



Today's webinar with Allan Trifonoff – from NCETA will be starting at 10am A.W.S.T.

Here are some tips for when the webinar starts.

To use the chat feature in this webinar, press on the purple arrow on the right hand side of the webinar room, and select 'chat with everyone'. Feel free to use the 'chat' box to ask questions if you are having difficulties.

If you are having difficulties with video quality

Close all other applications running on your computer including email, instant messenger, browsers etc.

Open this webinar in Google Chrome browser.

If you are having difficulties with sound quality

Try using headphones for better audio

Ensure volume is turned up on your computer

You can dial into the webinar – ask the hosts for information on how to do this

If problems still persist we recommend you logout of this session then log back in.

Please note, this webinar is recorded. It will be made available on the Knowledge Centre website at a later date.



Acknowledgement of Country

We would like to acknowledge the Traditional Owners of the land we are standing on today, the Whadjuk people of the Nyoongar nation, and pay our respects to Elders past, present and future.





Australian Indigenous HealthInfoNet

Alcohol and Other Drugs
Knowledge Centre



Aboriginal and Torres Strait Islander Worker Wellbeing: Feeling Deadly, Working Deadly & Strategies for Responding to Methamphetamine

**Presenter: Allan Trifonoff – Deputy Director (Programs)
National Centre for Education and Training on Addiction**

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Feeling Deadly, Working Deadly & Strategies for Responding to Methamphetamine

AUSTRALIAN INDIGENOUS ALCOHOL & OTHER DRUGS KNOWLEDGE CENTRE

WEBINAR: TUESDAY 30 JULY 2019

ALLAN TRIFONOFF

Acknowledgement of Country

I would like to begin by acknowledging the Traditional Custodians of the land that we meet on today.

I would also like to pay my respect to Elders past, present and emerging, and I extend that respect to other Aboriginal and Torres Strait Islander people who are present today.

Acknowledgements

The *Feeling Deadly, Working Deadly Resource Kit* was funded by the Australian Government Department of Health. It forms part of NCETA's work on Aboriginal and Torres Strait Islander worker wellbeing.

The resource *Methamphetamine Use Among Aboriginal and Torres Strait Islander People: Intervention Options for Workers* was developed by NCETA as part of its work plan with the Australian Government Department of Health.

About NCETA



One of 4 national research centres focusing on alcohol and other drugs (AOD)



Works as catalyst for change in the AOD field by enhancing the capacity of workers & organisations to reduce AOD related harm



Located in Adelaide at Flinders University



Funded by Australian Government
Department of Health & Flinders University

Setting the context

Working in the AOD sector can be stressful & challenging whilst also rewarding

For Aboriginal & Torres Strait Islander AOD workers or non-Aboriginal workers working with Aboriginal clients & communities there are a number of unique challenges & stressors

We also know that there is a lot of concern about methamphetamine use & its impact on Aboriginal & Torres Strait Islander people & communities

In this 3 part webinar NCETA will:

- Take you through some of those issues & challenges
- Provide you with examples of practical resources & strategies that you can use to address those issues.

Webinar Overview

Part 1:

- Showcase NCETA's *Feeling Deadly, Working Deadly Resource Kit* – worker wellbeing
- Provide practical examples of what organisations & workers can do to support each other.

Part 2:

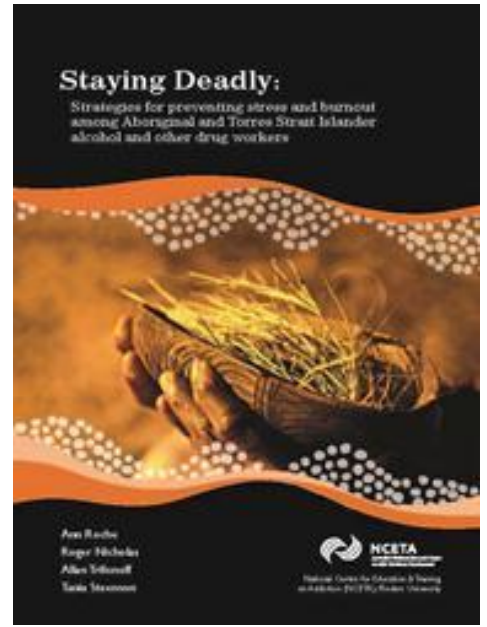
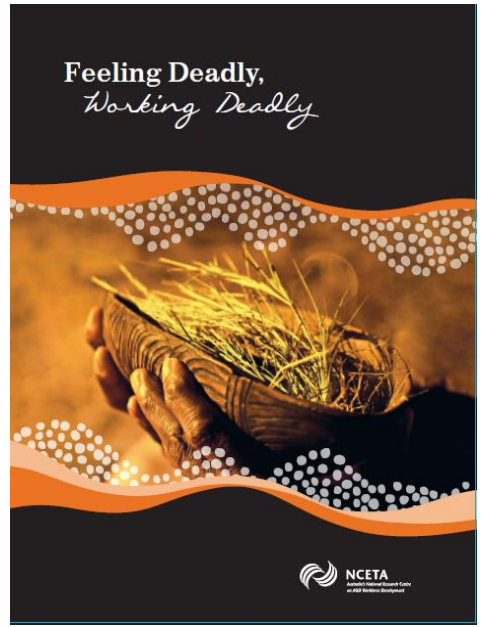
- New NCETA resource: *Methamphetamine Use Among Aboriginal and Torres Strait Islander People: Intervention Options for Workers*
- Why people use methamphetamine
- Associated health, social & emotional wellbeing issues
- Intervention options for workers to support people who are using methamphetamine.

Part 3

- Highlight NCETA's highly successful online *Ice: Training for Frontline Workers* resource
- Contains 7 Modules & 30 Topics
- Provides practical advice, strategies & support for workers responding to people using methamphetamine.

PART 1

Feeling Deadly Working Deadly



Contents of the Kit

- USB – all of the resources and *A Day in the Life...*
- Handbook – Staying Deadly
- 7 TIP sheets for managers and supervisors
- 4 TIP sheets for workers
- 5 case studies
- Talking circle guide
- Workforce development checklist
- Online directory of worker wellbeing resources.

How to use the Kit

- The Kit has been designed as a flexible and practical guide
- Can be used in its entirety or individual components can be used as needed
- Can be used by:
 - ✓ Aboriginal & Torres Strait Islander managers and supervisors
 - ✓ Aboriginal & Torres Strait Islander workers
 - ✓ Non-Aboriginal managers and workers.

Available for **download** from NCETA's website:
nceta.flinders.edu.au/workforce/indigenous-aod-workforce/feeling-deadly-working-deadly-indigenous-worker-wellbeing/

Order hard copies by emailing NCETA at: nceta@flinders.edu.au

Challenging working conditions

Challenging working conditions may discourage people from becoming Aboriginal AOD workers, particularly in remote areas:

- Heavy workloads & client pressure
- Clients with complex needs
- Inadequate resources
- Wage disparity
- Limited access to training, support & autonomy
- Stigmatisation
- Complex personal circumstances e.g., family members experiencing AOD-related problems
- Poorly defined roles & boundaries with clients & communities
- Lack of support for service coordination within & across sectors
- Limited / short-term funding.

Clients with complex needs

Complex client presentations include:

- Unresolved grief
- Abuse
- Substance misuse
- Physical health problems
- Cultural dislocation
- Intergenerational trauma.

AOD use among Aboriginal & Torres Strait Islander People (1)

Aboriginal people are less likely to consume alcohol

- Aboriginal & Torres Strait Islander people are more likely to abstain from alcohol than non-Aboriginal people (31% vs 23%)

Those who drink, may do so at risky levels

- Among those who do drink, a higher proportion of Aboriginal & Torres Strait Islander people drink at risky levels at least monthly (35% compared with 25% for non-Aboriginal people)
- Almost 1 in 5 Aboriginal & Torres Strait Islander people (18.8%) consume 11 or more standard drinks at least once a month - 2.8 times the rate of non-Aboriginal people (6.8%)

AOD use among Aboriginal & Torres Strait Islander People (2)

Higher proportions of Aboriginal & Torres Strait Islander people use illicit drugs

- More than 1 in 4 (27%) Aboriginal & Torres Strait Islander people used an illicit drug in the last 12 months - 1.8 times higher than non-Aboriginal people (15%)
- 1 in 20 Aboriginal & Torres Strait Islanders aged 15+ years reported using amphetamines in the last 12 months
- 15% of clients at drug treatment services are Aboriginal & Torres Strait Islander people.

Organisations can support workers by:

- Encouraging workers to share stories about their work, especially successes
- Making worker wellbeing a priority:
 - ✓ Adequate debriefing
 - ✓ Quality clinical supervision
 - ✓ Professional peer support
 - ✓ Opportunities for taking breaks & spending time with family & community (daily, weekly, monthly, yearly)
- Recognising and utilising Indigenous ways of working e.g., holistic approaches to health, commitment to community
- Facilitating work with families and communities.

Organisational strategies

Examples of organisational strategies include:

- Understanding Aboriginal ways of working
- Salary equity
- Staff recruitment & retention/ career paths
- Qualifications & training
- Role clarity
- Mentoring, team / co-worker support
- Clinical & administrative supervision
- Managing workloads / demands
- Flexible work times.

Supporting workers in rural & remote communities

Organisations can:

- Look at ways to support workers to engage with & be accepted by their community
- Provide ongoing and clear communication between workers, supervisors / managers & community leaders
- Set up regular external supervision sessions.

Worker wellbeing strategies - Workers

Workers can put wellbeing strategies in place by:

- Looking out for colleagues
- Scheduling time for self-care
- Maintaining close family bonds
- Telling & hearing cultural stories
- Using laughter to remain positive & resilient
- Enjoying the successes, no matter how small.

PART 2

Methamphetamine

Use Among Aboriginal & Torres Strait Islander People¹:

Intervention Options for Workers

Ann Roche, Allan Trifonoff, Kirsten Ryan

There is increasing concern about methamphetamine use in Australia and particularly its impact on Aboriginal and Torres Strait Islander people and communities.

What is methamphetamine?

Methamphetamine is a stimulant like amphetamine, ecstasy, and cocaine. These drugs stimulate the brain and central nervous system, resulting in increased alertness, energy and responsiveness.

What is ice?²

There are 3 main forms of methamphetamine: powder (speed); base; crystal (known as 'ice')³. Ice is the form most commonly used. It is usually smoked and sometimes injected.

Use among Aboriginal people

Crystal methamphetamine use is approximately 2-4 times higher among Aboriginal than non-Aboriginal people^{4,5}. Users tend to be younger than non-Aboriginal people⁶ which has important implications for prevention and treatment.

Why people use methamphetamine

- Sense of euphoria (the 'high')
- Enhanced sexual experiences and intimacy
- Increased energy
- Fun / pleasure
- Shared experience (to fit in, feel part of a group, e.g. when clubbing or going to festivals)
- Easy to consume
- To escape reality
- To manage mental health issues
- Boredom.

Past trauma and disadvantage increase the likelihood of Aboriginal and Torres Strait Islander people using alcohol and other drugs including crystal methamphetamine.

1. The terms Aboriginal and Torres Strait Islander, Aboriginal and Indigenous are used interchangeably.
2. For more information see the Australian Indigenous AOD Knowledge Centre Facts About Ice information sheet
3. Also known as crystal meth, meth, crystal, shabu, batu, d-meth, tina, glass, or shard.
4. National Drug Strategy Household Survey, 2016.
5. GOANNA Survey of Young Aboriginal and Torres Strait Islander People 2011-2013.
6. Alcohol and Other Drug Treatment Services in Australia 2016-2017.

New 6-page workforce development resource for the health & AOD sectors.

Explains the prevalence & impact of methamphetamine use among Aboriginal & Torres Strait Islander people.

Provides intervention options for workers.

Available for download from NCETA:

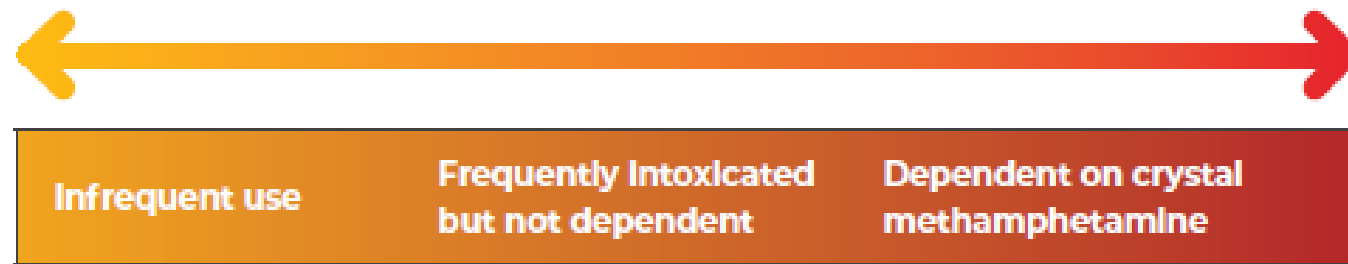
nceta.flinders.edu.au/files/9315/6315/0162/EN749_Roche.pdf

Why people use methamphetamine

- Pleasure & sense of euphoria
- Increased energy
- Enhanced sexual experiences & intimacy
- Wanting to fit in, being part of a group
- Easy to consume
- Escape from reality
- Boredom.

Methamphetamine use among Aboriginal People

- Approximately 2-4 times higher than non-Aboriginal & Torres Strait Islander people
- Aboriginal & Torres Strait Islander people using methamphetamine tend to be younger than non-Aboriginal people
- Most people who use methamphetamine are not dependent – about 20% of people who use are dependent
- Patterns of use occur along a continuum with different types of effects



GOANNA survey

Conducted in July 2014:

- National cross-sectional survey of Aboriginal & Torres Strait Islander people aged 16-29 years
- Assessed knowledge, risk factors and health service access for STIs and BBVs (N=2,887).

Findings:

- Overall 9% of participants reported using methamphetamine in the previous 12 months with use ranging from 10% of participants in urban areas to 6% in remote areas
- 15% of participants reported ever using methamphetamine
- Males aged 25-29 years were 2.3 times more likely to use methamphetamine than other males aged 16-24.

Methamphetamine use among young Aboriginal people

Jurisdiction	Total	Meth use N (%)
ACT	126	10 (8)
NSW	585	72(12)
NT	314	66 (21)
QLD	463	64 (14)
SA	415	56 (14)
TAS	225	29 (13)
VIC	397	85 (21)
WA	352	54 (15)
Total	2877	436 (15)

Source: Presentation by Dina Saulo, NCETA's National Methamphetamine Symposium, 12 May 2015 (using GOANNA Survey data)

Aboriginal methamphetamine use by gender & age

Gender	Ever used meth
Females (n=1,705)	210 (12%)
Males (n=1,132)	198 (18%)
Age groups	Ever used meth
16-19 years	171 (14%)
20-24 years	153 (17%)
25-29 years	112 (16%)

Problems associated with using methamphetamine

Physical:

- Cardiovascular e.g., ↑ heart rate & blood pressure
- Lung problems (from smoking methamphetamine)
- Strokes / seizures

Psychological:

- Panic attacks
- Aggression, irritability & mood swings
- Anxiety

Social & emotional:

- Relationship problems – family, friends, community
- Risk of criminal justice involvement.

Providing practical supports



People who use methamphetamine often don't eat, drink or sleep for days.



Encourage them to:

Get lots of sleep

Eat nutritional food

Drink plenty of water

Avoid lights & stimulation

Stay calm & safe

Yarning

When working with young Aboriginal & Torres Strait Islander people, use a 'yarning' approach & / or talking circles.

Yarning can be used with young people to talk about their methamphetamine & other AOD use & related matters.

Talking circles:

- Encourage people to speak freely & share their views & experiences
- Rely on spoken & unspoken language
- Provide non-threatening & positive environments for people to talk, laugh & make decisions.

Intervention options

People who are dependent on methamphetamine can & do recover.

Appropriate intervention depends on:

1. What the person wants
2. What they've tried before
3. Level of dependence
4. How much methamphetamine they've used
5. Their health, social & emotional wellbeing
6. Available resources.

Examples of intervention options (1)

Harm reduction e.g.,
information about
cutting back, using with
safe & trusted people

Assessment e.g., the
Indigenous Risk Impact
Screen (IRIS); Stages of
Change story

Brief Interventions e.g.,
Meth Check (Brief
Intervention Tool),
education & information
resources produced by
Menzies School of Health
Research

Counselling e.g.,
motivational
interviewing, cognitive
behavior therapy

Examples of intervention options (2)

*Self-help Programs,
community support
groups / networks e.g.,
AA, NA*

*Withdrawal
management e.g. GP /
hospital settings,
withdrawal management
services*

*Rehabilitation e.g.,
residential / day
programs*

*Relapse Prevention &
Management e.g. help
clients develop relapse
prevention &
management plan*

Providing treatment for methamphetamine

When providing treatment:

1. Where possible involve immediate & extended family members – but respect the client's privacy
2. Recognise traditional healing role
3. Provide culturally appropriate education & harm reduction materials
4. Involve culturally appropriate assessments
5. Liaise with other support and follow-up services.



PART 3

Ice: Training for Frontline Workers

nceta.androgogic.com.au

(or just google “Ice: Training for frontline workers”)



About the online training



**Contains 7 Modules &
30 Topics:**



**Free, open access
online training**



**Flexible &
independent learning
approach**



**Reinforces workers'
existing skills &
knowledge**

Online training: Modules

Module 1: About Ice

Module 2: Effects of Ice

Module 3: Communicating with Ice Users

Module 4: Ice Users & Critical Incidents

Module 5: Interventions

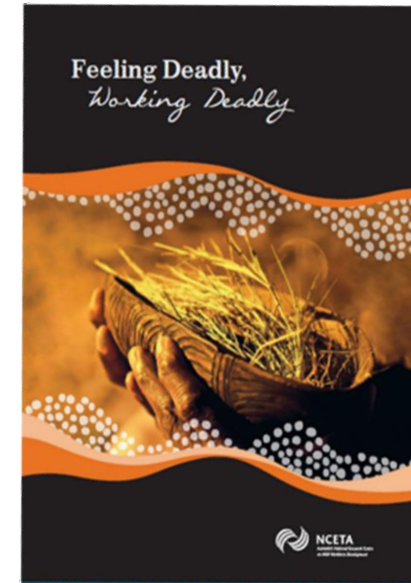
Module 6: Prevention

Module 7: Organisational Responses to Ice

Summary

NCETA's workforce development resources are designed to:

- Support workers' practice, social & emotional wellbeing
- Reinforce existing knowledge & skills
- Provide practical strategies to respond to clients with complex needs
- Enhance ongoing professional development.



Contact NCETA

nceta.flinders.edu.au



@NCETAFlinders



nceta@facebook



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Knowledge Centre

Thank you!

Allan Trifonoff (NCETA)

Email: allan.trifonoff@flinders.edu.au

**Vilma FitzGerald
(HealthInfoNet)**

Ph: (08) 9370 6328

Email: v.fitzGerald@ecu.edu.au

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Australian Indigenous HealthInfoNet

Alcohol and Other Drugs
Knowledge Centre



Contact details

Edith Cowan University

2 Bradford Street

Mt Lawley WA 6050

Ph: (08) 9370 6336

Email: aodknowledgecentre@healthinfonet.org.au

Website: <https://aodknowledgecentre.ecu.edu.au>

Newsletter subscription: <https://healthinfonet.ecu.edu.au/key-resources/newsletters/>

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