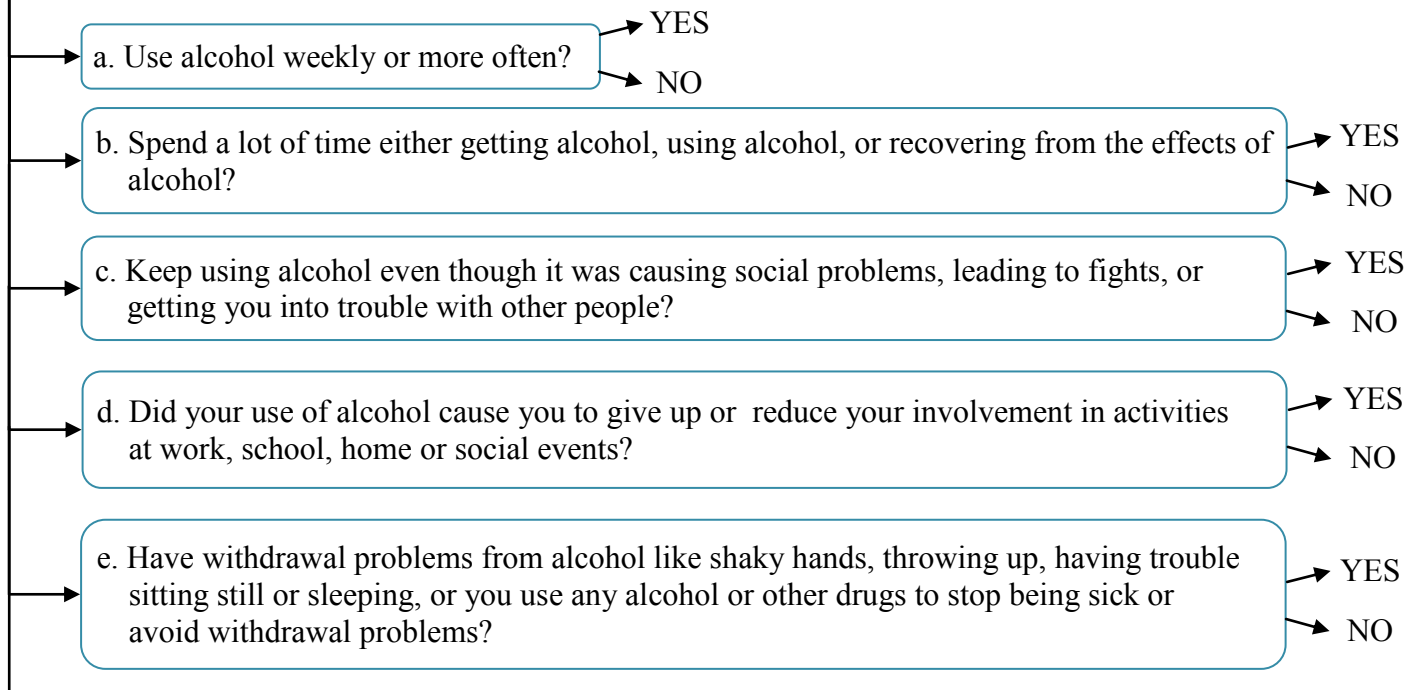




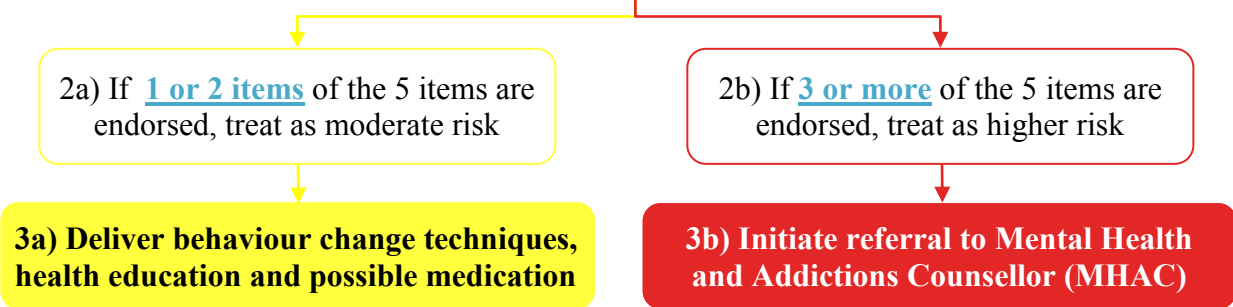
NWT: Alcohol Management

GAIN-SS for Alcohol (Global Appraisal of Individual Needs - Short Screener¹)

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



2. Recommended steps in the context of clinical judgment



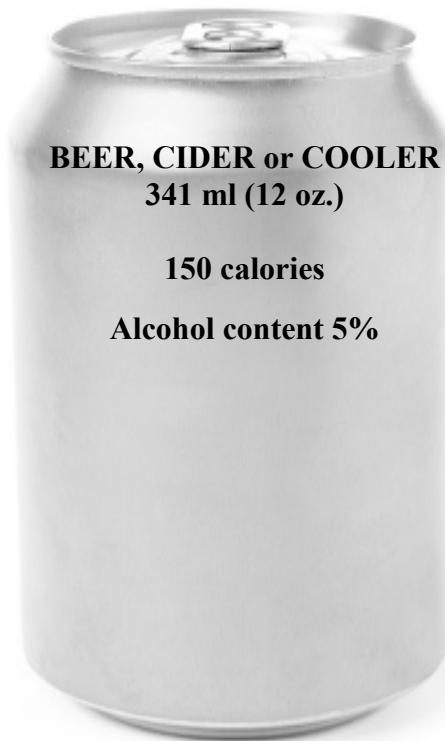
Risk categories and corresponding primary care clinical responses

Risk for substance use harms	High	Referral MHAC	Referral MHAC	Referral MHAC
	Mod	Counselling Health Education	Counselling Health Education	Referral MHAC
	Low	Reinforcement Health Education	Counselling Health Education	Referral MHAC
		Low	Mod	High
		Risk for mental health harms		

¹Chestnut Health Systems & GAIN Coordinating Center (2013). GAIN Short Screener (GAIN-SS) Version [GVER]: GAIN-SS ver. 3.0. Retrieved from: www.gaincc.org/_data/files/Instruments%20and%20Reports?Watermarked%20Instruments?GAINSS_3_0_Watermarked.pdf

Standard drink size illustration^{1*}

* Average calories and alcohol percent/drink



Maximum recommended limits for alcohol consumption^{2*}

Men	No more than 2 drinks per day
Women	No more than 1 drink per day

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

Safer drinking tips for patients¹

- 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

¹Canadian Centre on Substance Abuse (2013). Canada's Low-risk alcohol drinking guidelines. Retrieved from: www.ccsa.ca

²National Institute on Alcohol Abuse and Alcoholism (n.d). Moderate and Binge Drinking. Retrieved from: www.niaaa.nih.gov

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



NWT HELP LINE

- 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

Stages of Behavioural Change: Health Belief Model^{1,2}

Stages of Change	Reduction Goals for Primary Care Providers
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.

Motivational Interviewing: Brief Action Planning³

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 = Collaboratively problem solve to make modifications to the action plan to increase the chance of tobacco cessation success
- Confidence ≥ 7 = 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

¹ Zimmerman GL., et al., (2000). A 'stages of change' approach to helping patients change behavior. *Am Fam Physician*, 1:61(5).

² Prochaska JO & DiClemente CC. (1982). Trans-theoretical therapy: Toward a more integrative model of change. *Psychother Theor Res Pract*, 19(3).

³ Reims, K et al., (2013). Brief Action Planning, A White Paper. *Centre for Comprehensive Motivational Intervention*. Retrieval from: www.centreCMI.ca