S-Check

A new intervention for stimulant use

A/Prof Nadine Ezard, Clinical Director
Brian Francis, Manager Stimulant Treatment Program
Dr Rosanne Arentz, Alcohol and Drug Registrar

Alcohol & Drug Service
St Vincent’s Hospital, Darlinghurst, Sydney
OUTLINE

• Stimulant Treatment Program at St Vincent’s
• Background to S-Check
• What is S-Check
• Brief intervention
• Clinical Practice
• Start-up
S-Check

Comprehensive physical and psychosocial health ‘check-up’ (screen)

People can explore the impact stimulant use has on their health and day to day functioning.
S-Check: Target populations

• LGBTIQ communities
• Professional business sector
• Commercial Transport sector
• Hospitality Industry
S-Check: Presentations

• Irregular use, not sure about treatment options

• **Early** intervention, early stage of “use career”

• Not engaged in AOD treatment

• Request check-up on impact of stimulant use on health and wellbeing
S-Check: Background

- In November 2011, SVH A&DS granted funding from DoHA to develop an early intervention program for stimulant users.

- S-Check is a three year pilot Stimulant Check-up Clinic.

- The clinic provides biopsychosocial assessments, brief intervention, information and referrals for stimulant users.

S-Check: The Project

The aim of the clinic

• Provide a means to reduce the health, social & economic costs of stimulants
• Respond to co-existing disorders
• Bridge the gap between treatment and no treatment
• Provide a means of recognising and identifying transitions in drug use,
• Conduct interventions to reduce the escalation of drug use and reduce harms
S-Check: Clinical Practice (1)

4 x sessions with a Counsellor and a Medical Officer

Session 1 (counsellor)
• Complete a range of psycho-social assessments

Session 2 (doctor)
• Physical health check including sexual and cardiovascular health, BBVs/HIV/STIs
• Referred for further investigations if appropriate (eg x-ray, ECG, sleep studies)
• Discuss harm minimisation strategies / impact of use / physical concerns.

Session 3 (doctor)
• blood/ test results given and explained
• Treatment given if appropriate (eg stat does of azithromycin)
• Referral to appropriate services as required (eg IBAC, specialists)

Session 4 (counsellor)
• Strengths based goal setting
• Health and Wellbeing Reports – given and discussed
• Package of Care given
S-Check: Clinical Practice (2)

Strengths Based
Brief Intervention
Promotes individuals’ own understanding of stimulant use impacts on health/wellbeing
Harm minimisation focus
Evidence based practice
S-Check: Brief Intervention

- Time limited
- Psycho-educational, providing information
- Respond to the presenting dilemma (may or may not be a crisis)
- More specific, less holistic
- Structured, less organic than counselling
- Can be significantly powerful in facilitating change, not always just asking a list of questions
- Contained, enough to handle in one session
- Counsellor more verbally active
- As not seeing long term, look for options for referral
- Recognise and identify transitions in drug use, including transitions to injecting
S-Check: Package of Care

- Information package to suit the individual
- General information on substances the client uses, modes of use, any health (psychological or physical) concerns
- Referral options and community based support (CMA, NA, Smart, ADIS, STP)
S-Check: Social Media Marketing Campaign

Aims:
To create a brand for S-Check that resonates with the target audiences with development of a logo, brand and advertising campaign using both online and traditional media

To use social media to introduce the term “Stimulant Check-up” into the everyday language of the population, especially those that use stimulants and their friends, partners, families and colleagues
S-Check: Community Development

The success of the project requires working collaboratively with government authorities, business enterprises and community based organisations and services such as Transport Workers Union, health professionals, General Practitioners and Medicare Locals.

Presence at events which stimulant users may go to, e.g. Mardi Gras Fair Day, etc.
S-Check: Sector Development

Provide leadership in health care delivery in relation to clinical practice, models of care, new technologies, research and management systems for early intervention of stimulant users and those with co-existing disorders.

Facilitate training for generalist drug and alcohol services, and interested clinicians and practitioners in early intervention, assessment and treatment for stimulant users.

Upon completion and publication of the evaluation, the Clinical Model will be available for distribution to hospitals and community organisations and services nationwide to be replicated and/or adapted according to local need and resources.
Evaluation

In progress. Preliminary phase (as of June 2014):

• 86 new clients
• Retention
  • 93% medical assessment
  • 88% psychosocial feedback session
  • 51% participated in the medical feedback session
• Social media
  • 1700 Facebook® fans
  • mostly in the 18–25-year-old age group
CASE STUDY
Case 1  MR GK

• Presents to S-check for check up of cocaine use
• Uses regularly (snorts) – has “benders” at least once a week, for the last 3-4 years sometimes 2-3 times a week
• Usual amount is 6 bags (6 grams)- $1800
• Structured questioning: reports when on “benders” has sex with sex workers (usually 5 at a time) reports sex with at least 100 people in the last couple of months
• First disclosure of sexual behaviour
• Had not told wife or professional, too ashamed /afraid/not in a environment where he felt safe/non-judged
• Describes relief at being offered full STI screen at Scheck
Case study 2
Mr AF

• 37 male presents to S-check for ice check
• Reports using at least 10 points per week.
• For 4 years, but daily for 4 months
• Routine screening questions identified sexual behaviour when intoxicated that he “can’t really remember”, “does thing he wouldn’t normally do” – such as have sex with men
• Thinks he has had multiply unprotected sex with people he knows through friends
• Many years since last STI check
  – Too ashamed to get tested
• Tested positive to gonorrhoea and treated
  – Grateful didn’t have to attend - “one of those clinics”
Acknowledgements

Commonwealth of Australia – project funding
S-check team
Comments/Questions?

Dogged by issues around stimulant use?

Get an S-Check!