



Alcohol and Tobacco Brief Intervention Policy

1. BACKGROUND

Tobacco use and excessive alcohol consumption use are significant risk factors which contribute to a number of chronic conditions that cause substantial burden on the health system in Western Australia.^{1,2}

The assessment of alcohol and tobacco use of clients is important for the following reasons:

- duty of care
- establishing a correct diagnosis and selecting appropriate treatment
- assessing the possibility of drug interaction
- assessing the possibility of a client undergoing acute alcohol withdrawal while being treated in hospital
- assessing the possibility of a client undergoing nicotine withdrawal while being treated in hospital
- reducing the burden of disease and injury from tobacco use and excessive alcohol consumption.

Brief intervention (BI) approaches are an effective means of delivering evidence based best practice for harm reduction in primary health and general hospital settings.³ These approaches are provided at minimal cost with the potential for significant benefit.

These approaches have been shown around the world to be highly successful in encouraging people to re-consider their alcohol or tobacco use and make a decision to reduce alcohol use or quit smoking.^{4,5}

2. POLICY STATEMENT

The WA Country Health Service (WACHS) will undertake BI, including assessment, feedback and referral relating to the alcohol and tobacco use with relevant patients.

This policy should be implemented in conjunction with the [Administration of Alcohol and Tobacco Screening Tool Brief Intervention Procedure](#) and the MR202E Alcohol and Tobacco Screening Tool.

This policy applies to all units where there are admitted patients within the WA Country Health Service (WACHS) and other patients as opportunity presents.

3. DEFINITIONS

Brief intervention	Brief intervention involves activities such as screening, brief advice and feedback, counselling, support and/or referral to a specialist (if necessary). ³
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4. ROLES AND RESPONSIBILITIES

4.1 Regional Director

Regional Directors are responsible for:

- A. ensuring policy implementation and monitoring.

4.2 Regional Nurse Directors

Regional Nurse Directors are responsible for:

- A. communicating the policy within the regional nursing workforce.
- B. facilitating access to training and integration of brief intervention into nursing practices across the region in consultation with the Nurse Unit Managers and/or Health Service Managers.
- C. facilitating the coordination of a point in time audit of patient medical records (MR 202E) to assess compliance with the policy including the proportion of patients appropriately screened and referred.

4.3 Nurse Unit Managers (NUM) or Health Service Managers (HSM)

Nurse Unit Managers or Health Service Managers are responsible for:

- A. ensuring staff complete the online alcohol and tobacco brief intervention training or face to face training (where provided) as part of staff orientation.
- B. ensuring that staff complete the Alcohol and Tobacco Screening Tool (MR 202E) and conduct a brief intervention with all suitable patients.
- C. ensuring staff complete the 'staff only summary box' on the Alcohol and Tobacco Screening tool (MR 202E).

4.4 Clinical Service Providers

Clinical service providers are responsible for:

- A. ensuring that the Alcohol and Tobacco Screening tool (MR 202E) is completed by the patient, or with the patient, to assess for alcohol and tobacco use and that this form is kept in the patients admission file.
- B. undertaking brief intervention for alcohol and tobacco, once the patient is admitted, at a time which is suitable for the patient.
- C. ensuring that all patients who are admitted and identified as nicotine dependent are offered appropriate nicotine replacement therapy (NRT).
- D. ensuring that all patients identified as potentially alcohol dependent, are commenced on an alcohol withdrawal scale, if admitted, and referred to appropriate services for ongoing management.

4.5 Learning and Development

Learning and Development staff in each region are responsible for:

- A. ensuring the provision of alcohol and tobacco brief intervention training by appropriately trained staff (e.g. Drug and Alcohol Office, Community Drug Service Teams or Population Health staff) or via online training at orientation and every second year thereafter.
- B. promotion of the online alcohol and tobacco brief intervention training in their region.
- C. promotion of any face to face alcohol and tobacco brief intervention training which may be occurring in their region.
- D. ensuring data is collected on the number of clinical service providers who have completed online alcohol and tobacco brief intervention training and face to face training (where provided).

4.6 WACHS Central Office – Population Health

WACHS Area Office – Population Health is responsible for:

- A. coordination (including collation, analysis and distribution of results) of an annual point in time audit of patient medical records to assess compliance with the policy.
- B. bi-annually reviewing the online alcohol and tobacco brief intervention training and face to face training.
- C. reviewing the policy every two years or more frequently if required.

5. EVALUATION

An annual point in time audit of patient medical records is to be undertaken, coordinated by WACHS Central Office – Population Health with assistance from Regional Nurse Directors, to facilitate access to assess compliance with the policy.

The number of staff who have completed online alcohol and tobacco brief intervention training and face to face training. This data is to be provided by Learning and Development.

6. REFERENCES

1. Collins, D.J & Lapsley, H.M. 2008, The costs of tobacco, alcohol and illicit drug abuse to Australian Society in 2004/2005. Canberra: Commonwealth of Australia.
2. Xiao, J., Rowe, T., Somerford, P., Draper, G., & Martin, J. 2008, Impact of alcohol on the population of Western Australia. Epidemiology Branch, Department of Health, WA.
3. Kaner, E.F.S., Beyer, F., Dickson, H.O., Pienaar, E., Campbell, F., Schlesinger, C., Heather, N., Saunders, J & Burnand B. 2007, Effectiveness of brief alcohol interventions in primary care populations. Cochrane Database of Systematic Reviews, Issue 2.
4. Fleming, M.F. 2003, Brief interventions and the treatment of alcohol use disorders, current evidence. In M. Galanter (ed.) Recent developments in alcoholism. New York: Kluwer Academic.
5. Stead, L.F., Bergson, G. & Lancaster, T. 2008, Physician advice for smoking cessation. Cochrane Database of Systematic Reviews, issue 2, pp.1 – 42.

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