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:

**Harm Minimisation Framework**

**Harm Reduction**

Strategies to minimise the harms associated with drug use, e.g.

- Needle & syringe programs;
- Safe injecting rooms;
- Peer education (drug users educating drug users);
- Drug user organisations.

**Demand Reduction**

Strategies to reduce people seeking drugs, e.g.

- Pharmacotherapy programs i.e. methadone, suboxone & heroin prescription;
- School drug education;
- Residential rehabilitation;
- Detoxification centres;
- Counselling including abstinence-based.

**Supply Reduction**

Strategies to reduce the availability of drugs, e.g.

- Police;
- Legislation;
- Customs;
- Courts;
- Prisons.

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**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.
**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 Tool**

- **No or Low Risk**
  - Provide Feedback
  - No further intervention / Very Brief Intervention
  - Opportunistic 5 minute single session
  - Low intensity
  - Provision of Information

- **Moderate Risk**
  - Provide Feedback
  - Very Brief or Extended Brief Intervention
  - Structured 5-20 minute brief advance session
  - One or more sessions
  - Provision of Information

- **Moderate to High Risk**
  - Provide Feedback
  - Extended Brief Intervention or Referral to Specialist
  - Up to 5 sessions of 20-30 minutes each
  - Counselling / Complementary Therapies (e.g. Motivational Interviewing, Cognitive Behavioural Therapy)

- **Severe Risk/Dependence**
  - Provide Feedback
  - Referral to Specialist Treatment

**Screening**

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

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<tr>
<th>Tool</th>
<th>Description</th>
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* Links are correct at time of publication. Visit [www.everybodys.business](http://www.everybodys.business) to search for updated or additional screening tools.