# Dr Graham Gulbransen

General Practitioner

Kingsland Family Health Centre

Auckland

## Saturday, June 10, 2017

12:00 - 12:30 Addiction Screening/Brief Interventions

# Addiction Screening
# Brief Interventions


**Graham Gulbransen,**

**FRNZCGP, FAChAM**

- **General Practitioner, Kingsland**
- **Ex-Senior Medical Officer [1996 – 2012],**

**Community Alcohol & Drug Services [CADS] Auckland**


**Rotorua GPCME 10 June 2017**

# SUMMARY

**‘How many drinks do you have**

**in the average 7 day week?’**


NZ Low Risk Alcohol Guidelines 2012

# Welcome to the Health Promotion Agency's alcohol.org.nz

Information, advice, research and resources to help prevent and reduce alcohol-related harm and inspire New Zealanders to make better decisions about drinking alcohol.

## Need help with your drinking?

Call the Alcohol Drug Helpline on 0800 787 797, visit their website, or free txt 8681.

## Interactive tools

Learn more about the effects of alcohol, standard drinks and how to pour one, how much you are drinking and much more with our fun interactive tools!


## Advice on alcohol

This section provides HPA's low-risk alcohol drinking advice for adults and information and advice for parents and caregivers of children and teengers and for older people.

## What's a standard drink?

The standard drinks measure is a simple way for you to work out how much alcohol you are drinking. It measures the amount of pure alcohol in a drink. One standard drink equals 10 grams of

# Alcohol NZ Guidelines 2012

http://www.alcohol.org.nz/

for guidelines & leaflets

# Standard Drink

- NZ: 10g alcohol [12.7ml ethanol]
- 330ml beer
- 100ml wine
- 30ml spirits

- 1 can RTD (ready to drink, alcopops) = 1.5 - 2 SD

- http://www.alcohol.org.nz/



http://www.alcohol.org.nz/help-advice/standard-drinks/a-guide-to-standard-drinks/the-guide

APPROX. 1 Standard Drinks™

**100ml glass of wine**
**12.5% alcohol**
Approx 9.8g of pure alcohol

APPROX. 7.7 Standard Drinks™

**750ml bottle of wine**
**13% alcohol**
Approx 76.9g of pure alcohol

APPROX. 1 Standard Drinks™

**30ml shot of spirits**
**42% alcohol**
Approx 9.9g of pure alcohol


APPROX. 1.6 Standard Drinks™

**330ml bottle of ready to drink (RTD)**
**6% alcohol**
Approx 15.6g of pure alcohol

APPROX. 30 Standard Drinks™

**3000ml cask of wine**
**12.5% alcohol**
Approx 295.8g of pure alcohol

APPROX. 40 Standard Drinks™

**1125ml bottle of spirits**
**45% alcohol**
Approx 399.4g of pure alcohol

*Drug and Alcohol Review* (March 2015), 34, 207–210
DOI: 10.1111/dar.12154

154mL = 1.5 Standard Drinks

**BRIEF REPORT**

# How big is a self-poured glass of wine for Australian drinkers?

SARAH CALLINAN[1,2]

[1]*Centre for Alcohol Policy Research, Turning Point, Melbourne, Australia, and* [2]*Eastern Health Clinical School, Monash University, Melbourne, Australia*

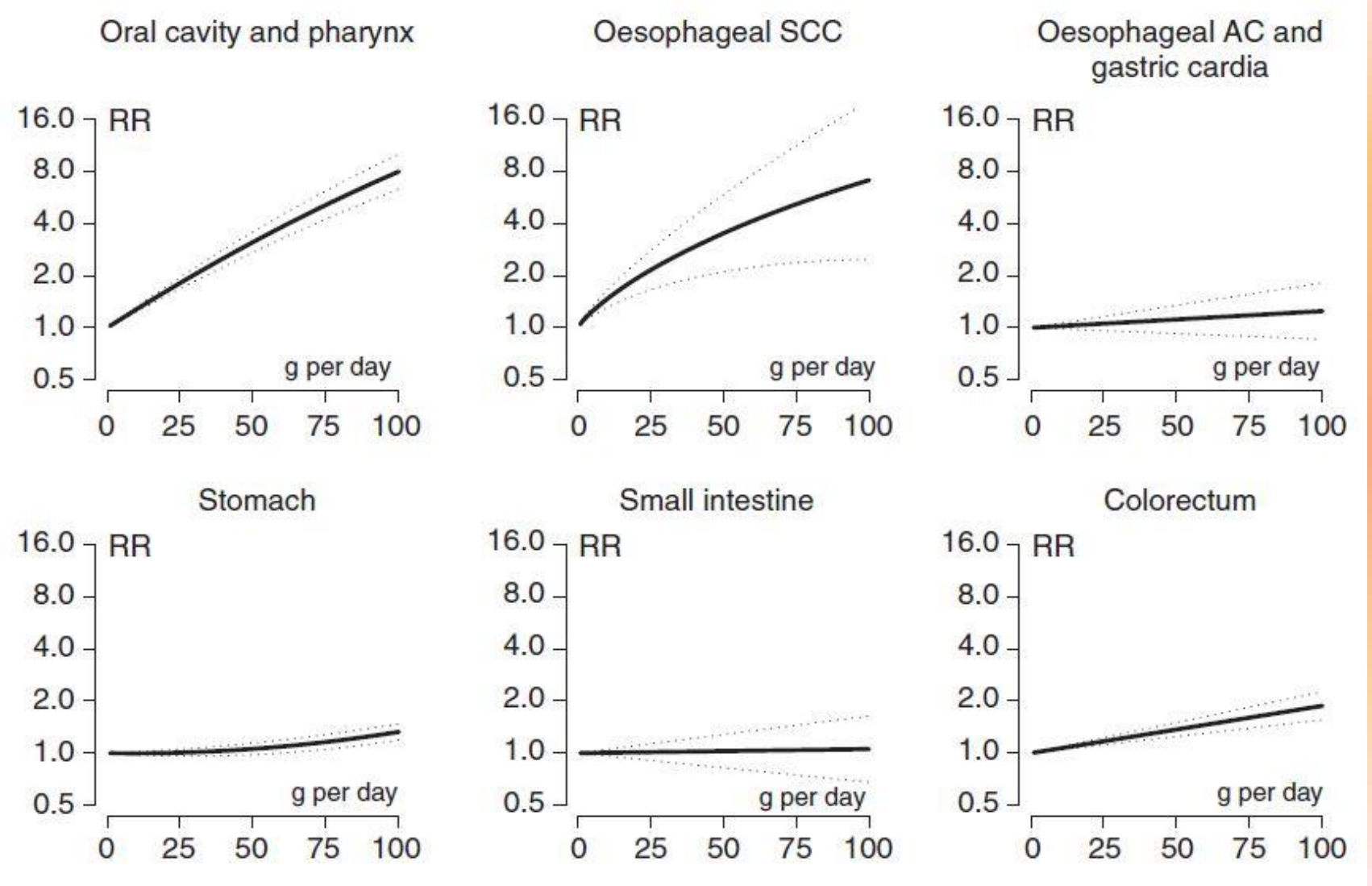
**Abstract**

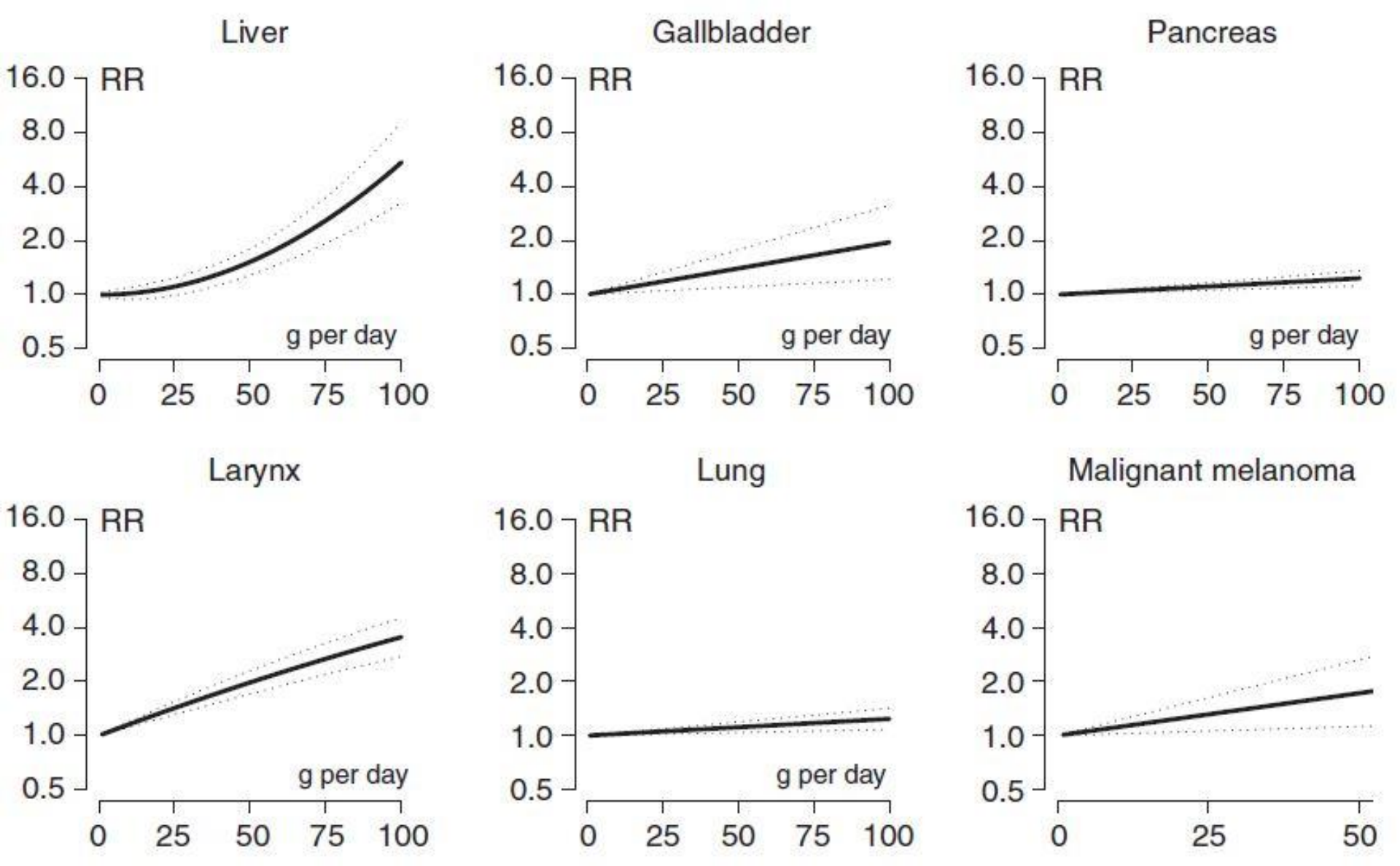
***Introduction and Aims.*** *To investigate the average self-reported size of a self-poured glass of wine for Australians aged 16 and over.* ***Design and Methods.*** *Cross-sectional survey data were taken from the first wave of the Australian arm of the International Alcohol Control study administered to 2020 Australians aged 16 and over with an oversampling of heavy drinkers. Respondents were asked about their usual consumption in eight locations, with specific questions asked about drink type and how much they consumed. The 639 respondents who stated that they drank bottled wine purchased at off-licensed premises by the glass were asked 'How many glasses do you get to a bottle?'* ***Results.*** *On average, small, generic-sized and large glasses were 144, 156 and 166 mL respectively, with an average glass size of 154 mL overall.* ***Discussion and Conclusions.*** *Wine drinkers may be underestimating their own consumption due to large glass sizes, and survey data estimates of wine consumption should also be adjusted to account for glass size. The way a standard drink of wine is presented in health promotion materials should also be considered in light of these findings.* [Callinan S. How big is a self-poured glass of wine for Australian drinkers? *Drug Alcohol Rev* 2015;34:207–10]

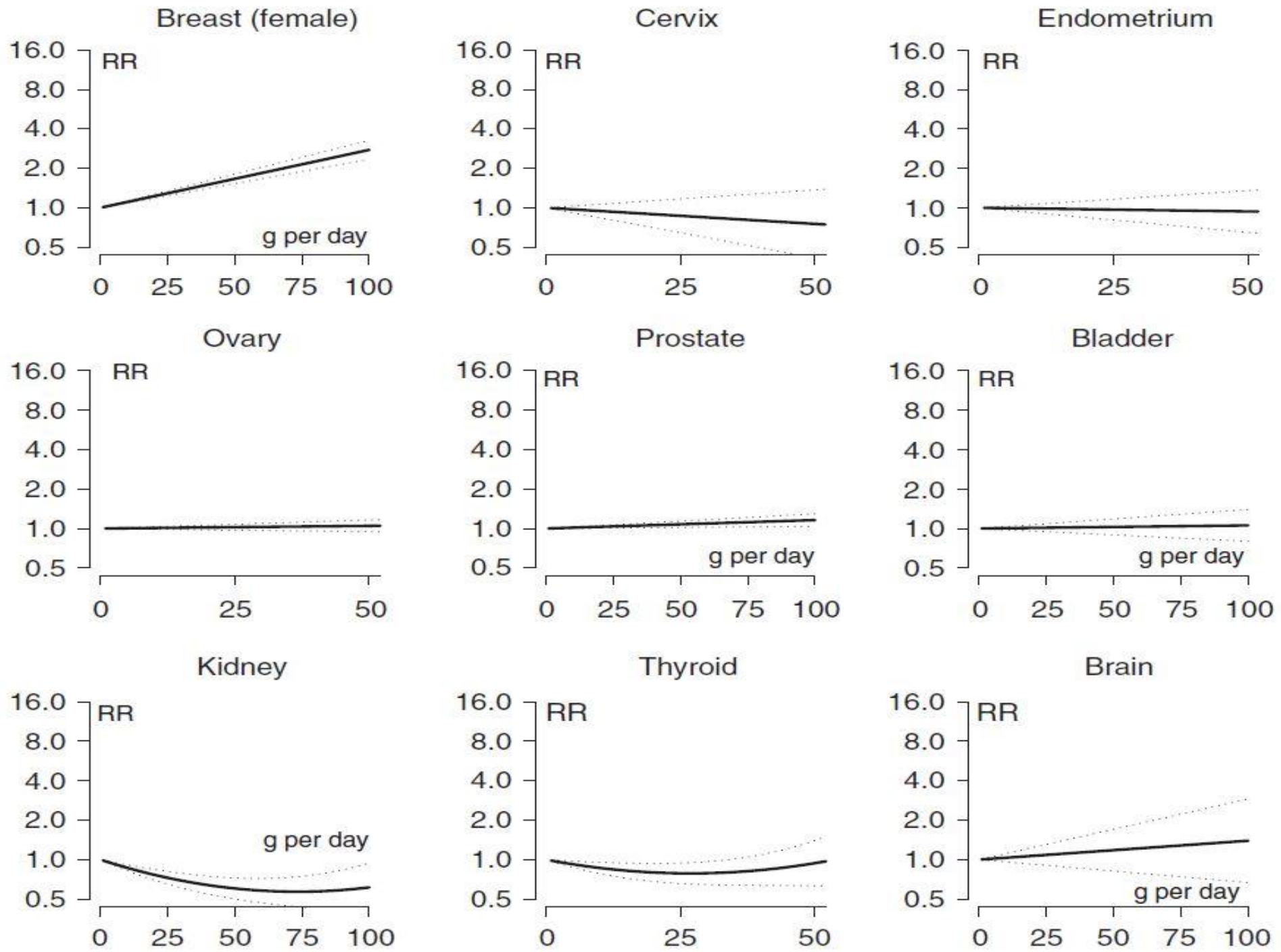
**Key words:** alcohol, survey methodology.


NZ Low Risk Alcohol Guidelines 2012

Relative Risk functions and corresponding 95% confidence intervals describing the dose-response relationship between alcohol consumption and cancer risk from meta-regression models, V Bagnardi et al (Milan),
British J Cancer, 2015, 112, 580-593




Liver
Gallbladder
Pancreas
Larynx
Lung
Malignant melanoma
RR
16.0
8.0
4.0
2.0
1.0
0.5
g per day
0
25
50
75
100


Breast (female)
Cervix
Endometrium
Ovary
Prostate
Bladder
Kidney
Thyroid
Brain
RR
16.0
8.0
4.0
2.0
1.0
0.5
g per day
0
25
50
75
100

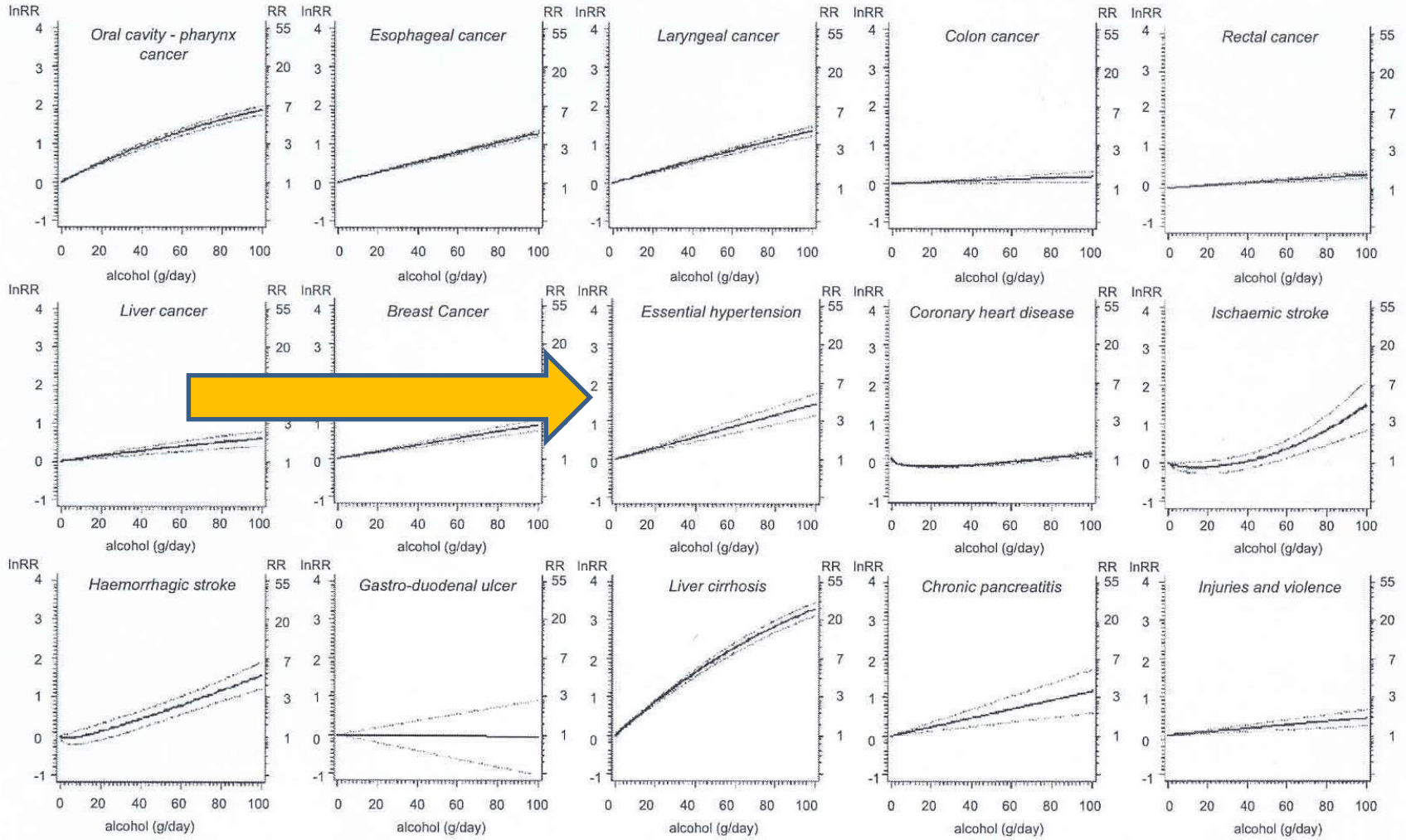



Fig. 1. Relative risk functions and corresponding 95% confidence intervals describing the dose-response relationship between alcohol consumption and the risk of 15 alcohol-related conditions obtained by fitting meta-regression models.

A meta-analysis of alcohol consumption and risk of 15 diseases, Corrao et al, Preventive Medicine, 2004, 38, 613-619

# Limitations of guidelines....

- ‘it must be acknowledged that motivation to get drunk and have fun are important predictors of alcohol consumption, and that health concerns often have little influence on people’s alcohol consumption....’

Furtwaengler & de Visser (2013), Lack of international consensus in low-risk drinking guidelines, Drug and Alcohol Review, 32, 11-18.

- ‘young people may use alcohol unit labelling to help them select the most potent drinks’

Furtwaengler & de Visser (2013), Lack of international consensus in low-risk drinking guidelines, Drug and Alcohol Review, 32, 11-18.

**Domains**

**Risky or Hazardous Alcohol Use**

**Dependence Symptoms**

**High-Risk or Harmful Alcohol Use**

## AUDIT – Alcohol Use Disorders Identification Test = Gold Standard

### Full 10 - question AUDIT

| | 0 | 1 | 2 | 3 | 4 | Score |
|---|---|---|---|---|---|---|
| **How often do you have a drink that contains alcohol?** | Never | Monthly or less | 2-4 times per month | 2-3 times per week | 4+ times per week | |
| **How many units do you have on a typical day when you are drinking?** | 1-2 | 3-4 | 5-6 | 7-9 | 10+ | |
| **In the last 6 months, how often have you had more than 6 units on any one occasion if female, or more than 8 units if male?** | Never | Less than monthly | Monthly | Weekly | Daily or almost daily | |
| **How often in the last year have you found you were not able to stop drinking once you had started?** | Never | Less than monthly | Monthly | Weekly | Daily or almost daily | |
| **How often in the last year have you failed to do what was expected of you because of drinking?** | Never | Less than monthly | Monthly | Weekly | Daily or almost daily | |
| **How often in the last year have you needed an alcoholic drink in the morning to get you going?** | Never | Less than monthly | Monthly | Weekly | Daily or almost daily | |
| **How often in the last year have you had a feeling of guilt or regret after drinking?** | Never | Less than monthly | Monthly | Weekly | Daily or almost daily | |
| **How often in the last year have you not been able to remember what happened when drinking the night before?** | Never | Less than monthly | Monthly | Weekly | Daily or almost daily | |
| **Have you or someone else been injured as a result of your drinking?** | No | | Yes, but not in the last year | | Yes, during the last year | |
| **Has a relative/friend/doctor/health worker been concerned about your drinking or advised you to cut down?** | No | | Yes, but not in the last year | | Yes, during the last year | |

**Scoring:** 0-7=lower risk drinking, 8-15 = increasing risk drinking, 16-19 = higher risk drinking and 20+ = possible dependence

# My Single Screening Question

**‘How many drinks do you have in the average 7 day week?’**

If men say 5 or less and women say 4 or less = safe drinker.
If more than that, ask more questions,
eg those in AUDIT or CAGE

Or: **‘How often do you have six or more drinks on one occasion?’**


NZ Low Risk Alcohol Guidelines 2012

# Alcohol Screening & History Taking


*Helping with problem drinking*, p21, 22

http://www.alcohol.org.nz/sites/default/files/field/file_attachment/3.2%20AL590%20Alcohol%20%26%20Health%20Booklets_Problem_drinkers_EB_MAR%202016_LR.pdf

# Taking a drinking history

## Raising and exploring the drinking

*Raising the topic of alcohol and getting a good drinking history is not difficult if it is handled sensitively.*

Ask about alcohol at the same time as you ask about diet, exercise, smoking, sleep etc, so that it forms part of a general health screen.

Perhaps the drinker has said something that has alerted you to the possibility of a drinking problem or the nature of the complaints has suggested further exploration of their drinking. In each case, don't immediately jump in and ask about drinking, but return to the topic in a non-threatening way a few moments later. In this way, the situation will not become too confrontational, which may be unproductive, and you will be able to ask about drinking in the context of other questions about health.

Drinkers may be initially defensive, but if you are direct in your questioning without being judgmental, they are usually more open and responsive.

**You can ask:**

*"Generally, how much do you drink each day?"*
*"How many days each week do you normally drink?"* and this should be followed up with questions about each day in the previous week so that a picture of the whole week's consumption can be built up.

**If the pattern is one of binge drinking, you can ask:**

*"How much did you have last time you went out for a drink?"* then ask how often that amount or more might be drunk. In this way you build up a picture of consumption in SDs.

**Useful questions are:**

*"Have you ever been worried about how much you are drinking?"*
*"Was there ever a time when it caused you problems?"*
*"Has anyone else ever been worried?"*

It's easier and less threatening to talk about the past rather than the present.

If your drinker is consuming more than the safe level or has clearly started to experience harm, build up a picture of the amount consumed and any problems that drinking has caused.

**A key skill to help you to obtain more information:**

**Pick up verbal clues**
Key words that suggest other underlying problems.

Follow up these cues by asking:

1. **Open questions**
   *"Can you tell me about..."*
   (eg how much you've been drinking?)
   *"Why don't you start from the beginning?"*
   *"What brings you here?"*

or by asking for:

2. **Clarification**
   *"Can you tell me what you mean by...?"*
   (eg you were out for a drink?)

Assessment should include physical investigations and seeing another member of the family or significant other.

You can ask:
“Generally, how much do you drink each day?”
“How many days each week do you normally drink?”
and this should be followed up with questions about each day in the previous week so that a picture of the whole week’s consumption can be built up.
If the pattern is one of binge drinking, you can ask:
“How much did you have last time you went out for a drink?”
then ask how often that amount or more might be drunk. In this way you build up a picture of consumption in SDs.

Useful questions are:

- “Have you ever been worried about how much you are drinking?”
- “Was there ever a time when it caused you problems?”
- “Has anyone else ever been worried?”

It’s easier and less threatening to talk about the past rather than the present.

- If your drinker is consuming more than the
- safe level or has clearly started to experience
- harm, build up a picture of the amount
- consumed and any problems that drinking
- has caused.

# CAGE: 2 ‘yes’ responses = positive

- Have you ever felt you needed to **C**ut down on your drinking?

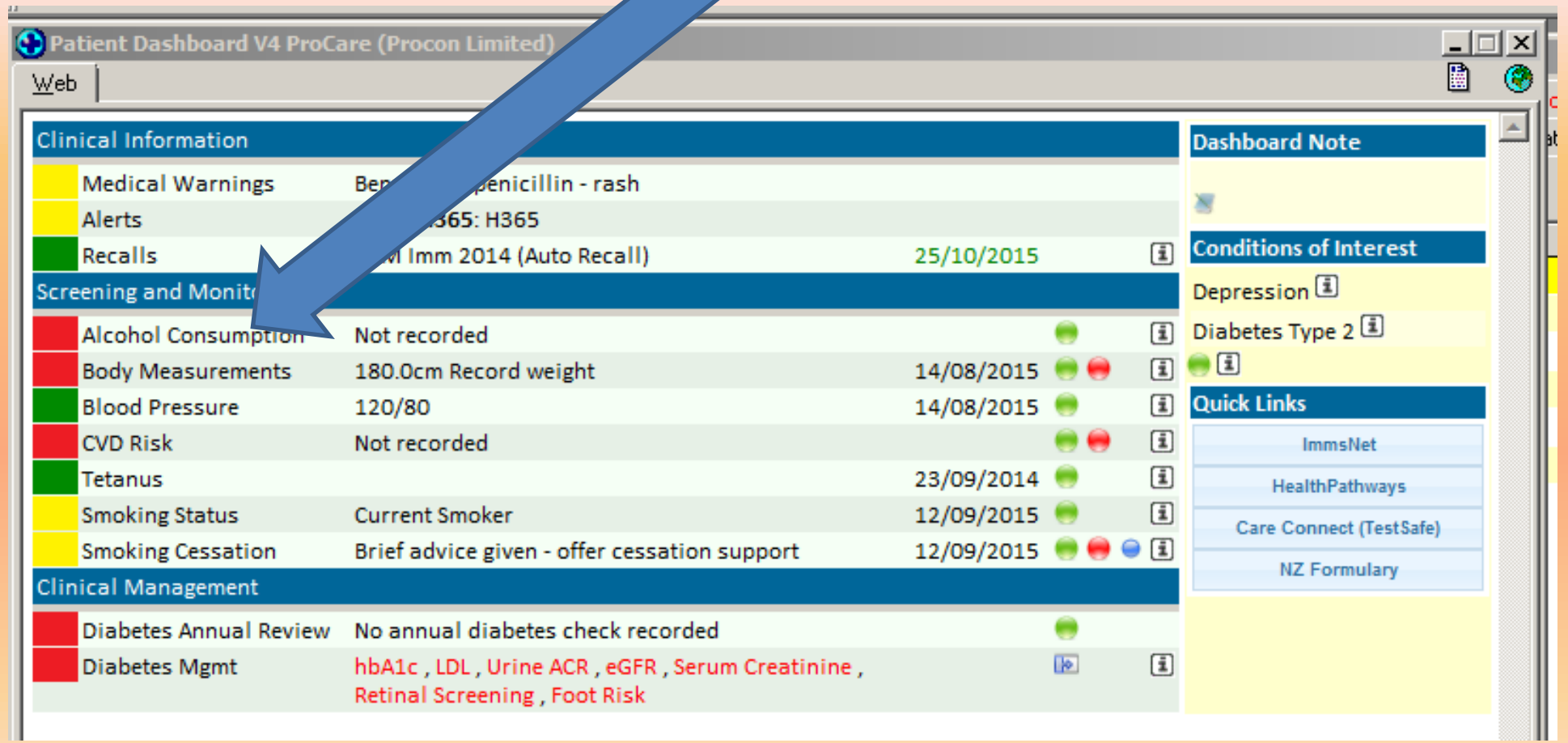
- Have people **A**nnoyed you by criticizing your drinking?

- Have you ever felt **G**uilty about drinking?

- Have you ever felt you needed a drink first thing in the morning (**E**ye-opener) to steady your nerves or to get rid of a hangover?

# Dashboard

**ASK ABOUT SMOKING**
**THEN**
**ABOUT ALCOHOL USE**



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NZMC Reg No. 11258

**Dr Graham Gulbransen**

Item Count:
Subsidy Card:

**Chicken Licken**
3 Foxy Loxy Lane, Cloud-Cuckoo Land
GMS: A3

NHI:

**4 Jul 2016**

**Rx**

**Dispense stat list medicines once only unless Frequent Dispense specified**

**Nicotine 21mg/24hr Transdermal Patch (Step 1)**
Sig: 1 - 3 daily
Mitte: 3 mths

**Nicotine 2mg Lozenges**
Sig: 6 boxes of 36, suck hourly prn
Mitte: 1 mth 1 Repeats

Dr Graham Gulbransen _____

# NICORETTE® QuickMist

- Cost: $45 at Countdown,

  $50 at pharmacy

- 150 puffs = 75 cigarettes


KEEP OUT OF REACH OF CHILDREN
inhalator
nicorette
inhalator
$12.50
2 packets
cigs
each cartridge
contains
nicotine
15 mg
4
cartridges
1 mouthpiece
AUST R 80874

The New Zealand Herald | Tuesday, July 5, 2016

# Vaping beats smoking, but neither's best

## Uni health blog highlights comparative dangers of e-cigarettes and tobacco use

**Martin Johnston**

Electronic cigarettes pose potential health risks to users, but these are less than those faced by smokers of tobacco, Otago University at Wellington researchers have concluded.

Professor Nick Wilson and colleagues report on the university's Public Health Expert blog site that they reviewed studies in which biological markers in "vapers" – e-cigarette users – were compared with those of tobacco smokers.

E-cigarettes are battery-powered devices that vaporise liquid nicotine. Some researchers consider them a useful way to quit or reduce smoking; others fear they may prove a gateway to youth smoking.

Sales of the liquid nicotine are illegal, the Ministry of Health says. Users can import supplies for personal use. In the UK, which allows sales, Public Health England last year estimated e-cigarettes were about 95 per cent less harmful than smoking.

The Wellington researchers say bio-markers, such as certain components of urine and exhaled breath, needed to be assessed to estimate the potential harm of e-cigarettes.

"Past estimates – as per previous reports by Public Health England and the Royal College of Physicians in the UK – largely relied on expert opinion and where evidence was considered it largely focused on studies of vaping aerosol and e-liquid composition with relatively few biomarker studies."

The bloggers say the studies they found suggested diverse results:

- A carbon monoxide risk for vapers that was no more than a few per cent of that faced by smokers;
- A vapers' risk, in a preliminary study, of at least half that of smokers for several other inflammatory markers of likely relevance to cardiovascular and respiratory disease; and
- Vapers' risks of 14 to 23 per cent that of smokers in most studies for cancer-related toxicants.

The cancer-related biomarker findings were "a substantial level of exposure" for vapers. "But it is plausible that some of these toxicants could be due to unreported dual use with smoked tobacco – and even exposure to second-hand smoke."

The Wellington researchers say it seems likely that if smokers shift entirely to vaping, their risk of chronic disease would be expected to decline.

The safest option for smokers using vaping to reduce their health risk would be to switch to vaping only, as soon as possible, and to aim to quit vaping, too, when they can.

# Vaping

# Screening for other drug use including New Psychoactive Substances

- Do you use non-prescription or recreational drugs?
- Do you ever feel the need to cut down on their use?
- In the last year have you ever used them more than you meant to?
- Do you want help with your drug use?

[F Goodyear-Smith et al, BJGP, 2008]

- **'Are you having problems with any other drug use?'**
- **Or, 'Do you use cannabis or other drugs?'**

# E-case finding & help assessment tool [E-CHAT]


echat.myhealthscreen.co.nz/Questionnaire/Next?questionnaireId=...
Have you ever smoked tobacco (eg cigarettes)?
Never
Not in the past 12 months
Yes in the past 12 months but not
Yes I currently smoke
Previous
Finish Early
Prof Felicity Goodyear-Smith Auckland University

# Other screening tools

BPAC tools in your PMS: CHAT, PHQ-9, GAD-7, AUDIT, Kessler-10

Remember the strong association between substance use disorders and **mental illness**, so ask about both

Substance misuse are experienced by over 25% of Maori in their lifetime. Best Practice Journal, June 2010

# BRIEF INTERVENTIONS FOR ADDICTIONS

# NNT Alcohol

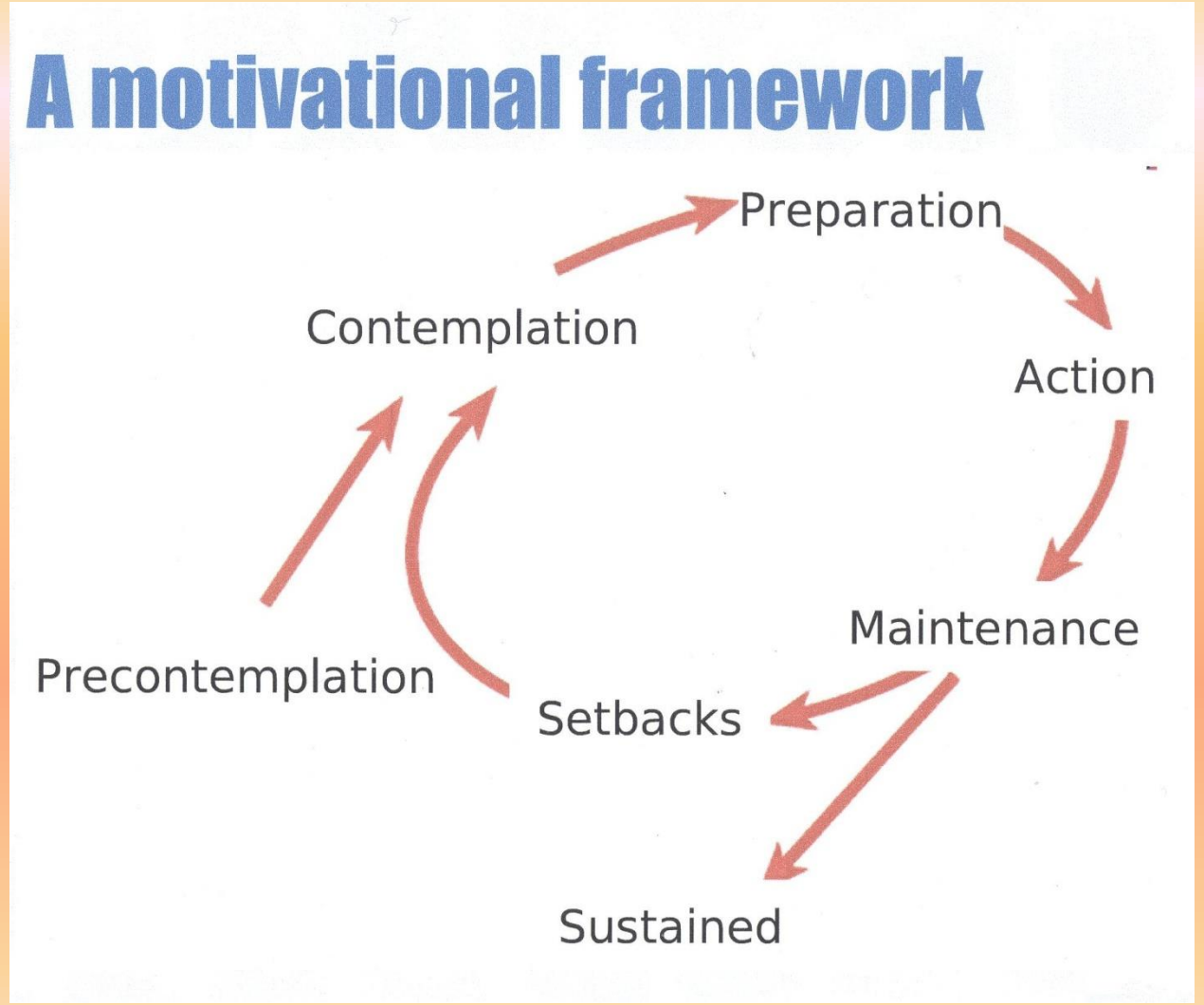
For every 8 interventions,

1 patient will

reduce drinking

to safer levels

# A motivational framework



# How does it work in practice?

The Whanganui ABC Alcohol pilot, Dr John McMenamin explored how ABC interventions could be delivered in a New Zealand Primary Care Setting to address alcohol related risk and harm.

As detailed in RNZCGP *Implementing the ABC Alcohol Approach in Primary Care*:

- **A**SK
- **B**RIEF ADVICE
  - Safe drinking, where to get advice
- **C**OUNSELLING
  - 'Establish rapport
  - Identify goals
  - Choose strategies'.

[Motivational Interviewing, Miller & Rollnick, 2nd Edition, p274]

*“People are more likely to be persuaded by what they hear themselves say”*

Motivational Interviewing helping people change 3rd Edition

# Brief interventions e.g. FLAGS

- **F**eedback on the risks of continuing use, linking in to presenting problems
- **L**isten to any concerns, and for any readiness to change
- **A**dvise change in order to limit bio-psycho-social consequences of ongoing use
- **G**oals: explore reducing or abstaining, what is realistic
- **S**trategies for achieving goals, eg identify the first step needed or Relapse Prevention

# SUMMARY

**‘How many drinks do you have**

**in the average 7 day week?’**

Or: **‘How often do you have six or more drinks on one occasion?’**

**Thank You – Nga Mihi Nui.**