What can you do to assist Aboriginal people with alcohol or drug problems?

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Overview

• Clinical work
• Advocacy
• Working in partnership
Background
Australia in the 1950’s

• If Aboriginal, no vote, not a citizen
• Schools could exclude Aboriginal children
• Children being removed for ‘a better opportunity’

(Human Rights & Equal Opportunity Commission, 1997)

Photo: from internet, ?source
Aboriginal & Torres Strait Islander population

- Young: 56% under 25 years
- Live throughout Australia

(ABS 2011)
Prior to European arrival

- Traditional use; Macassan traders
- Limited storage, distribution and supply

Bark painting: preserved at Melbourne University
Alcohol post 1788

• One of the first commodities of European Australia
  – Military held control of supply before the ‘Rum Rebellion’ (1808)

• Alcohol and tobacco revenue
  – Commonwealth’s first tax was tobacco excise (1901)
  – In 2010: alcohol revenue estimated at $8.6 b

Source: www.sl.nsw.gov.au
No alcohol  |  Risky alcohol  |  Tobacco  |  (Tobacco, Arnhem)  |  Cannabis

Aboriginal  |  Non Aboriginal

Data from 1996 to 2008
Epidemiology

• Drinking is often episodic

• Injecting drug use:
  – probably slightly more common
  – more likely to share equipment

(AIHW, 2011)
Clinical work
Approaches to clinical work

• Unrushed
• Respect, openness to learn
• Listening
• No pre-conceptions
• A welcoming clinical physical environment
• Be aware that many patients have past experience of prejudice
• Links with Aboriginal community controlled services
Case: Julie

- Julie, aged 24
- Pregnant: 8 weeks
- Reports $400 heroin per day plus ice IV
- Wants to stop
- Admitted to general ward for methadone stabilisation
JMOs report

- Minimal withdrawal symptoms on 40mg methadone daily for three days (split dose)
  - Mild symptoms just before dose is due
- Kept on same dose accordingly
Light conversation during ward round...

- KC: [on recognising the surname...] Are you part of that XXX family?
- J: yes
- KC: Are the XXX’s from these parts originally?
- J: No, from up around Coonabarabran
- KC: Is that Wiradjuri up there?
- J: Not sure, because I was brought up in Port Macquarie, and my mum’s from there- so we’re Biripi.
• J: I didn’t want to say so, but I was feeling so bad, I have used three times since I’ve been in hospital...
Comments

• People will only reveal sensitive issues when they feel safe to do so
Case - Robert

- Robert, age 49
- Childhood abuse
- Alcohol dependence
- Low mood a driver to ongoing drinking
- ‘Racing thoughts’ when stops drinking
- Guilt when relapses

- Became very angry when the limited role of antidepressants was discussed
Reasons for anger

- Transferance
- Sense of being not believed
- Cannabis withdrawal
- Nicotine withdrawal
How to respond?

• Empathy
• Reassurance
• Support: emotional and practical
• Other options......
  – Skilled treatment: alcohol, mental health
  – Offer access to Aboriginal liaison officer/AOD worker
Case: John

- Aboriginal man, from western NSW
- Multi-organ failure after alcohol-related pancreatitis
- 20 standard drinks per day
- In hospital for a month
- Keen to return to live with cousins
  - Several of them are heavy drinkers
Discussion

• What can we do???
Outcome

• Offered (& accepted) naltrexone 50mg daily

• Follow-up, 6 weeks later: still abstinent

• Identifies the ‘love’ he received by the staff on the wards as a key ingredient to this success
Advocacy

And the need for it...
Alcohol and other drug strategies
harm reduction

• National strategies – under development!
  – National drug strategy: Aboriginal and Torres Strait Islander peoples complementary plan 2003-2009?

• Population strategies
  – Health promotion
  – Alcohol restrictions (trading hours, no take away full strength)
  – Dry communities
  – Pricing?
    • Floor price
    • Welfare cards?
Treatment services

Tiers of services:

• General health care service
• Open access drug misuse service
• Community-based referral only (e.g. psychiatrist)
  – Residential substance misuse service
• Highly specialised non-substance misuse service (e.g. liver clinic)
• Prisons?
Imprisonment and AoD use

Aboriginal imprisonment is 13 x non Indigenous rate

(Prisoners in Australia, ABS 2014)

In NSW:

• almost half (49.5%) inmates had sought help for AoD use in 12 months before prison (Aboriginal and non-Aboriginal)

• Most inmates were smokers 83.2% of Aboriginal 71.1% of non-Aboriginal

Before prison:

- Harmful drinking
- Likely dependence

2009 Inmate Health Survey, Justice Health
Need for advocacy

Need for:

• Justice reinvestment
• Adequate treatment services
• Prevention
• A long-term, strategic and consultative approach
Working in partnership

- The role of the Aboriginal workforce and community controlled services
Working in partnership

• Unique skills and role of Aboriginal workforce
  – Clinical
  – Research & policy

• Workplaces can have:
  – Targeted recruitment
  – Peer mentoring – two way learning
  – Support / access to accredited training for workers

• Work with your local Aboriginal medical service to improve your service(s)
Summary

• Each of us can play a play in providing quality, empathic clinical service

• Each of us has a role in advocacy, for
  – Clients
  – Better policy

• We can working in partnership with Aboriginal workforce and community controlled agencies
  – To help make our work relevant and appropriate
Resources online

INDIGENOUS PROGRAMS

- About us
- Resources
- Research Projects
- Education
- Selected Publications
- News
- Awards
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RESOURCES

Handbook for Aboriginal Alcohol and Drug Work

Alcohol Awareness Kit