

From: [REDACTED]
To: [Monk, David](#)
Subject: Response to question on notice
Date: Saturday, 17 July 2021 9:35:49 AM

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Dear Dr Monk

I appeared at the hearings for the Drugs of Dependence (Personal Use) Amendment Bill 2021 on Thursday 8th July and took a question on notice to do with short interventions in regard to problematic drug use. I am responding to that question with this email. If you require further information please let me know.

SBIRT “screening, brief intervention and referral to treatment” is well established, can be done in one session, and effectively triages people who need treatment (and those who do not get education/information).

Here is one reference in the academic literature <https://pubmed.ncbi.nlm.nih.gov/18929451/>. I have copied the abstract for this article below.

ALSO there is a lot of Australian material available via the ASSIST portal <https://www.assistportal.com.au/> this includes screening tools, instructional videos and references.

I am certainly not an expert in this area but it would seem to me that if the police pick some one up who they suspect may have problematic drug use it would be helpful if police were able to refer to a quick screening. These can also be done online through eASSIST.

It might be worthwhile speaking to someone who is expert on this Portal. I was a bit disappointed that I could not find anything on the Portal to help parents assist their children but perhaps I did not look deeply enough.

Certainly if people are in trouble with drugs and are picked up by police it would seem much more advantageous to use SBIRT rather than arresting, charging and all the time this entails and the damage that can be done. Please note also the triage method – those who do not need treatment get education/information We should avail every opportunity to help those with problematic drug use and not to further punish them.

Kind regards
Marion McConnell
[REDACTED]

Abstract

Objectives: Alcohol screening and brief interventions in medical settings can significantly reduce alcohol use. Corresponding data for illicit drug use is sparse. A Federally funded screening, brief interventions, referral to treatment (SBIRT) service

program, the largest of its kind to date, was initiated by the Substance Abuse and Mental Health Services Administration (SAMHSA) in a wide variety of medical settings. We compared illicit drug use at intake and 6 months after drug screening and interventions were administered.

Design: SBIRT services were implemented in a range of medical settings across six states. A diverse patient population (Alaska Natives, American Indians, African-Americans, Caucasians, Hispanics), was screened and offered score-based progressive levels of intervention (brief intervention, brief treatment, referral to specialty treatment). In this secondary analysis of the SBIRT service program, drug use data was compared at intake and at a 6-month follow-up, in a sample of a randomly selected population (10%) that screened positive at baseline.

Results: Of 459,599 patients screened, 22.7% screened positive for a spectrum of use (risky/problematic, abuse/addiction). The majority were recommended for a brief intervention (15.9%), with a smaller percentage recommended for brief treatment (3.2%) or referral to specialty treatment (3.7%). Among those reporting baseline illicit drug use, rates of drug use at 6-month follow-up (4 of 6 sites), were 67.7% lower ($p < 0.001$) and heavy alcohol use was 38.6% lower ($p < 0.001$), with comparable findings across sites, gender, race/ethnic, age subgroups. Among persons recommended for brief treatment or referral to specialty treatment, self-reported improvements in general health ($p < 0.001$), mental health ($p < 0.001$), employment ($p < 0.001$), housing status ($p < 0.001$), and criminal behavior ($p < 0.001$) were found.

Conclusions: SBIRT was feasible to implement and the self-reported patient status at 6 months indicated significant improvements over baseline, for illicit drug use and heavy alcohol use, with functional domains improved, across a range of health care settings and a range of patients.