

SUPPORTING ALCOHOL BRIEF INTERVENTIONS AND PHARMACOTHERAPY PROVISION IN AUSTRALIAN FIRST NATIONS PRIMARY CARE: EXPLORATORY ANALYSIS OF A CLUSTER RANDOMISED TRIAL

ADDITIONAL MATERIAL

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Table S1. Detailed description of the eight components of the support model (treatment-specific components highlighted in bold font).

C1	Implementation agreements included memoranda of understanding outlining the aims of and design of the study, responsibilities of the research team and the services as part of the study
C2	Two-day workshop with nominated service champions to familiarise them with the aims and methods of the study, to build a champions' network and introduce them to the support model. Training was provided on screening, brief intervention, and treatment of alcohol dependence.
C3	On-site training: The program's core is a half-day face-to-face interactive training workshop. Themes included: harms from alcohol, alcohol use disorders; current evidence-base and guidelines for prevention, and treatment; using AUDIT-C to assess clients' drinking; using data to monitor improvements in screening and treatment; how to deliver brief intervention; treatment of alcohol withdrawal and use of relapse prevention medicines; community-driven actions to prevent harms from alcohol. Additional modules were available on topics such as Fetal Alcohol Spectrum Disorder (FASD) or more detailed coverage of medical treatments for alcohol dependence. Participants also received information about Drug and Alcohol clinical advisory service in the relevant Australian state. Face-to-face workshops were delivered by an addiction medicine specialist and an Aboriginal health professional (for example, drug and alcohol worker or other health worker). Training content is aligned with Aboriginal and Torres Strait Islander cultural protocols such as gender appropriateness, kinship systems and cultural obligations.
C4	Bi-monthly data feedback report on the bi-monthly data provided by the services. This was presented as a graphic representation of proportion of clients screened with AUDIT-C, and of those screened, the proportion drinking at risky levels, as well as rates of recorded delivery of treatment (brief intervention, counselling, prescription of relapse prevention medicines)
C5	Bi-monthly teleconference for service champions to exchange improvement ideas and experiences
C6	Support to modify practice software, where needed, for example to include AUDIT-C in the Adult Health Check and other areas of the interface if requested.
C7	Online platform including a repository of electronic tools and resources, and a private chat platform for the champions. Resources included the national alcohol treatment guidelines of the time (Haber, 2009) and a journal article focused on treatment of alcohol problems in primary care (Conigrave et al, 2005) as well as a visual aid for brief intervention (Conigrave et al, 2012).
C8	Services were offered financial support for purchase of resources to help their work on alcohol e.g., standard drink cups, FASD dolls; clinical handbooks, prevention materials.

Conigrave KM, Proude E, Haber P, Wilson H, Saunders J. How to treat - alcohol problems. Australian Doctor. 2005;May 27:35-42.

Conigrave K, Freeburn B, Lee K, Leadership Group of the Aboriginal Drug and Alcohol Network NSW, Carroll T, Grose M. The Alcohol Awareness Kit [Booklet]. Sydney: University of Sydney; 2012. Available at: <http://hdl.handle.net/2123/8779>

Haber P, Lintzeris N, Proude E, Lopatko O. Quick reference guide to the treatment of alcohol problems: companion document to the guidelines for the treatment of alcohol problems. Canberra: Australian Government Commonwealth Department of Health and Ageing; 2009.

Table S2 **Models for predicting odds of talking therapies**

Model	BIC	Log Likelihood	Number of parameters
(A) Random intercept of service	12892.46	-6413.88	5
(B) Random slope of post-implementation by service and random intercept of service	12646.79	-6278.10	6
(C) Random intercept of service and client*	12411.04	-6166.70	6

Models predict the odds of a client having a record of 'talking therapy' in any two months, over the 24-month implementation period. *Indicates best fit model; BIC – Bayesian Information Criterion

Table S3 **Models for predicting odds of prescription of pharmacotherapies for relapse prevention**

Model	BIC	Log Likelihood	Number of parameters
(A) Random intercept of service	7119.51	-3527.40	5
(B) Random slope of post-implementation by service and random intercept of service	7136.51	-3522.96	6
(C) Random intercept of service and client*	3569.90	-1746.13	6

Models predict the odds of a client having a record of prescription of pharmacotherapies for relapse prevention in any two months, over the 24-month implementation period. *Indicates best fit model; BIC – Bayesian Information Criterion