

### Overview of the NSW Alcohol Interlock Program

- Alcohol interlock devices are now mandatory for people convicted of high range (blood alcohol concentration of 0.15 or higher), repeat and other serious drink driving offences in NSW.
- An interlock is an electronic breath testing device linked to a vehicle's ignition system. Program participants must provide a breath sample that the interlock analyses for the presence of alcohol. If a positive sample is detected, the vehicle will not start.
- The program puts participants in contact with their GP at up to three different stages of the program to help them with their drinking behaviour:
  1. Before they enter the program
  2. During the program
  3. Towards the end of the program.

This information relates to **Stage 2**. The involvement of GPs is essential to support the rehabilitative opportunities of the program.

For more information on the NSW Mandatory Alcohol Interlock Program, including a Fact Sheet for Medical Practitioners, visit [rms.nsw.gov.au/interlock](https://rms.nsw.gov.au/interlock) or call Service NSW on 13 22 13.

### Why is this patient attending?

This patient is currently on the interlock program and is seeing you because Roads and Maritime Services has recommended that they visit a doctor. This patient's interlock has detected ongoing attempts to drive after drinking alcohol. They are not obliged to attend.

This patient's ongoing attempts to drive after drinking alcohol may indicate ongoing risky behaviour or alcohol dependence. This visit gives the patient another opportunity to get advice about their alcohol consumption.

### What is my role in this consultation?

This consultation is an opportunity for you to:

- Try to engage, motivate and support your patient to rethink their drinking
- Provide any treatment necessary
- Refer them for further assessment and treatment if needed
- Help your patient to separate drinking from driving.

### See over the page for the resources you will need.

This includes using the Drink-less Program resources and the attached Alcohol Dependence Checklist.

### Do I need to send any information to Roads and Maritime about this consultation?

No.

## How do I bill for this consultation?

This consultation can be billed under Medicare because it is therapeutic. Most GPs bill this as a level C consultation (item 36). For some patients, a longer or second consultation may be needed.

### Resources you will need

1. The ***Drink-less Program resources*** (University of Sydney), including a scoring sheet and handycard, have been developed to help doctors detect and treat harmful alcohol use. The key tool is the ten question AUDIT questionnaire (Alcohol Use Disorders Identification Test), which should be completed with the patient.
  - An ***Alcohol Awareness Kit***, originally designed for Aboriginal Australians, includes a more visual form of the Drink-less 'Handycard', which may be useful for patients from a non-English speaking background
2. In addition, the **Alcohol Dependence Checklist** (see next page) has been developed to further help doctors to assess patients on the interlock program.
3. A **letter to the patient** from Roads and Maritime outlining the patient's interlock readings
  - The patient must provide you with this letter.

### For more information on helping a person with their drinking

- See the ***Quick Reference Guide*** to the Treatment of Alcohol Problems (Department of Health – federal)
- For clinical support, health professionals only can access the **NSW Drug and Alcohol Specialist Advisory Service** (DASAS) on (02) 9361 8006 or 1800 023 687
- To find the nearest specialist alcohol and drug service, phone the **Alcohol and Drug Information Service** (ADIS) on 1800 422 599 or (02) 9361 8000
- See the ***standard drink sizes***.

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# Alcohol Dependence Checklist

## Diagnosing alcohol dependence

Check for the presence of three or more of the following criteria in the past 12 months:

Criterion	Sample questions/checks	Tick if criterion present
1. Craving/compulsion	Do you drink because you want to, or because you have to? (If drinks because of compulsion, skip to Q2)  If you don't have alcohol around, do you think about it a lot?	
2. Loss of control	How easy is it to stop once you have had one or two drinks?	
3. Withdrawals	If you stop drinking, do you get the shakes or feel cranky? (If yes, skip to Q4)  What are you like in the morning before your first drink? (If irritable/cranky, criterion is present)	
4. Tolerance	Assess: Is there less impairment than expected for the amount consumed (based on history or observation)?	
5. Alcohol becoming a high priority (neglect of other interests/roles)	What is a typical day like for you? (If time is increasingly spent on alcohol rather than on other interests or responsibilities, check box)	
6. Drinking despite clear harms	Check for continued drinking despite being aware of clear harms experienced because of alcohol (e.g. liver problems; injuries; depressed mood)	
<b>Number of criteria positive:</b>		
<b>Alcohol dependence present?</b> (i.e. three or more criteria positive)		Y / N

### Points to consider:

- Any withdrawal symptoms suggest dependence on alcohol. However, not all drinkers who are dependent experience withdrawals.
- Is end organ damage evident (e.g. impairment of executive function; liver disease)?
- Blood tests (such as liver enzymes and mean corpuscular volume) have limited sensitivity and specificity, but can provide additional information. Any gamma-glutamyl transferase changes over time can help monitor progress.
- The blood alcohol concentration readings from the patient's interlock (see the patient's letter from Roads and Maritime) provide additional clinical information.

Your assessment will help guide management, for example, is management of withdrawal symptoms needed (as outpatient / inpatient)?

**See over page for tips for doctors when managing alcohol dependence →**

## Tips for doctors when managing alcohol dependence

### Having the conversation with your patient

Engaging and supporting the patient is critical. The conversation typically involves:

- 'Feeding back' harms your patient has already experienced (or risks they face)
- Listening to their response
- Provide advice:
  - About the expected benefits of change
  - That abstinence (for one month or permanently) is the best goal if dependence is present because of difficulties controlling drinking
- Help the patient:
  - What goal are they prepared to try to achieve? (abstinence; separating drinking and driving; reducing other risks of drinking)
  - Management strategies
- Develop practical strategies to achieve this goal, such as:
  - Management of withdrawals if required (provide or arrange this)
  - Medicines for relapse prevention e.g. acamprosate or naltrexone
  - Counselling or group approaches e.g. SMART Recovery or AA
  - Thiamine
  - Self help booklet e.g. Drink-less
- Arrange follow-up, and/or refer to a specialist if needed.

(Adapted from Drink-less Handycard, University of Sydney, with permission)