NWT: Alcohol Management

GAIN-SS for Alcohol (Global Appraisal of Individual Needs - Short Screener) 1

1. Ask the patients: In the past 12 months, did you ...

   a. Use alcohol weekly or more often? YES NO
   
   b. Spend a lot of time either getting alcohol, using alcohol, or recovering from the effects of alcohol? YES NO
   
   c. Keep using alcohol even though it was causing social problems, leading to fights, or getting you into trouble with other people? YES NO
   
   d. Did your use of alcohol cause you to give up or reduce your involvement in activities at work, school, home or social events? YES NO
   
   e. Have withdrawal problems from alcohol like shaky hands, throwing up, having trouble sitting still or sleeping, or you use any alcohol or other drugs to stop being sick or avoid withdrawal problems? YES NO

2. Recommended steps in the context of clinical judgment

   2a) If 1 or 2 items of the 5 items are endorsed, treat as moderate risk

   2b) If 3 or more of the 5 items are endorsed, treat as higher risk

3a) Deliver behaviour change techniques, health education and possible medication

3b) Initiate referral to Mental Health and Addictions Counsellor (MHAC)

Risk categories and corresponding primary care clinical responses

<table>
<thead>
<tr>
<th>Risk for substance use harms</th>
<th>High</th>
<th>Referral MHAC</th>
<th>Referral MHAC</th>
<th>Referral MHAC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mod</td>
<td>Counselling Health Education</td>
<td>Counselling Health Education</td>
<td>Referral MHAC</td>
<td></td>
</tr>
<tr>
<td>Low</td>
<td>Reinforcement Health Education</td>
<td>Counselling Health Education</td>
<td>Referral MHAC</td>
<td></td>
</tr>
</tbody>
</table>

**Standard drink size illustration**

* Average calories and alcohol percent/drink

<table>
<thead>
<tr>
<th>WINE</th>
<th>142 ml (5oz.)</th>
<th>100 calories</th>
<th>Alcohol content 12%</th>
</tr>
</thead>
<tbody>
<tr>
<td>BEER, CIDER or COOLER</td>
<td>341 ml (12 oz.)</td>
<td>150 calories</td>
<td>Alcohol content 5%</td>
</tr>
<tr>
<td>DISTILLED ALCOHOL</td>
<td>43 ml (1.5oz)</td>
<td>65 calories</td>
<td>Alcohol content 40%</td>
</tr>
</tbody>
</table>

**Safer drinking tips for patients**

- Set limits for yourself and stick to them
- Drink slowly. Have no more than 2 drinks in any 3 hours
- For every drink of alcohol have one non-alcoholic drink
- Eat before and while you are drinking
- Always consider your age, body weight and health problems that might suggest lower limits
- Plan non-drinking days every week to avoid developing a habit
- While drinking may provide health benefits for certain groups of people, do not start to drink or increase your drinking for health benefits

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**Maximum recommended limits for alcohol consumption**

<table>
<thead>
<tr>
<th>Men</th>
<th>No more than 2 drinks per day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women</td>
<td>No more than 1 drink per day</td>
</tr>
</tbody>
</table>

*NOTE: Standard follows recommendations regarding cancer research from the National Institute on Alcohol and Alcoholism

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The NWT Help Line is a confidential telephone support and referral service for callers who reside in the NWT.

The line is staffed between the hours of 7 pm and 11 pm 365 days a year.

The NWT Help line provides a telephone listening support to all callers.

Regardless of the problem or concern, volunteers are there to provide support, information and, if necessary, referral to a local community or social service agency.

Calls are free, anonymous and confidential; call display is not used and calls are not traced.

Website: http://nwthelpline.ca/
Phone: Call 1-800-661-0844 or in Yellowknife at 920-2121

Website Resources for Healthcare Practitioners

GNWT Department of Health & Social Services Mental Health & Addictions:
http://www.hss.gov.nt.ca
Canadian Centre on Substance Abuse:
www.ccsa.ca
Physician’s Guide to Helping Patients with Alcohol Problems:
http://kobiljak.msu.edu/cai/ost517/physicianguide.html
Centre for Addiction & Mental Health:
www.camh.ca

Website Resources for Patients

Centre for Addiction & Mental Health: www.camh.ca
Health Canada:
www.nationalantidrugstrategy.gc.ca/index.html
Mental Health & Substance use information:
http://heretohelp.bc.ca
Alcohol Anonymous Online:
www.aaonline.net
Understanding the impact of alcohol
www.niaaa.nih.gov

MHAC Referral

• Physician to contact the Community Counselling Program (CCP) to initiate the CCP’s Counselling Referral and Consent Process.
• The Mental Health & Addictions Counsellor may refer patients for residential treatment in southern placements or to counselling within the community.

Website link for CCP phone numbers:
www.hss.gov.nt.ca/social-services/mental-health-and-addictions/what-addictions/other-addictions-resources
**Stages of Behavioural Change: Health Belief Model**

### Stages of Change

**Pre-contemplation**  
Patient has no interest in changing their behaviour in the next 6 months.  
Help patient begin to think about changing their alcohol consumption.

**Contemplation**  
Patient is ambivalent about changing, patient tends to make a change within 6 months.  
Help patient to examine benefits/barriers to change and move towards a decision.

**Preparation**  
Patient is prepared to reduce consumption within 30 days and begins to take steps.  
Help patient get ready to make specific changes and begin to use skills to reduce alcohol consumption.

**Action**  
Patient has changed behaviour for the past 6 months.  
Help patient to reduce alcohol consumption level and to recover from slips and relapse.

**Maintenance**  
Patient has changed behaviour for more than 6 months.  
Continue to support patient in their maintenance.

**Relapse/Recycle**  
Patient may cycle through stages several times before change is established.  
Begin at the stage where the patient is, continuing to support alcohol reduction.

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### Motivational Interviewing: Brief Action Planning

Brief action planning is patient-centered, representing what the patient wants to do, is behaviourally specific, rates patient’s confidence allowing exploration of their ambivalence and encourages patients to express their concerns and individual reasons for change; this is associated with specific follow-up.

**Example:**

Q #1: “Is there anything you would like to do about your alcohol use in the next week or two?”
- Based on patient’s response create SMART goals - specific, measurable, achievable, relevant and time (what, when, how much/long, how often, where)
- Elicit a commitment statement of the behaviour change

Q #2: “How confident on a scale from 0 -10 do you feel about carrying out your plan?”
- Confidence $< 7 = \text{Collaboratively problem solve to make modifications to the action plan to increase the chance of tobacco cessation success}$
- Confidence $\geq 7 = \text{Move to question #3}$

Q #3: “Would you like to set a specific time to check back in with me so we can review how things have been going with your plan?”
- Follow-up that includes a discussion of how the plan went, reassurance and next steps

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