

# Consumer and health professional awareness

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Divisions of general practice worked in raising community awareness of alcohol and mental health comorbidity. This included direct action at events, such as presentations in schools, stalls at fetes, and radio and television promotions. In addition to raising awareness of these comorbid conditions, the work actively encouraged people to consider seeking professional help if needed.

Divisions also worked to inform local health professionals, especially GPs, about the burden of disease associated with these comorbid conditions, and encouraged involvement in various aspects of Managing the Mix. Divisions promoted awareness of comorbidity through events and promotional materials, such as the newsletter articles featured here.

## Examples

### Consumers

- Pilbara 'Beer o'clock' payslip

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- Illawarra information sheet for young people

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- Illawarra community service announcement script

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- Westgate-Western Melbourne 'Feel Good?' educational package – sample page

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### Health professionals

- GP Coastal article on families and alcohol and other drug use (AOD)

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- GP Coastal article on AOD services

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- GP Coastal article on AOD harm reduction

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# Pilbara 'Beer o'clock' payslip

The Pilbara Division takes in a number of mining towns and has a high rate of problem drinking.

The division worked with local mine operators to include a health promotion message on miners' payslips, 'Beer o'clock'.

The promotion also appeared in the local press.



A healthy lifestyle includes good diet, regular exercise and low-risk drinking. Living in the Pilbara, it's easy to let alcohol take up too much of our lifestyle.

If every day is beer o'clock, you may not be "Managing the Mix" successfully. But you can change risky drinking habits without upsetting your lifestyle.

Speak with your GP about any concerns you have or contact the Pilbara Division of General Practice for information brochures.

Phone: 9185 6662

Email: [info@pdgp.com.au](mailto:info@pdgp.com.au)

"Managing the Mix" is funded by Alcohol Education and Rehabilitation Foundation and the Australian Government Department of Health and Ageing. It is a project aimed to balance your mental health with safe consumption of alcohol.



# Illawarra information sheet for young people

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The Illawarra-Shoalhaven project saw GPs delivering education in schools. The GPs' presentations included substance use and mental health content. The divisions also produced information sheets for young people and parents, that were distributed at these events and were published in the school newsletter.

Featured on the following pages is the information sheet for students.

# Anxiety, Depression and Alcohol

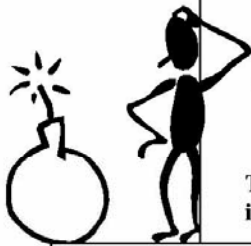
## Why is it important to seek help?

Anxiety, depression and alcohol problems have a complex relationship where each can make the other worse. These problems are common and can occur together for many people of all ages, including young people.

Anxiety, depression and alcohol problems can vary widely in form and severity

In many cases, they can be resolved with a combination of professional help and support from family and friends.

Sometimes young people use alcohol to make themselves feel better.



At first, alcohol may seem to help with feelings of sadness, anxiety or stress. However, long-term drinking soon makes these feelings worse

This is because long-term alcohol misuse *actually causes depression*, and makes it harder for your brain to cope with problems.

Do you ever feel ...

- tired and run down
- sad and hopeless
- irritable much of the time
- like you don't want to do anything?
- that you may never feel happy again?
- confused and don't know what is happening to you?
- worried and anxious much of the time?
- as though your heart is pounding?
- as though something dreadful is about to happen?
- that you are withdrawing from your normal activities?
- like you have knots and butterflies in your stomach when faced with a difficult situation?
- that you avoid situations that cause you to feel uncomfortable and anxious?
- that you drink too much?

Or has this happened to you ...

- has a friend, relative or doctor ever been concerned about your drinking?
- do you regularly have more than four drinks on any one occasion?
- do you drink to cope with stress, loneliness, anger, or sleeplessness?
- have you tried to cut down or stop drinking without success?

If you said yes to one or more of these, it's a good idea to see a GP for professional assessment.



## Who can help?

GPs can help you to identify how these problems go together and work out simple things to do. The first step is finding a GP you feel comfortable with and one who has the necessary skills in this area to help. In recent years, many GPs have done extensive training in mental health care to improve their skills in this area. Don't be afraid to look for another GP if you don't feel comfortable with the one you are currently seeing. Some GPs bulk-bill everybody, but some GPs only bulk-bill certain people. Always ask if you're not sure how your visit to the GP is to be paid for.

**Expect trial and error.** Some people with anxiety, depression and alcohol problems have previously received treatment that didn't solve their problems. This doesn't mean you can't seek treatment again from somewhere else. Talk with your GP about these treatments and why they didn't work.

There may be times your GP would rather refer you to another GP or a specialist with specific interest and training in anxiety, depression and alcohol. It's important to ask a GP for information about the referral service. You may not feel ready to immediately accept a referral and may need more time to think about it before making a commitment. This is fine. In this situation your GP can schedule a follow-up appointment to discuss the issue at a later time. This time could also be spent learning more about anxiety, depression and alcohol problems, as well as the treatment options available.

There are support services that can provide information and advice:

- Lifeline 131 114 (24 hours a day) [www.lifeline.org.au](http://www.lifeline.org.au)
- Sane Australia 1800 688 382 (9:00am-5:00pm on weekdays) [www.sane.org](http://www.sane.org)
- Kids Helpline 1800 55 1800 (24 hours a day) [www.kidshelp.com.au](http://www.kidshelp.com.au)
- Commonwealth Carer Resource Centre 1800 242 636 (9:00am-5:00pm on weekdays) [www.carersaustralia.com.au](http://www.carersaustralia.com.au)
- Alcohol and Drug Information Services toll free number - 1800 422 599
- Illawarra Adolescent Mental Health Service - 1300 552 289
- Drug and Alcohol Community Youth Team - 4254 1688
- School counsellors
- Blackbutt Youth Centre - Cygnet Ave, Blackbutt 4295 3820

## What can family and friends do?

Often, family and friends can play a valuable role in supporting somebody experiencing alcohol, anxiety, and depression problems. You can discuss options for involving those people who are closest to you with your GP.

Your family may be worried about what's happening

Sharing information about your condition and treatment can help lessen these concerns and improve your family's ability to help you. However, it's also important for your family to respect any limits you might set.



## Useful Web Sites...

[www.reachout.com.au](http://www.reachout.com.au)  
[www.thesource.gov.au](http://www.thesource.gov.au)  
[www.makeanoise.ysp.org.au](http://www.makeanoise.ysp.org.au)  
[www.adf.org.au](http://www.adf.org.au) (Australian Drug Foundation)  
[www.lawstuff.org.au](http://www.lawstuff.org.au)  
[www.hereforlife.org.au](http://www.hereforlife.org.au)

[www.youth.nsw.gov.au](http://www.youth.nsw.gov.au)  
[www.youthoffthestreets.com.au](http://www.youthoffthestreets.com.au)  
[www.youthservices.wollongong.nsw.gov.au](http://www.youthservices.wollongong.nsw.gov.au)  
[www.moneystuff.fairtrading.nsw.gov.au](http://www.moneystuff.fairtrading.nsw.gov.au)  
[www.kidshelpline.com.au](http://www.kidshelpline.com.au)

This is an initiative of the Illawarra Division of General Practice as part of the "Your Mental Health and Alcohol - Managing the Mix" Initiative. Adapted from *Alcohol, Anxiety and Depression - Consumer and Carer Education Resources* (Mental Health Council of Australia (2005))





# Illawarra community service announcement script

The Illawarra division also produced community service announcements (CSAs) for both television and radio, which were broadcast locally. The script is featured here. The Internet and CD versions of this Resource Kit also include the radio and television CSA.

## Standard Drinks (30 Seconds)

AUDIO	BACKGROUND NOISE
"IF A WOMAN CAN HAVE TWO STANDARD DRINKS OVER A DAY"	PUB NOISES
"AND A MAN CAN HAVE FOUR STANDARD DRINKS OVER A DAY"	PUB NOISES
"WHAT IS A SAFE LEVEL OF DRINKING IF YOU HAVE ANXIETY OR DEPRESSION?"	PUB NOISES
"THE ANSWER IS, THERE IS NO SAFE LEVEL"	SILENCE
"ALCOHOL IS A DEPRESSANT AND IS LIKELY TO MAKE YOU FEEL WORSE, FOR LONGER. IT CAN AFFECT YOUR SLEEP PATTERNS AND MAY AFFECT OTHER MEDICATIONS YOU MAY BE TAKING"	SILENCE
"TALK TO YOUR DOCTOR ABOUT WHAT MAY BE A SAFE LEVEL OF DRINKING FOR YOU"	MUSIC
"SEE YOUR DOCTOR FIRST" "MAKE IT A GENERAL PRACTICE"	MUSIC

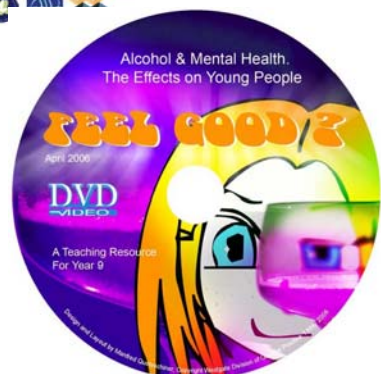
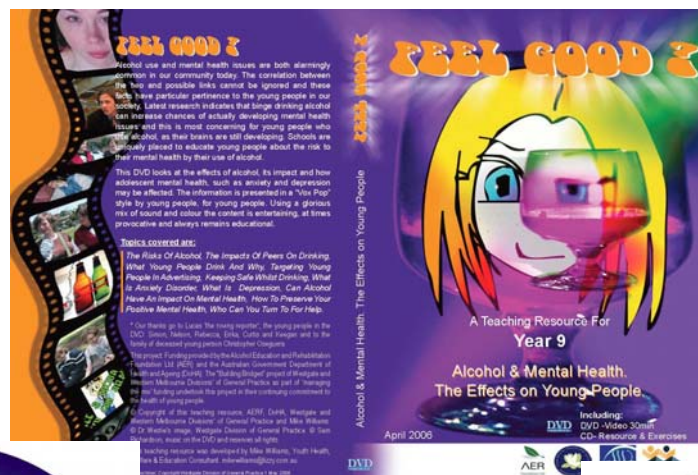


# Westgate-Western Melbourne 'Feel Good?' educational package

The Westgate-Western Melbourne divisions developed an education package for use in schools. The final product is *Feel Good? Alcohol and Mental Health – the effects on young people*.

The resource was piloted in secondary schools, and students' responses were incorporated in the final package, which includes a DVD and teachers' notes.

Featured here is a page from the education package, which describes the best use of the resource. Copies of the education package may be ordered from the divisions.



## Sample page

### *How to best use this resource*

#### **Structuring the DVD delivery**

The best manner to deliver the main body of enclosed information is via back to back double "periods" of 40/45 minutes each. The session should incorporate the warm-up, the DVD, discussion between students, the 2<sup>nd</sup> part of the DVD incorporating "the answers" and discussion of the "answers" between facilitator and students.

#### **The first period**

The first period incorporates a warm-up and showing the first part of the DVD. Students then discuss the questions with a partner or in a small group. Session One is simply using the DVD with some chat between students for maximum efficacy.

#### **The second period**

The facilitator shows the 2<sup>nd</sup> part of the DVD which features the interviewees "correct" answers to the questions. These answers can be compared to the tick box handout students completed as they viewed the first part of the DVD. Facilitators can pause the DVD after each "answer" to discuss with the whole group the featured responses and how they compared to the students' thoughts on the content. Being mindful that students' literacy capacity will impact on their ability to participate in the learning process, so facilitators can take the time to verbalise any written material used in the resource.

#### **Additional periods**

Additional exercises (see last pages) are provided for follow-up sessions to the DVD, including:

- How much is one standard drink?
- The pressures on young people to drink
- Alcohol Advertising
- Mental Illness-Stigma what is it and why care?
- Mental Health and Alcohol what is the link?

#### **Introducing and using the DVD**

After the warm-up, introduce the DVD and distribute either:

1. Attachment One (a full list of the questions and answers by participants) OR
  2. Attachment Two (a discussion starter.)
- Commence showing the DVD. Ask students to complete the Attachment One or Two as the DVD goes through. **THE FIRST PART OF THE DVD** runs for around 16 minutes.

- After the **FIRST PART OF THE DVD** has finished playing put it on pause and request students talk with the person next to them or in small groups about their answers on Attachment (One or Two) and why they chose those answers.
- Students then should have the opportunity to discuss the questions in the large group and what they think about the answers given by the DVD participants.
- After the group discussion simply play the 2<sup>nd</sup> part of the DVD with the "answers".

**Allow 30 mins for the second part of the DVD**

- Refer to the following research notes to add to the discussion or see the many web based links and references at the end of this resource to add to the teacher's response.
- It's very important to end the session by acknowledging people sometimes need help and discuss what to do if people need help. Hand out a local resource with contact numbers of support services or the '*Phone contacts for Help*' attachment in this resource. And refer them to websites [www.westgategp.com](http://www.westgategp.com) and [www.westerngp.com.au](http://www.westerngp.com.au) .



# GP Coastal articles

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The GP Coastal-Osborne-Mid West project in Western Australia wrote a number of articles to promote awareness of alcohol and other drug (AOD) issues.

Included here are articles on families and AOD use, AOD services and AOD harm reduction, which appeared in the GP Coastal GP newsletter.

## April 2006 newsletter - Article on families and AOD use

*WHEN THE FAMILY COMES IN - for families concerned with a loved one's alcohol and other drugs use.*

*Families often bear the brunt of a loved one's alcohol and other drug (AOD) use and when they come into the GP clinic the question to ask is 'why now?', what has happened to push the family to lose faith in their normal coping methods and seek external help? Whatever the presenting issue, the concern and grief of the family is very real and all consuming.*

*Although the family may be focussed on getting help for the person using, it is important to acknowledge that the family and the user may be at different stages of change, with the former actively ready for change and the latter happily using. In Australia, mandatory treatment without legal or medical reason is not an available option.*

### *Talking to families*

*It can take a great effort for families to come in to the clinic, so how they are received is vital. At this point the family is vulnerable, often in crisis and always in need of your care and attention. A non-judgemental and accepting attitude, genuine concern for their wellbeing and an acknowledgement of the stress they are carrying goes a long way towards lessening their anxiety.*

### **Risks**

*Assessing the immediate risks to everyone in the family is important at this point. There may be a question of the person overdosing, self-harming or suiciding, as well as the possibility of erratic and psychotic behaviour. They may also be threatening the family with violence, which is particularly frightening for children and other vulnerable members. The immediacy of these risks needs to be discussed and appropriate support, strategies and referrals offered.*

### **Support and referral**

*The support structure that a family has to fall back on in times of crisis is also important, however possible shame and reluctance to involve others can leave the family feeling isolated and alone. This reluctance may need further enquiry to unravel barriers that may unmask a potentially supportive ally. This support may include extended family, friends, a local religious leader or a kindly neighbour and of course, the ongoing interest of their General Practitioner.*

*Professional support within the AOD sector for families is increasingly important as it is recognised that families not only have their own relevant issues but their support and understanding is often highly constructive in helping the person who is using. Ultimately the family needs to feel empowered and their coping skills enhanced.*

*The first step in referring is often the Parent Drug Information Service for all of the family and the GP. This 24 hour telephone service is staffed by professional counsellors and also experienced and trained parents who offer peer support, both then referring on to the relevant agencies. The options available for families through AOD agencies are one to one, couple and family group counselling and facilitated family support and learning groups.*

**Parent Drug Information Service - 9442 5050 or 1800 198 024 (country callers)**

*Julie Hanbury, Family Counsellor Cyrenian House Alcohol and Drug Rehabilitation Service*

## April 2006 newsletter - Article on AOD services

### HOW DO I KNOW WHO AND WHERE TO REFER PATIENTS WITH ALCOHOL & OTHER DRUG PROBLEMS

#### DETOXIFICATION/WITHDRAWAL

##### Alcohol

- history of moderate to severe withdrawal symptoms
- probability of severe withdrawal
- serious concurrent physical or psychiatric disorders
- lack of non drinking social supports

*Residential Withdrawal Unit and  
follow up Counselling*

##### Alcohol

- mild to moderate withdrawal symptoms
- no history of delirium tremens or withdrawal fits
- has a non drinking partner, support & encouragement

##### Opiates

- supported by GP and/or other health professionals, AOD agency staff
- supportive stable home environment
- has a non drug using partner, support & encouragement

*Home Withdrawal Service with  
supervision from GP and  
Counselling*

##### Benzodiazepines

withdrawal regime directed by GP  
as for home opiate withdrawal above

#### TREATMENT & SUPPORT SERVICES

##### Alcohol problems

- requires close supervision during detoxification
- severe alcohol related brain damage
- shows severe deterioration, malnourishment or social instability
- has repeatedly relapsed following treatment
- lack of non drinking social supports

*Residential Treatment Services  
and follow up Counselling*

##### Drug problems ( such as amphetamines, cannabis, opiates, benzodiazepines, hallucinogens)

- dysfunctional & long term users who suffer significant harms from use
- have a lack of non drug using social supports

##### Alcohol and Drug Problems

Counselling is the most accessible treatment and support and is recommended for **all patients and their families** including those referred to:

- withdrawal services
- in conjunction with pharmacotherapy and
- following residential treatment

*Counselling*

**TREATMENT & SUPPORT SERVICES**

**For opiate users who have:**

- an established history of dependence
- attempted to give up a number of times
- are heavily involved in the drug using lifestyle (unemployed, crime, dealing, few non drug using friends)
- engage in behaviours that increase risk of BBV
- pregnant

*Pharmacotherapy Treatment  
(methadone, buprenorphine) and  
Counselling*

**For opiate users who:**

- are highly motivated to cease using and remain abstinent
- are socially & psychologically stable
- have good non using social supports
- have a lot to lose if they continue to using

*Naltrexone Maintenance  
and Counselling*

**For alcohol dependant people who:**

- are highly motivated towards abstinence
- have good non drinking social support networks
- have significant other to encourage and support taking medication regularly

*Pharmacotherapy Treatment  
(Disulfiram, Naltrexone,  
Acamprosate)  
and Counselling*

## April 2006 newsletter - article on AOD harm reduction

### HARM REDUCTION SO YOUR PATIENT DOESN'T WANT TO STOP USING ALCOHOL/DRUGS ...

Not all alcohol or drug users are at a stage where they want to stop or even reduce their substance use. Those that do want to stop their drug use may relapse, and those that may wish to reduce their drug use may still need information on using in a safe way. As such harm reduction information or support may be appropriate to all drug users.

What is harm reduction? Harm reduction is techniques/strategies aimed at reducing the harm associated with drinking/drug use for people who do not want to stop at this stage.

A brochure on alcohol and other drug harm reduction that can be given to your patients can be found on the WANADA website:

[www.wanada.org.au/GP%20Liaison%20\(07\).html](http://www.wanada.org.au/GP%20Liaison%20(07).html)

### SOME HARM REDUCTION ADVICE FOR YOUR PATIENTS

Generally:

- If you use a substance, do not drive, operate heavy machinery, or participate in risky activities eg water sports.

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- **Do not mix substances**, particularly other depressants (eg alcohol, benzodiazepines, opiates). Mixing substances may make it even more dangerous to drive etc.

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- If you wish to reduce your drug use or stop using altogether **consider seeking advice and/or support**, eg from your GP, WASUA\*, an AOD treatment and support worker

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- If possible, **avoid using substances, including alcohol, whilst pregnant**. Seek support if necessary, eg from your GP, the PEPISU\*\* Project, an AOD treatment and support worker

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- **Be aware of your mental state prior to using** drugs, if you are feeling paranoid, depressed or haven't been sleeping well, reconsider using at that time

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- **Consider healthy lifestyle choices**, eg eat a good diet and water intake, moderate exercise and good sleep habits

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### *Alcohol Specific Harm Reduction*

- **Pace** yourself when you drink
- **Eat** food prior to and while you are drinking alcohol
- Aim for 2 **alcohol free days** every week
- Consider drinking **lower alcohol content drinks** e.g. light beer
- **Drink** plenty of water after a night of drinking

### *Cannabis Harm Reduction*

- Aim to have regular cannabis free days/weeks
- Cannabis use might trigger problems if you have a family history of severe mental illness or are vulnerable to developing it. If you already have a mental illness/mental health problem (including depression or anxiety) be aware that cannabis use may make some of your symptoms worse
- Explore alternative means of stress relief, eg relaxation, meditation, moderate exercise
- If you are a long term/regular user and you are concerned about memory/attention, or fertility and the hormones connected to reproduction, you may wish to review your cannabis use

### *Benzodiazepines Harm Reduction*

- Benzodiazepines **make you less alert and less capable of reacting appropriately** to mentally, physically, and emotionally stressful situations.
- **Consider alternative means of reducing stress and improving sleep**, eg relaxation, meditation, moderate exercise, etc.
- Be aware that benzodiazepines **will not make the problems go away** or help you to deal with them in the long term
- Suddenly ceasing to use benzodiazepines may be dangerous . It is important to consult with your GP if you are considering withdrawing from Benzodiazepines

*Injecting Drug Users - Reducing Risk of Soft Tissue Damage, BBVs & Overdose*

- **Use new sterile injecting equipment** each time you use. Injecting equipment can be obtained from needle exchange services, hospitals and most pharmacists
- **Filter substances** prior to use with cotton filter (eg cotton wool, corner of swab etc). If crushing and injecting pills then use pill filtering equipment
- **Don't use alone** – be with someone who can assist if needed
- For **speed users, maintain regular sleeping, eating and water drinking** habits

**FOR FURTHER INFORMATION CONTACT Alcohol & Drug Information Service (ADIS) - 9442-5000 or Country Freecall on 1800-198-024**