Australian Government

Department of Health and Ageing

"No One Size Fits All"

Alcohol Treatment Guidelines for Indigenous Australians
Facilitator's Guide

Painting courtesy of Shane Pilot

Alcohol Treatment Guidelines for Indigenous Australians

Alcohol has many roles in Australian society: it is often part of our social activities with friends, family and colleagues. It has a role in some religious ceremonies and can be used for relaxation and celebration.

There are significant numbers of people who drink at high levels who are at serious risk of short and long term health problems and /or premature death (Chikrizhs *et al* 2003; Heale *et al*, 2000).

The types of alcohol related health conditions caused by risky and high drinking includes injuries, overdose, drowning, and serious conditions including cirrhosis of the liver, pancreatitis, heart disease, kidney disease, blood disorders, brain damage and various cancers (AIHW, 2004). A significant number of drinkers are also temporarily or permanently disabled from alcohol-related illnesses, injury or attempted suicide (Chikrizhs *et al* 2003; ABS, 2006; AIHW, 2004).

The burden of alcohol related harm therefore impacts greatly on the financial, social, intellectual, cultural and spiritual wellbeing of individuals, families and communities (Phillips, 2003).

Alcohol Treatment Guidelines for Indigenous Australians

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Part 1

Introduction - How to use this learning guide

The **Facilitator's Learning Guide** has been designed with a number of activities that can be used to facilitate group discussion and engage with the material covered in the DVD.

The **Facilitator's Learning Guide** has been designed to provide a framework for facilitating discussion of the key issues raised in the program.

A Guide to Facilitating Adult Learning is a booklet developed by the Rural Health Education Foundation (the Foundation) to support the facilitation of discussion with small groups. It covers the basic aspects of how people think and learn, running groups and facilitating learning in face-to-face settings. It is designed to provide some basic instructional information to assist people facilitating face to face learning. We encourage you to read this booklet before you work with groups as a guide to facilitate the learning guide discussion.

Session Planning

The following table overviews the activities within this learning guide. Activity time is based on numbers of 5-6 per group. Larger groups will take up to twice as long.

Activity Time	Activity	Page
20 minutes	**1.** Video Role Play Client / Counsellor Consultation – Highlighting principles of the Guidelines and communication	9
10 minutes	**2.** Case Study Dr Vlad Matic, GP Walgett NSW Engagement: Alcohol Treatment Guidelines, Communities and Health Practitioners	10
20 minutes	**3.** AUDIT Role Play	11
5 minutes	**4.** T-ACE and TWEAK Screening Tools	13
20 minutes	**5.** Davey's Story Coordinating care - safe passage of care	18
20 minutes	**6.** Rose Colless Haven What's good, what's working in alcohol treatment and management	19
15 minutes	**7.** Discussion Scenarios	20

The table gives approximate timings for the activities included in this guide. Session planning should include time for viewing the particular DVD chapter as the prompt to the activity and delivering the background material provided in each section. As a guide each session could be delivered in a 2 – 4 hr workshop.

The activities contained within the facilitator Guide are short and not designed to tell a full story. Rather they provide a stimulus for participants to think about the information and the issues arising from it. The case studies and activities provide the opportunity to relate information to real life situations and to use the content to build skills in reflective practice.

Part 2

Alcohol Treatment Guidelines for Indigenous Australians

Aboriginal and Torres Straight Islander peoples are likely to consume alcohol less than other Australian populations. However, when they do drink the risk is higher and there are more serious problems associated with the consumption. There are hundred's of preventable deaths each year from alcohol related conditions.

The Alcohol Treatment Guidelines for Indigenous Australians is an evidence based, accessible and user friendly resource for assisting Indigenous Australians with alcohol problems. There is evidence also that health care professionals play a critical role in assisting people in reducing their alcohol intake or giving it up altogether.

The purpose of these Guidelines is to assist people providing services to Indigenous clients adversely affected by alcohol consumption. The Guidelines are not intended to provide a precise "recipe-book", or "one size fit all" approach to alcohol misuse. The Guidelines are intended to provide a reliable source of information and direction to ensure a flexible, holistic approach to managing alcohol misuse for health care providers.

Principles upon which the Alcohol Treatment Guidelines for Indigenous Australians is based:

- Indigenous Australians are diverse in their cultures, histories and life experiences. There is no "one-size fits all" remedy for alcohol-related problems experienced by individuals or whole communities and no single approach is necessarily appropriate or suggested

- Any therapeutic or community-based responses should be conducted in the context of each client's individual needs within their family and community environment. Responses to alcohol-related problems needs to incorporate partnerships across all service types and strong links need to be forged with Indigenous services, local Elders and the community.

- Early intervention, treatment, health management and prevention approaches need to recognise risky and high-risk alcohol use can be a way of coping for many people and should avoid blaming and shaming.

The panel

Dr Norman Swan (chair)
Presenter of the *Health Report* on ABC Radio National

Professor Charlotte de Crespigny
Project Director, Guideline Development, Professor of Nursing (Alcohol and Other Drugs) Drug and Alcohol Services SA and Flinders Consulting, Flinders University

Mr Leon James
Executive Manager FORWAARD, Darwin NT

Ms Bev Hansel
Aboriginal Woman and Supervisory Manager, Local Substance Use Service, South Coast Medical Service Aboriginal Corporation, NSW

Dr Anthony Shakeshaft
NHMRC Fellow, National Drug and Alcohol Research Centre (NDARC) University of NSW

Dr Lara Wieland
General Practitioner, Mareeba AMS QLD.

Section 1
View DVD
Chapter 1

Section 1 Setting the Scene

This session will discuss:

- the scope of alcohol problems in Indigenous Australians
- the impact of alcohol in communities
- impact of co-morbidities and substance abuse
- differences between alcohol use in Indigenous and non-Indigenous communities

We need to understand the scope of the problem

- Aboriginal and Torres Straight Islander peoples are drinking in the context of general poor health, both physical and mental
- There are less numbers of Aboriginal and Torres Straight Islander people who drink, but when they do there are more serious problems
- 23 and 24 year old Indigenous people are dying from cirrhosis of the liver
- People with depression are self medicating with alcohol
- More Aboriginal and Torres Straight Islander peoples give up alcohol than non-Indigenous people.

Many illnesses are preventable and therefore early intervention provides good outcomes. Working slowly with the client, working out their drinking pattern and if there are problems and then provide appropriate treatment. Treatment is evidence based and the same as for non-Indigenous people.

Section 2
View DVD
Chapter 2

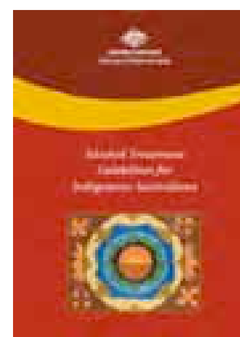
Section 2 Introduction to the Guidelines

This session will discuss:

- what the Guidelines and toolkit are
- why we need Indigenous specific Guidelines
- how are they different
- the purpose and genesis of the Guidelines
- How the Guidelines fit with other resources such as CARPA Manual
- the benefits of the Guidelines
- potential users of the Guidelines
- when to use the Guidelines

View PP 1

Alcohol Treatment Guidelines for Indigenous Australians **PP 1**



The Guidelines have been developed for health professional and people working with Indigenous people. They are designed to provide health care workers with consistent information to enable the best outcomes for clients – so that we all have the one direction now. The CARPA Manual for remote area nurses and the Guidelines go together to provide an accessible and useable toolkit – in particular the emergency section supports the CARPA Manual well.

The Guidelines are Indigenous specific because it opens the door for better services. Often Indigenous clients are locked out of the system because of lack of information, resources or they don't know where to go. Also, Indigenous clients don't present with just one illness. They present with a range of problems including grief and loss, dependencies etc for which we do an Indigenous Adult Health Check. These Guidelines provide the tools to deal with alcohol related issues with cultural respect and sensitivity.

Activity 1
Watch Case Study 1on the DVD

Activity 1: Role Play
Client / Counsellor Consultation – Highlighting principles of the Guidelines and communication

(Note that this case study examines principles only – communication styles will differ from area to area and within each community)

After watching the role play on the DVD, have each person write down on a piece of paper the key issues raised in the role play. Then have the group share their thoughts as you facilitate a discussion and identify how they can take the key issues and use them in their work.

Key issues to discuss include:
- building trust / rapport
- confidentiality
- building space
- gender issues
- clients will seriously consider your questions
- moments of silence - use of the pause
- questioning – direct questions are often not used to seek important information. Indirect questioning using triggers or hints to infer and seek information eg “Not feeling good, eh?”, “Pain in stomach, inner?”, Expecting baby, unnya?
- exchange of information
- listening and checking for understanding – ie “drinking a lot”
- respect
- some topics cause anxiety - understanding
- be aware of the importance of family networks and kinship
- feedback – tell the truth such as blackouts can be an early sign of alcoholism
- use familiar language – no jargon
- providing appropriate treatment
- cross service links – eg Alcoholics Anonymous
- different Indigenous communities have different ways – need for mindfulness
- building positive engagement
- taking a laid back conversational approach verses being too informal

Section 3
View DVD
Chapter 3

Section 3 Engagement and Cultural Safety

This session will discuss:

- engagement
- cultural safety
- working with Indigenous communities and persons

Activity 2
Watch Case
Study 2 on
the DVD

Activity 2: Engagement: Alcohol Treatment Guidelines, Communities and Health Practitioners - Dr Vlad Matic, GP Walgett NSW

After viewing the case study presented on the DVD, form into groups and discuss the key issues raised.

Key considerations:

- plan management approach
- how many drinks do you drink?
- re-look at how you are asking questions
- long slow process
- reduced access to services
- don't trust self
- no one recipe
- needs a team based approach to primary health care
- in Walgett – early close pubs and banning take away bottle shops to reduce access to alcohol
- culturally appropriate approaches verses cultural awareness
- cultural safety – being aware of ones own culture and any biases etc
- individual issues require individual treatment

Section 4
View DVD
Chapter 4

Section 4 Approaches to Alcohol Treatment

This section will discuss:

- the need for health professional to be engaged for the whole journey including
  - brief interventions
  - short term goals
  - long term gaols
  - support
  - counselling
  - treatment regimes
  - best practice

The Guidelines provide an introduction and then a "toolkit" section for clinical practice which describes screening and treatment options

Identifying and supporting clients to minimise alcohol related problems: Useful 'tools'

AUDIT – an easy and reliable screening tool

The Alcohol Use Disorders Identification Test" (AUDIT) is the best practice tool currently recommended for alcohol screening in the general population (Babor, et al, 2001). AUDIT is a reliable, brief screening tool that gathers information about a person's pattern of alcohol consumption and likely level of health risk. The AUDIT may need to be slightly modified to use with Indigenous clients in their local context.

Activity 3
Refer to
Guidelines

Activity 3 – AUDIT Role Play

Using the AUDIT Interview version contained on page II.63 of the Guidelines, work in groups of two, taking it in turns to be:
a) the health practitioner interviewing a client who comes to see you
b) the client with a presenting problem such as a stomach pain or wound, and alcohol use (the client can decide on the level of alcohol use)

- When asking about alcohol consumption, if your client cannot describe or give exact amounts of the alcohol they drink, in terms of standard drinks, you could ask questions such as:
- What would you usually drink, for example, wine, port, beer (BB) other?
- How much would you usually have when you drink?
- Could you tell me what you drink from – a cup, glass, cask, stubby, bottle or beer can?
- Could you tell me or show me the size of the bottle?
- How often would you have that amount?
- Would you drink like this every day? or most days?

- How long have you been drinking like this?
- When do you not drink? and for how long would this be for: weeks, days, months?

Score the AUDIT using the score information on page II .65 of the Guidelines and debrief the client based on the score achieved using Table 6 on page II.66 of the Guidelines

Once groups have completed that AUDIT, facilitate a general discussion of the AUDIT tool and its usefulness to identifying levels of use and risk

PP 2

Flowchart

PP 3

Identifying and supporting clients to minimise alcohol related problems

- AUDIT score 0 -7
  - Abstainer or drinking at low risk levels
- Respond
  - Abstainer – no further action
  - Low risk drinking – offer information to maintain low risk drinking

PP 4

Identifying and supporting clients to minimise alcohol related problems

- AUDIT score 8 -12
  - Drinking at risk of short or long term harm to health
- Assess
  - Taking a drinking history

PP 5

Identifying and supporting clients to minimise alcohol related problems

- Respond
  - Offer early and brief intervention – advise low risk drinking and strategies to reduce accidental harm
  - Advise daily thiamine and good nutrition
  - Manage any coexisting heath problems
  - Offer referrals to other support services and peer groups
  - Arrange follow up appointment
  - Continue to monitor

PP 6

Identifying and supporting clients to minimise alcohol related problems

- AUDIT score 13+
  - Drinking at risk of short and long term harm to health
  - Likely alcohol dependence
- Assess
  - Taking a drinking history

PP 7

Identifying and supporting clients to minimise alcohol related problems

- Respond
  - Offer brief intervention – advise abstinence or at least low risk drinking and strategies to reduce accidental harm
  - Advise daily thiamine and good nutrition
  - Consider planned detoxification, anticraving medications and supportive psychological based therapies
  - Manage any coexisting heath problems
  - Offer referrals to specialist AOD, other support services and peer groups
  - Arrange follow up appointment

The AUDIT tool has generally been recommended for screening pregnant women and girls. However, because of concerns that standard screening instruments may be less sensitive with women or when used in prenatal clinics, the T-ACE and TWEAK Screening tools have been developed and are recommended for screening pregnant women and girls

Activity 4
Refer to Guidelines

Activity 4 – T-ACE and TWEAK Screening Tools

Review and discuss the T-ACE and TWEAK Screening tools on pages II .68 and II.69 respectively in the Guidelines

Taking a drinking history

A drinking history is useful to identify the nature and seriousness of the client's alcohol issues in more depth. An AUDIT score of 8 or more in combination with the client's medical and mental history may warrant further details of their drinking history.

When taking a drinking history it is important to clarify statements made by the client such as "I am only a social drinker", or "I only drink a bit sometimes" to determine the amount and frequency of your client's alcohol intake in standard drinks per day (each 24 hours).

Questions that should be asked include:

- the age they first started drinking
- usual alcohol beverage consumed, for example beer or wine
- frequency of drinking – average daily intake measured in standard drinks per day
- duration of drinking periods, for example, 3 hours everyday between 4pm - 7pm; binging over several hours once or twice a month
- usual style of drinking, for example, sculling, sipping, drinking to acute intoxication
- what container they drink from – the type and size of the container

Liver Pictures

The following liver pictures can be used to visually explain the effects of alcohol on the liver:

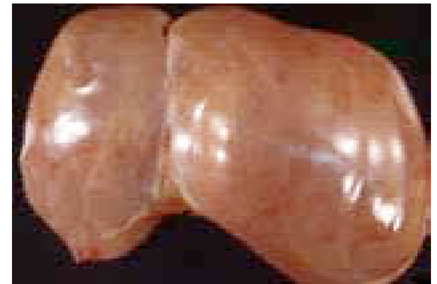
- a well liver
- a liver getting sick
- a very sick liver

View pp 8 - 10

PP 8

A well liver

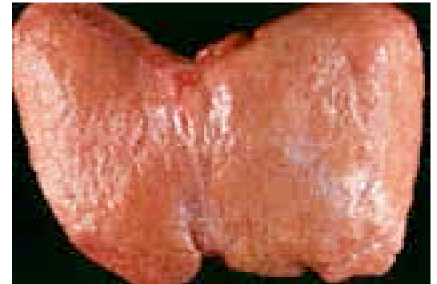
Healthy liver



PP 9

A liver getting sick

Early cirrhosis



PP 10

A very sick liver

End stage cirrhosis

Emergency Section of Guidelines

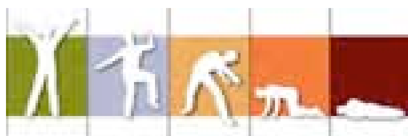
Dealing with emergencies and intoxication

- observe
- accurate BACR (Blood Alcohol Concentration Reading)
- diagnosis
- treatment – first aid / critical situations

View pp 11-16

PP 11

Likely effects of increasing Blood Alcohol Concentration in a non-dependent drinker



PP 12

Likely effects of increasing Blood Alcohol Concentration in a non-dependent drinker

Stage Feeling of Wellbeing

Likely Effects Talkative
Relaxed
More confident

Blood Alcohol Up to 0.05 %

PP 13

Likely effects of increasing Blood Alcohol Concentration in a non-dependent drinker

Stage Risky State

Likely Effects Attention impaired
Judgement and movement impaired
Inhibitions reduced

Blood Alcohol 0.05 – 0.08 %

PP 14

Likely effects of increasing Blood Alcohol Concentration in a non-dependent drinker

Stage Dangerous State

Likely Effects Speech slurred
Balance and coordination impaired
Reflexes slowed
Visual attention impaired
Unstable emotions
Nausea, vomiting

Blood Alcohol 0.08 – 0.15 %

PP 15

Likely effects of increasing Blood Alcohol Concentration in a non-dependent drinker

Stage Stupor

Likely Effects Unable to walk without help
Apathetic, sleepy
Laboured breathing
Loss of bladder control
Possible loss of consciousness

Blood Alcohol 0.15 – 0.30 %

PP 16

Likely effects of increasing Blood Alcohol Concentration in a non-dependent drinker

Stage Death

Likely Effects Coma
Shock
Death

Blood Alcohol Over 0.30 %

Minimise harm

- engage person
- determine needs
- follow through
- abstinence for highly dependent people as they will have a better prognosis
- if they are not at high dependence then a period of abstinence then controlled drinking

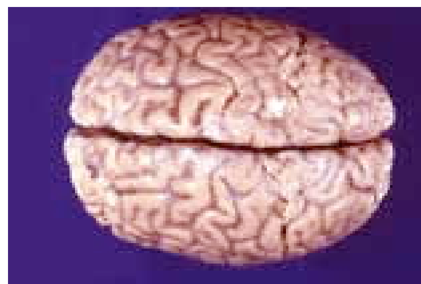
Thiamine – vitamin B1 deficiency

- Occurs in conjunction with nutritional deficiencies – they don't absorb nutrients properly and can end up with Wernickes Encephalopathy
- If drinking 5-6 standard drinks / day then need 100mg Thiamine / day to prevent brain damage

View pp 17-18

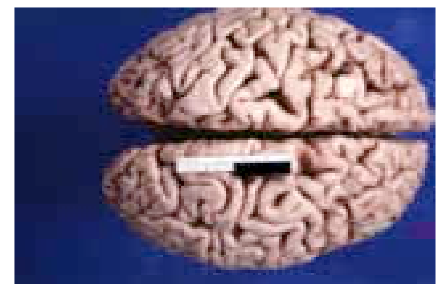
PP 17

Healthy brain



PP 18

Cortical atrophy



Achieving abstinence

- detox for 5 days to 2 weeks to remove alcohol from system. This can be home based, out patient or in patient treatment
- need thorough medical assessment prior to detox as alcohol withdrawal is one withdrawal that can have fatal results
- given indigenous people generally have poor health - a medical assessment and supervised detox by a GP, RN or medically trained Aboriginal Health worker is necessary so that the client stays safe.
- home withdrawal is OK if the client is low risk and safe
- often clients then go home to their family who can't provide the support required - therefore it is vital to monitor progress

Strategies after detox

After detox the client needs support to prevent a relapse. This can include:

- a 12 step program
- pharmacotherapies such as Naltrexone
- Cognitive Behaviour Therapy (CBT)
- social support

The 12 Step Program

The 12 Step Program is run by Alcoholics Anonymous. Most Aboriginal people are resistant to the 12 step program. For some people it works well, particularly if they have a spiritual awakening in AA, which is an important part of Aboriginal culture.

Aboriginal women need to model one of their own and develop the support that is required.

The GP and counsellor can work together to provide care, emphasising continuity of care. Treatment and support needs to be holistic and individual and focused on minimising harm.

Pharmacotherapies

Pharmacotherapies, such as Naltrexone, can be very effective to stop alcohol cravings and to reinforce their ability to remain abstinent. Clients trying to remain sober and abstinent have benefited more from a combination of medication and psychological therapy than from medications alone. Barriers to pharmacotherapies are lack of knowledge. These clients will need regular monitoring to ensure they are taking their medication as directed.

Counselling

Counselling makes a difference and does work. There are many different types of counselling and skills training available to help clients reduce or stop drinking. Experienced psychologists, psychiatrists or specialist nurse practitioners can facilitate very good outcomes for clients. People highly dependent on alcohol do better on CBT.

The vast majority of clients are not particularly alcohol dependent and therefore the GP can work with the client and provide some brief advice and tips on how to cut down intake – this will lead to a 25 – 30% reduction in drinking.

For those clients who are more dependent, they need referral to specialised services and resources. This would also entail determining the underlying factors influencing their drinking. Depending on the client's individual circumstances they may be referred on to narrative therapy, or grief, social or emotional wellbeing counselling.

Activity 5
Refer to Guidelines

Activity 5 – Davey's Story – coordinating care - safe passage of care

Read Davey's story on page II.129 of the Guidelines

In small groups discuss the key points from the case study. Refer to Figure 14, Davey's Model on page II.133 of Guidelines.

Develop and review your existing safe passage of care plan based on:

- effective needs assessment
- effective cross-cultural communication with the client, their family and Indigenous and non-Indigenous health care providers
- a planned approach
- effective two-way consultation and coordination
- knowing the community

The Local Referral Pathways template in Part IV Resources and Contacts on page IV .1 of the Guidelines can help identify and document safe passages of care for your clients.

Key issues:

- know your client
- know you community
- work with the client and their family
- one size doesn't fit all
- need a holistic approach to minimize harm
- continuity of care

Section 5
View DVD Chapter 5

Section 5 Approaches to Alcohol Management

Activity 6
Watch Case study 3 on DVD

Activity 6 - Case Study 3

What's good, what's working in alcohol treatment and management?

Rose Colless Haven Far North Queensland

After viewing the case study on Rose Colless Haven, identify and discuss the major points arising in the provision of this model of care. What are the strengths and what are the challenges faced be residents of Rose Colless Haven?

Key issues

- Indigenous unit in Far North Qld
- 4 Indigenous health workers
- Clinical assessment and referral - mental health services
- Detoxification prior to admission to Rose Colless Haven
- 13 week residential program
- Counseling, doctor and nurse available
- Cultural variety
- House rules
- Chores of basic living
- Challenges – transition to old environment
- Need support mechanisms
- Need strategies – things to do that will assist in transition
- Regular health checks
- Often cycle through more than once- needs to be framed as positive experience
- Communication between services vital

Section 6
View DVD Chapter 6

Activity 7
Review Chapter 6 on DVD

Section 6 Discussion Scenarios and Key Messages

Activity 7 – Discussion Scenarios

View the stories on the DVD video and form into pairs to discuss the stories and their key messages

Scenario – Jimmy

Jimmy is an older man presenting for an Adult Health Check. On examination he has:

- increased blood pressure
- swollen belly
- wasted muscles in his legs and arms
- he says he falls and has infections lately
- he only drinks VB
- he is not sure how much or how often

Scenario – Sarah

Sarah presents for a well women's check. When asked if she drinks alcohol she says "yes, occasionally". She is worried about what it does to her body, and wants to know how it affects her body.

Key issues

- older groups are more concerned about health status
- there is concern for alcohol use, even at low levels
- concern for young people – they are the gatekeepers

Scenario – Trent

Trent is a 23 year old male. A friend has brought him in and he seems to be drunk and poorly fed. His friend is worried about him as he seemed different today.

Key issues:

- immediately go to emergency section of Guidelines as something is happening – he is young and acting differently.
- immediately consider
  - poisoning (drinking and drugs)
  - head / chest injury
- don't go any further until you are satisfied they are safe

Scenario – Jack

Jack is 49 years old. He started drinking as a teenager, stopped for 2-3 weeks then started again. He felt he failed. Triggers are footy season and participating in men's business.

Other key issues from scenarios:

- Need to build trust
- Why they are drinking
- Need to determine drivers for drinking
- Need to find out drivers for giving up
- What is the setting?
- What are the drivers for relapsing?
- Males don't often come to health providers – determine why they came / concerns
- Reframe all attempts to success – there must be some perceived value
- There are still prejudices out there – must be inclusive and holistic and non-judgmental in approach
- Hospitals can be viewed as a place where people die – not a place to get well – need to break down barriers

Key messages from DVD

- Tailor Guidelines to each particular service and the roles within the health service
- Look at Guidelines in totality and pick out the most relevant parts to get started
- Learn Guidelines to work to achieve the most positive outcomes for your client
- Challenge behaviours – we need to go back to client needs – it must be client driven
- Guideline look at all issues to minimize risks and consequences
- Put aside assumptions and stereotypes and offer hope to clients
- Be there with them on the journey – there are good success rates
- Know your community and know you patient
- Workshops to support the implementation of the Guidelines can be found at www.alcohol.gov.au

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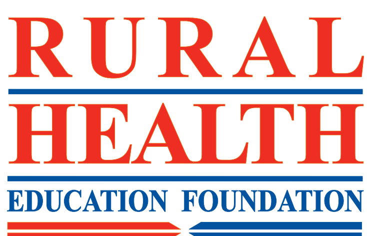

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