

Acute severe behavioural disturbance

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Substance use – general population

		Non-Indigenous	Indigenous
Tobacco	Daily	12.4%	31.6%
Alcohol	Non-drinkers	21.7%	27.9%
	Risky \geq monthly	26.3%	37.8%
Illicit drugs	Recent use any	14.8%	24.1%
Cannabis	Recent	10.0%	19.0%
Meth/amphetamine	Recent	2.0%	3.1%
Pharmaceuticals	Recent	4.7%	6.9%

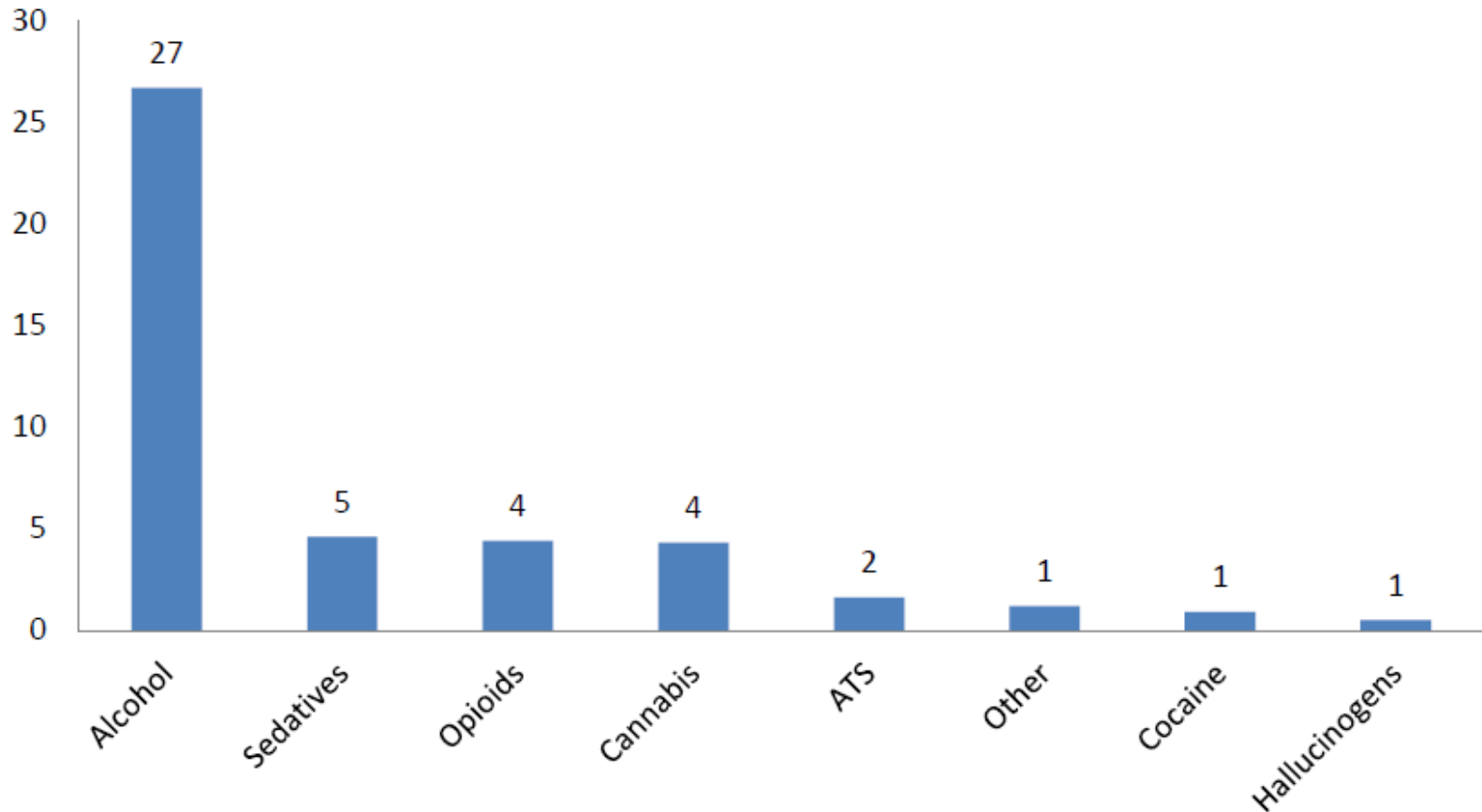
Use \neq harm

Acute Drug & Alcohol Presentations to Emergency Departments

- Prevalence of drug and alcohol problems in acute care = hard to measure
 - Egerton-Warburton et al 2014
 - 14% (alcohol-related: ICD injuries/intox/med/MH problem)
 - Butler et al 2014
 - 35% (alcohol & other drugs: WHO assist)
 - Most not seen by CL service
 - Other estimates 10-40%
- Problem may not only be intoxication
 - Muti-drug intoxication syndromes
 - Mental Health, social problems... (chronic problems)

Substance use patterns

Figure 2.1.4 Self-reported substance use in the past 24 hours (%) by type of substance used (n=1,615)



Intoxicated behaviour

- Syndrome varies by drug
 - Sedatives: alcohol, BZDs, opioids
 - Stimulants: methamphetamine, cocaine
 - Hallucinogens
- Related to:
 - Peak dose effects
 - Environment, context
- ‘uncharacteristic behaviour’
 - E.g. young drunk males

'New' Psychoactive substances

- Includes following classes:
 - Stimulants, hallucinogens,
 - Cannabinoids (other?)
- May not relate to what the person thought they purchased
- May present with mixed picture of signs
 - E.g. mixed stimulant/hallucinogen
 - Acute mental state disturbances more common?
 - Time frame may be much longer
- Withdrawal not well characterised but possible

D&A presentations to health

- Acute/chronic health problems related to substance use
 - Emergency department
 - Mental Health
 - Obstetrics, Paediatrics
 - Child Protection, Violence prevention
 - Gastro/ID/hepatology (HCV, HBV...)
 - General Medicine
 - Trauma
 - Surgery, Orthopaedics
- Social problems may be part of the presentation

Main types of drug and alcohol treatment

- Drug counselling
 - Motivation, relapse, adherence to Rx
- Medication assisted
 - NRT, opiate, alcohol
- Withdrawal
 - Inpatient, outpatient
- Residential/day care (NGO)

- Specific programs
 - Court diversion, antenatal, parents - young children at-risk
- Multidisciplinary treatment
 - Addiction medicine/psychiatry, nursing, psychology, social work, pharmacy

Consultation Liaison (CL) Service

- Hospital D&A CL specialist services:
 - Low cost intervention
 - Produce cost savings
 - Reduction in future ED presentations
 - Prevent and increase in average length of stay
 - Prevent a worsening in emergency admission performance
 - Reduce the frequency of ED presentations over time
 - Decrease the rate of admissions over time
 - Increase the uptake of PBS drugs related to D&A, with no overall increase in PBS costs
 - Reduction in incidents
- Net benefit of ~\$203 per new D&A CL patient
 - Average net benefit of over \$100,000 per hospital per annum

Referral pathways from ED

- Sub acute:
 - Discharge/follow up as appropriate by D&A/other relevant service
 - Assertive follow up services (e.g. homeless)
- Acute:
 - Intensive monitoring: HDU
 - Need brief admission: Medical/Surgical problems
 - Need D&A admission
 - Need MH admission

Drug & Alcohol Specialist Advisory Service

- DASAS (clinician line)
 - 1800 023 687
 - Adopt
- ADIS (patient/family line)
 - 1800 422 599