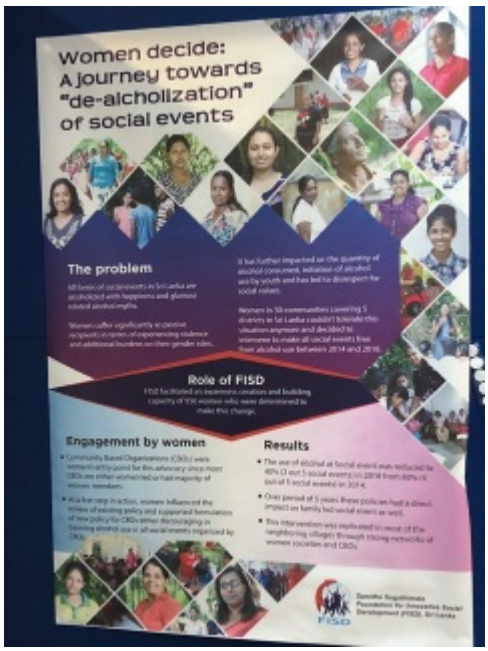
# Alcohol and Other Drugs Newsletter

## Winter 2020 Local and Global Edition




## Welcome to the AOD Winter Newsletter

The 6th Global Alcohol Policy Conference (GAPC) was held in Dublin Ireland in early March this year. The conference theme was *'Alcohol Equity and Global Health: the benefit of alcohol control for sustainable development for all'*. Our AOD GP Clinical Lead, and intrepid reporter, Dr Nicole Gouda, attended the event and just squeaked home before Australia's Covid-19 restrictions came into force. Thanks to Nic, Dr Esther Han, Claire Adams, and Carolyn McKay for submitting articles for this edition. If you have an article you would like to contribute for the Spring or Summer editions please contact Pat Simmonds psimmonds@snhn.org.au.

## Contents

# In July

## New Standards for Pregnancy Warnings on Alcoholic Beverages

[Pregnancy warnings on alcoholic beverages will now be mandatory]

Alcohol producers will have 3 years to transition to the new labelling

## World Hepatitis Day

Australia's World Hepatitis Day on 27 July

"On World Hepatitis Day by talking to our friends, family or a doctor we can work towards achieving the goal of hepatitis elimination by 2030". This site has a Hepatitis Quiz you might find useful for your patients.

## NSLHD Drug and Alcohol F2F and Telehealth Services During COVID-19

During these challenging times with COVID-19, Drug & Alcohol Services in Northern Sydney are here to support GPs and their patients. We are still offering inpatient withdrawal management (detox) for patients, medical & nursing outpatient clinics, opioid treatment and specialist phone support. We are conducting telehealth consultations with patients and face to face consultations at clinical discretion.

The number for both patients and GPs to call is the same – 1300 889 788.

Option 1 – outpatient services including counselling for D&A, gambling

Option 2 – inpatient services (detox)

Option 3 – opioid treatment program (St Leonards and Brookvale)

Option 4 – advice for GPs and all other enquiries.

# Opportunities

## Drug and Alcohol Supervised Clinical Attachments with NSLHD Addiction Specialists

40 Category 1 CPD points (by self-notification) are available on completion of 10 hours of training with remuneration at $150 per hour. To learn more click here.

## 2020 Alcohol Brief Intervention Initiative

SNHN has created the Alcohol Brief Intervention Initiative to gather information from GPs on effectively supporting patients to reduce harm from alcohol consumption. Deidentified information, ideas, and resources generated by GPs will be collated in a report and distributed within the group, and to following participants. 40 RACGP points and remuneration apply. To learn more click here

## SNHN Performance and Image Enhancing Drugs (PIEDs) Project

The Sydney North Health Network (SNHN), with the assistance of Dr Esther Han, is currently working with Dr Katinka van de Ven, Senior Lecturer, Centre for Rural Criminology, University of New England, on the first PIEDs (pronounced PEEDs by

the experts) resource for general practice in Australia. This online resource will focus on harm minimisation and cover red flags, background, assessment, management, referrals within the region, information/resources for GPs and patients, and will include a webinar. Both the resource and webinar are expected to be available in November 2020.

See the Alcohol and Drug Foundation article Harm Reduction and Performance and Image Enhancing Drugs for more information on this topic.

If you have extensive expertise treating people using PIEDs and are interested in being included as an expert stakeholder please contact Pat Simmonds at SNHN psimmonds@snhn.org.au

## Northern Sydney Community Drug Action Teams (CDAT)

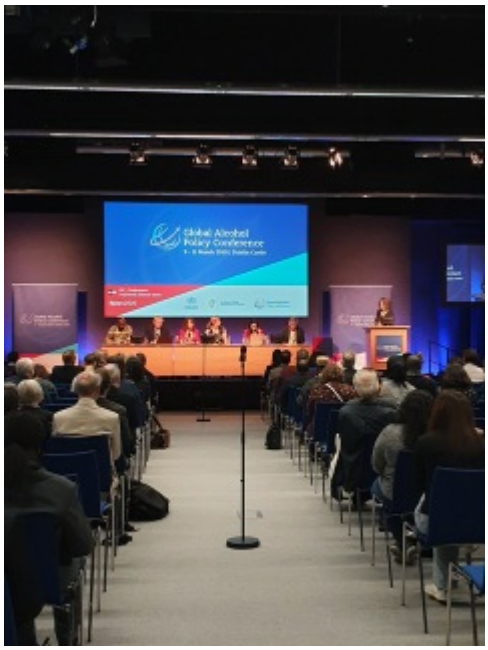
Want to join a CDAT or get involved in a project or event? Contact Leanne Fuelling, Senior Community Development Officer at the Alcohol and Drug Foundation (ADF) on leanne.fuelling@adf.org.au or 0402 02 7601 to find out more about CDATs or what is happening with one of the CDATs in the Northern Sydney Region.

Community Drug Action Teams (CDATs) are groups of volunteers from the community and interested workers such as Police, LHD, PHN, youth workers, health and community workers, who are passionate about their area and want the best for their community particularly in relation to alcohol and other drug use.

Some activities across Northern Sydney include a women and alcohol research project, advocacy against liquor licence applications and legislation changes, activities to support at risk youth, and parenting support.

# Articles

## Global Alcohol Policy Conference




By Nicole Gouda, GP Northern Beaches, SNHN AOD Clinical Lead

Dublin, March 2020, saw the gathering of public health professionals, representatives from the World Health Organisation (WHO), researchers, academics and clinicians from around the globe for the sixth Global Alcohol Policy Conference (GAPC). The conference gave delegates the opportunity to discuss their country's progress with regard to alcohol policy advances and facilitate a collaborative approach to bringing about future global, sustainable change.

It is a little-known fact that alcohol is the third leading risk factor for poor health globally and is responsible for almost 6% of all world deaths. In the latter part of the 20th century, there was a shift by WHO to include non-communicable diseases such as tobacco and alcohol related disease on their agenda, rather than just focussing on communicable disease as in its previous practice. Concurrently, the Global Alcohol Policy Alliance (GAPA), a network of non- governmental organisations with the purpose of sharing information and knowledge about alcohol policy, was formed to advocate for evidence-based alcohol policies with the aim of reducing world-wide alcohol related harm.

At a global level, GAPA participates in the ongoing discourse around alcohol as a risk factor for disease and seeks to initiate effective alcohol policies while promoting the implementation of the WHO Global Strategy to Reduce the Harmful Use of Alcohol 2010. This strategy followed a growing understanding of the impact of alcohol on health, and focussed on 'best buys' (evidence based, cost effective, high-impact strategies) to decrease both supply and demand of alcohol. The top 3 recommendations or 'best buys' include increasing taxes on alcohol, restricting alcohol advertising, and restricting availability of retail alcohol by introducing policies such as minimum unit pricing (MUP). The alliance goes one step further and stresses that international collaboration and global policy formation are pivotal in reducing the harm caused by alcohol. It emphasises the need for organisations to demonstrate leadership within countries despite the social and economic pressure from both government and the alcohol industry to avoid putting alcohol policy reform on the health agenda.

Much of the basis for this call for a binding agreement between countries comes out of the Framework Convention on Tobacco Control (FCTC) 2005. This treaty,

signed by 164 countries, brought about global cooperation to reduce the supply and demand of tobacco by implementing price and tax measures, restricting sales to minors and regulating illicit tobacco sales as well as other initiatives. There is good evidence to suggest these policies have been effective in reducing smoking consumption worldwide.

As of today however, there is no existing legally binding agreement between countries to control the supply and demand of alcohol, despite it being the biggest worldwide harm that is not controlled by legislative action and good evidence that these measures can reduce consumption, particularly in middle to high income countries.

## Alcohol policy news from around the globe

By Nicole Gouda, GP Northern Beaches, SNHN AOD Clinical Lead

Like Australia, Ireland has a long and complex relationship with alcohol, but as a nation, is taking measures to alter this bond. In 2018, the Republic of Ireland demonstrated leadership to reduce alcohol related harm, passing a landmark *Public Health Alcohol Act* with the goal of reducing alcohol per capita from 11L per year to 9.1 L. Despite economic and social challenges including push back from the alcohol industry, Ireland has imposed bans on alcohol price promotion and some advertising around children (near schools, on clothing and in the cinema). In upholding their mandate of 'putting children first', Ireland plans to reduce visibility of alcohol by banning alcohol-product sports advertising where children would be present, improve labelling of health risks and introduce minimum unit pricing (MUP) of alcohol. Neighbouring Scotland has also begun to implement alcohol policy change nationally with the introduction of MUP on the sale of alcohol in 2018. While results are still pending, the immediate effects of this policy amongst households that buy the most alcohol appear promising.

At the GAPC, representatives from Russia highlighted the value of national alcohol policy to reduce alcohol related harm. A country with high numbers of abstainers but high levels of consumption by those who drink, Russia has one of the world's highest death rates from alcohol related harm. At the turn of this century, every second working-aged man died from an alcohol related disease, and every 4th death in Russia was alcohol-attributable. Policy change began in 2000 and involved the implementation of annual quotas on alcohol production by distilleries, the introduction of MUP and the monitoring and recording of the volume of alcohol produced. This was followed by advertising restrictions on beer, restriction on alcohol advertising in public spaces, bans on internet sale and advertising of alcohol, increases in alcohol excise taxes and restrictions on sale locations and hours. The impact of these actions is compelling, creating a 40% drop in consumption of alcohol for both sexes and an 8-year increase in life expectancy for men in Russia.

Lithuania, another country with high levels of alcohol-related harm, introduced 'best buys' in 2018 that included decreasing access to alcohol, banning all alcohol advertising and MUP. Since, there has been a drop in alcohol consumption by 1L

alcohol per capita and a notable decrease in mortality and suicide. Revenue from alcohol sales has continued to increase challenging the myth used by alcohol companies and governments that alcohol policy reform leads to economic downturn.

In Australia, alcohol is cheaper than it has ever been and there has been little appetite for alcohol policy reform. The exception to this has been the Northern Territory (NT) who instigated an Alcohol *Harm Minimisation Action Plan 2018-2019*, committed to implementing initiatives to minimise alcohol-related harm. These included MUP, establishment of the Northern Territory Liquor Commission, the rollout of Police Auxiliary Liquor Inspectors, and the creation of the first Fetal Alcohol Spectrum Disorder strategy. This strategy has been met with dissent by some who have voiced concerns that the indigenous community themselves were largely excluded from the consultation process. However, there has been a 17.3% reduction in emergency department presentations and a 23% reduction in alcohol-related assaults NT-wide for the period of July 2018 to June 2019, compared to the same period in 2017/18.

For further information on Northern Territory *Alcohol Harm Minimisation Action Plan 2018-2019*
https://alcoholreform.nt.gov.au/__data/assets/pdf_file/0011/727706/action-plan-aug-2019-update-web.pdf

With new Australian alcohol guidelines recommending lower levels of consumption to reduce alcohol related harm (including a stronger emphasis on the carcinogenicity of alcohol and tighter definitions around pregnancy and consumption in young people) to be released later this year, perhaps time is ripe for us to advocate for community, organisational and governmental substantive alcohol policy change?

## Big and bulky or shred and burn?

By Dr Esther Han

Over the last 20 years the use of performance and image enhancing drugs (PIEDS) has significantly increased in both men and women. PIEDS includes anabolic androgenic steroids (AAS), peptides, hormones and diuretics. Nowadays more people are using AAS for aesthetic reasons – it is not just the professional body builders and athletes anymore. Their phenotype can vary making them more difficult to detect. They may present as lean yet muscular as opposed to the traditional big and bulky image we associate with AAS use.

This group may not see a GP very often and will not necessarily disclose their use of PIEDS. They do not identify themselves as drug users. Some report their GP did not know much about PIEDS and that they had to educate their GPs about PIEDS. They predominantly obtain their information from other gym members and from the internet both of which may not be particularly evidence based.

Some of the harms from AAS use include fatigue, depression, low libido, erythrocytosis, acute renal injury, deranged liver function especially oral AAS, hypercholesterolaemia and suppression of the hypothalamic pituitary gonadal axis. They may also have co-morbid mental health issues including body image disorders. PIEDS that are injected can have additional harms including local infection, blood borne virus transmission and those related to incorrect injecting technique.

Often this group is pre-contemplative about their PIEDS use so a brief intervention including harm reduction advice is indicated. Monitoring their blood tests including FBC, UEC, LFTs, cholesterol when they are using AAS and again with their testosterone level when they have stopped using might help with elucidating some of the harms. This group tends to be fastidious about using clean needles and will often access a needle syringe program. Their risk of blood borne viruses is thus lower, but it is still important to check these but might be better received if pitched as wanting to make sure their sexual partners (if any) are safe. Instructing on proper injecting technique and safer locations to inject can also be provided by clinicians.

This is still a growing area with not much of an evidence base. More research is needed and more education to GPs about how to engage these patients into healthcare would be beneficial.

## The process of prescribing medicinal cannabis

By Nicole Gouda, GP Northern Beaches, SNHN AOD Clinical Lead

There are more requests every week in general practice to prescribe medicinal cannabis for a range of conditions. NSW medical practitioners, including GPs can legally prescribe medicinal cannabis for a patient if they believe it is an appropriate treatment option.

Whether you decide to prescribe or not is your personal choice but getting your head around the process of prescribing (if you decide to go ahead) can be time consuming. However, this has become less onerous than previously.

All medicinal cannabis products in Australia with the exception of *Sativex* (approved for MS spasticity) are unapproved substances. This means that they are not registered by the Therapeutic Goods Administration (TGA) and require special approval before one can prescribe them to patients. To date, the TGA has granted approvals for unapproved cannabis substances for nausea and vomiting due to chemotherapy, cancer pain, refractory paediatric epilepsy, chronic severe pain and palliative care treatment to name some.

**How to get TGA approval**

For practical purposes, the most common way to prescribe these products is applying through the Special Access Scheme (SAS) through the TGA online system https://sas.tga.gov.au.

The process of registering oneself is quick and enables you to log on easily for future prescribing. Have your AHPRA number handy.

Once you have registered, you log in and click onto '***New SAS submissions'***. You then enter

- your prescriber details,
- product selection and details
- patient details and submit.

The TGA will contact you within 3 business days (by your preferred method) as a general rule and inform you of approval. If you don't hear back or require further information, call **TGA on 1800 020 653**. Once approval is given, you can then provide the patient with the script for the substance.

> Note: there are 2 other ways a GP can gain access to prescribing unapproved substances; through medication trials and through the Authorised Prescriber Scheme (where a doctor who has experience and training is granted approval to prescribe unapproved substances to specific patients with a particular medical condition. These doctors do not need to notify the TGA each time they prescribe the unapproved product to a patient during the period of approval). Note: this is not for the majority of prescriptions.

In addition to TGA approval, some individuals also require a NSW Authority (much in the same way as gaining an authority for prescribing methadone and suboxone) if they belong to one of the following groups

- children under 16,
- drug dependent patients (any drug of dependence)
- those on trial medications.

The 3-page form is quite straightforward.

Application to Prescribe and Supply a Schedule 8 Cannabis Medicine for Human Therapeutic Use

Note: most patients will NOT require a NSW authority.

Clinical Guidelines for Prescribing Medicinal Cannabis

Manufacturers and suppliers of medicinal cannabis (Office of Drug Control)

Fitness to drive information

NSW Cannabis Medicines Advisory Service

The NSW Cannabis Medicines Advisory Service provides expert clinical guidance and support to NSW doctors considering prescribing a cannabis medicine for their patient, including advice on latest evidence, regulation, monitoring tools, protocols

for prescribing and dosage information.

Available 9.00 am – 5.00 pm, Monday to Friday

Phone: 02 4923 6200

Email: HNELHD-CMAS@hnehealth.nsw.gov.au

## Naltrexone vs. Topiramate Double Blind Clinical Trial

By Claire Adams, Research Assistant the University of Sydney Central Clinical School, Faculty of Medicine and Health.

As the Australian community begins to recover from the effects of COVID-19 it is increasingly important that individuals are aware of all treatment options for alcohol use disorder with clinical trials currently recruiting potential participants. The addiction specialists and researchers at RNSH Drug and Alcohol Service are conducting the topiramate naltrexone trial in alignment with government social distancing priorities to maintain patient safety while making sure treatment is made readily available to all. The main aims of the study are to evaluate the clinical effectiveness, tolerability and cost-effectiveness of topiramate compared to active control naltrexone. A genotyping sample is also obtained from patients to determine whether the GRIK1/OPRM1 allele moderates a patient's response to topiramate.

The treatment programme involves 3 months of free medication (either naltrexone 50mg or topiramate 200mg), weekly medical appointments with the addiction specialists, frequent blood tests to monitor Liver Function Tests and the opportunity to participate in counselling for all patients while on the trial. Telehealth and over the phone consultations are being utilised where necessary to minimise patient contact and to allow patients to engage in treatment from home. Patients also receive brief medical management sessions which help maximise medication adherence and follow up appointments are arranged with the treating clinician post-trial as a standard of care for all research patients. Through this trial we hope to create a more supportive environment for patients wishing to commence an alcohol pharmacotherapy and encourage patients to either maintain abstinence or reduce their drinking.

For more information or to refer a patient please call or text, 0459 877 108. Patients can also self-refer using the above number or email sydneyalcoholtreatmentgroup@gmail.com

## Ice Inquiry Report—Summary

By Nicole Gouda, GP Northern Beaches, SNHN AOD Clinical Lead

In January 2020, the NSW Government released the report by the Special Commission of Inquiry into crystal methamphetamine and other amphetamine-type stimulants (ATS), along with the government's interim response. This independent inquiry established in 2018, sought to understand why Australia has the highest rate of amphetamine dependence in the world and experienced a doubling of ATS related deaths between 2009 and 2017. The inquiry examined the nature, prevalence, and impact of ATS, as well as the inadequacy of existing measures to target use, before providing options to strengthen NSW's response to law enforcement, education, and treatment concerns.

Following just over a year of consideration and including more than 250 written submissions, the report made 109 recommendations across legal, social, educational and health platforms. Those recommendations directed at improving health services include:

- the recommendation that NSW Government significantly increases funding for the provision of specialised Alcohol And Other Drugs (AOD) services including drug rehabilitation, and address the severe shortage of beds across NSW
- the increase of specialist mental health input into AOD services including mandatory training in mental health for the AOD workforce and vice versa in the absence of a clear policy framework for comorbidity treatment models
- the improvement of links between AOD and mental health service providers
- addressing barriers to health and treatment services (lack of appropriate services, stigma, cost, and confidentiality concerns) for people who use ATS
- the provision of dedicated spaces in emergency departments and establishing an ATS specific model of care to manage complexities associated with those who present with acute severe behavioral disturbance
- the improvement of collaboration and service planning between Commonwealth primary health networks and NSW local health districts
- the inclusion of AOD training in undergraduate medical and nursing programs

Specifically, with regard to primary care, the inquiry heard that GPs are well placed to address harms related to mild and moderate ATS use and could

be better trained to screen for ATS use, provide ambulatory withdrawal services and refer to appropriate services.

The inquiry also provided recommendations with respect to harm reduction including strategies to support people who smoke ATS (as harm minimisation has been largely directed at needle and syringe programs to date) by trialling the non-commercial distribution of safer smoking kits though community health services and providing supervised consumption services with respect to smoking facilities. It has also recommended that the NSW government should establish state-wide clinically supervised substance testing, education and information services at fixed locations as well as further trials into onsite substance testing at music festivals.

The full report can be found here:

https://www.dpc.nsw.gov.au/publications/special-commissions-of-inquiry/the-special-commission-of-inquiry-into-the-drug-ice/

## COVID-19 and Addiction – Is It Catching?

*By Dr Esther Han*

COVID-19 has been a very stressful and isolating time for most people. Stress is a significant contributor to developing alcohol use disorder[i]. 40% of Australians report they drink alcohol to relieve stress. Other mass trauma experiences (e.g. the 2008 global financial crisis) have led to higher and more harmful levels of drinking[ii]. Stockpiling of alcohol did occur during the pandemic as people feared liquor stores would also be shut. Online sales of alcohol have increased significantly. We know that demand for domestic violence services has increased during COVID-19 and that alcohol can contribute to this[iii]. There has been an increase in online gambling and gaming due to the shutting of casinos and other gambling establishments. Stress and unemployment may cause or worsen gambling.[iv]

The impact of COVID-19 on our drug and alcohol patient population (an already marginalised group) may be much larger than on the general population. Many of our patients have chronic health conditions, live in high density, poor-quality housing or are homeless which all contribute to their higher likelihood of getting COVID-19. Chronic viral hepatitis does not appear to affect COVID-19 prognosis but patients with liver disease have higher mortality from COVID-19[v] . The challenges of delivering opioid substitution treatment to those with opioid use disorder (OUD) during COVID-19 have led to more telehealth consultations, increasing numbers of takeaway doses, more patients moving across to depot buprenorphine products and a lot of patient education. Patients with OUD who have had

to self-isolate have had their opioid treatment delivered to their home.[vi] Our patients often have limited mobile phone credit or no internet access making telehealth more difficult. This is even worse rurally with coverage issues. D&A support groups can only gather online at present which excludes some patients[vii]. Literacy may also be an issue which can make it difficult regarding education about COVID-19. Tightening borders may affect the black market for illicit drugs leading to involuntary withdrawal and/or more people coming into treatment. Police having to enforce social distancing measures means our patients (with their higher rates of criminalisation and imprisonment) will likely have more negative police encounters during this time.[viii]

The impact of drug and alcohol use on COVID-19 progression is still fairly speculative. People who smoke crack cocaine already have more inflammation and damage to lung tissue and therefore they may be more at risk of severe COVID-19 disease. Stimulant use increases the risk of cardiovascular disease which increases the risk of death when combined with COVID-19 infection[iv]. Methamphetamine use is associated with increased sexual risk-taking behaviours in men who have sex with men (MSM) and this can stop them from social distancing. There have been some COVID-19 clusters in Spain and Miami amongst this population.[ix] Interestingly, nicotine might be protective against COVID-19 infection and a study comparing nicotine to placebo patches is being conducted in France.[xxixii]

Public health messaging about COVID-19 is more about infection control and general health measures. We need to have specific harm reduction messages about drug and alcohol use[xiii]. The Health Minister announced that an additional $6 million will be given to support drug and alcohol services during the COVID-19 pandemic[xiv]. The AIDS council of NSW (ACON) and the Australian Drug Foundation have produced consumer harm reduction sheets on COVID-19, alcohol and crystal methamphetamine use. [xvxvixvii]

References on application.

## Alcohol - a human rights issue?


*"Alcohol + pregnancy = danger*

*Alcohol is a powerful toxicant that acts on the brain of the developing foetus."*

By Nicole Gouda, GP Northern Beaches, SNHN AOD Clinical Lead

Alcohol misuse affects many vulnerable groups globally including women, children and people living in the developing world. With further shifts towards globalisation and capitalism, and the increasing accessibility of the Internet, these groups are even more susceptible to widespread advertising by the alcohol industry and increasingly easy access to alcohol products.

While the general amount of alcohol consumed by individuals is often lower in developing countries, the impact of alcohol-related harm represents a substantial barrier to development in these countries by exacerbating existing poverty and social problems, including gender based violence and child-rights violations. Many nations and advocacy groups around the world are attempting to address the increasing alcohol-related harm within their communities with some good results.

In Sri Lanka, women suffer as passive recipients from alcohol-related violence, as well as from additional adverse effects of alcohol on their existing culture. In 2014, as a way to combat this growing concern, women-led community-based organisations, with help from The Foundation for Innovative Development (FISD), created policy to ban alcohol from social events in over 30 communities. The use of alcohol at social events in these communities decreased from 80% to 40 % of events between 2014 and 2018. Many neighbouring villages have now replicated this policy.

It is known that 11 % of French pregnant mothers continue to drink alcohol in pregnancy. France is attempting to address this issue by looking at existing pregnancy warning labels on alcohol packaging. New proposals, including enlarging the current pregnancy pictogram warning, creating a pictogram that includes a foetus, as well as placing warnings on both the front and back of the bottle, have been suggested. Needless to say, there has been significant pushback from the alcohol industry that argues it will affect the aesthetic of the product.

Nepal has witnessed a growth in alcohol-related harm amongst young people following the advent and growth of the advertising industry in their country. In 2017, the Nepalese Government passed a 'National Policy on regulation and Control of Alcohol' based on WHO's Global strategy to reduce the harmful effects of alcohol. This followed years of advocacy from the Nepal Alcohol Policy Alliance (NAPA) and Child Workers in Nepal (CWIN). It includes imposing a ban on all alcohol advertising, promotion and sponsorship as well as mandating pictorial

labels on bottles and the licensing of sale outlets. The creation of these policies was underpinned by grass roots work by community action and child rights activist groups like CWIN who put children at the centre of the alcohol issue in Nepal.

References on application

Nepal Passes New National Alcohol Policy - ADD Resources. 2020. *Add-Resources.Org*.
Alcohol and Young People in Nepal By Rupa Dhital, child worker in Katmandhu
Alcohol Drugs and Development (ADD) Website

## AOD and Suicide

By Carolyn McKay, CEO, SDECC

SDECC in conjunction with Northern Beaches Lifeline and NB Council conducted an online quantitative and qualitative survey with service providers (n-47) and clients (n=665) residing and/or working on the Northern Beaches, NSW to understand trends and linkages between alcohol and drugs, mental health and suicide.

Research in westernised cultures has consistently shown that alcohol use; both chronic use and acute use, is associated with increased suicide risk (Schilling et al., 2009; Sellers et al., 2019), especially in young depressed men (Hall et al., 2016). Alcohol use decreases the ability to problem-solve and simultaneously increases impulsivity (Zhang and Wu, 2014), resulting in more attempts of suicide. Alcohol use, both chronic and acute, is a risk factor for suicide related deaths (Schilling et al., 2009). Wong et al. (2014)'s found that polysubstance use as conferring added risk (Townsend et al., 2001).

Young people on the Northern Beaches have reported alcohol being the most commonly used substance, following cannabis being highest presenting illicit substance which are in line with trends we are seeing state-wide. Young people on the Northern Beaches reported alcohol being the highest and most frequently used substance in the last 3 months of completing the survey (October 2019).

The survey had a gender bias F= 76% m-21%. Some gender differences were observed.

To the question "in your life which of the substances you have ever used response rates were:

Alcohol Female 94% Male 88%

Cannabis Female 60% Male 73%

Tobacco Female 57% Male 66%

Amphetamines Female 27% Male 42%

45% of young people reported someone close to them that have attempted suicide and 19% reported that their close friend/family died by suicide. 67% reported knowing a link between AOD use and increased risk of suicide. Over 50% of young people surveyed have had suicidal thoughts or attempted suicide. For those who have had suicidal thoughts, there was a trend in an increase in AOD use, particularly use of AOD for coping. The survey results highlighted the strong relationship between AOD use, mental health and suicidal ideation.

### Kedesh and Inpatient Rehab Update

Kedesh has adapted treatment delivery models in response to the current COVID-19 pandemic. Despite putting plans for launching their residential program on hold, they are continuing to provide treatment and support by telephone and on-line, including group on-line programs which will be specifically aimed at supporting people with the issues confronting them at this crucial time.

Counsellors and Case Managers are available to provide one-on-one sessions to support clients whose lives are being negatively impacted by problematic alcohol and drug use. These services are being provided free-of-charge.

Enquiries and referrals can be directed to our Community Access Centre: Tel: (02) 9932 5356 Email: Access.Phoenix@Kedesh.com.au

In addition, we will be commencing a weekly on-line SMART Recovery meeting. For more information, email SMART.Phoenix@Kedesh.com.au

Kedesh Referral Form

Kedesh Brochure

## Alcohol and Other Drug Education

### Respect Your Brain Videos

The Respect Your Brain animated video series focuses on the impact of three drugs commonly used in Australia and explores the way these drugs effect a young person's developing brain.

## RACGP Alcohol and Other Drugs GP Education Program

Choose from 3 training options: basic Essential Skills, intermediate Treatment Skills, or Advanced Skills training.

**Essential Skills** – 2 hours online, open to all GPs

**Treatment Skills** - 6 hours of live online workshops or by self-directed online learning - Accredited Activity – 1800 places, Priority given to MMM 4 – 7, $1200 remuneration from RACGP for up to 1800 GPs.

**Advanced Skills** – 20 hours, 300 spaces, Priority given to GPs seeing disadvantaged groups, $2500 remuneration for first 300 GPs from RACGP.

For more information see the Alcohol and Other Drugs (AOD) GP Education Program Handbook

## RACGP Opioid Prescribing - Pitfalls and Perils

Recorded 22 April 2020. Click here to watch the webinar.
Speakers: Associate Professor Bridin Murnion (Presenter) and Dr Tim Senior (Facilitator)
1-hour interactive webinar for GPs to improve their knowledge, skills and confidence in assessing and managing opioid use for patients.
Specific sessions will cover topics including:

- An overview of the latest research on opioid related harms in Australia
- Understanding the difference between acute and chronic pain
- Treatment options for people with problematic prescription opioid use
- Regulatory requirements and recent changes

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## Tips for Busy GPs when Assisting Patients Using Alcohol

Recorded 21 May 2020. Click here to watch webinar
Speakers: A/Professor Adam R Winstock, CEO Global Drug Survey, Dr Hester Wilson, FRACGP and Addiction Medicine Specialist.
Excessive alcohol consumption remains one of the biggest modifiable risk factors for mortality and morbidity. IBA). Online tools can augment traditional approaches - assessment, identification and feedback on an individual's alcohol consumption - to this practice. A new digital intervention for offering Identification and Brief Assessment (IBA) has recently launched in Australia, funded by NSW Health the Drinks Meter app available for Apple and Android offers a simple, anonymous way for GPs to get their patients to reflect on their alcohol consumption and be signposted into further clinical assessment if needed. This session will look at how apps and other one line tools such as onetoomany can help people change behaviours and our cannabis apps will also be discussed.