

Aurora Healthcare

Dry July : Managing Substance Use

Aim

Dry July is an ideal time to raise awareness around substance use and addiction. This provides General Practitioners (GPs) practical tools to identify, manage, and support patients dealing with substance use disorders. As Dry July encourages individuals to reflect on their relationship with alcohol, GPs play a vital role in guiding patients through early intervention, and long-term recovery especially during this period of heightened awareness and motivation for change.

Learning Objectives

1. Recognise the unique challenges and risks of substance use disorders.
2. Identify and assess patients at risk of substance use disorders and relapse.
3. Implement tailored management strategies for substance use disorders in primary care.
4. Understand when and how to escalate care to specialist services.

Introduction

This Dry July, it is time to raise awareness of substance use disorders. For GPs, it's a timely reminder of the importance of early identification, compassionate care, and ongoing support for patients struggling with addiction.

Alcohol affects individuals and families year-round, and GPs are often the first point of contact for those seeking help. By engaging patients in open conversations, offering practical interventions, and connecting them to appropriate services, GPs can play a crucial role in reducing harm and supporting recovery.

Key Substance Use Disorders

Alcohol Use Disorders

- In 2022–23, alcohol was the most common drug of concern for which people received treatment, accounting for 43% of episodes (AIHW).
- Approximately **31% of Australians aged 14** and over consumed alcohol in ways that increased the risk of alcohol-related disease or injury in 2022–2023 (AIHW).

Dual Diagnosis (Mental Illness + Substance Use Disorder)

Prevalence & Risks

- Co-occurrence of substance use disorders with mental health conditions requiring integrated care.
- About 50% of individuals with mental illness have a co-occurring substance disorder .
- In AOD treatment clients, 50–78% meet criteria for a mental health disorder .
- Dual diagnosis increases relapse risk, poor outcomes, housing instability, and suicide risk



Key Substance Use Disorders



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Key Substance Use Disorders

Illicit Drug Use

Methamphetamine:

- In 2022–23, around 1.5% of Australians aged 14 and over reported past-year use. GPs should be alert to signs of high-intensity use and meth-related mental health presentations, including **psychosis** and **sleep disruption** (AIHW, 2023)

MDMA (Ecstasy):

- Past-year use reported by 3.1% of Australians aged 14+, with use highest among people aged 20–29. Though episodic, MDMA can **mask underlying mood disorders** and lead to delayed presentations in primary care (AIHW, 2023)

Cannabis:

- Most commonly **used illicit drug**, with **11–12% past-year** prevalence in Australians aged 14+. Early onset and sustained use are linked to amotivation, sleep disturbances, and increased risk of psychosis in vulnerable populations (NDSHS, 2022)

Cocaine:

- Use is increasing, now 1 in 24 Australians (4.2%) aged 14+ in 2022–23. Often associated with binge patterns and concurrent alcohol misuse, increasing **overdose and cardiac risk** (AIHW, 2023)

Prescription Drug Misuse

Opioids:

- In 2024, around **12.5 million opioid scripts** were dispensed to 2.9 million people- roughly 46,300 scripts per 100,000 population annually. Prescription rates are higher than benzodiazepines or gabapentinoids, though volume has plateaued over the past seven years.
- Daily, approximately **150 hospitalisations**, **14 ED presentations**, and **3 opioid-related deaths** occur- mostly linked to pharmaceutical opioids

Benzodiazepines:

- In 2023–24, about 4.5 million benzodiazepine scripts were dispensed to 1.4 million individuals (≈16,900 scripts and 5,200 patients per 100,000 people). Long-term use carries dependence and withdrawal risks-**temazepam misuse** elevated in QLD and VIC

Stimulants (e.g., ADHD medications):

- In 2022–23, an estimated 400,000 Australians (2.1% of population) reported past-year **non-medical use** of pharmaceutical stimulants; 5.5% had used them in their lifetime (**~1.2 million people**) .
- Users exhibit 41% high or very high psychological distress, compared to 16% in non-users .

Community Support Programs:

- Promote access to programs such as SMART Recovery Australia and local support groups.

GP Recommendations – Prescription Misuse:

- Review long-term opioid and benzodiazepine scripts routinely.
- Screen for misuse in patients with chronic pain, anxiety, or insomnia.
- Utilise real-time prescription monitoring (e.g. QScript).
- Support gradual tapering and inform on withdrawal risks.

GP Recommendations - Dual Diagnosis:

- Use K10, PHQ-9, GAD-7 to screen substance-using patients for mental illness.
- Use AUDIT-C and DUDIT to assess substance use in mental health presentations.
- Refer patients to integrated care pathways where available.
- Coordinate care with mental health, AOD, and community supports; document risks and relapse triggers.

Medicinal Cannabis Caution:

- Avoid prescribing medicinal cannabis** in patients with **serious mental illness** or substance use history- this cohort exhibits elevated risk of relapse or **psychosis**.



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Assesment and Management

Assessment and Diagnosis

Screening Tools:

- Alcohol Use Disorders Identification Test (AUDIT) for alcohol misuse.
- Drug Use Screening Tool (DAST-10) for illicit and prescription drug use.
- Kessler Psychological Distress Scale (K10) to identify mental health concerns.

Risk Assessment:

- Evaluate for overdose risk, withdrawal symptoms, and self-harm.

History Taking:

- Identify patterns of use, triggers, and psychosocial factors contributing to substance use.

Management Strategies

Brief Interventions:

- Motivational Interviewing: Encourage behaviour change by addressing ambivalence.

Consider Staged Supply of S8 Medications:

- Withdrawal management (e.g., benzodiazepines for alcohol withdrawal).
- Consider opioid substitution therapy for opioid dependence.

Psychosocial Support:

- Referral to counselling services
- Peer support groups (e.g., Alcoholics Anonymous, Narcotics Anonymous).

Relapse Prevention:

- Develop an actionable relapse prevention plan.
- Emphasise maintaining routines and accessing support during the festive season.

Q Script

- Requirement to monitor previous dispensations for each patient.



Referral and Support Tools

Helplines and Online Resources:

- National Alcohol and Other Drug Hotline: 1800 250 015.

Counselling Online:

- <https://www.counsellingonline.org.au/>

Local Specialist Services:

- Referral to addiction medicine specialists.
- Referral to our hospital inpatient or day programs (direct GP-to-hospital referrals accepted).

Community Support Programs:

- Promote access to programs such as SMART Recovery Australia and local support groups.

Practical Tips for GPs

- Open Conversations: Use empathetic and non-judgemental language.
- Monitor High-Risk Patients: Schedule follow-ups in January for vulnerable individuals.
- Empower Patients: Provide educational materials and encourage the use of apps such as **Daybreak** for managing alcohol use.
- Promote Harm Minimisation: Discuss safe substance use practices and highlight emergency contacts.
- Referral: For further support, refer directly to our hospital inpatient or day programs or to an addiction medicine specialists which can be found on our website.



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Escalating Criteria

Criteria for Escalating Treatment

Severe Withdrawal Symptoms

- Patients experiencing severe withdrawal symptoms, such as **seizures**, **delirium tremens** (alcohol withdrawal delirium), or **life-threatening complications**, require immediate hospitalisation.
- Withdrawal management necessitates **medical supervision**, particularly for substances like **alcohol** and **benzodiazepines**, due to the risk of acute complications (RACGP, 2023; Beyond Blue, 2023).

High Risk of Overdose or Suicide

- Individuals at high risk of substance overdose or demonstrating suicidal ideation or behaviour must be escalated to emergency services via 000.

Key Takeaways

- Alcohol and drug dependence is a year-round concern, often unmasked during Dry July conversations.
- **GPs are central** to early detection, harm reduction, and structured withdrawal planning.
- Patients with repeated relapse, unstable withdrawal, or psychosocial risk factors often need a step-up in care.
- Collaborative care, linking primary care with addiction psychiatry, improves outcomes and reduces hospital readmission.
- Aurora Hospitals provide inpatient detox, dual diagnosis management, and post-acute treatment planning.

Co-occurring Mental Health Conditions

- Patients with dual diagnoses, where substance use disorders co-occur with mental health conditions often require specialist input.
- Integrated treatment addressing both conditions is essential to improve outcomes and prevent cyclical relapses (RACGP, 2023; Beyond Blue, 2023).

Repeated Failure of Outpatient Management

- Patients who fail to achieve stability despite comprehensive outpatient interventions, such as counselling or pharmacotherapy should be considered for more intensive care settings, such as **inpatient detoxification** or rehabilitation programs.
- **Persistent relapses** may indicate the need for a inpatient, multidisciplinary approach (RACGP, 2023).

Criteria for Inpatient Withdrawal Referral

Patients with the following **risk factors** are not suitable for ambulatory detox and should be referred for inpatient withdrawal support:

- History of **consuming more than 14 standard drinks in a day**.
- Known **alcohol-related seizure disorder**, prior **delirium tremens**, or **alcohol withdrawal seizures**.
- Existing diagnosis of **Wernicke's encephalopathy**, **Korsakoff's syndrome**, or **acquired brain injury**.
- Concurrent **major mental illness** (e.g. psychosis, bipolar disorder, severe depression).

These presentations may indicate risk of **cognitive complications**, **suicidality**, or **repeated relapse**, and warrant admission to a medically supervised Aurora or alternative inpatient facility.



Aurora Healthcare Dry July : Managing Substance Use Your Local Aurora Health Facilities

Our hospitals

Aurora Health is Australia's largest private health specialty group focused on mental health, rehabilitation, specialty medical and community services.

We offer inpatient and day programs admitted under a Psychogeriatrican, Psychiatrist, or other relevant specialist supported by a multidisciplinary team of specialists and allied health.

Scan for a full list of our hospitals



Cover

As Australia's largest private specialty health group for Mental Health and Rehabilitation, our Hospitals have agreements with all health funds, as well as DVA and ADF, making it a reliable and cost-effective choice for your patient's healthcare needs.

Speak to your local Aurora Hospital regarding WorkCover, NDIS coverage and Self-Funding Options.

Referrals

Referrals can be made to a specialist or directly to an Aurora Health hospital. Our assessments team can support with finding a suitable Specialist for admissions and are a good pathway for early access to a Psychiatrist.

Note:

Content reviewed by Dr Hemant Khanna, Currumbin Clinic. This guide is intended to support GPs in providing practical, effective mental health care for older adults. Always tailor interventions to individual patient needs and consult specialist services when required.

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