Prevention of alcohol-related harms in Victoria’s Koori communities
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Cover image
by Les Griggs,
Half-caste dreaming, 1997
Koorie Heritage Trust collection

This is the first painting Les did in his new style after his release from jail. The theme of this painting is identity, being neither one thing or the other but a combination of both the Aboriginal and Australian communities.

Les Griggs passed away at the young age of thirty-six years. Les belonged to the Gunditjmara nation in the Western district of Victoria. His mother lived at Lake Conday Mission and his father was Irish. He was taken from his mother at the age of two and placed in various children’s homes. This later led to boy’s homes and youth training centres where his creativity was an important outlet for him. His paintings examine clashes in cultural ideology where culture and spirituality are confronted with symbols of European society. The paintings contain strong political messages and are as relevant and topical today as when he first began painting in the 1980s. They are striking works in earthy colours which are influenced by Victorian cultural designs and combined with realistic imagery of the darker side of life. The aim is to shock, confront and educate the audience.
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Prevention of alcohol-related harms in Victoria’s Koori communities

Karen Milward

Problematic alcohol consumption is a major contributor to the poor health status, social problems and shorter life expectancy of Australian Indigenous people. While Indigenous people are less likely to drink than non-Indigenous Australians, those who do drink are more likely to drink excessively at high to very high levels and are more likely to binge drink (29% compared with 17%; Australian Bureau of Statistics 2003).

This paper identifies a range of issues associated with alcohol-related harms and their impact on Victorian Indigenous communities and examines some of the service response options currently available. A summary of key research findings is provided, along with case studies of good practice by five Indigenous community organisations in Victoria. These are useful to inform the work of practitioners and alcohol and other drug (AOD) workers in Indigenous communities.

Introduction

The harms of alcohol misuse are well documented:

- Alcohol is a frequent contributor to motor vehicle accidents, falls, burns and suicide.
- Risky and high-risk alcohol consumption has the potential to evoke antisocial behaviour, domestic violence and family breakdown.
- Risky and high-risk alcohol consumption can lead to liver disease, pancreatitis, diabetes, epilepsy, cardiovascular disease and some forms of cancers.
- Babies may be born with foetal alcohol syndrome if mothers have consumed alcohol during pregnancy.

Harmful AOD use is a pattern of substance use that causes damage to a person’s health. One example of this is the experience of episodes of depressive disorder following heavy drinking. A dependence on alcohol or other drugs can develop after repeated substance use. This typically includes:

- a strong desire to take the drug
- difficulties in controlling its use
- persisting in its use despite harmful consequences
- a higher priority being given to drug use than to other activities and obligations.

It is also known that mental illness and substance use interact to make each diagnosis worse. A person who experiences this is said to have a “dual diagnosis”. Where this occurs, it can result in serious and adverse effects on many areas of a person’s functioning (including work, relationships, health and safety). Recovery from mental illness is much more challenging for people with a dual diagnosis and the issues their families face can be more complex and confusing than those that accompany mental illness alone.

In Victoria, Indigenous women have identified alcohol as a major cause of violence and chaos in their lives. They are five times more likely to call police to attend a family violence incident and 16 times more likely to seek support from the integrated family violence service system than non-Indigenous women (Drugs and Crime Prevention Committee 2006). Public drinking by Indigenous people contributes to a greater likelihood of their being arrested or detained for public drunkenness and alcohol-related violence than non-Indigenous Australians.

While there have been a number of research projects looking at the impact of alcohol on the lives of Indigenous Australians, very little direct research has taken place in Victoria within the past 10 years. For this reason, national data is often referred to.

Until Victorian research occurs, it will not be possible to gain an accurate understanding of the impact that risky and high-risk alcohol consumption has on the lives of Victorian Indigenous people, their family members and members of the wider Indigenous and non-Indigenous community. Nor will it be possible to clearly identify the impact of this behaviour on the demand for Indigenous AOD services.
and/or mainstream health services by Indigenous people whose lives are directly and indirectly affected by alcohol-related incidents.

**Statistical data**

Statistical data about the number of people accessing services is collected by all government funded services in Victoria. In the past 10 years, significant changes have been made to all Client Registration forms and an “Indigenous Status” question now appears on most forms. This change has enabled services and governments to identify where Indigenous people are accessing a service. Such information can be analysed and used to inform decisions about where funding should be assigned. This is important to ensure that service demands from Indigenous clients are met.

Data about alcohol use as a contributing factor to a person’s contact is collected by most service providers (including community health services, hospitals and treatment services) and government agencies (such as police, courts and the coroner). In Victoria, the primary source of alcohol-related treatment service data is captured on the Alcohol and Drug Information System (ADIS), which is managed by the Mental Health and Drugs Division of the Department of Human Services (DHS).

**What the data show**

**Substance use and misuse**

Substance use and misuse can have far-reaching effects on a person’s quality of life and health, and on those around them. According to the DHS Aboriginal Services Plan Key Indicators 2006/07 report, life expectancy, disability, employment, income, imprisonment, domestic violence and sexual abuse are all headline indicators that are affected by substance use and misuse.

- Aboriginal people are more likely to smoke and use alcohol to excess.
- Aboriginal people are admitted more frequently to hospital for AOD-related conditions (Department of Human Services 2008a).

As reported in the National Aboriginal and Torres Strait Islander Health Survey 2004–05, the propensity for Aboriginal and Torres Strait Islander people to engage in long-term risky or high-risk alcohol consumption is similar to that for non-Indigenous persons (Australian Bureau of Statistics 2006b). However, for short-term risky or high-risk alcohol consumption, the prevalence for Aboriginal and Torres Strait Islander people is about twice that of non-Indigenous people.

In 1994, the National Drug Strategy household survey: urban Aboriginal and Torres Strait Islander peoples supplement reported that 62 per cent of the Indigenous community drank alcohol, compared to 72 per cent of the general urban population. However, Indigenous people who drank were more likely to drink excessively (82%) compared with the general urban population (28%; Australian Institute of Health and Welfare 1995).

**AOD community-based service usage**

According to the DHS Aboriginal Services Plan Key Indicators 2006/07:

- Aboriginal people use community-based AOD services at 14 times the rate per population of non-Aboriginal people.
- Both Aboriginal and non-Aboriginal clients use approximately 1.8 courses of treatment per person per year.
- In 2006/07, approximately 2100 Aboriginal clients were reported as receiving almost 4000 AOD courses of treatment. This figure is likely to be significantly under-reported due to inconsistent data collection. In all, seven per cent of all clients receiving government funded AOD treatment in Victoria were identified as Aboriginal. However, a significant proportion of clients (9%) were reported as “unknown” against Aboriginal status.

- The majority of Aboriginal and non-Aboriginal clients of community-based AOD services are aged in the 12–21, 22–29 and 30–39 years age groups. Aboriginal clients are slightly younger than non-Aboriginal clients. However, when the age distribution of clients is considered as a rate per 1000 of population, older clients (40–49 years) have the same rate per 1000 population as the youngest age group (12–21 years). In all age groups, the Aboriginal rate is much higher than the non-Aboriginal rate (Department of Human Services 2008a).

**AOD-related hospital admissions**

In relation to AOD related hospital admissions in 2004/05–2006/07, the DHS Aboriginal Services Plan Key Indicators 2006/07 report shows:

- People admitted for alcohol-related conditions are usually older than people admitted for drug-related conditions. The age groups with the highest rates of admission for alcohol-related conditions are 25–44 and 45–64 years, while the highest rates of admission for drug-related conditions are among people aged 15–24 and 25–44 years.
Aboriginal people are admitted to hospital for AOD-related conditions more frequently than non-Aboriginal people. The rate of male admissions is approximately twice that of female admissions, for both Aboriginal and non-Aboriginal people.

The rate of alcohol-related hospital admissions of Aboriginal men is higher than the rate for non-Aboriginal men of all ages. While the rate of admissions has increased in all age groups over the past three years, the increase has been greater among those aged 45–64 years. This age group now has the highest rate of male cases, though not the highest rate of admissions. The female rate of admissions is lower than the male rate for all age groups; however, Aboriginal women have higher rates of admission than non-Aboriginal women. Women aged 45–64 years have the highest rate of admissions (Department of Human Services 2008a).

Mental health issues (emotional wellbeing)

Emotional and social wellbeing is a huge issue in the Victorian Indigenous community. Depression, suicide, alcohol and substance misuse, motor vehicle accidents and self-inflicted injuries are just a few of the many mental health issues that Indigenous communities face. Traditionally, Indigenous people perceive their health not only in terms of the physical health of the individual, but rather in regard to the social, emotional and cultural wellbeing of the whole community (National Health Strategy Working Party 1996).

Mood disorders are characterised by a fundamental disturbance of mood to depression or elation. Most of these disorders tend to be recurring and the onset of episodes can often be related to stressful events or situations. Substance use disorders include a wide variety of disorders that differ in severity and characteristics but are all associated with the use of one or more substances (usually alcohol and/or other drugs).

In Victoria, a frequent cause of admission to hospitals for Indigenous people is mental health related. This includes AOD-related admissions for adults 15–24 and 25–44 years.

The DHS Koori Health Counts 2006/07 report made a number of references to alcohol-related data (Department of Human Services 2008b).

Hospitalisations for mental health issues

According to the DHS Aboriginal Services Plan Key Indicators 2006/07 report:

- For 2006/07, data are available on Aboriginal people hospitalised due to self-harm and mental and behavioural conditions, including problematic alcohol and other drug use. The data available are merely an indication and are likely to underestimate the actual number of Aboriginal people admitted to hospital.
- Both men and women are most likely to be admitted to hospital when aged 30–44 years, although there is also a high number of hospitalisations for men aged 15–29 years and women aged 15–29 years and 45–59 years.

Understanding patterns and prevalence

Disparities in life expectancy may be influenced by a number of factors including:

- differences in income and education levels
- the quality of the health system and the ability of people to access it
- genetic and social factors
- environmental factors.

It is known that people from lower socioeconomic groups tend to suffer from higher rates of ill health and death and are more likely to exhibit behaviour risk factors such as smoking and excessive alcohol consumption, poor nutrition and lack of exercise. For Indigenous people, a lack of access to culturally appropriate services can deter them from seeking preventative care or early treatment for chronic diseases such as diabetes and renal and cardiovascular diseases. Not all Koori people who engage in risky or high-risk alcohol consumption live in locations where there are high numbers of Koori people. The Australian Bureau of Statistics 2006 Census of housing and population indicates that 47 per cent of Victoria’s Koori population live within Melbourne’s metropolitan regions, while 53 per cent live in rural regional areas (Australian Bureau of Statistics 2006a). For those who go on to seek AOD treatment, their “place of residence” can affect their access to treatment services, particularly those that are culturally appropriate. They may not have the option to use a local service provider if one is not located in their area.

Variations between different socioeconomic status groups in prevalence of risky and high-risk alcohol consumption were only evident in the national data on education and housing tenure. Indigenous adults whose highest level of schooling was Year 9 or below were 1.5 times as likely to report short-term risky or high-risk drinking at least once a week in the last 12 months compared to those who had completed
Alcohol-related behaviours for Victorian Indigenous people are also strongly influenced by the level of access a person and/or their family members has to money—whether it is earned from regular paid employment or received as part of a government benefit. For many Victorian Indigenous people, the level of disposable income they have to purchase alcohol is not solely dependent on them first paying their living and other expenses—such as rent, food, petrol, clothing, telephone and so on. They may choose to purchase alcohol first in order to relax and release stress so they feel confident about themselves and their current life situation.

**Social and cultural factors**

**Place in the community**

To understand the patterns and prevalence of alcohol-related harms and why some members of the Victorian Indigenous community have risky and high-risk alcohol consumption behaviours, it is important to know about factors that directly or indirectly contribute to the personal life journey that each individual experiences. Key alcohol-related findings from the *National Aboriginal and Torres Strait Islander Health Survey 2004–05* include (Australian Bureau of Statistics 2006b):

- **Life stressors**—four in 10 Indigenous adults indicated that they or their family or friends had experienced the death of a family member or close friend in the previous year, 28 per cent reported serious illness or disability and 20 per cent reported alcohol-related problems.

- The highest proportion of respondents who reported alcohol-related problems was in the ACT (27%).

As with other Australians, personal social, cultural and other factors determine whether an Indigenous person lives in a community or environment where alcohol-related behaviours are accepted and/or expected as part of their social interaction with other family and extended family group members. This also applies to decisions they make to consume alcohol when spending time with other Indigenous and non-Indigenous people who are part of their wider social, sporting or work-related networks.

Reasons why an Indigenous person or Indigenous family may choose to live in a specific location are strongly influenced by one or more of a range of factors such as:

- How well they fit within the community where they grew up and the quality and strength of relationships they have with members of their family, social and/or work networks compared to their level of comfort or confidence to choose to move to another location (where they may not have well-established family, social or work relationships).

- Where other members of their immediate family live—some individuals choose to live in the same community to be close to their relatives so they are part of their regular social/support network. Others may decide to move to locations distant from their family members for personal or work-related reasons.

- Their level of desire and willingness to move to a distant location in order to gain access to public housing—whether they are dependent on accommodation provided by the government as their current financial situation and choices are limited, particularly if their only source of income is a government benefit payment.

- Whether they are in paid employment and have the personal financial capacity to choose not to move to another location as part of their personal lifestyle choices.

**Peer pressure**

It is widely known that peer pressure to “have a drink” in order to gain social acceptance from other group members (family or otherwise) can influence whether an individual does or does not consume alcohol at any given moment. For many Indigenous people who lack self-esteem and self-confidence, the need for acceptance by others may lead them to give in to requests or demands from other people to join in consuming alcohol so as to remain part of the conversation taking place.

In Indigenous communities, peer pressure can begin at a very early age. Indigenous people are acutely aware of the fact that they are different as a result of who their parents are. Yet whether one or both parents are of Aboriginal and/or Torres Strait Islander descent is not the only relevant factor in determining or confirming a person’s Indigenous status. Another key factor is whether an Indigenous person decides to publicly identify as an Indigenous person and, at the same time, they are also accepted as such by other Indigenous members within their local community or those who are part of the wider Indigenous community.

The Western Australian Aboriginal Child Health Survey describes the following health risk behaviours that were identified by Aboriginal people surveyed (Zubrick 2004):
Factors strongly associated with the social and emotional development of young people included self-esteem, family functioning and life stress events, cigarette and alcohol use, bullying and racism.

Twenty-seven per cent of Indigenous young people aged 12–17 years surveyed said they drank alcohol and nearly half (46%) of respondents had drunk to excess in the last six months (as measured by any occurrence of alcohol-induced vomiting).

The Australian Bureau of Statistics and Australian Institute of Health and Welfare have linked alcohol misuse among Indigenous people to education, employment and income.

An analysis of Indigenous drinkers aged 18 years and over in the NHS [National Health Survey] ... showed that those in the high-risk category were less likely than low-risk drinkers to have a higher educational degree and more likely to have left school before the age of 15, to be unemployed or not in the labour force, to earn the majority of their income through government pensions, to earn less than $10,000 per annum ... Although the numbers of people in each category are small, the patterns are consistent in suggesting that high-risk drinking among Indigenous people is more common among the socioeconomically disadvantaged.


Intergenerational issues
The role models and peers that most of the current generation of Indigenous people interact with on a regular basis (in a family, social or work setting) are from a generation where being an Indigenous person would have determined most aspects of a person’s life, including:

- whether you were born or grew up on a government-run mission or reserve and had to get written permission each time you wanted to leave
- the options and choices you had for education at a primary or secondary school in your formative years and the options available to you to participate in tertiary education
- the level of freedom you had to move away from where you were born and get a job once you became "an adult"
- whether you were recognised as an Australian citizen, were counted in the Census and had the right to vote
- your capacity to rent a house anywhere in a township and/or your ability to purchase property

- the level of confidence and self-esteem you had developed to publicly identify as an Indigenous person
- the attitude of employers—whether getting a job was influenced by the colour of your skin or solely on your qualifications and experience
- whether you experienced racism, bullying or other abuse when growing up and the impact this had on your level of self-esteem, self-confidence, identity, values and cultural beliefs
- how many opportunities you had to socialise with other Indigenous people—in enclosed environments as well as in situations involving non-Indigenous people
- whether your wages were garnished and “held in trust” by the government, often never to be returned because the money was spent to pay for public infrastructure or government services
- whether you were taken away from your family as a child, institutionalised and/or adopted out to a non-Indigenous family during your formative years.

The reality for many older members of the Indigenous community is that these life experiences are still fresh memories which will never be forgotten. Once these and other known facts are accepted, it will be possible for other Australians to better understand and appreciate why some Indigenous people may choose to consume alcohol and other drugs at risky and high-risk levels.

The National Drug Research Institute and Centre for Adolescent Health report (2004) describes the adverse health and social impact of problematic substance use, particularly alcohol, among Indigenous Australians. These have been attributed by most researchers to a broad range of social determinants.

A range of cultural factors play a role in observed patterns of alcohol misuse. Some cultural factors mediate the impact of broader political and economic factors, such as the development of destructive drinking patterns, and feed into a continuing cycle of poverty and disadvantage. However, the diversity among Indigenous people (in Australia, New Zealand and Canada) precludes explanations based solely on cultural factors. The common patterns of alcohol misuse are related to the common experience among these Indigenous people of colonisation, dispossession and economic exclusion and their continuing consequences.

Research
National research that is useful to inform the understanding and planning of AOD responses for Victorian Indigenous communities includes:
The Prevention of Substance Use, Risk and Harm in Australia: A review of the evidence (National Drug Research Institute and Centre for Adolescent Health 2004)

Measuring the social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples (Australian Institute of Health and Welfare 2008)

Aboriginal and Torres Strait Islander Health Performance Framework 2008 (Commonwealth Department of Health and Ageing 2008)

Victorian research

An examination of the available literature found that no research undertaken to date has examined the level or impact of alcohol consumption by the Victorian Indigenous population. Where state-based research projects occurred, they focused primarily on illicit drug use by Koori people and it is from this information that a picture has also emerged about the contributing impact alcohol has in relation to a person’s substance use and dependence.

In 1996, the National Drug Strategy undertook research aimed at providing educational material for Aboriginal AOD workers involved in the treatment field. Issues related to treatment were presented as a result of data collected in Aboriginal AOD treatment agencies (Alti 1996). The study collected a variety of information from Aboriginal clients in treatment and from AOD counsellors working in Aboriginal treatment agencies. Interviews were conducted with a sample of 83 clients, of which 25 clients were from Victoria.

Some of the Victorian respondents mentioned their “flats” as drinking places, but the great majority described their drinking setting as “the long grass”, the “river bank” or “the park”. The drinking group usually comprised of “relations”, “mates” and family members as drinking friends.

Men represented the majority of people engaged in longer drinking sessions. In Victoria this category seems to reflect a “transient” type of drinker. It was stated that treatment for these types of drinkers should take into consideration the occurrence of this type of drinking activity.

There was a trend for Victorian clients to express the wish to be followed up, as compared to Northern Territory or West Australian clients. This suggests that clients perceive the need to be supported in an urban environment where relapse triggers are more prevalent.

Verbal accounts collected showed that clients felt the need to be trained in cognitive behavioural approaches to cope individually with relapse triggers. While clients presenting for alcohol-related problems usually only experienced Alcoholics Anonymous counselling and abstinence-oriented approaches, some Victorian clients had been exposed to different treatment approaches. A “speed” user who had been counselled in custody on relapse triggers applied to drug use made this statement:

“That was real good. That woman taught me something about coping with my drug problem. See, you can’t talk spirituality to drug addicts. We are too cynical. Rationality. That’s what we need. Rationality.”

A 2003 survey of DHS treatment services in Victoria found that 57 per cent of Indigenous clients were receiving treatment for an alcohol-related issue (Department of Human Services 2003).

In 2003, Indigenous AOD workers from across Victoria reported that:

- multiple drug use was an increasing trend within the Indigenous community
- alcohol and cannabis were commonly used together, which often resulted in serious behavioural and health-related issues
- a major concern at the time was the prevalence of injecting drug users sharing equipment and the resulting high risk of transfer of blood borne viruses such as hepatitis C.

Indigenous drug prevention research stocktake and gap analysis

The Victorian Premier’s Drug Prevention Council (now the Victorian Drug and Alcohol Prevention Council) identified drug use prevention as a priority issue for Victorian Aboriginal (Koori) health. In 2007, the Council commissioned a stocktake of drug prevention research as it applies to the Indigenous community. The final report from this research project was released in March 2009 by the Department of Human Services.
Project aims
The purpose of this project was to assist with the establishment of a culturally sound research agenda aimed at preventing problematic AOD use among Indigenous people. Specific activities included to:

- undertake a “stocktake” and review of AOD prevention research relevant to the Indigenous community and published over the past five years in Australia, with particular attention to the Victorian context
- identify likely future trends and issues that are pivotal to Indigenous AOD prevention research
- describe research needs and gaps relevant to Indigenous AOD prevention, as identified from the research review and using the results of the gap analysis
- develop priorities for best strategic investment in AOD prevention research in the short, medium and long term, based on the above analysis.

Project findings
The following findings from this project will be framed to assist the Council in its role in promoting culturally appropriate research that contributes to preventing AOD-related problems.

- The stocktake revealed a number of gaps in the research related to AOD prevention, in particular a lack of studies that have evaluated strategies to prevent tobacco, alcohol and other substance misuse in Indigenous communities.
- The project emphasised the critical need for a comprehensive research agenda to make the best use of work in this important area.
- Partnership is imperative in Indigenous research. The involvement of the Indigenous community at all stages of the research process, including the development of research questions and the analysis of data, is important.

Recommendations—shaping a research agenda
By developing a research agenda, in collaboration with the report’s authors, the project provided a strong basis for research transfer and capacity building. Project partners included La Trobe University with the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) and Onemda (VicHealth Koori Health Unit at The University of Melbourne).

The key project outcome was the identification of principles and directions for a research agenda, including the:

- use of appropriate methodologies
- involvement of, and a role for, Indigenous people
- formation of partnerships between Indigenous and non-Indigenous people
- need to negotiate the application of policy to address local contexts.

Recommendations—research gaps
The project also revealed a number of gaps in the research related to AOD prevention. Findings from the epidemiological profile and the review of the literature suggest that the following areas warrant further research and are likely to deliver the most effective gains in the short and longer term.

- Alcohol—the results of this stocktake clearly suggest that future AOD prevention research should focus on the area of binge drinking. Studies to determine the best ways to inform pregnant Indigenous women of the dangers of hazardous drinking and strategies to avoid it are likely to benefit both women and their babies.
- Tobacco—this is the most significant health issue for Indigenous Australians, particularly for adolescents and pregnant women. Research to help reduce smoking levels in these groups and to discourage passive smoking are likely to lead to improved health outcomes
- Illicit drugs and other substance misuse—this stocktake raised serious concerns about the use of illicit drugs and other substances in Indigenous communities. However, insufficient data make it difficult to advise on further research in this area at this stage.

Overall summary of outcomes
The stocktake of Indigenous AOD research published since 2000 was unable to determine if there are any effective drug prevention strategies that can be used in Indigenous communities in Victoria—largely because few studies addressed the issue adequately.

Most research in the area focused on describing the nature and extent of alcohol and other drug use, rather than evaluating the effectiveness of prevention strategies.
Evaluations that were conducted had limited application because:
- the interventions were not effective
- the studies had methodological problems, such as poor follow-up
- the findings had limited application outside remote communities.

There appeared to be greater emphasis on research in remote Indigenous communities than on those in regional or urban locations.

While similar patterns of self-reported alcohol and other drug use by Indigenous people are known to occur across rural and urban locations, the implementation of strategies to prevent problematic alcohol and other drug use in remote communities raised issues that are likely to vary in their degree of relevance for less isolated locations.

Current strategies and interventions

Injury prevention

A number of strategies that have been recommended as injury prevention initiatives also appear relevant to the prevention of AOD-related harm. Night patrol schemes in Indigenous communities have been singled out as an effective intervention worthy of further support in Commonwealth policy, although the report did note that further evaluation of their impact on injuries is needed.

Mentoring programs may be particularly successful where they are conducted in institutional environments such as schools and where there are high rates of AOD-related harm, such as in Indigenous communities and among out-of-school youth (National Drug Research Institute & Centre for Adolescent Health 2004).

Programs in Indigenous communities (treatment)

Evaluations of alcohol treatment projects have found that some produced no significant outcomes, while others showed moderate degrees of success. In one case, such results were reported to be a consequence of the fact that there were no agreed criteria against which success could be measured. In others, project effectiveness was circumscribed by limited resources and the need for additional training for both clinical and administrative staff (National Drug Research Institute & Centre for Adolescent Health 2004).

Childhood interventions

There is increasing evidence that investment in preventative programs in childhood can contribute to the reduction of harmful AOD use. The evidence for this claim relies on demonstrations that these programs can be delivered to disadvantaged and vulnerable families and that such interventions make a difference in improving social environments for healthy child development. In many cases, evaluations have demonstrated positive improvements over one to two years in child behaviour problems. In an increasing number of studies, follow-up has been completed into adolescence. These studies have linked the positive changes achieved through earlier preventative investment to reductions in harmful drug use and associated behaviour problems.

There is some evidence to demonstrate that investment in the years before school entry may be important for ensuring a more complete realisation of learning potential. Efforts to reform primary school environments in the LIFF program, the Good Behaviour Game and the Seattle Social Development Project raise the interesting prospect that outcomes for the most disadvantaged children are greatly influenced by broader support and understanding within the school environment.

Although childhood intervention appears to hold prospects for improving developmental outcomes for disadvantaged children, there are few Australian studies investigating these interventions. An important evaluation objective should include assessment of the relevance of both universal and targeted childhood interventions within Indigenous communities.

The Department of Justice—Victorian Aboriginal Justice Agreement

The Department of Justice’s Victorian Aboriginal Justice Agreement identified alcohol as a key issue of concern where Indigenous people come into contact with the justice system.

- Disadvantage in education, employment, housing, health and wellbeing, alcohol and other substance misuse continues to drive over-representation.
- One of the risk factors experienced by Indigenous youth included “family factors”—parental alcohol misuse and/or the lack of adequate parental supervision of children.

A key action to reduce the number of alcohol-related arrests is being implemented by the Victorian Government and Victoria Police. This is part of an overall strategy to minimise circumstances in which
Koories are at risk of negative contact with police. Victoria Police will work with Victorian Indigenous communities to develop and enhance place-based strategies, agreements and protocols to reduce alcohol-related incidents that lead to arrest or negative contact with police. This includes the implementation of strategies that ensure that police use custody as a last resort for intoxicated persons (Department of Justice 2004).

**Victorian Department of Human Services**

**Koori Community Alcohol and Drug Resource Centres**

The Koori Community Alcohol and Drug Resource Centres were developed in response to the Royal Commission into Aboriginal Deaths in Custody as an alternative to incarceration in police cells for people who are affected by alcohol and other drugs in public. The Department of Human Services funds seven Koori Community Alcohol and Drug Resource Centres to provide assistance to intoxicated people as an alternative to incarceration.

**Workforce**

**Koori Community Substance Abuse Workers**

DHS funds 24 positions located within Aboriginal Community Controlled Health Organisations (ACCHOs) and mainstream organisations. These positions are funded to provide referral to treatment and to conduct prevention activities such as:

- provide information and education to the Koori community
- provide advice to Koori health services on alcohol and other drugs
- counsel, support and advocate on behalf of Koori people affected by alcohol and other drugs
- liaise with generalist health and welfare agencies to ensure a continuum of care for Koori people affected by alcohol and other drugs

Other Aboriginal AOD initiatives include **Koori Alcohol and Drug Workforce Development** and projects under the National Illicit Drug Strategy (NIDS) Diversion Initiative. Custodial Alcohol and Drug Nurses (CHADs) provide AOD treatment support services to prisoners in police cells and young people in secure welfare facilities. This is not an Aboriginal specific program but many Aboriginal people benefit.

**Koori Youth Alcohol and Drug Healing Service**—this is a residential rehabilitation service for Aboriginal young people aged 15 to 20 years who have alcohol and other drug problems. An interim six-bed service currently operates with plans being finalised for a permanent 12-bed facility. The program contains Aboriginal cultural components, provides support, linkages and mentoring and prepares young people for entry into the community.

**Koori Alcohol and Drug Network**—this network facilitates regular meetings of DHS and Commonwealth funded Koori Alcohol and Drug Workers for professional development activities.

**Health Workers Kit**—a kit has been prepared for Aboriginal health workers to help them support pregnant women. This kit— *Healthy pregnancies, Healthy babies*—adopts a holistic approach to the development of healthy babies, including alcohol and other drug use during pregnancy, with the message “less is better, none is best”. A staff training program is also provided in five locations across Victoria.

**Alcohol strategies for 2008 and beyond**

The Victorian Government released its *Alcohol Action Plan 2008–2013* in May 2008. A key priority for “restoring the balance for families” was to develop a Koori alcohol plan.

A whole-of-government Koori alcohol plan will be developed to prevent and reduce the harm of alcohol misuse and family violence in Koori communities and will encompass prevention, early intervention and treatment. The plan will outline the leadership role of the Victorian Government, in partnership with Indigenous communities, in reducing alcohol harm. The objectives of the Koori alcohol plan will follow those of Restoring the balance, with specific reference to Victoria’s Indigenous communities (Victorian Government 2008).

The Department of Human Services, in partnership with the Victorian Aboriginal Community Controlled Health Organisation (VACCHO), will develop a whole-of-government Koori Alcohol Action Plan (KAAP), utilising VACCHO’s comprehensive consultation process. The KAAP will seek to prevent and reduce harms associated with problematic alcohol use in Victorian Koori communities through a range of prevention, early intervention and treatment responses, following the objectives of the VAAP.
The broad approach of the KAAP is to:
- achieve long-term change
- build Indigenous community capacity through partnerships with the Indigenous community
- improve the evidence base for action through research, outcomes measurement and evaluation
- utilise coordinated action across government.

Conclusion
To fully understand the effect of alcohol-related harms on Victorian Indigenous people, arrangements need to be put in place to create a point of convergence where data from different datasets can be collated, compiled, analysed and interpreted. This process would provide a detailed and comprehensive picture of how alcohol-related harms impact on the lives of Indigenous people. The data should go back as far as possible to allow for the opportunity to undertake a longitudinal trend analysis. Where possible, data analysis processes should include examination of “place of residence” data for treatment service clients in order to identify Koori communities where alcohol-related harms are a problem.

It would also be useful to correlate alcohol-related data against other datasets to see where alcohol was a contributing factor in other areas. For example, these may include:
- Child Protection cases where a child may be taken into care because the family is not functioning
- referrals made to a treatment service by police and magistrates
- the actual number of hospitalisations where alcohol is a primary contributing factor, where an admission occurs for an illness (for example diabetes, liver disease, pancreatitis) and where a person has a mental health (wellbeing) issue.

Information presented in these reports will assist Family Violence Action Groups, Regional Aboriginal Justice Advisory Committees, Aboriginal Reference Groups, Aboriginal Community Controlled Health Services, mainstream services and government agency staff to inform their planning and decision-making processes about where sustained targeted action is required.

Finally, it is anticipated that the DHS Koori Alcohol Action Plan will provide a clear framework that will identify the specific action to be taken in Victoria to address and respond to alcohol-related issues in the Indigenous communities. Strategies will need to be put in place to educate and empower Koori youth. This will assist members of this generation to understand how a change in their drinking patterns now will help ensure they have few health problems when they get older.

Studies have shown that the investment cost of prevention activities in the Indigenous community will far outweigh the cost to the public health system if a significant decrease occurs in alcohol-related health problems. Action taken in this area will also address a major stressor for Koori people, members of their family and other community members who are caught up in the circle of violence and poverty that is still present in Indigenous communities today.
Good practice case studies

The following six case studies outline ideas for good practice as described by Indigenous AOD workers in Victoria and how they have been working directly with Indigenous AOD clients in Victorian Indigenous communities.

Case Study 1
Wathaurong Koori Youth Prevention programs

Contact Person: Mr Craig Edwards, Indigenous AOD Worker

It’s about rewarding all kids not just the naughty kids because we have to give them the best chance as well. One thing that keeps me in this position (last 20 years) is that I have seen these kids grow into adults and they don’t come through my door about AOD issues anymore even though I still provide counselling for men but they aren’t the kids I was working with at the time. I attribute this to all the prevention activities we have been able to deliver in our community and the community connectedness to working with our kids and families on a regular basis.

Many of the kids and young people who participate in the AOD prevention programs are males and if the organisation was able to employ a female AOD worker then more work could be done with the young girls and women in the community. It is tough for me to go to a single mum’s place to get a service in place as they are sitting and suffering in their homes and if we had a female AOD worker employed they would have the right attributes to comfort our women.

Project description
Wathaurong Aboriginal Cooperative Ltd is based in Geelong. It runs a number of Indigenous youth activities and programs each year (where funding is available) as part of its Alcohol and Other Drug (AOD) Preventative Program. The focus of the activities is Indigenous youth in the Geelong area who are from single parent families, have been taken into foster care and/or are living in situations where family violence occurs.

Why the programs are run
The AOD program at Wathaurong advised that a number of Indigenous youth in Geelong live in families that do not have much in the way of spare cash, may not have ready access to public or private transport, are marginalised and have a low self-image, self-esteem and self-confidence.

They are at high risk of coming into contact with the justice system and have few positive supportive male role models who they can interact with. Indigenous youth in the area do not have a well-developed sense of Indigenous culture, values and beliefs and struggle to relate to their Indigenous heritage in a positive way which enhances their sense of cultural identity.

One of the reasons for providing prevention programs is that there continue to be many barriers in the Geelong area to accessing AOD treatment services as there are often no beds available for clients. There is pressure as treatment services can’t be accessed as we need to be more involved in other activities to get them off alcohol for the month and they have to wait before they can get a bed.

The hardest thing is getting clients to admit they have a problem first and when we achieve this we can’t get the treatment bed so keeping them alive beforehand is stressful and challenging.

The primary aims and focus of the various activities of this program are to:

- provide opportunities for Indigenous youth in the Geelong area to gain confidence, self-esteem and self-respect by participating in activities with peers in a safe and culturally sensitive environment
- provide Indigenous youth with the opportunity to learn more about their culture and strengthen their individual identity as a Koori person
educate and empower Indigenous youth to understand the effects alcohol and other drugs can have on their health and wellbeing and to learn personal strategies so they have the confidence to say no to peer pressure to consume alcohol and/or other drugs

provide Indigenous people in the Geelong area to be mentors and role models in the activities and events being organised for Koori youth in their community

provide low-income Indigenous families with an opportunity to participate in alcohol and drug free activities that allow all family members to come together in social, sporting and cultural events that they could not otherwise afford.

Who are the partners?
Wathaurong Aboriginal Co-operative Ltd is the lead agency in all of the activities and programs that are organised each year. Our partners in these activities include Victoria Police, the Construction, Forestry, Mining and Energy Union (CFMEU), Surfing Victoria and the local Surf Lifesaving Club, Surf Life Saving Victoria, Sport & Recreation Victoria officers, Belmont Lions Football Club, Geelong City Council, DHS Youth Justice and other Wathaurong staff and local people who volunteer their time.

Activities and events
Wathaurong Cultural Camp
The Wathaurong Cultural Camps are held over 10 days (including the Christmas period). They focus on AOD-related issues using a discussion based approach around a camp fire. There is a big cultural aspect to the camps and every spot has a different cultural activity that all the kids are involved in. The priority group are 12–16 year olds who are drinking or using drugs, are heavily involved in the juvenile justice area ("some are pretty wild and mucked up") and have been identified by Victoria Police as Koori youth justice clients in their area who would benefit by participating in this program.

Woorrangalook Surf Titles
The Surf Titles at Woorrangalook is our largest activity in the AOD program area. The event is booked in advance and is held in the second weekend of February each year. It is an alcohol and drug free weekend which deals with the serious end for some men in our programs at Wathaurong. There is no direct government funding provided but major support is provided by Victoria Police and the local Community Justice Panel (CJP). Other funds come from the CFMEU. Surf Life Saving Victoria is also very involved.

We start the weekend with a formal Welcome to Country and a dance group, which is culturally important for the whole weekend. Events held in the competition are:
- Little Nippers (6 years and under)
- Under 10s, 12s, 14s, 16s and 18s
- Open and Masters events for men and women.

We originally started with 100 participants and now have over 200 Koori kids competing. They come from all over Victoria to participate in the weekend with their families, making a total of 300 people participating. The important thing is that the kids are all having a go and enjoying themselves and the adults do not have to worry about AOD issues that they might have.

Every kid that participates in events gets a prize. This is generously supported by the major surf brands in Torquay. We supply the wet suits, boards and food for free and offer a world title entrance into surfing, which is a unique event for Koories to participate in. All kids walk away with a shirt and small surfing brand back pack and drink bottle—there are heaps of giveaways.

Sport and Recreation Victoria officers, the CJP, the CFMEU and Wathaurong’s AOD program and other programs from the organisation are involved in coordinating the event. It also receives sponsorship from Rip Curl, Quick Silver and other major surf brands. This may be in the form of surfboards, sunglasses, drink bottles, wet suits and other products. Judges for the competitions are all independent, accredited surf judges who judge worldwide surf title events.

We have a committee of 15 people and many partnerships with government, community and agencies. Victoria Police and Surfing Victoria are the biggest contributors to the event. Meetings with Surf Victoria are held throughout the year to coordinate the event and Surf Life Saving Victoria advises on the best spots for the little kids and the older ones competing.

We are also trying to get Koories thinking about surfing as a sport and have some kids who are interested in taking it on professionally. Surfing Victoria is really keen to have a Koori Victorian compete. We have identified seven good Koori surfers in Victoria, with a couple from Phillip Island and Melbourne. Wathaurong own a portion of the Rip Curl titles and we use this as a stepping stone for good Indigenous surfers. It would be great to have a Koori compete in the World Surf Titles at Bells Beach.
AFL Football Program

We have a community partnership with Belmont Lions Football Club which has been going unofficially for 25 years. During this time the club has had Aboriginal people on committees, including in the President and Vice President positions. The back of the players’ footy jumpers have the Wathaurong logo and the club flies the Aboriginal flag every Saturday during the football season and flag the acknowledgment in the locker rooms.

The clubrooms and oval are used for children’s days and NAIDOC carnival and provide a venue for a variety of other events. The Club has had this Koori education background for the last 25 years and there have been lots of Koori senior footy players and coaches involved in the club. Links have been strong and steady over the years. In 2009, there are up to 30 junior players and 4–5 seniors in netball and football. In winter the bus picks up the kids for their games in the early mornings from the Corio, Wittington, Leopold and Grovedale areas. This is funded by Wathaurong’s AOD program and the CJP. The kids train Wednesday or Thursday and play on Saturday or Sunday.

When we promote this program to our community, we emphasise that if they want to be involved they can’t have been in any trouble. This is a good preventative statement, as the families are well aware of the good outcomes that have been achieved by others who have been involved in this program. We know these programs work if the participants can maintain a balanced structure in their lives. We advise all the coaches that they need to be aware of these kid’s issues at home and that anything can happen. They need to have that strong relationship with the Cooperative so we can work with the club to sort some of the issues that might be present.

If the kids want to play they have to be a member of the club. Wathaurong pays for the membership and helps with some of the equipment costs.

We had one single mum, and the dad had died so we had one of the boy’s start in the Under 10s and now he has stayed on to the Under 16s and he is doing really well.

Other programs and activities run by Wathaurong

- The Police High Challenge Camp—this camp involves the Ropes Challenge Course at Anglesea. Young people get to think about things, work as a group and in teams, and do a 3 km run. The camp takes about 15 to 20 kids. New police recruits attend the camp as part of their training and are expected to work and mix with the kids. We hope in this way to make them better police in Victoria, as they only get a few hours’ cultural studies at the Police Academy. This camp is a good eye-opener to Koori young people’s issues.

- Swim Program—this is a 10-week program that has been running for two years (2007–2008). It caters for school kids aged 6–7 years and 14–15 years.
Our swim program offers opportunities for kids to learn how to swim and for program leaders to look at particular kids who may be eligible to go on and compete. The target is to have two kids each year go on to swim in a swim club and develop a regular swimming routine. There is little continued support once the program finishes but some funding is provided to cover the costs of lessons, tournaments, equipment, coaching, travel and so on.

Basketball Program—basketball is very big in this area and runs all year round. Koories are now participating in state and national basketball titles. All the funds go towards the kids being actively involved in these programs and this includes helping some of the kids with their affiliation fees, accommodation and uniforms.

Bill Muir Classic—this activity is a “big basketball weekend and logistical exercise as we take eight sides up each year”. We also combine the Heywood and Geelong sides. Three of the older boys at Wathaurong have gone on to become Victorian representative players and to participate in the Perth, Darwin and national basketball titles. The Under 16s won in Perth and the Under 18s were runners-up in Darwin. Four boys have gone on to attend a number of camps at the Institute of Sport in Canberra.

World No Tobacco Day—at this event we do relaxation techniques, yoga and massage and show videos and hand out information on not smoking. We have a strong “no smoking” policy in vehicles and around the building at Wathaurong. We will help anyone to give up the smokes.

Community Based Orders (CBOs and ICOs)—all CBOs and ICOs are supervised by staff at Wathaurong. Participants have the opportunity to work with the maintenance crew and be involved in the union red card (OHS induction training) days, boat licence days and site-monitoring work with the community and archaeologists. There is also an opportunity down the track to get some work in these fields. Boredom is a big problem for many participants on community based orders and a huge part of problematic alcohol and other drug use is having time to think about bad things that they can do.

Outcomes achieved

No formal evaluation has occurred of the youth programs being run by Wathaurong. However, ongoing participation by Koori youth in all activities and programs indicates a high level of interest and support from both parents and agencies who are involved in the planning, delivery and one-off funding made each year since activities commenced.

What is good about this program?

Key elements that make this a good practice project include the following:

- The Wathaurong Aboriginal Co-operative Ltd provides financial assistance to conduct some of the activities, programs and events when no government funds are available to meet participant costs. This demonstrates a strong commitment to nurturing local Koori youth who have few options available to them from other sources.

- Activities and programs are designed to reinforce cultural identity in a manner that allows local Koori people to be actively involved as mentors and role models for Koori youth in the community.

- The activities that are run provide local Koori youth with an opportunity to learn positive behaviours that do not involve alcohol or other drugs. This approach encourages positive thinking, provides opportunities for Koori youth to learn more about Koori culture in a non-threatening structured environment and allows Koori young people from low-income families to be actively involved in social and sporting events on a regular basis without feeling shame that they don’t have the money to pay the costs of participation.

- Strong robust partnerships have been developed between the local Koori community, mainstream clubs, local services, government agencies and others. This means they are actively involved in organising and supporting activities and events for Koori youth.

- A major corporate sponsor has taken over one of the events and has created opportunities for Koori youth to be involved as competitors in a sport they would never have previously considered.

Where to go for more information

Wathaurong Aboriginal Co-operative Ltd
Lot 62 Morgan Street
North Geelong
Phone: (03) 5277 0044
Case Study 2

Morwell Koorie Men’s SHED Health Promotion Project

Contact Person: Mr Jason King, CEO

“It’s about getting active (swimming, fishing, walking, golfing, footy and cricket), eating healthy tucker and having fun in a cultural atmosphere.”

“The men’s group has given all fellas in the community the opportunity to engage in healthy active lifestyles.”

“Visiting places of cultural significance with the Elders, telling dreamtime stories and enhancing young fellas’ understanding of their cultural history and history of the land.”

“It’s about strengthening the relationships and respect between men in our community—both old and young.”

“The group has been a way that services in the community can build stronger relationships with the Aboriginal community.”

—Quotes from the Koorie Men’s SHED program DVD

The Men’s SHED (Self-Help Ending Domestics) project holds that men are responsible for most domestics and that men can change their violent behaviour at home. The project:

- is for all males who display violent behaviour—both physical and verbal—in any situation within society or at home
- is set up for men to support and challenge each other to become more aware and responsible about men’s violence in their community
- offers time and space for men to face who they are, what they have become and how they behave towards the women and children in their lives, along with a chance to change what is not good
- aims to bring about attitudinal and behavioural change in the participants through a structured educational program with a focus on men taking responsibility for their own violent behaviour.

Why the program was run

A number of Koorie men living in Morwell spent time together each week drinking at a bus stop, making a public nuisance of themselves and, on occasion, getting arrested. There were few activities available for men in the local community that they felt comfortable with and in which they had a say in what the focus of the activities could be. Most of the men regularly involved in the drinking sessions did not have a job, had poor eating habits (with some having poor health), had low self-esteem and a lack of confidence interacting with others outside the group. Most were having difficulties in their personal relationships—with their partners and other family members.

The Koorie Men’s SHED program was set up so men involved in the group were given an opportunity to:

- regain some control of their lives
- regain their self-confidence and self-esteem
- understand the benefits of good eating habits and how these can improve their health
- learn how to have some control over their drinking to reduce their self-harm and self-destructive behaviours
- find new ways of engaging with their partners, friends and family so they had better personal relationships
- access support services in their local community that they were not using previously.

Who are the partners?

The primary partners in the project were Gippsland and East Gippsland Aboriginal Cooperative Ltd (GEGAC) and the Latrobe Community Health Services Inc. (LCHS). Additional support for the project was provided by the following secondary parties:

- Victorian Aboriginal Legal Service Inc. (VALS)
- Galliamble
- Koorie Open Door Education (KODE) School
- Ramahyuck District Aboriginal Corporation
- Local Indigenous Domestic Violence Action Group
- Victoria Police
- Quantum Support Services Inc.
- Gippsland TAFE Koorie Unit
- Gippsland Psychiatric Services

Project description

This project is a partnership between a mainstream and a Koorie AOD service. The primary activity was to develop a men’s group to prevent and/or reduce alcohol consumption among Koorie men in the local area. Prior to participation in the group, the men spent most days drinking at the bus stop in Morwell and were regularly moved on or arrested by police.

The men identified the events they wished to attend and agencies provided transport (a bus), staff (such as nurses) to attend the events and food and beverages. A proposal for funding through a DHS Health Promotion grant helped get the group started and ensured that the health promotion needs of the group were met.
This is the first time in many years that the community has worked together to have teams in this event and the men from the group are proud to be part of the process. Currently the teams are meeting weekly on Sundays with good turnouts.

**Outcomes achieved**

The success of the project has primarily been the collaboration between the two organisations and the willingness of formerly disempowered and marginalised Koorie men to be part of this process. Without them, none of this would have occurred.

This project has been a very positive experience for the staff involved, primarily because of the positive outcomes for the men in the group. Staff have seen how working together has been beneficial for staff and clients alike.

**Partnerships with mainstream agencies**

One of the positive outcomes of this project has been the excellent working relationship that has developed between LCHS and GEGAC. This allows better access to AOD services for Koorie clients and facilitated referrals by the Koorie staff. The Koorie staff have also had opportunities to spend time in a mainstream organisation and the two organisations have shared staff members who have worked part time in each service.

**Participation of members of the Koorie community**

A number of the events undertaken by the men have included family members, Elders, young people and other community members. Attendance at the Dreamtime match at the “G” included children, parents and grandparents. A BBQ was cooked by staff prior to the men attending the match.

**Culturally responsive practices**

Many of the events undertaken as part of this project have had cultural significance for the men involved. Part of the process has been the sharing of cultural information from Elders to young men in the group. The delivery of culturally responsive practices has contributed to the success of the initiative.

**Funding**

The Department of Human Services initially provided funding for one year. Additional funds have now been provided for another 12 months to expand this project to have a focus on women and to extend it to the East Gippsland and Central Gippsland areas.
Research activities
Research has not been the specific focus of this project. It is hoped that with the extra funding received from DHS, we will be able to evaluate this project. We hope other organisations will be able to use this idea and benefit from the positive outcomes we have achieved.

What is good about this program?
Key elements that make this a best practice project include the following:
- It provides a simple, cost-effective solution to an ongoing problem.
- It has assisted a number of men to address their AOD issues in a way that they had control over.
- It addresses solutions in a culturally appropriate way and has enabled staff of a mainstream service to develop a more culturally appropriate approach to service delivery for Koorie community members living in the Latrobe Valley.
- A collaborative working relationship and partnership has been established between a Koorie and mainstream service located in different areas of Gippsland. This has resulted in their individual Koorie clients now having access to a range of both culturally friendly and supportive services.

Where to go for more information
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37 Dalmahoy Street
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La Trobe Community Health Services
Freecall: 1800 242 696
Website: www.lchs.com.au

Case Study 3

MAYA Men’s Healing from Addiction program

Contact Person: Mr Reg Blow, CEO

The MAYA Living Free Healing Association—Healing from Addiction programs and activities aim to heal the spirit of Indigenous people (women, men and families) suffering from alcohol and other drug dependence and associated problems. This is done through the creation and maintenance of self-help groups, counselling and programs that address the underlying causes of dependence, with a particular emphasis on trauma, grief and loss within a holistic healing environment.

This case study focuses on the Healing from Addiction program provided to Indigenous men. MAYA also provides many holistic healing programs and activities for Indigenous women and families in the community. As part of its program, MAYA conducts specific workshops aimed at:
- increasing participants’ understanding of how trauma, grief and loss impacts on their state of mental and spiritual wellbeing and developing ways to deal with this, such as self soothing and anxiety management through means such as meditation
- reassuring participants that they are not alone and that the feelings, emotions and actions they are experiencing are typical responses to trauma, grief and loss
- empowering and building the individual capacity of participants to deal with their feelings of pain, loss, alienation and depression associated with past traumas, grief and loss and with present day pressures and hardships—this is important so that these emotions are not repressed to later come out in outbursts of anger and violence
- improving Koori men’s self-esteem, health and parenting and relationship skills, leading to healthier families and a reduced incidence of family dysfunction and crime, including domestic violence.

The MAYA Healing from Addiction program also provides regular Alcoholics Anonymous and Narcotics Anonymous meetings, which form an integral part of the healing process.

Why the program is run
A key aspect of the program is recognition that men who enter a downward spiral have complex and multiple needs and require access to a range of services and programs. In Melbourne, Koori men with AOD-related issues have limited opportunities to be involved in social and other activities with men who have similar life experiences to themselves. Only a small number of Koori-specific services are located in the Melbourne metropolitan region. There is no ready access to a space where large numbers of Koori men with AOD dependence problems can get together to socialise and participate in activities on a regular basis.
The facilities at MAYA are very basic and open, which allows Koori men to feel comfortable with the space where activities occur. Participants in the Healing from Addiction program have a large say in the activities run at MAYA. The facility is easy to access by public transport and is located in an area where there is a high Koori population.

The number of participants in the program has grown since it began because Koori men involved in the group have a high degree of confidence in the program. They are also very honest about giving staff feedback about what works and what needs to change. The response of MAYA staff is to listen and then act on this advice. This approach has empowered the Koori men participating in the program to have ownership over what happens.

Who are the partners?
The MAYA Living Free Healing Association partnership with the Victorian Aboriginal Health Service and Elizabeth Hoffman House seeks to provide early intervention programs aimed at improving Koori men’s self-esteem, health and parenting and relationship skills. The goal of this partnership is healthier families and a reduction in the incidence of family dysfunction and crime, including domestic violence.

Project description
Key components of the MAYA Healing from Addiction program include the following:

- MAYA recognises and supports the belief that if underlying causes are not acknowledged and understood, but are instead repressed, healing is limited. When difficulties such as job loss or relationship problems occur, the first response is to turn back to alcohol and other drugs. MAYA staff have actively demonstrated their desire to achieve real and lasting healing for the service’s clients and the community.

- MAYA offers ongoing individual counselling for people with AOD dependence problems and who have issues with family violence. Where appropriate, staff will refer clients to other available services in the area, such as withdrawal and men’s behaviour change programs.

- In addition to these programs, MAYA provides case management for men who have been referred to the organisation as a result of carrying out family violence. Each person is assessed for their safety and needs and provided with individual counselling so they can work through their specific problems to ensure they do not offend again.

Outcomes achieved
MAYA’s major achievement is in its strong community reputation as a place to come for healing. This is evidenced by our excellent client participation rates identified from March 2008 in MAYA’s programs and activities:

- Between 3 March 2008 and 28 October 2008 at least 2153 Indigenous people participated in all of MAYA’s programs and activities.
- 900 Indigenous women have participated in MAYA programs and activities—of these, about 40 Indigenous women are actively participating on a regular basis.
- Approximately 500 Indigenous men have participated in MAYA programs and activities—of these, 35 Indigenous male clients are receiving case management. On average, 4–5 male clients a day are being directly case managed for family violence and other forms of dependence.
- 753 Indigenous men and women have participated on an “ad hoc” basis in a range of MAYA programs and activities.
- 46 men and women have participated in the Art Program (33 women and 13 men). This includes three teenagers, two people in their 20s, 11 people aged 30–39, 21 people in their 40s and nine people over 50.
- During October and November 2008, 16 people participated in the Art Mural Project.
- Between March and October 2008, MAYA provided nearly 1000 Healthy Community Lunches.

Other outcomes achieved
Other outcomes achieved through MAYA’s programs and activities include:

- improved self-esteem and sense of identity among Aboriginal men
- improved life skills among men
- increased support networks for Aboriginal men
- improved parenting, relationship and life skills among Aboriginal men
- a reduction in the incidence of domestic violence
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Case Study 4

Message Stick—Empowering families in Heywood

Contact Person: Wendy Rotumah, Indigenous AOD Worker

Project description
When we were introduced to the ideas behind the Message Stick, we knew straight away that it had a lot to offer our community. We now use it for nearly all our work in the Drug and Alcohol and Family Violence programs at Winda Mara.

Our aims for the program are to:
- keep the family together
- build on the strengths of the family
- encourage all the family to take responsibility and have ownership.

The Message Stick stages
After receiving a referral, we meet with the family, describe the three stages and offer the program.

Stage 1—Sitting and Yarning
The first message stick is *Sitting and Yarning*. This includes seeing whether or not they agree to the program. So far everyone has agreed. Then we talk about what they want to do and get them to set the goals. The kids and everybody else in the family gets a say. We talk about who needs to be involved: outside agencies, other members of the family, friends, Elders—whoever they decide they need. We might suggest some options for them to choose from.

Stage 2—Hunting and Gathering
*Hunting and Gathering* is the second message stick. This is where the family works towards the goals that they have set. We follow through on referrals they have asked for. A family can go back and forward between each step. So if they are at the *Hunting and Gathering* stage and things aren’t working, they can have a meeting and go back to the *Sitting and Yarning*.

Stage 3—Celebration
At the end of the process is the *Celebration* message stick. Once the family has reached all their goals, there is a celebration. This is whatever they want it to be.

Engaging families
Some families have been through so many different programs and had their kids put into this or that program … they are just “over” anything that is described as another “program”. Most of their past experience with programs has been “experts” coming in and telling them how to do things. They have lost faith and don’t think there is a possibility of real change.
For those families, I might not say “you’re in the Message Stick program”. We will still follow the same ideas and steps in the way we engage with the family, but we will simply do the same things more informally.

**Why the program is run**
The most important benefit is that the family is empowered to deal with their own problems. It’s not about you as a worker, or anybody else, solving it. It’s about the family working together as a unit and learning.

As families go along, there are always different things that come up—especially if they have got children. There are different problems when the children are babies, compared to when they are at primary or high school. Families need a process that they can learn and then use for each problem that arises along the way. When things are “all happening” in a family, we all know that it can get very confusing and stressful.

The Message Stick model teaches the family to work together on making things better for themselves. If it all works, you only have to do it with a family once. After that, they know how to deal with things—they know the process. We have seen families taking on these skills and dealing with problems that come up without us being involved.

**Outcomes achieved**
When we began using Message Stick, our main aim was to become involved early and prevent the need for Child Protection intervention with families. We found that the program can also work for families after intervention, as with one young woman who had her children returned.

We have had interest in extending the program from Child Protection and from a mainstream mother’s support program. So we are looking forward to that. We would like to get the families to design what would be on their message sticks and give them a set of the sticks as part of the celebration. These would be a constant reminder for the families that “we know the process—we have been through it and we got there”.

The model is great. It just makes sense.

**What is good about this program?**
Key elements that make this a best practice project include the following:

- The project focuses on the whole family as a key aspect of the healing process and uses a non-threatening, self-directed approach to contact between staff and clients.
- The approach taken has been adapted to reflect the needs of Koori people living in the area, rather than trying to make people fit in with approaches used in other locations.
- It focuses on early intervention, where possible, and encourages clients to be actively involved as part of a community capacity building and strengthening approach.

**Where to go for more information**
Winda Mara Aboriginal Corporation
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Email: wmac@windamara.com
Case Study 5

Ngwala Narrative Group Work and Counselling

Contact Person: Mr Glenn Howard, Manager

Project description

The project introduced narrative counselling approaches to programs at Galliambie and Winja Ulupna, two Indigenous residential rehabilitation services operated by Ngwala Willumbong. The program assists men and women to draw on their culture in helping them establish future directions and deal with alcohol and other drug problems.

Narrative approaches assist people to re-connect with the stories about their lives that are important to them. These stories are sometimes suppressed by AOD dependence and other problems.

A number of narrative counselling approaches are used in group work, including:

- naming and externalising problems and their impact on people’s lives
- identifying alternative, preferred stories
- clarifying the strengths, resources and commitments that have supported change.

The aim of these processes is to re-establish a sense of control over the person’s life. A range of practice models, based on narrative counselling approaches, have been used for working with groups at the units. These include:

- the Tree of Life, which documents links to culture, country, family and community, knowledge and skills as well as hopes and dreams for the future—the men prepared a DVD based on their work
- song writing about the challenges of life, the way that these have been dealt with and participants’ hopes and dreams for the future—songs and reflections have been shared with groups in Ireland
- A DVD that reflects on the experiences of a camping trip and how these will support participants in the future
- A River of Life, examining the changes in participants’ alcohol and other drug use
- Use of story boards, therapeutic letters and artwork.

These approaches are being extended to individual counselling. Ngwala hopes to further extend the narrative program within the residential series, supported by an evaluation framework.

Why the program is run

Koori men and women receiving AOD treatment at Ngwala’s residential facilities have, in most cases, experienced very traumatic lives. The emotional wellbeing and sense of control individuals have over their lives is one area where considerable work needs to be done to help rebuild personal power for each person. A key aspect of this is understanding the contributing factors that lead to a person becoming AOD dependent.

Ngwala has used a variety of approaches over the years, as new lessons have emerged. The challenge is always to address the multiple and often very complex contributing and existing influences associated with AOD dependence. A key focus of the approach used at Ngwala has been to ensure the cultural safety and responsiveness of programs to meet the particular cultural values, beliefs, views and life experiences of Indigenous Australians.

Narrative approaches to counselling and community work emphasise the cultural context of practice. There is strong history of Indigenous involvement in the development of narrative approaches to counselling and community work. Barbara Wingard and Jane Lester describe some of this work in their book *Telling our stories in ways that make us stronger* (Wingard & Lester 2001).

Since this initial work in South Australia, narrative counselling approaches have worked with Indigenous communities in several states of Australia and among many First Nations peoples including in New Zealand, North and South America and South Africa. Strategies to responding to specific concerns—such as the effect of dispossession, oppression and trauma on Indigenous cultures—have been developed.

Outcomes achieved

There have been approximately 30 Koori people (18 men and 12 women) involved since these programs commenced in June 2008. While Ngwala is a Koori-specific AOD service, it also accepts non-Indigenous people into its rehabilitation facilities. Another 20 non-Indigenous people have also participated in this program.

There is no formal evaluation process in place at present. Feedback to program facilitators has been very positive, with comments to date being made about the following issues:
how problems in participants’ lives are complex and interconnected, but also the strengths that they have used to deal with them

- the importance of helping “remind” people of influences they have had in their lives and how they will be able to assist them in the future

- talking about what is important in their lives, including their hopes and dreams for the future

- thinking about the role of culture as an important aspect of the approach used in the program.

Having an Indigenous co-facilitator and manager at Galliamble, Mark Hammersley, has played a major role in the success of the men’s program. Mark’s involvement facilitates discussion about cultural issues, provides a cultural input to planning and facilitation, and identifies and resolves potential problems within the group. This has also had a positive impact on Mark himself: “it has helped connect me on a personal basis and also provide exposure to new ways of working with groups”.

What is good about this program?

Key elements that make this a best practice project include the following:

- The Narrative Therapy approach takes a cultural approach when interaction occurs with clients to acknowledge the unique history of Australian Indigenous people since European colonisation.

- Narrative approaches are consistent with strength-based approaches and with those that promote connectedness and resilience.

- The Ngwala program is a therapeutic service that has a strong preventative focus based on the promotion of capacity building on an individual and community level.

- Narrative therapy does not stand in isolation and it is included alongside other approaches already in place. This allows Ngwala the flexibility to incorporate Indigenous cultural values, beliefs and perspectives into the narrative therapy sessions—a point of view that staff of mainstream services may not fully understand, appreciate or acknowledge.

Where to go for more information

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Case Study 6
Ngwala Koori Withdrawal Access Project

Contact Person: Mr Glenn Howard, Manager

Project description
The target group for this project includes:
- Aboriginal clients of Koori-specific residential withdrawal services—for whom increased access to services is hoped
- mainstream services—to enable them to be more appropriate and facilitate greater access by Aboriginal people.

This project is designed to have a centralised coordinating role, with the potential to increase access by Indigenous people to the residential withdrawal system. It seeks to expand one significant key performance outcome of the existing Koori Access Project at Moreland Hall—Aboriginal access to adult and youth residential withdrawal—and to apply this success to other mainstream AOD residential withdrawal service providers across Melbourne.

The Koori Withdrawal Access Project aims to increase access and treatment completion rates of Indigenous adults and youth to the following residential withdrawal programs:

- Adult residential withdrawal services of:
  - De Paul House at St Vincent’s Hospital
  - Windana Society
  - Drug and Alcohol Service (DASWEST) at the Western and General Hospital
  - South East Alcohol and Drug Service (SEADS) at Dandenong Hospital
  - Wellington House at the Box Hill Hospital
  - Moreland Hall
  - Peninsula Drug and Alcohol Program (PENDAP) at the Frankston Hospital

- Youth residential withdrawal services of:
  - Youth Substance Abuse Service (YSAS) at Fitzroy and Glen Iris
  - Moreland Hall at Jessie Street, Moreland

Background to this project
The Moreland Hall Koori Access Project, on which this project is based, is a best practice strategy that has increased access for Aboriginal people to the specialist AOD programs available at Moreland Hall.

The project’s success has occurred through:

- the establishment of a partnership model between Ngwala and Moreland Hall
- the establishment of a Koori Access Unit that is managed by Ngwala and based within the main facility at Moreland Hall
- employment of two Koori Access Workers who, in conjunction with staff and management at Ngwala and Moreland Hall, work with individuals, organisations and communities to ensure better access, information and AOD service provision for Aboriginal people.

Why the programs are run
There is an obvious need for culturally appropriate public health interventions to be developed, evaluated and applied in Aboriginal communities as a matter of urgency. (Perkins et al. 1994)

The Victorian Department of Justice’s Aboriginal Justice Agreement acknowledges that Aboriginal people are grossly over-represented at all levels within the criminal justice system. A disturbing feature of this over-representation is the relationship of AOD dependency to criminal behaviour.

There is broad recognition that Aboriginal communities have not accessed mainstream services and that this significantly contributes to the quality of life and life expectancy of Aboriginal people. Service system analysis through service mapping reports highlights that Aboriginal people are not accessing services at an equally proportionate rate. Through practice experience, both Ngwala Willumbong and Moreland Hall are aware that Indigenous people are not accessing the AOD services that they require.

Evidence of meeting need of the specific target group
The initial argument for the establishment of the Koori Access Project and the Koori Access Withdrawal Project is built around a number of recognised assumptions, based on the observations and experience of this agency and a general recognition within the industry. These assumptions recognise that:
Aboriginal people underutilise mainstream AOD services because they are recognised or perceived as inappropriate, culturally insensitive and not user friendly.

Aboriginal people need and want “responsive” best practice AOD-related services, including information, access and support during all stages of the service provision process.

Aboriginal agencies are not trained or resourced to deliver some specialist AOD programs such as residential and/or home based withdrawal, pharmacotherapy and specialised counselling.

Mainstream services require assistance to improve their accessibility and that Aboriginal agencies need direct and meaningful assistance in developing specialist skills.

Aboriginal agency workers have particular strengths of engagement and enjoy a high level of acceptance by service users.

Partnership between mainstream and Aboriginal AOD services presents an opportunity to improve service outcomes for Aboriginal service users.

Ngwala Willumbong’s experience in operating a locally based Sobering Up Service indicates that many service users do not access withdrawal services. Where they do access these services, they inevitably discharge themselves prior to completion of the episode of care.

Koori-specific AOD services, first established in the 1970s, provide opportunities for Indigenous people to access culturally relevant treatment services. These services are predominantly focused on 12-step models emphasising abstinence and have traditionally been residential programs. However, while this type of service response is a vital part of the overall approach to AOD issues, it does not allow for all contingencies.

Outcomes achieved
A major drawback to the Moreland Hall Koori Access Project was that the target group could only be drawn from the local Northern Melbourne Metropolitan region, with clients outside of this catchment not being eligible to access the project. The Koori Withdrawal Access Project seeks to expand its catchment to include clients from all regions of Melbourne and to expand its range of residential withdrawal options from two services to a total of nine.

A key performance measure for the project has been the increased participation and completion rates of the target group in the adult and youth residential withdrawal programs. At the commencement of the project, only 19 episodes of care were delivered to Indigenous people through the broad range of Moreland Hall’s AOD programs. By December 2005 this number had increased to 163, with a commensurate increase in the length of treatment.

Other outcomes of the Moreland Hall Koori Access Project have included:

- Better access to information and services for Koori people with AOD issues and more awareness by Koori people about the availability of culturally sensitive residential withdrawal programs within the AOD network.
- Changes to Moreland Hall’s services to make them more culturally relevant, which has resulted in increased participation rates by Indigenous people in Moreland Hall services and increased consumer satisfaction with the service outcomes.
- Better-trained and informed Koori and non-Indigenous staff through the development and transfer of specialist skills between the staff of both agencies.
- Demonstration of a “true” partnership framework that can be used by other mainstream and Koori organisations as a model for developing cooperative working relationships.
- Increased culturally sensitive practice by the Melbourne-based network of residential withdrawal service providers, which has been demonstrated by the establishment of a positive partnership between Koori and mainstream agencies.

What is good about this program?

The Koori Access Project was established with the clear objective of integrating two different service delivery styles. It was understood from the beginning that the project would have to customise the traditional approach of Aboriginal agencies to incorporate those elements of the mainstream service delivery system that could benefit Aboriginal clients.
In this regard, the key changes to the traditional service delivery style have included:

- improved clinical assessment practices
- implementation of a case management system
- greater emphasis on developing and maintaining strong linkages to specialist services such as mental health, housing, community health and other areas
- increased participation in mainstream service forums and networks
- participation by workers in structured training and professional development.

To date the project has successfully incorporated these approaches and has created a unique model that has withstood the criticisms and concerns of other Koori agencies that continue to operate along traditional lines. In many respects the project has confronted internal and external prejudices surrounding the argument that Koori and mainstream agencies cannot work together in a positive win-win fashion.

It is anticipated that the proposed Koori Withdrawal Access Project will draw on the good will, success and shift in attitudes gained through the efforts of the Koori Access Unit.

Where to go for more information

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- Ms Wendy Rotumah, Indigenous AOD Worker, Winda Mara Aboriginal Corporation, Heywood
- Mr Reg Blow, CEO, MAYA Living Free Healing Association
- Mr Gregory Phillips, Acting Chairperson, MAYA Living Free Healing Association
- Mr Jason King, CEO, Gippsland and East Gippsland Aboriginal Cooperative, Bairnsdale
- Ms Sharyn Thompson, Gippsland and East Gippsland Aboriginal Cooperative, Bairnsdale

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