



Alcohol and Other Drugs Newsletter

Spring 2020 Edition

Welcome to the springtime edition of the Alcohol and Other Drugs (AOD) Newsletter with a focus on new and updated resources and timely changes.

I thank all contributors for collaborating so willingly and providing such enjoyable articles. If you have an article you would like to contribute, or topics to suggest, for the Summer or Autumn editions, please contact Pat Simmonds at psimmonds@snhn.org.au.

Contents

In November	2
Articles	2
Cutting Edge or Cowboy country? The use of psychedelics in the treatment of mental health conditions.....	2
Alcohol and Breast Cancer	4
Survey reveals 'Women & Wine o'clock' culture is strong on the Northern Beaches.	5
Woman-focused alcohol brief intervention.....	6
Alcohol and Men: What recent population data tells us.....	7
Next Level Client Centred Care - Kedesh	8
Involuntary Drug and Alcohol Treatment	9
Intranasal Naloxone	10
2019 National Drug Strategy Household Survey (NDSHS) Summary.....	11
New mandatory pregnancy-warning labelling for alcoholic beverages	12
Draft Australian Guidelines to reduce health risks from drinking alcohol.....	13
GP Guide to harm minimisation for patients using non-prescribed anabolic-androgenic steroids (AAS) and other performance and image enhancing drugs (PIEDs)	14
Further reading	15
Opportunities & Education	15



In November

[Addicted Australia](#) is a four-part SBS documentary series to air weekly at 8.30pm from Tuesday 10 November 2020.

SBS is putting the spotlight on Australia's addiction crisis in a new landmark documentary series.

- **Around one in 20 Australians has an addiction or substance use problem.**
- **One in six Australians (17%) consume alcohol at levels placing them at lifetime risk of an alcohol-related disease or injury.**
- **Australians are the world's most prolific gamblers based on per capita spending. In 2016, Australians lost more money per person (an average of \$1220) than any other developed country.**

The series will be rated Mature Audience (MA15+) and cover alcohol, gambling and drug addiction, treatment (including peer and family support) as well as address the social issues that worsen the stigma and isolation associated with addiction.

[Rethink Addiction](#)

To build on the Addicted Australia series, [Turning Point](#) has initiated [Rethink Addiction](#), a campaign group of organisations dedicated to changing Australia's attitude to stigma, addiction, and treatment. It calls on key decision makers to address addiction as a national priority.

To view Turning Point's ***Alcohol and Drug Withdrawal Guidelines 2018*** click [here](#).

Articles

Cutting Edge or Cowboy country? The use of psychedelics in the treatment of mental health conditions.

There is a growing interest in the field of psychiatry in the use of psychedelic drugs such as psilocybin, lysergic acid diethylamide (LSD) and 3,4-methylenedioxymethamphetamine (MDMA) as a means to treat a range of mental health conditions including post-traumatic stress disorder, obsessive compulsive disorder, severe resistant depression, cancer related anxiety and substance use disorder.

How they work therapeutically

The term psychedelic comes from the Greek *psyche* (mind) and *dēlos* (clear). Psychedelic drugs activate serotonin receptors (5HT) in the prefrontal cortex. It is thought that the increase in firing in particular neurons leads to integration of signalling in different parts of the brain and a subsequent reduction in symptoms of depression and anxiety. Psychedelic drugs however have complex pharmacologies and affinity for multiple neurotransmitter receptors; the neuronal mechanisms responsible for the psychedelic actions of hallucinogens remain controversial and are not fully understood.



Psychedelic assisted psychotherapy (PAPTx) involves the use of psychedelics under supervised psychotherapy to achieve what some describe as 'rebooting' the brain. The carefully screened and selected patient undertakes several therapy sessions with an experienced therapist. This is followed by 1-3 medication-assisted therapy sessions with 2 therapists that last for a whole day and are conducted in a safe environment until it is considered appropriate for the patient to go home.

Why now?

The re-evaluation of these drugs as potential therapeutic agents has arisen from stagnation in the development for new therapies for depression and anxiety over the past couple of decades. Conditions such as post-traumatic stress disorder and obsessive-compulsive disorder (which have particularly low treatment response rates and are typically less common than other axis 1 diagnoses), have even less agents in the pipeline for potential new drug development. This, combined with the facts that many existing pharmacotherapies have multiple side effects making long-term use problematic and that complete medication remission is far from universal, has opened the door for people to consider psychedelic assisted psychotherapy (PAPTx). The desire to treat mental health conditions completely rather than committing patients to life-long medication is another important factor in the willingness of the medical community to consider psychedelics.

Where's the evidence?

While naturally occurring psychedelics such as psilocybin have been used for thousands of years as 'medicine', research into the use of psychedelics (natural or synthetic) for depression (and also alcohol addiction), began in the 1950s in the US. This research was shut down in the 1960s during the Nixon regime when the 'war on drugs' took hold. In the past decade however, there has been renewed interest across the globe and an increased ability for researchers to further study these drugs as possible therapeutic agents for mental health conditions.

A study in 2011 was conducted by a group of Swiss researchers to look at efficacy and safety of LSD and PAPTx in patients with anxiety in the context of a life-threatening illness. Results supported positive trends in reduction of anxiety after two sessions of LSD-assisted psychotherapy and no drug-related severe adverse events. A similar study looked at the PAPTx for patients with treatment resistant depression in the UK finding significant symptom improvement after 2 treatments despite limited conclusions about treatment efficacy due to lack of randomised control trials (RCT). In the past decade, the use of psilocybin-assisted psychotherapy has also been studied in patients with treatment resistant depression with promising results without any major adverse effects.

A pilot study in 2011 into MDMA (a synthetic drug not traditionally considered a psychedelic drug but containing psychedelic properties), for patients with chronic, treatment-resistant PTSD showed substantial reduction of symptoms in the MDMA-assisted psychotherapy group compared with the non-medicated group, by enabling patients to reprocess trauma in a safe environment.

Good quality evidence from around the world to date has been limited by drug accessibility (regulation and procurement issues due to their illicit nature), the inability to conduct adequate placebo controlled RCT and concerns around drug safety. There have been very few reported serious side effects to date; however, safety appears high and drug dependency low.



Where things are at

The multidisciplinary Association for Psychedelic Studies (MAPS) in the US was recently granted approval for an Expanded Access Program by the US Food and Drug Administration (FDA) for MDMA-assisted psychotherapy for people with serious and life threatening treatment resistant PTSD for 35 patients. Closer to home, St Vincent's hospital in Melbourne has begun conducting a psilocybin trial for patients in palliative care with end of life depression and anxiety.

There is still much to learn about the effects and potential use of psychedelics as evidence-based treatment for mental health conditions, but the potential for them to change old treatment paradigms is hard to ignore. Paradoxically, their use may enable some specific groups of people to live drug free, happier and healthier lives.

References on request.

By Dr Nicole Gouda MBBS FRACGP, SNHN AOD Clinical Lead.

Alcohol and Breast Cancer

October, breast cancer awareness month, brings food for thought regarding the importance of addressing breast cancer risk alongside alcohol consumption in our patients.

Alcohol, a group 1 carcinogen (in the same group as asbestos) is known to be a risk factor for breast cancer.

Evidence from prospective studies in both pre-menopausal and post-menopausal women report a dose response association between chronic alcohol consumption and breast cancer. They further indicate that increasing levels of alcohol consumption confer an increased risk of breast cancer in both groups.

Additionally, researchers have found that less than one standard drink a day could lead to a relapse in breast cancer in survivors.

The mechanism is possibly due to alcohol's DNA damaging effect (by increasing acetaldehyde production causing DNA mutation) as well as the potential for it to increase oestrogen levels.

Compared to women who don't drink at all, women who have three alcoholic drinks per week have a 15% higher risk of breast cancer.

The growing body of evidence of the risk of alcohol consumption and breast cancer (and indeed other cancers) is one of the many facts informing the revised *Australian Guidelines to reduce health risks from drinking alcohol 2020* which will recommend lowered levels of alcohol consumption compared with previous guidelines to prevent alcohol related health issues.

By Dr Nicole Gouda MBBS FRACGP, SNHN AOD Clinical Lead



Survey reveals 'Women & Wine o'clock' culture is strong on the Northern Beaches.



For more information on the Women & Alcohol Project visit www.nshealthpromotion.com.au

A survey has revealed that fifty six percent of women aged between 35-59 years living on the Northern Beaches believe there is problematic drinking among women in their age group in the area.

In fact, ninety seven percent of women surveyed drank alcohol, with sixty eight percent being either a moderate-risk or high-risk drinker. Most reported using alcohol for enjoyment, socialisation and to cope with stress from the complexities and pressures of life.

The Women & Alcohol Survey was conducted by Northern Sydney Local Health District (NSLHD) earlier this year and delved into the experience and feedback from 583 local women.

The alcohol issue first came to the attention of researchers when local data showed that NSLHD had the highest number and rate of alcohol attributable hospitalisations in NSW between 2017-18. Moreover, women aged 35-54 years were over-represented in these figures and specifically women on the Northern Beaches were 40% above the NSW rate.

"While hospitalisation data is thought to be inflated by the number of private hospitals in Northern Sydney, our women are increasingly exceeding the NHMRC Australian Risk Drinking Guidelines and are accessing local drug & alcohol services in increasing numbers. All of these data sources point to an increasing level of alcohol related harm among Northern Beaches women" said Health Promotion Officer, Rebecca Macnaughton.

"We spoke with local women via focus groups in 2019 to explore the issue and get a clearer picture of the main concerns before undertaking the survey."

The survey found women predominately drank alcohol in social situations with sixty one percent drinking in the home environment. In addition, eighty one percent of women reported all gatherings they attended had alcohol present.

"Even more concerning was that sixty per cent of women said all child-orientated gatherings they attend had alcohol available," explained Rebecca.

Despite alcohol playing a large role in women's lives, nearly forty per cent of moderate-risk drinkers and almost sixty per cent of high-risk drinkers have a desire to reduce their consumption of alcohol.

This desire to reduce drinking is good news for our Health Promotion team which is now investigating strategies to help address the 'women and wine o'clock' culture on the Northern Beaches.

General Practitioners and other Health Professionals can take action now and refer patients to the NSW Get Healthy Service for support to reduce their alcohol intake. The Service is designed to help people drinking at moderate to risky levels, who want to make a change and need support to do so. Participants are matched with a university qualified health coach with specialised training in alcohol reduction. They provide non-



judgmental health coaching, practical tools and information based on the latest evidence. The alcohol reduction program initially offers 4 coaching calls, but participants can re-enrol if they need ongoing support. Referring health professionals can also receive updates from the service on their patient's progress, a valuable resource to further support patients at the practice level. Visit www.getthehealthynsw.com.au for more information, resources and referral

By Rebecca Macnaughton Health Promotion Officer, NSLHD Health Promotion

Woman-focused alcohol brief intervention

Brief interventions (BI) typically target individuals using alcohol at risky levels before they develop a dependence disorder. They aim to identify a real or potential alcohol use problem and motivate the person to do something about it. Research on the efficacy of BI is generally positive. However, it has not been adequately examined among sub-groups, such as women.

Data from the World Health Organisation (WHO) show that alcohol use patterns significantly differ between men and women, and while BI reduce consumption in men, these findings did not extend to women. Evidence from overseas suggest that many women who drink at harmful levels may be missed due to a high threshold of screening criteria; women appear to show more defensive reactions than men, and may be more sensitive to criticism of their alcohol consumption when faced with a BI.

If women are more vulnerable to the effects of alcohol due to metabolism and body weight, more likely to use substances as a coping mechanism or in connection to trauma history, experience more shame and discrimination about their substance use, and are less likely than men to seek traditional drug & alcohol treatment such as inpatient detox rehab and counselling, then it makes sense to tailor the BI to consider these gender differences. Conversely, women have differing protective factors and motivation for change than men; they have often survived horrific life events, are unaware of their resilience, and respond well to a strengths-based approach.

Brief interventions are 'not homogeneous entities'; in fact, components that are most effective for women need to be identified and incorporated into the intervention. For example, a woman-focused BI using the FLAGS acronym may include the following:

- **Feedback** - discuss biological factors that account for quicker and greater harms in women.
- **Listen** - consider psychological reasons for continuing use; to alleviate mood, relieve boredom, re-live past glory days or to treat trauma and negative affect.
- **Advise** - 2 standard drinks a day: government guidelines for safe alcohol use do not differ between men and women in Australia.
- **Goals** - elicit protective factors such as loved ones - including pets - that can support motivation.
- **Strategies** - recognise that shame is a major barrier to women seeking treatment. Online female forums and platforms - such as sherecovers.org, and women's mutual aid groups - are an acceptable and accessible option that can support self-efficacy through peer linkage.

AA Meetings for Women Find online AA meetings <https://aa.org.au/meetings/find-online-meetings/?online=only>



- Cromer Community Centre — Monday 630pm, Zoom ID: 131323713 Password: 282429.
- Neutral Bay — Sunday 430pm, Zoom ID: 71178567016 Password: 515548
- 24 /7 Global Women's Meeting Zoom ID: 92894148568 Password: Billw

Reference list on application

By Melise Ammit, Drug & Alcohol Clinical Nurse Specialist, Northern Sydney Local Health District (NSLHD).

Alcohol and Men: What recent population data tells us

While over the last decade the gender gap has narrowed, men have continued to use alcohol in an often-harmful manner as they have done for centuries. I recall seeing Michelangelo's 'The Drunkenness of Noah', (1509) in the Sistine Chapel (back in the days when we could leave the country). The patriarch becomes humiliated by the fruit of the vine.

Fast forward, to recent times. The 2019 National Drug Strategy Household Survey (Australian Institute of Health and Welfare), revealed:

- The proportion of ex-drinkers increased between 2016 and 2019 (from 7.6% to 8.9%, or from 1.5 to 1.9 million Australians). This is the highest proportion of ex drinkers documented since 2001.
- Among males, this corresponded with a significant drop in daily drinkers, (from 7.7% to 6.9%). Proportions of people drinking daily and weekly have been falling since 2004.
- Of everyone who had a drink in the previous twelve months, males (13.5%) are more likely to be alcohol dependent than females (6.3%). Similarly, males (36%) are more likely to be using alcohol to hazardous or harmful extent (even if not dependent), than females (22%)

Older people

- Older people (70 and over), however, are the most likely to drink daily (12.6%, vs 1.2% of people aged 20-29 years). While daily drinking is higher amongst females over 70 years than younger age groups, it is much more common amongst males over 70 than females (6.9% males, vs 3.9% females).

Young people

- Despite a decline in the proportion of people aged 18-24 drinking at harmful levels, males on average consume more alcohol than females. Young males are the highest consumers per occasion of drinking: males aged 14-29 consume an average on a Friday night of 5.8 standard drinks. This is 2 standard drinks higher than the average for all drinkers on a Friday night. 14.6% of young people drink 11 or more standard drinks on a single occasion, at least monthly.
- Males are more likely to believe that amounts of alcohol that could cause harm, are within 'safe levels'.

The importance of entry into treatment

- Of those identified in the above survey as being at high risk (likely to some have form of alcohol dependence), 74% had never had any form of treatment for their alcohol use. Motivational interviewing remains a useful tool in a primary care setting.
- We expect alcohol use and its associated harms to increase in the context of the COVID-19 pandemic. The reasons will be multifactorial: psychological stressors of job losses and social isolation immediately come



to mind. Boredom during 'lockdowns' will likely be a factor. Early data reports alcohol hoarding (due to fear of bottle shops closing), and on-line alcohol sales are flourishing.

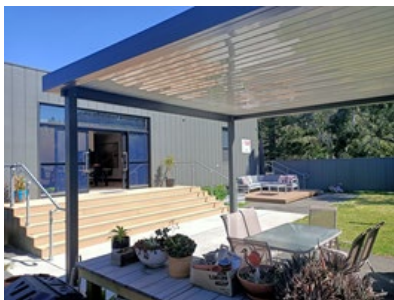
Interesting times, indeed. References on request

By Dr Anthony Sams, BMed FRANZCP FChAM, Senior Staff Specialist Psychiatrist in Drug and Alcohol, NSLHD; Visiting Medical Officer, Northside St Leonards Clinic.

Next Level Client Centred Care - Kedesh

When you think about drug and alcohol treatment, what comes to mind? Normally it's a bleak picture; confinement, withdrawal symptoms and anxiety mixed with long stints of therapy.

These stereotypes are often counterproductive for those suffering with addiction and mental health issues.



The prospect of accessing treatment becomes mired in shame and guilt, manifesting fresh barriers to participating fully in treatment, and contributing to the already 40% of people suffering an addiction who choose not to seek treatment.

Kedesh is a non-government organisation and has been in the Drug and Alcohol sector for forty-five years. From its inception in the Illawarra in 1975 to the opening of its second residential facility in Sydney's North in 2011, Kedesh has continually adapted and refined its approach to treating addiction and co-occurring mental health issues. Today Kedesh is at the forefront of client-centered treatment, adopting the belief and approach that 'one size does not necessarily fit all'.

Being a client-centered organisation requires that the client is considered and consulted at every stage of their journey through treatment. Clinicians work collaboratively with the clients to determine the optimal treatment approach on a case-by-case basis, and ongoing, dynamic tailoring of the program is directed at meeting the needs of the unique client cohort at the time. Kedesh's client-centered treatment model applies from the clients very first phone contact to the Community Access Centre, which provides proactive support to those on the



waiting list in the form of ad-hoc counselling, case management and weekly check-in calls, even before the client has taken up residence.

Kedesh's program is comprehensive and diverse. Depending on the client's needs, the program will comprise Counselling, Case Management, Cognitive Behaviour Therapy (CBT) and Dialectical Behaviour Therapy (DBT) group work, clinical Mindfulness training, SMART Recovery (open to the community), optional attendance at AA and NA meetings, weekly visits from a GP, activities that encourage the development and maintenance of various living skills, a horticulture program, and flexible leave options. A recent visitor remarked, "this really is next level client centred care!"

The Kedesh Phoenix Unit is situated in a tranquil beach-side location on the grounds of Mona Vale Hospital. Kedesh's residential facility, which opened its doors in mid-August 2020, has the capacity to support ten adult clients over the age of eighteen for residential treatment, and up to two outpatient clients.

The Kedesh program is widely recognized for its evidenced-based approach supporting people with substance use disorders, especially those with co-occurring, mild-to-moderate mental health disorders.

At the heart of Kedesh's mission is the goal of reducing the harm and stigma that perpetuate substance use. By working in a client-centered way, the burden of shame is lifted for the individual in treatment, and the minds of family members and friends are opened to the healing potential of insight, compassion and kindness.

For more information or to make referrals, call or write to our Community Access Centre: Phone (02) 9932 5356 or Email Access.Phoenix@kedesh.com.au.

Website: www.kedesh.com.au

By Liz Elleson, Counsellor, Kedesh Rehabilitation Services, Mona Vale NSW.

Involuntary Drug and Alcohol Treatment

Not many clinicians know that in NSW we have 12 Involuntary Drug and Alcohol Treatment (IDAT) beds available. There are 4 beds at Royal North Shore Hospital and 8 beds at Bloomfield Hospital in Orange.

The **NSW Drug and Alcohol Treatment Act 2007** (the Act) provides the legislative basis for IDAT.

Terms to know:

ITLO = Involuntary Treatment Liaison Officer – a clinician at the Treatment centre whose role is to assist in the screening and information gathering required to support a referral by a medical practitioner to an AMP.

AMP = Accredited Medical Practitioner – a doctor at the Treatment Centre who has done specific training to be able to assess and issue a Dependency Certificate (DC) so a patient can be involuntarily admitted

DC = Dependency Certificate - allows for a patient to be admitted for 28 days involuntarily

Who is eligible for IDAT?

The following criteria must be met:

- 1) The person has a severe substance dependence
- 2) Require care, treatment or control to protect the patient (or others) from serious harm



- 3) The patient is likely to benefit from treatment but has previously refused treatment
- 4) There must be no less restrictive treatment options, and
- 5) The patient must be 18 years or older

Who can make a referral?

Health workers, family members and other concerned parties (e.g. police), in consultation with a medical practitioner can identify a patient as potentially suitable for IDAT and seek to have a comprehensive assessment conducted for IDAT eligibility.

How do I make a referral?

Call the ITLO at Royal North Shore Hospital on 02 9463 2533 or the ITLO in Orange on 02 6369 7700. They will provide you the relevant forms needed to make a referral. It is useful to include discharge summaries, pathology or imaging reports that support the above criteria.

How long is an IDAT admission?

Between 28-84 days depending on whether the Magistrate grants an extension of the initial dependency certificate. The treating team may apply for an extension if they believe it will benefit the patient and must provide evidence in the form of OT and neuropsychological assessments and brain imaging.

What happens in an IDAT admission?

The patient will be treated for their withdrawal if that has not already been managed. The patient will have assessments, treatment and engagement with a multidisciplinary team including doctors, a psychologist, an occupational therapist, a social worker and a case manager. The case manager's role is to coordinate discharge planning including setting up supports. There is a weekly program which involves both individual and group sessions which are recovery focused.

Is there any follow up?

Patients can choose whether they wish to be involved in the community-based outreach program. 6 months of post discharge care is offered.

By Dr Esther Han BMedSci MBBS DCH FRACGP Staff Specialist Drug & Alcohol Services, Royal North Shore Hospital

Intranasal Naloxone

Every day, 3 people die from drug-induced deaths involving opioid use in Australia, while nearly 150 hospitalisations and 14 emergency department admissions involve opioid use in some way.

Intranasal naloxone is subsidised through the PBS since November 2019.





Naloxone, a fast-acting opioid antagonist that displaces opioids from receptor sites, temporarily reverses the effects of opioid overdose. Previously only injectable versions of naloxone (*Prenoxad*) were subsidised through the PBS.



The only currently available intranasal product in Australia is **Nyxoid** (S4 drug, PBS unrestricted). *Nyxoid* is easy to use, has a good safety profile and can be given even if the patient suffering an overdose is unconscious. Each prescription comes with 2 single-use doses. As the majority of opioid overdoses currently are due to prescription opioids, intranasal naloxone may be useful for those patients who are on chronic pain medication. ***Prenoxad***, injectable naloxone, is also available on the PBS (unrestricted) and can also be bought over the counter (S3 drug). [How to use Nyxoid video](#)

Further Naloxone Resources

[NPS Medicinewise—Naloxone nasal spray \(Nyxoid\) for opioid overdose](#)

[How to identify and respond to an opioid overdose- webinar](#)

[Department of Health Naloxone Pilot](#)

By Dr Nicole Gouda MBBS FRACGP, SNHN AOD Clinical Lead

2019 National Drug Strategy Household Survey (NDSHS) Summary

In 2019, 22,274 people aged 14 and over, provided information on their drug use patterns, attitudes and behaviours as part of the *National drug strategy household survey* (NDSHS,) the leading 3-yearly survey of both legal and illicit drug use in Australia. Unsurprisingly, tobacco remains the leading risk factor contributing to disease in Australia, responsible for 9.3% burden of disease, followed by alcohol at 4.5%.

Survey reflected positive news on the tobacco front with declining rates of smokers from 12.2% to 11% between 2016-2019. The proportion of ex-smokers between 2016 and 2019 (23%) remained stable over this period.

With respect to alcohol consumption, the survey showed stable rates of people drinking at risky levels as defined by the current guidelines (for both single occasion drinking and exceeding lifetime risk) and also a decrease in number of alcoholic drinks on single occasion. Interestingly, people over 70 are the most likely group to drink daily (12.6%). Overall, there was an increasing number of abstainers over age 18 (21%). The survey suggested that 1 in 10 people who drink alcohol might be experiencing dependence.

Regarding illicit drugs, cannabis remains the most commonly used illicit drug in Australia and there was an increase in both lifetime and recent use of cannabis between 2016- 2019. Cannabis was used increasingly in older people than in the previous triennium. Lifetime use of cocaine increased for both males and females,

following an increasing trend that started in 2004 with a frequency of use (at least monthly) amongst users from 10.1% to 16.8%. Cocaine use is highest in the most advantaged socioeconomic groups, reflecting a trend we are seeing on Sydney's north shore.

The use of non-medical pharmaceuticals declined between 2016 and 2019 from 4.8% to 4.2% and the proportion of people using codeine for non-medical purposes has halved since 2016 (from 3.0% to 1.5% in 2019). People who used painkillers and opioids for non-medical purposes also used them less frequently, with the proportion using them at least once a week declining from 29% in 2016 to 19.5% in 2019.

With regard to young people there was a decline in both number of smokers and of risky drinking behaviour. The mean age of initiation of alcohol was stable while the mean age for young people aged 14-29 to first try an illicit drug increased for cannabis, ecstasy, inhalants, pain-killers/opioids and tranquillisers between 2016 and 2019. Not surprisingly, there was a rise in vaping (e-cigarette use) in young people (doubled in the last 3 years).

To access full report <https://www.aihw.gov.au/reports/illicit-use-of-drugs/national-drug-strategy-household-survey-2019/contents/table-of-contents>

By Dr Nicole Gouda MBBS FRACGP, SNHN AOD Clinical Lead

New mandatory pregnancy-warning labelling for alcoholic beverages

In July this year, the Australian Government tightened laws around pregnancy warnings on alcohol products. Despite pushback from the alcohol industry, the black, white and red labels, considered to have the highest chance of reaching consumers to inform them of the potential harms of consuming alcohol in pregnancy, were eventually approved with the aim of reducing the risk of fetal alcohol spectrum disorder.

According to the *National Drug Strategy Household Survey 2019*, nearly two-thirds (65%) of women abstained from alcohol while pregnant, up from 56% in 2016 and 40% in 2007. However, about 1 in 2 women consumed alcohol before they knew they were pregnant. This declined to 14.5% once they knew they had conceived.

The [draft Australian guidelines to reduce health risks from drinking alcohol](#), to be formalised later this year, specifies *To reduce the risk of harm to their unborn child, women who are pregnant or planning a pregnancy should not drink alcohol. For women who are breastfeeding, not drinking alcohol is safest for their baby.*

The alcohol industry has been granted a 3-year deadline to implement the label changes.



New label requirements for mandatory pregnancy warnings on packaged alcoholic beverages (Australia New Zealand Food Standards Code)



Draft Australian Guidelines to reduce health risks from drinking alcohol

"We're not telling Australians how much to drink. We're providing advice about the health risks from drinking alcohol so that we can all make informed decisions in our daily lives." Professor Anne Kelso, CEO of the National Health and Medical Research Council.

The NHMRC is updating the *Australian guidelines to reduce health risks from drinking alcohol* (2009) to reflect the most recent and best available evidence on the health effects of alcohol consumption. The aim of the draft guidelines is to provide clear guidance for Australians on reducing their risk of harm from drinking alcohol. They are also intended to form the evidence base for future policy-making and educational materials.

by Dr Nicole Gouda MBBS FRACGP, SNHN AOD Clinical Lead

Draft Guideline - Recommendations

Healthy men and women

*To reduce the risk of harm from alcohol-related disease or injury for healthy men and women, drink **no more than 10 standard drinks per week** and **no more than 4 standard drinks on any one day**.*

The less you choose to drink, the lower your risk of alcohol-related harm. For some people not drinking at all is the safest option.

Children and young people

To reduce the risk of injury and other harms to health, children and young people under 18 years of age should not drink alcohol.

Pregnancy and breastfeeding

To reduce the risk of harm to their unborn child, women who are pregnant or planning a pregnancy should not drink alcohol.

For women who are breastfeeding, not drinking alcohol is safest for their baby.



Further reading

RACGP: News GP. Overdose toll still worse than the road toll: report by Doug Hendrie. 31 August 2020. *More than 2000 Australians died from drug overdoses in 2018, according to a report released on International Overdose Awareness Day.*

THE CONVERSATION Fetal alcohol spectrum disorder amid COVID-19: Fewer services, potential boost in rates by Misha Ketchell. 20 September 2020. *In Canada, more people have FASD than autism spectrum disorder, cerebral palsy and Down syndrome combined.*

Opportunities & Education

RACGP AOD GP Online Education Programs

- **Essential Skills**
This education takes approximately two hours with CPD points. For more information or to get started click [here](#).
- **Treatment Skills**
Course takes 6 hours to complete, CPD Accredited Activity, remuneration of \$1200 on completion. For more information on eligibility or to apply click [here](#).
- **AOD Connect: A Project ECHO Community of Practice for RACGP members**
Discuss AOD cases with your peers every Thursday evening on Zoom, from 7.30pm - 8.30pm until 10 December. To register click [here](#).

Australian Foundations in FASD Course

Free online course - This course will provide you with an opportunity to learn more about the challenges your clients and their families experience and how you can provide FASD-informed support
<https://www.nofasd.org.au/blog/foundations-course/>

Drug and Alcohol Supervised Clinical Attachments with NSLHD Addiction Specialists 40 Category 1 CPD points (by self-notification) are available on completion of 10 hours of training with remuneration at \$150 per hour. To learn more, click [here](#).

2020 Alcohol Brief Intervention Initiative SNHN has created the Alcohol Brief Intervention Initiative to gather information from GPs on effectively supporting patients to reduce harm from alcohol consumption. Deidentified information, ideas, and resources generated by GPs will be collated in a report and distributed within the group, and to following participants. 40 RACGP points and remuneration apply. To learn more, click [here](#).

Northern Sydney Community Drug Action Teams (CDAT) Want to join a CDAT or get involved in a project or event? Contact Leanne Fuelling, Senior Community Development Officer at the Alcohol and Drug Foundation (ADF) on leanne.fuelling@adf.org.au or 0402 02 7601 to find out more about CDATs or what is happening with one of the CDATs in the Northern Sydney Region. Community Drug Action Teams (CDATs) are groups of volunteers from the community and interested workers such as Police, LHD, PHN, youth workers, health and community workers, who are passionate about their area and want the best for their community particularly in relation to alcohol and other drug use. Some activities across Northern Sydney include a women and alcohol research project, advocacy against liquor licence applications and legislation changes, activities to support at risk youth, and parenting support.