



**Title of Project: “Supporting Indigenous primary care services to reduce the harms from alcohol”**

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**Why does this research need to be done?**

- Drinking problems have a big impact on families and communities. Also, people who drink even a little above recommended limits can have a greater chance of cancer and other medical conditions.
- In primary care services, unhealthy drinking is not addressed as often as smoking. Health staff may feel less comfortable in talking about alcohol and less confident in using alcohol treatments (like medicines to help a person stay dry, or to treat withdrawal).
- Treatments for unhealthy drinking can be used in primary care, and have been shown to be effective in improving health. They are part of national alcohol treatment guidelines.

**How is this research going to be done?**

- We will test ways to support Aboriginal and Torres Strait Islander (Indigenous) primary care services to do the best they can to help people with unhealthy alcohol use. Approaches will be led by the services and guided by the evidence base.
- Twenty primary care services around Australia will be invited to take part. To be involved, services will have: 1000+ clients aged over 16 years in a 12-month period and use Communicare. Services can withdraw at any time.
- Half the services (randomly selected) will receive support over two years to improve the way their service works with alcohol use – ‘initial support’ services. The other 10 services will wait to get this support at the end of the study – ‘wait-control’ services.
- The 10 ‘initial support’ services will each choose two project ‘champions’ e.g. a clinician and a manager. The project coordinator will support those representatives and their services to find and address barriers to addressing unhealthy drinking.
- The representatives of these ‘initial support’ services will join forces and share ideas and experiences in service improvement through a face-to-face workshop and second monthly teleconferences over a two-year period.
- Practical support will be provided to all services, including educational resources, on-site staff training, support with refining Communicare and support for developing or adapting resources. Agreed expenses will be reimbursed up to \$9000 for ‘initial support’ services and \$2000 for ‘wait-control’ services.
- Each ‘initial support’ service will get regular (four times a year) feedback on how they are going based on their Communicare data: how often they screen for unhealthy alcohol use and how

## Attachment 4: Information sheet

often they provide advice or treatment. De-identified data will be transferred to an agreed secure and confidential location.

- Results will be compared between 'initial support' and 'wait-control' services on how often screening is done and how often treatment is provided. Any changes in service-wide levels of drinking, blood pressure and liver blood tests will also be noted.

### **Use of the data**

The data will be used to give feedback to the services. Also reports on the study will be prepared for services and for publication. No staff member will be able to be identified in any publication. Services will not be named and efforts will be made to avoid revealing the identity of the service in any way. Services will be given the opportunity to provide comment on publications.

### **Voluntary nature of this study**

Services can choose if they would like to take part in this study. Also, services can withdraw at any time, and without affecting their relationship with the researchers.

### **What difference will this research make?**

- The study should provide a model for how to support Indigenous primary care services to give the best possible care for unhealthy drinking within their communities.
- Services who take part will be assisted to help their clients work towards a healthy approach to alcohol consumption.

### **Contact for more information about this project**

If you have any questions or complaints about this research project you can contact the lead researcher (Kate Conigrave) or the Chairperson of the AH&MRC Ethics Committee as follows:

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