



The Drug and Alcohol Clinical Advisory Service: The Past 5 Years

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Introduction

- People with alcohol and other drug (AOD) problems frequently present to mainstream health services
- AOD advice and management by primary and allied health care providers (Madras et al. 2009; O'Donnell et al. 2013)
 - Opportunistic intervention – “*window of opportunity*”
 - Reduce problem use
 - Reduce re-presentations
- Barriers to addressing AOD problems
 - Limited AOD knowledge
 - Low confidence
 - Complexity of AOD issues

The Drug and Alcohol Clinical Advisory Service



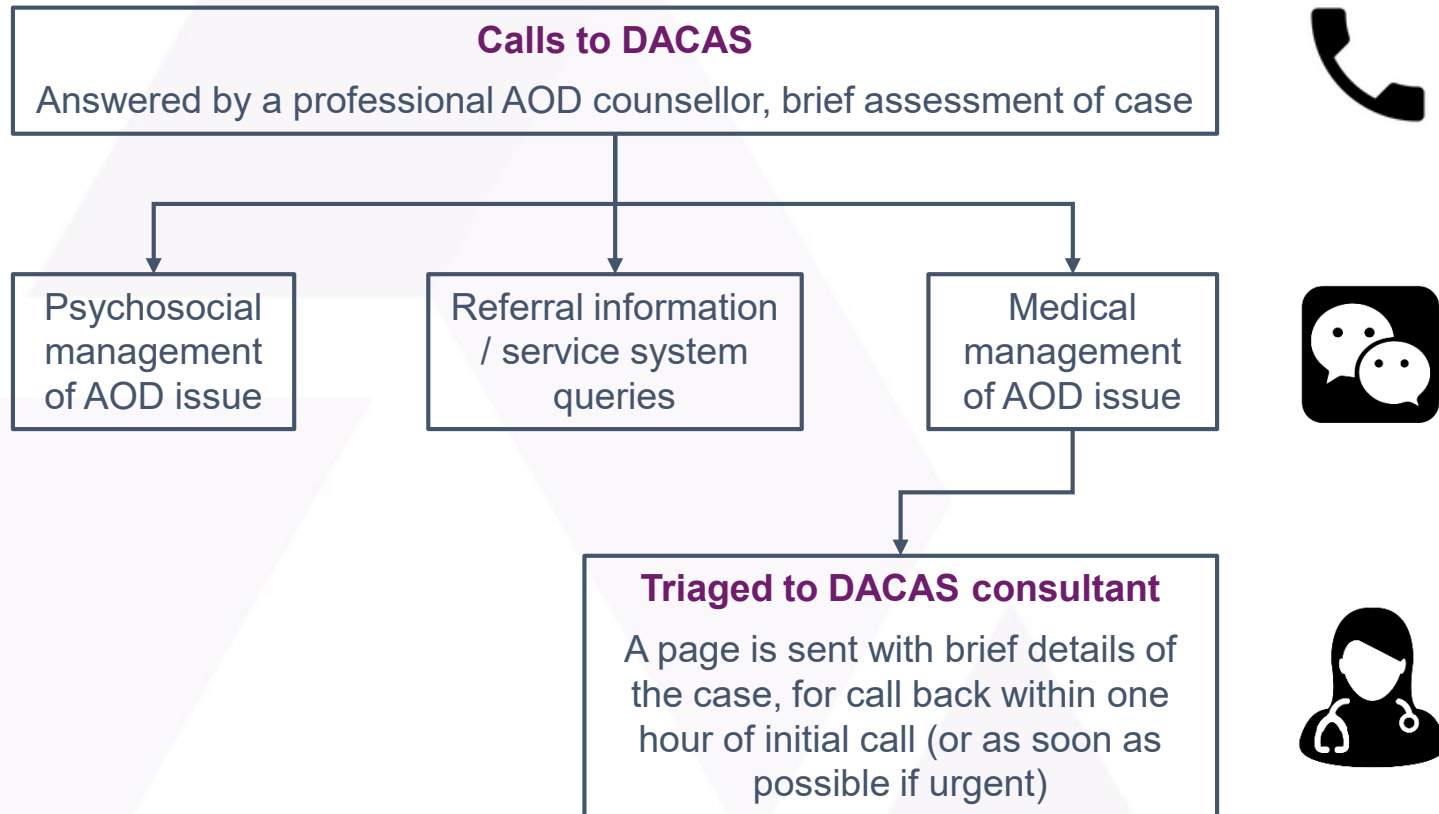
VIC: 1800 812 804
TAS: 1800 630 093
NT: 1800 111 092

- dacas.org.au
 - 24/7 specialist AOD telephone consultancy service for health professionals
 - Victoria, Tasmania, Northern Territory
- › No published information regarding the utilisation / reach of this type of service

Aim

To present the DACAS service model, provide information on service utilisation and reach, and offer insight into the issues for which practitioners currently seek support.

The DACAS model



Data audit

Initial call / case assessment data

Calls recorded by AOD counsellors between July 2013 and June 2018



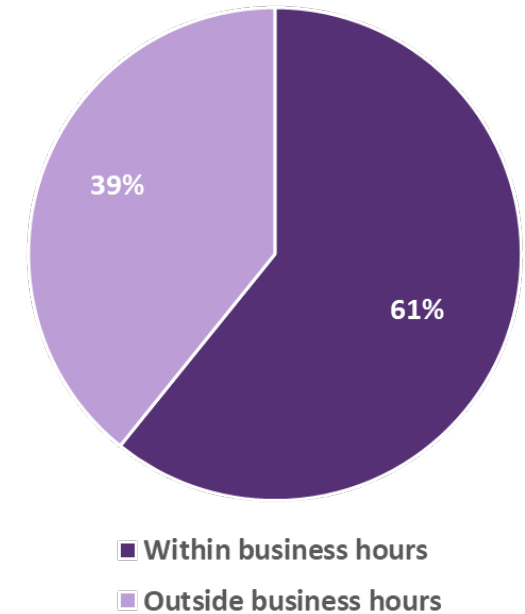
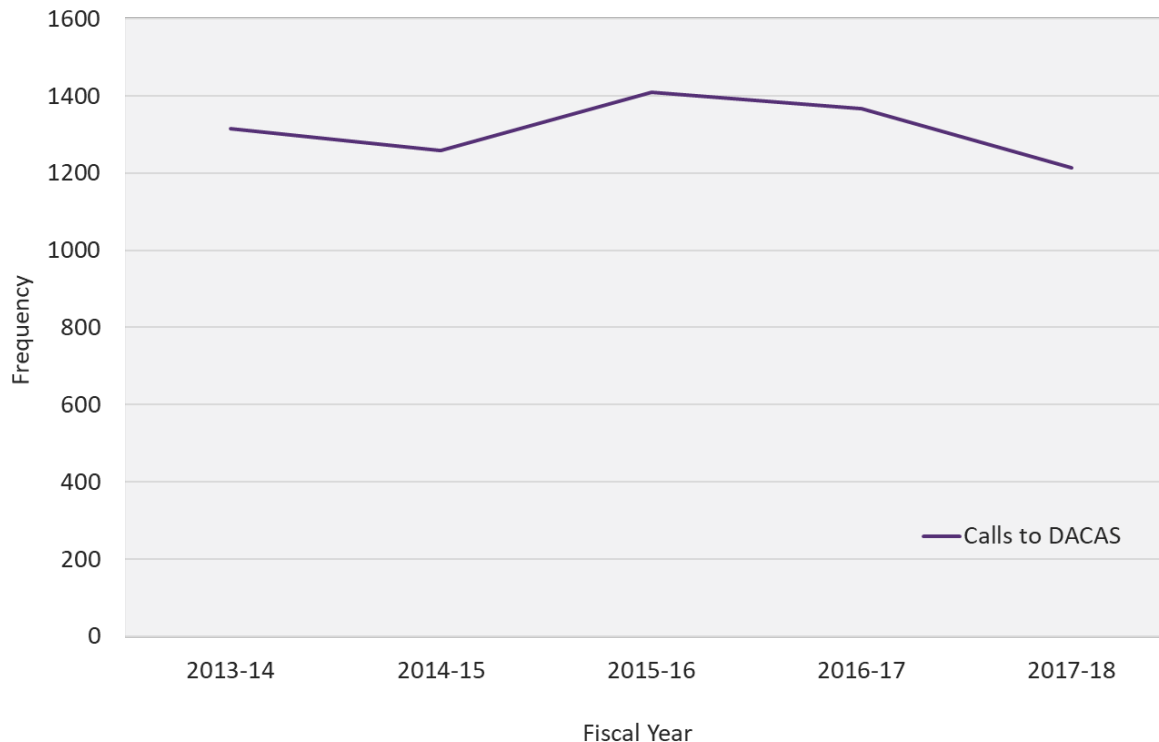
Consultation data

Consultant call-back data recorded between July 2016 and June 2018



Results: service utilisation

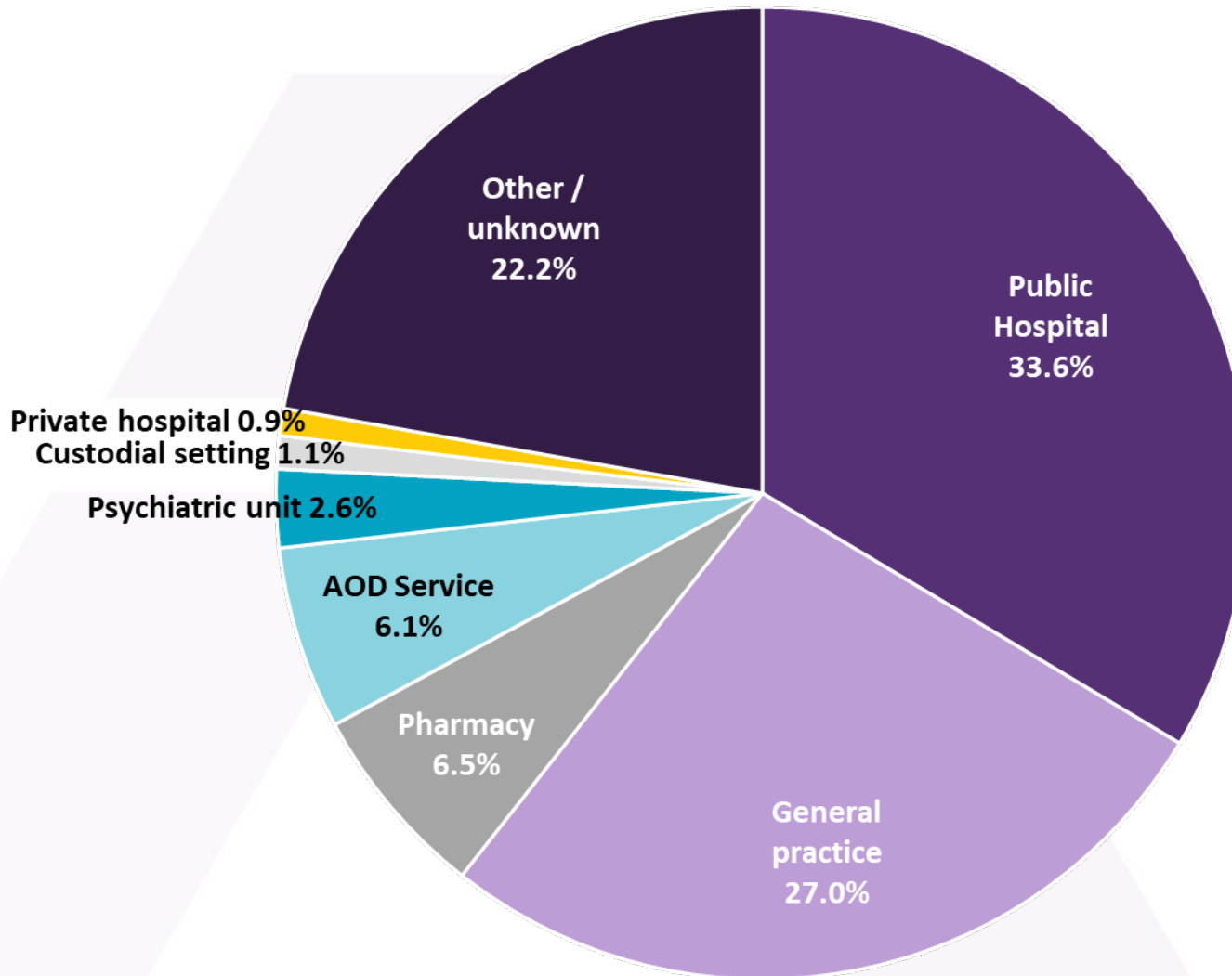
- 1,200+ calls per year; over 1/3 received outside of business hours
- The majority of calls (n = 5,455, 83.3%) were triaged for a call-back from an AOD consultant.



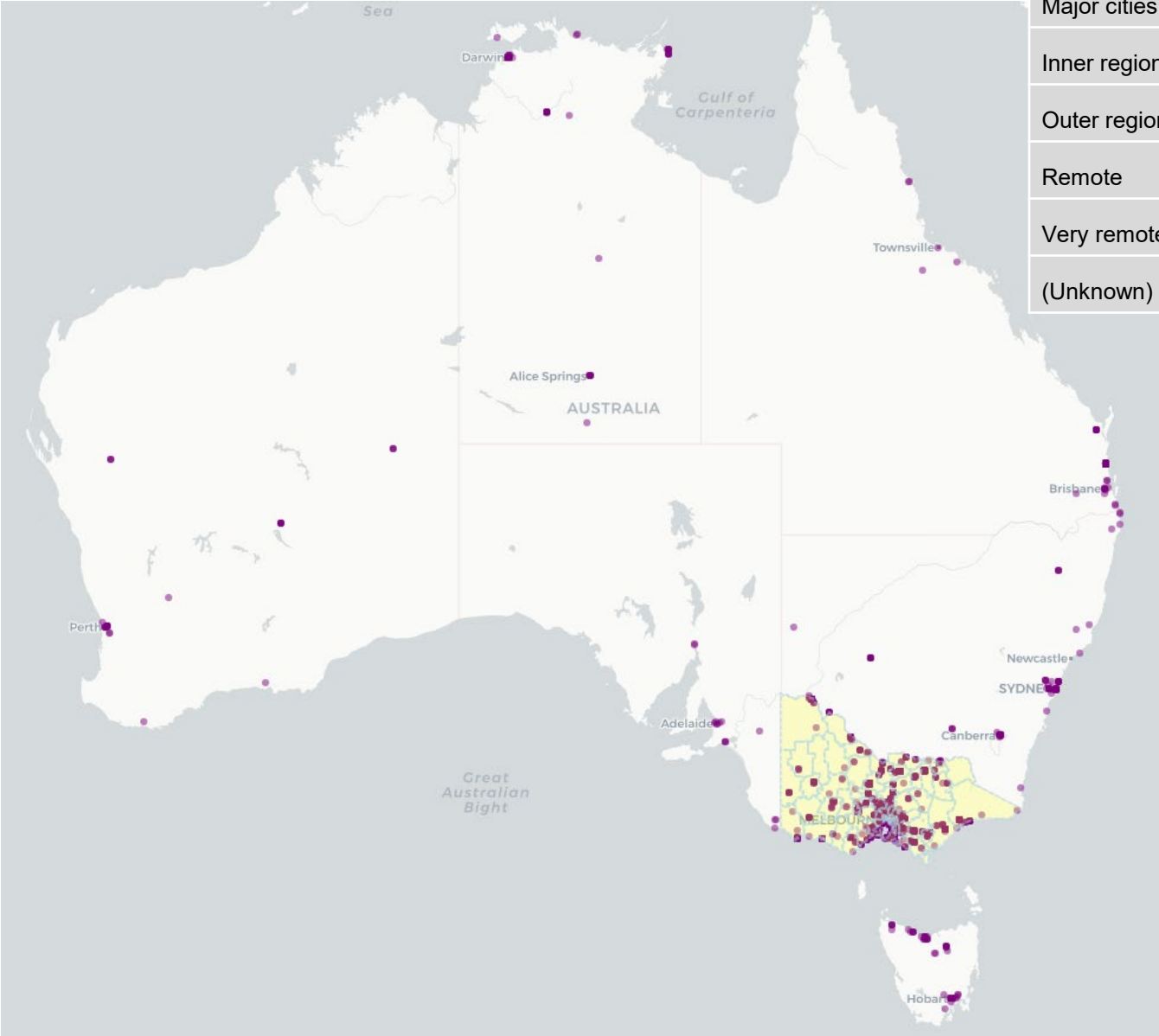
Caller profession

Profession	N (%)
GP	2,918 (44.5)
Other medical practitioner (psychiatrists, psychiatry registrars, other non-psychiatry registrars, medical and surgical HMOs)	1,515 (23.1)
Allied health practitioner (nurses, psychologists, AOD workers, social workers, youth workers)	1,136 (17.3)
Allied health - Pharmacist	702 (10.7)
Other	226 (3.4)
Unknown	68 (1.0)

Health service type

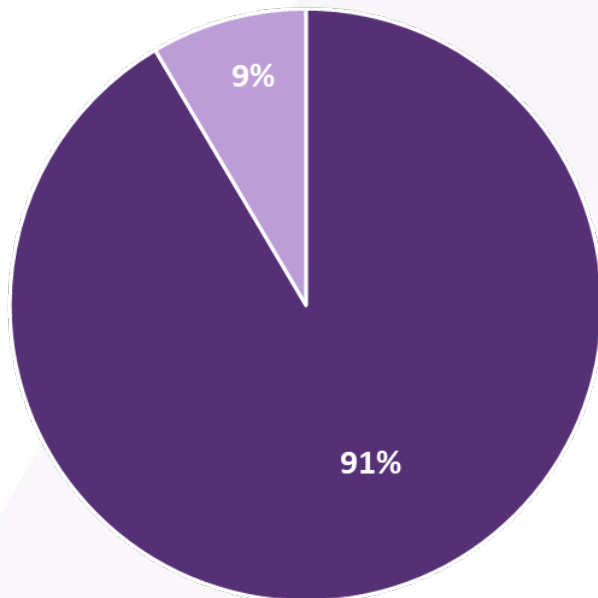


Remoteness area	%
Major cities	54.4
Inner regional	24.5
Outer regional	7.7
Remote	0.5
Very remote	0.3
(Unknown)	(12.6)



Caller location

Previous use of the service

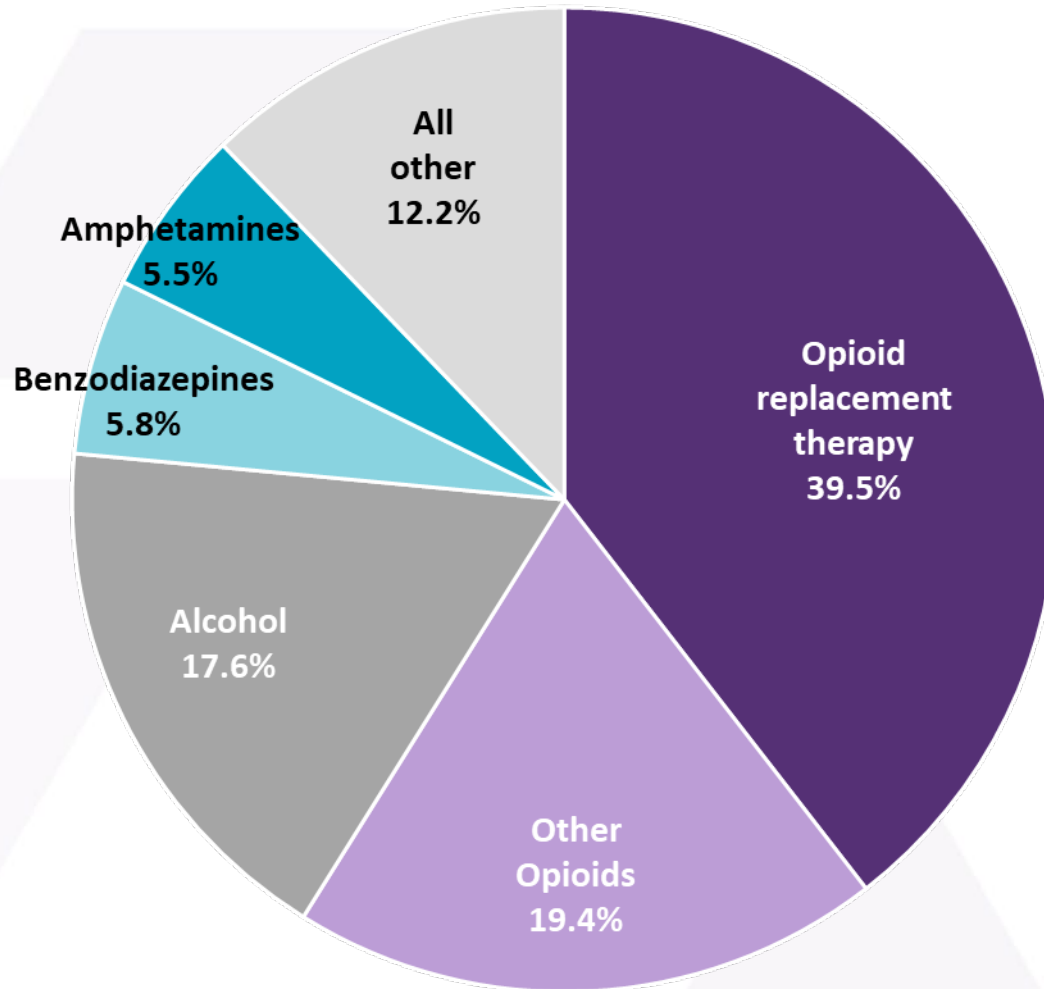


■ First time caller ■ Previous caller

Compared to practitioners living in major cities, practitioners living in **very remote** areas had significantly higher odds of previously calling the service

(OR = 4.1, p = 0.004, 95% CI 1.6 to 10.7)

Drug of concern (DOC)



Who is calling, about what DOC?

	Odds Ratio	95% CI	P-value
Opioid replacement therapy (ORT) (GP reference category)			
Psychiatrist	2.76	(1.92, 3.98)	<0.0001
Other medical practitioner	2.44	(1.83, 3.25)	<0.0001
Pharmacist	22.01	(12.43, 38.96)	<0.0001
Other allied health practitioner	0.57	(0.37, 0.86)	0.008*
Other opioids (GP reference category)			
Psychiatrist	0.66	(0.42, 1.05)	0.08
Other medical practitioner	0.91	(0.66, 1.27)	0.59
Pharmacist	0.13	(0.05, 0.32)	<0.0001
Other allied health practitioner	0.88	(0.59, 1.31)	0.59
Alcohol (GP reference category)			
Psychiatrist	0.32	(0.18, 0.55)	<0.0001
Other medical practitioner	0.51	(0.36, 0.73)	<0.0001
Pharmacist	0.02	(0.003, 0.16)	<0.0001
Other allied health practitioner	0.79	(0.53, 1.18)	0.53
Benzodiazepines (GP reference category)			
Psychiatrist	1.07	(0.56, 2.06)	0.84
Other medical practitioner	0.54	(0.29, 1.00)	0.049*
Pharmacist	0.09	(0.01, 0.67)	0.019*
Other allied health practitioner	0.94	(0.50, 1.78)	0.86
Amphetamine-type stimulants (ATS) (GP reference category)			
Psychiatrist	0.55	(0.24, 1.27)	0.16
Other medical practitioner	0.28	(0.13, 0.61)	0.001
Pharmacist	0.37	(0.13, 1.07)	0.07
Other allied health practitioner	1.32	(0.74, 2.35)	0.35

Blue values indicate statistical significance at the Bonferroni corrected p-value of 0.008.

* Statistically significant at the unadjusted p-value of 0.05.

Discussion

- 1,200+ calls per year
 - Reducing the gap in specialist AOD service provision and integration
 - Despite not being actively promoted
- Increase reach / uptake of DACAS in non-metropolitan areas
- Practitioners' current information needs
 - ORT, other opioids, alcohol, benzodiazepines, amphetamine-type stimulants
- Differences in advice-seeking among practitioners
 - GPs more likely to seek consultation for other opioids, alcohol, amphetamine-type stimulants and benzodiazepines
 - GPs less likely to seek consultation for ORT
- Results can inform workforce development and training initiatives
 - still, management of AOD issues is complex, idiosyncratic

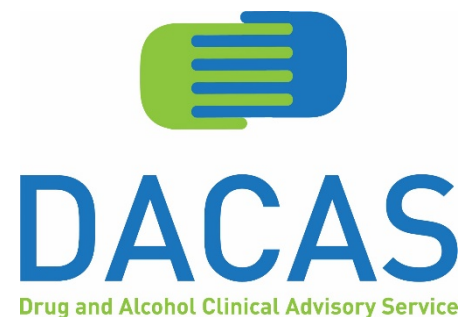
Conclusion

- DACAS is a key service, with potential for even further reach
- Unique distance-based AOD consultancy service model
 - fills a significant gap in providing health practitioners with timely, accessible specialist support in their management of AOD issues
- Achieving capacity building of the broader health sector?
- Serving to promote more positive / supportive health workforce attitudes toward this highly stigmatised health issue?

Thank you!



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