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ACKNOWLEDGEMENT OF COUNTRY



The Sydney North Health Network wishes to acknowledge Australia's Aboriginal people as the custodians of this land.

We pay our respect and recognise their unique cultures and customs and honour their Elders past, present and future.



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Housekeeping



- Your microphone and video will be disabled during this webinar

- Q&A**



Please use the Q&A box in the panel at the bottom of your screen to submit questions to the presenter/panellists.

- Chat**



Use the chat box to interact with other attendee's and panellists.

- This meeting **will be recorded**, and a transcript of the chat-box will be used to circulate relevant comments and resources
- If your screen freezes - your WiFi connection may be limited, try moving closer to your WiFi router



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SPEAKER INTRODUCTION



Name	Role	Organisation
Kingsley Waterson	Drug & Alcohol Service Director	Northern Sydney Local Health District (NSLHD)
Carolyn MacKay	Chief Executive Officer	Sydney Drug Education and Counselling Centre (SDECC)
Michelle Comito	Coordinator Family & Youth Support Services	Drug and Alcohol Youth Support Services (DAYSS)
Marlene Gilbert	Program Manager Alcohol and Other Drugs (AOD) Continuing Coordinated Care Program	Mission Australia
Lisa Fawkner	Senior Clinical Social Worker	Northern Beaches Child Youth Mental Health Service (CYMHS)
Christian Gienua	Alcohol and Other Drugs (AOD) Counsellor	Odyssey House
Jane De Matteis	Clinical Lead	Brookvale headspace
Dr Ryan Courtenay and Prof. Hayden McRobbie		National Drug and Alcohol Research Centre (NDARC)



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OVERVIEW OF YOUTH AOD SERVICES

Presented by Kingsley Waterson | Drug and Alcohol Director



- ◆ “Demand for Drug and Alcohol services within Emergency Departments is growing faster than population growth”
- ◆ “Young people account for a substantial proportion of these Drug and Alcohol Emergency Department presentations”
- ◆ “Approximately 7% of all Drug and Alcohol admissions through Emergency relate to people under 18”
- ◆ NSLHD government funded services offer outpatient counselling services, opioid treatment services, MERIT (Magistrates Early Referral Into Treatment programs), inpatient services, and liaison services to our hospitals Emergency Department and ward areas.
- ◆ Services are by self referral and require no supporting GP referral letter. In addition we offer specialist medical clinics that do require a GP referral.
- ◆ We can be contacted through our central intake number 1300 889 788 Monday to Friday 8.30 to 5pm.
- ◆ The Health District’s links with youth service partners regarding the care of younger people and their families. Throughout this webinar you will hear from the range of providers, what services they offer, their locations and how to make contact.





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About SDECC

Presented by Carolyn MacKay | Chief Executive Officer

- Specialised free counselling service for young people 12-25 years with problematic substance use
- Support and counselling for parents/guardians of young people presenting with these issues
- Frameworks: comorbidity, harm minimisation, family inclusive & trauma informed
- Multidisciplinary team including social workers, psychologists and mental health clinicians
- Capacity building for AOD, social and education sectors
- Consultants – Psychiatrist and Family Therapist
- Locations – Manly, St.Leonards & Hornsby



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DAYSS

DRUG & ALCOHOL YOUTH SUPPORT SERVICE

Presented by Michelle Comito | Coordinator Family & Youth Support Services

Funded by NSW Health

(DAYSS has been running for 7 years with the backing of the NGO, CatholicCare who has been delivering funded services to vulnerable communities for over 30years)

DAYSS staff are qualified professionals with bachelor degrees in areas such as welfare, social work and psychology. Staff have up to 13years experience working in the field.

What does DAYSS do?

DAYSS complements and supports the Youth AOD clinical sector by providing outreach support to young people and families. DAYSS provides counselling, case management or mentoring to young people and or their parents at any suitable location (eg home, school, beach, parks, café etc).

DAYSS also delivers drug and alcohol education programs in schools and targeted and interactive therapeutic groups in schools and the community.

Who does DAYSS support?

DAYSS supports young people 12-24years and parents of young people living or connected to the Northern Beaches or Lower North Shore region. DAYSS supports young people who are either struggling with their own AOD consumption or who are impacted by someone else's consumption (eg family members, peers etc).



DAYSS supports young people with low to moderate drug or alcohol impacts. DAYSS supports young people with high problematic drug or alcohol impacts and will aim to help that young person engage with the appropriate clinical services.

How to refer?

Call: 02 8425 8700 / 0481602057 or Email: dayss@catholiccaredbb.org.au



Feedback to referrers:

Our intake worker to be in touch for a triage discussion and will inform the referrer the outcome of allocation to a worker.

dayssnb

T: (02) 8425 8700 | M: 0481 602 057 | E: dayss@catholiccaredbb.org.au
Northern Beaches & Naremburn Family Centre

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Alcohol & Other Drugs

Continuing Coordinated Care Program



Presented by Marlene Gilbert | Program Manager Alcohol and Other Drugs (AOD) Continuing Coordinated Care Program

What does AOD Continuing Coordinated Care Program do?

- CCCP aims to reduce drug and alcohol use and improve health and social functioning for people with substance use disorders who have complex needs.
- CCCP provides intensive care coordination and wrap around services focused on addressing the complexities surrounding the person in recovery.

Who does AOD CCCP Support?

The CCCP service is available to people 18 years or older with:

- Current or recent harmful AOD use; or
- Current or recent (within the last month) engagement with AOD treatment or requiring support to access AOD treatment; and
- Complex psychosocial support needs that require intensive case management to support achievement and/or maintenance of AOD treatment goals.

How to refer?

Referrals to CCCP can be made by any AOD, health or social service practitioner, self or family/friend

Call: 02 94802500

Artarmon / Hornsby / Brookvale

Email: northernSydneyServices@missionaustralia.com.au



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CYMHS – CHILD YOUTH MENTAL HEALTH SERVICE

Presented by Lisa Fawkner | Senior Clinical Social Worker

- ◆ **Client type:** Infants, children and adolescents aged 0 – 17, and 18 year olds if still enrolled in school, presenting with severe and complex mental health problems.
- ◆ **Services provided:** Individual, group and family therapy, services for moderate to severe or complex mental health problems, or experiencing significant emotional and behavioural problems, including community based, outreach support, a School Link Initiative, and the Brolga adolescent inpatient unit at Hornsby Hospital.
- ◆ **How to access the service:** Self-referral by phoning your local [CYMHS team](#) or the Mental Health Telephone Access Line 1800 011 511 after hours. Referrals from other agencies require family or young person consent to service. Locations: Hornsby, Top Ryde, St Leonards, Brookvale.
- ◆ **How our service complements other services:** CYMHS works with a wide range of other services as indicated, with care planning to best meet client needs. Co-therapy with SDECC and other specialist services as required.
- ◆ **Feedback provided to referrers:** At point of referral, during the episode of care, and for GPs a discharge summary including referral to other services where necessary



Health
Northern Sydney
Local Health District



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Odyssey House NSW	
Client type:	Adults aged 18+ Able to see complex clients with co-occurring conditions (e.g. Alcohol or other Drug Dependence and Mental Health Conditions)
Services provided:	Outpatient Community Services - Free support groups; Free individual counselling Residential Rehabilitation Program – Therapeutic Community, Residential Detoxification, Parents & Children’s Program
How to access the service:	Clients can call us directly on 1800 397 739 to organize an assessment or can be referred via the referral form . For more information on access go to the Odyssey House website .
How our service complements other services:	Our community programs are free which reduces the barriers for disadvantaged clients. We have a focus on wholistic treatment and can see people with a variety of co-occurring conditions, so our service would complement mental health, disability and employment programs.
Feedback provided to referrers:	No feedback provided without clients' consent, with clients' consent we can provide a status update on their assessment, treatment engagement, co-case management & discharge



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headspace is a youth mental health service



- Work with young people **aged 12 – 25 years**
- Early intervention/prevention for **mild to moderate mental health concerns**
- **Short-term psychological support** for a range of issues including anxiety, stress, low mood, relationship and interpersonal difficulties, bullying, sexuality, and struggles with school
- Bulk-billed through Medicare so it is **FREE** for everyone
- **Health and well being professionals** such as Psychologists, Youth Access Clinicians and GP's
- **Accept referrals** from young people, families and caregivers, schools, doctors and other services
- Referral process – intake – psychosocial assessment – **psychological support**
- **Located at Level 2, 1A Cross Street Brookvale (across from Warringah Mall)**
- **Contact 9937 6500 or headspacebrookvale@newhorizons.org.au**
- **Open Monday – Saturday**

Presented by Jane De Matteis | Clinical Lead



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National Drug &
Alcohol Research Centre

The Difference is Research

Vaping, e-cigarettes, and interventions

Ryan Courtney
Senior Lecturer, NDARC, UNSW, Sydney Australia
National Health and Medical Research Council Career
Development Fellow

Hayden McRobbie
Professor, NDARC, UNSW, Sydney Australia
Consultant in Lifestyle Medicine, Lakes District Health Board,
Rotorua, New Zealand



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Smoking tobacco

- The risks to health are almost completely from tobacco smoke (*as opposed to nicotine*)
- Smokers should be encouraged to stop smoking completely
- Support is available, and increases the chances of quitting for good
- For those who struggle to quit smoking, non-combustible nicotine use is a harm reduction approach

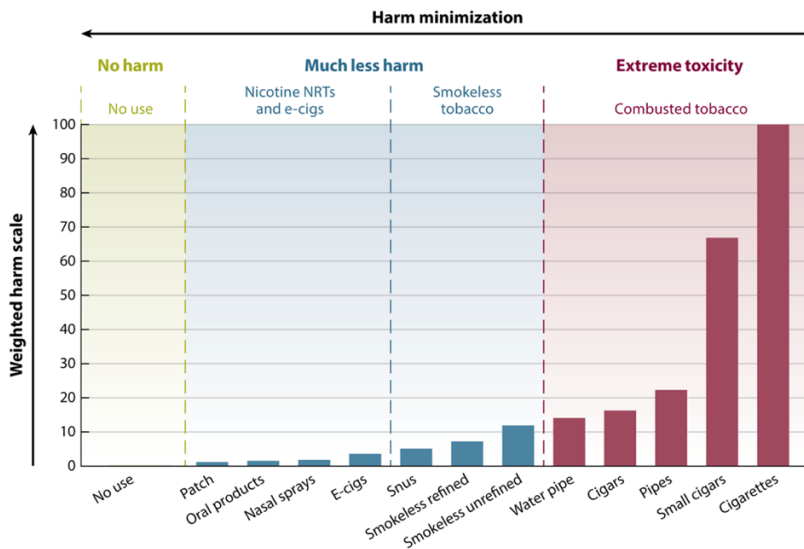


The Difference is Research

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Continuum of harm



Abrams DB, et al. 2018. *Annu. Rev. Public Health*. 39:193-213

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Disease burden and cost of tobacco use

- Globally
 - Tobacco use leading cause of preventable death
 - 8 million deaths p.a.
 - Projection: 8 million deaths p.a. by 2030
- Australia
 - ~3 million Australians aged 14 or over (13%) smoke
 - ~\$31 billion social costs annually
 - One of the lowest smoking rates globally but needs to continue its incremental and assertive public health strategy to further reduce smoking rates



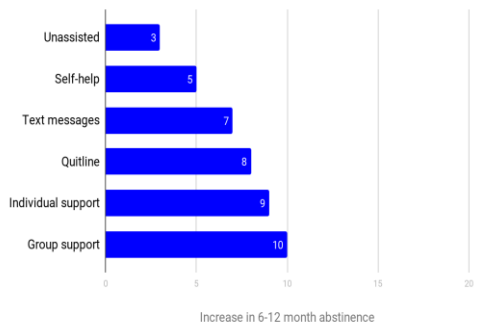
The Difference is Research

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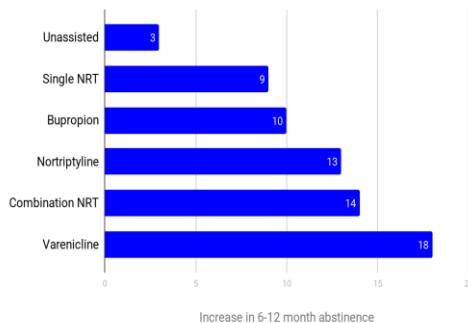
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Smoking cessation treatment options and success

Behavioural support



Pharmacotherapy



West et al. (2015) *Addiction*, 110, 1388–1403 ¹⁷

What are ENDS?

- Battery operated products that heat and aerosolise a liquid that usually contains:
 - Propylene glycol
 - Vegetable glycerin
 - Flavouring
 - Nicotine
- Technology is continuing to evolve

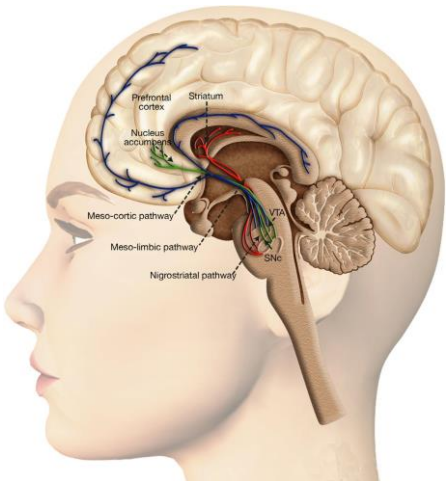


The Lancet Respiratory Medicine DOI: (10.1016/S2213-2600(19)30350-9)
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Photo credit: Mandie Mills, CDC



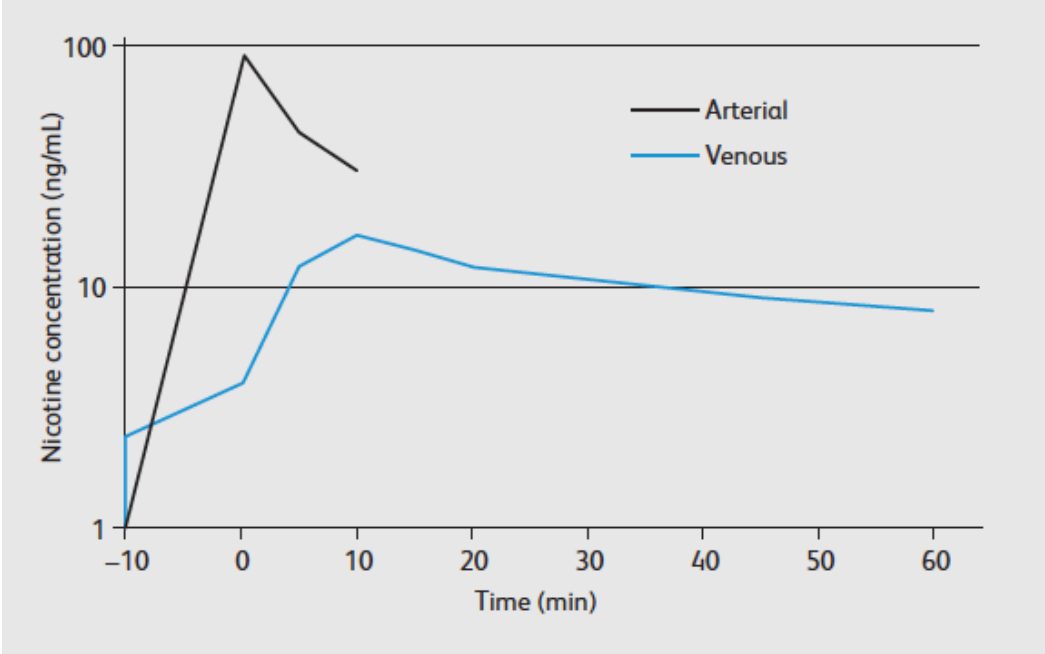
Nicotine



- Contained in the tobacco leaf in as a nicotine salt
- Increasing alkalinity converts it to a freebase form (more readily absorbed)
- Acts on the mesolimbic dopaminergic pathway ('rewards' behaviour)

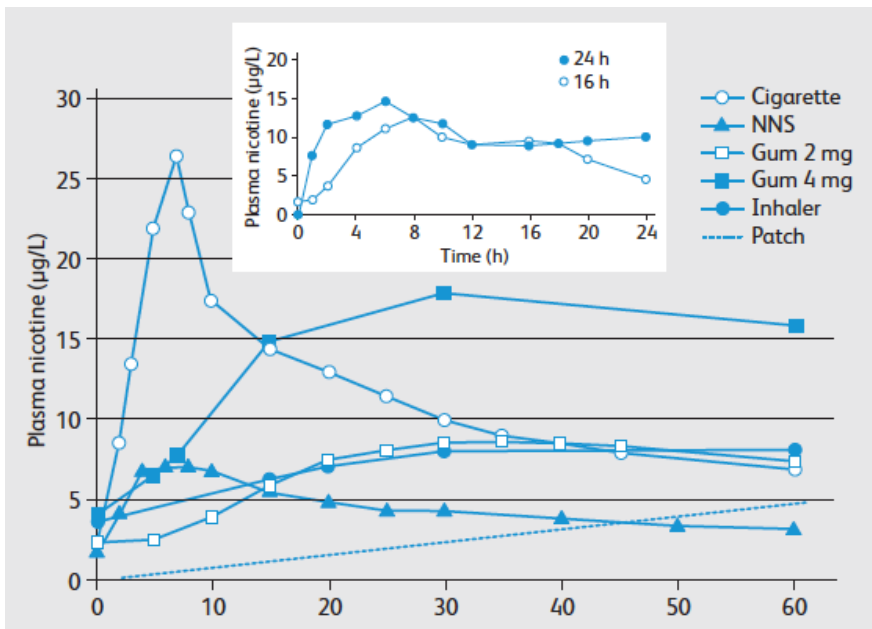
People smoke for the nicotine but die from the tar

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Arterial and venous plasma nicotine levels after smoking a cigarette - Royal College of Physicians 2016

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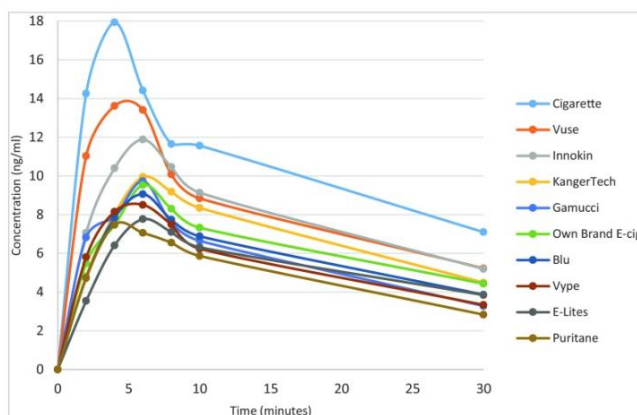
Venous plasma nicotine concentrations achieved over 1 h by a single cigarette and by single doses of various forms of nicotine replacement therapy - Royal College of Physicians 2016

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Nicotine delivery from ENDS

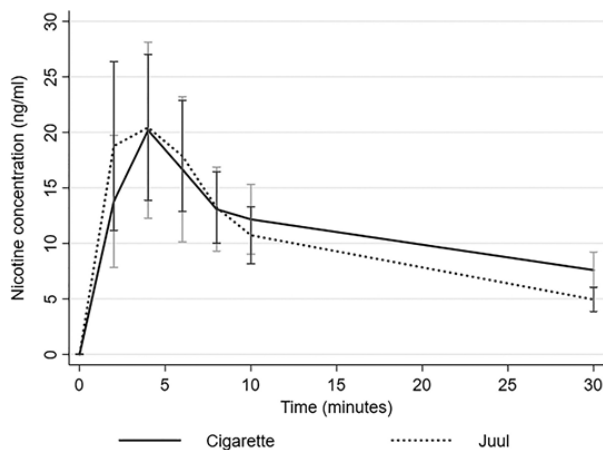
In general, the faster the nicotine delivery, the more likely the product is to:

- be more satisfying
- be better at alleviating tobacco withdrawal symptoms
- have greater dependence liability



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A note on JUUL



- JUUL is a cartridge-type END that became very popular in the US
- This independent study tested nicotine delivery from a 59 mg/ml JUUL device and compared it with nicotine delivery from a combustible cigarette
- Vapers could use Juul *ad lib* for 5 minutes

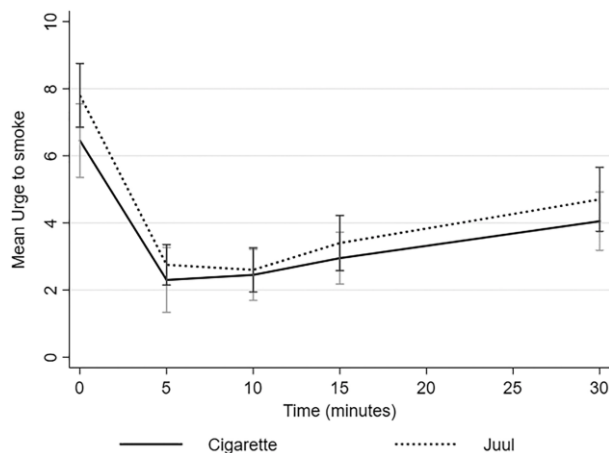


Hajek, P., Pittaccio, K., Pesola, F., Myers Smith, K., Phillips-Waller, A., and Przulj, D. (2020) Nicotine delivery and users' reactions to Juul compared with cigarettes and other e-cigarette products. *Addiction*, 115: 1141– 1148. <https://doi.org/10.1111/add.14936>.

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JUUL - craving relief



- Juul relieved craving almost as quickly as combustible cigarettes

- Currently there are no trials that test the efficacy of Juul for smoking cessation, but these data suggest that they may be helpful.
- A possible downside is that long-term use is more likely.
- Need to balance the risk of uptake in non-smokers



Hajek, P., Pittaccio, K., Pesola, F., Myers Smith, K., Phillips-Waller, A., and Przulj, D. (2020) Nicotine delivery and users' reactions to Juul compared with cigarettes and other e-cigarette products. *Addiction*, 115: 1141– 1148. <https://doi.org/10.1111/add.14936>.

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Lancet Editorial “E-cigarettes: time to realign our approach?”

A multistate, US outbreak of lung injury associated with e-cigarette use has affected at least 1080 people and caused 18 deaths as of Oct 1, according to the US Centers for Disease Control and Prevention (CDC). This number looks set to grow as more cases are discovered and reported. 80% of the patients affected are younger than 35 years, and all report using e-cigarettes, many with tetrahydrocannabinol. The specific exposure is unknown,

Manufacturers of e-cigarettes, and some public health advocates, have supported their use as a smoking cessation tool and a safer alternative to cigarettes. However, the evidence for both of these claims is weak. No e-cigarettes have been tested or launched as smoking cessation products; all are sold directly to the consumer as tobacco, not medicinal, products. Three randomised trials of third-generation products show low rates of abstinence at 6 months. Data also suggest that smokers switch to e-cigarettes, then remain dependent long term. The very

- ✎ US outbreak of lung injury associated with e-cigarette use
- ✎ 80% of patients affected are <35 years
- ✎ Most were vaping THC, but specific exposure is unknown
- ✎ Weak evidence for claims that e-cigarettes
 - a) Can help people stop smoking
 - b) Are safer than smoking



www.thelancet.com Vol 394 October 12, 2019

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Lancet Editorial “E-cigarettes: time to realign our approach?”

Claims that e-cigarettes are useful harm-reduction tools are further undermined by their high uptake among young people. Cigarette smoking among US adolescents had declined substantially in the past 20 years, but there has been a huge rise in adolescents using e-cigarettes, with rates of use at around 25% among 18-year-olds and 20% among 16-year-olds. The availability of flavoured e-liquids is cited by nearly a third of users as a major reason to start vaping, especially among younger adults.

As concerns mount about the safety of e-cigarettes, several countries and national bodies have tightened regulations. India plans to ban e-cigarettes. Several US states have moved to ban flavoured e-cigarettes. The European Respiratory Society has aligned its recommendations on e-cigarettes with those on cigarettes, both encapsulated in one word: don't. They also announced that the same membership restrictions will apply for those with conflicts of interest related to e-cigarettes as for cigarettes. Public Health England, however, continues to endorse e-cigarettes as safer than cigarettes.

- ✎ Any benefit of vaping as a harm reduction tool are undermined by high uptake among young people
- ✎ Flavours are cited as a reason to start vaping
- ✎ India banning e-cigarettes
- ✎ Some US states banning flavours
- ✎ Public Health England continues to endorse e-cigarettes as safer than cigarettes



www.thelancet.com Vol 394 October 12, 2019

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Lancet Editorial “E-cigarettes: time to realign our approach?”

Surely it is time to align the public health approach to e-cigarettes with that of cigarettes. ■ *The Lancet*



Can ENDS help people stop smoking?

Updated Cochrane Review



Cochrane Database of Systematic Reviews

Electronic cigarettes for smoking cessation (Review)

Hartmann-Boyce J, McRobbie H, Lindson N, Bullen C, Begh R, Theodoulou A, Notley C, Rigotti NA, Turner T, Butler AR, Hajek P



Hartmann-Boyce et al. Electronic cigarettes for smoking cessation. Cochrane Database of Systematic Reviews 2020, Issue 10. Art. No.: CD010216

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What did the review look at?

- Includes evidence up to January 2020
- Searched for
 - randomized controlled (usually give the most reliable evidence about the effects of a treatment)
 - cohort studies
- Included studies that reported on:
 - smoking habits for at least six months
 - reported on unwanted effects for at least one week
- Included 50 studies, with 12,430 adults who smoked
- Studies compared ENDS with:
 - NRT; varenicline; nicotine-free devices; behavioural support; no support
- Living review
 - Searches will be run monthly from December 2020 and the review updated as new evidence emerges



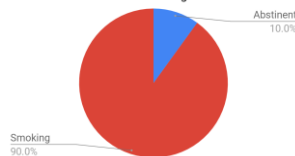
Hartmann-Boyce et al. Electronic cigarettes for smoking cessation. Cochrane Database of Systematic Reviews 2020, Issue 10. Art. No.: CD010216

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Headline results

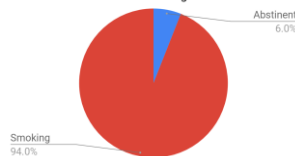
- More people probably stop smoking for at least six months using nicotine e-cigarettes than using:
 - nicotine replacement therapy (3 studies; 1498 people), or
 - nicotine-free e-cigarettes (3 studies; 802 people).
- Nicotine e-cigarettes may help more people to stop smoking than no support or behavioural support only (4 studies; 2312 people).

6+ month abstinence rates using ENDS



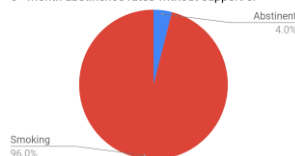
10 out of every 100 people using ENDS

6+ month abstinence rates using NRT or nicotine



6 out of every 100 people using NRT or non-nicotine devices

6+ month abstinence rates without support or



4 out of every 100 people using behavioural support only or no support



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Adverse effects

- There were low numbers of adverse effects in all study groups
- Low certainty evidence that there is no difference in the adverse event rate between groups
- Most common side effects associated with ENDS use include:
 - Throat or mouth irritation
 - Headache
 - Cough
 - Nausea
- No significant difference in serious adverse events



Hartmann-Boyce et al. Electronic cigarettes for smoking cessation. Cochrane Database of Systematic Reviews 2020, Issue 10. Art. No.: CD010216

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Summary of findings

- *ENDS probably do help people stop smoking for at least 6 months*
- *They probably work better than NRT and nicotine free-ENDS*
- *They may work better than no support or behavioural support alone*
- *They may not be associated with serious unwanted side effects*

Hartmann-Boyce et al (2020)

Hartmann-Boyce et al. Electronic cigarettes for smoking cessation. *Cochrane Database of Systematic Reviews* 2020, Issue 10. Art. No.: CD010216

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An example of 'real world' evidence

- 18,929 respondents to a UK survey who reported a quit attempt in the last 12 months
- Asked about what they used to help them quit during the most recent quit attempt
- After adjustment for covariates and use of other cessation aids users of e-cigarettes and varenicline (Champix) had higher abstinence rates than those who did not report using them
 - **E-cigarettes (OR=1.95, 95%CI:1.69–2.24)**
 - **Varenicline (OR=1.82, 95%CI:1.51–2.21)**

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E-cigarette use, quit attempts and quitting smoking

Table 3. Association Between E-Cigarette Use Initiation by Wave 2 and Cessation-Related Outcomes Among Smokers With and Without Chronic Medical Conditions

Variable	Any chronic medical condition	No chronic medical condition
Tried to quit smoking/tobacco ^a		
No e-cigarette initiation by Wave 2	ref	ref
E-cigarette initiation by Wave 2	1.92 (1.42, 2.59)***	1.81 (1.50, 2.18)***
Cigarette abstinence at Wave 2 ^b		
No e-cigarette initiation by Wave 2	ref	ref
E-cigarette initiation by Wave 2	1.95 (1.11, 3.43)*	1.63 (1.17, 2.28)**
Follow-up evidence based—treatment use ^a		
No e-cigarette initiation by Wave 2	ref	ref
E-cigarette initiation by Wave 2	1.27 (0.90, 1.79)	1.05 (0.76, 1.46)
At least 50% reduction in cigarettes/day ^a		
No e-cigarette initiation by Wave 2	ref	ref
E-cigarette initiation by Wave 2	1.13 (0.80, 1.62)	1.13 (0.80, 1.62)

Notes: Values are AOR (95% CI) unless otherwise noted. Boldface indicates statistical significance (*p<0.05, **p<0.01, ***p<0.001).
^aControlling for age, race/ethnicity, sex, education, income, region of residence, baseline cigarettes per day, nicotine dependence.
^bControlling for age, race/ethnicity, sex, education, income, region of residence, baseline cigarettes per day, nicotine dependence, and past 12-month use of evidence-based treatment at follow-up.

Longitudinal cohort study of adult cigarette smokers using Waves 1 and 2 of the Population Assessment of Tobacco and Health Study (2013–2015)

"At a population level, e-cigarette use by smokers with chronic medical conditions is associated with more quitting activity and smoking abstinence."



Kalkhoran, et al Am J Prev Med 2019;57(6):786–791

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Are e-cigarettes safe?

Not 100% safe, but overall less harmful than smoking

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E-cigarette use, quit attempts and quitting smoking

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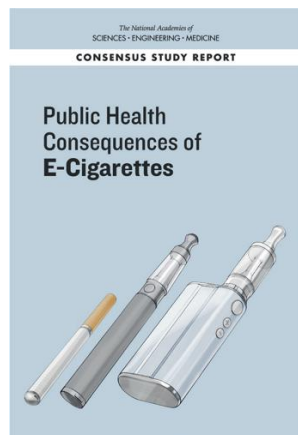


Kalkhoran, et al Am J Prev Med 2019;57(6):786–791

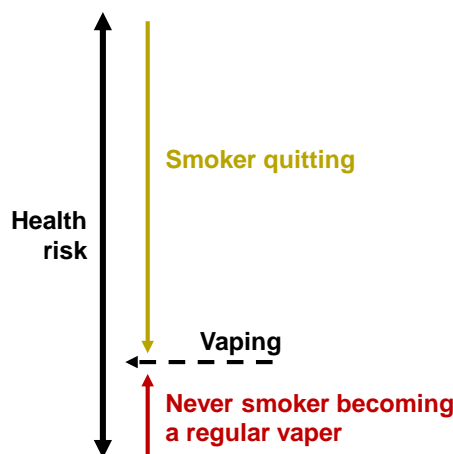
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Health risk



*"Overall, the evidence reviewed by the committee suggests that e-cigarettes are **not without biological effects in humans**. For instance, use of e-cigarettes results in dependence on the devices, though with apparently less risk and severity than that of combustible tobacco cigarettes. Yet the implications for long-term effects on morbidity and mortality are not yet clear."*



<http://nationalacademies.org/hmd/Reports/2018/public-health-consequences-of-e-cigarettes.aspx>

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Substances that are potentially harmful

Aerosol (vapour)¹

- At high temperatures and frequent puffing, PG and VG can form:
 - Acetaldehyde
 - Formaldehyde
 - Acrolein
- Tobacco-specific nitrosamines can be present with tobacco extracts and nicotine
- Oxidising chemicals

Battery and coil¹

- Metals, e.g. nickel, chromium, cadmium, lead, tin, silicates

Liquid¹

- Nicotine
- Flavouring²
 - Benzaldehyde (cherry flavour)
 - Cinnamaldehyde (cinnamon flavours)
 - Diacetyl (butter flavours)

Does the presence of these substances translate to harm?

- The harm is largely related to exposure
- There is currently no evidence that vaping is associated with disease, **BUT** e-cigarettes have not been around for long enough to observe this association ¹
- A complicating factor is that most vapers are current or former smokers



How can you help people who smoke?

- Explain what you can offer
 - E.g. combination of stop smoking medicine and behavioural support
 - A referral to the local stop smoking service offers the best chance of quitting long-term
- For those who wish to use an e-cigarette, ask permission to tell them what you know
 - ENDS can help people quit smoking, but they are no magic cure
 - ENDS pose lower health risks than smoked tobacco, **but** we do not know the health risks associated with long-term use of e-cigarettes, only that they are likely to be many times less than with smoking
 - ENDS of any kind should not be used by people who do not smoke

What can you say about ENDS use?

- Daily ENDS use is generally more effective for quitting smoking than intermittent use.
- More advanced models that deliver nicotine more efficiently seem to work best for those trying to quit smoking tobacco cigarettes.
- Carefully read and understand the manufacturer's recommendations for use and care of the device.
- It may take practice to learn to use the device to deliver the proper amount of nicotine to relieve the urge to smoke.
- Stop use of combustible tobacco cigarettes as soon as possible and discontinue ENDS when you are comfortable that you have quit cigarette smoking for good

Screening for ENDS use and documentation

- E-cigarettes are **not a combustible tobacco product**, so a person who
 - has switched completely from cigarettes to ENDS should be categorized as a **ex-smoker**
 - uses ENDS and is still smoking cigarettes, even as little as one cigarette per day, should be documented as a **current smoker**
 - uses an ENDS but has never smoked code them as a **non-smoker**
- ENDS use should be recorded in the clinical record

Conclusions

- E-cigarettes can help people stop smoking, but not a 'silver bullet'
- There are likely to be some adverse health effects associated with long-term vaping, so concern is warranted, however...
 - this concern needs to be balanced with the concerns for the health and wellbeing of people who continue to smoke
- For smokers, switching to vaping (and stopping smoking completely) is likely to be associated with a reduction in health risks
 - This is supported by the current literature
 - To mitigate concern over unknown health risks associated with long-term vaping, ex-smokers can be advised to stop vaping as soon as they feel able not to relapse to smoking

**THE BEST THING SMOKERS CAN DO TO IMPROVE THEIR
HEALTH IS TO QUIT SMOKING COMPLETELY**

QUESTION AND ANSWER



Please take this time to submit any questions you have using the **Chat** or **Q&A** functions at the bottom of your screen.


These can be anonymous if you wish.



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Thank you for participating, please click the link available after this window closes to complete the Evaluation.

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