Alcohol, Tobacco & Other Drugs

Promoting and Supporting Responsible Behaviour and Choices in your Community

Contents

Much of the information included in this booklet was sourced from the Strong Spirit Strong Mind ways of working resources including: National Indigenous Alcohol and Other Drug Worker Training Program: Resources to support the delivery of CHC30108 Certificate III in Community Services Work (AOD), the Strong Spirit Strong Mind Aboriginal AOD Worker Resource, and the Strong Spirit Strong Mind range of brochures, booklets and resources.

About this booklet

The use and misuse of alcohol, tobacco and other drugs emerged as a major theme at our community consultations. Aboriginal Health Workers were particularly concerned by the disruptive impact of hazardous and harmful substance use on individual, family and community health, wellbeing and stability.

This booklet is designed to help Aboriginal and non-Aboriginal health professionals understand the use and misuse of alcohol, tobacco and other drugs in Aboriginal communities.

It gives Aboriginal Health Workers information on alcohol and other drugs, the health implications of substance use, and strategies for working with individuals, families and communities. This knowledge can be used to develop health promotion activities and design education programs to meet the needs of Aboriginal clients. It provides useful resources and tools, as well as information and links to other resources and services.

Substance Use in Aboriginal Communities: Understanding the Context

When working with Aboriginal people and communities it is important to consider the social, political, economic and environmental factors that might influence their lives. By understanding the impact of these you can respond with culturally secure, effective and empowering supports and treatments.

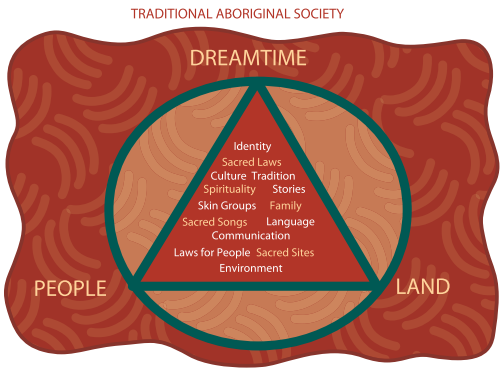
Culturally safe and secure practices are those that respect Aboriginal people's culture values, beliefs, and expectations. Empowering ways of working include:

- Consideration of individuals, families and communities (and their interconnectedness)
- Incorporating the ongoing impacts of oppression and colonisation
- Working with holistic models of health and wellbeing (which include spirituality and relationship to land)
- Having an awareness of the ongoing impacts of social disadvantage and racism
- Working in respectful ways to facilitate a healed future

Historic Factors

Colonisation lead to the oppression of Aboriginal people: this has had a lasting impact on Aboriginal people[1] physically, mentally, socially, emotionally, and spiritually. This can be linked to alcohol and other drug problems in Aboriginal communities.

1 The following framework, originally developed by Bacon (1992), has been modified by Casey (1997) and extended to have a broader application in AOD work. See also Casey & Little, 2004.



Prior to Colonisation

Joseph "Nipper' Roe's, 'Dreamtime, People, Land' model (1998) describes the impact of colonisation on Aboriginal people. Before colonisation people's existence was based on connections to each other, country and law. These are central to Aboriginal world views and spirituality.

Before colonisation Aboriginal people used substances for ceremonial, recreational and for medicinal. Factors such as seasonal availability, traditional practice and cultural law helped to control access and reduced the risk of dependency or harm.

Impact of Colonisation

There were many negative impacts of colonisation on Aboriginal people, especially the loss of Aboriginal ways and culture, people and communities through.

- Family separation and the removal of children
- No resistance to new diseases
- Disconnection from lands, traditional foods, law and culture, and language

Resilience and adaptation helped many Aboriginal people stay strong and survive, but the grief, loss caused are still felt today.

Non-traditional substances such as alcohol and tobacco were introduced to Aboriginal people through colonization.

Contemporary Factors

Many Aboriginal people, families and communities continue to feel the pain and distress caused by colonisation. This is seen in:

- Trans-generational traumas
- Racism
- Poverty
- Poor health
- Family violence
- Lack of housing and overcrowding
- Lack of educational opportunities
- Unemployment

Some Aboriginal people might use alcohol, smoking and other drugs as means of coping with on the impact of these on their mental, social, and emotional wellbeing. However, using substances to 'cope' can make these problems worse, and lead to other risks and harms.

This model also tells a positive story: it shows Aboriginal people have remained resilient and have begun healing by reviving culture, and strengthening family and communities.[2]

2 Casey and Keen, 2005

Substance Use in Aboriginal Communities: Understanding the Context

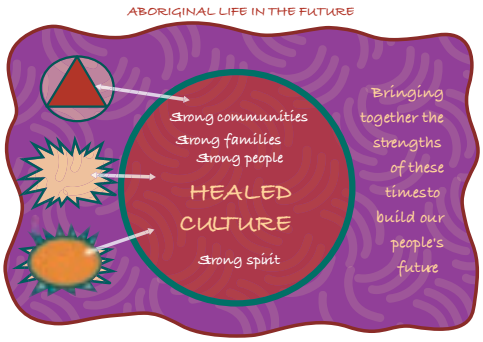
continued

Building a Strong Future

Whilst Aboriginal people can not return to pre-colonisation ways, they can build a positive future by using existing strengths such as:

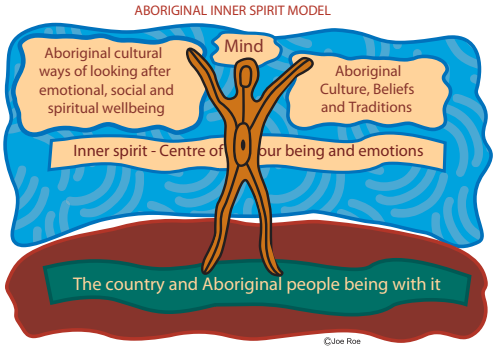
- Cultural identity and responsibilities
- Family systems and social obligations
- Spiritual and cultural practices

Aboriginal Health Workers have an important role to play in building a positive future by working with individuals, families and communities in culturally secure and empowering ways. Supporting safe and responsible choices around substances is part of this process.[3]



Strong Spirit Strong Mind

Understanding how alcohol and drug use impact spirit, people, culture and country is a part of healing. Aboriginal people – past and present – have had a strong sense of connectedness to their inner spirit. The Aboriginal Inner Spirit Model[4] promotes an understanding of wellness based on traditional concepts of well being: the hazardous and harmful use of alcohol and other drugs can weaken the relationship between inner spirit and mind.



3 Casey and Keen, 2005
4 Developed by Roe, 2000

Understanding Drugs and Drug Use

Knowing about drug types and understanding the mental and physical affects on people is important to education and intervention activities. In knowing this, you can start to understand how a person might think, act and feel when using substances.

What is a Drug?

A 'drug' is any substance, with the exception of food and water, which when taken alters the way the body functions physically and/or mentally.[5]

Psychoactive drugs are those that affect the central nervous system (CNS) – made up of the brain and spinal cord – which coordinates bodily activity. These drugs change the way people think, feel and behave. Alcohol is an example of a psychoactive drug.

Not all drugs are psychoactive. For example, antibiotics alter the way the body functions, but are not psychoactive.

5 WHO, 1981 www.who.int

Understanding Drugs and Drug Use continued

Types of Psychoactive Drugs

There are four main groups of psychoactive drugs: Downers (depressants), Uppers (stimulants), Crazy (hallucinogens) and others.

Downers (Depressants)

These types of drugs slow people down by slowing CNS activity. This includes slowing the heart rate and breathing. Examples of depressants include:

- Alcohol
- Benzodiazepam (e.g.valium)
- Heroin
- Some painkillers

Solvents and inhalants can also have depressant effects.

Uppers (Stimulants)

These types of drugs speed people up by increasing brain activity and making the body feel alert. Coffee, tea, and cola drinks are all mild stimulants. Strong stimulants include speed, methamphetamine (ice) and cocaine.

Crazy (Hallucinogens)

These types of drugs affect the brain causing changes in perception called 'hallucinations'. People may hear and see things that aren't there, or see real things in a strange way. Examples of hallucinogens include:

- LSD or acid
- Magic mushrooms
- Mescaline
- PCP

Others

Some drugs have more than one effect on the brain. Cannabis is a depressant and a hallucinogen. Ecstasy (MDMA) is a stimulant and a hallucinogen. Low doses of nicotine have stimulant effects, but high doses are depressant.

Polydrug Use (Mixing drugs)

When people use two or more drugs at the same time it is called 'polydrug use'. Polydrug use is risky because the effects are hard to control, and this can lead to overdose. Mixing drugs from the same group can increase the effect. Mixing drugs from different groups can mask the effects: this might lead to using dangerous amounts. Psychoactive drugs also interact with prescription medications: this can create dangerous, unpleasant or even deadly side-effects and reduce the medical effectiveness of the prescribed drugs. It is important to identify and understand polydrug use as this will influence how you work with a person.

(This booklet contains a chart identifying the effects of various drugs. The chart shows effects of short-term moderate doses, short term hazardous doses and long term hazardous doses of common psychoactive drugs. The short term effects of moderate doses of a drug are often the effects that the person is hoping for).

How People Use Drugs

Psychoactive drugs are carried to the brain through the blood stream. These can be administered in 5 different ways: some are more risky than others.

Injection/Intravenous	Most ra.5pid – directly into the bloodstream Subcutaneous – under the skin Intramuscular – into a muscle Risks – Infection, overdose and dependency
Inhaling	Gases – solvents Smoking – nicotine, cannabis Absorbed by the respiratory tract Carried to the lungs
Oral	Taken by the mouth Absorbed through the stomach
Topical	Through the skin Slow absorption
Rectal	Absorption unpredictable Alternative to injecting and/or sharing needles

People may not always be willing to reduce or stop using. However educating them on reducing the risks to themselves and others is an important harm minimisation strategy.

Understanding Drugs and Drug Use continued

Language and Terminology Used in the Alcohol and Other Drug Field

The use of respectful and encouraging language is an important part of supporting people to make changes to their substance use. Judging and labelling people – 'alcoholic,' 'junkie,' 'abuser,' 'addict' – can be very damaging to the person and the change process, can disempower people, and cause them shame. Working in empowering ways involves using correct, non-judgemental terminology.

The World Health Organisation (WHO) uses the following terms to describe the different levels of use:

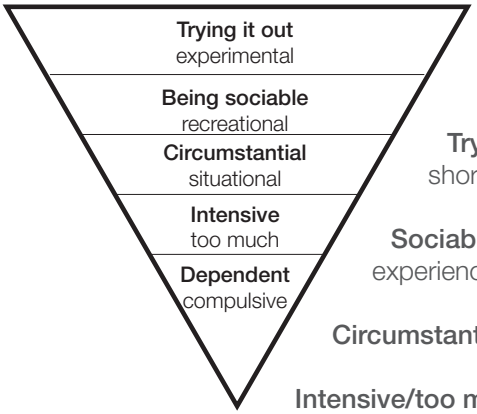
Hazardous	Use will probably lead to harm
Dysfunctional	Use leading to impaired psychological or social functioning
Harmful	Use could cause tissue damage

Other Important Terms

Intoxication	Consumed drugs at rates higher than the body is able to breakdown and remove
Overdose	Higher than normal/recommended dose Exceeds a persons tolerance
Tolerance	Body adapts to drug Higher doses needed for same effect
Withdrawal	Unpleasant physical and mental symptoms when use stops Can be life threatening
Dependence	Person uses a drug despite problems Shows signs of tolerance Experiences withdrawal
Detoxification	Gradual withdrawal from a drug Body can return to normal

Different Kinds of Drug Use

People use drugs in different ways and for different reasons. Understanding the how and why people use drugs helps in developing appropriate strategies, advice, and support for individuals, families and communities.



This model[6] identifies different kinds of drug use: the more common ways are at the top. Experimental use is very common, especially among young people. Dependent use is far less common.

Trying it out/experimental – People try drugs out of curiosity or for short term mood change. This may be one off or short-term use.

Sociable/recreational – Using drugs in social settings. They are usually experienced and know what drug suits them and in what circumstances.

Circumstantial/situational – Using in specific situations and/or for a set period.

Intensive/too much – Often related to a person's need for relief or to maintain performance: e.g., taking large doses of tranquillisers to relieve anxiety.

Dependent/compulsive – Regular and frequent high doses can produce dependence. The user can't stop without experiencing withdrawal symptoms. People might become focused on getting and using the drug.

Why do People Use Drugs?

There are many different models for understanding drug use.
These can be categorised as:

Moral	Drug use is sinful behaviour Requires punishment Drug control/prohibition as solution
Disease	Addiction a disease that the person could not control
Social Learning	Substance use is a learned behaviour

6 Shafer, 1973

Understanding Drugs and Drug Use continued

Assessment Models

The Social Learning Model (SLM)

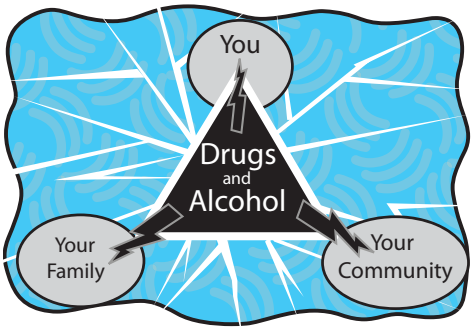
SLM model approaches drug use as learned behaviour. It involves assessing a person's environment rather than judging a person's behaviour, looking at the factors that might influence their drug use. This model shows that:

- Drug use is complex
- There might be good reason for using
- Change is possible
- Clients can have some control over their drug use

Aboriginal people tend to be social learners: they learn and observe substance use behaviour from family, community and their social environment. Because of this, the social learning model can be a culturally appropriate way of working with Aboriginal people.

The Aboriginal Drug Impact Model

This model recognises that alcohol and other drug use impacts on the whole community: A person's use must be seen in the context of the individual, family, community and broader environment. The impact on all of these areas needs to be considered when choosing appropriate interventions.



The Aboriginal Drug Impact Model and the SLM offer ways of understanding AOD issues within Aboriginal communities which can assist workers to identify and implement culturally secure strategies.

Understanding the Drug Use Experience

The Aboriginal Interaction Model[7]

This model explains how and why the drug use experience can vary on different occasions. The drug use experience involves the interaction of four factors: the drug, the individual, the family, and the community/environment.

Drug factors includes:

- Drug type
- Amount used
- Drug strength
- Administered
- Poly drug use

Individual factors can be about the body and mind.

Body	Mind
Age Weight Gender Prior experience General health	Mental health Personality Beliefs Mood

Family factors may include:

- Social and cultural obligations
- Peer group
- Kinship
- Family experiences – history, trauma

Community and environmental factors such as where, when and with whom a person is using are important. So are community rules and laws, legality, access, cost, and community perceptions.

7 This model was originally proposed by Zinberg (1984) and looked at three factors, the drug, individual and environment. This model been modified here to incorporate an Aboriginal worldview (Casey, 1997).

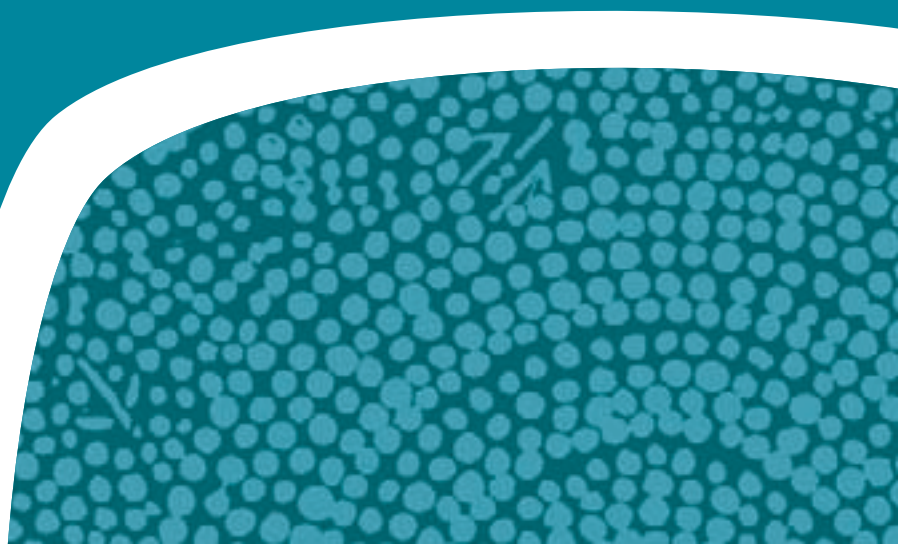
Working With People Who Use Alcohol and Other Drugs

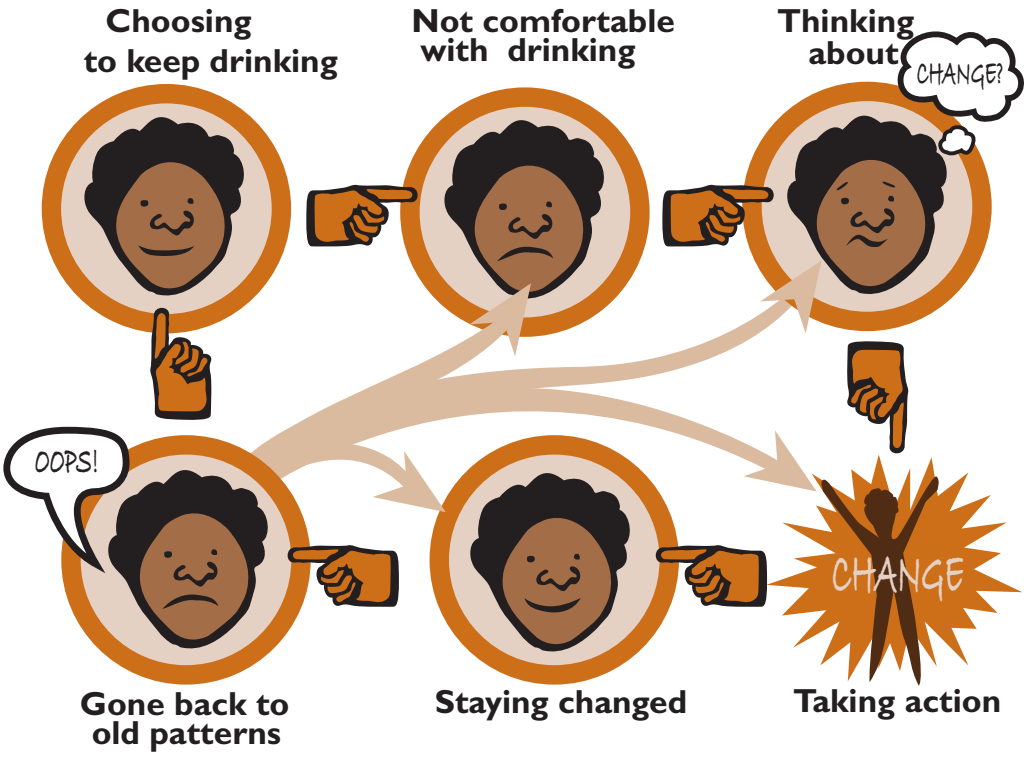
Health care professionals may be asked to provide a range of services related to AOD use. This includes:

- Health promotion – through information, education and advocacy
- Primary health services – treatment of health problems related to AOD use
- Counseling and support services – to people who want to abstain, reduce use, or use in less risky ways

Aboriginal Health Workers may find that their role in this area is primarily a health promotion one. In this you will need access to good and relevant information because the information provided to clients can change their lives. Messages must be carefully considered and well informed.

One of the most effective ways of working with people is to consider their stage of change, then match information and provide stage appropriate strategies and support.





Stages of Change

The Stages of Change[8] model looks at the series of stages people might go through when making behavioural changes. Here we look at an Aboriginal specific Stages of Change Model.[9]

This model suggests that:

- People can be in different stages for different lengths of time.
- People may move back and forward between the stages many times before they are ready to move on.
- Intervention strategies are most effective when they are matched to the stage of change.
- Change is cyclical – it is common for some people to recycle before cutting down or cutting out their AOD use.
- Relapse is common and normal – It is important to build relapse prevention strategies into interventions. (Casey & Keen, 2005)

8 Developed by Prochaska and DiClemente (1986)
9 Developed by Casey 1999

Choosing to Keep Drinking or Using (Pre Contemplation)

Pre-contemplators are not thinking about changing their use. They may not consider their use a problem or cannot see any benefit from changing. Common reasons for this include:

- They think using has benefit
- Change is too hard
- Prior failure to change
- Self-medicating a trauma or mental health issues
- Afraid change will change their life, i.e. loss of friends

Helping Strategies for People in this Stage

- Provide accurate information about harms, risks and harm reduction
- Provide information on support and treatment options
- Offer support without being confrontational
- Identify other areas where they may be thinking about change
- Offer your support should they choose to change

Uncomfortable with Drinking or Drug Use (Contemplation):

People at this stage might have mixed feelings about their use and are thinking about change. This can be a confusing and stressful stage, and this may mean they remain stuck.

Helping Strategies for People in this Stage:

- The strategies above
- Explore the 'good' and the 'not-so-good' things about their use
- Talk about how AOD use may be affecting their inner spirit
- Assist the client to identify support people

Thinking About Change (Preparation):

People see more problems than benefits in using and get ready to make change. Any step in the direction of positive change is useful. The changes and treatment options will depend on the client's level of use, client's choice and their personal circumstances.

Helping Strategies for People in this Stage:

- Help them identify their reasons for change
- Explore the positive effects of cutting down or cutting out
- Explore how cutting down or cutting out will improve their relationships
- Provide practical support
- Assist them to clarify the problem, break things down into small steps, and set goals

Taking Action to Change (Action):

When people have made the decision to change they are ready to take action to reduce their use. They may begin to cut down or cutting out alcohol and/or other drug use.

Helping Strategies for People in this Stage:

- Help to develop the skills to cope with changes and support long term change. Assertion, problem solving, goal setting, identifying triggers and managing cravings are all important skills
- It is important that people set SMART goals (specific, measurable, achievable, realistic and time-framed) so that they do not set themselves up to fail
- Help them develop relapse prevention skills, such as strategies to respond to high risk situations
- Help them identify alternatives to drug use
- Continue to provide positive reinforcement and support

Staying Changed (Maintenance):

Maintaining change for about six months is successful change. People may still need assistance and support to avoid relapse, or they may want to take on new challenges in their lives.

Helping Strategies for People in this Stage:

- Acknowledge and identify what has worked well
- Help them to identify positive outcomes
- Emphasise the need for continuing support from family and friends
- Assist with relapse prevention and management strategies

Oops! Gone Back to Old Patterns (Relapse):

Relapse can happen at any stage – it might be a minor slip or a return to past behaviour. It is important to talk with clients about the possibility of relapse to avoid feelings of shame or failure if they lapse. It is normal for some people to relapse several times before they finally stayed changed. Relapse offers an opportunity to learn and finding effective ways to stay changed.

Helping Strategies for People in this Stage:

- Reassure clients understands that a lapse/relapse is normal and not a failure
- Explore what led to the relapse, and assist the client to develop new relapse prevention strategies
- Explore achievements and revisit reasons for change
- Acknowledge and build on the client's past successes

Working With People Who Use Alcohol and Other Drugs

continued

Assessing: Identifying the Patterns and the Problems

Assessment involves gathering information about the client's story to develop a clear understanding of the presenting issues and concerns. It is important to get a clear picture of the kinds of problems people experience in order to provide appropriate assistance, support or referral.

Sometimes clients who are using substances do not understand the impact on themselves, their families and their communities. Careful assessment can help the client to understand their choice to and consequence of use: it may help them examine the problems associated with their use and make decisions about change and treatment.

The following models are useful in assessing patterns of use.

Patterns of Use

Thorley's model explains that problems arise from:

- **Intoxication** (get drunk or stoned a bit)
- **Excessive regular use** (use a lot of the time)
- **Dependent/hooked** (use all of the time)

Identifying patterns of use can help in identifying appropriate harm reduction strategies.

Harms and risks associated with these patterns include:

Intoxication	Excessive/Regular	Dependent/Hooked
Law and order issues – i.e. drink driving Injuries Accidents Violence	Health issues – i.e. cancers Increased tolerance leading to increased consumption Money problems Relationship problems Unemployment	Health issues – i.e. disease Money issues Unemployment Violence Accidents Injury Relationship problems

The associated harms and risks can affect everyone in the community, and not just the person who is using.

Aboriginal Inner Spirit Assessment Model

Aboriginal ways of being healthy include making good personal choices, and caring for family, community, country, and culture. Alcohol and other drugs can weaken the link between spirit and mind, which can affect emotional, social, spiritual and physical well being. This can also weaken the connections between family, community, culture, and country.

People who don't use or only use a little bit generally maintain a strong Inner Spirit an their connections to family, community and country remain strong: this changes when people start to use more alcohol and other drugs. People who are dependent can lose their connection to their Inner Spirit, family, community and country.

You can use this model to help clients assess how their alcohol and other drug use is affecting their Inner Spirit and their connections to family, community and country.[10]

10 Casey and Keen, 2005

Working With People Who Use Alcohol and Other Drugs

continued

Problems from Using

The Seven L's or Seven Areas Model

Alcohol and drug use can lead to a number of other problems. When working with a client it is important to get a clear picture of how their use is impacting on or influenced by their life situation: This information can be used to motivate them to make changes. You might want to explore how their substance use impacts or is influenced by the following:

Grief and Loss – (Loss)

Many Aboriginal people experience daily grief and loss on a daily basis: they might use alcohol and other drugs to cope with:

- Family and friends passing away
- Loss of family connections due to stolen generation issues and intergenerational trauma
- Family members being in jail
- Painful events within family and community

Country – (Land)

Alcohol and other drug use can prevent people from looking after their country. Some people do not have access to traditional lands or sacred sites and might use substances to cope with being lonely for country.

Aboriginal Law and Culture – (Law)

Alcohol and other drug use can lead to:

- Not keeping social and cultural obligations
- Breaking Aboriginal Law or cultural rules: this can cause further stress
- Not respecting, learning or teaching culture

Health – (Liver)

This refers to all of the health problems caused by alcohol and other drug use. This can include:

Body	Mind and Spirit
Liver and heart disease Cancers Blood borne viruses, i.e. Hep C and HIV STDs Diabetes	Depression Anxiety Drug induced psychosis Inner spirit

Family and Community Relationships – (Lover)

This includes negative impacts on family and community relationships, including:

- Fighting – verbal and physical
- Neglect
- Stress and worry

Money, Work and Study – (Livelihood)

Spending too much money on alcohol and other drugs can lead to other problems such as:

- Can't buy food for the family
- Can't pay bills
- Asking family/friends for money
- Unemployment
- Not finishing school

Problems with the Whiteman's Law – (Legal)

Alcohol and other drug use can lead to problems with the law such as:

- Drug charges
- Committing crimes – i.e. assault, theft
- Manslaughter
- Drink driving
- Fines
- Jail

Working With People Who Use Alcohol and Other Drugs

continued

In Summary

These models form an important part of assessing and understanding a person's alcohol and drug use. They can be applied to all types of drug use. The process of understanding and assessing your client's alcohol and drug use is an opportunity to begin building a working relationship with your client. Having a non-judgmental, respectful and empathetic approach is very important. The summary table below identifies the different models and how they can be used.

Model	What it is used for
Shafer	Identifies different kinds of drug use.
The Aboriginal Interaction Model	Identifies how different factors come together to make up a drug experience.
Stages of change	Identifies where your client is at in their change process, this can be used to guide harm reduction and intervention strategies.
Patterns of use	This model identifies the impacts of different types of drug use – Intoxication, Regular use, Dependency.
Aboriginal Inner Spirit Assessment Model	Can be used to identify how AOD use is impacting on your client's Inner Spirit and social relationships.
The Seven L's or Seven Areas Model	The specific areas where your client is experiencing problems. This is very important for identifying other areas where they may need support, and reason why they might want to make some changes.

Smoking

People have smoked tobacco for centuries, but the health effects have only recently become known. As recently as the 1950s, cigarettes were still being advertised as having health benefits. Now experts, government and the public are highly aware of cigarette addiction and the detrimental health effects of smoking.

Aboriginal people are over represented in smoking related health statistics. They suffer a range of chronic but preventable disease that are caused or worsened by smoking including:

- Osteoporosis
- Cancers – lungs, mouth, throat
- Asthma
- Emphysema
- Bronchitis
- Cardiovascular disease
- Diabetes Complications – circulatory
- Low Birth Weight Babies

Aboriginal Health Workers have an important role to play in changing this situation through health promotion and intervention campaigns that inform people of the risks of smoking and the benefits of quitting, and by helping and supporting people who want to quit. The information in this section is designed to support you in this important work.

Smoking continued

What's in a Cigarette?

Cigarettes and tobacco contain a naturally occurring ingredient called nicotine. Nicotine is highly addictive and it's what causes people to become addicted to cigarettes. Cigarettes also contain a number of other highly toxic chemicals that when processed and burnt cause damage to the body. One of the worst ingredients in cigarettes is tar: Tar causes most of the damage to the lungs, leading to other respiratory diseases.

There are over 4000 chemicals in cigarettes: these are released into the body and air when tobacco is burnt and smoked. These chemicals are highly toxic and include:

- Carbon monoxide – found in car exhausts
- Nicotine – pesticide
- Ammonia – Floor cleaner
- Arsenic – White ant poison
- Cadmium – Car battery acid
- Methane – Rocket fuel
- Butane – Lighter fuel
- Toluene – Industrial solvent
- DDT – Insecticide
- Acetone – Paint stripper
- Naphthalene – Moth balls

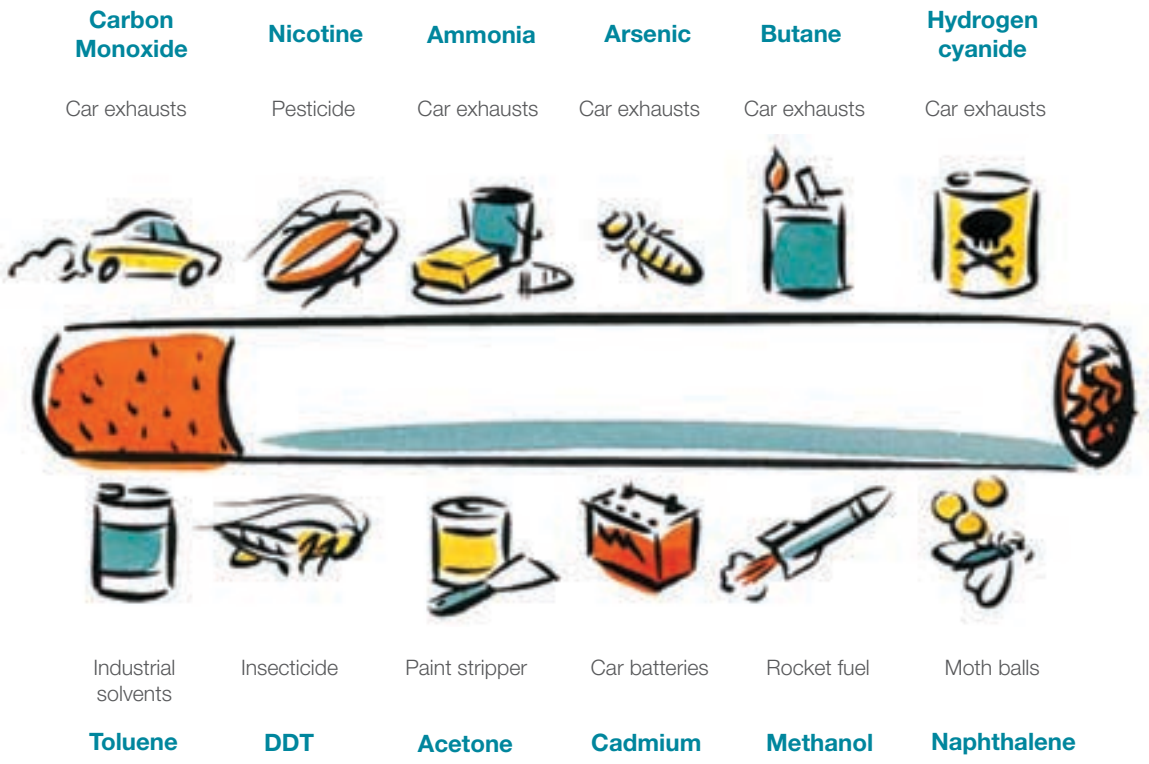


Image was reproduced with permission of Healthways

Addiction and Dependence

Nicotine causes chemical changes within the brain that lead to addiction: this occurs when tobacco is chewed or smoked. Nicotine alters the mood causing short term feelings of calm and well being. People become physically addicted to the nicotine and psychologically addicted to the feeling of calm. When the effects wear off, the smoker 'needs' another cigarette – this is the cycle of addiction. Even smoking every now and then can lead to addiction.

The body gets used to the chemicals, the feeling and the process of smoking (habit) and thus becomes dependent on cigarettes. Smokers experience nicotine withdrawal symptoms: their body craves nicotine and sends 'signals' that it needs another cigarette. Knowing the extent of the person's addiction can help you decide how to intervene and what the individual can do to overcome it.

Quitting

Quitting is hard, but not impossible. Research shows most smokers want to quit, and about 75% try to. However, the unpleasant symptoms of nicotine withdrawal make quitting difficult. These symptoms include.

- Feel anxious
- Hungry
- Grumpy or angry
- Loss of concentration

People who are trying to quit need support, ideas and information: this is where Aboriginal Health Workers can play a role. There are a number of things health workers can do to get people to quit, including:

- Getting them to think about their smoking habits
- Promoting the benefits of quitting
- Telling them what smoking does to their health and wellbeing

Smoking continued

The questions and prompts that follow are designed to help you talk to people about smoking and quitting.

Ready to Quit?

There are five steps to assess if a person is ready to quit.

1. Ask – Talk to people about how much, when, why and what they smoke.

2. Assess – Work out what 'change' stage they are at – Not ready, Unsure, Ready, Active, Staying Stopped.

3. Advise – Talk to them in a non-judging way. Give them information on how and why they should quit.

4. Assist – Talk to them about why they want to quit, give them information and help them develop a quit plan.

5. Arrange Follow-Up – Organise a follow up visit to give encouragement and support.[11]

Why People Smoke

Understanding why people smoke is important because it will help you decide how to intervene and help the person to quit. Reasons people smoke include:[12]

- To relax and chill out
- Habit – something to do
- Makes them feel good
- Stress relief
- Boredom
- Control their weight
- Being social
- Satisfy nicotine craving
- Self medicating
- Parental example

11 Adapted from CEITC, 2007
12 Adapted from CEITC, 2007

Effects of Smoking

Sometimes, making people aware of the health effects of smoking is enough to get them thinking about quitting. Talk to people about the many short and long term health and other affects of smoking, which includes:

Short Term	Long Term
• Yellow fingers • Smell • Bad breath • Bad skin • Short of breath • Costs you money	• Stroke • Blindness • Cancers • Heart attack • Infertility • Costs you money • DEATH

Benefits of Quitting

Whilst most people understand the risks of smoking, many are unaware of the short and long term benefits of quitting. Making clients aware of these might be one way of getting them to think about giving up cigarettes. Talk to the about the following factors as part of your intervention:

- Better health
- Longer life
- Improved self esteem
- More money for you and your family
- Improves taste and smell
- Easier to breathe
- Lungs become healthier
- You won't smell of smoke

Quitting – Methods and Products

It might also be useful to let people know about the variety of effective methods and products to help them quit smoking. These include:

Cold Turkey The person just stops smoking. This can be difficult, but a person who makes this decision should be encouraged and supported.	**Courses and Support Groups** Organisation such as Quit runs courses. See www.quit.org.au
Cutting Back Encourage people to cut back then quit. By doing this they can change their habits around smoking.	**Nicotine Replacement Therapy** Gum, patches, inhalers and lozenges are available from chemists and supermarkets. These work by getting people off of cigarettes – and disease causing chemicals – while breaking their nicotine dependence.
Prescription Medicine Available only from doctors, this works by blocking the brain's nicotine receptors.	

Smoking continued

Resources

Good information and resources are vital to health promotion, education and intervention. You might like to look at some these for further ideas:

Talkin' Up Good Air You can download and print for free at http://www.ceitc.org.au/talkinupgoodair	**Say No To Smokes** Available through the Aboriginal Health Council of WA www.ahcwa.org.au
Quit Campaign 131 848 www.quitnow.info.au	**Cancer Council** www.cancercouncil.com.au

Alcohol

The National Drug Strategy Survey (MCDS, 2004) found that the majority of Australians consume alcohol on a regular basis. The national average age for beginning alcohol consumption is 14 years. The consumption of alcohol can be enjoyable, however excessive and risky consumption is a problem for all Australians. The study indicated that the majority of Australians drink at risky levels and are therefore at risk of both short-term and long term adverse health and safety outcomes.

Research also shows that Aboriginal Australians are less likely to consume alcohol than non-Aboriginal people. However, Aboriginal Australians who do drink alcohol are more likely to drink at risky or high risk levels. This mean Aboriginal people are more likely to experience the adverse health and safety outcomes associated with alcohol consumption. In many Aboriginal communities, excessive alcohol consumption is associated with early/ premature death, high rates of chronic and preventable disease, serious physical injury and social disruption.

Aboriginal Health Workers have an important role to play in health promotion and intervention on alcohol consumption, by providing information, support, and education to the community. How you do this will depend on the circumstances in your community and the resources you have. A good place to start is by building a strong and respectful relationship with people and communities as this is essential in getting your message across and working towards a healthy lifestyle. The stage of change guidelines featured earlier can guide you, your clients and community in deciding on a suitable alcohol intervention plan. Use these guidelines with the client to work out where they are with their using and what they want to achieve either in cutting down, giving up or stopping alcohol use.

Interventions and Health Promotion

Anyone can be affected by alcohol related problems. It is important that you reassure your patients that their problem is common and that they are not alone. De-mystifying the situation like this can help make people more comfortable in talking about their experience.

Many people can make changes in their alcohol use, and it is especially important to have the encouragement and support of family, friends and health workers. Many Aboriginal people go from being high risk drinkers to low risk or non drinkers with family, community, and health worker support.

When talking to people about their alcohol use it is important to be non – judgmental, focused and real (achievable goals). It is important to work from the client's perspective rather than your own. You and the client must reach a shared understanding of:

- Their alcohol use – why do they drink?
- What are the overall risks and implications
- What are the person's needs, supports and options around reducing risk

Alcohol continued

Why do People Drink?

There are many reasons why people use alcohol. They could be psychological, social, environmental, or based on social myths about alcohol. Each person's reasons are different, and these reasons might include:

- Self medicating – trying to forget a traumatic experience
- Coping mechanism – stress, depression
- They ignore or don't know the risks involved
- Its is considered socially acceptable
- They enjoy it
- It helps them relax
- They think it gives them confidence

Understanding why people drink can help you support them to adopt a less risky approach to drinking. Sometimes people are not aware of the short term and long term risks associated with alcohol use. It is important to educate your clients about the possible health consequences of drinking in excess of the recommended guidelines.

Understanding the Guidelines for Reducing Risk to Health when Drinking Alcohol

According to the Australian Guidelines to Reduce the Risks from Drinking Alcohol (2009) short term risks are the problems that can occur when someone has been drinking. This includes things like falls, burns, family violence, and motor vehicle accidents. **To avoid these short term risks healthy men and healthy women should have no more than 4 standard drinks on any one occasion.**

Long term risks are the health problems which can develop over many years and includes many health issues. **To reduce the long term risk of alcohol-related health problems and injuries, healthy men and healthy women should drink no more than 2 standard drinks on any one day.**

People with existing health concerns, mental health issues, or the elderly should discuss safe drinking options with their doctor. Alcohol can affect the way some medications work or make some medical conditions worse.

For women who are pregnant, or planning to have a baby, or who are breastfeeding NOT drinking alcohol is the safest option: Alcohol can cause harm to the unborn baby or pass to the child in breast milk.

Children and young people (under 18) should not drink alcohol. It is especially risky for children under 15 to drink alcohol. Parents and families should discourage young people from using alcohol, for as long as possible.[13]

13 NHMRC, 2009

Talking to People About Reducing Risk

Keeping track of how much alcohol someone is consuming is an important harm minimization measure. Understanding standard drink measures – how much pure alcohol and alcoholic drink contains – can help people to do this.

The chart below shows the 'standard drink' measure of different kinds of alcohol. The alcohol concentration varies between brands and drink types: always check the label on the bottle or can.

Reproduced with permission from the Drug and Alcohol Office (2009).

Alcohol continued

Explaining Health Risks

Some people might be drinking because they don't know about the risks. Explaining how alcohol works and how it affects the body is important to helping people change their attitudes toward and consumption of alcohol.

Alcohol it is absorbed into the bloodstream and circulates around the body and some goes to the brain. Alcohol slows down the brain and affects the way it carries messages: this affects how the brain communicates with other parts of the body. At first the person may feel happy and relaxed.

The liver works hard to break down the alcohol and clear toxins from the body. A healthy liver can break down about one standard drink per hour. Some people who have complicating factors such as diabetes and/or other diseases may be less able to process alcohol, and it can take longer than one hour for their liver to filter alcohol. If a person is drinking faster than their liver can get rid of the alcohol they will become increasingly drunk, and the alcohol may begin to cause some damage[14] (DAO, 2010).

Physical Effects

The physical effects of alcohol on the body are often very obvious. They include:

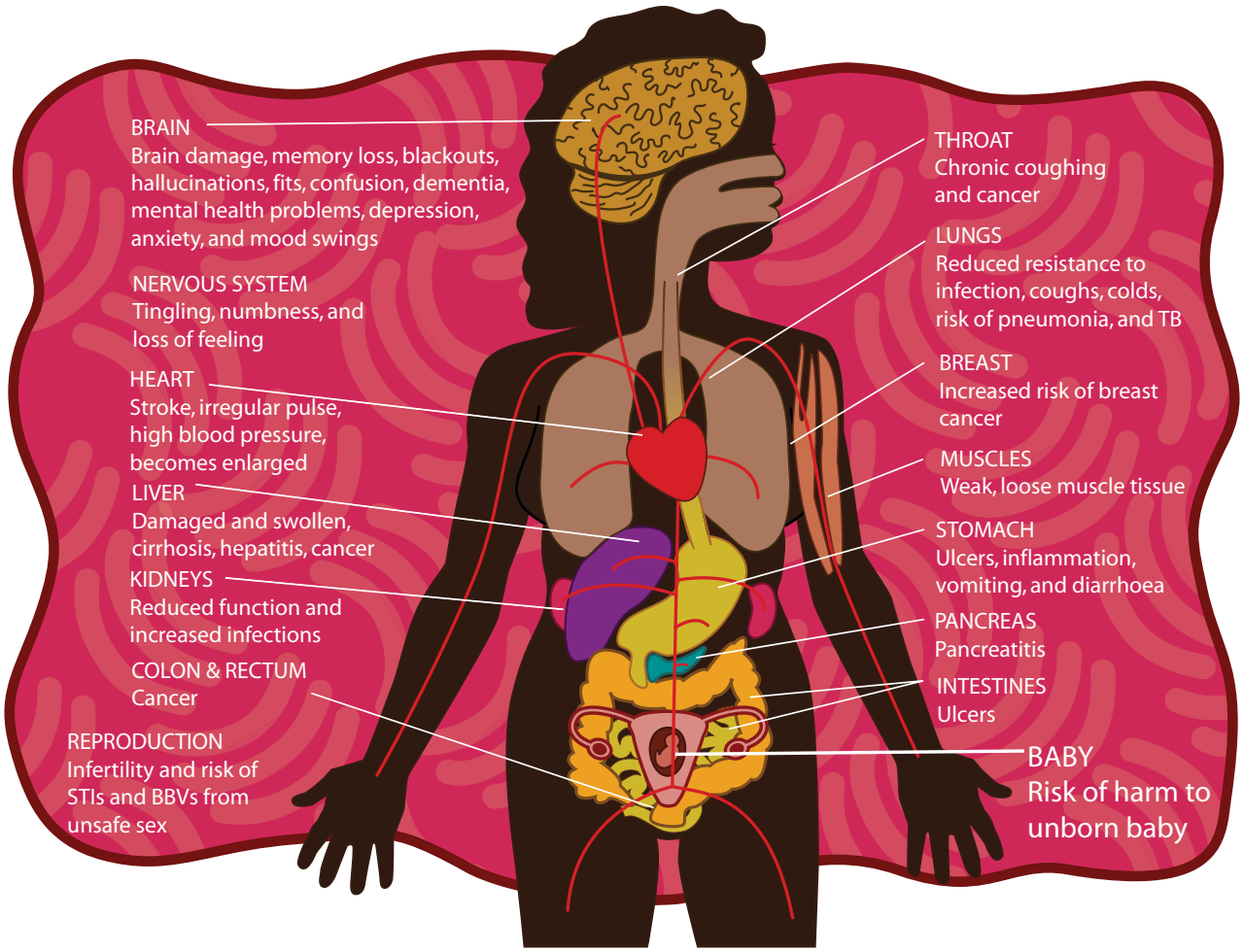
- Slowing down of bodily functions
- Slurring speech
- Slower reactions
- Unable to think clearly
- Staggering gait (walk)
- Poor balance and co-ordination

Drinking alcohol can affect judgement and this can lead to risk taking which may have serious consequences, this is called short-term risk and includes such things as accidents and death. The impact of alcohol use which builds up over a number of years is called long-term risk. Alcohol use can have a number of short and long term effects including:

Short Term Risks	Long Term Risks
Road accidents and injuries	Cause brain damage
Drink driving	Loss of memory
Unsafe sex – pregnancy and STIs	Stroke
Fighting, violence and assault	Damage to organs and body
Drowning	Disease – cancers and liver damage
Suicide	Alcohol dependency
Breaking the law	Problems with the law and jail

14 DAO, 2010

How Harmful Levels of Alcohol Use Can Affect a Woman's Body



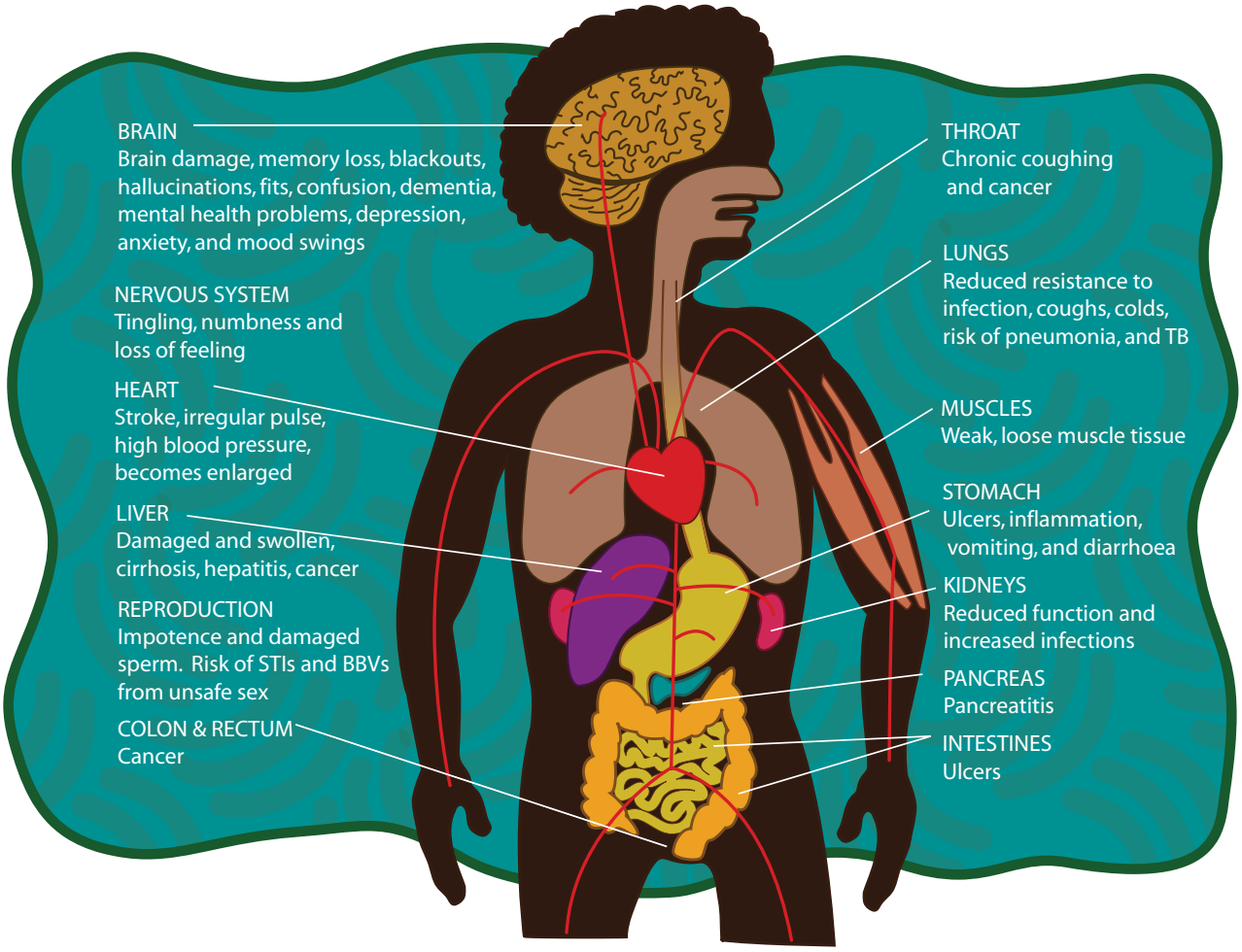
Reproduced with permission from the Drug and Alcohol Office.

Some problems might improve if the person cuts down or stops using alcohol, but sometimes the damage can be permanent. For women who are pregnant drinking alcohol is very risky for their unborn baby. Alcohol can cause permanent damage to the unborn child. For women who are pregnant not drinking alcohol is the safest choice. Alcohol can also be present in breast milk which can affect the baby.[15]

15 Casey and Keen, 2005

Alcohol continued

How Harmful Levels of Alcohol Use Can Affect a Man's Body



Reproduced with permission from the Drug and Alcohol Office.

Some problems will improve if the person cuts down or stops using alcohol, but sometimes the damage can be permanent. This is why it is very important to follow the alcohol drinking guidelines.[16]

The Western Australian Drug and Alcohol Office, Aboriginal Alcohol and other Drugs Program has produced a range of brochures which explain drug and alcohol use in plain language. These are available free through the Health Department. See the Resources section for details on how to order.

16 DAO 2010

Screening for Alcohol Use

Because alcohol causes many preventable diseases, and can make existing health concerns worse, screening and assessment of alcohol use is an important part of a normal health check. There are as range of tools to do this, what you use may depend upon the service you work for. One of the most common tools is the World Health Organisation's Alcohol Use Disorders Identification Test – AUDIT. This tool gathers information on people's drinking and assesses their health risks. A copy of the AUDIT tool and how to score the information can be found at the end of this booklet.

Alcohol Withdrawal

When someone has been using alcohol at a high level or for a long time they may experience a range of unpleasant physical and psychological symptoms if they suddenly stop. Different people are affected in different ways, and it is not possible to predict how an individual person will react. When a client has made the decision to stop drinking it is very important to get a medical evaluation and develop an appropriate plan. In some severe cases alcohol withdrawal can lead to fatal fitting. Sometimes symptoms can be extremely unpleasant however with medical support this discomfort can be reduced or eliminated.

Treatment and Support Options

There are a range of treatment options available for your clients, depending on the severity of use, their personal circumstances and their preferences. These include inpatient detox units, in home detox programs, residential rehabilitation, and outpatient counselling and support services, as well as self-help support groups. There are also a range of pharmacological treatments which can assist clients to remain alcohol free. Information about treatment options available in Western Australia can be found on the WANADA website www.wanada.org.au or the ADIS website www.dao.health.wa.gov.a. ADIS also provides a confidential 24 hour service, which you can call to discus your clients needs. Contact details are in the resource section.

Amphetamines or Speed

Speed is the common name for amphetamine type stimulants. The most common form of speed, in Australia, is methamphetamine: an illicit drug with very harmful effects including impaired mental and physical functioning, leading to poor judgment and risk taking. Because illicit drug use and experimentation is higher amongst Aboriginal people than non-Aboriginal, Aboriginal people are at greater risk of injury, infection or death.[17]

How is Speed Used?

Speed can be used in a range of different ways. It is important to know how your client is using because this can help you to assist them with harm reduction strategies.

Ways of Using Methamphetamine and Associated Harms

Injecting 	Increased risk of overdose, rapid dependency, blood borne viruses, vein damage, abscesses, heart problems, kidney problems, STIs. Increased risk of mental health issues including psychosis, paranoia, suicide, depression, anxiety, violent outbursts and cognitive confusion.
Smoking 	Increased risk of overdose, rapid dependency, heart problems, kidney problems, bronchitis and lung related problems, STIs and blood borne viruses through unsafe sex. Increased risk of mental health issues including psychosis, paranoia, suicide, depression, anxiety, violent outbursts and cognitive confusion.
Snorting 	More likely to be occasional use. Less likely to develop dependency but still possible. Damage to nasal membrane. May be at risk of progressing to smoking or injecting.
Swallowing 	More likely to be occasional use. Less likely to develop dependency but still possible. Possible damage to throat and gut. May be at risk of progressing to smoking or injecting.

17 ABS, 2004

What Happens When People Use Speed?

When someone uses speed it gets into the blood stream and goes rapidly to the brain: this stimulates dopamine release which creates a feeling of pleasure. Speed is a stimulant that causes rapid heartbeat, high energy level, feeling jumpy and very excited. Speed can also increase a person's confidence, which might lead to risk taking.

Some people use speed recreationally or on occasions when they need a 'lift' or 'boost' of energy. Although there are risks involved even in casual use, some people can control and manage their use of speed.

Binge Users or Run-crash Cycle

Some users develop a binge-use pattern, using speed frequently to stay on a high: This can last for several days, chasing a 'rush' or avoiding 'coming down'. However after several days of no sleep or food people may develop psychosis and paranoia.

Eventually they have to stop: this is called the crash phase. Coming down can be physically and emotionally unpleasant: people often use other drugs or alcohol to cope. In the first few days of a 'crash' people might:

- Be unpredictable and/or aggressive
- Feel tired, hungry and irritable
- Be physically and mentally
- Sleep for a long time
- Crave speed and use if they can get it
- Experience withdrawal symptoms

Amphetamines or Speed continued

Withdrawal

Withdrawal usually starts around three days after stopping. Common feelings and symptoms of speed withdrawal include:

- Strong and frequent cravings
- Feeling agitated and irritable
- Low energy levels
- Feeling depressed, anxious and panicky
- Feeling tried but can't sleep
- Vivid and disturbing dreams
- Tension
- Physical aches and pains
- Nausea and heart palpitations
- Feeling distressed
- Feeling suicidal

Whilst most symptoms reduce after 10-14 days, some of these symptoms like mood swings, sleeplessness, low energy levels and cravings can last for a few weeks.

Health Problems Associated with High Levels of Speed Use

There are a number of long and short term health risks associated with speed use. These include:

Short	Long
Blood borne viruses (needle sharing) Heart attack Stroke	Weight loss Dental problems Skin problems Mental health issues Violent behaviour Psychotic behaviour

Working with Clients who are Using Speed

Currently there is no pharmacological support for speed dependency therefore it is important to focus on harm reduction strategies and brief interventions approaches which are most likely to be effective.

Because of the range of associated risks and problems it is important to link into other health professionals and support services. For clients who have successfully cut down or stopped using ongoing support is essential to avoiding relapse. It is also important to provide support to their families who may be having difficulty managing the impacts of erratic and strange behaviours.[18]

18 Adapted from Keen, Casey and Webb, 2009.

Cannabis or Gunja

Gunja is an illegal drug which comes from the cannabis sativa plant. THC, the chemical in cannabis which affects the brain, is found in different concentrations in the plants. Small doses have a depressant effect: higher doses can have a hallucinogenic effect. Gunja is most commonly smoked, however it is sometimes eaten. Gunja is sometimes mixed with tobacco when smoked.

Gunja can have a variety of short term effects including:

- Relaxation
- Changes in blood pressure
- Blood shot eyes
- Mood changes
- Loss of motivation
- Reduced memory and attention
- Strong sensory experiences
- Hunger
- Confusion, anxiousness, and/or paranoia

Very strong doses are associated with hallucinations and sometimes delusions.

During pregnancy, THC crosses the placenta into the developing child. This reduces oxygen flow to the baby leading to the risk of poor foetal development.[19]

Although there has not been a lot of research into the effects of long-term gunja use, there is some evidence which suggests that it may produce some unwanted effects such as:

- Increased risk of respiratory diseases (including cancer)
- Decreased thinking and memory ability
- Loss of motivation[20]
- Mental illnesses such as depression, anxiety and schizophrenia

Dependence and Withdrawal

Using large amounts or for a long time can lead to dependency. People feel they need the drug to function, and could have difficulty cutting down despite other problems caused by using gunja. When long-term or heavy users stop they may experience a range of withdrawal symptoms including irritability, anxiousness, nausea, sweating, depression and disturbed sleep.[21]

19 National Task Force on Cannabis, 1994.
20 NCPIC, 2010
21 Adapted from Casey and Keen, 2005

Cannabis or Gunja

continued

Inhalants

Inhalants go by the street names: “glue”, “gas”, “sniff”, “huff”, “chroming” (chrome paint) and poppers. Inhalants are products that produce vapours that, when inhaled, may cause a person to feel intoxicated or “high”. Inhalants include organic solvents present in many domestic and industrial products such as glue, aerosol, paints, industrial solvents, lacquer thinners, gasoline or petrol, and cleaning fluid, and aliphatic nitrites such as amyl nitrite. Inhalants are cheap and readily available, and often obtained through theft or legally ‘over the counter’.

Inhalants are “depressants”, which means that they slow down the activity of the brain and central nervous system. As a result, the transmission of messages between the brain and the body are slowed, and this impairs judgement and movement. The effects or ‘high’ from inhalants are fairly short term, however users maintain a constant high through ongoing ‘sniffing’.

Inhalant user types include:

- The experimenter: This is the majority of users; they try it once or twice, and then stop by themselves.
- Social/situational user: Use inhalants in group situations. They tend to use in social settings or in response to immediate situations such as one of stresses. Use in often short term.
- The long-term, dependent user: A small number of people go on to use on a regular basis over a long period of time. Their use is usually an act of self-medication. They may use alone or with other regular users.

Effects of Inhalants

Inhalants are rapidly absorbed from the lungs into the bloodstream: because of this, only small amounts can cause quick intoxication (3–5 minutes). The effects are fairly short term, with most people recovering within an hour of inhaling.

Immediate Effects

- **Fewer inhibitions:** Feeling less inhibited, laughing, becoming excited and generally feeling intoxicated. A sustained "high" can be achieved by repeated use.
- **Excitement:** The person's mood can vary from mild excitement to euphoria. Sometimes they may become agitated and uneasy.
- **Confusion and disorientation.** Inhalants can cause hallucinations and delusions.
- Drowsiness: The initial excitement is often followed by drowsiness.
- **Flu-like symptoms:** Inhalants may cause sneezing, coughing, glazed eyes or a runny nose, like having a cold or the 'flu.
- **Nausea:** Inhalants can make people feel sick and cause diarrhoea.
- **Unpleasant breath:** After using inhalants people often have the smell of the product on their breath.
- **Nosebleeds and sores:** Inhalants may also cause nosebleeds, bloodshot eyes and sores around the mouth and nose.

The effects are usually within an hour of inhaling. Hangovers and headaches may occur after the immediate effects have passed and can sometimes last for several days.

Long Term Effects

People who use inhalants heavily and frequently may experience the following effects:

- **Health problems:** pale appearance, tremors, weight loss, tiredness, excessive thirst, loss of sense of smell and hearing, anaemia due to affected blood production, irregular heart beat and damage to heart muscle, liver and kidney damage.
- **Illogical thinking:** memory impairment, reduced ability to think clearly.
- **Irritability:** users may feel irritable, hostile, depressed or persecuted. These people who are long term users are the people most likely to harass and make a community fear for their lives.[22]

The following list of resources is provided to assist Aboriginal Health Workers to identify and locate information, contacts and services that can help them in all aspects of their work on substance use.

22 These guidelines were adapted from information available at www.druginfo.org.au

Resources

Drug and Alcohol Office 7 Field St Mt Lawley, 6050 www.dao.health.wa.gov.au	**Alcohol and Drug Information Service** ADIS 9442 5000 Toll Free Call 1800 198 024 Confidential 24 hr State-wide Service
Parent Drug Information Service PDIS 9442 5050 Toll Free Call 1800 198 024 State-wide service	**Drugs – Vibe Health** http://drugs.vibe.com.au/index.asp?PageID=1
Family Drug Support Help Line 1300 368 186 http://www.fds.org.au/	**WANADA** City West Lotteries House 2 Delhi St West Perth WA 6005 Telephone: (08) 9420 7236 www.wanada.org.au
Australian Drug Information Network www.adin.com.au	**DRUG ARM Australasia** www.drugarm.com.au 1300 656 800
Beyond the Big Smoke Indigenous Smoking Strategy www.ahcwa.org.au	**Quit Campaign** 131 848 www.quitnow.info.au
Department of Health and Ageing www.alcohol.gov.au	**Alcohol and Other Drugs Council of Australia** www.adca.org.au 1800 653 20. (statewide freecall)
Australian National Council on Drugs www.ancd.org.au	**National Drugs Campaign** www.drugs.health.gov.au
DrugInfo Clearing House www.druginfo.adf.org.au	**Australian Drug Foundation** www.adf.org.au

Appendix One

The Alcohol Use Disorders Identification Test: Interview Version

Read questions as written. Record answers carefully. Explain that an alcoholic drink means using examples that your client will understand. Remind people that their answers are confidential and ask them to be as open and honest as possible. This will give you the best data. The score is the same as the response number, i.e. if someone answers question 1 with response 2, put 2 in the box at the right.

1. How often do you have a drink containing alcohol?	6. In the last year how often have you needed a first drink in the morning to get going after a heavy drinking session?
(0) Never [Skip to Qs 9-10] (1) Monthly or less (2) 2 to 4 times a month (3) 2 to 3 times a week (4) 4 or more times a week	(0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	7. In the last year how often have you felt guilt or regret after drinking?
(0) 1 or 2 (1) 3 or 4 (2) 5 or 6 (3) 7, 8, or 9 (4) 10 or more	(0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily
3. How often do you have six or more drinks on one occasion?	8. In the last year how often have you been unable to remember what happened the night before because you had been drinking?
(0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily	(0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily
Go to Q 9 and 10 if Total Score for Q2 and 3 = 0	
4. In the last year how often have you found you couldn't stop drinking once you started?	9. Have you or someone else been injured because of your drinking?
(0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily	(0) No (2) Yes, but not in the last year (4) Yes, during the last year
5. In the last year how often have you failed to do what was normally expected from you because of drinking?	10. Has a relative or friend or a doctor or another health worker been concerned about your drinking or suggested you cut down?
(0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily	(0) No (2) Yes, but not in the last year (4) Yes, during the last year
	Total Score =

The minimum score is 0 (non-drinkers) the maximum score is 40. A score of 8 or above indicates risky or high-risk levels. A score of 13 or above suggests that the client may have become dependent on alcohol. (Adapted from Babor et al., 2001).

Resources

Audit: Self-administered Questionnaire

Read through the questions, and put the score into the box on the right.

For example:

2. How many drinks containing alcohol do you have on a typical day when you are drinking?	1 or 2	3 or 4	5 or 6	7 to 9	10 or more	2

When you have answered all the questions add up your score

Questions	0	1	2	3	4	SCORE
1. How often do you have a drink containing alcohol?	Never	Monthly	2-4 times or less a month	2-3 times a week	4 or more a week	
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	1 or 2	3 or 4	5 or 6	7 to 9	10 or more	
3. How often do you have six or more drinks on one occasion?	Never	Less than Monthly	Monthly	Weekly	Daily or almost daily	
4. How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than Monthly	Monthly	Weekly	Daily or almost daily	
5. How often during the last year have you failed to do what was normally expected of you because of drinking?	Never	Less than Monthly	Monthly	Weekly	Daily or	
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Never	Less than Monthly	Monthly	Weekly	Daily or almost daily	
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than Monthly	Monthly	Weekly	Daily or almost daily	
8. How often during the last year have you been unable to remember what happened the night before because of your drinking?	Never	Less than Monthly	Monthly	Weekly	Daily or almost daily	
9. Have you or someone else been injured because of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking last year last year or suggested you cut down?	No		Yes, but not in the last year		Yes, in the last year	
					TOTAL	

The minimum score is 0 (non-drinkers) the maximum score is 40. A score of 8 or above indicates that you may be drinking at risky or high-risk levels. A score of 13 or above suggests that you may have become dependent on alcohol. (Adapted from Babor et al., 2001).

Working with AUDIT

You can either use the AUDIT Interview schedule to assess your client's alcohol consumption, or you can give them the Self-Administered Questionnaire to fill in. You may need to explain to your client how to score the test.

Responding to AUDIT Scores

The Strong Spirit Strong Mind series of brochures includes a tool designed for giving AUDIT feedback. It is called 'How risky is my drinking?: AUDIT Feedback Tool'. This is available free from the Health Department (see Resources section).

What the Scores Mean and How to Respond

Scores of 0-7

This means your client is an abstainer or drinks at low-risk levels. No further action required.

Scores 0f 8-12

Your client is drinking at levels which may lead to short-term or long-term harm. Take a drinking history. Provide brief intervention, advise about strategies to stay healthy and reduce drinking. Advise them about possible long-term harm. If they are willing refer them to AOD services or support groups. Discuss the importance of healthy eating. Monitor the situation.

Scores of 13 and above

Your client is drinking at high risk of both short-term and long-term harm. They may be dependent on alcohol. Take a full drinking history. Offer intervention and ongoing support. Discuss the health risks, and advise reduction or abstinence. If your client is willing you may want to discuss the possibility of detoxification, pharmacotherapies, rehabilitation, counselling and support. Discuss the importance of healthy eating. Monitor the situation. Your may want to refer this client to a specialist AOD service.

(Adapted from de Crespigny et al., (2003), in Alcohol Treatment Guidelines for Indigenous Australians, 2007).

Appendix Two

DRUG TYPE	SHORT-TERM EFFECTS OF MODERATE DOSE	SHORT-TERM EFFECTS OF HAZARDOUS DOSE	LONG-TERM EFFECTS OF HAZARDOUS DOSE
DEPRESSANTS			
ALCOHOL	Relaxation, breakdown of inhibitions, euphoria	Stupor, nausea, reduced coordination, slurred speech, unconsciousness, hangover, death	Impotence, ulcers, malnutrition, liver and brain damage, DTs, psychosis, death
MINOR TRANQUILLISERS (Benzodiazepines)	Relief of anxiety and tension, treatment of insomnia, muscle relaxation	Drowsiness, blurred vision, dizziness, slurred, speech stupor	Significant withdrawal effects of anxiety, insomnia, depersonalisation and possibly convulsions
OPIOID BASES ANALGESICS (inc heroin, morphine, codeine, synthetic and semi-synthetic opiods)	Relaxation, euphoria, pain relief, decreased alertness	Depressed respiration, coma, death	Lethargy, constipation, weight loss, impotence, withdrawal
VOLATILE SUBSTANCES	Relaxation, excitement, hallucinations, euphoria, impaired coordination, sudden death syndrome	Stupor, convulsions, death	Liver, kidney, bone marrow and brain damage (may be reversible in some cases) fatigue, weight loss, depression
STIMULANTS			
AMPHETAMINES	Increased, alertness, confidence, excitation, reduced appetite, dilation of pupils, talkativeness	Restlessness, dizziness, psychosis, residual hangover, panic	Thought disorder, insomnia, restlessness, hallucinations, psychosis, death
COCAINE	Intense exhilaration, self confidence and 'in control'	Sweating, pallor, erratic behaviour	Damage to nasal septum, insomnia and restlessness, hallucinations, psychosis, death
TOBACCO	Relaxation, increase in heart rate, blood pressure, drop in skin temperature	Headache, loss of appetite, nausea	Impaired breathing, heart and lung disease, cancer, death
CAFFEINE	Increased alertness, metabolism, body temperature and urination	Restlessness and insomnia, headache, palpitation, diarrhoea	Chronic insomnia, anxiety and depression, stomach disorder
HALLUCINOGENS			
LSD, MAGIC MUSHROOMS	Heightened perception, increased energy, insomnia, hallucinations, anxiety	Panic, exhaustion, tremors, hallucinations	Flashbacks, psychosis (In susceptible people)
OTHER			
CANNABIS	Heightened perception, increased energy, insomnia, hallucinations, anxiety	Stupor, hallucinations, panic attach	Chronic fatigue, de-motivation, respiratory problems etc if smoked. See effects for tobacco. Psychosis in susceptible people
ECSTACY	Well-being, confidence, anxiety, sweating, high body temperature, increased heart rate	Dehydration, Irrational behaviour, muscle 'meltdown', vomiting, hallucinations, 'hangover' effect, convulsions	Anxiety, panic, confusion, liver damage, psychosis, depression, impotence

Appendix Four

Making Changes Action Plan

It takes more than setting up a few goals to make real change happen. When you are working with a client it is important to develop a plan which sets out how they will make the change happen. An action plan helps clients to identify, and achieve their goals by identifying barriers, supports and alternative strategies. Action plans work when client have thought through all the steps to achieving their goal, including knowing when they have succeeded. Action plans can also be developed for families and communities using this format as a template.

My Making Changes Action Plan	
The things I would like to change are...	
These changes are important to me because…	
How will these changes benefit my inner spirit?	
How will these changes benefit my family and community?	
My short-term goal is…	
The steps I plan to take to help me reach this goal 1. 2. 3.	
Other people who could help me...	
Some of the pressures or things I need to be aware of that might stop me reaching my goal…	
Some things I could do if these pressures/ things happen…	
I will know my plan is working when…	
If I need more help I can contact…	

(Casey & Keen, 2005)

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