



Alcohol & Other Drugs Newsletter

Summer 2019 – Women and Families

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HOT TOPICS



Welcome to the summertime edition of the Alcohol and Other Drugs (AOD) Newsletter with a focus on 'Women and Families'. For this newsletter we asked GPs and front-line experts from services working in the AOD field to share their perspectives, experience and knowledge, and hope you enjoy their articles as much as we have. Updates include the new Naltrexone vs. Topiramate Double Blind Clinical Trial conducted by RNSH Drug and Alcohol Service for patients wishing to commence pharmacotherapy, and a catchy way to remember who to





call when you need drug and alcohol advice. I thank all contributors for collaborating so willingly and providing such enjoyable articles.

New Opportunities with Sydney North Health Network (SNHN)

Drug and Alcohol Supervised Clinical Attachments

Supervised Clinical Attachments with Addiction Specialists at the Northern Sydney Local Health District (NSLHD) are available for GPs willing to participate in Alcohol and Other Drugs (AOD) shared care. 40 Category 1 CPD points (by self-notification) are available on completion of 10 hours of training with remuneration at \$150 per hour. To register your interest click [here](#) or for more information contact Pat Simmonds – psimmonds@snhn.org.au – or 02 9432 8256.

2020 Alcohol Brief Intervention Initiative

Sydney North Health Network (SNHN) is seeking expressions of interest from GPs willing to contribute to a knowledge base on alcohol interventions in general practice. We need GPs with a diverse range of experience on this issue to ask patients about their alcohol use and help them minimize harm from alcohol.

For the purposes of this project there is no patient follow-up or specified screening tool, and no identifiable patient data will be collected. GPs are asked to complete an online Reflections Survey about their interactions with patients (what was effective, lessons learned, difficulties encountered). This will be de-identified and shared with participating GPs to accelerate learning and compiled to form a knowledge base to inform future work on addressing alcohol risk reduction.

Aims: include improving understanding of how GPs can routinely address alcohol harms given the competing priorities in consultations and improving the GP and patient experience when identifying alcohol use and risks in general practice.

Remuneration: GPs will be remunerated \$600 on completion of the program.

Dates: 4-month programs beginning February 2020.

To register your interest click [here](#) or for more information contact Pat Simmonds psimmonds@snhn.org.au or Ph.9432 8256.



Alcohol and Other Drug Education

- **6 February 2020: Fetal Alcohol Spectrum Disorder (FASD) in General Practice, Roseville Golf Club 6.30 – 9pm.** Speakers: Dr Con Papadopoulos Snr Staff Specialist Paediatrician, Director, Child Development Service, RNSH, and his team. This workshop will emphasise the importance of pre-pregnancy education on the risks of alcohol and includes the new guidelines, debunking old myths, prevalence, impact and support pathways, and most importantly how GPs can manage suspected FASD.

Registration information will be available soon.

- **2-Part Smoking Webinar Series with Renee Bittoun**
 - **Webinar 26 February 2020 Part 2: 'How to manage smokers: drop the word quit' 7.30pm - 8.30pm.** Click [here](#) to register. In this two-part series, renowned expert Associate Professor Renee Bittoun looks at evidence-based interventions for smoking cessation that are based on individual needs.
 - **Webinar recorded 27 November 2019 Part 1: What we know about smoking today: Who, what and particularly why do people smoke?** Click [here](#) to watch the webinar and click [here](#) for the slides.



Articles

Alcohol and behavioural intervention in general practice

Dr Nicole Gouda

Alcohol consumption is the second leading cause of preventable mortality and morbidity in Australia. The direct health and indirect costs are estimated at \$15 billion per year. More than 5000 Australians died from alcohol related causes in 2015. In Australia, one person dies every 90 minutes on average, and someone is hospitalised every 3.5 minutes from alcohol related causes. Alcohol consumption above recommended levels increases the risk for more than 60 different diseases, including liver disease, mental disorders, hypertension, obesity and cancers.

Systematic review of clinical preventative health strategies in the USA ranks screening and brief intervention (counselling) for problem drinking to be equivalent on health impact and cost effectiveness as colorectal cancer screening, and higher than that for cervical cancer and breast cancer screening.

About 85% of the Australian population access primary care each year and there is evidence that this setting can be effective in reducing alcohol consumption by an average of 4 standard drinks a week.



A brief intervention (BI) in the context of alcohol is a treatment strategy of short duration that is designed to facilitate health behaviour change and motivate an individual to reduce their alcohol use to safe levels. In a practical sense, it means raising the subject, giving feedback on harms, evaluating motivation and helping the patient set goals. A recent pilot conducted by the Sydney North Health Network (SNHN) showed that BI could reduce the AUDIT-C score by 40% at 2 months.

There are many barriers to offering screening and BI in general practice including lack of awareness of guidelines, poor confidence around providing information and counselling, competing health priorities and time constraints, sensitivity around discussing drugs and alcohol, and lack of support for more complex issues. The Sydney North Health Network wish to address these barriers and support GPs in providing BI for their patients with alcohol misuse and address this costly and important health issue. Stay tuned for more information in 2020.

Fetal Alcohol Spectrum Disorder (FASD)

Dr Nicole Gouda

Fetal alcohol spectrum disorder (FASD) is a diagnostic term used to describe the **physical, cognitive, behavioural and neurodevelopmental impairments** that may occur as a result of maternal drinking during pregnancy and can be diagnosed at any stage of life. It is universally acknowledged that alcohol adversely affects the developing brain and the condition is more common in, but not exclusive to, children of mothers who drink at high levels.



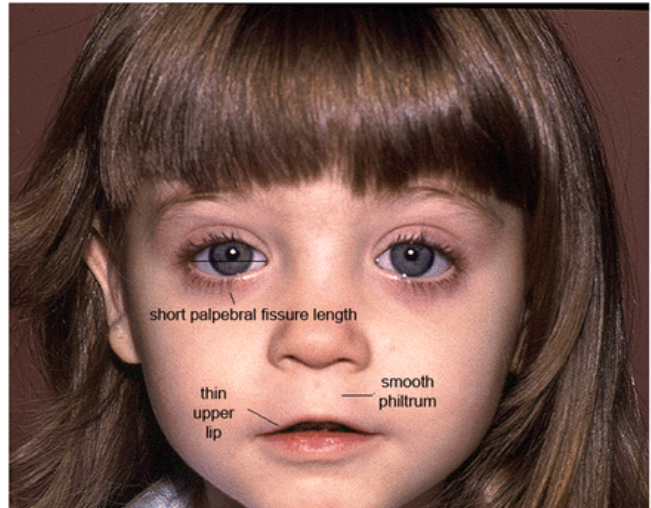
The prevalence of FASD in Australia is unknown but is suggested at around 2 percent. It is the **leading cause of preventable birth defects and intellectual disability** globally. The average life expectancy of a person with FASD is only 34 years of age. The condition has lifelong consequences and can lead to substance use and mental health issues as well as difficulties accessing education and employment.

Children present with issues similar to those with Autism Spectrum Disorder (ASD), Attention deficit hyperactivity disorder (ADHD), or other behavioural and learning issues, and are commonly (and easily) misdiagnosed.



Diagnosis is complex and ideally requires a multidisciplinary team. However, there are few FASD specialists and long waiting lists, so it is important for GPs to have some knowledge of the condition. It is important to accurately diagnose this condition as therapy is dependent on correct diagnosis and expectations for outcomes will differ from children with other neurocognitive conditions.

The **Australian guidelines** (see link below) divides the condition into 2 categories; those with 3 sentinel facial features (small palpebral fissure, smooth philtrum, thin upper lip- see diagram below), and those without. The person must have severe impairment in at least 3 neurodevelopmental domains (e.g. memory, attention, motor skills, language, cognition, executive functioning, affect regulation).



Sentinel facial features of FASD

With this condition in mind, it's important for us to routinely ask about alcohol in pregnancy, inform women that no amount of alcohol is considered safe, identify women who are at risk, and refer if needed to the [Substance Use in Pregnancy and Parenting Service \(SUPPS\)](#).

For more information attend the workshop on **Fetal Alcohol Spectrum Disorder (FASD) in General Practice, Roseville Golf Club, 6 February 2020, 6.30 – 9pm**. Registrations open soon.

For further information:

[SNHN HealthPathways Site](#)

The following Pathways are available:

- Developmental Concerns in Children
- Developmental Milestones for Children
- Behavioural Concerns in Children and Youth
- Alcohol
- Addiction and Drug Misuse Requests

Australian Guide to the diagnosis of FASD

https://www.fasdhub.org.au/siteassets/pdfs/australian-guide-to-diagnosis-of-fasd_all-appendices.pdf

FASD hub — <https://www.fasdhub.org.au> – information for health professionals including current evidence-based tools, referral services and research.

NOFASD — <https://www.nofasd.org.au> – resources and support for families and health professionals



Cicada centre NSW – Multidisciplinary assessment /care service (the children's hospital, Westmead) - <https://www.schn.health.nsw.gov.au/find-a-service/health-medical-services/cicada-centre-nsw>

Child Youth Family Health Service
<https://www.nslhd.health.nsw.gov.au/CYFH/Pages/default.aspx>

Hep C - DID YOU KNOW?

- There are approximately 140,000 cases of chronic untreated hepatitis C in Australia.
- 75% of those with chronic untreated hepatitis C will develop fibrosis of the liver, and up to 30% will develop cirrhosis
- Treatment has a 95% cure rate. It is simple, well tolerated, on the PBS and can be prescribed by a GP.
- To find out more visit [ASHM](#) and [Hepatitis NSW](#).
- Stay tuned for more from SNHN on Hep C in the new year.





Pop Quiz

1. The Department of Health estimates the cost of direct and indirect health costs due to alcohol in Australia per year is:

- 50 million dollars
- 5 billion dollars
- 15 billion dollars and potentially more than the cost of diabetes

2. FASD stands for:

- fetch another standard drink
- fetal alcohol syndrome disease
- fetal alcohol spectrum disorder

3. It is estimated that FASD prevalence in school age children in western countries is in the order of:

- 0.1%
- 1%
- 2-5%

4. How many minutes does it take for the brain to react to alcohol?

- 2 minutes
- 6 minutes
- 12 minutes

Answers on p.11

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Wine and Women

Melise Ammit, Clinical Nurse Specialist, CDAN. Drug & Alcohol- Northern Sydney Local Health District

New: Nurse-led alcohol clinic at Brookvale Community Health Centre. This clinic offers outpatient alcohol intervention including free medicated withdrawal treatment, brief interventions, pharmacotherapies and development of referral pathways for ongoing treatment to help people safely cease or reduce their alcohol use. People can self-refer or be referred by their GP. To make an appointment with the clinic nurse: Ph 9388 5111 or Mb 0407 896 395.

The gender gap has narrowed when it comes to alcohol use. Drinking and drunkenness has traditionally been male dominated. However, over the past decade women who drink at hazardous levels have increased so that in some age groups parity has been reached.



Harmful alcohol use in women, especially in the age group 45-59, is a growing trend. Figures from the Northern Sydney Local Health District show that alcohol-related Emergency Department presentations in this cohort are nearly as common as men.

Reasons for this trend abound. For example, to relieve the stress or boredom of homemaking, to alleviate

negative affect, to assert identity beyond traditional roles and responsibility, and as a way to relive a more carefree time in their lives.

The physical effects of alcohol on the liver, brain and heart are well documented. Women experience more adverse physical effects from harmful alcohol use over a shorter time than men due to biological factors, such as smaller livers and body water needed to metabolise the water-soluble molecule, alcohol. However, it is the psychological, social and emotional impact that dominates in the women I have seen in both inpatient and outpatient settings.

Women are more likely to experience negative health consequences. They are more likely to have primary responsibility for care giving, experience more socio-economic disadvantage, have lower levels of self-esteem and experience more stigma around alcohol use. Double standards persist with traditional gender-based roles and the view of women as caretakers. While men with alcohol use disorders are more likely to exhibit denial, females are more likely to experience guilt and shame.

A special type of humiliation and public shaming is reserved for mothers who drink, as many tabloid media headlines will attest. I recall a 48-year-old woman sobbing and distressed, not by the fact she was in ICU and had no recollection of how she got there, but from overhearing the staff discussing her unfitness to be a mother and a 'how could she' judgmental conversation at the nurse's station. This is a common story, though one I have never heard in relation to a drinking man's ability to parent.

Why is this important? Because women will seek treatment for almost all other health issues other than alcohol use disorders.

Social criticism of women who drink continues the stigmatisation that reduces the number of women seeking treatment. This in turn reduces the opportunity for gender specific research that then affects the quality of treatment options for them. Women are under-represented in alcohol use research and their voices are needed to develop recovery orientated systems.



Gender-sensitive treatment can address the specific needs of women and promote their strengths such as stronger peer links and shared experiences. They have ability to survive horrific experiences and respond well to interventions that promote self-reliance and self-affirmation.

In the first months of the new nurse-led Outpatient Alcohol Clinic at Brookvale, women clients dominated. While only one woman was treatment naive, 80% were in their fifties. Initial feedback shows that accessibility to a discreet service that offers gender-sensitive care has a positive effect on reducing harms from alcohol use in this cohort.

Reference list available on request. Contact Pat Simmonds:
psimmonds@snhn.org.au

New Drug Trends Among Young People

Belinda Volkov, Sydney Drug Education and Counselling Centre (SDECC), Clinical Coordinator BSocSc (Drugs AI & Add) MSocSc (Addiction)

With all of the media attention on drugs like methamphetamine, particularly in the form of “ice”, it’s easy to not recognise new trends amongst young people who use substances. In recent years SDECC has had an increase in young people disclosing using and abusing pharmaceutical drugs, in particular benzodiazepines (e.g. diazepam and alprazolam). The pattern of deliberately mixing benzo drugs with alcohol has become more common and has resulted in the increased risk of overdose and/or engaging in risky behaviour which sometimes results in injury or death.



This increase is also being seen generally via other reporting systems i.e. annual overdose report and NDARC reports, e.g. IDRS and EDRS, which also show increased trends in the use, abuse and fatalities. Anecdotally we are informed by young people that they get these drugs via diverted prescriptions, looking through family medicine cabinets where old medicines may not have been discarded and via the dark web. In nearly all cases of benzodiazepine overdose, the mixing of alcohol has been the cause – this is due to the combining of two depressant drugs. Mixing these drugs increases the risk of respiratory distress as well as putting people at risk of accidents and compulsive activities including suicide.



Engaging and Supporting Young People

Michelle Comito, Coordinator, Family & Youth Support Services. Naremburn & Northern Beaches Family Centre

According to Mission Australia's national 2018 youth survey, which surveyed 28,286 young people, the top issues identified in Australia today for young people are mental health, alcohol and drugs and equity and discrimination. As health and welfare professionals how can we assist in these areas? We could possibly ensure that during our sessions with young people we are doing what we can to eliminate stress or anxiety, providing education around health and treating young people equally.

If we listen to young people, we are hearing that they want to feel safe, heard and needed. These needs can be incorporated in the different ways adults and professionals engage and support young people.

When young people seek medical assistance, as adults and professionals we should ask ourselves:

- How can I make this young person feel safe?
- How can I ensure I listen to the young person and let them know I have heard them?
- How can I assure the young person that their needs are important?

These can be some of the fundamental tips an adult or professional can work from in order to work towards positive outcomes with young people.

Some barriers or fears young people may face when needing to access GP's or health professionals:

- Fear that parents will find out (*example could be a sexually active young person*)
- Fear of the police knowing and getting into trouble (*example could be a young person who has taken illegal drugs*)

Questions young people may be thinking but not asking and therefore feeling anxious:

- Am I going to die if I took this illegal drug or mixed certain drugs?
- Are you as my doctor going to tell the police I took illegal drugs?
- Are you as my doctor going to tell my parents that I took illegal drugs or that I had sex?

If we are aware of possible worries, it can help us to be transparent and open with information to ensure young people feel safe.





Pop Quiz Answers

1. The Department of Health estimates the cost of direct and indirect health costs due to alcohol in Australia per year is:

- **15 billion dollars and potentially more than the cost of diabetes**

2. FASD stands for:

- **fetal alcohol spectrum disorder**

3. It is estimated that FASD prevalence in school age children in western countries is in the order of:

- **2-5%**

4. How many minutes does it take for the brain to react to alcohol?

- **6 minutes**

Naltrexone vs. Topiramate Double Blind Clinical Trial

Claire Adams, Research Assistant, THE UNIVERSITY OF SYDNEY Central Clinical School Faculty of Medicine and Health

This year, RNSH Drug and Alcohol Service are offering an exciting new clinical trial for individuals with alcohol use disorder. The main aims of the study are to evaluate the clinical effectiveness, tolerability and cost-effectiveness of topiramate compared to active control naltrexone. A genotyping sample is also obtained from patients to determine whether the GRIK1/OPRM1 allele moderates a patient's response to topiramate.

The treatment programme involves 3 months of free medication (either naltrexone 50mg or topiramate 200mg), weekly medical appointments with the addiction specialists, frequent blood tests to monitor LFTs and the opportunity to participate in counselling for all patients while on the trial. Patients also receive brief medical management sessions which help maximise medication adherence and follow up appointments are arranged with the treating clinician post-trial as a standard of care for all research patients. Through this trial we hope to create a more supportive environment for patients wishing to commence an alcohol pharmacotherapy and encourage patients to either maintain abstinence or reduce their drinking.

For more information or to refer a patient please call or text 0459 877 108. Patients can also self-refer using the above number or email sydneyalcoholtreatmentgroup@gmail.com.



Who to call for D&A advice/help

Dr Esther Han

To the tune of the Ghostbusters theme song

*If your patient's drinking harmfully
Who you gonna call?
Northern Sydney!*

*If their liver function
Just don't look good
Who you gonna call?
Northern Sydney!*

*I ain't afraid of the phone
If they're using drugs
And they cannot stop
Who you gonna call?
Northern Sydney!*

*If you're all alone
Pick up the phone
And call
Northern Sydney!*

I ain't afraid of the phone



Earlier this year, one centralised intake phone number for ALL public drug and alcohol services in Northern Sydney was launched! That number is:

1300 889 788

- Option 1 – outpatient services
- Option 2 – inpatient services
- Option 3 – opioid treatment program
- Option 4 – advice for medical professionals and all other enquiries

This includes our inpatient unit commonly known as Herbert Street Detox, Hornsby Hospital, Royal North Shore, Ryde, Brookvale and Mona Vale Community Health Centres.

GPs and other medical professionals can call and speak to a D&A specialist for advice on drug and alcohol issues during business hours 8:30am – 5:00pm Monday to Friday. After hours and on weekends the calls will go through to the D&A Specialist Advisory Service (DASAS).

Patients can call and self-refer for outpatient drug and alcohol counselling including gambling, the Magistrates Early Referral into Treatment (MERIT) Program, Substance use in Pregnancy and Parenting Services (SUPPS), inpatient



withdrawal management or for our opioid treatment programs. They will require a GP referral to attend our outpatient medical clinic.

I look forward to hearing from you soon ☺



Support services

Sydney North HealthPathways

[Sydney North HealthPathways](#) is a health information portal for GPs, but also accessible by all health workers in the region. It is not accessible by the public. For access to HealthPathways and its comprehensive lists of services, contact the team at healthpathways@snhn.org.au for a username and password.

For lists of women and family-related support services, type in the search field:

- Drug and alcohol support
- Family and community support
- Domestic and family violence support

GP Referral Options for FASD

- [Child and Family Health Nurses NSLHD](#)

This service offers developmental and behavioural screening following concerns arising from “Learn the Signs. Act Early” in the Blue Book.

- [NSLHD Community Paediatrics](#)
 - Hornsby Community Health Centre Ph 9987 3044
 - RNS-Ryde Community Health Building Ph 9462 9200
 - Northern Beaches Dalwood Children’s Services Ph 9951 0300

For children 0-16 with developmental and behaviour problems

- [Family Referral Service](#) Ph 1800 066 757
- [The Child Development Service](#)

L2, Community Health Centre

2C Herbert St, St Leonards NSW 2065 Tel 02-9462 9288

Email NSLHD-CDS@health.nsw.gov.au website
www.nslhd.health.nsw.gov.au/CYFH



Tertiary multidisciplinary assessment for children 0-5 across the NSLHD, where developmental concerns are more serious or complex in nature, especially where early intervention doesn't appear to be working well.

Alcohol and Other Drugs Local Services

- [Northern Sydney Local Health District – Drug & Alcohol Services Directory](#)

Inpatient, outpatient, Opioid Treatment Programs, Magistrates Early Referral into Treatment (MERIT), counselling services including gambling, medical clinics (GP referral required), specialist nurse-led clinics, [Substance Use in Pregnancy & Parenting Service \(SUPPS\)](#)

Local Counselling Services

- [DAYSS – Drug and Alcohol Youth Support Services](#)

A free and confidential service for 12 – 24-year olds in the Northern Beaches area. Offering one-on-one support, case management, counselling or mentoring. Staff can meet young people and/or parents at home, school, at our family centre or in a public place and work with young people or their parents/guardians experiencing substance abuse or immediately surrounded and effected by use. DAYSS deliver a range of outreach services including street work where they are out and about in outdoor locations providing young people with free food/water and support to ensure they are safe. PH: (02) 8425 8700 or M: 0481 602 057.

Sydney North Health Network (SNHN) Commissioned Services

SNHN funds these organisations to provide free services for patients who meet eligibility requirements.

- [ACON](#)

ACON – Substance Support Counselling

Face-to-face in Surry Hills and remote access program (Skype or telephone) providing intensive, structured interventions within a harm reduction model to Lesbian, Gay, Transgender and Intersex people with alcohol and other drug misuse issues. Up to 12 sessions with the ability to extend.

To access the program call **1800 063 060**.

- [SDECC](#)

SDECC – AOD Intensive Support Program

Non-residential day rehabilitation, including individual counselling, care coordination, group programs and intensive outreach for people aged **14-25**



years Services are available in Chatswood and Manly.
To access the program call **(02) 9977 0711**.

- [Odyssey House](#)

Odyssey House Community Services – Drug & Alcohol Counselling

Non-residential day rehabilitation for **Aboriginal and Torres Strait Islander adults over 18 years old**, including individual and group counselling, support to family members of people who have an addiction. Services available in Chatswood and Manly. To access the program call **1800 397 739**.

Odyssey House Community Services

Non-residential rehabilitation for **adults over 18 years old**, including individual and group counselling, support to family members of people who have an addiction. Services available in Chatswood and Manly. To access the program call **1800 397 739**.

- [GP referral for SNHN Social Work Services](#)

SNHN funds two social work services to assist GPs and their patients,

- [Primary and Community Care Services \(PCCS\)](#). For more information phone (02) 9477 8700
- Community Care Northern Beaches (CCNB) [GP Social Work Connect](#) program. For more information phone 1300 002 262.

These organisations can support GPs in preventing the need for hospital admission, or re-admission, for patient's living with chronic or complex health care conditions. The services assist patients to improve their health and wellbeing, navigate the health system, and access support they need.

