

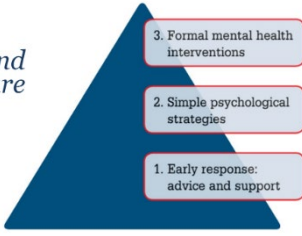
RACGP's Alcohol in a time of crisis Webinar, 11 November 2020

Factors that contribute to higher risk alcohol use during and in the aftermath of a crisis/ traumatic event

A longitudinal [study](#) (5yrs post Black Saturday fires) showed increased PTSD, depression, lower resilience and persistent 'heavy drinking' in those affected with greater loss and grief. Ongoing life stressors perpetuated this. During the COVID-19 lockdowns, alcohol and cannabis use increased. Market forces (access and cost) changed illicit substance use. Heroin, cocaine methamphetamine, and ketamine use reduced. [ANU research](#) showed gender differences for increased AOD use as a result of increased childcare roles and stress for women; loss of employment, reduced hours, and boredom for men.

Everyone is at risk of alcohol use. Important to ask "are you drinking more since COVID?" Higher risk populations include those who are: homeless, veterans, family history of dependence, childhood sexual assault, experienced trauma, in contact with the justice system, identify as LGBTQI, Aboriginal and Torres Strait Islander people, young people, and other substance use disorders.

Trauma and stepped care

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3. Formal mental health interventions
 2. Simple psychological strategies
 1. Early response: advice and support



Patient-centred, whole person care to address crisis, trauma & escalating higher risk alcohol use

As part of trauma-informed care, GPs are well placed to offer '[psychological first aid](#)'. Initially address distress and basic needs by providing comfort, information giving and practical problem solving support. Act as a calming presence, allowing patient to feel connected, safe and sense hope. Structured debriefing/psychological input **should not** be offered in the first few weeks to months of trauma and is often not needed from a GP (this should be guided by the patient). Provide your patient with external memory aid – brochure, written information.

Case: loss of identity, job, history of bullying, used alcohol and binge eating to cope. The GP used the presenting complaint to link into an AOD history and comorbidities. This approach exemplified whole-person care approach (biomedical, mind-body, connection, activity, nutrition) to engage the patient, build rapport and maintain continuity of care. Alcohol effects the whole body (comorbidities such as diabetes, weight management, and hypertension arise). Determine state of change and match advice. Crisis can be a catalyst for change, a unique opportunity to facilitate change, emphasizing collaboration and partnership. Know your limits: be realistic about what you can do within a consult.

How to reduce harm during the pandemic with their alcohol use.

Many people who are drinking alcohol at harmful levels won't need a formal detox and will respond well to advice giving and psychosocial support. Try FRAMES, 5-10 minute brief interventions that involves advice giving and is evidence based (see [WHO resource](#)):

- ✓ Feedback -permission 'is it ok if we explore this', e.g. 'alcohol in children is not advised' and why. Neutral feedback on behaviours
- ✓ Responsibility – the patient's life and behaviours are their own responsibility
- ✓ Advice – AUDIT-C, safer drinking levels (current draft [NHMRC](#) guidelines: up to 10 standard drinks p/week, up to 4 in one sitting. Under 18yo, or pregnant or breast feeding - no alcohol.) Patient centered language "I understand that you want to share this with your teenagers, as it can be enjoyable. From a health perspective, alcohol can be harmful for young people and isn't recommended"
- ✓ Try 2 alcohol free days, and discuss risks (accidental injury, loss of license, GOR). Motivational interviewing, try finding the risk that patients will connect with and consider alcohol use behaviour change.
- ✓ Menu – provide options/alternatives for patient to choose.e.g. Try stopping for a period as a whole family, defer drinking until the children are in bed. Regarding the safety of children, consider whether a mandatory report needs to be made.
- ✓ Empathy
- ✓ Self-efficacy

Consider a home-based withdrawal as an option for all patients unless [contraindications](#).

- ✓ A "detox" can offer a break, a chance of reflection, a chance to properly assess and work on things whilst sober. Considerable benefits to minimising overall harm to the patient.
- ✓ [Read guidelines](#), ask for advice on withdrawal (a mentor in your practice or call your AOD clinical advisory service).
- ✓ Patient selection is key. If patient is high risk with limited/no support, refer to a specialist service for inpatient withdrawal. Use short alcohol withdrawal scale as a symptom list to monitor during withdrawal (ie right person, right treatment, right time).
- ✓ Assess and reassess appropriateness of: the home environment, dynamics within the home, safety, suicidality, comorbidity, psychosis, complications (seizures, DTs), polysubstance use, multiple withdrawal attempts (3-4) consult with specialist.

After care treatment plan

- ✓ AA and SMART recovery – good evidence for supporting patients to abstain
- ✓ Online resources This naked mind video 'the alcohol experiment'
- ✓ Apps: Daybreak app, Sobriety counters sober time
- ✓ Mental health care treatment
- ✓ Exercise in recovery is essential. Nutrition advice
- ✓ Anti-craving medications – naltrexone, acamprosate

Short Alcohol Withdrawal Scale (SAWS)

Please put a tick in the boxes to show how you have been feeling for all of the following conditions in the last 24 hours.

	None (0)	Mild (1)	Moderate (2)	Severe (3)
Anxious				
Sleep disturbance				
Problems with memory				
Nausea				
Restless				
Tremor (shakes)				
Feeling confused				
Sweating				
Miserable				
Heart pounding				

ARTICLES:

ABC report: Alcohol and COVID19 [summary](#) of 2020 drug-use changes

ANU report: Alcohol consumption increases during COVID-19 crisis, 10 June 2020. [Overview](#) or [Full report](#)

Bryant A, et al. [Longitudinal study of changing psychological outcomes following the Victorian Black Saturday bushfires](#). ANZJP; 2018

Molyneaux R, et al. [Interpersonal Violence and Mental Health Outcomes Following Disaster](#). 2019. BJPsych Open

Neil J. [Domestic violence and COVID-19: Our hidden epidemic](#). AJGP; June 2020. Good article on overcoming limitations of telehealth

Digital Health CRC: [General primer on using telehealth](#)

Davis, C. [Home detox – supporting patients to overcome alcohol addiction](#). Aust Prescr 2018;41:180-182

Hall K, Gibbie T, Lubman DI. [Motivational interviewing techniques: Facilitating behaviour change in the general practice setting](#).

Brett J, Lawrence L, Ivers R, Conigrave K. [Outpatient alcohol withdrawal management for Aboriginal and Torres Strait Islander Australians](#)

M Burns. Medscape, [Delirium tremens \(DTs\)](#), 6 Nov 2020

Wade D, Howard A, Fletcher S, Cooper J, Forbes D. [Early Response to Psychological Trauma](#). AFP 2013

Cooper J, Australian Family Physician, [PTSD An update for General Practitioners](#) 2014

Alcohol and Drug Foundation. [How mass trauma affects alcohol use](#). 30 Mar 2020.

Mallet J, Dubertet C, Le Strat Y. J PNPBP Aug 2020. [Addictions in the COVID-19 era: Current evidence, future perspectives a comprehensive review](#).

Lee N. The Conversation, [COVID changed the way we use AOD, now its time to properly invest in treatment](#). 13 Oct 2020.

ABC News, [Recovering alcoholic shares story about relapse](#), as COVID-19 lockdown raises addiction risk concerns. Oct 2020.

Duckett S, Mackey W, Stobart A. [The health effects of the 2019-20 bushfires](#). GRATTAN Institute: Submission to the Royal Commission into National Natural Disaster Arrangements. Available from URL

Cavanagh A, Wilson CJ, Kavanagh DJ, Caputi P. Australian Community Psychologist; Dec 2018. [Men and Women’s psychological outcomes in communities affected by bushfires](#).

RESOURCES AND TOOLS:

Department Of Health: [‘Guidelines for the Treatment of Alcohol Problems’](#) – good resource for GPs

QLD Health, [AOD withdrawal guidelines](#)

Turning point, [AOD withdrawal guidelines](#)

Department of Health, [Guidelines on management of comorbidities in AOD settings](#)

NHMRC guidelines [on alcohol use](#)

Australian Breastfeeding association, Information on [Breastfeeding and alcohol resources](#)

Blue Knot, [Practice guidelines on Trauma](#)

WHO. Very helpful guide on [Brief intervention for substance use: a manual for use in primary care](#)

DACAS. Brief interventions frames, quick guide: <https://www.dacas.org.au/clinical-resources/screening-assessment/frames>

Insight QLD: Excellent 2 page cheat sheet for [alcohol brief interventions](#) with patient info, using motivational interviewing.

Insight QLD: [Quick guide management for stage of change and appropriate AOD interventions](#), using motivational interviewing.

Insight toolkit – [webinars, guidelines, modules on trauma informed care](#)

Australian Drug Foundation, [‘Power of Words’](#) – Using destigmatising language

Hunter Integrated Pain Service, The Hand visual aid on [Whole person care](#)

[Severity of Alcohol Dependence Questionnaire \(SADQ\)](#)

[AUDIT C](#) screening tool

[K10](#) screening tool DACAS

[Short alcohol withdrawal scale](#)

Anti-craving medication information, PBS Listing, [Naltrexone](#), or [Naltrexone information sheet for patients](#)

Anti-craving medication information, PBS Listing, [Acamprosate](#) or [Acamprosate information sheet for patients](#)

FOR USE WITH PATIENTS

Rethinking drinking, [Alcohol & your health. Tips to Try](#)

Australian Drug Foundation, [Alcohol fact sheet](#)

Australian Drug Foundation, [Drug wheel](#), information on alcohol and other drugs

Australian Drug Foundation, [A good patient resource on home based alcohol withdrawal](#)

Visual aid for [IRIS \(Indigenous Risk Impact Screen\) body cards](#) are visual prompts to help support open dialogue with patients about AOD use.

Harm reduction Victoria: [information on alcohol and other drugs](#) for various substances

Firststop’s [guide for families](#)

Family [drug support](#)

Family [drug and gambling support](#)

Family support for those whose family member uses [methamphetamines](#)

[Counselling online](#) provides free, confidential, 24/7 counselling for AOD problems

[Alcoholics Anonymous](#)

AA 24 Hour Helpline 1300 22 22 22

Kelly, JF, Cochrane review, [AA & 12 step facilitation programs for Alcohol Use Disorder](#). 11 March 2020. Good evidence for efficacy.

Abstinence support and recovery for patients: [SMART recovery](#). Research into [efficacy of SMART Recovery](#) conducted by Insight.

Abstinence support and recovery for patients: [Daybreak app](#) (HelloSundayMornings)

This Naked Mind, [An Alcohol Experiment](#)

This Way Up, [Mental health courses](#) - including PTSD, anxiety, depression - Free for 90 days with a clinician prescription:

Mindspot, [free mental health courses](#) including PTSD, anxiety, depression, Indigenous Australian specific