Treating Substance Abuse

Key Features of Adolescent Substance Use

- ***Alcohol and tobacco*** are the substances most commonly used by adolescents and account for the highest rates of morbidity and mortality
- ***Illicit drug use*** is increasing – e.g. marijuana, amphetamines, ecstasy
- ***Co-morbidity is common*** – there is a high prevalence of mental health disorders among young drug users
- There is a strong association between substance use and ***incidence of other health problems*** in adolescents, especially:
  - motor vehicle accidents and other injuries
  - mental health problems
  - sexual risk-taking
  - violence
- ***Polysubstance use*** is common among adolescents

Assessment *see page 86*

- The ***HEEADSSS*** psychosocial screening tool provides a broad assessment of the incidence of alcohol or drug use
- Many young people do not consider alcohol or tobacco to be drugs, so you need to specifically ask about these
- Spend some time building rapport and discussing less sensitive issues – this will help the young person to feel more comfortable discussing their substance use:
  - reassure them of confidentiality
  - adopt a non-judgemental approach

Taking a drug history *see page 86*

- If substance use is detected, a more in-depth drug history may need to be taken
- Explain to the young person the reasons for gathering this information – request permission to ask sensitive questions

A drug history should include:

- ***What*** – what substances are being used?
  Enquire about drug use over the previous months including:
  - licit drugs – alcohol, tobacco, over the counter and prescribed medications
  - household products – glues, aerosols, petrol
  - illicit drugs – cannabis, ecstasy, amphetamines, LSD, cocaine
- ***How often*** – what is the frequency of their use?

- ***How much*** – the dose used (e.g. how many drinks on a given occasion; how many times they smoke marijuana in a day/week)
- ***Method of use*** – smoking, injection, snorting, etc.
- ***Patterns of use*** – does binge use ever occur? Common patterns of drug use:
  - experimental
  - recreational
  - abuse
  - dependence
  - recovery/relapse
- ***Context of use*** – alone, with friends, parties; when depressed, stressed, angry etc.
- ***Effects of use*** – physical, mood, behavioural, social, etc.
- ***How they obtain and pay for the substance***
- ***Previous attempts to stop*** – outcomes of these
- ***What they want to do about their drug use***

Management Strategies *see page 88*

- Formulate a management plan in collaboration with the young person
- Allocate sufficient time – management of substance abuse requires more time than the usual 10 -15 minute general practice consultation
- Address **co-morbidities** – substance use can mask underlying social or psychological difficulties. Where necessary, refer to counselling for:
  - depression and anxiety; anger management; stress reduction; etc.
- Collaborate with other professionals to ensure a multidisciplinary approach – e.g. Psychologist; drug and alcohol counsellor

Brief interventions *see page 92*

- ***Provide information*** – even if the young person chooses not to change their drug use, you can still assist them by providing information and education, e.g.
  - the effects of substance use
  - safer using strategies
  - services available
- ***Monitor drug use*** – monitoring drug use helps the user to recognise the amounts consumed, patterns of use and high risk situations – monitoring can involve keeping a diary or log book
- ***Goal-setting*** – set realistic, achievable goals for change, for example:
  - cutting down on alcohol/drug use
  - drug free days
  - not combining drugs

Comprehensive intervention *see page 92*

Adolescents who have developed substance dependence or an entrenched pattern of abuse require comprehensive management, e.g.:

- referral to specialist services
- supervised detoxification
- in-patient treatment
- substitution – e.g. nicotine chewing gum/patches; methadone replacement therapy (for over 18 year olds)

See Section 4 – for list of drug and alcohol services, resources and contact details

chapter eight
Treating Substance Abuse

Facts about Adolescent Substance Use[1, 2]

Recent Surveys show that:

- An estimated 37% of 16–19 year olds and 45% of 20–24 year olds drink at risky or high risk levels for short-term harm
- Marijuana is the commonly used illicit drug most among young people – 5% of 12-15 year olds, 22% of 16-19 year olds and 27% of 20-24 year olds report having used marijuana in the last 12 months
- 17% of 14-19 year olds and 27% of 20-24 year olds are regular or occasional smokers
- Illicit drugs and alcohol are the risk factors accounting for the greatest amount of burden of disease and injury among young people aged 15–24 years

Adolescent Substance Use

Substance use is a major threat to young people's health – illicit drugs and alcohol use are the risk factors accounting for the greatest morbidity among 15–24 year olds[1]. Key features of adolescent substance use include[3]:

- **Alcohol and tobacco** are the substances most commonly used by young people and account for the highest rates of morbidity and mortality
  - high proportions of young people engage in high-risk drinking behaviour – such as binge drinking[1]
- **Illicit drug use** is increasing – mainly:
  - marijuana
  - amphetamines
  - ecstasy
  - hallucinogens
- **Co-morbidity is common** – there is a high prevalence of mental health disorders among young drug users[1, 4]:
  - especially depression, anxiety and other mood disorders
  - substance use is frequently a contributing factor in the early onset of psychosis
  - in 2004–05, there were over 8,021 hospital separations for mental and behavioural disorders due to psychoactive substance use among young people aged 12–24 years[1]
- There is a strong association between **substance use and incidence of other health problems** in adolescents, especially:
  - motor vehicle accidents and other injuries
  - sexual risk-taking
  - blood-borne viruses (especially Hepatitis C; HIV/AIDS)
  - violence and criminal behaviour
- **Poly-substance use** is common among adolescents

resources

The following services provide further information on individual substances and their effects, and fact sheets for patients and health professionals:

- **Australian Drug Information Network**
  www.adin.com.au
- **Australian Drug Foundation** clearinghouse for information on drugs
  www.druginfo.adf.org.au
- **Centre for Youth Drug Studies**
  www.cyds.adf.org.au
- **Youth Substance Abuse Service (YSAS)** for information about working with high risk, co-morbid young people
  www.ysas.org.au
- **National Drug & Alcohol Research Centre (NDARC)**
  www.ndarc.med.unsw.edu.au
- **Drug and Alcohol Multicultural Education Centre (DAMEC)** information and resources on substance abuse and CALD young people
  www.damec.org.au

Risk Factors for Substance Abuse[5, 6]

A number of risk factors have been linked to substance misuse among young people:

- Peer use of substances
- Family factors
  - family attitudes favourable to substance use
  - poor parental control and supervision
- School difficulties and truancy
- Early onset of substance use – especially before the age of 15
- Unemployment
- Low self-esteem and social support

- Emotional and behavioural problems – e.g. depression, anxiety, conduct disorder
- Childhood physical or sexual abuse

Assessment

- The ***HEEADSSS*** psychosocial assessment provides a broad assessment for detecting the incidence of alcohol or drug use[5]

See Chapter 2 – Conducting a Psychosocial Assessment

- ***HEEADSSS*** will also provide an indication of:
  - how the substance is affecting the young person – e.g. impairment of school functioning and interpersonal relationships
  - the role it plays in the young person's life
  - other risk behaviours associated with its use
- **Spend some time building rapport and discussing less sensitive issues** – this will help the young person to feel more comfortable discussing their substance use.
  In exploring the young person's drug use it is important to:
  - reassure them of confidentiality
  - adopt a non-judgemental approach
  - demonstrate interest in the young person themselves not just their substance use
  - use a **'third person approach'** to ask sensitive questions:

Example: *"Some young people your age have tried alcohol or other drugs. I wonder have you or any of your friends ever tried any drugs or alcohol?"*

- If substance use is suspected but not disclosed, and is thought to be having a significant impact on health/life – take a more direct approach:

"I've been wondering whether the symptoms/signs that you/others have described could be related in any way to using drugs. It's up to you whether you'd like to talk about this, but I just want you to know that this is what I've been thinking and I'm concerned about the risks to your health…"

Taking a Drug History

If the presence of substance use is detected, a more in-depth drug history may need to be taken:

- Explain to the young person the reasons for gathering this information – request permission to ask sensitive questions:

Example: *"If it's okay with you, I want to ask you some questions about your drug/alcohol use so that I can get a better picture of how it fits into your life. I'd like us to explore what you think the positive effects of your drug use are and what harm it might be causing you. From there you can decide whether you want to do something about your use. How does that sound?"*

- Explore the young person's substance use in an interactive, rather than interrogative, style – this will help him/her to feel safe to open up and share details of their substance use history
- Many young people do not consider alcohol or tobacco to be drugs, so you need to specifically ask about these

The history should include:

- *What* – what substances are being used? *(Remember that polysubstance use is common among adolescents – specifically ask about each substance)*
- Enquire about drug use over the previous months including:
  - *licit drugs* – alcohol, tobacco, over the counter and prescribed medications
  - *household products* – glues, aerosols, petrol
  - *illicit drugs* – cannabis, ecstasy, amphetamines, LSD, cocaine
- *How often* – what is the frequency of their use?
- *How much* – the dose used *(e.g. how many drinks on a given occasion; how many times they smoke marijuana in a day/week)*
- *Method of use* – smoking, injection, snorting, etc.
- *Patterns of use* – does binge use ever occur? Common patterns of drug use:
  - *experimental*
  - *recreational*
  - *abuse*
  - *dependence*
  - *recovery/relapse*
- *Context of use – When/Who with*
  - e.g. alone, with friends, parties, when depressed, stressed, angry etc.

- *Effects of use* – physical, moods, behavioural, social, etc.
- *How they obtain and pay for the substance*
- *Previous attempts to stop* – outcomes of these
- *What they want to do about their drug use*

Important points to address in conducting your assessment[3,7]:

- **Co-morbidity** – the history should include questioning about possible co-morbid mental health problems. In particular, enquire about:
  - mood, anxiety and depressive symptoms
  - symptoms suggestive of early psychosis
  - if indicated, conduct or refer the patient for, a thorough mental health assessment, including past history of mental health symptoms
- **Tolerance** – is the young person developing tolerance to a substance?
  "Do you find you need more (of the drug), compared with before, to achieve the same effect?"
- **Problems** – what problems are they experiencing as a consequence of their substance use?
  - e.g. physical health, legal, financial, social, school/work performance, relationship difficulties
- **Risk behaviours** – have they been involved in any risk behaviours while under the influence of drugs or alcohol – e.g. drink driving, unsafe sex, criminal activity
- **Cultural background** – the context and use of substances can vary greatly in meaning and acceptance across different cultures
  - enquire about the young person's cultural background and attitudes towards substance use in that culture
  - identify any factors related to cultural background or stresses associated with migration/being a refugee, etc. that may be contributing to substance use
- **Morbidity and mortality** – morbidity and mortality from substance abuse arise from three main factors:
  - toxicity from the pharmacological action of the drug itself
  - the mode of drug administration
  - environmental factors and associated risk behaviours – crime; violence; accidents/ injuries
- **Heavy use** – where there is a history of heavy use, enquire about:
  - difficulty controlling use of the substance
  - withdrawal symptoms – how they feel when they don't use the substance
  - overdose – any episodes of drug overdose and how they were managed; accidental or deliberate self -harm?

Indicators of Substance Abuse

The following signs *may* be indicators of substance abuse – be aware however that there may be many other explanations for these changes:

- Changes in school/work attendance or achievement – frequently absent or late; apathy and lack of effort
- Poor physical appearance and an extreme lack of regard for personal hygiene, red eyes, dilated or constricted pupils
- Marked changes in emotional state – e.g. unusual aggression, temper flare-ups, sullenness, mood swings
- Seeming excessively tired or withdrawn
- Withdrawal from usual social, family or recreational activities
- A change in peer group and reluctance to introduce friends to the family
- Furtive behaviour – including lying, stealing or borrowing money

A 'Typical Day'

Asking the young person to describe a **'typical day'** is a useful way of gaining more in-depth information about their substance use[8]. A **'typical day'** assessment:

- encourages disclosure of the individual's story
- provides a clinical picture of quantity & frequency of use
- provides personal context of use
- increases information & builds rapport

Example:

- *"The information we've talked about in this session has given me a bit of an idea about what is going on for you. But I really don't know a lot about you and the kind of life you lead. I wonder if I could ask you to tell me a little more about your life and the problems you are coping with right now. It would help me to understand the situation better if you could pick a typical day in your life and take me through it from the time you woke up (or a typical day at home; a typical night out; etc.)"*
- *"Tell me about what usually happens from the moment you wake, and move through the day, until the end of your day (or, when you are getting ready for a night out; etc.)"*

Allow the patient to continue with as little interruption as possible. If necessary, prompt with open-ended questions:

- *"What happened then? And before that? And between doing this and that? What next?"*
- *"What things do you find hard to cope with?" "How do you feel when this/that happens?"*
- *"Can you tell me where your substance use (drinking, smoking, etc.) fits in to your usual routine?"*
- *"Are there any times of the day when you use (alcohol, drugs, etc.) more than at other times?"*
- *"How does your day (one of these sessions; etc.) usually end? How do you feel at the end of the day (after one of these sessions; etc.)?*

Review and summarize, and if required ask:

- *"Is there anything else about this picture you've painted that you would like to tell me?"*

Laboratory Investigations

- If the young person gives a history of intravenous drug use – hepatitis B, C and HIV screening should be considered
- The need for further investigations should be determined by the history and physical examination (if any)

Management Approaches

As with all adolescent health problems, a trusting relationship forms the basis for effective treatment of substance abuse. A key principle of management is to adopt a **holistic approach** rather than focusing solely on the drug use. Addressing other areas of concern in the adolescent's life can often ameliorate the substance abuse[7].

Management Strategies

- Formulate a management plan in collaboration with the young person
- Allocate sufficient time – management of substance abuse requires more time than the usual 10 -15 minute general practice consultation
- When a substance use problem is identified, it is essential to book a longer follow-up appointment
  - if the young person does not see a problem with their substance use, it may be better to explain the reason for the follow-up as being for a general health review
- **Address co-morbidities** – substance use can mask or exacerbate underlying social or psychological difficulties. Where necessary, provide information and education or refer to specialist counselling for:
  - depression and anxiety
  - stress reduction
  - anger management
  - sexual risk-taking
- Provide objective health information about the possible effects of their substance use, and explore with them what impact it is having on their life
- Engage and work with the family where possible – *this should first be negotiated with the adolescent themselves*
- If the young person is thought to have a substance use disorder, they should be referred to specialised drug and alcohol services for assessment and treatment

The GP's Role

Many GPs will not have the time or skills to provide the comprehensive intervention required for young people with substance abuse problems – particularly those engaged in high risk behaviours or with complex co-morbid problems.

However, the GP can still play a major role in the young person's treatment by instigating a **collaborative treatment approach** by:

- Identifying the young person's substance use issues, associated risk behaviours and co-morbid health problems
- Referral to specialist services where necessary (drug and alcohol counsellor; Psychologist; etc.)
- Ensuring close collaboration with other health professionals/services involved in providing treatment
- Maintaining supportive involvement with the young person and monitoring their progress
- In more complex cases, where there are co-morbid mental health problems – use the **Medicare Item Numbers** to facilitate multidisciplinary case management through the development of a **Mental Health Care Plan** with other health professionals

See Chapter 13 – Collaborative Care – for relevant Medicare item numbers

Interventions

If substance use is identified as **problematic** (rather than 'normal risk taking' or experimental), interventions should be based on the young person's **pattern of substance use**, as well as their readiness and **motivation to change**.

- The **Stages of Change (SOC)**[8] model is useful in determining the young person's awareness about the consequences of their substance use and their readiness to change
- It enables GPs to work with the person in terms of 'where they are at', rather than expect them to be ready or able to change their substance using behaviour
- The model also helps in identifying interventions appropriate to the young person's stage

See 'Stages of Change' Model, Chapter 4 – for further information

- While the SOC model is useful as an assessment tool, the technique of **Motivational Interviewing** provides the GP with a more practical set of strategies for increasing the person's motivation to change and in assisting the young person to make behavioural changes

See 'Motivational Interviewing' below

The **'Stages of Change'** model allows the GP to match interventions to the young person's stage of change. For example:

- With an adolescent in the **Pre-contemplation** stage (i.e. not seeing a problem with their substance use and not thinking about changing):
  - offer education about their substance use
  - provide objective information about the potential health and social harms of the substance they are using
  - build motivation to change by exploring the advantages and disadvantages of their substance use
- With an adolescent in the **Action** stage:
  - provide more intensive intervention e.g. cognitive behavioural therapy; referral to a specialist service; detoxification

Motivational Interviewing [9]

Motivational Interviewing aims to:

- increase the patient's motivation and commitment to change
- provide patients with a range of skills and strategies for decreasing their substance use and modifying risk behaviours

The technique of Motivational Interviewing (MI) is based on the following principles[10]:

- MI is **patient-centred** – it focuses on the concerns and perspectives presented by the patient
- MI is based on the belief that the resources and motivation for change already exist within the patient
- However, the practitioner must also be directive – seeking to elicit these resources and motivation from the client to increase the likelihood they will choose positive behaviour change
- MI is based on research which indicates that **people who talk about making change are more likely to do so** than those who don't

- The core aim of MI is to elicit this **'change talk'** from patients, so that they hear themselves talk about their reasons, ability and intention to make change

Steps in Motivational Interviewing:

- Assess the young person's **readiness to change** (see ***'Stages of Change'*** model)
- Create a favourable climate for change – establish rapport and an **atmosphere of collaboration** with the young person; adopt a non-judgemental approach
- Use **communication skills** – such as reflective listening and open-ended questions to identify the patient's concerns – avoid persuasion or coercion
- Identify the young person's **motivation to change:**
  - *"How important would you say it is for you to cut down on your alcohol use?"*
  - *"On a scale of 1-10 where 0 is not at all important and 10 is extremely important?"*
- And – their **belief in their ability to change:**
  - *"How confident would you say you are, that if you decided to cut down, you could do it?"*
  - Use same scale 0-10 (0 = not at all confident; 10 = extremely confident)
- **Identify the costs and benefits** of substance use:
  - ask about the perceived benefits of substance use for them
    "What are the good things for you about drinking alcohol/smoking marijuana, etc..?"
  - ask about concerns or disadvantages of their substance use (to their health, their family/ relationships, financial, etc.)
    "Tell me about any concerns you have about how alcohol/marijuana, etc. is affecting your health or any other parts of your life..."
    "How is it affecting your relationships/family?"
    "How is it affecting your school/work?"
- **Increase motivation** to change:
  - provide objective information on the potential health effects and social impact of the substances they are using
  - identify associated risks – e.g. unsafe sexual activity; drink driving
  - for each individual – identify potential triggers for motivating them to change
- Assist patient to make the decision to change – engage the patient in a **'decision balance'** process to tip the balance toward changing[11]:

See Decision Balance - Below

- Reinforce the **patient's self-efficacy** – i.e. their belief and confidence in their ability to make changes or to cope with a specific task or challenge
- Assist the young person to **learn skills** that will help them to achieve change:
  - developing alternative ways of coping with problems that drive their substance use – e.g. stress, low self-confidence, anxiety or other mood problems
  - identifying risk situations and triggers to substance use and learning new skills for dealing with these – e.g. assertive communication/ refusal skills
  - strategies for coping with barriers to changing (e.g. peer pressure, withdrawal symptoms, sleeplessness, etc.)
- Provide **ongoing support** and reinforcement

Decision Balance	Reasons Not to Change	Reasons to Change
Stay the Same	**Benefits** ***"What do you like about (your substance use)?"*** e.g. Drinking/smoking with my friends; Feeling relaxed/relieving stress Forgetting about my problems Helps me sleep Fun	**Concerns** ***"What concerns you about (your substance use)?"*** e.g. Hangovers Can't study Get into fights Poor school performance Appearance – pimples, weight gain, effects on teeth etc. The expense
Change	**Concerns** ***"What concerns would you have about changing?"*** e.g. Lose my friends No fun Stress Not coping with my problems	**Benefits** ***"What benefits might you get from changing?"*** e.g. No more hangovers Weight loss Improved appearance Can study better Save money

resources

The following resources provide further information about conducting **Motivational Interviewing:**

- **The Motivational Interviewing website** www.motivationalinterviewing.org
- Miller, W. and Rollnick, S. (2002). *Motivational Interviewing: Preparing people for change*. (2nd edn) Guildford Press London.
- Sanci, L, Cahill, H. (2006). Topic 5. *Communicating with young people, part two.* Youth Health in Primary Care Module of the Postgraduate Certificate in Primary Care Nursing, Department of General Practice, University of Melbourne.
- Rollnick, S., Mason P., Butler C. (2006). *Health Behaviour Change: a guide for practitioners*, Churchill Livingstone, London.

Specific Communication Skills for Motivational Interviewing

The core skills of Motivational Interviewing can be summarised as follows[10]:

- **The Microskills of MI – "OARS":**
  O – Open ended questions – these establish rapport, gather information and increase understanding – e.g. "How do you think your drug use affects your health?"
  A – Affirm – "It's good that you decided to talk to someone about your drug use"
  R – Reflectively listen – "It sounds like you're starting to….."
  S – Summarise – "Let me see if I understand what you're saying…"
- **The types of change and commitment talk to listen for, elicit and reflect back to the client – DARN – C:**
  D – Desire – why the patient would want to make the change
  A – Ability – how they might go about making change
  R – Reason – their reasons for making change
  N – Need – how important making this change is to them
  C – Commitment – statements reflecting intention to make change – e.g.
  "I will…"; "I intend to…"; "I'm going to…"

Example:

D *– Why would you want to make this change?*
A *If you were to make the change, how might you go about it?*
R *What are the three main reasons you would want to make this change?*
N *On a scale of 0-10, how important is it for you right now to make this change? Why are you a 6 and not a 0? (note frame in the positive to elicit change talk from the patient)*
C *– What do you think you will do?*

Harm Minimisation

The goals of **harm minimisation** are to promote **safe usage of a substance** where abstinence is neither possible nor chosen.

Harm minimisation approaches involve:

- Recognizing harm as a continuum from **abstinence** (minimum harm) through to **dependence** (maximum harm)
- Focussing on the immediate likely harms resulting from use of a particular substance and works to reduce these potential harms
- Providing information and education on the effects of the substances being used and their potential harms
- Assisting the young person to make healthy choices for reducing these harms

Harm Minimisation Strategies

Reduce to a minimum the lifestyle risks associated with substance use behavior by promoting safe practice and teaching protective behaviors, e.g.

- safe injecting procedures for IV users
- strategies for reducing alcohol consumption
- safe sex practices such as condom use
- not driving, swimming, climbing while drinking/using
- avoid mixing drugs
- if going to a party or club – go as a group and look after each other
- knowing where to get help if needed

Brief Interventions

- **Providing information** – even if the young person chooses not to change their drug use, you can still assist them by providing information and education, e.g.
  - the effects of substance use
  - safer using strategies
  - services available
- **Monitoring drug use** – monitoring drug use helps the user to recognise the amounts consumed, patterns of use and high risk situations. Monitoring can involve keeping a diary or log book. It should be done over a period of weeks in order to see patterns emerging
- **Goal-setting** – develop a shared understanding of the problem and set realistic, achievable goals for change, for example:
  - cutting down on alcohol/drug use
  - have drug free days
  - not combining drugs

Comprehensive Intervention

Adolescents who have developed substance dependence or an entrenched pattern of abuse require comprehensive management. This may involve:

- referral to specialist drug and alcohol treatment services
- supervised detoxification
- in-patient treatment
- substitution – e.g. nicotine chewing gum/patches; methadone replacement therapy (for over 18 year olds)
- collaborative case management – the GP can play a central role in a treating team of professionals (e.g. drug and alcohol services; mental health services; counsellors) and use the **Medicare Item Numbers** to facilitate a collaborative treatment approach

See Chapter 13 – Collaborative Care – for relevant Medicare item numbers

Dealing with the Family

Where possible, involve and work with the family of the young person. Support the parents by providing them with:

- education about substance use
- guidance about parenting strategies and how to respond to their adolescent's substance use
- counselling for their own anxiety, stress, etc.
- referral to specialist services – e.g. family counselling

See Section Four – For list of drug and alcohol services, resources and contact details

Case Study

Rob is an 18 year old young man whom you have not seen before. He presents to you after sustaining a broken hand following a brawl last weekend. Rob admits to having been drunk. He says that he has been drinking heavily on weekends for the past few months and from time to time gets into fights.

On further drug history you learn that Rob smokes up to 20 cigarettes a day and drinks up to 15 standard drinks on Friday and Saturday nights. He uses marijuana occasionally but no other substances, although has tried speed and ecstasy in the past. He enjoys drinking but is also becoming concerned about the pattern that is now established. His latest girlfriend, whom he says he loved very much, broke up with him after two months saying that she could not tolerate his drinking behaviour.

Rob is unemployed. He currently lives with friends, though this is not working well. He has a longstanding history of family conflict. His father is alcoholic and Rob has little contact with him. Rob finished Year 9 at school and would like to complete his education so that he can look for an apprenticeship.

Management Approaches

You attend to Rob's injured hand, and engage with him about the effects of his alcohol usage. Over the next few months, you see Rob about once a fortnight, although he misses his appointments every now and then. Your interventions include:

- Monitoring his drinking and physical and mental health
- **Motivational interviewing** – to explore the costs and benefits of his substance use and to explore alternatives to drinking – such as exercise; recreational activities
- **Harm minimisation** – providing information and education on ways to reduce drinking and the risks associated with it, such as:
  - alcohol consumption by drinking low alcohol beverages

- alternating alcoholic with non-alcoholic beverages
- not drinking on an empty stomach

- **Referral** to a Drug and Alcohol Counsellor at the local community health centre (Rob is not interested at this stage in detox. or abstinence but is willing to speak to a counsellor)
- **Collaborative case management**
  - you write a **Mental Health Care Plan** to refer Rob to a private Psychologist/Social Worker for counselling around managing his aggression and anger
- Referral to a youth support officer at the local Centrelink office for assistance with educational and employment options for Rob

practice points

- The ***HEEADSSS*** psychosocial assessment provides a broad assessment for detecting the incidence of alcohol or drug use
- **Co-morbidity** – the history should include questioning about possible co-morbid mental health problems. In particular, enquire about:
  - mood, anxiety and depressive symptoms
  - symptoms suggestive of early psychosis
  - if indicated – conduct, or refer the patient for, a thorough mental health assessment, including past history of mental health symptoms
- If the young person is thought to have a substance use disorder, consider referral for specialised assessment and treatment
- The GP's main role may be to initiate and manage a **collaborative treatment approach** with other specialist providers
- Use the **Medicare Item Numbers** to facilitate multidisciplinary case management – as well as maintaining supportive involvement with the young person and monitoring their progress
- Use a **harm minimisation** approach – to reduce harms/risks associated with their substance use – provide objective health information about the possible effects of their substance use, and explore strategies with them for reducing risks
- Use **Motivational Interviewing** techniques to enhance the patient's motivation and commitment to change

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