

Focus on harm minimisation

Transcript

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A few minutes to discuss harm minimisation by a GP can achieve a lot. You leave the door open for patients to return and discuss their use in the future when they might be willing to change. This isn't condoning their alcohol and other drug use but supporting them with their health at their specific stage of change.

Ask the patient what they know about safe alcohol and other drug use. You can provide advice on other strategies that can be effective to address their knowledge gaps. Consider discussing avoidance of injecting, or safe injecting. Encourage planned drug use, avoiding times of obligation [social situations where patient feels obliged to partake in AOD use], or encouraging mild or moderate intoxication.

Get them to consider sexual safety - condoms and contraception. Discuss the risk of developing dependence, harms, overdose and where to call for help.

Vaccinate for Hep A and Hep B and treat Hepatitis C. Encourage safe drug sourcing considering finances and avoiding credit. Consider harms to children and other dependents.

When prescribing pharmacotherapy such as opiates and benzodiazepines ensure your prescribing is rational, defensible, doses are confirmed and within your professional comfort.

Consider a brief intervention if appropriate, including the FRAMES format. Provide personalized feedback after you ask and assess, acknowledging the patient is responsible for their own behaviour. Give clear advice and information on harms, impact on health and reducing or stopping. Offer a menu or alternatives to cut down or stop. Use a reflective, warm empathic approach. Encourage self-efficacy and confidence in the patient so they are able to make the changes they want to.

Finally, consider downloading and sharing some patient resources such as those from Touchbase or the Australian Drug Foundation, so that you have patient centred information to minimize harm that you can give to them and protect them from their own alcohol and other drug use.