

## Clinician's Corner

### [The Drug and Alcohol Clinical Advisory Service: A model of telephone-delivered addiction specialist support](#)

Studies have shown that alcohol and other drug (AOD) consumption is a leading preventable cause of injury, chronic disease and mortality, and a major contributor to the global burden of disease. While only a minority of people with substance use problems access AOD treatment, they do frequently use primary care and other mainstream health services, so it is important that mainstream services have the capacity to help people with AOD problems.

However, mainstream health practitioners may have limited experience, skill or confidence in treating AOD use, leaving a gap in treatment services. A recent paper by [Grigg \*et al\*](#) describes the Drug and Alcohol Clinical Advisory Service (DACAS), an established 24/7 telephone-delivered model of addiction specialist consultation for health practitioners designed to address this gap.

DACAS was established by Turning Point and it covers Victoria, Tasmania and the Northern Territory. It is currently staffed by 14 addiction medicine specialists and addiction psychiatrists on a rotating roster, accepting referrals 24 hours per day, 7 days per week. Calls are answered by an AOD counsellor who provides immediate assistance, including psychosocial management, referral and information if the issue does not require medical specialist support. If medical advice is required, the call is triaged to a DACAS consultant who will respond to the call within an hour. The service provides medical and prescribing advice and support in relation to AOD presentations but cannot offer clinical oversight of patient care.

The study examined five years of call data. Between July 2013 and June 2018, DACAS responded to 6565 calls, with over 1200 calls being received per year. The majority of callers were general practitioners (44.5%), and also included medical practitioners (23.1%) and allied health professionals (non-pharmacists, 17.3% and pharmacists, 10.7%). The rate of calls, per 100,000 population, were higher for outer regional, inner regional, remote and very remote areas than major cities. The majority of calls were triaged for a consultant call back (83.3%) and 16.7% of calls were provided with advice/referral information from AOD counsellors. Calls showed that the primary substances of concern were opioid agonist treatment (39.5%), other opioids (19.4%) and alcohol (17.6%).

One of the important findings from this study was the higher rates of service use in regional and remote areas, particularly by practitioners more likely to have previously used the service. Studies have shown that Australians in regional and remote areas are disproportionately affected by AOD use and harms and that they also receive less treatment.

The study also showed that while opioid agonist treatment was the most common drug class asked about, general practitioners (the most frequent users of DACAS) were less likely to seek consultation on this than pharmacists and other prescribers. In Australia, relatively few general practitioners prescribe opioid agonist treatment and having access to professional support could help to improve this and increase treatment for opioid use disorder.

Grigg *et al* suggest that the DACAS model could be used to expand access to treatment for opioid use disorder and other substance use problems, offering critical addiction specialist support, especially in regional and remote areas that have less access to AOD care. DACAS can also be used to help monitor the impact of new policies and current trends in the health

workforce. It is important to raise awareness of DACAS to increase access to AOD experts and reduce the burden of AOD problems and associated costs.

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A complimentary PDF of the article is available to APSAD members by emailing [dar@apsad.org.au](mailto:dar@apsad.org.au).

Grigg J, Arunogiri S, Manning V, Phan V, Campbell S, Frei M, Lubman, DI. The Drug and Alcohol Clinical Advisory Service: A model of telephone-delivered addiction specialist support. Drug Alcohol Rev 2020 [Epub ahead of print] doi:[10.1111/dar.13035](https://doi.org/10.1111/dar.13035)