

Alcohol & Drug Screening and Interventions: a routine part of clinical practice?

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Think Liaison, Ring Liaison

What we will cover

- Routine part of practice?
- Routine for whom?

The Why & The How

- Making Every Contact Count
- No Wrong Door
- Parity of Esteem
- High Impact Users

In my experience

- There is much we can and should do routinely
- Lack of education & understanding is the norm; in all areas of Health and Social Care
- When people see the way - they follow it
- The evidence is still emerging and developing
- More evidence is needed!

Case Study

Stacey

Case Study - Stacey

- 25 year old Stacey has come into hospital again,
- This is her sixth hospital stay this year, she has been coming in for a few years,
- Intoxication, suicidal, self harm,
- Sometimes her behaviour is difficult,
- She has been encouraged to engage with alcohol services but this has proved difficult.

Case Study - Stacey

- Her presentations began around the time her daughter, Jenna, was removed when Stacey was 21,
- Before that she had a heroin problem but was one year clean and on a low dose of buprenorphine,

Case Study - Stacey

- On this admission she has significant bruising and looks malnourished,
- She reports to feeling tired and appears anxious and scared,
- She is keen to stay in hospital,

Case Study - Stacey

- She is found to have deranged liver function and clotting and is transferred to the gastro (liver) ward,
- She is there for four weeks, over Christmas until she dies of liver related complications, aged 25.

- Why did Stacey die?

Case Study - Stacey

- Stacey's upbringing was difficult,
- Her mum had severe mental health problems, schizophrenia, with some long periods of relative stability but with a number of relapses,
- Her dad left when she was seven and she never saw him again,
- She was sexually abused by her mum's next partner, he was prosecuted and served 2 years and returned to live close by,

Case Study - Stacey

- Her mum then started a relationship with John; John wasn't abusive, but he did have a heroin problem,
- John was good to Stacey and did his best to keep her OK when her mum was unwell, but Stacey would often have to go to school in unwashed clothes,
- Stacey was bullied and stopped going to school, John and her mum didn't know,

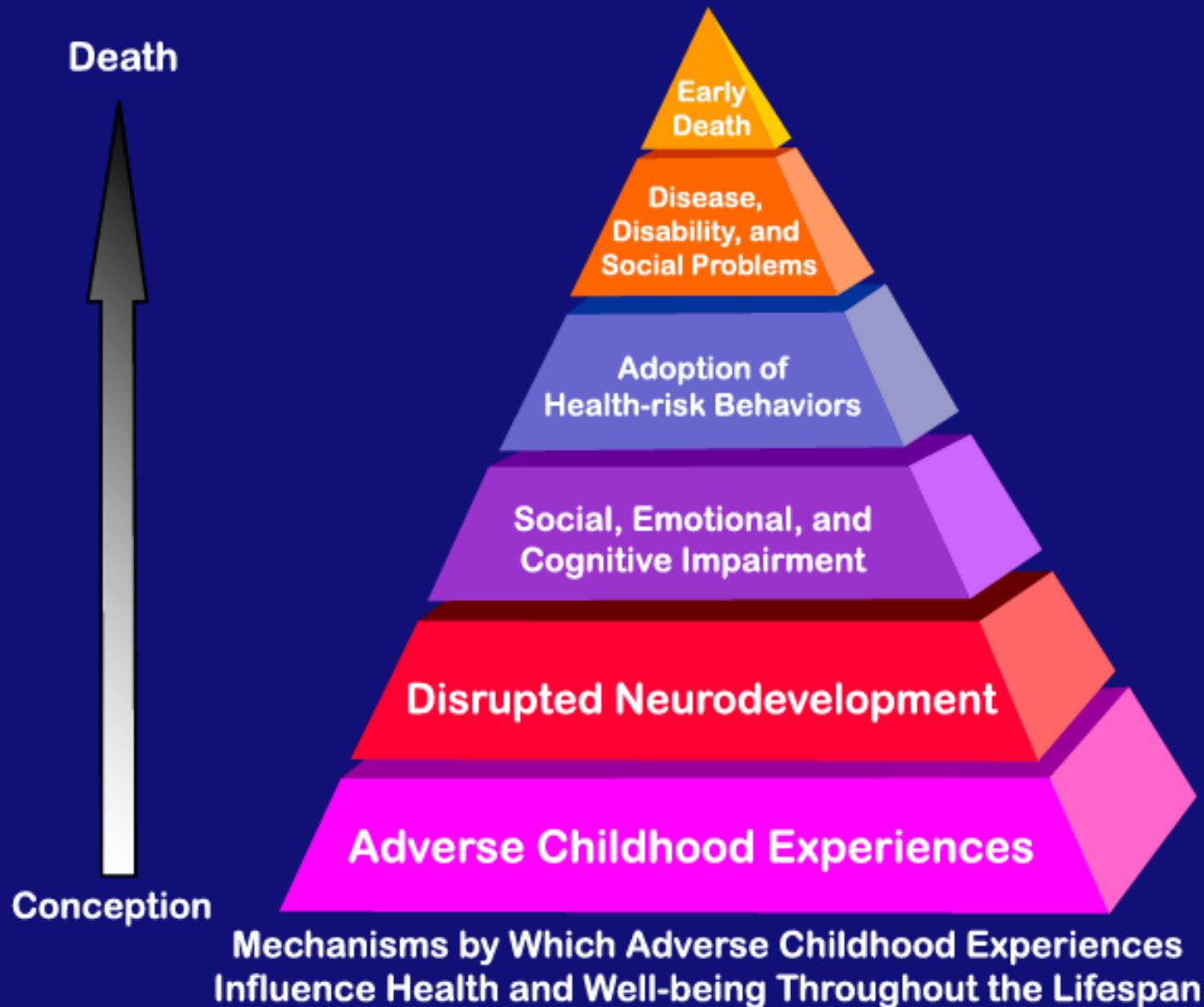
Case Study - Stacey

- Stacey started hanging around with some older girls and through them got into drugs,
- She was using heroin from age 15 and started injecting at 16.

- Why did Stacey die?

Why

- Substance use problems are common
- Most people with substance problems are not in contact with specialist services
- **Adverse Childhood Experiences** are common
- Common causes for many problems
- ACE – suicide, personality difficulties, Alcohol Misuse, Substance Misuse, etc.
- (Felitti VJ. 2002; **Public Health Wales 2015**)



- **Higher Risk Drinkers:** No ACEs = 8.2%; 4+ ACEs = 27.9%
- **Cannabis Use:** No ACEs = 14.2%; 4+ ACEs = 64.5%
- **Heroin or Crack Cocaine Use:** No ACEs = 1.4%; 4+ ACEs = 20.3%

Public Health Wales 2015

Up to 80% of suicide attempts are related to childhood trauma

Alcohol & Drug Screening and Interventions: a routine part of clinical practice?

- **Adequacy + Responsibility + Support = Effectiveness**
- General Hospitals
- Liaison Teams
- Primary Care
- General Psychiatry
- Etc.

How – General Hospitals

- Identification and Brief Advice
- Routine tests and investigations
- Management of dependency and related conditions
- Treating patients with respect: avoiding stigma and prejudice
- Timely and appropriate referrals to specialist services – Liaison

How do Liaison Teams help to make things routine?

- Direct Interventions to patients and their carers
- Helping General Hospital colleagues to provide direct care to patient
- Providing Education, Guidance and Support
- Providing a communication channel between hospital and community colleagues
- Contributing to the Evidence Base

How – Liaison Teams

- Guide medical management of dependency
- Alcohol Withdrawal and its complications: WKS, RFS, Alcohol Withdrawal Delirium and Seizures
- Opioid Dependence: Continuation and dose adjustment; treatment initiation; take home Naloxone; pain & sleep
- Other substance use: symptomatic management
- Routine screen and intervene for common health issues

Health considerations for LT

Alcohol:

- Liver disease
- Suicide
- Alcohol Related Brain Injury

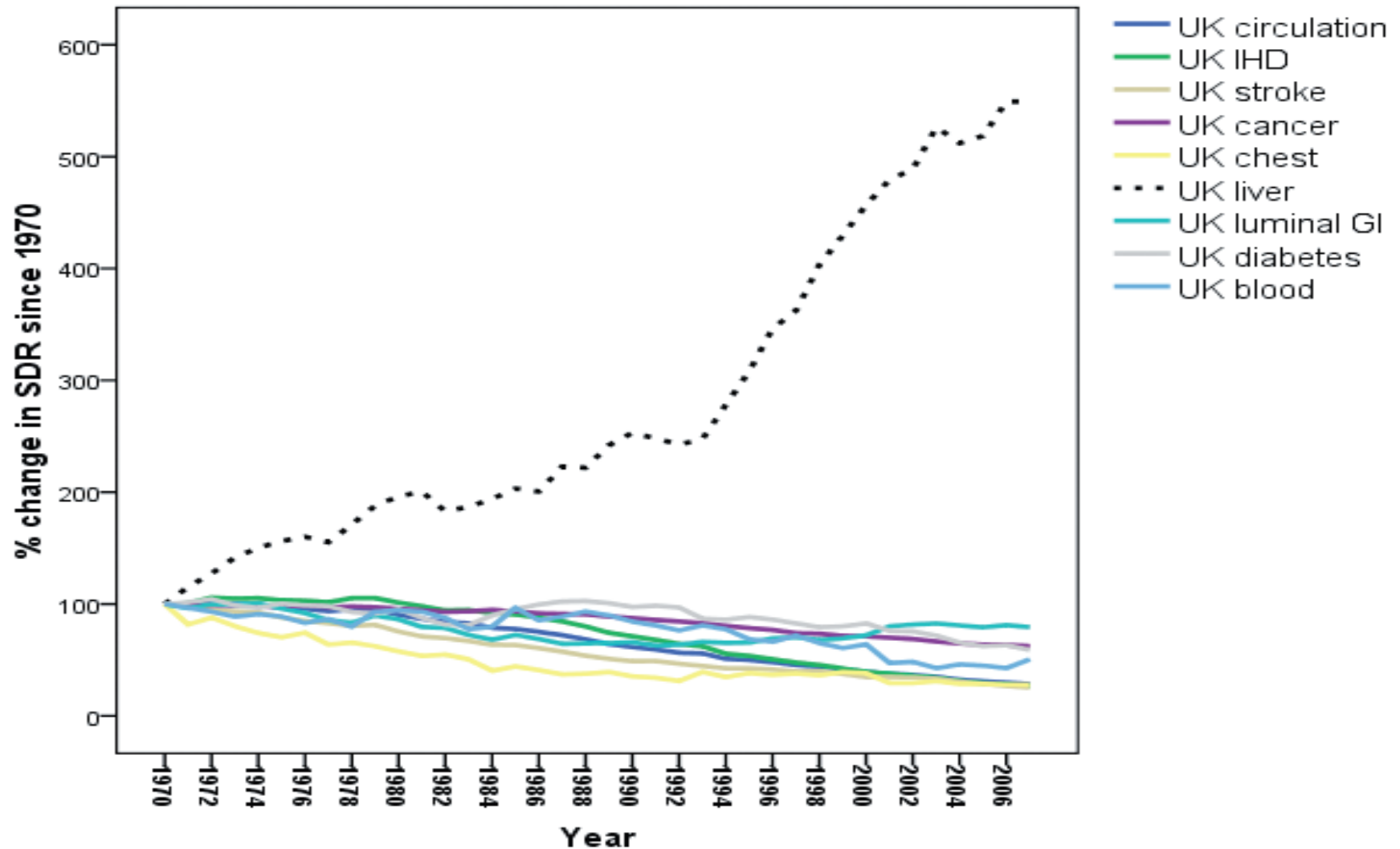
Drugs

- Acute infections
- Drug Related Deaths
- Circulatory problems
- Mental Health consequences

Liver Disease

- 84% of liver disease deaths are alcohol related
- Four times as many liver disease deaths now than in 1970.
- 62,000 years of working life are lost to liver disease each year
- Making greatest impact on disadvantaged
- Liaison Team – screen, advise, signpost, refer

UK under 65 standard death rate for various diseases (1970 = 100%)



High Impact Users

- High Volume, Frequent Flyers, White Knuckle, Heart Sink, Repeat Attenders, Blue Light, Treatment Resistant
- We all fail in isolation - collaboration is key
- Liaison Team: routine screen & intervene
- HIU status is an indicator of unmet need
- Seek to indentify and address these needs
- Consider contribution of partner agencies
- Consider a management system

Screening and Interventions: a routine part of practice?

- Yes they can be
- Not everywhere, not always, not everyone
- The evidence is building
- Well resourced Liaison Services ideally placed
- Helping to **Make Every Contact Count**
- Collaborative working should be routine

References

- **Felitti VJ. Belastungen in der Kindheit und Gesundheit im Erwachsenenalter: die Verwandlung von Gold in Blei. Z psychsom Med Psychother 2002;48(4):359-369**
- **Adverse Childhood Experiences and their impact on health-harming behaviours in the Welsh adult population, ALCOHOL USE, DRUG USE, VIOLENCE, SEXUAL BEHAVIOUR, INCARCERATION, SMOKING AND POOR DIET, Public Health Wales 2015**
- **Adverse Childhood Experiences (ACEs) in Hertfordshire, Luton and Northamptonshire Ford K1, Butler N1, Hughes K1, Quigg Z1, Bellis M A2 May 2016**
- **Better care for people with co-occurring mental health and alcohol/drug use conditions PHE June 2017**