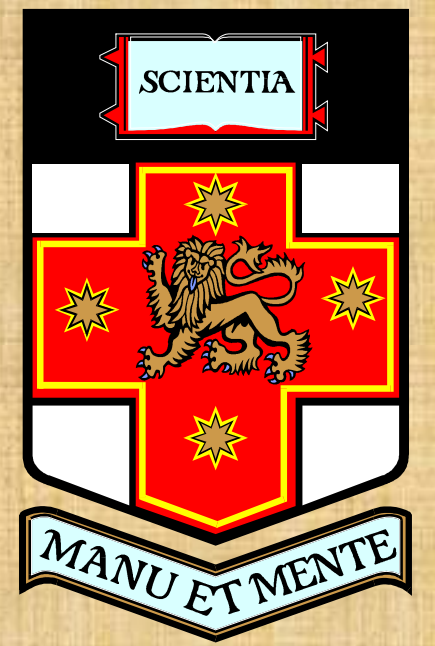


The acceptability of a family based alcohol intervention to Aboriginal clients of a rural Aboriginal Community Controlled Health Service and drug and alcohol treatment agency.

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Background and Aims

- Aboriginal Australians experience a disproportionate burden of alcohol related harm, relative to non-Aboriginal Australians (Calabria et al., 2010).
- Family based approaches can be effective for reducing alcohol related harms among high risk drinkers (Miller and Wilbourne, 2002; Smit et al., 2008; Templeton et al., 2010) and family relationships have a vital role for the cohesion and wellbeing of Aboriginal communities (McLennan and Khavarpour, 2004).
- The Community Reinforcement and Family Training (CRAFT) program (targeting family members/friends of problem drinkers), adapted for Aboriginal people, offers great potential to reduce alcohol related harms (Calabria et al., under review). The Community Reinforcement Approach (CRA) is a similar program targeting problem drinkers.
- This study aims to describe the acceptability of CRA and CRAFT to Aboriginal clients of a rural Aboriginal Community Controlled Health Service (ACCHS) and drug and alcohol treatment agency.

Method

A convenience sample of Aboriginal clients was recruited via an ACCHS and a drug and alcohol treatment agency in rural NSW, July 2010 – June 2011.

Consenting participants (aged over 18 years) completed a four part survey:

- Acceptability of CRA
- Acceptability of CRAFT
- Demographics
- Personal alcohol and drug use



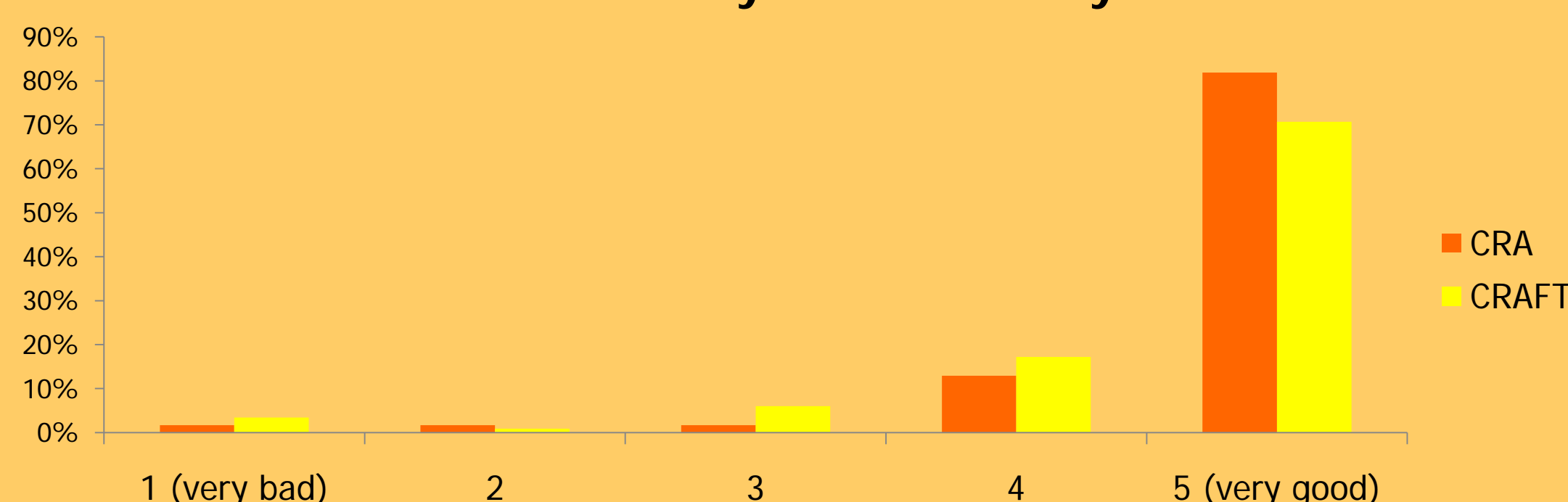
When surveys were conducted in a group setting discussion about suggestions for the programs followed parts 1 and 2 of the survey. Participants could also write their suggestions in the survey.

Results: Sample (n=116)

Sex: 48% male; **Age:** 18-72 years (mean=39 years); **Employment:** 49% didn't work, 20% in full time work; **Alcohol use:** 12% non-drinkers, 50% at risk or high risk drinkers; **Family member's alcohol use:** 72% were worried about a family member's drinking; **Other drug use:** 21% had used cannabis in the past month.

Results: Overall acceptability

Figure 1. What do you think about CRA/CRAFT being delivered in your community?



Results: Method of delivery

Table 1. Highest client participant endorsements for methods of CRA and CRAFT program delivery

	CRA	CRAFT
<i>Counsellor characteristics</i>		
Someone I know and trust	66%	58%
Experience working in the local community	69%	66%
Aboriginal	52%	51%
Male or female (no gender preference)	60%	62%
<i>Delivery method</i>		
For problem drinkers after withdrawal	87%	N/A
For people who want to help a relative/friend to start alcohol treatment	N/A	90%
<i>Number of sessions</i>		
Five or more sessions for detailed information	43%	47%

Results: Session components

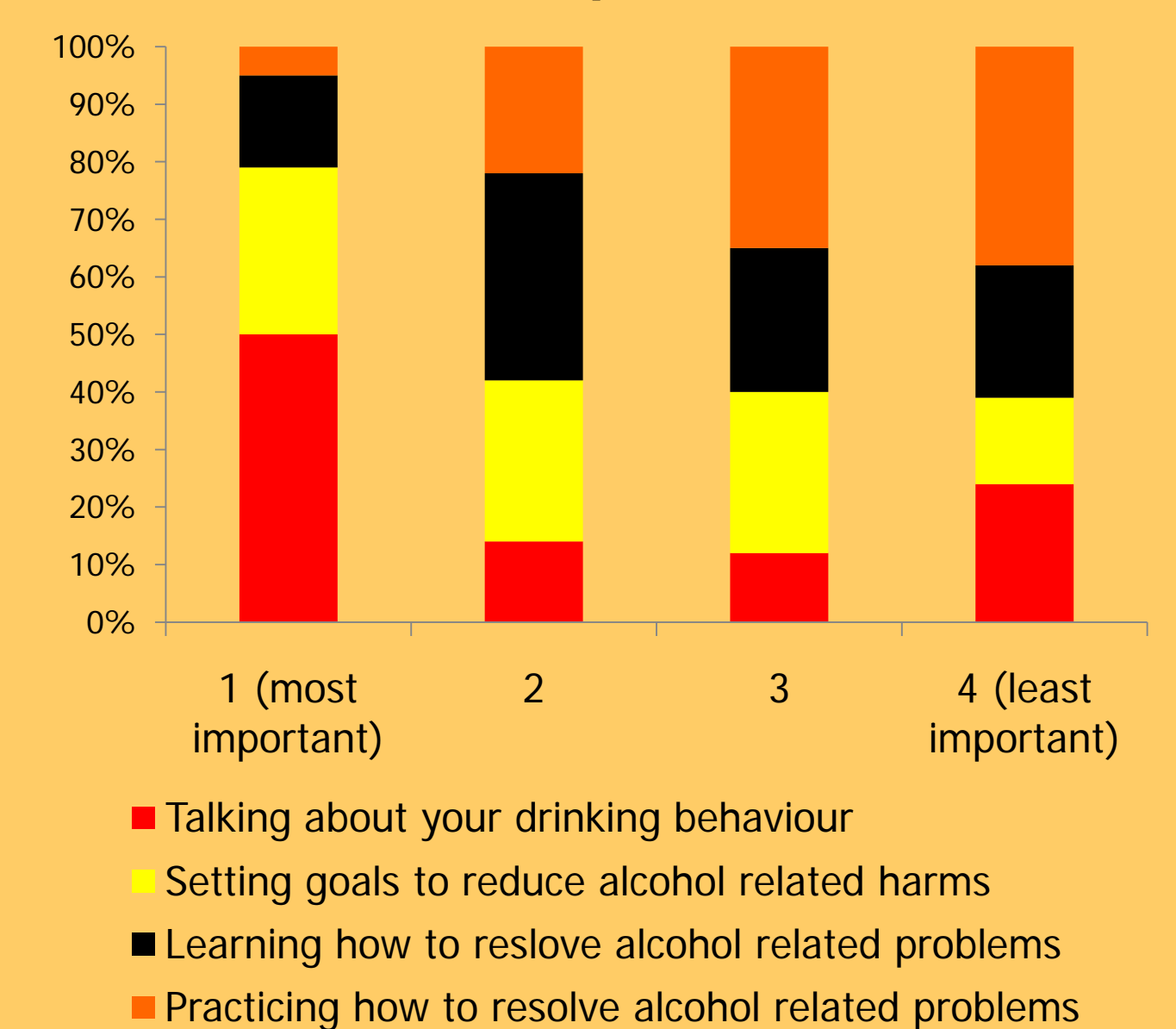
CRA

Least acceptable session topics were people, places and situations that might be making the person want to drink (62%), and alcohol-related harms caused by the drinker (60%).

Most acceptable session topics were setting goals to cut down or stop drinking (91%), and learning how to use support from a trusted family member/friend to cut down or stop drinking (85%).

Figure 2 shows ranked session components for CRA from 1 (most important) to 4 (least important).

Figure 2. CRA session components



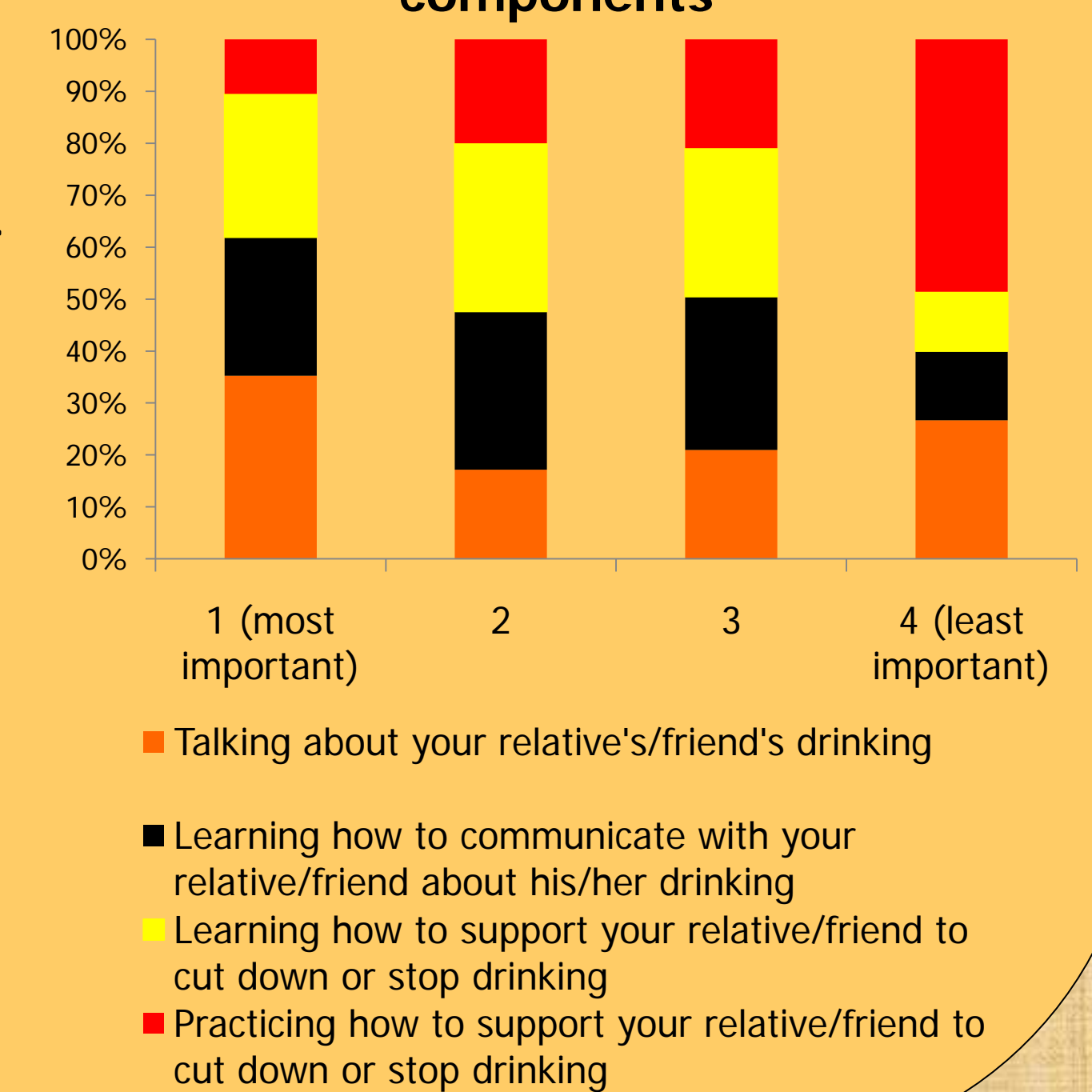
CRAFT

Least acceptable session topics were how much their relative/friend drinks (60%), and what their relative/friend feels about his/her own drinking (60%).

Most acceptable session topics were helping their relative/friend to continue to drink less (91%), and helping the community stay strong when alcohol causes difficulty (91%).

Figure 3 shows ranked session components for CRAFT from 1 (most important) to 4 (least important).

Figure 3. CRAFT session components



Conclusion

The sample of Aboriginal clients from a rural ACCHS and drug and alcohol treatment agency perceived the CRA and CRAFT programs to be acceptable for supporting problem drinkers and their family members/friends to reduce their risk of alcohol related harms and improve their social and emotional wellbeing.

Recommendations

- Counsellors should be known and trusted by clients and have experience working in the local community. Aboriginal counsellors should be available.
- Detailed sessions should be provided, rather than brief intervention.
- Care should be taken when discussing alcohol related harms with problem drinkers and problem drinkers' drinking patterns with family members/friends.
- Talking about alcohol related problems and learning skills should be the focus of sessions in the first instance.
- Qualitative data indicated that follow-up after the initial program sessions should be included as part of the programs.

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