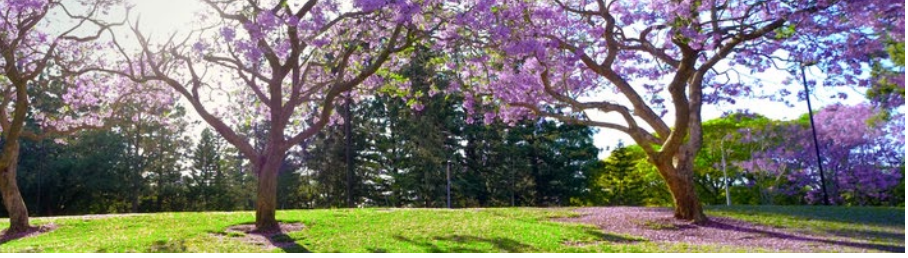


Alcohol and Other Drugs Newsletter
Spring Edition October 2021

Welcome to the Alcohol and Other Drugs Newsletter Spring 2021 Edition

I thank all contributors for collaborating so willingly and providing such enjoyable articles. If you have an article you would like to contribute, or topics to suggest, please contact Pat Simmonds at psimmonds@snhn.org.au

In October

Scheduling changes and nicotine vaping for smoking harm reduction

From 1 October 2021 consumers require a prescription for all nicotine vaping products.

Nicotine vaping for smoking cessation and harm reduction remains controversial. We all grimace when we hear stories of children vaping in toilet blocks or read about *potential* harms (including lung disease) from e-cigarettes, but what about the patient who has tried both nicotine replacement therapy and other oral agents to quit smoking and failed? Could nicotine vaping, akin to prescribing methadone or buprenorphine for opioid dependence, be a reasonable option? Are we throwing the baby out with the bathwater when we dismiss it? The reality is many Australians are using nicotine vaping to reduce their tobacco use and finding it helpful. And, as GPs, shouldn't we at least consider its relative value and be prepared to have a conversation regarding nicotine vaping with our patients who smoke?

The evidence:
A Cochrane review of a study that compared e-cigarettes to nicotine patches showed no significant difference in six-month abstinence rates, however, an evidence review conducted by the Johanna Briggs Institute (JBI) concluded that there was a moderate improvement in smoking cessation for nicotine containing e-cigarettes compared to nicotine replacement therapy (NRT).

With this is mind, in 2020, the RACGP approved the use of nicotine vaping for smokers who have tried other methods of smoking cessation and failed to quit, while acknowledging that there is no long-term safety data on nicotine vaping and no tested and approved e-cigarettes. See Supporting smoking cessation: A guide for health professionals (RACGP) for more information.

The scheduling of nicotine for use in e-cigarettes:
Under Australian law, it is illegal to buy, import, possess or use liquid nicotine for vaping, but from 1 October 2021, a change to the Poisons Standard (TGA) clarifies the regulation by re-classifying it as a *Schedule 4 medicine*. This means a prescription can be written for Australians wishing to legally access nicotine vaping products for personal therapeutic use. The penalty for importing nicotine e-liquid without a prescription after 1 October 2021 will be up to $222,000.

How to prescribe:
Once the patient is consulted and a plan of management decided upon, the GP prescribes either via the Special Access Scheme (SAS) for an individual patient or via the Authorised Prescriber Scheme, where a doctor has 'recognition as a prescriber' and does not need to notify the TGA for each prescription (see NPS flowchart below for more details). The consumer then fills the prescription at an Australian pharmacy. If the patient is planning to import the nicotine containing product (Personal Importation Scheme), a TGA approval is not required, however a prescription is still mandatory.

See links below for some practical tips about prescribing including how to write a prescription, length of approval, and choice of products.

Webinar Smoking Cessation and The Upcoming Scheduling Changes

How to write a nicotine prescription (with examples)

https://athra.org.au/wp-content/uploads/2020/08/How-to-write-a-nicotine-prescription-1Aug2020.pdf

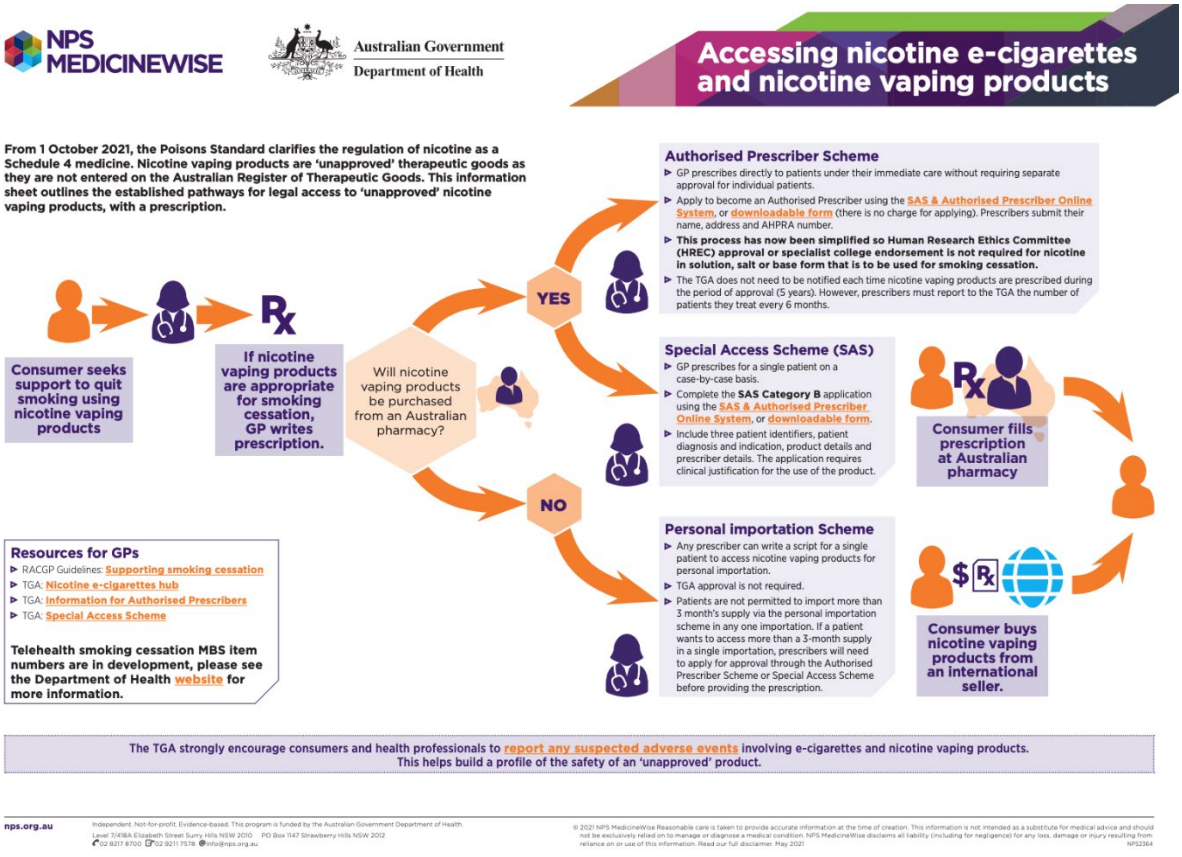
Supporting smoking cessation: A guide for health professionals (RACGP)
https://www.racgp.org.au/clinical-resources/clinical-guidelines/key-racgp-guidelines/view-all-racgp-guidelines/supporting-smoking-cessation

Nicotine vaping products: practice implications of scheduling changes
https://www.nps.org.au/news/nicotine-vaping-products-practice-implications-of-scheduling-changes

Vaping and the law
https://www.athra.org.au/vaping/the-law/

SAS
https://compliance.health.gov.au/sas/

Flowchart- accessing nicotine e-cigarettes and nicotine vaping products
https://www.nps.org.au/assets/NPS2364_Nicotine_eCigs_Flowchart_v8.pdf



By Dr Nicole Gouda MBBS FRACGP, SNHN AOD Clinical Lead

Opportunities

Free onsite GP AOD Education

Delivered by GP/ Drug and Alcohol Specialist, lunch included, at your practice.

Topics include:

- Managing opioid dependent patients with chronic pain + Real Time Prescription Monitoring (RTPM)
- Managing benzodiazepine and other sedating medicine dependence
- How to conduct a GP-led home alcohol detox safely
- Nicotine prescribing and vaping
- Performance and Image Enhancing Drugs (PIEDs)
- Treating Hepatitis C

Commencing November 2021, initial sessions are likely to be online. Please contact Pat at psimmonds@snhn.org.au for more information or to request a topic, date, and time.

Quit Smoking Study

UNSW/NDARC are looking for adult smokers who are located within 100km of the Sydney CBD and receive a government pension or allowance.

Benefits for participants:

- Eight weeks of nicotine replacement products at no financial cost to help quit smoking (either nicotine gum or lozenges OR a vaporiser and liquid nicotine)
- Reimbursement of up to $80 for time to participate in the trial
- Additional quit smoking support from the research team
- No travel required; all information collected over the phone
- Flexible interview schedule

For more information https://ndarc.med.unsw.edu.au/project/quit-smoking-study

Articles

Real time prescription monitoring — SafeScript update

SafeScript is a real time prescription monitoring (RTPM) system that will allow NSW prescribers and pharmacists access to real-time information about their patients' prescription history for certain high-risk prescription medications. It collects prescribing and dispensing information about monitored medications via the electronic prescription exchange service that is already connected to most prescribing and dispensing systems, including Best Practice and Medical Director.

The misuse of prescription medication is an ongoing concern in Australia with increasing rates of overdose and accidental deaths. The main goal of RTPM is to improve quality at the point of care. RTPM seeks to identify patients who are at risk of misuse or dependence of high-risk medicines, and limit both 'prescription shopping' and diversion of these medications. It will also help identify prescribers who are not complying with regulations.

Each state or territory has (or will have) its own system of RTPM and all will interact with the National Data Exchange provided by the Australian Government Department of Health, allowing for monitoring of medications across state borders.

The list of medicines that will be monitored in NSW includes opioids, benzodiazepines, zolpidem, zopiclone, dexamfetamine, methylphenidate and other high-risk medication such as ketamine, pregabalin and quetiapine.

Prescribers and pharmacists who have registered for SafeScript NSW will receive a pop-up notification when certain 'high-risk' situations are detected on the data base. These may include multiple prescribers, high doses of opioids or concurrent prescribing of harmful substances. Prescribers and pharmacists can click on the notification to access the SafeScript NSW portal to view the patient's full monitored medicine history which will be include data from April 2021 onwards. Prescribers and pharmacists may still prescribe and dispense monitored medicines even if there is a warning provided they believe it is clinically safe and appropriate to do so.

Prescribers and pharmacists in the Hunter New England and Central Coast regions will be the first to access the system from late October 2021 as part of a phased state-wide rollout. All NSW prescribers and pharmacists are expected to have access in the first half of 2022.

Rollout of SafeScripts will be supported by eLearning modules and recorded webinars.

References and further information.

About SafeScript NSW
https://www.safescript.health.nsw.gov.au/health-practitioners/about-safescript-nsw

Australian Government Department of Health
https://www.health.gov.au/initiatives-and-programs/national-real-time-prescription-monitoring-rtpm

Benefits and challenges to the implementation of real-time prescription monitoring
https://medicinetoday.com.au/sites/default/files/cpd/2-MT2015-06SUPPL-PRESCRIPTION_OPIOID_MISUSE_OGEIL.pdf

By Dr Nicole Gouda MBBS FRACGP, SNHN AOD Clinical Lead

Alcohol Brief Intervention Initiative (ABII) – Summary of Findings

During 2020 and early 2021, the SNHN conducted a project called the *Alcohol Brief Intervention Initiative* (ABII). This was a follow-on pilot from the one conducted in 2018 which sought to measure the success of brief interventions by GPs with respect to alcohol use outside of Australian Guidelines. This initial 2018 pilot confirmed findings from other studies which showed that alcohol screening and brief intervention could be conducted successfully in general practice, with over 50% of doctors reporting a reduction in the patient's initial audit-C score two months post brief intervention. This reduction in audit-c score was significant, with an average of a 40% reduction of the initial score.

The ABII 2020 sought to further understand the experience of and barriers to providing brief intervention regarding alcohol consumption in general practice. These barriers typically include time pressures, competing health priorities, financial cost, lack of practitioner confidence and knowledge of brief intervention, fear of conversation discomfort and the absence of support around more complex alcohol issues.

The GPs involved in the initiative were asked to screen as many adult patients as practicably possible about their alcohol consumption and record the data in their practice software. Participant GPs were provided a range of resources regarding alcohol brief intervention and asked to complete some pre-reading and an initial survey exploring their skills, knowledge and attitudes towards brief intervention.

The GPs involved in the initiative were asked to screen as many adult patients as practicably possible about their alcohol consumption and record the data in their practice software. Participant GPs were provided a range of resources regarding alcohol brief intervention and asked to complete some pre-reading and an initial survey exploring their skills, knowledge and attitudes towards brief intervention. This was followed by a final survey on completion of the 4-month initiative which involved reflecting on the experience. Responses were then collated for reflection.

Reasons for engagement in the initiative included a lack of knowledge around brief intervention (BI); other GPs already practising BI felt passionate about reducing alcohol harm in the community and wanted to improve their delivery of BI. Many felt that they were in a unique position to provide BI and saw it as part of their role as general practitioners.

With respect to patient experience, GPs generally found most patients were receptive to being asked about their personal alcohol intake, provided the screening was done in a non-judgemental, warm, and enthusiastic way, and using non-stigmatising language. Like in the initial pilot, it was found that most patients lacked knowledge of the current Australian guidelines for alcohol consumption and were frequently unaware of standard drink size.

GP participants reflected that the practice of screening itself was extremely valuable and likely the 'cornerstone' of all alcohol brief intervention and akin to 'planting a seed'. They reported the initiative helped then consolidate their skills in providing BI by giving them an opportunity to reflect on their 'delivery' which improved the quality of the service given to their patients.

With regard to resources, *the Australian abbreviated guidelines to reduce health risks from drinking alcohol* was thought perhaps the most valuable of all and essential in providing good BI. *Standards drink guide* was again a useful resource as was *Tips for cutting down* and pictograms of alcohol related harms.

The biggest issue highlighted as a barrier to delivering BI was time. GPs universally commented that alcohol BI took longer than a few minutes to provide and this was a barrier due to time constraints in general practice. In many cases, the BI opened the door for a longer discussion around alcohol consumption, harms, and individual goals, and while this was a satisfying outcome, it was offset by the cost of the time required. Overall, the participants found the experience of providing BI rewarding and enjoyable.

Alcohol remains the second leading cause of preventable mortality and morbidity in Australia and direct health and indirect costs to the Australian community are estimated at 15 billion dollars per year. Systematic review of clinical preventative health strategies in the USA ranks screening and brief intervention for problem drinking to be equivalent on health impact and cost effectiveness as colorectal cancer screening, and higher than that for cervical cancer and breast cancer screening.

For the current Australian guidelines to reduce health risks from drinking alcohol
https://www.health.gov.au/news/australian-alcohol-guidelines-revised

For further resources, please refer to the SNHN AOD alcohol webpage
https://sydneynorthhealthnetwork.org.au/mentalhealthtriage/alcohol-and-other-drugs/alcohol/

By Dr Nicole Gouda MBBS FRACGP, SNHN AOD Clinical Lead

Opportunistic AOD Interventions for Practice Nurses

Substance use affects all areas of nursing. Harmful levels of alcohol, tobacco, and other drug use is a health concern associated with chronic disease, injury and death. In Australia alcohol is the sixth highest risk factor contributing to the burden of disease, and tobacco smoking is a factor in 1: 9 deaths.

People living in the Northern Sydney local government area are more likely to drink daily and exceed the single occasion risk guidelines for alcohol consumption. Similarly, cocaine and ecstasy use are more likely in areas of higher socio-economic advantage.

Opportunistic interventions for AOD use can be delivered by any nurse - they are quick and most effective for people whose use is at low or mid-range risk. Screening tools such as the AUDIT and CAGE questions can be used to identify a substance use issue. For example, asking questions such as ‘how many times a week do you consume more than four drinks of alcohol’, or ‘does your drinking cause arguments with friends and family?’ can guide the nurse in providing an appropriate health intervention and recommendations for less harmful ways of using.

Opportunistic interventions can be done at any time during contact with a patient - especially important during the pandemic when practice nurses experience competing priorities and vaccination overwhelm. AOD screening and intervention can be introduced as part of the healthcare conversation, such as, 'many people find they are drinking more during COVID', or 'is there anything about your substance use you'd like to change?'. This approach is non-threatening while still offering an opportunity to increase the person's health literacy and give a harm reductive message.

Nurses worry that patients will resent them asking about their substance use. However, surveys have shown that patients expect clinicians to give advice on alcohol, tobacco and other drugs. Many are unaware they are placing their health at risk and are willing to learn how to optimise their health. Unlike other drugs - where their illegality leads to rapid negative consequences - alcohol use can continue for years until physical and social harms arise. Australian society accepts, and often applauds, harmful use of alcohol and this view can present a personal barrier to people asking for help.

Thiamine deficiency is common in people who consume excessive amounts of alcohol. It can lead to Wernicke's encephalopathy which is a form of serious brain injury that can be reversed by adequate levels of thiamine. Australians already receive added thiamine in white bread – a health promotion from the 70's for this very reason – so suggesting daily thiamine to someone who is consuming alcohol regularly is a great harm reduction strategy.

An opportunistic intervention includes information on safe levels of alcohol use, the benefits of taking thiamine, and suggestions to increase the number of alcohol-free days each week. Having an AOD brochure or link handy can provide the patient with access to further help if needed.

- *https://www.nhmrc.gov.au/about-us/news-centre/no-more-10-week-and-4-day*
- https://www.health.gov.au/sites/default/files/guidelines-for-the-treatment-of-alcohol-problems_0.pdf
- https://adf.org.au/insights/alcohol-related-thiamine-deficiency/

By Melise Ammit, Clinical Nurse Specialist 2, CDAN. NSLHD Drug & Alcohol Service

Drink Tank - Alcohol use among women 35-59 years in Sydney's Northern Beaches

https://drinktank.org.au/2021/04/alcohol-use-among-women-aged-35-59-years-in-sydneys-northern-beaches/

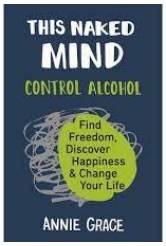
Drink Tank - Our Journey: A family living with FASD

https://drinktank.org.au/2021/09/our-journey-a-family-living-with-fasd/

Book review – This Naked Mind

This Naked Mind: Control alcohol, find freedom, discover happiness and change your life, by Annie Grace

Review by Gerry Mobbs, Clinical Psychologist



Annie Grace is an 'ordinary woman' who noticed that despite the many negative consequences, she was increasingly drinking alcohol. Grace began a journey of self-discovery to find out why. *This Naked Mind* is a candid and humorous storytelling of her journey, weaving in existing psychological, neurological, cultural, and social perspectives. Grace invites you to explore your own relationship with alcohol, wherever you find yourself on the continuum of dependence. No scare tactics or rules involved. Grace offers an alternative to the 'Am I an alcoholic or not?' dichotomy of the disease model and Alcoholics Anonymous (AA). This may reduce defensiveness for many people and encourage a willingness to begin a process of change.

Whereas AA may make the assumption that there is nothing wrong with alcohol, only alcoholics, this book explores alcohol itself, its addictive nature and the process of craving.

Grace explains how entrenched our conditioning towards alcohol is: we believe it is an essential ingredient to having a happy, interesting life. She challenges societal norms like 'mummy wine time'. Grace reveals the insidious embracing of alcohol in our society, where we seem to be in something like a mass delusion about its dangers. In our alcohol-centric culture, we give alcohol a "free pass", even though it is scientifically considered to be one of the most dangerous drugs in the world.

Personally, Grace has chosen abstinence over moderation and cites reasons as to why this ultimately may be an easier option. 'Moderation means that you have to make decisions all the time — do I have a drink this time? Do I not have a drink THIS time? Decision-making is stressful and takes willpower, which, therefore, is fatiguing. By making one single decision to not ever drink, one removes the need to make decisions all the time. '

Grace systematically dispels the following myths and common beliefs that most people struggling with alcohol will likely present to their health professional with.

- I need alcohol to sleep
- Alcohol makes me happy
- Alcohol helps me socialise
- Alcohol helps me relax
- Alcohol relieves my boredom
- Alcohol relieves the stress of parenting
- Alcohol relives my sadness/depression/anxiety

Grace reframes giving up alcohol as freedom rather than deprivation. She suggests replacing 'I don't get to drink' with 'I don't have to drink'. Grace invites her readers to begin their own journey of self-discovery around alcohol with an open mind. Who knows what you may find?

Support for health professionals

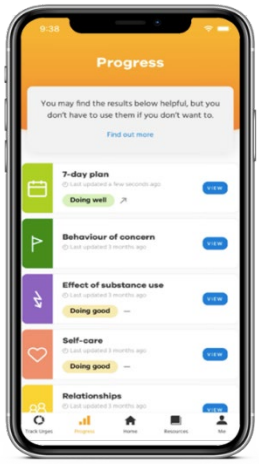
Smart track app

https://smartrecoveryaustralia.com.au/smart-recovery-app/

Recovery app to help overcome addiction encouraging client to design their own recovery journey through establishing personalised goals and sources of motivation.

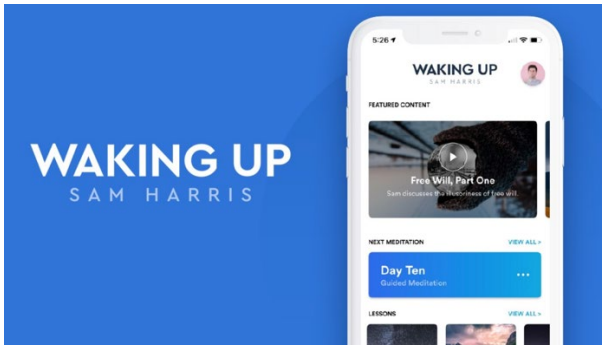
This app is free and enables client to track and monitor progress as well as success resources to aid with recovery.

Developed by University of Wollongong and Smart Recovery



Waking up app

https://wakingup.com/



Daily mindfulness and meditation app catering to all who are interested in secular meditation. Includes reflections on life and the theory behind mediation practice.

The free version of Waking Up gives you access to five audio meditations. Try before you buy.

NEW: Mental Health GP Consultation Liaison Service within the Northern Beaches Mental Health Service (NBMHS)

The **GP Liaison clinician is available to provide advice to GPs** for patients discharged from the service **within the previous 6 months.**

New Process

- **GP to contact** the discharging GP Liaison clinician on **0418 287 216**
- Leave a message including **client name, DOB and outline of issue** as well as your **contact details** on voice mail.
- The GP Liaison clinician (or delegate) will **respond within 24 hours** during business hours **0830-1600 Monday – Friday**
- **Note** this is **not a referral line**. All **new** referrals to the NBMHS are via the **Mental Health Line 1800 011 511.**
- If the situation warrants the patient may be readmitted back to the service

Quick guide to drug interactions with smoking cessation

TOOL 7

Quick guide to drug interactions with smoking cessation

NSW GOVERNMENT

Medication levels can vary if someone starts or stops smoking, or if they change how much they smoke.

- Cigarette smoking induces the activity of certain cytochrome P450 enzymes, particularly CYP1A2. These enzymes are involved in the metabolism of a number of medications.
- These effects are caused by components of tobacco smoke other than nicotine. **Therefore nicotine replacement therapy does NOT affect medication levels.**
- Decreased CYP1A2 activity after smoking cessation increases the risk of adverse drug reactions thus requiring adjustment to the dosage of some medications.
- CYP1A2 enzyme has a half-life of 36 hours, so dose adjustment to medications needs to be made within 2-3 days of smoking cessation.
- The change in metabolism/drug dose can occur with anyone who is reducing smoking. People considered light smokers may still need dose adjustment depending on the way they smoke (eg. compensatory smoking – inhaling more deeply).
- Predicting the required adjustment to medication can be challenging – the table below is a guide only. Therapeutic drug monitoring should be used where possible.

If unsure, access MIMS to establish smoking cessation effects on patient's medications.

Drugs affected by smoking cessation

Drug	Effect of smoking cessation	Impact on dosage required when client stops smoking	Clinical importance
Benzodiazepines	Possible increased sedation due to loss of CNS stimulation by nicotine.	May need lower dose. May be more sedated if dose remains the same	+
Beta blockers	Serum levels may rise and effects enhanced.	May need lower dose.	+
Caffeine and alcohol	Caffeine levels rise Alcohol levels rise	Reduce caffeine and alcohol levels by half within a week	+++
Chlorpromazine	Serum levels rise	May need lower dose	++
Clopidogrel	Effectiveness is significantly reduced when smoker stops smoking	Prasugrel or ticagrelor may be better choices for non-smokers	+++
Clozapine	Serum levels rise significantly	An average 50% dose reduction may be required	+++
Flecainide	Serum levels may rise	May need lower dose	+
Fluvoxamine	Serum levels may rise	May need lower dose	++
Haloperidol	Serum levels may rise	May need lower dose	+
Heparin	Serum levels may rise	May need lower dose	+
Imipramine	Serum levels may rise – monitor for side effects	May need lower dose	+
Insulin	Increased subcutaneous absorption due to vasodilation after quitting	May need lower dose	++
Olanzapine	Serum levels rise significantly	An average 30% dose reduction may be required	+++
Theophylline	Serum levels rise	May need lower dose	++
Warfarin	Serum levels increase by 15% on average	May need lower dose. Close monitoring of INR advised.	++
Methadone	Serum level may rise	May need lower dose	++

Acknowledgement: Dr Colin Mendelsohn, Tobacco Treatment Specialist and Associate Professor Renee Bittoun, for their expert advice and assistance in compiling this information.

https://www.health.nsw.gov.au/tobacco/Factsheets/tool-7-guide-dug-interactions.pdf

Support for patients, families, and friends

SDECC Northern Beaches

Support for young people and their families at Manly and St Leonards. For more information go to https://sdecc.org.au/

Odyssey House

Offering community and residential programs, withdrawal services, and support for family and friends. For more information go to https://www.odysseyhouse.com.au/

Ground-breaking alcohol and drug program now available

The Alcohol and Drug Cognitive Enhancement (ACE) program is a new way for clinicians to support people in NSW seeking treatment for their alcohol and drug use.

The program provides a set of tools and resources that allows clinicians to screen for and help improve a client's brain function. This will enable clients to better engage with alcohol and drug treatment.

Approximately 50% of people using alcohol and other drugs services are affected by a degree of cognitive impairment[1]. It is a key risk factor that can impact on the success of treatment. Improved brain function can help with things such as planning, decision making and managing emotions. This can greatly increase the likelihood a client will remain in, and benefit from, treatment.

More information

The ACE program is a partnership between the Agency for Clinical Innovation's Drug and Alcohol Network, Advanced Neuropsychological Treatment Services and We Help Ourselves. Key partners include the National Drug and Alcohol Research Centre (UNSW Sydney), University of Wollongong, Macquarie University and the University of Newcastle.

Download the ACE program resources, including screening tools, brief intervention and a 12-session cognitive remediation program, from the Agency for Clinical Innovation website.

Ice Education for Families

Breakthrough Ice Education for Families Handbook
Support Services When and where to get help about ice (crystal methamphetamine) (cracksintheice.org.au)

Alcohol and Drug Information Service (ADIS) NSW

24/7 information, support and referrals for those affected by alcohol and other drug use.
https://yourroom.health.nsw.gov.au/getting-help/Pages/adis.aspx

Family Drug Support

Stages of Change and Effective Communication https://steppingforward-stages-of-change-and-effective-com.eventbrite.com.au

Setting Workable Boundaries https://steppingforward-online-boundaries.eventbrite.com.au

Family Drug Support

presents the **'Stepping Forward'** series providing

√ Clear & practical information sessions
√ A safe place to share & to feel supported

Families Stages of Change • The stages of change for those engaged in using. • The stages of change for families. • How to cope through self-care. • Letting go and still remain supportive and caring. **Effective Communication** • Essentials of communication. • What works and what doesn't. • Practical strategies that can make a difference.	**Saturday, 25 September 2021** 9.30 am - 12.30 pm **Online via Zoom** Register here: https://steppingforward-stages-of-change-and-effective-com.eventbrite.com.au
Setting Workable Boundaries • Defining & setting boundaries. • Why setting boundaries is difficult. • Tips on setting boundaries. • What to do if a boundary is broken.	**Thursday, 30 September 2021** 6.00 pm - 8.00 pm **Online via Zoom** Register here: https://steppingforward-online-boundaries.eventbrite.com.au

For more information:
email or call Amy: amy@fds.ngo.org.au 0457 260 079

24/7 FAMILY DRUG SUPPORT 1300 368 186

NEW: Head to Health Pop Up – Mental Health Support

The Head to Health service is open to people of any age who may be experiencing distress or mental ill health. This includes people who have never accessed mental health services before, or for their family and friends. It is also for family and friends of those in aged care.

Flyer https://www.pccs.org.au/wp-content/uploads/2021/09/H2H-Consumer-flyer_Generic_NSW_web.pdf

Website https://sydneynorthhealthnetwork.org.au/head-to-health-pop-up/#1630642555426-7d69c945-64bc

GP Education

Gambling Harm Awareness Training for General Practitioners **Webinar**

Date: Tuesday 26 October 2021

Time: 7:00-8:30pm

The webinar is being made in conjunction with a podcast and RACGP published article. It will focus primarily on NSW GPs but have a national appeal.

Learning Outcomes

- explain gambling harm and public health issues
- identify co-morbid conditions and gambling problems
- utilise a range of tools for screening for gambling in the general consultation
- demonstrate strategies for providing psychoeducation to patients for reducing gambling harm
- explain strategies for appropriately referring to gambling support services

Transgender Care in General Practice **Webinar**

Date: Tuesday 2 November

Time: 7pm – 8pm

There are many barriers to accessing primary health care for trans people – binary and non-binary, including limited GP experience and access to GP services, particularly around gender affirming therapy.

Learning Outcomes

- Understand the health needs of transgender and gender diverse patients and the elements of gender identity
- Improve your confidence and knowledge in caring for transgender and gender diverse patients, including management of gender affirming therapy
- Identify and discuss referral options and resources providing further support for transgender patients

Understanding Cannabis **Course**

A short online course including pharmacotherapy, dependence, harm minimisation, medicinal cannabis, and treatment of cannabis use disorder

Trauma Informed Care **Webinar**

A fantastic introduction to trauma-informed care introducing concepts and principles encouraging us to consider the impact that trauma has on the people we work with. Part of a series of webinars by Turning Point on trauma informed care

Mental health and alcohol use in young Australians during COVID-19 — NDARC **Webinar**
This presentation covered changes in mental health and alcohol-related harm for young Australians during COVID-19.

Talking point: alcohol consumption during the COVID-19 epidemic in Australia **Webinar**

Two longitudinal studies assessed the alcohol consumption of a sample of Australians aged 18 and over measured the ways in which respondents changed consumption, harm and purchasing of alcohol throughout 2020

The GN Podcast with Andrew Fuller: Current trends in Substance Use Among Young People

- Current trends of substance abuse in young people (Paul Dillon, Andrew Fuller)
- The effects of 2020 on young people
- Emerging new trends in substance use/abuse: Vaping, 'nanging', cannabis, and more
- Implications for schools and communities
- How to help young people

Home Alcohol Withdrawal and Relapse Prevention **Webinar**
Resources and further information:

- RNSH Topiramate and Naltrexone Study
- Slides
- Referral Options – see slide 69
- Resources – see slides 70-71

Further Reading

- Home detox – Supporting patients to overcome alcohol addiction (Australian Prescriber, 3 December 2018, author Chris Davis – General practitioner, East Sydney Doctors, Sydney)
- Guidelines for the treatment of alcohol problems (Australian Government) (sections 5-7)

The Right Medicine: Paths Out of Alcohol and Other Drug Use – Session 1 **Webinar**
Alcohol and Other Drug Assessment and Withdrawal

The Right Medicine: Paths Out of Alcohol and Other Drug Use – Session 2 **Webinar**
Mental Health Comorbidity and Stigma in AOD Patients

The Right Medicine: Paths Out of Alcohol and Other Drug Use – Session 3 **Webinar**
Brief Intervention and Relapse Prevention