Aboriginal health, alcohol and other drug use

NSW RDN Summer Refresher Conference, Coffs Harbour, February 2009

The aim of this workshop is to seek some understanding of your individual situation and needs, whilst also promoting an approach to managing health problems in clinical settings which I have found helpful, effective and efficient, and which is increasingly evidence based. We are now using this approach to guide service development through a Commonwealth grant.

Some key points:

• The determinants of health are complex, interconnected and not just “medical”. This is especially so in Indigenous settings. We could lose heart and see it as all too big.

• But people do come to see us in clinical settings, some often. We are expected to do something useful. What can we do? Can we be effective and efficient? Can we train others to be effective and efficient?

• There is a good body of literature that tells us we can make a difference. Change begins with individuals. Maybe we have become mesmerised by the big picture, which still needs lots of improvement no doubt. But we still need to act locally, and work better at the 1:1 factors, comforted by the knowledge that this DOES make a difference when done well.

• We believe an approach informed by the “spirit of Motivational Interviewing” (and this can be elusive) offers the best means of helping people, families and communities change to more healthy practices. It is effective and efficient, it respects each individual’s unique situation and works with rather than against people. We believe it is especially relevant to Indigenous settings. Many trials in a variety of health problems now show significantly better outcomes with an MI approach.

• We also believe in a population level approach – small changes in many people leads to better health overall than dramatic interventions in a few. We still must help those who are sick, but let us not forget those who are vulnerable but still able to change. An MI approach, and a local system that moves towards population level approaches (and MI can inform system changes too), will work. And the spin off tends to be community engagement, community development and health promoting social influence patterns. Where does an individual’s good health, and a community’s health, come from? It is more than the absence of treatable medical problems.

More information:

• Contact me for clarification, further info, argument: Rod MacQueen, Staff Specialist Addiction Physician, The Lyndon Withdrawal Unit, Bloomfield Hospital, Orange NSW 2800. 02 6362 5444 / 0429 621158 rmacqueen@lyndoncommunity.org.au

• Motivational Interviewing: first call should be to the MI website, loads of info and pointers, at www.motivationalinterview.org and follow your interests. The smallest recent book may be the best book to start with, to see if the style sits well with you: Motivational Interviewing in Health Care, by Rollnick, Miller and Butler, 2008, NY, The Guilford Press. The big book gives a lot more history and covers specific topics in more depth.
• **Aboriginal Health:** this is a big topic and no book or journal covers all the relevant issues. But I found: Aboriginal Health and History, power and prejudice in remote Australia, by Ernest Hunter, NY, Cambridge Uni Press, 1993, to be both challenging and enlightening. Aboriginal Primary Care, an evidence based approach, Oxford Uni Press, 1999, looks at the best available evidence with which to inform practice. It does not look at alcohol specifically in a chapter (maybe there is not yet sufficient evidence to inform a specific Aboriginal approach) but there is info throughout the book on the impact of alcohol in health care settings.

• **Specific Aboriginal topics like solvent use:** best to contact me, but also look at specific websites like [www.healthinfonet.ecu.edu.au](http://www.healthinfonet.ecu.edu.au) for relevant links. Maggie Brady’s book Heavy Metal, for example, offers a good description of and insight into petrol sniffing, but practical resources like the Pit Lands workbook might help you more on devising interventions. Always look at the evidence first - most of us have wasted time reinventing the wheel many times over, but the evidence can usually suggest what NOT to do, even if you have to make your own way from there. The Grog Book by Maggie Brady is a good community development resource, ring 1800 020 103 Ext 8654 to order a free copy.

• **Cannabis use causes concern:** start with a rational evidence based approach by going to the national centre: [www.ncpic.org.au](http://www.ncpic.org.au) which has solid information and offers brochures etc. It seeks a balanced, evidence based approach which is often lacking in this field. They offer workshops in dealing with cannabis use, and advocate an engaging, not confronting, CBT based incremental approach consistent with what we know works best in most health issues.

• **Detox/managed withdrawal:** This may be best done by specialists as often, with the best of intentions, more harm than good is done, but many smaller hospital do inpatient detox, so look at: [http://www.health.nsw.gov.au/public-health/dpb/publications/pdf/detoxification_clinicalpractice_guidelines.pdf](http://www.health.nsw.gov.au/public-health/dpb/publications/pdf/detoxification_clinicalpractice_guidelines.pdf) for some guidance. These are the older (still relevant) NSW guidelines and a newer book exists but not on line yet.

• We do not have a single source of **good evidence based health data and guidelines**, so look at these two UK sites: [www.sign.ac.uk](http://www.sign.ac.uk) (Scottish guidelines, some good ones on alcohol) and [www.nice.org.uk](http://www.nice.org.uk) - both summarise a lot of evidence. Also the Cochrane database, though there’s not a lot of D&A or Indigenous information these just yet.