

# Alcohol: Information and brief intervention

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## Drinking in Indigenous communities

From the earliest days of European colonisation there have been stereotypes of Indigenous Australians and the manner in which they consume alcohol. However, throughout most of Australia Indigenous Australians learned about alcohol and the behaviour associated with it from Europeans. Much of those stereotypes occurred in frontier settings or during times of prohibition which established and encouraged drinking patterns that were both furtive and harmful.<sup>6</sup> Throughout most of Australia it is only over the last four decades that Indigenous people have had unrestricted access to alcohol, and they now drink in a wide variety of ways and environments.

Just as for non-Indigenous populations alcohol consumption is more common among men, who also consume larger amounts than women. For both sexes heavier consumption, particularly binge drinking, is more common among younger drinkers.<sup>6</sup> Similarly, the social and health costs tend to be greater among those who drink heavily, and thus whose families are also affected. However, there are also differences between Indigenous and non-Indigenous consumption patterns.

From about the fourth decade of age on almost a third of Indigenous men are more likely to attempt to give up alcohol, with the most common reason being health related.

This and other research tells us that Indigenous people who drink, particularly young drinkers, are more likely to do so heavily and to experience behavioural consequences.<sup>3</sup> Older drinkers are more likely to have related medical problems. Older drinkers are also more likely to give up drinking, often because of concern about their health, frequently after contact with a health professional.<sup>3</sup> Addressing the needs of the younger drinking population demands careful attention to acute health complaints and vigilance for undeclared problems, and addressing any alcohol problems with a harm-reduction focus.

Health professionals can provide accurate information regarding alcohol use in a way that is non-judgemental and supports an open clinic door. Older drinkers may be more open to considering their drinking choices. Regardless, best clinical care should include taking advantage of clinical opportunities to encourage patients to reflect on their alcohol use. This is the basis of brief intervention. For practitioners working in Indigenous settings, clinical care will be only one part of a wider response to alcohol problems.

## Brief intervention for alcohol

How practitioners raise the issue of alcohol consumption with Indigenous clients will have much to do with personal style and opportunity. In raising the issue of alcohol and personalising the link to that patient's medical condition the practitioners are providing a minimal brief intervention. A successful brief intervention may simply mean raising the issue of alcohol, linking it to a medical problem, providing relevant information in a manner that respects the patient's capacity to consider their situation and make decisions. Critically, it requires keeping the door open and making the patient feel welcome.

## **Examples**

John is a 42-year-old man with high blood pressure who comes in because of abdominal pain. His pain is thought to be due to a peptic ulcer. John drinks one bottle of spirits every day. In treating this pain the effect of alcohol on both the abdominal pain and the high blood pressure could be raised. If the practitioner is aware that other people in John's family have had strokes, then pointing out that high blood pressure causes strokes may have a meaningful impact on him. The practitioner could then offer to help him to cut down drinking if he wants to do that. John may not be ready to make changes at the time but this intervention may turn out to be the single event, or one of a number of events, that motivates him to make a change. If it does not, by raising the issue with John in a non-judgemental way, the practitioner has left a door open, which lets John know that he can be approached for help when he is ready.

Mavis is a 50-year-old woman who is brought in because she has fallen and hit her head while intoxicated with alcohol. While tending to the injury, an assessment for other harms as a result of alcohol reveals an enlarged liver. Using the opportunity to point out that alcohol has 'made the liver sick', and that stopping alcohol will give the liver a chance to get better, may help to motivate behaviour change. The negative impact of other injuries could also be discussed.

A brief intervention may involve offering advice but should never be judgemental and disempowering. Some people may change their behaviour soon after as a result of an intervention, but in other cases it might take longer. People may sometimes need many attempts before successful and sustained behavioural change takes place. Alcohol and other drug use occurs because its effect is in some way positive for the person using it. For example, it may help the person escape from problems, reduce anxiety or cope with depression. While alcohol and other drug use also has negative effects which are not wanted by the person, the positive effects are often difficult to let go of. People therefore need understanding and support in their struggle with the drug and its effects.

Motivational interviewing is a technique that can help the person to assess their own behaviour and desire to change. This may be helpful in making decisions with alcohol and other drug use. Brief motivational interviewing involves asking the person about his/her own positive and negative experiences of the drug, reflecting this back at the person so as to help the person clarify the situation. Support can then be offered according to the needs identified. The specific counselling approach of anything other than a brief motivational interview is both outside the scope of this paper and the time available in most clinical situations, with the exception of those in a drug and alcohol service.

For further reading to supplement this background to the topic please refer to the reference list which follows.

## **References**

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