

## *Team-based professional development activities*

### **Pre-activity preparation**

- Print out trivia activity cards (page 3 of this resource).
- Print out some patient and care/treatment planning resources from the [RACGP AOD GP Education Resource Library](#) ("the Library") and hand around a copy. (*You may like to keep this in a plastic sleeved display file and keep in the treatment room*).

### **Trivia activity (5 minutes)**

- As a big group, brainstorm answers to the 10 trivia questions
- Answers can be written on a white board or piece of paper
- Reveal the answers together – what was obvious? What was surprising? Does this challenge your perceptions of people who use alcohol and other drugs?

### **Discuss the RACGP AOD GP Education Resource Library (10 minutes)**

Explore any of the 4 key themes of the [Library](#) as a team.

- AOD Screening: the first two steps in the 5A's framework for lifestyle behaviours (Ask and Assess).
- How to approach patients who don't want help (Motivational Interviewing).
- Challenging Behaviours and safer prescribing.
- Complex cases and comorbidities (such as AOD use and mental health, trauma, chronic non-cancer pain).

### **Video and discussion of screening and a brief intervention (up to 45 minutes)**

[ASSIST with Substance](#) (entire video with introduction and two cases is 34 minutes)

- Note how 'Mel' enters the 'contemplation' stage of change after screening and a brief intervention discussing her alcohol use.
- Note how 'Ben' enters the 'contemplation stage' of change after discussing his cannabis use and undertaking a brief intervention using 'FRAMES' with the nurse.



This video demonstrates how to use the Assist screening tool to screen for AOD use and deliver a brief intervention (providing advice to the patient that is personalised and catered to their state of change).

After viewing the video or part of the video, you could follow this up with breaking into pairs and undertaking the Assist-lite or deliver a brief intervention using the cases supplied.

If there isn't time for a role-play, a discussion about how to screen in a time-pressured environment could be useful.

- Consider the use of screening tools versus informal discussion, pacing of taking a substance use history and assessing for stage of change, and how/when to provide advice to avoid losing rapport and engagement.
- Do you go with momentum while the patient is in your room, or approach it over multiple consults? What techniques can help the patient return for a follow-up review?
- How might reception staff, administration, nursing staff and doctors be involved in each step of patient management, to provide the best possible experience for all staff?
- How might staff create a non-judgmental atmosphere, including the trauma informed care principles of: safety, trust, choice, collaborations, empowerment, respect for diversity?
- Come together and brainstorm how you might manage a case such as 'patient x'

### Role plays or case-based scenarios (up to 30 minutes)

The RACGP has developed four cases that explore various themes. Refer to *Sample AOD Cases for discussion* section of the Whole of practice resources section. Choose one case and create a situation where reception, administration, nursing staff and doctors are involved.

Patient	Theme
Cassie	Ask, Assess, Advise, Brief intervention, higher risk group.
Lahn	Harm minimisation - Safe injecting practices, safe sex, recreational or party drug use.
Bill	Home based alcohol withdrawal.
Myra	Opioid use disorder and management, chronic pain.

### Suggested activities:

- Take a history from 'Cassie', or perform the AUDIT-C.
- Perform a brief intervention for 'Lahn' using FRAMES.
- Counsel 'Myra' on why opioids are not indicated in chronic non-cancer pain, or counsel her on commencing opioid substitution therapy and what this would entail (either commencing yourself or referring to an AOD service for review).
- Discuss why 'Myra' would be suitable for opioid substitution therapy instead of a weaning approach.
- If you are not a prescriber of buprenorphine/naloxone, how could you safely support 'Myra' and minimise harm whilst she considers her treatment options?
- Plan a home-based alcohol withdrawal for 'Bill' – how might you arrange this? Use the 'who, prepare, withdrawal and follow up' headings to plan how you might do this in the clinic.
- Discuss emergency presentations and how to manage these as a practice:
  - 'Bill' presents agitated initially (de-escalation flow chart), consider the reasons why?
  - 'Bill' calls the practice. Reception staff try to identify the reasons for Bill's call and discuss with nursing staff. Bill hangs up and presents to the practice. The nursing staff identify that Bill is in withdrawal and bring him to the treatment room. The GP needs to assess for acute complicating symptoms, whether the patient needs emergency department admission and creates a treatment plan.
  - 'Bill' attends the clinic, he has not managed to cut down his alcohol use, he is still drinking and wants to undertake a planned withdrawal – how can the clinic staff best support 'Bill' to achieve this in a safe way?

<p><i>In Australia which psychoactive substance causes the most harms?</i></p>	<p><i>The rates of drinking in young people are increasing</i></p> <p>True or false?</p>
<p><i>How long does it take someone with an alcohol use disorder to seek help?</i></p>	<p><i>Which age group has the highest rates of accidental overdose of prescription medicines?</i></p> <p>a) 20-29 year olds b) 40-49 year olds c) 70-79 year olds</p>
<p><i>How many standard drinks a week is recommended to keep your drinking 'low risk'?</i></p>	<p><i>Which is the most commonly used illicit substance?</i></p> <p>cannabis methamphetamines</p>
<p><i>The cause of death is higher for road accidents compared to unintentional overdose (from illicit or prescribed use)</i></p> <p>True or false?</p>	<p><i>How much does the risk of developing future drug use problems increase for each Adverse Childhood Event (witnessing or experiencing abuse, violence, or neglect)?</i></p>

Content is accurate as of April 2022. Please visit [www.adf.org.au](http://www.adf.org.au) for more information.

<p><i>In Australia which psychoactive substance causes the most harms?</i></p> <p><b>Answer: Alcohol</b></p>	<p><i>The rates of drinking in young people are increasing</i></p> <p><b>Answer: false,</b></p> <p><i>And levels of abstinence of young people is rising</i></p>
<p><i>How long does it take someone with an alcohol use disorder to seek help?</i></p> <p><b>Answer: 18 years</b></p>	<p><i>Which age group has the highest rates of accidental overdose of prescription medicines?</i></p> <p><b>Answer: 40-49 year olds</b></p>
<p><i>How many standard drinks a week is recommended to keep your drinking 'low risk'?</i></p> <p><b>Answer: 10 standard drinks (no more than 4 in one session)</b></p>	<p><i>Which is the most commonly used illicit substance?</i></p> <p><b>Answer: Cannabis</b>            (10% of Australians use cannabis whereas less than 2% use methamphetamines)</p>
<p><i>The cause of death is higher for road accidents compared to unintentional overdose (from illicit or prescribed use)</i></p> <p><b>Answer: False</b></p>	<p><i>How much does the risk of developing future drug use problems increase for each Adverse Childhood Event?</i></p> <p><b>Answer: 30-40% per every adverse traumatic event in childhood</b></p>