



**MENTAL HEALTH
FIRST AID®**

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PROBLEM DRINKING

GUIDELINES FOR PROVIDING MENTAL HEALTH FIRST AID TO AN ABORIGINAL OR TORRES STRAIT ISLANDER PERSON

Purpose of these guidelines

These guidelines describe how members of the public should provide first aid to an Aboriginal or Torres Strait Islander person who may be experiencing problem drinking. The role of the first aider is to assist the person until appropriate professional help is received or the crisis resolves. The guidelines aim to be respectful to cultural differences in understanding and treating problem drinking. More information regarding culturally respectful mental health first aid practice can be found in *Cultural Considerations and Communication Techniques: Guidelines for Providing Mental Health First Aid to an Aboriginal or Torres Strait Islander person*.

Development of these guidelines

The following guidelines are based on the expert opinions of Aboriginal clinicians from across Australia, who have extensive knowledge of, and experience in, mental health.

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How to use these guidelines

In these guidelines the word *Aboriginal* is used to represent all Australian Aboriginal and Torres Strait Islander people.

These guidelines are a general set of recommendations about how you can help an Aboriginal person who may be experiencing problem drinking. Each individual is unique and it is important to tailor your support to the person's needs. These recommendations therefore may not be appropriate for every person who has problem drinking. It is important to acknowledge that Aboriginal communities are not all the same; they may differ in their understanding, approaches and treatment of mental illness. Be aware that the individual you are helping may not understand mental illness in the way that you do. Try to be familiar with their way of understanding.

Also, the guidelines are designed to provide first aid in Australian Indigenous communities and may not be suitable for other cultural groups or for countries with different health systems.

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First aid for problem drinking

How do I know if someone is experiencing problem drinking?

Problem drinking is when someone drinks alcohol at a level that places their health, relationships, work or study, family or community at risk. Australia has national guidelines to help people understand the risks of drinking.

NATIONAL GUIDELINES FOR DRINKING AT A LOW-RISK LEVEL



For adults

No more than two standard drinks in any one day.



For children (under 15)

Not drinking is the safest option for children and adolescents under 15 years.



For young people (15 - 17)

Not drinking is the safest option for adolescents aged 15-17 years. If drinking does occur, it should be under parental supervision and no more than 2 standard drinks.



For women who are pregnant, planning a pregnancy, or are breastfeeding

Not drinking is the safest option because of risk of harm to the child.

Problem drinking includes a range of drinking levels, from any drinking above the low-risk level, through alcohol abuse (drinking that leads to problems at work, school, home or with the law), to alcohol dependence (when someone is addicted to alcohol, and cannot get through their day without it). Some examples of behaviours that may occur when someone is experiencing problem drinking are shown below.

Problem drinking may be occurring if the person

- consistently drinks above the low-risk level
- gets into arguments or has accidents because of their drinking
- needs to drink to help deal with certain situations
- is affected in their ability to perform day-to-day tasks
- plays down how much they drink
- is in debt because of the amount of money they spend on drinking
- has been drink driving, or has charges for drink driving or other related drinking offences
- is having marriage or relationship trouble because of their drinking
- is in trouble at work because of drinking or at risk of being fired or laid off

- is often sick or in ill health
- shows increasingly irrational behaviour
- suffers physically and emotionally when not drinking
- avoids answering questions about their drinking or looks uncomfortable when responding
- is secretive about their drinking
- is unwilling to consider that their drinking is a problem
- reacts angrily when it is suggested that they have a drinking problem
- thinks a lot about drinking and when they'll next get a chance to drink
- becomes anxious when they cannot get access to alcohol

If you are not sure if the person's drinking is a problem, it is best that you describe the person's drinking to a professional, such as a drug and alcohol or community health worker or local doctor, to see whether they would consider it a problem. You can also see a professional if you would like more information about how to approach or help the person with their problem drinking.

Alcohol use, problem drinking and Aboriginal people

Problem drinking is not part of Aboriginal culture or tradition. Although some Aboriginal communities have problems with alcohol, Aboriginal people are more likely to be non-drinkers than are non-Aboriginal people. Research shows that the percentage of Aboriginal people who choose to drink is lower than for non-Aboriginal people.

Research also shows that Aboriginal people who choose to drink are more likely to drink at high-risk levels than to drink at low-risk levels. For many people, drinking alcohol at high-risk levels is linked to increases in incarceration, violence (in both family and community), risky behaviour (such as drink driving), accidents and injuries, hospitalisation, ill-health, suicide and homicide. Furthermore, research shows that Aboriginal people who choose to drink will experience more alcohol-related disease, injury and death than non-Aboriginal people who choose to drink.

In recognition of these harms, some Aboriginal communities place bans or restrictions on the sale or consumption of alcohol. Make sure you are familiar with any alcohol restrictions or alcohol management plans that apply in the community in which you are helping.

Understanding the person's problem drinking

There are different reasons why people drink alcohol to excess. For instance, drinking is often used to cope with underlying emotional distress or mental illness. This is often called "self-medication". If the person has underlying emotional distress or mental health issues, these may need to be addressed to help the person overcome their problem drinking.

The person's drinking can be strongly influenced by a range of factors, including who the person drinks with, where they choose to drink and their family's and community's attitudes

to drinking. The person's family may deny or make excuses for the person's drinking, or they may be supportive of efforts to change. Before assisting the person, make sure you understand the attitudes that the person's family and community have towards drinking.

The environment in which the person drinks can make it harder or easier for them to change their drinking. For instance, the person's drinking may be part of a wider pattern of problem drinking in the community. The social pressures on the person to drink may be very strong. If drinking problems in the person's community are widespread, you should speak to community leaders about initiating change.

Drinking also contributes to a lot of family violence problems. If the person's drinking is placing the safety of others (such as their partner or family members) at risk, your priority should be to keep the people safe. If there are any children being affected by the person's drinking, you need to make the children's safety and wellbeing the first priority.

How do I talk to the person about their problem drinking?

Approach the person

Talk with the person in a quiet, private environment at a time when there will be no interruptions. Try to talk with them when they are sober and in a calm frame of mind. Approach the person on your own rather than organise a group of people to confront them about their drinking.

Talk to the person openly and honestly. Consider their readiness to talk about their drinking because this may be the first time the person has thought about it as a problem. Ask the person about areas of their life that their drinking may be affecting. For example, you could ask about their mood, work or home life. Encourage the person to talk about any problems in their life that may be contributing to their drinking and allow them to talk without interruption. Listen carefully to them without being judgemental and try to understand their own perception of their drinking. Reassure the person that you care about them.

Identify and discuss the person's behaviour rather than criticise their character. You could say, for example, "Your drinking seems to be getting in the way of your friendships" rather than saying "You're a pathetic drunk".

Offer to help the person and discuss what assistance you are willing to provide. Do not expect a change in the person's thinking or behaviour right away and be prepared to talk to the person about their drinking again in the future.

Provide the person with information

Try to discuss some of the risks associated with problem drinking. There are many short and long-term consequences of high-risk drinking. These may include physical, mental or social problems. These problems can be caused or made worse by drinking. Also, try to inform the person of any consequences that could apply to them for breaking local alcohol restrictions (such as drinking in dry areas) or breaking laws that apply to drinking. If the community has rules about restricting access to alcohol, encourage the person to follow them. If the person is pregnant or breastfeeding, you should stress the dangers of drinking for the child.

Also provide the person with specific information about Aboriginal people and problem drinking. There are many good and freely available resources that can be found at local Aboriginal or community health services, drug and alcohol services, doctor's clinics, in the library or on the internet. Resources about reducing drinking may include: books such as *The Grog Book*, videos or leaflets, or local people who have stopped the grog.

The person's reaction

The person may acknowledge their drinking as a problem and want some assistance. If this is the case, see the sections *Encourage the person to seek professional help* and *Helping the person to change*.

On the other hand, the person might avoid questions about their drinking or they may give excuses, get angry or try to blame family members or others for their behaviour.

The person may underestimate the amount that they drink, may not believe or might deny that they have a drinking problem. The person may not even recall events that occurred while they were intoxicated. If the person does not admit they have a drinking problem, do not try to force them. Instead, be patient and supportive while waiting for them to accept that they have a problem.

While waiting for the person to accept the need for change, it is important that you do not join in drinking with the person. Instead, set an example by following any rules the community has about alcohol restriction. Also avoid trying to control the person by bribing, nagging, threatening or crying. Try not to feel guilty or responsible if the person is unwilling to change their drinking, as the person is the only one who can take responsibility for changing.

Encourage the person to seek professional help

Encourage the person to see a professional to get information about their problem drinking. The sooner professional help starts, the better the person's chances for recovery.

Problem drinking needs to be addressed as part of a comprehensive, holistic approach to health that includes physical, spiritual, cultural, emotional and social aspects. Treatment for problem drinking should involve controlled withdrawal or "detox", medical treatment for health problems

related to drinking, as well as counselling treatments to help the person change their behaviour. Some treatment programs aim to have an alcohol-free lifestyle, while other programs aim to reduce the person's drinking to a safer level. Before suggesting professional help to the person, be aware of the different options in the person's local area. These may include an Aboriginal health service, a drug and alcohol service, a counsellor, doctor, or helpline.

If the person agrees to professional help, you should give them information about local options and advise them to see a doctor/GP, because they play an important role in helping the person care for their health while they change their drinking. If the person has been drinking heavily for a long time, warn the person against stopping suddenly, as this can be very dangerous to their health. Encourage the person to seek professional help before they change their drinking.

Assure the person that you will support them in getting the help they need. Discuss with the person what seeing a professional might involve and reassure them that help is confidential. Explain to the person that there are several approaches available for treating problem drinking and encourage them to find a treatment program that they feel comfortable with. Try to find a professional or treatment program that specialises in treating Aboriginal people with drinking problems, or one experienced in helping with drinking problems in the local community. However, be aware that drug and alcohol services that specialise in treating Aboriginal people may be hard to find, especially in rural and remote areas.

Problem drinking can often be a symptom of underlying emotional distress. Therefore, it is important to encourage the person to engage professional help that will address many aspects of the person's social and emotional wellbeing, not just their physical health.

If the person is being aggressive towards others because of their drinking, you should suggest they also seek professional help for their anger or attend a self-help group for anger management.

What if the person doesn't want professional help?

The person may not want professional help when it is first suggested to them. If the person does not want to see a professional, you should discuss some of the reasons why this may be.

If the person is finding it difficult to accept that they need professional help. You could suggest that you don't need to be an 'alcoholic' to benefit from talking to a professional and that a person with any type of problem drinking can benefit.

If the person does not want to stop their drinking. Explain that the goal of professional help may be to help the person to find ways to reduce their drinking, rather than to make them quit altogether.

If the person feels shame, or is worried about what others will think of them. Reassure the person that they are not alone and that many people have problems with drinking. Discuss with

them how a doctor or health worker can help them with their problem by giving advice that is personal and helpful for their situation. Reassure them that seeing a doctor or health worker is private and not a shame job.

Suggest that it takes courage to ask for, and to accept, professional help. Ultimately it is the person's decision to get professional help. The person may only do so when the consequences of their drinking become bad enough. It might therefore be helpful to give the person a card or phone number of a service they can use when they feel ready. Assure the person that you will be there if they want help or want to talk again in the future. Try to be compassionate and patient while waiting for the person to accept they need help.

Support the person but not their drinking

Understand that the person may not change their behaviour if they do not have to face the consequences of their actions. If the person is unwilling to seek help, explain the consequences of continuing with their current drinking. For instance, you should refuse to support the person's drinking by not giving them money, paying their bills or buying them grog when they want to go out and drink. You should also avoid taking on the person's responsibilities, or covering up and making excuses for them.

Helping the person to change

Encourage the person to drink less

Abstinence (stopping all grog) is not the only alternative to problem drinking. Helping the person to reduce their drinking is also worthwhile.

If the person's drinking is placing their physical, emotional or social health at risk, then helping the person find ways to reduce their drinking is particularly important. Encourage the person to drink less by providing some practical tips for low-risk drinking. Also, try to discuss ways the person could drink without it having a negative effect on others.

Encourage the person to find other supports

The person may need a range of people or groups that can support them to change. You could encourage the person to find a self-help or support-group program, such as Alcoholics Anonymous (AA). You could also encourage the person to talk to a friend or other person they trust about their problems, not just their drinking. Other people who may be able to support the person include:

- a respected Elder
- another person who has given up the grog
- someone who can help them by sharing common goals around staying sober
- non-drinking family or friends
- community members
- community groups (such as men's, women's, or health groups)

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Not all family and friends of the person will be supportive of their efforts to change their drinking. Encourage the person not to push away the people who worry or complain about their drinking, as these people are a potential source of support.

Also, help the person to find ways of coping when they feel the urge to drink. For instance, you could encourage them to participate in ceremony or art, or if the person has strong ties to land, encourage them to use these by going bush, going hunting or back to country.

Help the person deal with social pressure to drink

There is often social pressure to get drunk when drinking. Let the person know that they have the right to refuse a drink when under pressure from others to drink more than they want or intend to. Suggest the person could say “no thanks” without explanation and reassure them that saying “no” to drinking will get easier the more they do it. If the person is having trouble saying “no”, discuss some other ways in which the person can be assertive about their desire not to drink. Other things the person can do include:

- volunteer to be the designated driver
- refuse a drink by stating “I don’t feel like it”, “I don’t feel well” or “I am taking medication”
- pour themselves a soft drink and let others assume it is a mixed drink
- stay away from people who pressure them to drink
- participate in social or cultural activities that do not involve drinking

Have realistic expectations for the person

Let the person know that even though changing drinking patterns is hard, they should not give up trying. Be sure to support and encourage any small changes or improvements in the person’s behaviour, but be aware that the person may relapse once or several times before changing their drinking patterns.

Practical tips for low-risk drinking

- Know what a standard drink is (10g of alcohol)
- Know the number of standard drinks in each beverage (the number of standard drinks is often listed on the packaging)
- Keep count of the number of standard drinks consumed
- Do not let people top up your glass before it is finished, so as not to lose track of how much alcohol has been consumed
- Eat while drinking
- Drink plenty of water when drinking alcohol to prevent dehydration
- Drink beverages with lower alcohol content (e.g. low-alcohol beer instead of full strength beer)
- Switch to non-alcoholic drinks when starting to feel the effects of alcohol
- Avoid keeping up with friends drink for drink
- Avoid drinking competitions and drinking games
- Drink slowly, for example, by taking sips instead of gulps and putting the drink down between sips
- Have one drink at a time
- Spend time in activities that don’t involve drinking
- Make drinking alcohol a complementary activity instead of the sole activity
- Identify situations where drinking is likely and avoid them if practical

Reducing or stopping drinking is only part of the process and many lifestyle changes are required to change drinking patterns.

First aid for alcohol intoxication, poisoning or withdrawal

What is alcohol intoxication?

Intoxication is a word that is often used to describe when a person has had a lot to drink. There are different levels of alcohol intoxication, ranging from mild to heavily intoxicated. Signs of alcohol intoxication include:

- loss of coordination
- slurred speech
- staggering or falling over
- loud, argumentative or aggressive behaviour
- vomiting
- drowsiness or sleepiness

The signs of alcohol intoxication can vary from person to person and are influenced by a range of factors, such as prior experience with alcohol, taking illicit drugs or medications, and physical and mental health conditions. The symptoms of some medical conditions (such as diabetes) can mimic the signs of alcohol intoxication.

When intoxicated the person may engage in a wide range of risky activities, such as having unprotected sex, getting into arguments or fights, or driving a car. The person may also be at a higher risk of attempting suicide.

What to do if the person is intoxicated

Communicate appropriately

While intoxicated, the person may not think clearly. Try to stay calm and talk with the person in a respectful manner, using simple, clear language. Do not laugh at, make fun of, or provoke the person. Do not attempt to engage the person in a serious conversation about their drinking while they are intoxicated.

Monitor for danger to the person, yourself and others

If you have been drinking, try to get someone who is sober to assist the person with you. While intoxicated, the person is at greater risk of physical harm (e.g. falling over, physical or sexual assault). Be aware that drinking alcohol can mask pain from injuries. Assess the situation for potential dangers and ensure that the person, yourself and others, are safe.

Ask the person if they have taken any medications or other drugs, in case their condition deteriorates into a medical emergency. Watch the person for signs of increasing aggression. You should also monitor the person for signs that they are suicidal and try to prevent them from walking off alone, but only if it is safe for you to do so. For more information on how to help a person who may be suicidal please see the other guidelines in this series *Suicidal thoughts & behaviours and Deliberate self-injury: Guidelines for providing mental health first aid to an Aboriginal or Torres Strait Islander person*.

Keep the person safe

Stay with the person or ensure they are not left alone. Keep them away from traffic, machines and dangerous objects. If the person attempts to drive a vehicle or ride a bike, discourage them, for example, by telling them about the risks to both themselves and others. Try to organise a safe mode of transport for the person to get home.

If the person is heavily intoxicated and you feel uncomfortable monitoring them, take the person to a sobering-up centre.

These are preferable to police lock-ups because they can help the person stay safe, learn about their drinking and its risks, and get some professional help.

Can I help the person sober up?

Only time will sober the person up. The body breaks down approximately one standard drink of alcohol per hour. Drinking black coffee, sleeping, walking or taking cold showers will not speed up this process.

After drinking heavily it can take many hours for the body to get rid of the alcohol. Even though the person may not feel intoxicated, they can still be affected by it. Therefore you should suggest that they do not drive the next day or engage in other tasks that involve risk of injury.

What are alcohol poisoning and alcohol withdrawal?

Alcohol poisoning refers to a dangerous level of alcohol in the blood that can lead to death. The amount of alcohol that causes poisoning is different for every person.

Alcohol withdrawal refers to a range of symptoms that may occur when a person who has been drinking heavily on a regular basis stops drinking or drinks substantially less than usual. It is not simply a hangover. Alcohol withdrawal can be dangerous because people who have been drinking heavily for a long time can become very sick when they stop. You should therefore encourage the person to get medical advice from a doctor or drug and alcohol service before they stop drinking.

In order to help the person withdraw from the effects of alcohol, some treatment programs will give medication, some will recommend a stay at a service, while others can assist the person within their home.

If the person becomes aggressive

Your priority should be to keep yourself and others safe. Try to de-escalate the situation as much as possible by using the following techniques:

- Remain as calm as possible
- Speak slowly and confidently, with a gentle, caring tone of voice
- Do not speak in a hostile or threatening manner
- Avoid arguing
- If inside, keep the exits clear so that the person does not feel penned in and you and others can get away easily if needed
- Ensure your own safety by keeping some distance from the person
- Consider taking a break to allow the person a chance to calm down

If your attempts to de-escalate a threat of violence do not work, and there is a night patrol in the person's community, ask them for help. You should only call the police if all other avenues of de-escalation have been exhausted.

If an injury occurs, seek appropriate emergency assistance.

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WHEN SHOULD I SEEK EMERGENCY MEDICAL HELP FOR THE PERSON?

It is important to know that alcohol intoxication, poisoning or withdrawal may lead to a medical emergency.

You should call an ambulance, take the person to a hospital or clinic, if any of the following occurs:

- The person is continually vomiting
- The person is unconscious, i.e. falls asleep and cannot be woken
- Alcohol poisoning is suspected, i.e. the person shows any of the following signs or symptoms:
 - irregular, shallow or slow breathing
 - irregular, weak or slow pulse rate
 - cold, clammy or pale skin
- Drink spiking is suspected, i.e. the person shows a rapid increase in intoxication
- The person has a suspected head injury
- The person shows symptoms of severe alcohol withdrawal, i.e.
 - fever
 - delirium or confusion
 - convulsions or seizures
 - hallucinations

In a medical emergency

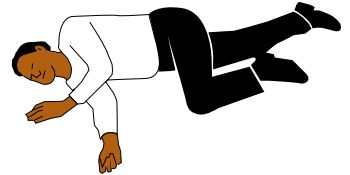
Do not be afraid to seek medical help for the person, even if there may be legal implications for them. While waiting for an ambulance or medical help, ensure that the person:

- is not left alone
- is not given food or drink, as they may choke on it if they are not fully conscious
- is kept warm to prevent hypothermia (the person may feel warm but their body temperature may actually be decreasing)
- has their airway, breathing and circulation monitored
- is put in the recovery position if they are hard to wake

It is beneficial for a friend or family member to accompany the person to a hospital or clinic, as they may be able to provide relevant information.

The Recovery Position

Any unconscious person needs immediate medical attention and their airway kept open. If they are left lying on their back they could suffocate on their vomit or their tongue could block their airway. Putting the person in the recovery position will help to keep the airway open. If necessary, clear the person's airway after they have vomited. Before rolling them into the recovery position, check for broken glass and other sharp objects.



Other first aid principles to keep in mind

- if the person is vomiting and conscious keep them sitting. Otherwise, put them in the recovery position.
- if the person stops breathing, they will need expired air resuscitation (EAR)
- if the person has no pulse, they will need cardiopulmonary resuscitation (CPR)

All MHFA guidelines can be downloaded from <https://mhfainternational.org/guidelines/>

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The MHFA Training & Research Program

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the national depression initiative
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