Government of **Western Australia**
Department of **Health**

Alcohol and Other Drugs Early Intervention

Practice and Pathways

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Contents

Preface

The *Alcohol and Other Drugs Early Intervention: Practice and Pathways* document is a product of the **Walk With Me Project**: Pathways to alcohol and other drug early intervention and withdrawal management.

The Walk With Me Project was commissioned in response to several key findings and recommendations in the *WA Methamphetamine Action Plan Taskforce Final Report*, in particular:

- The challenges people face with accessing drug and alcohol services when, where and how they are needed without help to do so, juxtaposed against the relative ease of access to substances: *"Take a walk with me" meth users have said to me. "I'll find you three shots in 15 minutes."*
- The need to improve access to alcohol and other drug services, including withdrawal management care.
- The need to intervene early to reduce drug-related harm and prevent entrenched use, promoting the use of screening tools and establishing targeted early intervention pathways.

The Walk With Me Project (the Project) is a Health Service Provider (HSP) collaborative involving the East Metropolitan Health Service (EMHS), North Metropolitan Health Service (NMHS), South Metropolitan Health Service (SMHS) and WA Country Health Services (WACHS). The Project also incorporates relevant areas/directorates within the WA Department of Health.

Why early intervention?

Alcohol and other drug (AOD) use is prevalent

According to the 2019 National Drug Strategy Household Survey [1]:

Nearly **1 in 4** Western Australians aged 14 years and older consume 5 or more drinks at least monthly

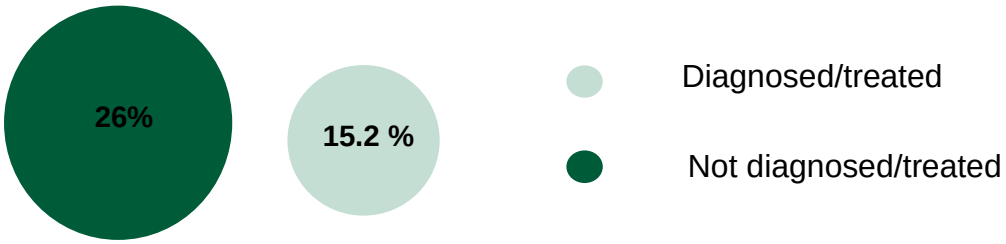
1 in 6 Western Australians aged 14 years and older used illicit drugs in the previous 12 months.
In Western Australia meth/amphetamines use was higher than the national average.

1 in 10 recent drinkers (9.9%) in Australia are likely to meet criteria for alcohol dependence

People living in remote and very remote areas were 1.6 times more likely than those in major cities to consume alcohol at levels exceeding both the lifetime risk and single occasion risk guidelines. Country Western Australia had one of the highest proportions of lifetime risk drinkers (24%).

Substance use is higher among people with mental health conditions

In 2019 people aged 18 and over who had been diagnosed with, or treated for, a mental health condition in the last 12 months were 1.7 times as likely to have used an illicit drug.



A mental illness can make some people more likely to use substances which may be for short term relief of their symptoms. For other people, substance use may trigger the first symptoms of mental illness.

The adverse impacts of AOD use are extensive

Significant adverse health, social and economic impacts are associated with AOD use[2]:

Health	Social	$ Economic
• burden of disease • injury & hospitalisation • drug-induced deaths • mental health • pregnancy complications • injection-related harms	• risky behaviour & criminal activity • victimisation & trauma • family & domestic violence • contact with the criminal justice system	• financial cost • household expenditure • lost productivity *AOD use costs the Australian community an estimated $55.2 billion per year.*

Nearly 1 in 5 (19.07%) [3] presentations to Emergency Departments in Western Australia may be directly related to alcohol consumption, with **more than 50%** [4] of these due to injury.

Canadian cohort studies document one-year all-cause mortality 5.3%, and opioid-related mortality 1.9% after presentation to ED with non-fatal opioid overdose [5]. Similarly, one-year all-cause mortality for patients with 2 or more alcohol-related ED visits was 4.7%, rising to 8.8% among those with 5 or more visits [6].

We can be part of intervening early

HSP clinicians are in a unique position to walk with their patients to reduce their risk of AOD-related harm. Each health care interaction is an opportunity for clinicians to engage in (i) screening for AOD use that places their patient at risk and (ii) supporting their patient with harm minimisation strategies and access to AOD supports and services, as required.

A 2017 survey of patients involved in an Alcohol Screening and Brief Intervention (ASBI) Project conducted in Fiona Stanley Hospital's Emergency Department (ED) found that:

- **51%** of patients had never previously been asked by a health professional about their alcohol intake.
- A strong majority of patients (**91%**) felt that alcohol screening and brief intervention in an ED was acceptable.
- **97%** of patients reported that screening was done in a sensitive manner by staff in ED.

This document…

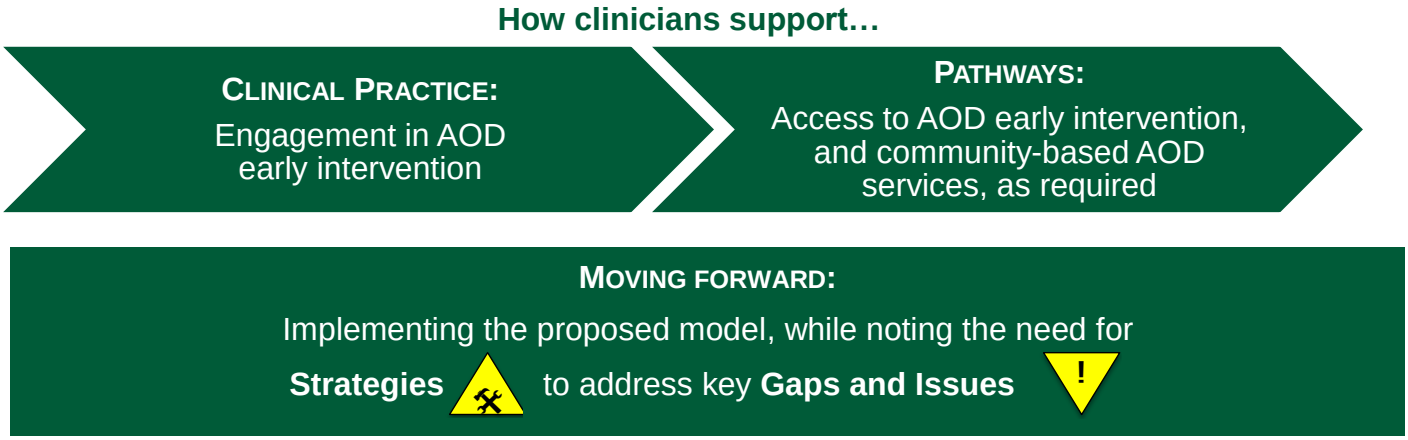
The purpose of this document is to present a model of AOD early intervention practice and pathways for people encounter public emergency, inpatient or outpatient (clinic and community) healthcare services delivered by EMHS, NMHS, SMHS and WACHS. This model provides HSPs with guidance and tools that support AOD early intervention, acknowledging that each HSP may be at a different stage of readiness to implement (further explored in Chapter 3: Moving forward).

As depicted in

Figure 1, this model of AOD early intervention is comprised of:

- **Chapter 1: Clinical practice** – How clinicians[a] engage in AOD early intervention (i.e. screening and brief intervention) as part of delivering holistic, integrated and comprehensive healthcare.
- **Chapter 2: Pathways** – How clinicians support access to AOD early intervention and subsequent access to AOD services, as required.
- **Chapter 3: Moving forward** – Considerations for implementing this model, while recognising that key gaps and issues preventing or challenging implementation exist and strategies are required to address them (further explored in the *Walk With Me Project: Recommendations Report*).

Figure 1: AOD Early Intervention Practice and Pathways



This document **does not** intend to replace each HSPs existing operational documents (e.g. clinical practice standards, guidelines or procedures), initiatives and programs but is to be used as reference material when updating operational documents at scheduled review dates and reviewing current initiatives and programs.

[a] The term "clinicians" is used in this document to collectively describe health care professionals of EMHS, NMHS, SMHS and WACHS.

Chapter 1: Clinical practice

"**Engage with me**, and help me on my journey"

The model of AOD early intervention practice by HSP clinicians is comprised of:

1.1 Definitions and principles of practice
1.2 Screening and brief intervention in practice
1.3 Education and training for clinicians.

1.1 Definitions and principles of practice

Definitions	
	Early Intervention: Engaging with a person to help them reduce harm related to their alcohol and other drug use, encourage help-seeking behaviour and provide strategies to reduce or change their alcohol and other drug use, as required. It includes screening as part of these early conversations, as well as brief intervention.
	Screening: Using a validated evaluative instrument or procedure to risk stratify an individual's alcohol and other drug use and identify potentially hazardous or harmful patterns of use[b].
	Brief Intervention: Evidence-based practices designed to motivate individuals at risk of AOD-related harm to reduce their risk of harm by helping them understand how their alcohol and other drug use puts them at risk, and helping them access AOD supports and services, as required.
	AOD Clinicians: Health service-based specialist AOD clinicians such as AOD Consultation Liaison or Dual Diagnosis staff, providing consultation (advice regarding the management of AOD-related issues for referred patients) and liaison (enhancing capacity of generalist health providers to address AOD issues in their routine clinical work).

Principles of Practice

Effective engagement with patients regarding their alcohol and other drug use requires:

- an empathic and non-judgemental approach
- respect for the patient and their choices
- a collaborative partnership between the clinician and the patient, working with the patient in a person centred and recovery focused manner
- objective, open discussion of the patient's responses
- competency and knowledge of key AOD facts and referral pathways
- seeing the patient as an individual, with their own particular story, journey and needs.

[b] The scope of this model of early intervention practice does not extend to the use of screening based on biological markers (e.g. urinary drug screening) and it is recommended that each HSP has guidelines on the use of biological screening.

1.2 Screening and brief intervention in practice

1.2.1 Holistic and integrated assessment

All HSP staff are encouraged to seek opportunities to reduce and prevent AOD-related harm. Screening your patient's risk of harm associated with their alcohol and other drug use is a key component of good, holistic and integrated clinical assessment conducted in the Emergency Department, inpatient ward and outpatient setting (clinic appointment or community mental health service attendance).

As with any clinical assessment, patient privacy is important so consider the physical environment where you will be engaging in screening.

Before engaging in screening, explain to your patient the purpose of screening and confidentiality of their screening results. For example:

> *Because alcohol and drugs can affect your health and can interfere with certain medications and treatments, it is important that I ask some questions about your alcohol and drug use.*
>
> *Your answers will be kept in your medical record/patient file and will remain confidential. Based on your answers, we can talk about your risk of experiencing any harm related to alcohol and other drug use and what you can do to lower your risk, if applicable.*

The patient has the right to decline screening and this should be documented in the patient's notes. It is important to respect their decision and sensitively re-emphasise the potential harms related to risky alcohol and other drug use.

Q. When is it *inappropriate* to engage your patient in screening and brief intervention?

It is *inappropriate* to engage your patient in screening and brief intervention if they are medically unstable, in an altered conscious state, acutely intoxicated or acutely withdrawing. Screening and brief intervention should be conducted once the patient is stable. Recognising and managing the patient's immediate health and safety risks and maintaining the personal safety of staff, should also be considered when determining an appropriate time to engage your patient in screening.

Q. How often should you engage your patient in screening and brief intervention?

Every health care interaction is an opportunity for clinicians to engage their patients in discussion about their drug and alcohol use. For patients with planned, regular engagement with health care services (e.g. outpatient care), yearly screening is suggested.

The **World Health Organisation** recommends the introduction of screening, brief intervention and referral for treatment into emergency departments to identify, reduce and prevent problematic use, abuse and dependence on alcohol and other drugs. This has been adopted into policy by the Australasian College for Emergency Medicine which advocates for and recommends early screening utilising validated screening tools and providing or referring patients to appropriate interventions, as required[7].

1.2.2 Screening questions

As summarised below, two options for screening questions including risk stratification are presented based on a review of validated screening questions, which considered factors outlined in Appendix 1. Development of a medical record form of these screening questions may be considered by HSPs for operational use.

Option A	Option B
ASSIST-Lite (Alcohol, Smoking and Substance Involvement Screening Test – Lite)	**AUDIT-C** (Alcohol Use Disorders Identification Test – Consumption) *and* **DAST-10** (Drug Abuse Screening Test – 10)

Quick Screening

It may be appropriate to engage in quick screening prior to administering the screening questions outlined above. Quick screening involves a single question approach to assess the patient's AOD risk and may be used as part of (i) triaging a patient presenting to the Emergency Department, or (ii) during admission on an inpatient ward.

For patients identified as at risk through quick screening, further screening (Option A or Option B) and brief intervention should be conducted during the patient's admission.

An example of quick screening is:

In the past year, how often have you used the following?

- Alcohol (for men: 5 or more drinks per day; for women: 4 or more drinks per day)
- Tobacco Products
- Prescription drugs for non-medical reasons
- Illegal drugs

Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily

A person is at risk of AOD issues if they provide any response other than 'Never'.

Source: National Institute on Drug Abuse [NIDA] (2012). *Resource Guide: Screening for Drug Use in General Medical Settings.* US Department of Health and Human Services: Maryland

1.2.3 Pregnancy and women who use alcohol and other drugs

Maternal drug use is a risk factor for adverse pregnancy and neonatal outcomes including preterm birth. Infants born to mothers using illicit drugs are at risk of adverse neonatal outcomes in addition to neonatal drug withdrawal. All women who use alcohol and other drugs are entitled to accurate information and to be treated sensitively and in a non-judgmental manner.

1.2.4 Screening of pregnant women

Screening for alcohol and other drug (AOD) use should be routinely included in the antenatal history. All pregnant women should be asked about their current and previous history of AOD use at initial assessment (either at time of confirmation of pregnancy, at first booking-in visit, or at first presentation), to help to inform decisions about the appropriate model of pregnancy care or provider. Screening tools such as outlined in early intervention and pathways document are suitable for use.

1.2.5 Additional considerations for patients with injecting drug use

Additional considerations for patients with injecting drug use include:

- screening for blood borne viruses
- assessment of injecting site including signs of infection
- information on safe injecting practice, vein care, needle exchange services and overdose risk
- information and harm reduction such as provision of naloxone and the Access, Care and Empowerment (ACE) app which is free to download on the App store or Google Play.

1.2.6 Self Screening Tools and Resources in Multiple Languages

The Mental Health Commission's (MHC) website provides links to AOD information in multiple languages, including the Alcohol and Drug Support Line (ADSL) and the Parent and Family Drug Support Line (PFDSL): MHC alcohol related resources and MHC drug related resources.

The ASSIST screening tool is available online as a self-screening tool in both the full version and a lite version (ultra rapid screening) via the following link (downloadable in a variety of different languages): ASSIST Screening Tool.

The AUDIT-C screening tool is also downloadable in a variety of languages via the following link: AUDIT Screening Tool.

1.2.3 Brief Intervention

Two widely used Brief Intervention (BI) approaches were considered in guideline development (5As – Ask, Assess, Advise, Assist and Arrange; and FRAMES - Feedback, Responsibility, Advice, Menu of options, Empathy and Self-efficacy). The 5As approach is proposed, supplemented with principles inherent in FRAMES:

Ask – The clinician asks the patient about their alcohol and drug use using the screening and brief intervention tool.

Assess – The clinician assesses the patient's responses to the screening questions to calculate the patient's score (risk of harm) associated with alcohol and drug use, and the patient's readiness to consider change.

Advise – The clinician shares and explains the patient's score with them; and provides appropriate feedback about the potential harms associated with their drinking or drug use, benefits of reducing use, and tips to reduce risk and minimise harm. An empathic, non-judgmental approach is used when providing advice that respects the patient's choice and right to self-determination.

Assist – The clinician collaborates with the patient to identify practical steps they would like to take to reduce their risk against their stage of change (this includes weighing up the good and not so good things about using the substance, asking about the patient's level of concern about their use, and considering referral options, where required). This involves encouraging the patient's self-confidence that they are able to make changes, while respecting the patient's decision without judgment.

Arrange – The clinician arranges referrals, where required and the completed alcohol and other drug screening (medical record form) and associated notes are placed in the patient's file. Information can also be provided for the patient to take home.

Where a referral is required, options may include:

- **AOD Clinicians** (accessible at several hospital and health services) – for all patients screened as high risk of AOD-related harm and some patients screened at medium risk of AOD-related harm, where required
- **General Practitioner (GP)** and/or local **Aboriginal Community Controlled Health Services (ACCHS)**; noting that some patients may not want their GP/ACCHS to be notified for fear of stigma.
- Local **Community Alcohol and Drug Services (CADS)** – these services are free and confidential and provide individuals and their families with alcohol and other drug treatment and support services in the community (Table 1).

Table 1: Metropolitan and Regional Community Alcohol and Drug Services (CADS)

Metropolitan CADS	Regional CADS
• North East Metro CADS (Holyoake and Next Step) • North Metro CADS (Cyrenian House and Next Step) • South East Metro CADS (Palmerston and Next Step) • South Metro CADS (Palmerston and Next Step)	• Goldfields CADS (Hope Community Services) • Great Southern CADS (Palmerston) • Kimberley CADS (WACHS) • Midwest CADS (WACHS) • Pilbara CADS (Mission Australia) • Southwest CADS (St John of God) • Wheatbelt CADS (Holyoake)

Further information on the Community Alcohol and Drug Services can be sourced from a number of online directories, including:

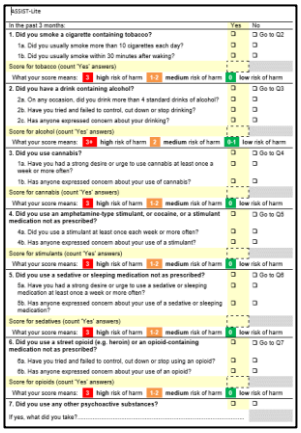
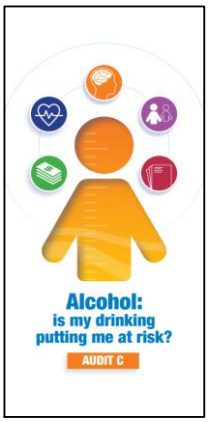
http://greenbook.org.au/	https://mappa.org.au/	https://myservices.org.au/
Provided by WANADA	Provided by Aboriginal Health Council WA	Provided by Mental Health Commission

Additionally, patients can be directed to the **Alcohol and other Drug Support Line (ADSL)**, which provides a 24-hour confidential telephone counselling, information and referral service.

Phone: 9442 5000; Country Toll Free: 1800 198 024.

1.2.4 Screening and Brief Intervention Tools

Screening and Brief Intervention (SBI) Tools to facilitate clinical practice are proposed and comprise (i) screening questions (Option A and Option B) and (ii) information that supports a 5As brief intervention. SBI Tools are to be used alongside a medical record form of the screening questions. Key practice points for clinicians to consider when using their selected tools are outlined on pages 11-24.

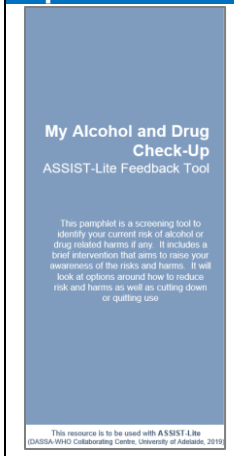
<table>
<tr><th colspan="3">Option A: SBI Tools</th></tr>
<tr><td colspan="2">ASSIST-Lite questions
  </td><td>+ ASSIST-Lite pamphlet
 
Includes drug and alcohol-related information and stages of change</td></tr>
<tr><th colspan="3">Option B: SBI Tools</th></tr>
<tr><td>AUDIT-C pamphlet +
 
Includes screening questions and alcohol-related information</td><td>DAST-10 pamphlet +
 
Includes screening questions and alcohol-related information</td><td>Stages of Change pamphlet
  </td></tr>
</table>

Ask, Assess and Advise:

- Ask your patient about their alcohol and/or other drug use in the past 3 months. Refer to the *ASSIST-Lite Feedback pamphlet* for "What is a standard drink?".
- Add the number of 'Yes' answers for each question to get their substance-specific score and match their score to the level of risk.
- Share with your patient their scores and levels of risk – refer to the *ASSIST-Lite Feedback pamphlet* for information on potential harms related to each risk level.

In the past 3 months:	**Yes**	**No**
1. Did you smoke a cigarette containing tobacco?	❑	❑ Go to Q2
1a. Did you usually smoke more than 10 cigarettes each day?	❑	❑
1b. Did you usually smoke within 30 minutes after waking?	❑	❑
Score for tobacco (count 'Yes' answers)		
What your score means: **3** **high** risk of harm **1-2** **medium** risk of harm **0** **low** risk of harm		
2. Did you have a drink containing alcohol?	❑	❑ Go to Q3
2a. On any occasion, did you drink more than 4 standard drinks of alcohol?	❑	❑
2b. Have you tried and failed to control, cut down or stop drinking?	❑	❑
2c. Has anyone expressed concern about your drinking?	❑	❑
Score for alcohol (count 'Yes' answers)		
What your score means: **3+** **high** risk of harm **2** **medium** risk of harm **0-1** **low** risk of harm		
3. Did you use cannabis?	❑	❑ Go to Q4
1a. Have you had a strong desire or urge to use cannabis at least once a week or more often?	❑	❑
1b. Has anyone expressed concern about your use of cannabis?	❑	❑
Score for cannabis (count 'Yes' answers)		
What your score means: **3** **high** risk of harm **1-2** **medium** risk of harm **0** **low** risk of harm		
4. Did you use an amphetamine-type stimulant, or cocaine, or a stimulant medication not as prescribed?	❑	❑ Go to Q5
4a. Did you use a stimulant at least once each week or more often?	❑	❑
4b. Has anyone expressed concern about your use of a stimulant?	❑	❑
Score for stimulants (count 'Yes' answers)		
What your score means: **3** **high** risk of harm **1-2** **medium** risk of harm **0** **low** risk of harm		
5. Did you use a sedative or sleeping medication not as prescribed?	❑	❑ Go to Q6
5a. Have you had a strong desire or urge to use a sedative or sleeping medication at least once a week or more often?	❑	❑
5b. Has anyone expressed concern about your use of a sedative or sleeping medication?	❑	❑
Score for sedatives (count 'Yes' answers)		
What your score means: **3** **high** risk of harm **1-2** **medium** risk of harm **0** **low** risk of harm		
6. Did you use a street opioid (e.g. heroin) or an opioid-containing medication not as prescribed?	❑	❑ Go to Q7
6a. Have you tried and failed to control, cut down or stop using an opioid?	❑	❑
6b. Has anyone expressed concern about your use of an opioid?	❑	❑
Score for opioids (count 'Yes' answers)		
What your score means: **3** **high** risk of harm **1-2** **medium** risk of harm **0** **low** risk of harm		
7. Did you use any other psychoactive substances?	❑	❑
If yes, what did you take?.....		

Option A: *ASSIST-Lite Feedback pamphlet (Section 1)*



ASSIST-Lite Scoring System

Risk level of alcohol-related harm:

Low risk	Moderate risk	High risk
Score of 0-1	Score of 2	Score of 3+

Risk level of drug related harm:

Low risk	Moderate risk	High risk
Score of 0	Score of 1-2	Score of 3

Low risk of harm

You are at **low risk** of health and other problems from your current pattern of use. Well done!

Moderate risk of harm

You are at risk of health and other problems from your current pattern of use.

Potential harms include:
- mood swings, anxiety and depression
- difficulty concentrating
- injury to self or others
- aggression and violence

High risk of harm

You are at high risk of experiencing problems (health, social, financial, legal, relationship) as a result of your current pattern of use and are likely to be dependent.

Potential harms include:
- physical and mental health problems
- dependence and accidental overdose
- money and/or legal problems
- relationship problems
- all medium risk harms

***Caution**: Seek medical advice from your GP before making any changes to your pattern of use because of the risk of complications from withdrawal.*

If continuing to use alcohol and/or drugs you can reduce your risk by:
- making transport plans so you don't drive after using
- avoiding mixing different substances (including alcohol)
- using clean injecting equipment

Benefits of reducing use…

Improves health / reduces health risks:
- reduces the risk of a range of physical and mental health problems, including the risk of overdose
- clearer thinking – helping with better decision-making, improved sleep, improved mood and overall wellbeing

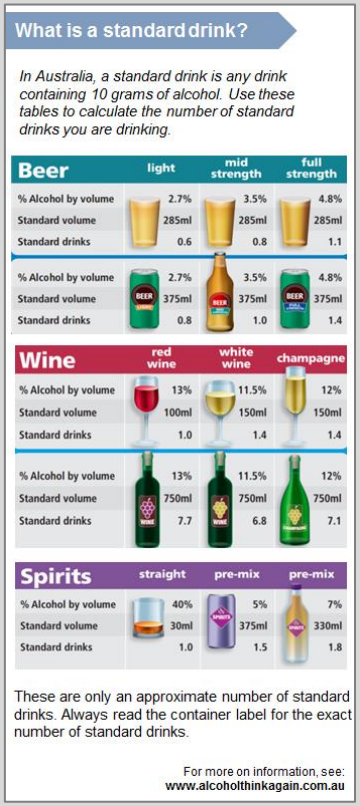
Improves personal relationships, lifestyle and work:
- improved self-esteem and confidence to find new opportunities for improved social and mental wellbeing
- may improve family life, and relationships with partner, children and extended family/relatives
- may help save money, improve work performance and satisfaction

Key practice points

Advise:

- Share with your patient the potential harms associated with their level/s of risk.
- For patients at low risk of harm: Reinforce safe use or the benefits of abstinence – <u>this ends screening and brief intervention for low risk patients</u>.
- Share some of the benefits that can come from reducing drinking or drug use.

This pamphlet also includes information on calculating the number of standard drinks:



What is a standard drink?

In Australia, a standard drink is any drink containing 10 grams of alcohol. Use these tables to calculate the number of standard drinks you are drinking.

Beer	light	mid strength	full strength
% Alcohol by volume	2.7%	3.5%	4.8%
Standard volume	285ml	285ml	285ml
Standard drinks	0.6	0.8	1.1
% Alcohol by volume	2.7%	3.5%	4.8%
Standard volume	375ml	375ml	375ml
Standard drinks	0.8	1.0	1.4

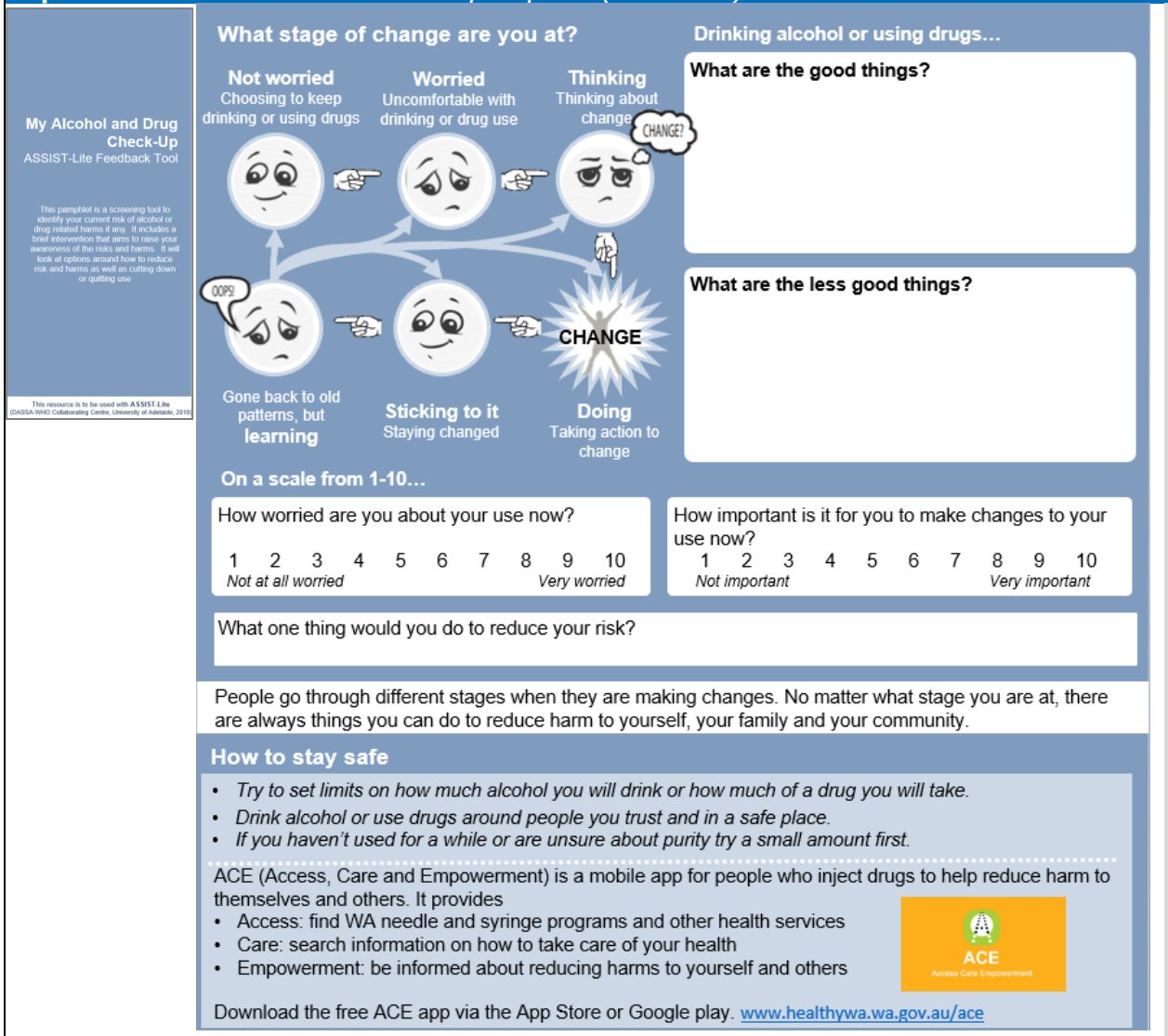
Wine	red wine	white wine	champagne
% Alcohol by volume	13%	11.5%	12%
Standard volume	100ml	150ml	150ml
Standard drinks	1.0	1.4	1.4
% Alcohol by volume	13%	11.5%	12%
Standard volume	750ml	750ml	750ml
Standard drinks	7.7	6.8	7.1

Spirits	straight	pre-mix	pre-mix
% Alcohol by volume	40%	5%	7%
Standard volume	30ml	375ml	330ml
Standard drinks	1.0	1.5	1.8

These are only an approximate number of standard drinks. Always read the container label for the exact number of standard drinks.

For more on information, see:
www.alcoholthinkagain.com.au

Option A: *ASSIST-Lite Feedback pamphlet (Section 2)*



My Alcohol and Drug Check-Up
ASSIST-Lite Feedback Tool

This pamphlet is a screening tool to identify your current risk of alcohol or drug related harms if any. It includes a brief intervention that aims to raise your awareness of the risks and harms. It will look at options around how to reduce risk and harms as well as cutting down or quitting use

This resource is to be used with ASSIST-Lite (DASSA-WHO Collaborating Centre, University of Adelaide, 2019)

What stage of change are you at?

Not worried Choosing to keep drinking or using drugs

Worried Uncomfortable with drinking or drug use

Thinking Thinking about change

CHANGE?

OOPS!

CHANGE

Gone back to old patterns, but **learning**

Sticking to it Staying changed

Doing Taking action to change

Drinking alcohol or using drugs...

What are the good things?

What are the less good things?

On a scale from 1-10...

How worried are you about your use now?

1 2 3 4 5 6 7 8 9 10

Not at all worried — *Very worried*

How important is it for you to make changes to your use now?

1 2 3 4 5 6 7 8 9 10

Not important — *Very important*

What one thing would you do to reduce your risk?

People go through different stages when they are making changes. No matter what stage you are at, there are always things you can do to reduce harm to yourself, your family and your community.

How to stay safe

- *Try to set limits on how much alcohol you will drink or how much of a drug you will take.*
- *Drink alcohol or use drugs around people you trust and in a safe place.*
- *If you haven't used for a while or are unsure about purity try a small amount first.*

ACE (Access, Care and Empowerment) is a mobile app for people who inject drugs to help reduce harm to themselves and others. It provides

- Access: find WA needle and syringe programs and other health services
- Care: search information on how to take care of your health
- Empowerment: be informed about reducing harms to yourself and others

ACE
Access Care Empowerment

Download the free ACE app via the App Store or Google play. www.healthywa.wa.gov.au/ace

Key practice points

Understanding where your patient is at in the stages of change can help guide the support you provide. There is no "wrong" stage of change.

To determine your patient's current stage of change:

Assess:

- Ask what stage of change they feel they are at.
- Ask about the good things and not so good things about drinking alcohol or using other drugs.
- *Examples of good things: having fun/excitement, socialising, coping with stress.*
- *Examples of not so good things: money problems, relationship problems, hassles with work/study, losing license, getting busted.*
- Ask how worried they are about their use, and how important it is for them to make changes to their use, using the 1-10 scales.
- Explore what it would take for their score to go up or down.
- Consider asking what stage of change they feel they are at now.

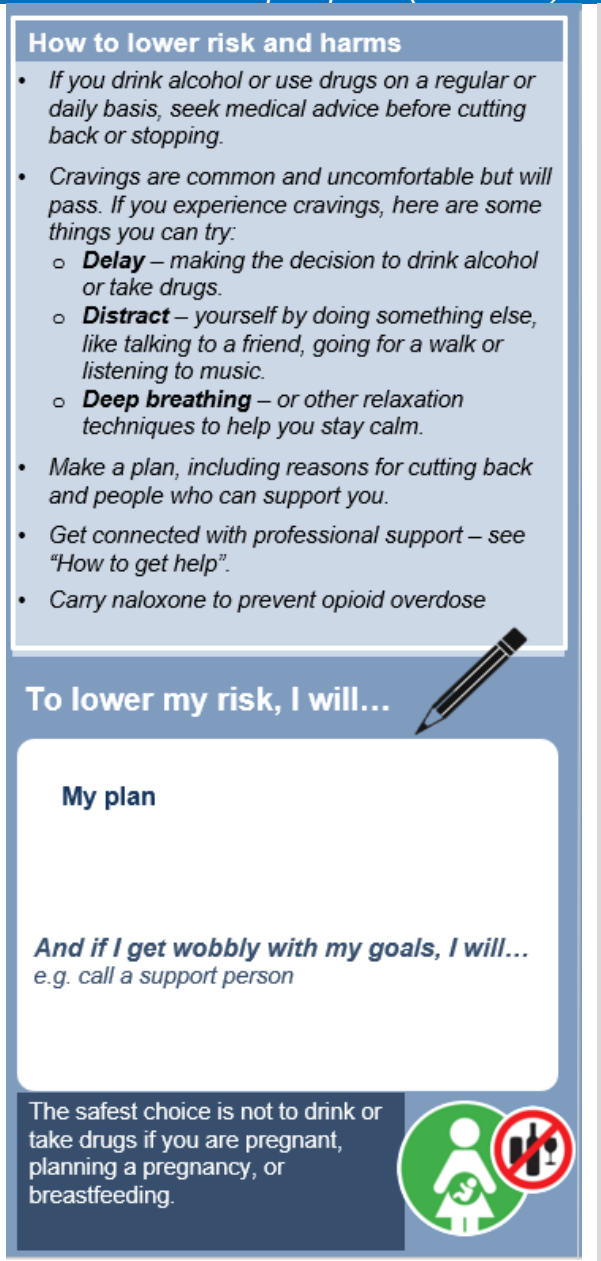
No matter which stage of change your patient is at, there are ways you can support them.

The patient has the right to make their own choices regarding their alcohol and other drug use, which may include continued use.

Assist:

- Provide tips on how to stay safe when drinking alcohol or using other drugs. Harm reduction help is available from the Needle and Syringe Program providers.
- Where applicable, note that the safest choice is not to drink alcohol or take drugs if the patient is pregnant, planning a pregnancy or breastfeeding.

Option A: *ASSIST-Lite Feedback pamphlet (Section 3)*



Key practice points

Assist:

- For patients who would like to reduce their use or stop using, provide tips on how to cut back or quit.
- Support the patient with expressing what they would like to do about lowering their risk of harm related to their alcohol and other drug use. This may also include considering what to do when things don't go to plan.

Option A: *ASSIST-Lite Feedback pamphlet (Section 4)*

How to get help

24-hour confidential telephone counselling, information and referral service:

Alcohol & Drug Support Line
For anyone concerned about their own or another person's alcohol or other drug use
Phone: **9442 5000**
Country Toll Free: **1800 198 024**

Parent & Family Drug Support Line
For anyone concerned about a loved one's alcohol or other drug use
Phone: **9442 5050**
Country Toll Free: **1800 653 203**

Contact your local Doctor/GP or Aboriginal Community Controlled Health Service

or Community Alcohol and Drug Service (CADS)

Local Contact

http://greenbook.org.au/
The Green Book is an online directory of alcohol and other drug services in WA.

<URL and QR code for writable PDF version of this pamphlet>

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Key practice points

Arrange:

- Refer all patients at high risk of harm to your AOD Clinicians. Some patients at medium risk may also benefit from referral.
- Highlight the Alcohol and other Drug Support Line (ADSL) with the patient. The ADSL provides a 24-hour confidential telephone counselling, information and referral service for anyone concerned about their own or another person's alcohol or other drug use.
- Consider notification of the patient's GP/local Aboriginal Community Controlled Health Service (ACCHS):
  - Ask your patient if they would like their results to be shared with their GP, along with other discharge information. Some patients may not want their GP to be notified for fear of stigma.
  - For a patient who identifies as an Aboriginal person, you may also wish to ask if they would like their results to be shared with their local ACCHS.
- Consider referral to a local Community Alcohol and Drug Service:

Metropolitan CADS	Regional CADS
• North East Metro CADS (Holyoake and Next Step) • North Metro CADS (Cyrenian House and Next Step) • South East Metro CADS (Palmerston and Next Step) • South Metro CADS (Palmerston and Next Step)	• Goldfields CADS (Hope Community Services) • Great Southern CADS (Palmerston) • Kimberley CADS (WACHS) • Midwest CADS (WACHS) • Pilbara CADS (Mission Australia) • Southwest CADS (St John of God) • Wheatbelt CADS (Holyoake)

- Place the completed ASSIST-Lite screening (medical record form) and any associated notes in the patient's file. This ASSIST-Lite Feedback pamphlet can be provided to the patient to bring home.

Option B: *AUDIT-C pamphlet (Section 1)*

My AUDIT C Score

Answer the questions about your alcohol use in the past 12 months.

- Add the scores from each question for a Total score.
- Match your Total score to the level of risk.

1. How often do you have a drink containing alcohol?					
0	1	2	3	4	Score
Never	Monthly or less	2-4 times a month	2-3 times a week	4+ times a week	
2. How many standard drinks containing alcohol do you have in a day when you are drinking?					
0	1	2	3	4	Score
1 or 2	3 or 4	5 or 6	7-9	10+	
3. How often do you have five or more standard drinks?					
0	1	2	3	4	Score
Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
				Total score:	

What your total score means:

Total score 8+	**high** risk of harm
Total score 4-7	**medium** risk of harm
Total score 0-3	**low** risk of harm

My score of _____ means that I have a _____ risk of alcohol related harm.

Total score 8+ high risk of harm

This level of drinking can cause serious physical, psychological and social harm.

Potential harms include:

- physical dependence
- cancer
- liver damage
- memory loss
- brain damage
- heart problems
- all of the medium risk harms below

***Caution**: if your score is 8 or over seek medical advice before making any changes to your alcohol consumption. This is due to the risk of complications such as seizure and death from alcohol withdrawal.*

Total score 4-7 medium risk of harm

This level of drinking can be harmful to your health.

Potential harms include:

- injury to self
- injury to others
- sleeping problems
- depression
- relationship problems
- high blood pressure
- motor vehicle crashes
- reduced concentration
- aggression and violence

Total score 0-3 low risk of harm

Well done on being a low-risk drinker!

- Remember to stick to low risk limits even on special occasions.
- Keep in mind that even a small amount of alcohol can cause harm.

Key practice points

Ask:

- Conduct screening as part of a dialogue with your patient OR (*for outpatient clinics)* Send screening questions as part of a pre-clinic survey for the patient to complete prior to their clinic appointment.
- Q2 and 3 refers to standard drinks – please see "What is a standard drink?" in section 2 (next page).

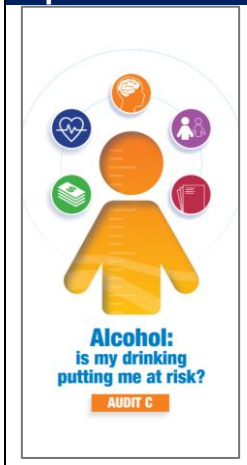
Assess:

- Add the scores for a total and match the total score with the level of risk.

Advise:

- Share with the patient their score and associated level of risk and potential harms.
- For patients at low risk of harm: Reinforce safe use or the benefits of abstinence – this ends screening and brief intervention for low risk patients.

Option B: *AUDIT-C pamphlet (Section 2)*



What is a standard drink?

In Australia, a standard drink is any drink containing 10 grams of alcohol. Use the table below to calculate the number of standard drinks you are drinking.

Beer	light	mid strength	full strength
% Alcohol by volume	2.7%	3.5%	4.8%
Standard volume	285ml	285ml	285ml
Standard drinks	0.6	0.8	1.1
% Alcohol by volume	2.7%	3.5%	4.8%
Standard volume	375ml	375ml	375ml
Standard drinks	0.8	1.0	1.4

Wine	red wine	white wine	champagne
% Alcohol by volume	13%	11.5%	12%
Standard volume	100ml	150ml	150ml
Standard drinks	1.0	1.4	1.4
% Alcohol by volume	13%	11.5%	12%
Standard volume	750ml	750ml	750ml
Standard drinks	7.7	6.8	7.1

Spirits	straight	pre-mix	pre-mix
% Alcohol by volume	40%	5%	7%
Standard volume	30ml	375ml	330ml
Standard drinks	1.0	1.5	1.8

These are only an approximate number of standard drinks. Always read the container label for the exact number of standard drinks.

For more standard drinks, see NHMRC guidelines:
https://nhmrc.gov.au/sites/default/files/documents/reports/alcohol-harm-reduction.pdf

Benefits from reducing your drinking

Short-term

Improves health:
- better sleep
- more energy
- may help lose weight

Improves personal relationships:
- family life
- romantic relationships
- improved mood
- less hangovers

Improves work and lifestyle:
- may help save money
- work performance increases

Long-term

Reduces health risks from:
- brain damage
- cancer
- high blood pressure
- heart problems
- liver disease
- memory/concentration difficulties

Reduced risk of legal problems:
- drink driving
- motor vehicle crashes
- accidents
- violence
- injury to self and others

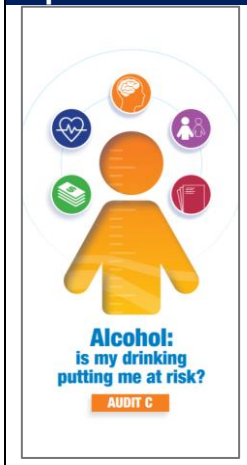
Key practice points

Advise:

- Share some of the benefits that can come from reducing drinking.

*Refer to the Stages of Change pamphlet for further support with **assess**ing the patient's stage of change and providing **assist**ance no matter which stage of change they are at.*

Option B: *AUDIT-C pamphlet (Section 3)*



Key practice points

Arrange:

- Refer all patients at high risk of harm to your AOD Clinicians. Some patients at medium risk may also benefit from referral.
- Highlight the Alcohol and other Drug Support Line (ADSL) with the patient. The ADSL provides a 24-hour confidential telephone counselling, information and referral service for anyone concerned about their own or another person's alcohol or other drug use.
- Consider notification of the patient's GP/local Aboriginal Community Controlled Health Service (ACCHS):
  - Ask your patient if they would like their results to be shared with their GP, along with other discharge information. Some patients may not want their GP to be notified for fear of stigma.
  - For a patient who identifies as an Aboriginal person, you may also wish to ask if they would like their results to be shared with their local ACCHS.
- Consider referral to a local Community Alcohol and Drug Service:

Metropolitan CADS	Regional CADS
• North East Metro CADS (Holyoake and Next Step) • North Metro CADS (Cyrenian House and Next Step) • South East Metro CADS (Palmerston and Next Step) • South Metro CADS (Palmerston and Next Step)	• Goldfields CADS (Hope Community Services) • Great Southern CADS (Palmerston) • Kimberley CADS (WACHS) • Midwest CADS (WACHS) • Pilbara CADS (Mission Australia) • Southwest CADS (St John of God) • Wheatbelt CADS (Holyoake)

- Place the completed AUDIT-C screening (medical record form) and any associated notes in the patient's file. This AUDIT-C pamphlet can be provided to the patient to bring home.

Option B: *DAST-10 pamphlet (Section 1)*

Your DAST-10 Score

Answer the questions about your drug use in the past 12 months (see "List of Drugs")

In the past 12 months…		No	Yes
1	Have you used drugs other than those required for medical reasons?	❑ 0	❑ 1
2	Do you use more than one drug at a time?	❑ 0	❑ 1
3	Are you always able to stop using drugs when you want to? (If never use drugs, choose "Yes")	❑ 1	❑ 0
4	Have you had "blackouts" or "flashbacks" as a result of drug use?	❑ 0	❑ 1
5	Do you ever feel bad or guilty about your drug use? (If never use drugs, choose "No.")	❑ 0	❑ 1
6	Does your partner (or parents) ever complain about your involvement with drugs?	❑ 0	❑ 1
7	Have you neglected your partner/ family because of your use of drugs?	❑ 0	❑ 1
8	Have you engaged in illegal activities in order to obtain drugs?	❑ 0	❑ 1
9	Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	❑ 0	❑ 1
10	Have you had medical problems as a result of your drug use (e.g. memory loss, blood-borne viruses, sexually transmitted infections, convulsions, injury etc.)?	❑ 0	❑ 1
	***Add the number of answers with '1' point to get your* Total Score:**		

List of Drugs

"Drug use" refers to: (1) the use of prescribed or over-the-counter drugs in excess of the directions, and (2) any non-medical use of drugs.

Classes of drugs may include:

- stimulants (e.g. methamphetamine)
- cannabis (e.g. marijuana, synthetic cannabis)
- Solvents/volatile agents (e.g. glue, paint thinner, nangs, butane)
- benzodiazepines (e.g. Valium)
- barbiturates
- cocaine
- hallucinogens (e.g. LSD)
- Opioid drugs (e.g. heroin, methadone, codeine based products)

Medications – prescription or over-the-counter medications (like sleeping pills and painkillers) count as drugs when you take them more often than recommended or prescribed or use someone else's prescription.

Medications **do not** count as drugs if you take them as prescribed by your doctor.

For more information:

- The Alcohol and Drug Foundation's online "Drug Facts": https://adf.org.au/drug-facts/
- The Mental Health Commission's "Facts about Drugs" booklet: https://www.mhc.wa.gov.au/media/1236/facts-about-drugs-booklet.pdf

Key practice points

Ask:

- Conduct screening as part of a dialogue with your patient OR (*for outpatient clinics)* Send screening questions as part of a pre-clinic survey for the patient to complete prior to their clinic appointment.
- Note that the questions do not refer to tobacco and alcohol – please see "List of Drugs" in section 2 (next page) for the types of substances included in the screening.

Assess:

- Add the number of answers with '1' for a total score, and match the total score with the level of risk.

Advise:

- Share with the patient their score and associated level of risk and potential harms.
- For patients at low risk of harm: Reinforce safe use or the benefits of abstinence – this ends screening and brief intervention for low risk patients.

Option B: *DAST-10 pamphlet (Section 2)*

Your DAST-10 Score

Your score of _____ means that you have a _____ risk of drug related harm
(not including tobacco or alcohol).

Total score 6+ high risk of harm

If you continue to use at this level, it may cause serious physical, psychological and social harm to yourself.
Potential harms include:

- physical and mental health problems
- dependence and accidental overdose
- money and/or legal problems
- relationship problems
- all medium risk harms

***Caution**: Seek medical advice from your GP before making any changes to your pattern of use because of the risk of complications from withdrawal.*

Total score 3-5 medium risk of harm

If you continue to use at this level, it can be harmful to your health and wellbeing.
Depending on the drug/s you use, potential harms include:

- mood swings
- anxiety and depression
- difficulty concentrating
- injury to self or others

Total score 0-2 low risk of harm

You are at **low risk** of health and other problems from your current pattern of use.

Benefits of Reducing Use

Improves health / reduces health risks:

- reduces the risk of a range of physical and mental health problems, including the risk of overdose
- clearer thinking – helping with better decision-making, improved sleep and improved mood and overall well-being

Improves personal relationships, lifestyle and work:

- improved self-esteem and confidence to find new opportunities for improved social wellbeing and identity
- may improve family life, and relationships with partner, children and extended family/relatives
- may help save money
- work performance may increase, and work may become more satisfying

Ways to Reduce Risk

If continuing to use:

- make transport plans so you don't drive after using
- avoid mixing different drugs (including alcohol)
- use clean injecting equipment
- carry naloxone if using opiates

ACE (Access, Care and Empowerment) is a mobile app for people who inject drugs to help reduce harm to themselves and others. It provides

- Access: find WA needle and syringe programs and other health services
- Care: search information on how to take care of your health
- Empowerment: be informed about reducing harms to yourself and others

Download the free ACE app via the App Store or Google play.
www.healthywa.wa.gov.au/ace

ACE
Access Care Empowerment

Key practice points

Advise:

- Share some of the benefits that can come from reducing drug use.

*Refer to the Stages of Change pamphlet for further support with **assess**ing the patient's stage of change and providing **assist**ance no matter which stage of change they are at.*

Option B: *DAST-10 pamphlet (Section 3)*

How to get help

24-hour confidential telephone counselling, information and referral service:

Alcohol & Drug Support Line
For anyone concerned about their own or another person's alcohol or other drug use
Phone: **9442 5000**
Country Toll Free: **1800 198 024**

Parent & Family Drug Support Line
For anyone concerned about a loved one's alcohol or other drug use
Phone: **9442 5050**
Country Toll Free: **1800 653 203**

Contact your local Doctor/GP or Aboriginal Community Controlled Health Service

or Community Alcohol and Drug Service (CADS)

Local Contact

http://greenbook.org.au/
The Green Book is an online directory of alcohol and other drug services in WA.

<URL and QR code for writable PDF version of this pamphlet>

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Key practice points

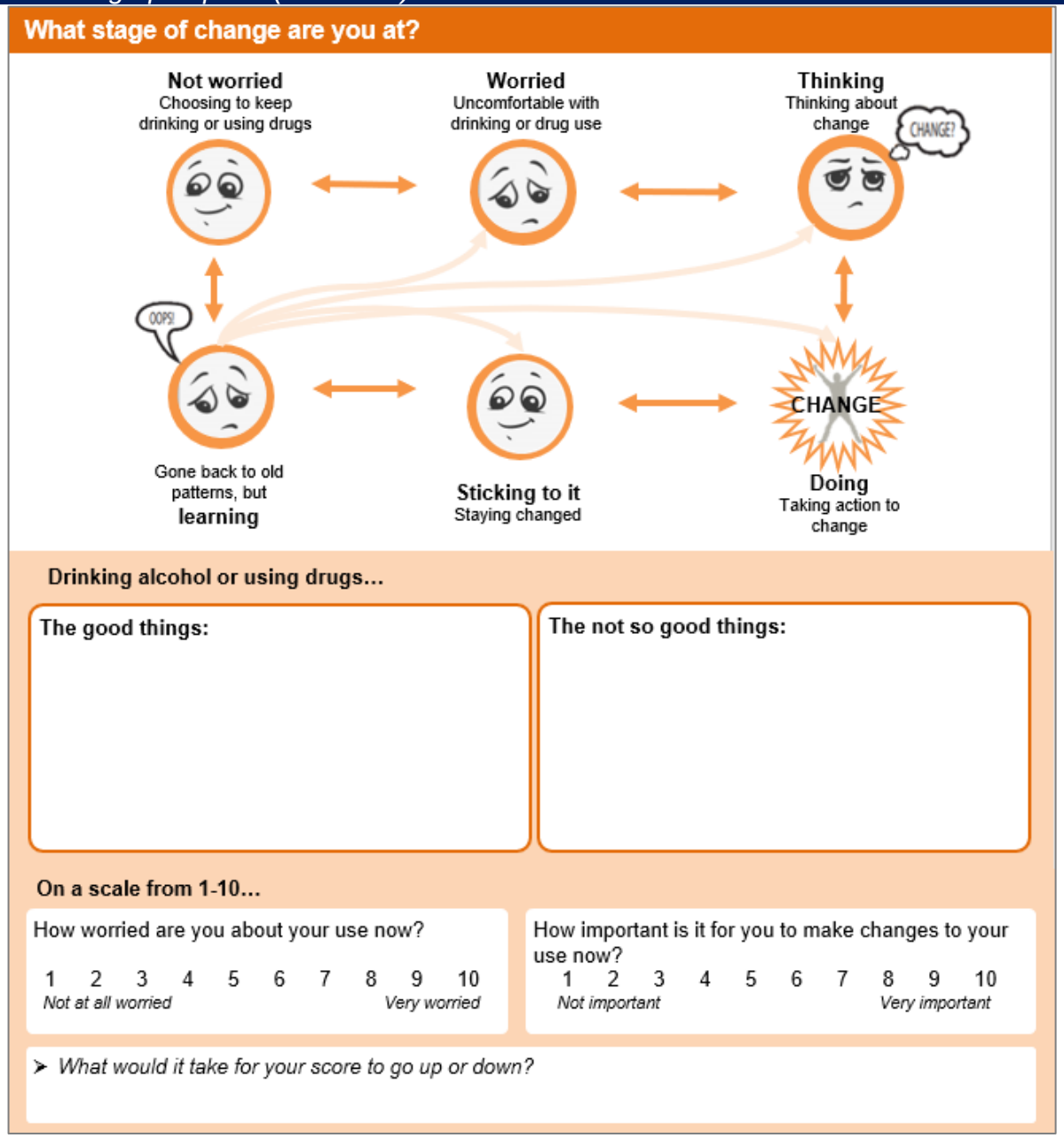
Arrange:

- Refer all patients at high risk of harm to your AOD Clinicians staff. Some patients at medium risk may also benefit from referral.
- Highlight the Alcohol and other Drug Support Line (ADSL) with the patient. The ADSL provides a 24-hour confidential telephone counselling, information and referral service for anyone concerned about their own or another person's alcohol or other drug use.
- Consider notification of the patient's GP/local Aboriginal Community Controlled Health Service (ACCHS):
  - Ask your patient if they would like their results to be shared with their GP, along with other discharge information. Some patients may not want their GP to be notified for fear of stigma.
  - For a patient who identifies as an Aboriginal person, you may also wish to ask if they would like their results to be shared with their local ACCHS.
- Consider referral to a local Community Alcohol and Drug Service:

Metropolitan CADS	Regional CADS
• North East Metro CADS (Holyoake and Next Step) • North Metro CADS (Cyrenian House and Next Step) • South East Metro CADS (Palmerston and Next Step) • South Metro CADS (Palmerston and Next Step)	• Goldfields CADS (Hope Community Services) • Great Southern CADS (Palmerston) • Kimberley CADS (WACHS) • Midwest CADS (WACHS) • Pilbara CADS (Mission Australia) • Southwest CADS (St John of God) • Wheatbelt CADS (Holyoake)

- Place the completed DAST-10 screening (medical record form) and any associated notes in the patient's file. This DAST-10 pamphlet can be provided to the patient to bring home.

Option B: *Stages of Change pamphlet (Section 1)*



Key practice points

Understanding where your patient is at in the stages of change can help guide the support you provide. There is no "wrong" stage of change.

To determine your patient's current stage of change:

Assess:

- Ask what stage of change they feel they are at.
- Ask about the good things and not so good things about drinking alcohol or using other drugs.
- *Examples of good things: having fun/excitement, socialising, coping with stress.*
- *Examples of not so good things: money problems, relationship problems, hassles with work/study, losing license, getting busted.*
- Ask how worried they are about their use, and how important it is for them to make changes to their use, using the 1-10 scales.
- Explore what it would take for their score to go up or down.
- Consider asking what stage of change they feel they are at now.

Option B: *Stages of Change pamphlet (Section 2)*

People go through different stages when they are making changes.

No matter what stage you are at, there are always things you can do to reduce harm to yourself, your family and your community.

How to stay safe

Tips to stay safe if you choose to keep drinking or using drugs:

- *Set limits on how much alcohol you will drink or how much of a drug you will take.*
- *Drink alcohol or take drugs around people you trust and in a safe place.*
- *Make transport plans so you don't drive after drinking alcohol or using drugs.*
- *Don't mix different drugs, or drugs with alcohol.*
- *If injecting, use clean equipment.*
- *Carry naloxone if using opiates*

ACE (Access, Care and Empowerment) is a mobile app for people who inject drugs to help reduce harm to themselves and others. It provides

- Access: find WA needle and syringe programs and other health services
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ACE
Access Care Empowerment

How to cut back or quit

Tips on cutting back or quitting drinking, smoking or using drugs:

- *If you drink alcohol on a daily basis, or use drugs regularly, seek medical advice before cutting back or stopping on your own.*
- *Cravings are common and uncomfortable but will pass. If you experience cravings, here are some things you can try:*
  - ***Delay** – making the decision to drink alcohol or take drugs.*
  - ***Distract** – yourself by doing something else, like talking to a friend, going for a walk or listening to music.*
  - ***Deep breathing** – or other relaxation techniques to help you stay calm.*
- *Make a plan, including reasons for cutting back and people who can support you.*
- *Get connected with professional support – see "How to get help".*

To lower my risk, I will

My Plan:

And if I get wobbly with my goals, I will…
e.g. call a support person

The safest choice is not to drink or take drugs if you are pregnant, planning a pregnancy, or breastfeeding.

Key practice points

No matter which stage of change your patient is at, there are ways you can support them.

The patient has the right to make their own choices regarding their alcohol and other drug use, which may include continued use.

Assist:

- Provide tips on how to stay safe when drinking alcohol or using other drugs. Harm reduction help is available from Needle and Syringe Program providers.
- Where applicable, note that the safest choice is not to drink alcohol or take drugs if the patient is pregnant, planning a pregnancy or breastfeeding.
- For patients who would like to reduce their use or stop using, provide tips on how to cut back or quit.
- Support the patient with expressing what they would like to do about lowering their risk of harm related to their alcohol and other drug use. This may also include considering what to do when things don't go to plan.

Option B: *Stages of Change pamphlet (Section 3)*

How to get help

24-hour confidential telephone counselling, information and referral service:

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For anyone concerned about their own or another person's alcohol or other drug use
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Key practice points

Arrange:

- Refer all patients at high risk of harm to your AOD Clinicians staff. Some patients at medium risk may also benefit from referral.
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- The Stages of Change pamphlet can be provided to the patient to bring home.

1.3 Education and training for clinicians

Supporting and equipping clinicians to engage in early intervention requires a robust education and training program. There are AOD Clinicians in several hospitals and health services who can provide advice and leadership with developing an appropriate education and training program for screening and brief intervention, in collaboration with existing profession-specific education teams (e.g. nursing education, medical education). Appropriate resourcing to enable program development and delivery will need to be considered.

Education and training programs on alcohol and other drug screening and brief intervention may include but are not limited to:

- addressing attitudes and underlying beliefs regarding AOD use and people who use alcohol and other drugs
- information on alcohol and drugs, and their use in WA
- how to use the proposed SBI tools as part of routine clinical practice, including how to apply the 5As brief intervention approach
- training on harm minimisation options available
- training on the stages of change (how to assess the patient's current stage of change, sensitively motivate change, and provide support no matter which stage the patient is at)
- how to respond to patient concerns regarding screening
- motivational interviewing skill development.

The spirit of motivational interviewing…

The ASSIST-Lite Manual[8] provides useful information on screening and brief intervention training and education, including key principles of motivational interviewing:

- Eliciting the patient's readiness or interest for information to guide the provision of neutral, non-judgemental feedback, and recognising the patient's personal interpretation of the information provided.
- Creating discrepancy and reducing ambivalence by asking *Open* questions and by *Affirming, Reflecting* and *Summarising* (OARS).
- Eliciting change talk – supporting the patient to recognise the disadvantages of staying the same, identify the advantages of change, express optimism about change, or express an intention to change.

Competency with providing early intervention is two-fold: (i) developing the technical knowledge, skills and confidence with screening and delivering brief intervention and (ii) developing the personal capacity to practice empathically, without judgement, to engage with your patient as a person on their AOD journey.

The second element recognises that AOD use can be a sensitive topic in our community, and among health care professionals. Attitudes and underlying beliefs regarding AOD use and people who use alcohol and other drugs influence the way clinicians interact with their patients. Indeed, significant harm can be caused when those attitudes and beliefs reinforce the stigma experienced by people who use alcohol and other drugs. It is therefore essential that education and training programs, as well as other initiatives fostering cultural change, consider and address underlying attitudes and beliefs held by staff that are counterproductive and/or harmful.

The Methamphetamine Action Plan Taskforce Final Report noted:

> *Stigma is a common and complex problem for people who use alcohol and other drugs. The World Health Organisation has ranked illegal drug dependence as the most stigmatised health condition globally, with alcohol dependence listed at number four.*[9]

Stigma in the form of language and actions can make people who use, or have used alcohol and other drugs, feel unwelcome and unsafe. This can prevent people from seeking the services they need, which can negatively impact their health, wellbeing and social outcomes.

Addressing stigma…

The Alcohol and Drug Foundation's The Power of Words is a resource designed to support healthcare professionals to reduce stigma and improve health outcomes. It contains evidence-based advice on using non-stigmatising language and features an easy-to-navigate, colour-coded directory of alternative words and phrases to suit a range of common scenarios.

The resource recognises that there is power in language. By focusing on people, rather than their use of alcohol and other drugs and by choosing words that are welcoming and inclusive, health care professionals working with people who use alcohol and other drugs can reduce the impact of stigma.

Other helpful resources include Lives of Substance where personal stories of people who have experienced AOD dependence are shared through video re-enactment, audio and written stories. These stories counter the misconceptions and stereotypes associated with AOD use and foster increased understanding and compassion.

The Mental Health Commission delivers a range of alcohol and drug training for health professionals and resources including:

- Specific training for mental health professionals including the AOD Keyworker Training and Dual Diagnosis topic on the Mental Health Professional Online Development (MHPOD) Portal.
- Next Step Drug and Alcohol Service weekly education webinars for clinicians.
- Online Course Categories which includes an Alcohol Brief Intervention, General AOD Knowledge, Needle and Syringe Programs and AOD Prevention.
- Calendar of video-conferencing training.
- Workforce development resource order list.

WA Health also has comprehensive self-directed learning modules on the AUDIT C and prenatal alcohol exposure, fetal alcohol spectrum disorder and alcohol and breastfeeding: WA Health Audit C Learning Guide.

Chapter 2: Pathways

"Engage with me, and **help me on my journey**"

The model of AOD early intervention pathways within HSPs are proposed in this chapter on pages 29-33 and outlined in Table 2.

Table 2: Outline of AOD Early Intervention Pathways

	Clinician-initiated early intervention for:		**Early Intervention**
Setting	**Emergency Department** Presentation		Path 1.1
	Outpatient	Clinic Appointment	Path 1.2a
		Mental Health Community Service Attendance	Path 1.2b
	Inpatient	Emergency or Elective Admission	Path 1.3

AOD Clinicians Care and Referral	Path 3

Note: Withdrawal management pathways (Path 2) feature in the *AOD Withdrawal Management Practice and Pathways* document.

Paths 1.1 to 1.3 outline the actions, decisions and considerations (collectively termed 'activities') of HSP clinicians in delivering screening and brief intervention across Emergency Department, outpatient and inpatient settings.

For patients at high risk of AOD-related harm and some patients at moderate risk of AOD-related harm, the pathways involve a referral to AOD clinicians. The subsequent care and referral pathway used by AOD Clinicians is outlined in Path 3.

Supporting family members and significant others…

All pathways acknowledge the importance of supporting the family members and/or significant others of people who use alcohol and other drugs by including reference to the Parent and Family Information and Support Pack.

The pack provides comprehensive information and help designed specifically for family members and significant others of people who use alcohol and other drugs. It also includes the **Parent and Family Drug Support Line**, which provides 24-hr confidential, anonymous, professional and peer support. Phone: 9442 5050; Country Toll Free: 1800 653 203.

Self-initiated early intervention

There are opportunities to provide patients and the wider public who come into contact with services provided by HSPs to engage in self-initiated early intervention. This can be facilitated through the strategic placement in waiting areas and via information stands of the SBI tools proposed in this model, other useful alcohol and other drug information and self-help resources, and material promoting the Alcohol and Drug Support Line. Given society's increasing digital capacity, providing digital options (e.g. QR codes) for accessing screening and information on alcohol and other drug information, services and supports should be considered. These supports may also include reputable digital applications like:

OnTrack provides programs specific to alcohol, and alcohol and depression, including interactive self-help tools, resources and fact sheets for people experiencing a range of issues.

Daybreak provides a program that helps people change their relationship with alcohol through a supportive community, habit-change experiments, and one-on-one chat with health coaches.

Cracks in the Ice provides a range of evidence-based resources including fact sheets, guidelines and infographics covering the effects of ice, tips for how to stay safe, and information about where, when and how to get support.

ACE (Access, Care and Empowerment) is a mobile app for people who inject drugs to help reduce harm to themselves and others. It provides:

- *Access:* find WA needle and syringe programs and other health services.
- *Care:* search information on how to take care of your health.
- *Empowerment:* be informed about reducing harms to yourself and others.

Download the free ACE app via the App Store or Google play.

Path 1.1 – Emergency Department (ED) Presentation: AOD Early Intervention Pathway

Patient exclusion criteria to this pathway:

- Medically unstable
- Altered conscious state
- Acute intoxication
- Acute withdrawal

These pts should follow established care pathways, and be assessed for AOD issues once medically stable

Clinician = Nurse, Doctor or Allied Health professional who first assesses the pt in ED

Triage Nurse: Assess and triage the pt as per Australasian Triage Scale (ATS)

Start here: Patient (pt) arrives at ED

Quick Screen: Is the pt at risk of AOD issues?

- **No** → Reinforce abstinence and manage as per usual care
- **Yes** →

Clinician: Conduct mental and physical assessment

Is there evidence of an acute mental health concern?

- acute psychosis, or
- concern of acute suicidal risk/ deliberate self-harm risk, or
- other acute mental health concern

- **Yes** → **Clinician:** Refer for mental health assessment when medically stable → **Psychiatric Team:** Engage in remainder of early intervention pathway as part of mental health care, when appropriate
- **No** →

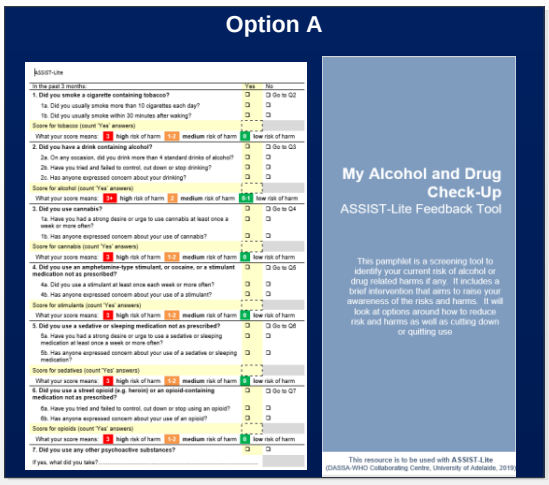
Clinician:
Ask - Conduct screening and brief intervention as part of holistic clinical assessment

Should the pt decline screening, document this in the pt notes and using your clinical judgement sensitively advise the pt that you respect their decision and would like to inform him/her about the potential harms related to risky alcohol and/or drug use

Use a Medical Record Form of the screening questions + selected SBI Tools below

Screening and Brief Intervention (SBI) Tool – Options:

Option A



Option B

Guided by selected SBI Tool...

Assess – Review the pt's screening results and
Advise – Share and explain screening results with the pt using the chosen SBI Tool

Low Risk

Affirm and reinforce abstinence / safe use

Medium Risk

Advise – Share information about the potential harms, benefits of reducing risk and tips

Assist – Collaborate with the pt to identify practical next steps they would like to take to reduce their risk

Based on your clinical judgement and local resources:

Arrange – Refer to AOD CL for specialist AOD assessment and support

OR

Arrange – Refer to General Practitioner / Aboriginal Community Controlled Health Service, Community Alcohol and Drug Services

High Risk

Advise – Share information about the potential harms, benefits of reducing risk and tips

Assist – Collaborate with the pt to identify practical next steps they would like to take to reduce their risk

Arrange - Refer to AOD Clinician for specialist AOD assessment and support

For the pt's family/ significant others seeking support: Provide the *Parent & Family Information & Support Pack* (Includes: *Parent & Family Drug Support Line*)

Path 1.2a – Outpatient Clinic Appointment: AOD Early Intervention Pathway

Patient exclusion criteria to this pathway:

- Medically unstable
- Altered conscious state
- Acute intoxication
- Acute withdrawal

These pts should follow established care pathways (e.g. ED referral), and be assessed for AOD issues once medically stable.

Clinician = Clinic Nurse, Doctor or Allied Health professional

Prior to Outpatient (OP) clinic appointment:

Start here:

Clerk: Book clinic appt

Is this the pt's first appt?

Yes → **Clerk**: Send pre-clinic survey to pt, which includes screening questions *(see SBI Tools for options)*

Patient: Completes and submits pre-clinic survey

If the pt does not complete the survey, clinician documents this in the pt notes and explain the benefits of the survey at clinic appt

No → Has the pt completed the pre-clinic survey in the last 12 months?

No → (back to **Clerk**: Send pre-clinic survey to pt, which includes screening questions *(see SBI Tools for options)*)

Yes → No further action required

Clinician: Review survey response, including screening results

Clinician: Conduct mental and physical assessment

- acute psychosis, or
- concern of acute suicidal risk/deliberate self-harm risk, or
- other acute mental health concern

Is there evidence of an acute mental health concern?

Yes → **Clinician:** Refer for mental health assessment when medically stable

Mental Health Clinician: referral activated

No → **Clinician:** Refer to GP to engage in early intervention and other treatment as appropriate

Yes → **Psychiatric Team:** Engage in remainder of early intervention pathway as part of mental health care, when appropriate

No → **Clinician:** Conduct brief intervention based on screening results

Screening and Brief Intervention (SBI) Tool – Options:

Option A

Option B

Guided by selected SBI Tool...

Assess – Review the pt's screening results and
Advise – Share and explain screening results with the pt using the chosen SBI Tool

Low Risk

Affirm and reinforce abstinence / safe use

Medium Risk

Advise – Share information about the potential harms, benefits of reducing risk and tips

Assist – Collaborate with the pt to identify practical next steps they would like to take to reduce their risk

Based on your clinical judgement and local resources:

Arrange - Refer to AOD Clinician for specialist AOD assessment and support

OR

Arrange – Refer to General Practitioner / Aboriginal Community Controlled Health Service, Community Alcohol and Drug Services

High Risk

Advise – Share information about the potential harms, benefits of reducing risk and tips

Assist – Collaborate with the pt to identify practical next steps they would like to take to reduce their risk

Arrange - Refer to AOD Clinician for specialist AOD assessment and support

For the pt's family/ significant others seeking support: Provide the *Parent & Family Information & Support Pack* (Includes: *Parent & Family Drug Support Line*)

Path 1.2b –Community Mental Health Service Attendance: AOD Early Intervention Pathway

Patient exclusion criteria to this pathway:

- Medically unstable
- Altered conscious state
- Acute intoxication
- Acute withdrawal

These pts should follow established care pathways (e.g. ED referral), and be assessed for AOD issues once medically stable.

First Service Provider = Community Program Nurse, Doctor or Allied Health professional who first provides a service to the pt as part of the Mental Health community program

During assessment prior to pt intake to a Mental Health community program:

Start here:

Clinician: Conduct holistic assessment of pt

Has the pt been screened for AOD use in the last 12 months?

Yes → No further action required

No → **Clinician:** Conduct screening

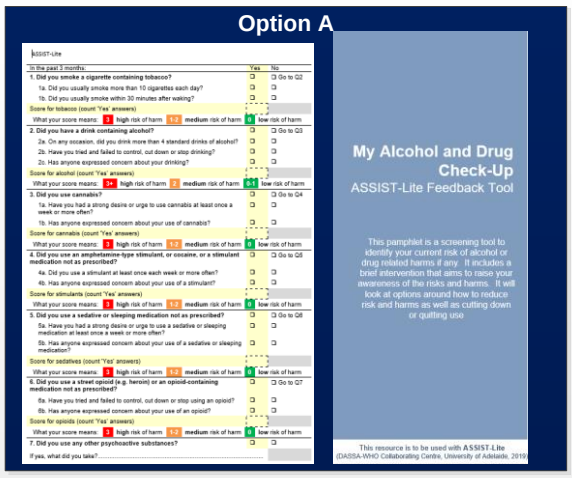
- Should the pt decline screening, document this in the pt notes and using clinical judgement sensitively advise the pt that you respect their decision and would like to inform him/her about the potential harms related to risky alcohol and/ or drug use
- Use a Medical Record Form of the screening questions + selected SBI Tools below

Clinician: Communicate screening results to First Service Provider

First Service Provider: Conduct brief intervention based on screening results

Screening and Brief Intervention (SBI) Tool – Options:

Option A



Option B

Where the referrer is the pt's family/significant other, it may be appropriate to provide this resource during triage to a Mental Health community program

For the pt's family/ significant others seeking support: Provide the *Parent & Family Information & Support Pack* (Includes: *Parent & Family Drug Support Line*)

Guided by selected SBI Tool...

Assess – Review the pt's screening results and
Advise – Share and explain screening results with the pt using the chosen SBI Tool

Low Risk

Affirm and reinforce abstinence / safe use

Medium Risk

Advise – Share information about the potential harms, benefits to reducing risk and tips

Assist – Collaborate with the pt to identify practical next steps they would like to take to reduce their risk

Based on your clinical judgement and local resources:

Arrange - Refer to AOD CL for specialist AOD assessment and support

OR

Arrange – Refer to General Practitioner / Aboriginal Community Controlled Health Service, Community Alcohol and Drug Services

High Risk

Advise – Share information about the potential harms, benefits to reducing risk and tips

Assist – Collaborate with the pt to identify practical next steps they would like to take to reduce their risk

Arrange - Refer to AOD CL for specialist AOD assessment and support

Path 1.3 – Inpatient (IP) Admission: Early Intervention Pathway

Patient exclusion criteria to this pathway:
- Medically unstable
- Altered conscious state
- Acute intoxication
- Acute withdrawal

These pts should follow established care pathways, and be assessed for AOD issues once medically stable

Note: In the situation where screening and brief intervention has not been conducted prior to admission (including elective admission from private specialist rooms), the inpatient treating team has the opportunity to activate this early intervention pathway during the patient's inpatient stay. It is recommended that the pathway is activated early in the patient's inpatient stay, as appropriate.

Inpatient Clinician = Nurse or Doctor responsible for the pt's inpatient care

Admitting Nurse on admission:

Start here: **IP Elective/Emergency Admission**

Is there a record of AOD screening and brief intervention prior to and related to this admission?

No → Quick Screen: Is the pt at risk of AOD issues?

No → Reinforce abstinence and manage as per usual care

Yes → No further action required

Yes →

Inpatient Clinician: Conduct mental and physical assessment

- acute psychosis, or
- concern of acute suicidal risk/deliberate self-harm risk, or
- other acute mental health concern

Is there evidence of an acute mental health concern?

Yes → **Inpatient Clinician:** Refer for mental health assessment when medically stable → **Psychiatric Team:** Engage in remainder of early intervention pathway as part of mental health care, when appropriate

No →

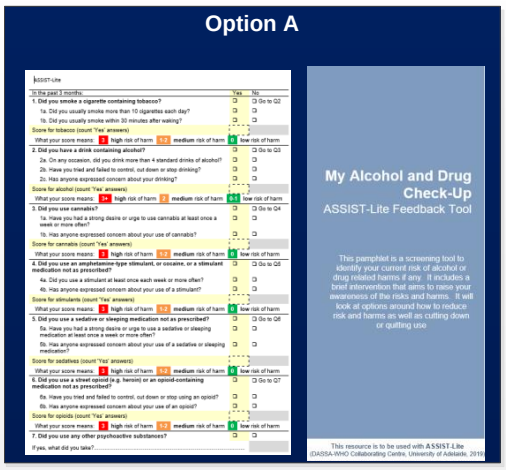
Inpatient Clinician: **Ask** - Conduct screening and brief intervention as part of holistic clinical assessment

Should the pt decline screening, document this in the pt notes and sensitively advise the pt that you respect their decision and would like to inform him/her about the potential harms related to risky alcohol and/or drug use

Medical Record Form + selected SBI Tools below (paper-based and electronic)

Screening and Brief Intervention (SBI) Tool – Options:

Option A



Option B

Guided by selected SBI Tool...

Assess – Review the pt's screening results and
Advise – Share and explain screening results with the pt using the chosen SBI Tool

Low Risk

Affirm and reinforce abstinence / safe use

Medium Risk

Advise – Share information about the potential harms, benefits to reducing risk and tips

Assist – Collaborate with the pt to identify practical next steps they would like to take to reduce their risk

Based on your clinical judgement and local resources:

Arrange - Refer to AOD CL for specialist AOD assessment and support

OR

Arrange – Refer to General Practitioner / Aboriginal Community Controlled Health Service, Community Alcohol and Drug Services

High Risk

Advise – Share information about the potential harms, benefits to reducing risk and tips

Assist – Collaborate with the pt to identify practical next steps they would like to take to reduce their risk

Arrange - Refer to AOD CL for specialist AOD assessment and support

For the pt's family/ significant others seeking support: Provide the *Parent & Family Information & Support Pack* (Includes: *Parent & Family Drug Support Line*)

Path 3 – AOD Consultation Liaison (CL) Referral and care Pathway

Start here:

Early Intervention Pathways

Medium Risk

High Risk

Withdrawal Management Pathways

Referral/liaison with AOD CL

AOD CL Staff: Conducts comprehensive assessment with the pt and provides intervention

<u>For pregnant women:</u> Referral to WANDAS

Will the pt be admitted?

Yes

AOD CL Staff: Develops and activates <u>inpatient AOD care plan</u> based on assessment findings and patient consent:

No

AOD CL Staff: Activates relevant <u>referral pathway/s</u> based on assessment findings and patient consent: Liaise with treating clinicians

AOD CL Staff:
Refer pt for additional hospital-based support services as required – all support services where the pt will not be admitted (see Activity 14) AND:

Pain Medicine for advice on pain management as an inpatient and post-discharge.

AOD CL Staff: Liaise with Inpatient Treating Team to anticipate and manage withdrawal risk as an inpatient, e.g. via notes in pt's file

Should withdrawal symptoms arise: **Inpatient Treating Team** manages withdrawal, with AOD CL support as required

Withdrawal management
Contact the Drug and Alcohol Clinical Advisory Service*

AOD CL Staff: Liaise with Inpatient Treating Team, and other inpatient support teams to plan discharge

AOD CL Staff and Treating Team:
Refer pt for additional hospital-based support services as required

<u>For pts with a co-occurring psychiatric condition:</u> Psychiatry/Mental Health care and liaison.

Pharmacy for shared verification of opioid substitution treatment and liaison.

Social Work for domestic violence issues, child protection issues, homelessness and centrelink issues.

<u>For Aboriginal pts:</u> Aboriginal Liaison for additional pt support, and liaison with Aboriginal support services.

Liaise with dietetics, occupational therapy and physiotherapy, as required.

AOD CL Staff: Refer pt to community-based services:

Interventions to reduce harm^:

- Sobering up shelters
- Needle and syringe programs (including exchange programs)
- Overdose prevention (including Naloxone provision)
- Drop-in services
- Peer support
- Family support

Interventions to screen, assess and coordinate^:

- Screening and brief intervention
- Assessment
- Consultation liaison
- Case management and care coordination

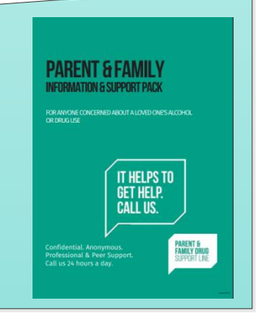
Intensive interventions^:

- Withdrawal management (non-residential and residential)
- Psycho-social counselling (delivered individually (one-on-one), in groups, and may involve family members or delivered to family members alone)
- Rehabilitation (delivered on a non-residential basis (e.g. day programs), in a residential setting, or in a therapeutic community)
- Pharmacotherapy

Other wrap-around services and support

^Description of interventions based on the National Framework for Alcohol, Tobacco and other Drug Treatment (2019-2029)

For the pt's family/ significant others seeking support:
Provide the *Parent & Family Information & Support Pack* (Includes: *Parent & Family Drug Support Line*)



**In addition to withdrawal management advice, the Drug and Alcohol Clinical Advisory Service (DACAS) provides clinicians with specialist advice on the medical management of people using drugs and alcohol.*

Chapter 3: Moving forward

This model of AOD early intervention practice and pathways provides guidance for HSP clinicians to: (i) engage in screening and brief intervention as part of their routine clinical practice, and (ii) support their patients on pathways to AOD early intervention practiced in HSPs, and AOD support and services, as required.

Each HSP is at a different stage in applying AOD early intervention practice and pathways. Therefore, implementing this model should take into consideration:

- Existing operational documents, initiatives and programs that support the principles of AOD early intervention, and how elements of the model can complement or add value to them.
- Current organisational and staffing culture and attitudes towards AOD use, and people who use alcohol and other drugs.
- Benefits of taking a phased approach to applying the model to practice, commensurate to each HSPs current stage of development (e.g. starting with the use of AUDIT-C in specialties and departments with clinical champions).

It is acknowledged that implementing certain elements of this model is prevented or challenged by a number of key gaps and issues. Examples of key gaps and issues related to the model of AOD early intervention practice and pathways include:

- Attitudes and underlying beliefs held by HSP clinicians regarding AOD use and people who use alcohol and other drugs that compromise the ability to engage in effective early intervention.
- Time constraints and existing administrative requirements of HSP clinicians.
- Capacity constraints of AOD treatment services (internal – access to AOD Consultation Liaison staff, and external – community-based AOD service providers, including General Practice) limiting ability to meet potential increase in demand from increased screening and brief intervention.
- The majority of country hospitals and health services in WACHS, and some metropolitan public hospitals, do not have access to AOD Consultation Liaison staff.
- Where there are existing AOD Consultation Liaison staff, staffing levels in the majority of these hospitals and health services do not support out-of-hours service provision, or enable coverage of certain areas (e.g. outpatient setting).

Through the Project's stakeholder engagement process, strategies to address identified key gaps and issues have been explored and put forward through the *Walk With Me Project: Recommendations Report.*

Appendix 1: Guide to selecting AOD screening tools

Key factors to consider when choosing alcohol and other drug screening tools from existing validated instruments include:

- Validity and reliability as a screening tool, not just a record of assessment; and defines ‘caseness’ – has a scoring system, with a balance of sensitivity, specificity, and reliability.
- Supported by the literature and currently in use nationally.
- Takes a relatively short period of time to administer, and suitable for use in diverse clinical settings.
- Clear instructions and easy to use without significant training need.
- Can be self-administered by the consumer.
- Identifies where further referral is recommended.

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