Talking about alcohol
with Aboriginal and Torres Strait Islander patients

A brief intervention tool for health professionals
Introductory information for the health professional

WHAT IS A BRIEF INTERVENTION?

Brief intervention describes a range of strategies including screening, brief advice, referral, brief motivational interviewing and counselling. An intervention can be delivered in primary health care settings to individuals who are already experiencing health or social problems from their drinking but who do not present primarily with an alcohol problem. This flipchart resource has been designed for GPs, nurses, and other health workers, either Indigenous or non-Indigenous, to help you to intervene with Indigenous clients. It is a guide to doing a brief intervention with someone who is having problems with alcohol. The flipchart has prompts for you on one side, illustrations for the client on the other. Stand it on your desk and go through it with your client, but read this information first.

There is now good research evidence from randomised controlled trials that a brief intervention by a health professional can help to motivate individuals to change their drinking behaviour, either by cutting down on intake, or cutting it out altogether. Aboriginal and Torres Strait Islander peoples are no exception. Qualitative research suggests that many Aboriginal and Torres Strait Islander people can and do change their drinking behaviour—usually by giving up altogether—and that health professionals can be influential in the change process. The overall proportion of Aboriginal and Torres Strait Islander peoples who drink alcohol is smaller than the general population. However, those who do drink tend to drink in larger and more harmful quantities.

YOU CAN MAKE A DIFFERENCE

As a health professional you have a particularly important role to play with Aboriginal or Torres Strait Islander clients. If you are a GP or other health practitioner, you probably have high status in the eyes of your Indigenous patients—you have the potential to be highly persuasive. You are in a unique position to explain the links between presenting problems and alcohol. If you take the time to establish rapport, and choose the right levers for motivating change, you might just make a difference.

Social and family issues are important motivators for Aboriginal and Torres Strait Islander drinkers to stop and think about their drinking. We know from qualitative research that losing jobs and driving licences, getting into trouble with police, the need to care for children or the elderly, and the birth of grandchildren are all influential factors in change. Health issues can also be influential, especially if you can supply proof of the damage to an individual’s health by diagnosing a disorder, feeding back test results, or explaining how drinking can cause the symptoms of indigestion or frequent infections. Traumatic injuries and events are also triggers of change. There is strong pressure on Aboriginal and Torres Strait Islander drinkers to consume to excess. This is tied in with social norms of kinship and relatedness, generosity, and ‘being Aboriginal.’ In order to escape from these social pressures, individuals must excuse themselves from drinking, without damaging their social relationships. Your advice can provide the rationale or excuse that they need.

Providing a brief alcohol intervention

ESTABLISH RAPPORT

When they come to see you, people may not want or expect to talk about their substance
use, or believe they have a problem. It is important that you avoid confronting someone, or labelling them. The aim of the intervention is to encourage the client to think about their drinking, and provide a gentle motivational nudge if appropriate. You also have a responsibility to provide advice honestly if the presenting symptoms are clearly alcohol-related. If time permits, take a few minutes to establish rapport—do you know people in common? Do you know the area your client comes from?

**Assess Consumption**

You do not need to administer a major questionnaire in order to discover if an Indigenous client needs an intervention. You can ask two simple screening questions:

- Do you drink?
- Are you having problems because of this?

Assessing consumption can be done in several ways. You can:

- Ask about the client’s alcohol consumption along with other lifestyle questions on diet or exercise; or
- Ask how much on average the client drinks each day, and importantly, How often he or she drinks more than 8 or 9 drinks in a session

Regular excess consumption—binge drinking—is a very common pattern for many Aboriginal and Torres Strait Islander drinkers, who often drink heavily each fortnight on the pay-day for pensions and benefits. It is a high risk pattern of drinking and is more likely to be associated with acute intoxication and accidents, violence and community problems. See page 17 in the flipchart.

You can use a screening tool such as the 10-question Alcohol Use Disorders Identification Test (AUDIT). Male and female clients with a score of 13 or more on the AUDIT have problems with drinking, and may be physically dependent on alcohol. Some Aboriginal patients have reported difficulties in interpreting AUDIT questions, so be aware of this if you are using this questionnaire.

Additional questions may be useful, such as:

- How many drinks did you have the last time you drank? When was that?
- Do you forget to eat when drinking?
- Do you get the shakes in the morning after drinking the night before?
- Has your drinking affected your relationships with family?

**Start the Conversation**

Once you have established the need to discuss the client’s drinking, you can ask:

- What kind of a drinker are you?
- What effect does alcohol tend to have on you?

Open-ended questions are a good starting point. Ask your client to describe the good and not so good things about drinking, the advantages and disadvantages. Show the first illustration in the flipchart: What are the good things about drinking? Offer prompts if necessary, such as ‘What do you get out of drinking?’ ‘Does it help you forget your worries?’ ‘What about catching up with mates?’ See the prompts on the side of the flipchart facing you as you show the appropriate illustration.

Then discuss the down side of drinking and show the second illustration: What things are not so good about drinking? ‘Most things have two sides to them. What about the things that are not so good about drinking?’ Try to get the client to talk about these without referring to
them as ‘problems’ or ‘bad things’. Link your prompts to the illustrations: spending too much money, getting sick, having an accident, fighting your partner or your mate, not looking after the old people, worrying about kids or grandkids. It is important to explore any concerns voiced by the client.

**DISCUSS THE GENERAL EFFECTS OF DRINKING TOO MUCH**

*Show the client the third illustration: Too much alcohol can affect your health.* Discuss any health problems that could be alcohol-related, and if relevant, make the link for the client between these problems and their alcohol use. This can lead you to introduce the idea of standard drinks—as a way of keeping drinking at manageable or less risky levels, *see the fourth illustration: What is a standard drink?*

Explain that the National Health and Medical Research Council has advice about careful drinking. They measure alcohol in ‘standard drinks’. A standard drink is any drink containing about 10 grams of pure alcohol. Some types of alcohol are stronger than others. ‘Thinking about how many standard drinks you have can help you to keep an eye on how much you are drinking’. *See the fifth illustration: How much can I drink?*

Many Aboriginal and Torres Strait Islander drinkers will be sharing flagons, or casks of wine and cartons of beer, so it’s useful to remind your client that a 4-litre cask of wine is about 36 standard drinks.

The latest Australian NHMRC guidelines for low risk drinking (released in 2009) are as follows *see page 15 in the flipchart.*

**To reduce lifetime risk of harm**

Healthy men and women should drink no more than 2 standard drinks on any day.

**To reduce risk of injury**

Healthy men and women should drink no more than 4 standard drinks on a single occasion.

Explaining the NHMRC advice is complicated, so use the guidelines to suggest what you believe to be appropriate. Regular alcohol-free days are recommended. Women who are pregnant or might soon become pregnant should consider not drinking at all and should never become intoxicated.

**STRESS THE DANGERS OF BINGE DRINKING**

Remember that many Aboriginal and Torres Strait Islander people drink heavily at weekends or fortnightly on paydays. In your consultation *use the sixth illustration: Binge drinking is high risk drinking* and explain that binge drinking causes a shock to the body.

**ASSESS READINESS TO CHANGE**

You need to assess whether the client is ready to change, and is amenable to further advice. *Use the seventh illustration: How do you feel about your drinking?* and ask open-ended questions such as:

- How do you feel about your drinking?
- Which way are you thinking now?

Prompt the client to weigh up the pro’s and con’s discussed earlier and encourage him or her to do so verbally, revising the ‘good’ and the ‘not so good’ things experienced with drinking. You should be able to judge whether the patient is ready, or unsure, or not ready to make a change. This assessment will influence what advice you give. Remember that having proof of the damage caused by alcohol is particularly important for Aboriginal and Torres Strait Islander drinkers—you may find that offering a blood test (for example a GGT test) and feeding back the results is helpful. You can suggest this is ‘to see if there is any damage yet’.
CHOICES AND GOALS
If the client is thinking about change, you can discuss the choices for their next step. See the last illustration in the flipchart: Ideas for taking it easy. What is your next step?

Many Aboriginal and Torres Strait Islander drinkers prefer to give up altogether and describe themselves as a ‘non-drinker’. If the decision is to give up altogether, you may need to make referrals to an appropriate health counsellor, detoxification facility or treatment program.

If the decision is to aim for more careful drinking and try and cut down, be positive about it! Explain that because alcohol is a strong drug, and can be poisonous to the body if too much is drunk, there are now recommended amounts of alcohol that the health people say we should try to stick to in order to avoid harm.

Ask the client for ideas about cutting down, and follow up his or her suggestions. Use the ‘Safer Drinking Action Prescription’ sheets attached to the back of the flipchart to set a couple of realistic goals, such as having one or two alcohol-free days, or limiting drinking by a certain amount. Select the appropriate goals and sign it. Invite a follow up visit and note down the date and time.

Making it official with an Action Prescription might help.

Here are some further suggestions you can make:

- Eat properly before you drink
- Ask your spouse/partner/mate to come and get you from the pub
- Carry less money
- Spend more time with your kids /grandkids
- Think about the old people.

Your advice will be more acceptable if you are friendly and show concern, if you stress the benefits to the client’s family, and if you follow up, either with the Action Prescription and a follow up visit, or with casual contacts—in the street, even visiting at home or in hospital where appropriate.

Your advice will not be acceptable if you are harsh or confrontational, if the client is unwilling and not ready to change, or if you get into argumentation about drinking.

Research indicates that among Aboriginal and Torres Strait Islander peoples, health professionals can have more influence than they think. However, you may never know whether your advice made a difference.

HOW TO USE THIS FLIPCHART
The flipchart is designed to be both a guide and a reminder to you.

- Familiarise yourself with the flipchart
- Select the pages that are most relevant, or go through it all
- Present the illustrations to the client
- Use the prompts listed on the back for discussion
- Write out an ‘Action Prescription’ for the client
- Leave the flipchart on view for people to look at by themselves.
What are the good things about drinking?
Discussing the advantages and disadvantages of drinking

What are the good things about drinking?

Prompts:

- Good fun, relaxing?
- Catching up with mates?
- Helps to forget worries?
- Have a laugh?
- Get out of the house?
What things are not so good about drinking?
Discussing the down side of drinking

What things are not so good about drinking?

Prompts:

Arguments with partner?
Arguments with mates or family members?
Health problems—feeling crook, headache, gutsache, nausea, retching?
Trouble with the police?
Lost a driving licence?
Had a car accident?
Spending too much money?
Worrying about kids or grandchildren?
Not looking after family?
Too much alcohol can affect your health

- brain damage
- loss of memory
- hallucinations
- fits
- dementia
- risk of chest infection
- swollen liver
- hepatitis
- cirrhosis
- tingling nerves
- numbness
- trembling hands
- poor control of diabetes
- loss of muscle
- enlarged heart
- high blood pressure
- irregular pulse
- ulcers
- gastritis
- vomiting blood
- pancreatitis
- impotence in men
- infertility in women
- risk of STI and HIV/AIDS
Effects of alcohol

Too much alcohol can affect your health

- brain damage, fits, dementia, loss of memory
- enlarged heart, hypertension, arrhythmias
- inflamed stomach lining, gastritis, peptic ulcers
- pancreatitis
- problems with diabetes control
- fatty liver, hepatitis, cirrhosis
- sexual impotence (in men), infertility in women
- risk of STI and HIV/AIDS
What is a ‘standard drink’?

- a light or mid strength beer
- a small glass of full strength beer
- a small glass of wine
- a single measure of spirits

- a can of full strength beer
- a slab of full strength beer

- a 4-litre cask of wine
- a 2-litre flagon of port
- a bottle of spirits

\[
\begin{align*}
\text{1 light or mid strength beer} &= 1 \\
\text{1/2 can of full strength beer} &= 1.5 \\
\text{1 slab of full strength beer} &= 35 \\
\text{4-litre cask of wine} &= 43 \\
\text{2-litre flagon of port} &= 28 \\
\text{Bottle of spirits} &= 22
\end{align*}
\]
Standard drinks

A standard drink is:

- a light or mid strength beer, or
- a small glass of full strength beer (middy or pot), or
- a single measure of spirits.

How many standard drinks?

- a can of full strength beer is about one and a half standard drinks
- a carton of beer—24 cans—makes up 35 standard drinks
- a 4-litre cask of wine contains about 43 standard drinks
- a 2-litre cask or flagon of port contains 28 standard drinks
- a bottle of spirits contains 22 standard drinks
How much can I drink?

Doctors have set national guidelines to reduce health risks
These are the same for men and for women

No more than 2 drinks on any day
No more than 4 drinks on any single occasion

Don’t ‘save up’ your drinks for a big weekly drink-up.
It’s bad for your health.
Recommended levels of consumption

Men

*Men should not have more than*

- 2 standard drinks a day
- 4 standard drinks on a single occasion

Women

*Women should not have more than*

- 2 standard drinks a day
- 4 standard drinks on a single occasion

Everyone

*Don’t ‘save up’ your drinks for a big weekly drink-up.*

It’s better not to drink at all if you are:

- driving, swimming or using machinery
- on medication or other drugs
- pregnant or about to get pregnant
Drinking a lot in one session is a big problem
Binge drinking is high risk drinking

Drinking a lot in one session is a big problem

Prompts:

- *Bad for your health, especially your heart*
- *Higher risk of accidents*
- *Causes a shock to your body*
- *Can give you alcoholic poisoning*
- *Puts your family at risk*
- *Losing control can cause social and legal hassles*
How do you feel about your drinking?
Is the patient ready to change?

Prompts:

*How do you feel about your drinking?*

*Which way are you thinking?*

Not ready

- let them know that they can come back and talk any time

Unsure

- you can offer to talk again, or
- offer a blood test such as a GGT
  - *‘to see if there is any damage yet’*
- offer a pamphlet if available

Ready

- discuss the options on the next page of the flipchart
- set realistic goals by writing an Action Prescription
Ideas for taking it easy. What is your next step?
Ideas for taking it easy. What is your next step?

Prompts:

- Drink slowly, drink light beer
- Drink water in between alcoholic drinks
- Make sure you always eat food before you drink
- Try setting yourself a personal limit
- On pay day, do something else
- Keep away from your usual drinking mates
- Instead of drinking—play sport, help your community, get involved in cultural activities
- Tell your mates the health mob have given you the hard word to ease up (or give up)
Safer drinking
Action Prescription

CUT DOWN ON YOUR DRINKING TO IMPROVE YOUR HEALTH AND WELL BEING

Patient’s Name ___________________________ Date ______

PERSONAL LIMITS

I recommend the following personal limits:

☐ Drink no alcohol at all for _____ weeks/months
☐ Have at least one alcohol free day each week
☐ Limit drinking to no more than 2 drinks in any one day
☐ Other ________________________________

CUTTING DOWN

I recommend the following steps to cut down on drinking:

☐ Drink water in between alcoholic drinks
☐ Drink light or mid strength beer
☐ Eat food before and while you drink
☐ Other ________________________________

FOLLOW UP VISIT

☐ Date and time ___________________________

Doctor’s signature _________________________ Date ______