

Tasmanian Alcohol, Tobacco and Other Drug (ATOD)

Brief Intervention Framework

2018



Introduction

The brief intervention framework for Tasmania endeavours to create a shared understanding of brief interventions and their use, and provide a guide from which workers can perform effective brief interventions in their own practice.

This document has been developed in partnership with the Tasmanian Alcohol, Tobacco and Other Drug (ATOD) sector (non-government, private and government), representation from Tasmania's general practice workforce, a range of broader health, disability and community sector workers, and people who use drugs across the state.

The brief intervention framework is not intended to replace any organisational or workforce specific policy or direction. It aims to pull together evidence and practice suggestions to promote sound, evidence-based practice in the support of Tasmanians affected by substance use issues inclusive of alcohol, tobacco, and other drugs.

The framework is a resource created within Tasmania for the Tasmanian health and community sectors. This document provides:

- Health professionals with information and access to resources and tools to understand and deliver effective brief interventions for the use of working with people who have ATOD issues,
- A step-by-step approach for the delivery of simple and effective brief interventions.

Rationale

Screening and brief interventions have evolved as a public health approach to reduce the burden of injury, disease, and disability associated with a range of health-limiting behaviours, including substance use. Brief interventions provide information to enable a person to make informed decisions about their drug use.

There are significant evidence-based reasons to underline the development of a framework for the delivery of effective brief interventions. Not least of these is the pervasive and continuing detrimental effect that alcohol, tobacco and drugs have on the Australian community. The 2011 Australian Institute of Health and Welfare (AIHW) Burden of Disease Study (AIHW 2016c) noted that:

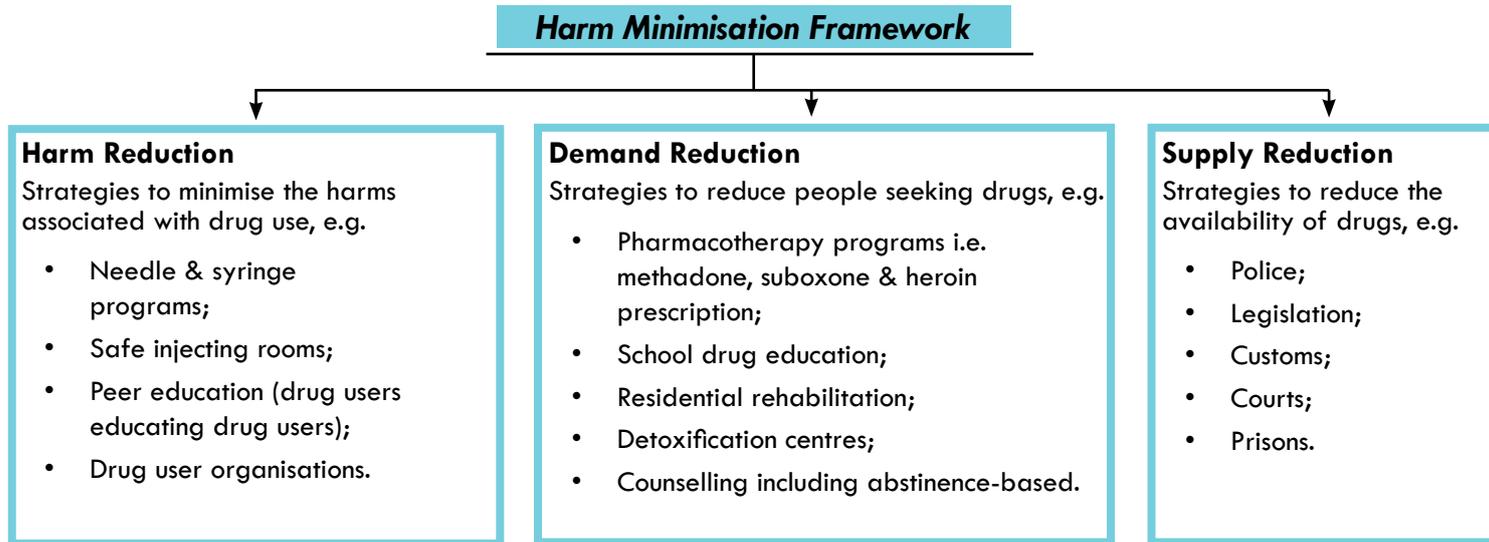
- The Australian Burden of Disease Study estimated that tobacco use contributed to almost 18,800 deaths in 2011—more than 1 in every 8 (13%) deaths. Taking into account illness as well as deaths, tobacco use caused more disease and injury burden in Australia than any other single risk factor and was responsible for 9.0% of the total burden of disease.
- Alcohol use was responsible for 5.1% of the total burden of disease and injury with 28% of that burden due to road traffic injuries (motor vehicle occupants), 24% due to chronic liver disease, 23% due to suicide and self-inflicted injuries, and 19% due to stroke.
- Illicit drug use contributed to 1.8% of the total burden of disease and injury. This included the impact of injecting drug use, as well as cocaine, opioid, amphetamine and cannabis dependence.
- Furthermore, according to the AIHW 2016 National Drug Strategy Household Survey (NDSHS) (Australian Institute of Health and Welfare, 2017a), alcohol and tobacco remained the most widely used drugs in Tasmania by those aged 14 years and over. Self-reported alcohol, tobacco and other drug use in Tasmania in 2016 indicates that:
 - 16% smoked daily, 4% exceeded the single occasion risk guidelines for alcohol consumption (up from 30% in 2013) and 17.4% reported recent use of any illicit drug (up from 15.1% in 2013), which is higher than the national average of 15.6%.

Using brief interventions as an opportunistic tool to support people to discontinue or reduce their alcohol, tobacco, and other drug use, reinforces other interventions and promotion campaigns. Due to their nature, brief interventions can be delivered broadly within the community if provided by trained staff.

- There are many points of contact within the health and allied health systems by a broad range of consumers. These providers can include GPs, nurses, psychologists, dieticians and physical therapists, and one research study provides an argument for the delivery of brief interventions by dentists (McAuley et al: 2011). Many health care providers and workers are already engaged in preventive activities including immunisation, screening and early intervention for high blood pressure, obesity, smoking and other lifestyle risk factors. People view their health providers as credible sources of advice about health risks including substance use and not only expect but also accept advice from them on lifestyle issues.
- Community-based brief interventions can reach special groups, e.g. young people, victims of domestic violence and homeless people. A recent study found that, brief interventions “were feasible in a range of youth work settings with some adaptation. Acceptability to staff was strongly influenced by perceived benefits, and the extent to which Alcohol Brief Interventions (ABIs) fitted with their project's ethos. Young people were largely comfortable with such conversations. Future implementation efforts should be based on detailed consideration of current practice and contexts. Flexible models of delivery, where professional judgement can be exercised over defined but adaptable content, may be better appreciated by staff and encourage further development of ABI activity” (Stead et al: 2017).

ATOD Context

For over 20 years, the Australian and Tasmanian Governments have operated within and responded to ATOD use issues using the National Strategies including the Harm Minimisation Framework. This comprehensive approach has successfully guided a bi-partisan cross government and community response using the three distinct and overlapping pillars: Harm Reduction, Demand Reduction, and Supply Reduction. (Intergovernmental Committee on Drugs 2015). Brief interventions can occur under various settings in each of the pillars, pictured below:



ATOD Treatment Continuum

Alcohol, Tobacco and Other Drug (ATOD) treatments and interventions fall across a broad spectrum, and Brief Interventions can be applied across the continuum as shown below.

Prevention & Early Intervention				Intervention		Maintenance & Aftercare		
Health Promotion	Selective	Indicated	Secondary Prevention	Standard Intervention	Complex / Intensive Intervention	Maintenance / Stabilisation	Continuing Care	Exit
Brief Interventions								
Specialist Alcohol, Tobacco and Other Drug Services								
GPs / Telephone and Email Advice Lines								
Community & School Education								
				Needle & Syringe Programs				
				Parent / Carer and Family Services				
				Counselling / Casework / Case Management				
				Public Intoxication / Volatile Substance Misuse Services				
				Assertive Outreach Services				
				Peer Support Programs				
				Opioid Treatment Programs				
				Residential Withdrawal, Rehabilitation Centres & Therapeutic				
				Ambulatory / Outpatient Detoxification				
				Specialist & Emergency Hospital Services				

Definition of a Brief intervention

Brief interventions are evidence-informed approaches to working with individuals who are using substances. The basic goal of any brief intervention is to provide information so that a person can make an informed decision about their drug use. The specific goal for any individual is determined by their substance use, the consequences of use, and the setting in which the brief intervention is delivered.

Brief interventions identify the concern by observation, conversation, or use of a screening tool. Opportunistic brief interventions are offered to people who may not have sought treatment or assistance, and often within general healthcare settings. They are short in duration, aimed at raising awareness, and provide engagement with the individual. More structured brief interventions are generally provided by health professionals with ATOD knowledge and skills, or those working in the ATOD field.

They are not intended as a stand-alone treatment for people with substance use issues or dependency, although they are an opportunity to encourage measures to reduce harm and refer to a specialist treatment provider. Brief interventions are also used in relapse prevention and maintenance.

Very Brief Interventions

Very Brief Interventions (VBI) are short, opportunistic, and low intensity. They are typically:

- 5-20 minutes
- Used in formal and informal settings
- Opportunistic
- May use a screening tool or be structured to a particular model (i.e. FRAMES, ABC etc.)

Extended Brief Interventions

Extended Brief Interventions (EBI) are of moderate duration and intensity. They are typically:

- More than 20 minutes
- Used in formal and informal settings
- May extend over multiple sessions
- May incorporate additional therapeutic elements

Settings for Brief Interventions

Brief interventions can be delivered in a variety of settings, including general practice and other primary care, emergency departments and trauma centres, general hospital wards and outpatient clinics, community counselling and welfare services, and the workplace. A diverse range of 'frontline workers' can utilise the benefits of brief intervention strategies. Some of these groups may include:

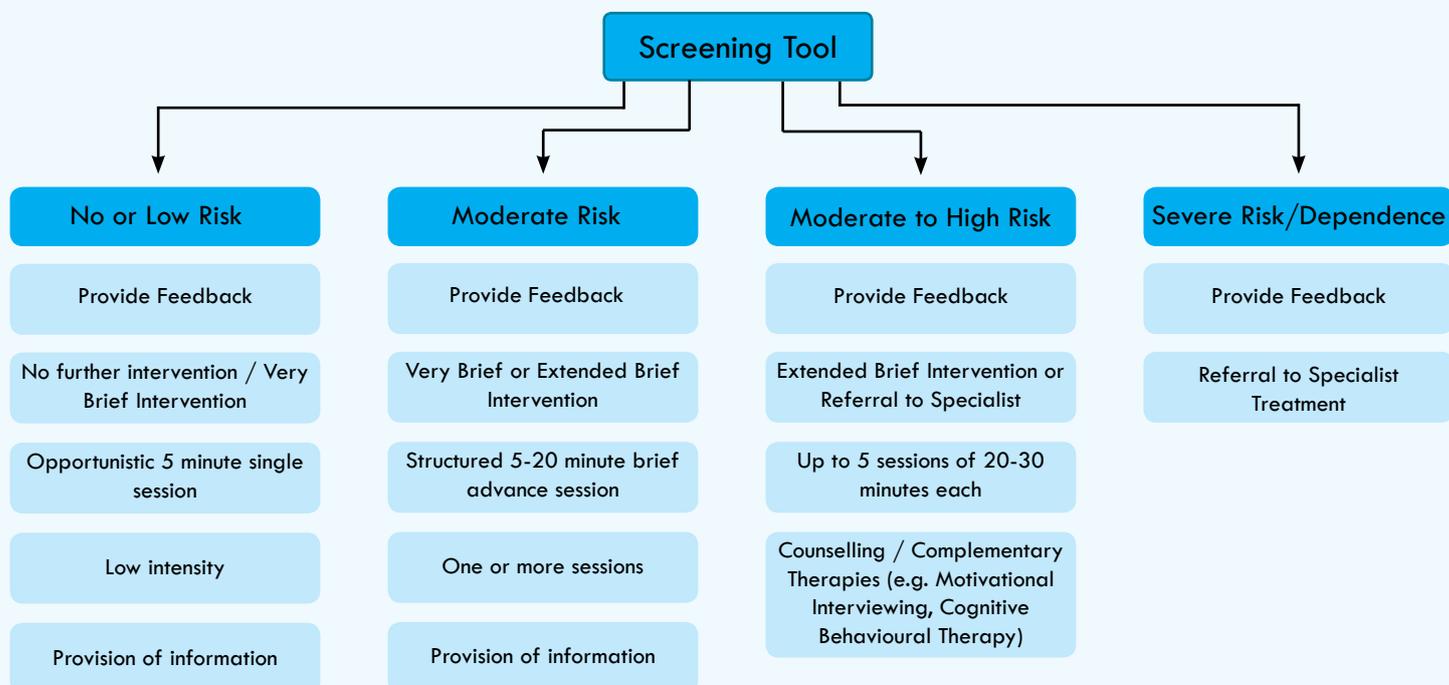
- Youth workers
- Accommodation and crisis workers
- Counsellors (school included)
- Primary and community health and welfare workers
- Juvenile justice workers
- Police
- Teachers
- Clinical counsellors
- Allied health professionals (i.e. social workers, psychologists etc.)
- Carers

Primary health care workers, as part of their role in health promotion, prevention and early intervention, are in a unique position to identify and work with people whose substance use may be placing them at risk of harms.

Providing an effective brief intervention requires a basic set of skills, knowledge and understanding. According to *The Brief Intervention Scaffold* (Drug Education Network Inc.) these core skills are referred to as the **Essentials of Brief Interventions**:

- **An overall attitude of understanding and acceptance**
- **Skills in Active Listening and Exploring Ambivalence**
- **Working knowledge of the Stages of Change model**
- **A focus on immediate goals**

The Screening and Brief Intervention Process



Screening

There are a wide range of screening tools compatible with brief interventions. The most commonly used evidence-based tools are detailed below.

Tool	Description	Link*
ASSIST	Screening tool for Alcohol, Smoking and Substance Use. Outcome measurement with recovery as described by mental health consumers.	http://bit.ly/ASSISTtool
AUDIT-C	Alcohol Use Disorders Identification Test: Consumption. Short, 3 question screening tool.	http://bit.ly/AUDITc
DAST-10	Drug Abuse Screening Test. 10 question screening tool for drugs not including alcohol.	http://bit.ly/DAST10
DAST-20	Drug Abuse Screening Test. 20 question screening tool for drugs not including alcohol.	http://bit.ly/DAST20
CRAFFT	6 question behavioural health screening tool for use with children under the age of 21.	http://bit.ly/CRAFFT
CUDIT-R	Cannabis Use Disorder Identification Test Revised. An 8 question screening tool for identifying cannabis use disorders.	http://bit.ly/CUTITR
DUDIT	Drug Use Disorders Identification Test. Screening tool for drugs other than alcohol.	http://bit.ly/DUDITtool
HEADDS Assessment	Resource kit and assessment tool for youth health with a focus on inclusive and holistic health interactions.	http://bit.ly/HEADDS
Kessler-10 (K10) Psychological Distress Screening	Short screening tool for psychological distress. Does not identify the cause.	http://bit.ly/Kessler10
Indigenous Risk Impact Screen (IRIS)	Screening tool for Aboriginal and Torres Strait islander substance use and mental health issues.	http://bit.ly/IRIStool
Headspace Psycho-social Assessment	Assessment tool for young people. Examines many aspects of health.	http://bit.ly/HeadspacePSA
Australian Guide to the Diagnosis of FASD (Fetal Alcohol Spectrum Disorders)	Clinical diagnostic tool for FASD. Ideal assessment includes input from a multidisciplinary team.	http://bit.ly/FASDguide
Opiate Treatment Index (OTI)	Assessment tool with outcome measurement. Holistic and comprehensive.	http://bit.ly/OTItool

* Links are correct at time of publication. Visit www.everybodys.business to search for updated or additional screening tools.

Written in collaboration by:

The Drug Education Network (DEN) Inc. and the Alcohol, Tobacco and Other Drug Promotion, Prevention and Early Intervention (ATOD PPEI) Advisory Group: Alcohol Tobacco and Other Drug Council (ATDC); Mental Health, Alcohol and Drug Directorate Tasmania; Primary Health Tasmania (PHT); QUIT Tasmania; Salvation Army Tasmania; Tasmanian Aboriginal Corporation (TAC); Tasmanian Health Service (THS); The Link Youth Health Service (The Link); Youth, Family & Community Connections (YFCC); Youth Network of Tasmania (YNOT)



This work is licensed under the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International License. To view a copy of this license, visit <http://creativecommons.org/licenses/by-nc-sa/4.0/> or send a letter to Creative Commons, PO Box 1866, Mountain View, CA 94042, USA.