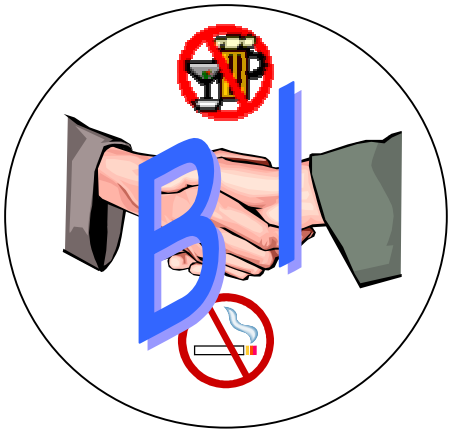
State Brief Intervention Project

Policy & Procedural Guidelines

for early identification and brief intervention of alcohol and other drug problems in health care settings



Eastern Perth Public and Community Health Unit
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'Section 4 – Early & Brief Intervention, from their Nursing Policy and Procedure Manual – Drug and Alcohol

October 2000

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A. INTRODUCTION

In 1999 the Eastern Perth Public and Community Health Unit, funded by the HDWA initiated the State Brief Intervention project. The objective of this project is to provide resources, training and assistance in the development of policies and procedures for the introduction of brief intervention strategies within the main stream of health care in Western Australia, and as an integral part of normal patient care. As part of this overall objective, this document provides guidelines to assist hospitals and health services in general to develop policies and procedures that will form a framework for the introduction of alcohol and other drugs early identification and brief intervention programs. The policies, procedures and standards suggested in this document, have been formulated on 'best practice' guidelines that currently exist within the field of alcohol and other drug services and treatment facilities within an Australian context.

How to use these guidelines

The aim of these guidelines is to provide a number of recommended policy and procedural statements which you can adapt to local needs and the intentions of your service. The general format of these guidelines is sequential, commencing with establishing a main **principle**, a **rationale** a **set of standards** and a list of **performance indicators.** Also provided are examples of brief intervention policy documents that are in current use within the Australian health system (Derby Health Service, Western Australia, Westmead Hospital and Community Health Services, New South Wales and a sample policy,) and a flowchart outlining the brief intervention process. The performance indicators and process questions are aimed at assisting you in developing quality assurance benchmarks.

Hospitals are encouraged to develop and adapt their own policies and procedures in this area in relationship to their own health service performance indicators. It is recommended that each hospital establish a multidisciplinary working party which will coordinate the development and implementation of hospital-based policies and procedures on early identification and brief intervention.

Brief intervention is one of the most comprehensively researched treatments in the alcohol and other drug field and is of proven benefit. It is a priority for action in both the HDWA "Interaction" Drug Strategy 1999 - 2000, and the WA Drug Abuse Strategy Office "*Together Against Drugs*" Action Plan 1999 - 2001. The HDWA document "Purchasing Intentions 1999-2002", states that alcohol and drugs are one of the three highest priorities for collaborative work in 1999 - 2000. A priority is the development of initiatives aimed at the reduction of drug related harm through general health services. Also emphasised is the need for health services to implement the "Interaction" drug strategy. (Alcohol & Drug Policy Branch, HDWA 1999).

The incorporation of brief intervention strategies into the policies of health services is essential if these priorities are to be achieved. Only in this way Will these outcomes be sustainable, and become part of routine patient care.

B. POLICY AND PROCEDURAL GUIDELINES

1. EARLY IDENTIFICATION AND BRIEF INTERVENTION:

1.1 Principle

As part of regular, standard clinical practice, staff will intervene with any patient who is identified as using substances at a harmful or hazardous level.

1.2 Definition

Brief intervention is "any intervention that involves a minimum of expensive professional time and is designed to prevent the later complications of alcohol or drug abuse, by detecting persons who are using drugs in a potentially hazardous manner and encouraging and assisting them to discontinue (eg in the case of tobacco) or to moderate their use (eg in the case of alcohol)". (Heather 1987).

1.3 Rationale

If proactive interventions can be delivered by a range of health professionals, in large numbers, and in the context of routine health care, a correspondingly larger number of individuals will be assisted. Furthermore, by intervening early with people who are not seeking treatment but whose alcohol or other drug use can be demonstrated to be doing them harm, or placing them at risk of harm, the costs (both health and personal costs) associated with substance use can be reduced. It is those individuals that regularly drink at levels above those recommended, often to intoxication, that are responsible for the majority of societal costs associated with alcohol. It should be noted that brief intervention is NOT suitable for all patients and is not recommended in the following cases:

- Patients showing signs and symptoms of current physical damage related to alcohol
- patients whose history or presentation creates a suspicion that they may be dependent on alcohol
- patients suffering from psychiatric disorders
- patients suffering from very low self esteem and strong feelings of powerlessness.

1.4 Standards

Health service policy
Regular training
Availability of resources

1.5 Performance Indicators

1.5.1 The health service will have a written policy on early identification and brief intervention which is reviewed on a regular basis.

1.5.2 The provision of early identification and brief intervention services to patients will be part of the health services quality assurance process.

1.5.3 New staff will be provided with information on the health services policy relating to early identification and brief intervention as part of their orientation.

1.5.4 Staff training in regard to early identification and brief intervention will be an integral part of staff development.

1.5.5 The health service will ensure the ready availability of suitable resources to enable staff to provide early identification and brief intervention services. A nominated staff member will be responsible for this.

B. POLICY AND PROCEDURAL GUIDELINES

2. ASSESSMENT

2.1 Principle

The health service will undertake an holistic patient assessment which has incorporated within it questions relating to the alcohol, tobacco and other drug use of the patient. Harm caused by the use of alcohol, tobacco and other drugs is minimised through the health service's intervention.

2.2 Rationale

The assessment of a patient's alcohol, tobacco or other drug use is important not only in regard to the hospital's duty of care to that patient, but also in order to establish a correct diagnosis, select appropriate treatment, assess the possibility of drug interaction, and assess the possibility of a patient undergoing withdrawal whilst being treated in the hospital.

2.3 Standards

Admission documentation
Assessment procedure

2.4 Performance Indicators

Admission documentation

2.4.1 Admission forms will include questions on the tobacco, alcohol and other drug use of patients.

2.4.2 The health service will have written policies on assessment, treatment and care which are regularly reviewed.

2.4.3 Patient records will include a section to record the patient's score from a screening test.

2.4.4 Triage documentation will indicate if patients are likely to undergo drug withdrawal. Where possible, this information will also be verbally passed from triage staff to ward staff when a patient is admitted.

Assessment

2.4.5 Provision is made for ongoing assessment which is structured in a way that is sensitive to clients' readiness to discuss sensitive information.

2.4.6 The health service will make available breath alcohol meters to staff undertaking assessments, and ensure staff are trained in their use.

2.4.7 All patients over 16 will be screened for hazardous, harmful or dependent use of alcohol, as a part of the standard nursing intake assessment and the results from that screening will be provided to the patient.

2.4.8 Patients whose triage assessment or treatment history indicates alcohol dependence will be assessed using the Alcohol Withdrawal Scale (AWS) and appropriate care initiated.

2.4.9 Patients whose triage assessment or treatment history indicates dependence on drugs other than alcohol and tobacco will be provided appropriate care in a supportive and non-judgemental manner. Where indicated, a care plan for managing withdrawal will be developed.

2.4.10 Staff will promptly inform patients of the results of any early intervention assessment.

2.4.11 Patients whose screening score indicates that they may be alcohol dependent, will be offered referral to a treatment service either within the hospital or to an appropriate outside agency.

2.4.12 Patients whose screening score indicates that their alcohol use is hazardous or harmful, will be offered appropriate information on reducing their alcohol use, and/or referral to another agency if they so choose. (see flowchart – appendix 2). Those drinking at safe levels should be encouraged to continue.

2.4.13 Where time constraints inhibit the effective implementation of the hospital's policy on screening patients, additional personnel will be provided.

2.4.14 Staff safety - the behaviour of some patients intoxicated by alcohol or other drugs may pose a risk to staff. This may include verbal abuse, physical abuse, non-compliance, and sexual harassment. If staff are threatened or feel at risk, this should be noted in patient records and the unit manager on duty at the time of the incident should be notified. Also see separate protocols for dealing with intoxicated patients.

2.4.15 Staff safety - staff who are involved in an alcohol or drug related critical incident (or any other critical incident) must receive immediate support and peer debriefing, and if required, access to a staff counsellor within 48 hours.

2.4.16 Patients who are identified as having a substance use problem, but who are not admitted, should be offered an appropriate referral to a service that can assist them.

2.4.17 Procedures should be in place to ensure that additional assessment/consultation is available for patients with a dual diagnosis, where significant psychological or psychiatric problems have been detected.

2.5 Process Questions

2.5.1 How are patients informed of what to expect during the admission process ?

2.5.2 How is informed consent obtained ?

2.5.3 Are all staff trained in dealing with aggressive patients and refreshers made available ?

2.5.4 Are staff made aware of the hospital's policies regarding the assessment of clients with problems related to alcohol or other drug use during their orientation and performance appraisal ?

B. POLICY AND PROCEDURAL GUIDELINES

3. SCREENING TOOLS

3.1 Principle

The health service will incorporate the use of screening tools for alcohol and tobacco into the standard practices of patient care, and ensure that appropriate staff are trained in their use.

3.2 Rationale

Screening for health problems is a common practice in health services. diabetes and cholesterol are examples. Screening for alcohol and other drug use should be no different. The use of a standardised screening tool is likely to improve nurses practice of taking a substance use history. (Conway et al 1999). Extensive research by the World Health Organisation has shown that a simple ten item questionnaire (AUDIT) can detect hazardous and harmful alcohol use, with a sensitivity of over 90%, and that coupled with a five minute intervention, this can result in a reduction of hazardous alcohol consumption in 30% of the population (Saunders 1995). *Drinkcheck* is a version of AUDIT which complies with NHMRC standards in Australia. The use of *Drinkcheck* or AUDIT is recommended when screening for alcohol use. (see item iv - Resources).

3.3 Standards

Screening tools
Education and Training

3.4 Performance Indicators

Screening Tools

3.4.1 The Health Service will use a recognised and validated screening tool.

3.4.2 If specific local requirements dictate the use of a modification to a validated screening tool, any reports, research or articles produced based on modified screening tools should identify this modification and the reason for it.

Education and Training

3.4.3 The health service will consider the need for in service training when creating rosters.

3.4.4 All health service staff expected to use screening tools will be trained in the use of such tools and the rationale behind their use. Hospital training guidelines will make this explicit.

3.4.5 New staff will be trained in the use of screening tools and their rationale as part of their induction package.

B. POLICY AND PROCEDURAL GUIDELINES

4. In-patients

4.1 Principles

The health service will ensure that in-patients have access to self help and educational literature, and specialist workers where appropriate.

4.2 Rationale

The ready availability of self help and educational literature in regard to alcohol, tobacco, and other drug use will contribute to the normalisation of the discussion of patients' drug use in the ward setting. The provision of literature is in itself a minimal intervention that may prompt a patient to consider her/his level of alcohol or tobacco use. Depending on the type and level of a patient's substance use, it may be appropriate for the patient to be seen by a specialist worker whilst a patient in the hospital. Where appropriate, patients should be made aware of this option. This service may be dependent on the patient's length of stay.

4.3 Standards

Resource type
Resource availability
Referral

4.4 Performance Indicators

4.4.1 Up to date literature and other resources will be made available to staff for dissemination to patients.

4.4.2 Patients requesting referral to a community drug service team or other specialised service whilst staying in the hospital, should be assisted with this request, and suitable facilities made available.

4.4.3 Staff should be kept aware of the appropriate local agencies that are available to see patients via resource lists, posters etc.

4.4.4 The health service will provide self help and educational resources in all ward areas and display the contact numbers for local drug service teams and the Alcohol and Drug Information Service.

4.5 Process questions

4.5.1 Who will be responsible for keeping resources up to date and staff informed of the resources available?

B. POLICY AND PROCEDURAL GUIDELINES

5. SMOKING

5.1 Principle

In compliance with HDWA op0083/91 Non-smoking policy, the health service will be a smoke free environment in all internal buildings. Designated external areas should be made available to staff and patients that smoke.

5.2 Rationale

There is no safe level of tobacco use. Patients and staff should be provided with every opportunity to consider their tobacco use and to be assisted to stop smoking. Brief intervention is particularly successful with cigarette smoking and research shows that supports such as NRT (Nicotine Replacement Therapy) approximately doubles 6 to 12 month abstinence rates. (US Dept of Health & Human Services 1996). The World Health Organisation recommends the following six step strategy for health professionals:

(i) Identify patients who smoke and note this on their records;
(ii) Strongly urge all smokers to quit;
(iii) Identify smokers willing to make a quit attempt, motivate those who are not ready to quit, reinforce their intentions;
(iv) Give advice and information on stopping and staying stopped;
(v) Advise a course of action - Help set a quit date, offer NRT;
(vi) Offer follow up. (WHO Tobacco free initiative 1999).

5.3 Standards

Resources
Education and training
No smoking policy

5.4 Performance Indicators

5.4.1 The health service will make information available to patients and staff on the benefits of stopping smoking, advice on how to do this, and advice on NRT.

5.4.2 NRT at a discounted price will be made available to staff as part of a staff smoking cessation package.

5.4.3 Staff will receive training on brief interventions with patients who smoke and be made aware of the rationale behind this.

5.4.4 The health service will have a policy on smoking which addresses interventions with patients and assistance to employees. The policy shall include the provision of designated smoking areas.

C. RESOURCES

The following resources are recommended as part of a health service's early identification and brief intervention practice. They are available either from HDWA Health Promotion Services, or from the coordinator of the State Brief Intervention Project. This is not an exhaustive list and local resources may also be available. Contact your local community drug service team in regard to local resources.

(i) "Here's to Your Health" – a guide to reducing alcohol consumption with suggestions about making decisions to cut down, preparing to cut down, cutting down, staying in the low risk category and suggestions for supporters.

(ii) "Drinkcheck - what your score means" a pamphlet used with the Drinkcheck screening tool, that graphically depicts harmful, hazardous and low risk levels of drinking for men and women, and also outlines the benefits of reducing drinking.

(iii) "Quit packs" - a guide to quitting smoking with suggestions to help in deciding to quit, getting ready to quit, quitting. Staying quit and coping with setbacks.

(iv) Drinkcheck screening tool – consisting of the ten question Drinkcheck questionnaire and the Drinkcheck scoring sheet.

(v) Alcohol and Brief Interventions With Patients – A Training Package for Nurses – a comprehensive training package designed for training nursing personnel in the use of brief intervention strategies. It includes a self-directed learning workbook, overheads for workshop presentations and four cd roms on Understanding Drug Use. ?? cost

C. REFERENCES

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E. APPENDICES

Appendix 1

Examples of Health Service Policy Documents

DERBY HEALTH SERVICES

BRIEF INTERVENTION – PATIENT ALCOHOL AND DRUG ASSESSMENT/EDUCATION

DEFINITION / DESCRIPTION:

- Any intervention that involves a minimum of expensive professional time in an attempt to change drug use behaviour.

PERSONNEL ABLE TO PERFORM PROCEDURE:

- Any Health Care Professional deemed competent to do so.

OBJECTIVES

- To provide brief/cost effective measures to reduce harm from alcohol and other drugs.
- To identify patients who drink alcohol at unsafe levels.
- To raise client/patient/staff awareness of unsafe alcohol and drug habits.
- To provide holistic nursing care.

OUTCOME STANDARDS

- Informs clients/patients and staff of safe alcohol drinking levels.
- Increases client's/patient's feeling of control over drinking of alcohol.
- Reduces costs and workload on Health Care Professionals.
- Alcohol and drug assessment will become a part of routine care.
- Improves quality of patient care.

EQUIPMENT

- 'Drinkcheck' or 'AUDIT' Assessment tools.
- Relevant and concise written information.
- Safe environment.
- Client/Patient records/file.

PROCESS STANDARDS

Prior to procedure:

- Obtain client/patient consent for Brief Intervention.
- Become familiarised with client's/patient's history, diagnosis.
- Set aside at least 15 minutes of uninterrupted time.
- Provide a quite, safe and private environment.

DERBY HEALTH SERVICES

BRIEF INTERVENTION – ALCOHOL AND DRUG ASSESSMENT/EDUCATION

The Procedure:

- Set the scene, provide reason for the interview brief intervention,
- Allow client/patient to complete the drug assessment.
- Discuss findings with patient.
- Supply verbal, written information as required.
- Receive feedback from client/patient, discuss/provide information as necessary.
- Provide options re follow-up as appropriate.

Post Procedure:

- Record Brief Invention in client's/patient's records.
- Ensure client/patient confidentiality.
- Arrange referral to other agencies if required.

ALCOHOL AND DRUG MISUSE

1 ETHICAL ISSUE

1.1 The misuse of alcohol and other drugs cause unnecessary costs on human suffering and health service resources.

2 LEGISLATIVE BASE

2.1 OP 0097/91 Policy on Alcohol and Drug Misuse

2.2 OP 0083/91 Non-Smoking Policy

At present there is no Legislation or Operational Instructions re Brief Intervention – alcohol and other drugs. However, Brief Intervention is the priority for action in both the HDWA "Interaction" Drug Strategy 1999-2000, and the WA Drug Abuse Strategy office "Together Against Drugs" Action Plan 1999-2001.

3 POLICY STATEMENT

3.1 The Kimberley Health Service will endeavor to increase awareness of alcohol and other drug issues amongst Health Service Workers and clientele in a framework of harm reduction.

3.2 The Kimberley Health Service will ensure the early detection and appropriate management of employees exhibiting an alcohol or drug related behaviour in the workplace.

3.3 The Kimberley Health Service will ensure the early detection and appropriate treatment of patients exhibiting an alcohol or other drug related behaviour who are admitted into care. This includes appropriate management of the patient's condition, and appropriate counseling and referral on discharge.

3.4 The Kimberley Health Service will ensure that visitors and other persons on the premises, who exhibit an alcohol or drug related behaviour (particularly those exhibiting aggressive or disruptive behaviour), do not affect the harmony of the workplace or the delivery of quality, safe care.

4 POLICY GUIDELINES

4.1 Employees

See Kimberley Health Service "Smoking in the Workplace" and "Alcohol and Drug Misuse" Policies.

4.2 Clients

4.2.1 A Brief Intervention will be undertaken by nominated Health Service Workers who will carry out (with consent from client), assessment of clientele alcohol and/or drug use as a part of routine hospital admission or as an outpatient where appropriate.

4.2.2 Nominated Health Service Workers will provide verbal and/or written information re safe intake of alcohol and appropriate use of other drugs.

4.2.3 Health Services Workers will receive training in regard to local agencies and resources, and where appropriate, and training in the use of screening tools and the provision of feedback to clients.

4.2.4 The Health Service Worker must record the Brief Intervention in the client's Integrated Notes.

4.3 Visitors

4.3.1 Designated smoking and non-smoking areas will be clearly marked to ensure Visitors are aware of where they can and can not smoke.

4.3.2 Visitors who exhibit disruptive drug or alcohol related behaviour will be escorted from the premises as quickly as possible to minimise disruption to employees and patients.

5 RESOLUTION OF DISAGREEMENTS

5.1 General Manager.

6 MONITORING

6.1 Health Services Managers to monitor on a 12 month basis.

7 ENDORSEMENT

ERN HULBERT
GENERAL MANAGER
KIMBERLEY HEALTH SERVICE **DATE** _____

Health Service Policy - Brief Intervention
Patient Assessment - Alcohol and other drugs

Rationale

- The assessment of a patient's alcohol, tobacco or other drug use is important not only in regard to the hospital's duty of care to that patient, but also in order to establish a correct diagnosis, select appropriate treatment, assess the possibility of drug interaction, and assess the possibility of a patient undergoing withdrawal whilst being treated in the hospital.

Policy statement

- The Minginup Health Service will undertake a holistic assessment which has incorporated within it questions relating to the alcohol, tobacco and other drug use of the patient. Harm caused by the use of alcohol, tobacco and other drugs will be minimised through the health services intervention.

- The Minginup Health Service will ensure that patients whose assessment or treatment history indicates dependence on drugs will be provided appropriate care in a supportive and non-judgemental manner.

- All patients over 16 will be screened for hazardous, harmful or dependent use of alcohol as a part of the standard nursing intake assessment, and the results from that screening will be provided to the patient. Patient care will dictate when this screening takes place.

- The Drinkcheck screening tool will become part of the patients integrated notes.

- Health service staff will be provided training in the administration of screening tools and the provision of feedback to patients

Policy Guidelines

- Assessment for alcohol and other drug use may take place in triage or on the ward if a patient is admitted. Where necessary provision will be made for ongoing assessment which is structured in a way that is sensitive to clients readiness to discuss sensitive information.

- Triage documentation will clearly indicate if patients are likely to undergo drug withdrawal. This information will also be verbally passed from Triage staff to ward staff when a patient is admitted.

- Patients whose screening score indicates that their alcohol use is hazardous or harmful, and who are not to be admitted, will be offered appropriate information on reducing their alcohol use (see equipment section), and/or referral to another agency if they so choose. (see flowchart).

- Patients who have been using alcohol prior to treatment should have their blood alcohol level checked using the Alcolizer meter where possible.

Equipment

- Drinkcheck screening tool

- Feedback Pamphlet “What Your Score Means”

- “Here’s to Your Health” Booklet

- Patient integrated notes

- Alcolizer breath alcohol meter

SECTION 4 – EARLY BRIEF INTERVENTION

4.1 POLICY STATEMENT

As a part of regular, standard nursing practice, nurses will intervene with any patient who is identified as using substances at a harmful or hazardous level.

Definition

"any intervention that is designed to prevent the later complications of alcohol or drug abuse by detecting persons who are using such drugs in a potentially hazardous manner and encouraging and assisting them to discontinue (e.g. in the case of tobacco) or to moderate their use (e.g. in the case of alcohol)" (Heather, 1987, p.85).

Rationale

In the area of drug and alcohol there has been a recent shift away from tertiary interventions delivered by specialist drug and alcohol staff to primary and secondary interventions/preventions conducted by generalist health and welfare professionals.

If proactive interventions can be delivered by a range of health professionals, in large numbers, and in the context of routine health care, a larger number of individuals will be assisted. Furthermore, by intervening early with people who are not seeking treatment but whose alcohol and other drug use can be demonstrated to be doing them harm or placing them at risk of harm we reduce the costs (both health and personal costs) associated with substance use.

Early intervention strategies can take several forms ranging from brief to intensive, however in the context of routine nursing care, the most effective and time efficient form is BRIEF.

Brief Intervention is:

"any intervention that involves a minimum of expensive professional time in an attempt to change drug use….any intervention requiring a total between five minutes and two hours, on one occasion or spread over several visits"(Heather, 1987, p.85).

4.2 BRIEF INTERVENTION GUIDELINES

For definition of safe, hazardous and harmful use for each drug category, refer to "QUANTIFICATION OF SUBSTANCE USE" in the assessment guidelines.

Following a comprehensive assessment, the following should be performed.

Patient will be:

- Informed of the health risk (and legal risks) of substance use. To be effective, health information must be relevant to the patient's presenting problem, particular concerns or lifestyle issues.

- Strongly advised regarding cessation or reduction (dependent on drug involved).

- Provided with verbal cessation or reduction advice in conjunction with self help material where appropriate.

- Followed up referred to an appropriate specialist clinic (depending on patient's wishes, level of dependence and substance involved)

NOTE: Referral should be seen as part of an intervention where appropriate and not as the WHOLE intervention. Even when a patient will request or need referral, the nurse should still follow the basic steps of the intervention.

4.3 MINIMUM REQUIREMENTS TO DELIVER APPROPRIATE INTERVENTIONS

I) Clear understanding of ASSESSMENT policies and Guidelines.

II) Understanding of communication skills needed to approach the topic and deliver advice

Understanding of the process of behaviour change.

Understanding of own issues and attitudes which may inhibit patient management.

III) Knowledge of health and behavioural effects as well as legal risks for each drug category.

IV) Familiarity with patient handouts.

Accessibility to resources and referral centres.

(See Appendix 7)

Appendix 2

Flowchart of a brief intervention

Brief Intervention Guidelines