

Whole of Practice Resources

GPs in a leadership or supervisory role

Alcohol and other drug use is common. The impacts of alcohol and other drug use is pervasive and stretches beyond absenteeism. Most Australians use alcohol (85%). 1 in 4 Australians are drinking alcohol at risky levels. Alcohol use a common cofactor in other chronic conditions. Whereas roughly 10% of Australians use cannabis and less than 5% use other illicit substances.¹

The [RACGP AOD GP Education Resource Library](#) (“The Library”) was developed to provide time-poor GPs with resources as they engage and support patients who experience harms from their alcohol and other drug use.



The [Library](#) includes an AOD Resource List which is a searchable list of clinical resources that are helpful in general practice. The AOD Resource list can be found at the bottom of each page of the [Library](#). Resources are searchable under the following topics.

AOD core skills

5As framework
Brief intervention
Clinical guidelines
Language & communication
Motivational interviewing
Patient behaviours
Patient resources
Screening tools
Trauma informed care

Priority populations

Aboriginal and Torres Strait Islander people
Custodial health
LGBTIQ+
Pregnancy, homelessness, rural health
Young people

Treatment planning

Care coordination & treatment planning
Chronic non-cancer pain
Comorbidities
Harm minimisation
Opioid deprescribing
Opioid pharmacotherapy
Suicide and overdose prevention
Withdrawal management

Substance specific

Alcohol
Benzodiazepines
Cannabis
Methamphetamines
Opioid deprescribing
Opioid pharmacotherapy
Other illicit substances

The [Library](#) has sections that outline strategies that GPs can use to:

- routinely screen for AOD use and deliver brief interventions
- consider pacing of their consults and fostering a therapeutic alliance
- undertake more comprehensive assessments when screening indicates there is problematic use
- tailor advice and treatment approaches according to a patient’s readiness for change
- implement motivational interviewing techniques to support behaviour change
- develop strategies to prevent and manage behaviours that GPs can find challenging
- develop strategies to discuss and approach deprescribing of drugs of dependence
- take a longer-term view to managing patients who present with more complex comorbidities and needs
- access resources that can help GPs deliver a safe planned taper / withdrawal from a substance
- plan ways to foster a whole of practice approach to supporting each other as you support patients who use AOD.

¹ Alcohol and Drug Foundation 2021. Accessed 19 May 2022. [Why do people use alcohol and other drugs?](#)

As a practice leader, have you considered the following opportunities to incorporate AOD treatment in your whole of practice?

- Identify GPs who have a special interest in AOD treatment to form a pod within the GP clinic.
- Incorporate a whole of practice approach (nursing +/- reception staff) to clinical meetings (e.g., lunchtime) about AOD-related issues (clinical and processes).
- Arrange meetings with other staff with a focus on debriefing/reviewing/providing feedback – to support each other.
- Share caseloads to:
 - improve continuity of care for sick days, leave, trainee change over
 - agenda map/motivations of complex patients
 - distribute workload to prevent burnout.
- Develop personalised management plans for each patient, adapt templates found in the AOD Resource List. Search for '*template*' in the AOD Resource List.
- Visit the *Whole of practice resources* page of the [Library](#) to see how you can streamline your planning around AOD consults, using a chronic disease management approach according to patient's readiness for change.
- Explore ways team care arrangements can be optimised for substance use disorder:
 - identify list of local pharmacists, psychologists, counsellors, AOD services to enlist
 - invite local AOD specialists / psychiatrists / psychologists with to monthly meetings.
- Skills development:
 - motivational interviewing
 - trauma informed care
 - boundaries and supporting patients whose behaviours can be challenging for GPs
 - techniques to develop treatment goals that work for the patient and GP (a shared agenda)
 - crisis planning.
- Review of current medication treatment plans and approaches for patients who are weaning/stable/increasing.
 - Are patients aware of overdose risks, falls risk and other potential harms from prescribed medications? Explore strategies for harm minimisation.
- Practical ways to accommodate trauma informed care needs: e.g., prefers to be seated in the waiting room, or prefers to wait outside and be called in when Nurse/Dr ready, welfare checks for absences, approaching appointment scheduling

