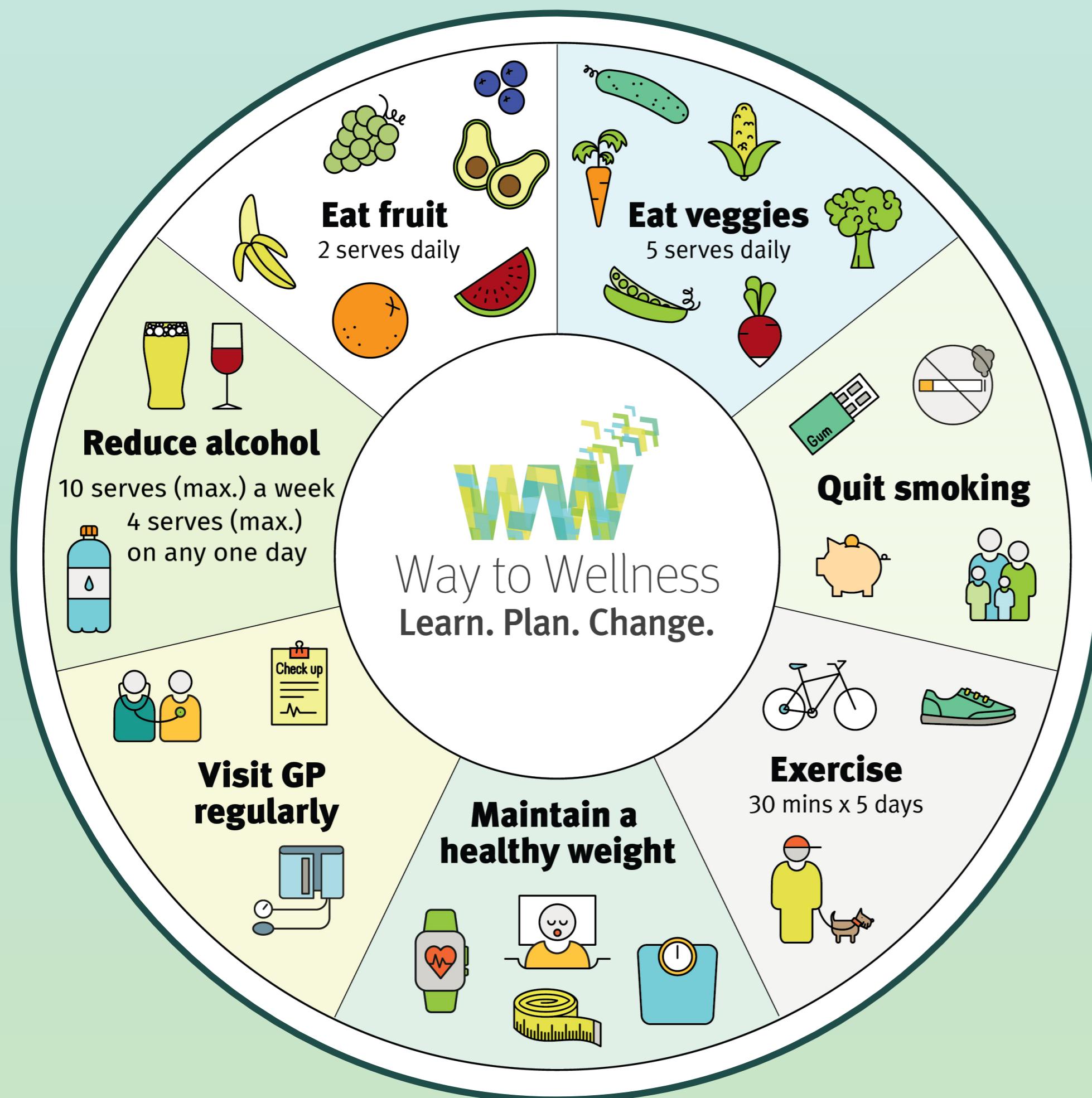


# Way to Wellness

## Learn. Plan. Change.

### Lessons learnt in prioritising alcohol misuse with complex patients

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### Background

Way to Wellness (WTW) is a preventive health service that has been developed through collaboration between the Health Contact Centre and the Prevention Strategy Branch within the Queensland Department of Health. It is a Queensland-wide, telephone-based initiative which supports patients to optimise their health and wellbeing prior to surgery. WTW discusses alcohol use with patients as part of the service's health and wellbeing risk assessment.

### Key discussion points include:

- Energy content (empty kilojoules) and implication of this for those wanting to lose weight and improve nutrition.
- The depressant properties of alcohol and impact on emotional wellbeing.
- Connecting alcohol use to other habits e.g. smoking.

**Single Occasion:** 1 in 4 (25%) people aged 14 and over drank at a risky level on a single occasion at least monthly, a similar proportion to 2016 (26%).

**Lifetime Risk:** The proportion of people aged 14 and older exceeding lifetime risk guidelines declined from 21% in 2001 to 16.8% in 2019. However, there has been little change since 2016 (17.2%).

**31% of WTW patients are not meeting the Australian Alcohol Guidelines**

### Common responses from patients when discussing drinking

- "Drinking is one of the only pleasures I have left in my life."
- "If I stopped drinking, I wouldn't see X person."
- "I am in a lot of pain. Alcohol takes the edge off."
- "I only have one or two glasses of wine each night with dinner."

*"I will stop drinking when they tell me about the date for the surgery"*

*"I don't care about the Australian alcohol guidelines I care about my own alcohol guidelines".*

### Challenges

The following factors contribute to the challenges WTW faces when discussing alcohol use with patients and providing brief advice based on the Australian Alcohol Guidelines.

- Limited knowledge of what constitutes a standard drink and poor understanding of the alcohol guidelines.
- Glass sizes have increased substantially.
- Differing volumes of alcohol in different products and misunderstanding of standard drinks. Often patients equate 1 glass of wine to 1 standard drink.
- Alcohol is not routinely screened as part of someone's health unless significant substance abuse is reported or obvious e.g., we don't standardise the assessment of alcohol and often pick it up when it is too late. This contributes to discussing risk advice with patients challenging.
- Alcohol is intrinsically linked to other behaviours and lifestyles e.g. with dinner, on a weekend, with a cigarette, etc.
- Societal normalisation of alcohol in Australia - At one point in time, smoking was seen as socially acceptable. We are not there yet with alcohol despite its significant impact on morbidity and mortality.

### Lessons Learnt

To adapt and address the above challenges WTW used a variety of strategies, such as:

- The development of additional staff training, workshops, and held discussions in Group Reflection Sessions.
- Linking the discussion back to surgery as there is substantial evidence about alcohol's impact on the immune system and immune response and the importance of abstaining from alcohol leading into surgery (in a safe and supervised manner).
- Staff represent the service and do not represent their own views. Many professionals engage in behaviours personally that should not impact on their ability to deliver evidence-based advice in a professional setting.