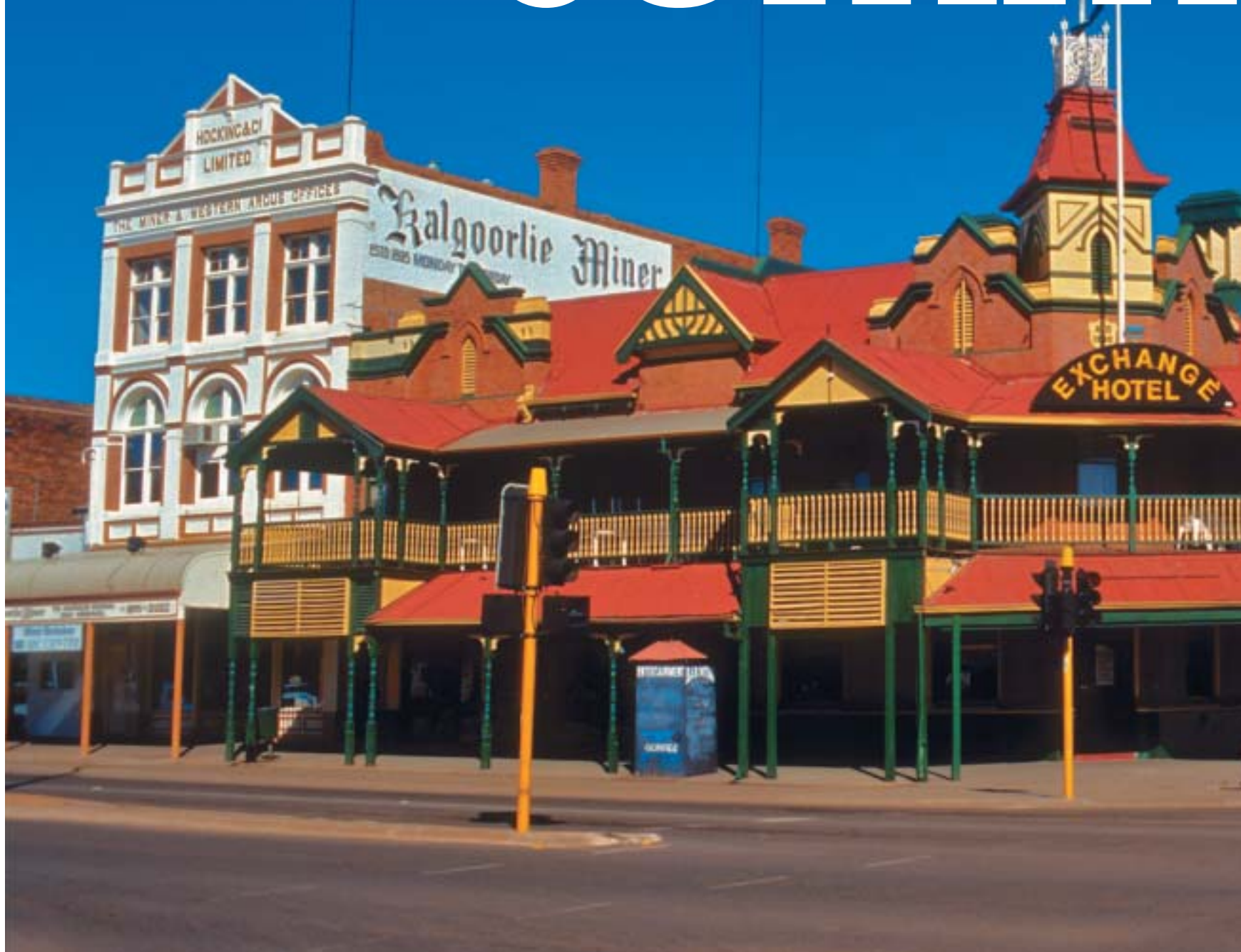


It takes a COMM



unity



It will be a long haul, but GPs and other rural community leaders believe that, if they all pitch in, they can reduce the harm caused by the heavy-drinking culture.

STORY MELISSA SWEET • MAIN PHOTO STEVE SADLER

The grand old hotels that line the streets of Kalgoorlie, in the goldfields of WA, are powerful symbols of the local culture.

Alcohol is not only deeply embedded in the city's history and social life, but is also a significant industry in which skimpily clad barmaids are promoted as a tourist attraction.

But Kalgoorlie is about to be asked to reconsider its attitudes towards alcohol as part of a large-scale project to reduce associated harms, including hospital admissions, assaults, domestic violence and road accidents.

It is one of a number of projects around Australia responding to widespread concerns about the harmful impact of the heavy-drinking rural culture.

Such projects also reflect the view of public health experts that community action is one of the few remaining options at a time when governments' competition policies and market deregulation are increasing the availability of alcohol, despite evidence this is associated with an increase in problems such as violence.¹

Over the next three years, researchers from the National Drug Research Institute in Perth will work with Kalgoorlie groups to tackle the alcohol problem at a community-wide level. While specific strategies are yet to be developed, broad areas of action could include media advocacy and interventions for workplaces, alcohol outlets, GPs and other health and social services, and police.

"We want to achieve structural change in Kalgoorlie," says project leader Associate Professor Richard Midford. "We will not be focusing on individual drinking but on the way the community approaches drinking."

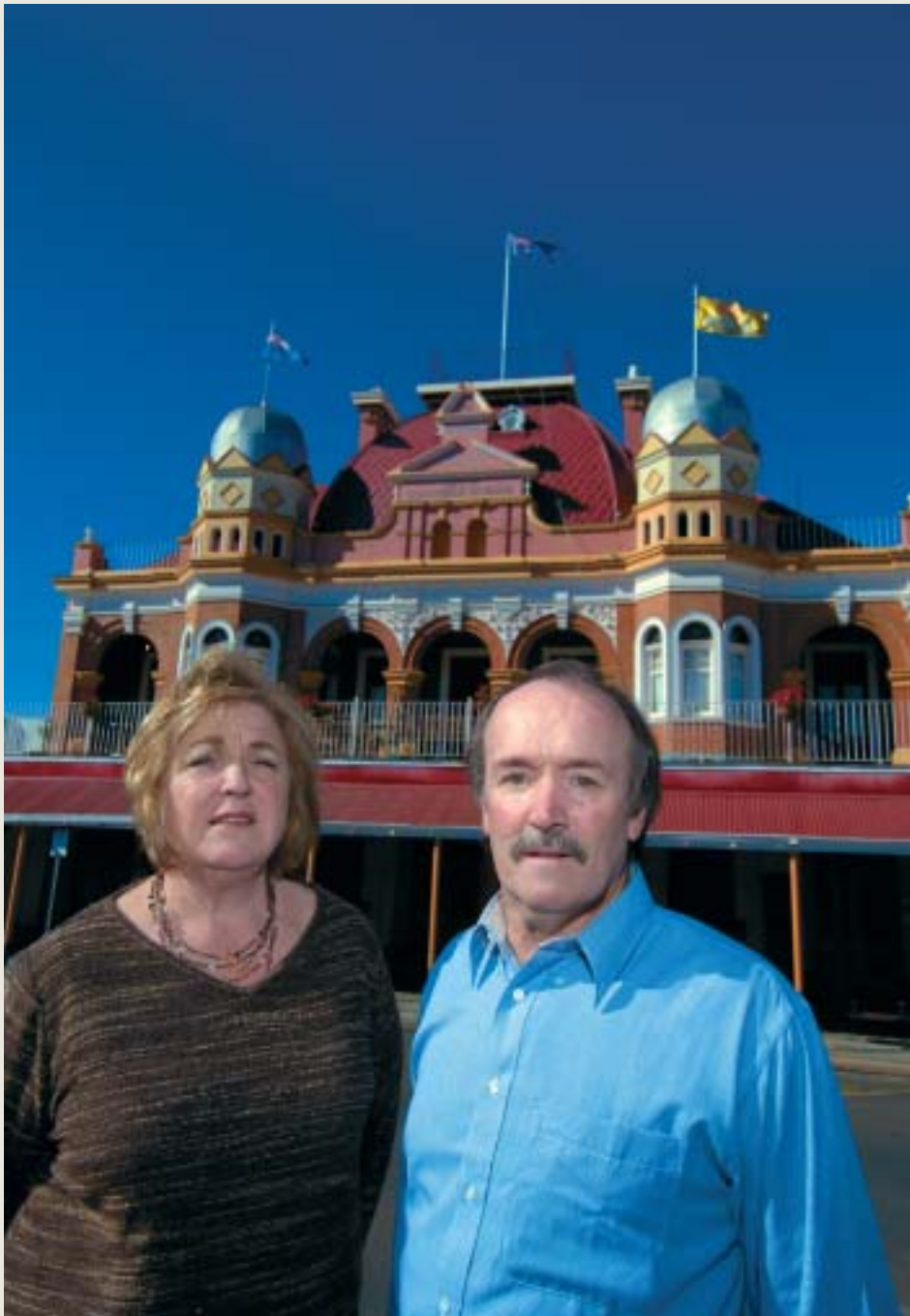
Work recently began on the project's first stage, which includes a survey of community leaders to help establish the city's readiness for change and a baseline survey to assess how much people are drinking.

"It's a balance between doing things which the community will support and which the evidence suggests are effective," Professor Midford says. "Those two things don't necessarily coincide. The community tends to want to do things which won't rock the boat."

The researchers are taking a softly, softly approach in an effort to bring locals onside. The two years developing the project have made them realise just how much the community defines itself by drinking. The statistics bear this out – per capita alcohol consumption is 36% higher than the state average, and rates of night-time assaults, a proxy measure of alcohol-related violence, are 14 times higher, Professor Midford says.

The Kalgoorlie-based project co-ordinator, Mr Fredrik Welander, says

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Steve Sadler

Working together to fight the entrenched heavy-drinking culture of Kalgoorlie: GP Dr Mal Hodsdon and local councillor Esther Roadnight.

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it's vital to involve the community so they feel an ownership so it continues after the researchers leave.

The project is modelled on a similar program in Geraldton in the mid 1990s. "We learnt there that if you want to change the way a community deals with alcohol, you've got to put in a lot of effort over a long time," Professor Midford says.

The researchers will have no difficulty persuading local GPs of the need for action. Dr Mal Hodsdon, chair of the Eastern Goldfields Medical Division of General Practice, has only to turn on the radio to be reminded of the problem. A recent news bulletin told him that a 15-year-old girl had been taken unconscious to hospital after drinking a litre of vodka.

As the father of four teenagers, Dr Hodsdon is acutely aware of how easy it is for young people to get alcohol.

On any morning from the doors of his surgery, which is close to a well-known hotel, the alcoholic toll on the local Indigenous population is obvious. In some parts of Kalgoorlie, it is not unusual to see bodies lying in the street.

Community leader Jan Battley says that while the impact of alcohol on Indigenous communities has dominated national headlines in recent months, it is only the most visible aspect of the problem for rural people.

"It's a bit like the tip of the iceberg," says Ms Battley, executive officer of Investing In Our Community, a community group involved in the project. "The one you can see sticking up is the itinerant Aboriginal population on the street, but the bulk of the iceberg is the general population."

She hopes the project will encourage locals to see alcohol as an issue for all the community.

Local councillor Esther Roadnight is enthusiastic about the project but expects resistance. "The hardest area is going to be sporting groups because there's a real culture there of, after or during the event, of having a few drinks," she says.

Ms Roadnight says that when a local drug action group won funding to do an alcohol project with sporting groups, they couldn't find any willing to be involved. "They felt it was a threat to their culture rather than being something that could be positive," she says.

It says much about the priorities of policymakers that the funder of the Kalgoorlie project, the Alcohol Education and Rehabilitation Foundation, faces an uncertain future despite a reputation for supporting innovative, effective projects.

The organisation, set up by the Federal Government in 2001 with funds related to the GST introduction, is struggling to win ongoing government support, says the CEO, Daryl Sneaton. At the same time, the Government has given \$5 million to an industry-supported body, DrinkWise Australia, whose motto is "moderation is always in good taste".

Mr Sneaton recently told a conference that 70-80% of the work of rural police is alcohol-related: "Afterwards a rural policeman came up to me and said, 'Mate at my place it's about 95 per cent'." As is so often the case, country people suffer a higher burden of harm but have less access to services. "One of the great problems in rural and regional Australia is getting help for people, even just ordinary drug and alcohol counselling," he says.

Meanwhile, Professor Robin Room, who was recently recruited as professor of social alcohol research at the University of Melbourne, says Australia's problems with alcohol are also seen in many other countries.

But Australia seems "stuck" in developing appropriate policy responses, such as more consistent taxing, because of the success of the wine lobby. "The cheapest way of getting drunk in Australia is with cask wine and that's an issue from a public health point of view," he says.

In the absence of government policies to effectively tackle taxation and licensing issues, Professor Room says GPs can make a difference for patients with brief interventions, including just asking how much people drink.

"But the other thing that's consistently found in studies in

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Taking a stand at Coober Pedy

Among tourists, the outback SA town of Coober Pedy is famous for its opals and underground living. But for locals, the perennial topic of conversation is much less picturesque.

The problems of public drunkenness, particularly between October and April when hundreds of itinerant Aborigines arrive in town from the desert, are a never-ending source of frustration for many.

Several months ago, Natalie Slovachevsky, the practice manager of one of the local surgeries, decided she'd had enough – and not just of the town's alcohol problem. She was also tired of the local apathy.

After 10 years of watching half-hearted, inadequately funded and poorly co-ordinated programs failing to tackle the problems effectively, Ms Slovachevsky felt it was time for the community to take action, despite concerns this might be perceived as racist or affect the tourist industry.

With the support of her partner, solo GP Dr Victor Sotnik, Ms Slovachevsky organised a petition calling on state and local governments to act. It attracted more than 1000 signatures out of a population of about 3500.

A community working group is also organising a summit for October to pressure for change.

Ms Slovachevsky says the community wants legislation to enable police to decant or confiscate alcohol being consumed in the dry zone, which was established in 1996 but is not effectively enforced. As a result, she says, the town sometimes look like a war zone, with dozens of bodies flaked out on footpaths and public land.

She says health services struggle to deal with even the acute effects of intoxication, and buck-passing between governments and agencies means no one takes responsibility.

"The council says it's a police issue," she says. "The police say it's a social issue, people at health or welfare say, 'We can only do so much, you need to talk to the Aboriginal people'. You contact the local Aboriginal people and they say, 'They're not all our people, they're from out of town'.

"Nobody is willing to take political ownership of the problem, so it just

keeps getting worse and worse."

Dr Sotnik says alcohol abuse is both a cause and effect of social problems, and extending and enforcing the town's dry zone would be a welcome start to tackling the broader problems. "The momentum is there, we've just got to keep it going," he says.

Apart from supporting community campaigns such as at Coober Pedy, doctors have a crucial role to play in directly raising alcohol issues with Indigenous patients, says Australian National University researcher Dr Maggie Brady.

Dr Brady, who has worked in many Indigenous communities, says her research asking reformed drinkers why they had been

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Natalie Slovachevsky

able to give up the grog found that many cited something a doctor had told them. "Many could remember the names of the doctors who had spoken to them years before," she says. "Some needed several warnings and reminders before they did something."

Aboriginal people often find it awkward to raise the issue of problem drinking with family and friends and even Aboriginal health workers can find it difficult, she says.

Doctors are more likely to be able to raise the issue successfully because of their status and position as "authorising outsiders". "People can use the doctor as an excuse with their drinking mates so it gives them a face-saving out if they do want to change their drinking behaviour," she says.

Dr Brady says it is unfortunate some doctors are reluctant to ask about patients' drinking for fear of being culturally inappropriate. "People will relate to general practitioners who treat them with kindness and respect. There is huge potential for much more intervention by GPs, whether working in private practice or the health service."



Margaret Mackay

Calling for action on alcohol: Coober Pedy GP Dr Victor Sotnik and his practice manager, Natalie Slovachevsky: "The momentum is there, we've just got to keep it going."



“Alcohol is a huge part of the rural culture, but there is limited consciousness of the harms it causes.”

Dr Rodger Brough

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Australia and elsewhere is that you can't get doctors to do that. One issue is the way health care is structured and what incentives are there for the doctor or nurse to do this?"

Time constraints, fears of being intrusive or offending patients, scepticism about whether it will make a difference and financial disincentives are among the many reasons that GPs give researchers for being reluctant to raise alcohol in consultations.

However, a recent project has shown that a single training session can have a dramatic impact on GPs' confidence and skills to tackle such problems. Before the Drink-less session, only about half of the GPs felt confident in identifying at-risk drinkers; afterwards about 90% did.²

Associate Professor Kate Conigrave, a staff specialist in addiction medicine at the Royal Prince Alfred Hospital and the University of Sydney, chaired the project, which was funded by the Roads and Traffic Authority and has trained more than 350 GPs across NSW.

Professor Conigrave says GPs may not realise that treatments for alcohol problems have improved greatly in recent decades. She points to relatively low rates of prescribing of effective treatments for alcohol dependence, such as acamprosate and naltrexone.

"Around Australia, the uptake is far lower than we would expect," she says. "It's hard to know whether the doctors are unaware of them or if it's because patients don't want them."

At the training sessions Dr Conigrave has heard from rural GPs that alcohol-related problems are a "can of worms" they don't have time to sort out.

Dr Conigrave has also been involved in upskilling rural doctors and other health professionals as part of a landmark randomised controlled trial involving 20 rural NSW towns, which will test the impact of community-wide interventions. The five-year study, believed the largest of its type in the world, is being conducted by researchers from the Universities of NSW, Newcastle, Flinders and Queensland with \$2 million funding from the Alcohol Education and Rehabilitation Foundation.

In the 10 intervention towns – Corowa, Inverell, Tumut, Parkes, Griffith, Leeton, Forbes, Gunnedah, Kempsey and Grafton – researchers are gathering evidence about the local impact of alcohol and working with communities to develop strategies relevant to their specific needs. GPs are also being offered education sessions and are being encouraged to become involved in local advocacy efforts.

One of the project's leaders, Dr Anthony Shakeshaft, says the two issues nominated by every town as problems are youth drinking and domestic violence. The project's impact on alcohol-related hospital presentations and crime will be evaluated. "I am quietly confident that we will demonstrate some kind of effect at least on some of those measures," Dr Shakeshaft says. "What will be the really challenging thing is how do we make it sustainable so that when the project finishes it doesn't fall apart."

Dr Shakeshaft has noticed the potential for different services to work together more effectively so that, for example, people who turn up in hospital or at court because of drinking problems are then referred to a GP. "I suspect a lot of what we're going to be doing is opening up those lines of communication," he says.

If the project raises country people's awareness of the harms of alcohol, it will be worthwhile, says Dr Rodger Brough, a GP at Warrnambool in Victoria who has specialised in drug and alcohol work for more than 20 years.

"Alcohol is a huge part of the rural culture but there is limited consciousness of the harms it causes," he says. "There is a studied determination to ignore it."

Dr Brough has been trying unsuccessfully to win funding to establish a rural centre for addictive behaviour, with the aim of better supporting rural GPs to work in the area.

"It concerns me that there haven't been a lot of country GPs who have pursued research and teaching in alcohol, which means a lot of it has been done by non-doctors," he says.

"And I don't think they appreciate the GP's perspective ... that there are so many different organisations asking GPs to ask questions."

Dr Brough believes many doctors find it confronting to ask about patients' drinking. "The alcohol consumption of a lot of doctors is questionable," he says. "I have a weight problem and I have a lot of trouble talking about weight issues. There is a natural reluctance to ask about issues that strike pretty close to home."

He has found it extremely rewarding to work with patients who are ready to be helped. "When you deal with the alcohol problem, it is often the hub of a number of problems, from depression to relationship problems to gastritis or atrial fibrillation. Once you have identified the people who are ready to change and who are going to work with you, that is very rewarding in a personal sense as well as a professional sense." ●

1. Studies cited in Chikritzhs, T. 'Profit versus harm: The paradox of alcohol regulation in Australia'. CentreLines, National Centres for Drug and Alcohol Research, April 2006, 2-3.

2. Proude, EM et al. 'Effectiveness of skills-based training using the Drink-less package to increase family practitioner confidence in intervening for alcohol use disorders. BMC Medical Education 2006, 6:8.

Further information

- The Drink-less program promotes early detection and treatment and includes guidelines for GPs and receptionists www.cs.nsw.gov.au/drug-alcohol/drinkless/

- Department of Veterans Affairs has information about brief alcohol interventions. www.dva.gov.au/health/younger/mhealth/alcohol/index.htm

- The Australian Government's information site on alcohol: www.alcohol.gov.au/. It also includes resources from Dr Maggie Brady, including a flipchart for use in brief interventions with Indigenous patients and Giving Away the Grog. Aboriginal accounts of drinking and not drinking. Also available from phone 1800 020 103 and ask for extension 8654.