC - Over the counter
OAT - Opioid agonist therapy
OTP - Opioid treatment program
OTAC - Opioid treatment accreditation

POP QUIZ

Since party drugs and pill testing at music festivals are topical at the moment, the pop quiz in this issue will test your knowledge on alternative names for party drugs. Use your link to the A to Z of drugs to identify which name matches which picture.

- 1) Crystal
- 2) Ganga
- 3) Nose Candy
- 4) Microdots



A



B



C



D

Do you know?

....about a service called DASAS (Drug and Alcohol Specialist Advisory Service), that provides phone advice to healthcare professionals on drug effects, withdrawal symptoms, referral options, therapeutics and general management of patients with drug and alcohol issues. It is a 24-hour service staffed by trained medical specialists. A great number to have in your address book for an emergency.

>> T: 93618006 | 1800 023 687

For information about other local alcohol and other drug services in Northern Sydney please [click here](#).

ALCOHOL & OTHER DRUGS LOCAL SERVICES

The SNHN Mental Health Triage provides access to a range of mental health, suicide prevention and alcohol and other drug service. You can see all the services [here](#).



ACON

Provide a Remote access program (Skype or telephone) providing intensive, structured interventions to Lesbian, Gay, Bisexual, Transgender and Intersex (lesbian, gay, bisexual, trans, and/or intersex) people with alcohol and other drug misuse issues.

>> Phone: 1800 063 060



Odyssey House

Provide non-residential day rehabilitation program for adults with alcohol and other drug misuse issues, as well as culturally appropriate services for Aboriginal and Torres Strait Islander people with drug and alcohol misuse issues.

>> Phone 1800 397 739



SDECC

Provide an Intensive non-residential support program for young people aged 14- 25 years with moderate to severe drug and alcohol addiction. Individual counselling, care coordination, group programs and intensive outreach.

>> Phone 02 9977 0711

GUIDELINES UPDATES

In July 2018, NSW Health released updated [Clinical Guidelines for the treatment of opioid dependence](#).

The new guidelines align with national directions and recommendations and incorporate the latest clinical evidence.

The guidelines aim to improve access to opioid treatment by:

- supporting the expansion of the NSW Opioid Treatment Program (OTP) into the primary care sector and;
- increasing involvement of general practitioners (GPs), non-government organisations (NGOs) and community pharmacies

The guidelines seek to ensure patients receive more personalised care by introducing a system that differentiates between those who have low/moderate treatment needs and can be treated in community settings and those with more complex presentations and higher treatment needs and should be referred to and treated in the specialist treatment sector. The guidelines support more effective coordination of care across health services that will enable better outcomes for patients and more efficient use of sector resources.

In 2019, SNHN will work to further support the capacity of primary care providers to initiate and monitor Opioid Antagonist Treatment (OAT) for patients with low to moderate treatment needs and strengthen referral pathways for those with high and complex needs. This work will be supported by collaboration with Northern Sydney LHD through the GP AOD Shared Care Initiative as well as targeted education events.

POP QUIZ ANSWERS

- A Gange
- B Nose Candy
- C Crystal
- D Microdots

SYDNEY DRUG EDUCATION AND COUNSELLING CENTRE

In January this year, Sydney Drug Education and Counselling Centre (SDECC) opened its second location in Christie Street, St Leonards. This new North Shore location complements the existing Manly site, the Hornsby hub and co-located services with the local headspace centres in Chatswood and Brookvale. SDECC counsellors are available at the St Leonards location Monday to Friday.

SDECC provides therapeutic counselling for young people aged 14-25 with problematic AOD use and can support young people with co-occurring mental health concerns. SDECC also offer services to parents and carers of young people who meet the criteria for dependence. From May this year, SDECC will be expanding services to include young people from age 12 upwards.

For information on any of SDECC's services or to make a referral phone 02 9977 0711



SDECC North Shore Service
Suite 4.01
69 Christie St
St Leonards
NSW 2065

The SDECC team at the official launch of the North Shore service on 5th February 2019.

UPCOMING COURSES

Here is some information about available AOD training and education for clinicians:

Opioid treatment accreditation course (OTAC)

For those interested in becoming a registered prescriber under the NSW Opioid Treatment Program, please visit www.otac.org.au

The OTAC course involves a short online Fundamentals Training Course that is truly excellent, a one-day face-to-face session and a half-day clinic attachment.

Sydney North Health Network

Keep abreast of training and education opportunities via the weekly events update. Project opportunities are often sent from the communications department. >> [visit website](#)

RACGP

Courses are frequently advertised on the RACGP website both online and face to face. >> [visit website](#)



ALCOHOL BRIEF INTERVENTION (BI) PILOT IN PRIMARY CARE

Nicole Gouda

Brief interventions are things we say or suggest in a short time frame that motivate an individual to change their behaviour around an issue. As GPs, we are well versed in this practice, and providing information and advice around things like smoking, weight issues and exercise is a basic part of our job.

Our local need assessment showed that Northern Sydney had the highest rate of individuals consuming alcohol daily, and the highest number of female hospitalisations due to alcohol in NSW. With this in mind, the SNPHN conducted a BI pilot involving alcohol screening and behaviour intervention. Fifteen GPs across Northern Sydney participated in the pilot that involved the screening of consecutive adult patients (where possible) with an audit-C (3-question tool). Those that scored 5 or above were given 'brief intervention' which included a few sentences regarding the current guidelines for alcohol, and also offered a range of resources including the Standard pocket drink guide, a small booklet Alcohol: the facts, a tip sheet for cutting down drinking, an alcohol diary and the Pocket guide to a good night out. Patients were then followed up at 8 weeks by phone, email or in person, and the audit C was repeated.

The results gave pause for thought. More than 50% of patients reported they had read the provided material and more importantly, over 50% (for some doctors as high as 65%) showed a reduction in their audit score. This reduction was by around 40% of their initial score.

Feedback from both patients and doctors was very positive; patients were eager to discuss their drinking habits, the audit often sparking a longer narrative as patients unpacked their drinking behaviour, (often far longer than the GPs anticipated and sometimes wanted!) and were keen to learn about the national alcohol guidelines. Misinformation surrounding standard drink size and recommended 'safe' consumption levels was prevalent. The favoured resource taken by patients was the Standard pocket drink guide, a wallet-sized card pictogram (see below), however a range of resources were utilised, suggesting that one size does not fit all.

The most powerful 'intervention' of all was perhaps the audit itself, drawing people's attention to how much alcohol they consumed and allowing a conversation that flowed on to recommended levels based on the current alcohol guidelines.

In my practice, I was surprised by how much I enjoyed the pilot and getting to know my patients better. Despite the fact that they had come to see me for another issue entirely, they frequently thanked me for the pilot as they left. One patient asked if I could please call her every month to check on her alcohol consumption as she found my follow up call the best way to reinforce her alcohol reduction. I even ran out of resources during the course of the pilot as people took extra ones for their friends and family.

At the end of the day, we don't know whether these initial results were sustained past 8 weeks, whether the efficaciousness was due to controlled settings (and may not be effective in the real world), or even if this model is sustainable in a busy general practice, but they were encouraging and gave us something to think about.

For Alcohol BI resources and National guidelines (including alcohol diary, tip sheet, standard drink guide and Alcohol: the facts, please see the SNPHN webpage

<https://sydneynorthhealthnetwork.org.au/mentalhealthtriage/alcohol-and-other-drugs/alcohol/>

Beer		Wine		Spirits	
Light	Full Strength	Red / White	Champagne	Straight	Shot
					
2.7% Alc./Vol	4.6% Alc./Vol	12% Alc./Vol	12% Alc./Vol	40% Alc./Vol	40% Alc./Vol
425ml	285ml	100ml	100ml	30ml	30ml
1.0	1.0	1.0	1.0	1.0	1.0

PHARMACEUTICAL OPIOIDS - WHAT'S THE BIG FUSS?

By Dr Esther Han

In Australia, there has been an increase in morbidity and mortality due to pharmaceutical opioids. Deaths due to pharmaceutical opioid overdose are more than twice that compared to heroin overdose. In particular, we are seeing big rises in fentanyl, oxycodone and methadone related deaths. Approximately, two-thirds of deaths are caused by combined drug toxicity and roughly forty percent of patients were prescribed oxycodone for chronic non-cancer related pain despite the lack of evidence about its efficacy. Pharmaceutical opioid death is more common in men (~60%), in the age group 35-44yo (~25%), unintentional (~55%), with a history of mental illness (~50%), a history of acute/chronic pain (~45%), mainly non-injectors, on multiple sedating medications. Between 1992 and 2012, opioid dispensing episodes increased 15-fold from 500, 000 to 7.5 million per year. The corresponding cost to the Australian government increased 32-fold from \$8.5 million to \$271 million/year. From 1998 - 2009, the number of opioid-related hospitalisations more than doubled. The NSW police data shows that pharmaceutical opioid detections by police were twice as likely in 2009 compared to 2001 (no exact figures given).

The rise of pharmaceutical opioids is due to growing demand from different groups of people - patients with cancer, survivors of cancer, patients with chronic non-cancer pain and those who use them for non-medical purposes, e.g. euphoric effects. Other reasons for the increase are our ageing population, the aggressive promotion of potent analgesic drugs by the pharmaceutical industry, undertreated mental health issues, healthcare system factors and cultural factors including changing community expectations of living with chronic pain. Systemic factors contributing to the rise include lack of hospital discharge planning, difficulty accessing comprehensive pain management services and limited access to drug & alcohol treatment including opioid substitution therapy.

Possible solutions to Australia's pharmaceutical opioid problem are to incorporate real-time nation-wide prescription drug monitoring systems available to GPs, emergency departments and pharmacies. We could regulate opioids across different jurisdictions to minimise individuals seeking drugs across state/territory borders. Further research into pharmaceutical opioid use and harms in Australia is definitely needed. More education for prescribers, especially junior doctors and GPs about evidence based management of chronic pain and opioid substitution therapy. The NSW Ministry of Health has increased the number of patients a non-accredited prescriber can prescribe buprenorphine +/- naloxone for opioid dependence in order to help address this problem. This is a worldwide problem with the United States having the largest per capita problem in terms of non-medical use of pharmaceutical opioids with Canada following closely behind. From 2005 - 2007, drug-induced deaths were second only to motor vehicle fatalities in the U.S. If Australia does not want to follow in America's footsteps we must take action now.

