# Aboriginal Recommendations for Substance Use Program Evaluation

**FIONA NICHOLS**

*PhD, affiliated with the National Drug Research Institute, Curtin University of Technology, CUCRH (Combined University Centre for Rural Health)*

**ABSTRACT**

**Objective**

To identify Aboriginal people's key recommendations for evaluating alcohol (and other drug) prevention and intervention program effectiveness.

**Method**

Part of a wider, two-year, Aboriginal-initiated study into the context and Indigenous perceptions of Aboriginal alcohol use prevention and intervention, using a descriptive, grounded theory, participatory action study design. From a demographically comprehensive full study sample of 170 Aboriginal people, a sub-sample of 84 people (identified via purposive, opportunistic and snowball sampling strategies) responded to qualitative, semi-structured interview questions regarding their proposals for intervention program evaluation. These proposals were distilled over time by the study's intervention-model planning group into the evaluation recommendations described here.

**Results**

Participants' evaluation recommendations were in keeping with the capacity-building focus evident in proposals throughout the wider study, including a focus on addressing perceived causes of substance misuse rather than its symptoms. Program-evaluation criteria focused largely on the degree to which people re-engaged with family and community—both during and after intervention. Far less focus was placed on the use of alcohol (or other substances).

**Conclusions and implications**

Among the study's remote area Aboriginal participants, recommendations for the evaluation of substance misuse intervention success differed markedly from criteria generally in use, with a key focus being the degree of a person's engagement with family and community. These findings are relevant to understandings and design of culturally meaningful program content and program evaluation.

**Keywords**

Aboriginal model, substance use, program evaluation, family, community, capacity-building, social determinants.

This research was part of a wider in-depth study, undertaken at local Indigenous instigation, into Indigenous perceptions of Aboriginal alcohol misuse and its prevention, intervention and evaluation. A full study description is available on http://adt.curtin.edu.au/theses/available/adt-WCU20040120.094316/. The study provides an example of Indigenous Research Reform Agenda recommendations for Aboriginal priority-driven research, research brokerage, participatory methodologies, community development objectives, and quality control including transfer/dissemination of research findings [1:53] and was granted an Indigenous Research Methodology award at the 2005 conference of the Public Health Association of Australia.

The research discussed in this paper was based in the Derby area of the West Kimberley region of north Western Australia. It originated with requests to the author (then Acting Kimberley Regional Coordinator with the WA Alcohol and Drug Authority) from local Aboriginal people frustrated with the ineffectiveness of existing programs, for an 'Aboriginal style' alcohol intervention program. As elsewhere, evaluations of existing substance misuse intervention programs in the area had shown little effect [2-4] and remain scarce [5,6]. At the time of the study, the region's Indigenous population was estimated to be 55% of a total regional population of 7,171, with over half of this Aboriginal population living outside the two regional towns [7]. The area's post-European contact history spans approximately 130 years, with pastoral and pearling industry expansion, mission- and government-run institutional residence, and commercial and social service provision having dramatically impacted the lives of the region's Indigenous people. Indigenous employment and median income levels remain well below those of the non-Indigenous population [8,9]. Aboriginal and non-Aboriginal people and a host of government and commercial bodies identify substance misuse as a major regional problem.

## Method

The study was based on a descriptive, grounded theory, participatory action study design. Procedures followed were in accordance with National Health and Medical Research Council guidelines [10]. For the full study, a variety of sampling strategies (purposive, opportunistic and snowball) resulted in a demographically comprehensive sample of 170 Aboriginal people comprising community and cultural leaders, identified community groups and a wide range of general community members. Qualitative, semi-structured interviews were held with three types of participant groups (24 individuals, 13 community focus groups and 13 serial model-planning focus groups). Of the 100 participants in the former two groups, 84 people proposed strategies for alcohol program evaluation. These strategies were then presented for consideration to the study's third ('model-planning') group. During an iterative process of discussion, debate and final selection over a total of 13 meetings and two years, these latter participants selected the components for an Aboriginal model for alcohol intervention, including the program evaluation components described here.

## Measurements

Content analysis of the semi-structured interviews and planning group process recordings was performed using QSR NUD.ist

(Revision 4) software, combined with some basic statistical description. Reliability, validity and triangulation were addressed via the variety in sources described above and through intra-group methodological validity checks.

## Results

The following table lists the evaluation proposals most consistently recommended by the 84 respondents from within the group of 100 key informant and community focus group participants.

The above components, particularly those to do with the 'honouring of responsibilities' (by far the largest response category), were considered and expanded by the study's intervention-model 'planning group' during their final selection of evaluation components. These planners subsequently devised the following set of evaluation questions and strategies, recorded in their descending priority (most in participants' own words):

**Table 1: Ways to assess 'whether dry out has worked in a good way for someone'**

| Ways to assess if 'dry out' has worked | No. nominations (n = 84)* | Collated No. nominations* |
|---|---|---|
| Honouring family responsibilities | 89 | |
| Honouring community responsibilities | 39 | |
| Total for 'honouring responsibilities' | | 128 |
| Physical appearance (looking healthy) | 34 | |
| Looking clean | 19 | |
| Walking straight/ 'walking full up' | 13 | |
| Total for physical appearance | | 66 |
| Drinking behaviour | 31 | 31 |
| Employment | 24 | 24 |
| He'll be happy, not fighting, good self-esteem | 13 | 13 |

*Some participants gave more than one response.

- Ask the person's family and/or community, not the person, about changes made since the program ended.
- Is he working/on CDEP?
- Is he doing new things, including school/job training?
- Is he respecting his family more?
- Is he cleaning his yard?
- Is he mowing the lawn?
- Is he doing shopping for the family?
- Is he involved with other community members in community business?
- Is he looking after the old people?
- Has his health improved?
- Take 'before and after dry-out' photos to show changes: give these to the person, keep copies at the Bush College, show copies to the funding bodies.
- Give him a little 'before and after' test on what he knows about alcohol and other drugs, condoms, STDs etc.
- Invite funding bodies to visit the Bush College and see for themselves how the program is working.

Annual independent evaluation was included in the planning group's proposed alcohol intervention program model (the 'Derby Bush College model', described in another article). The planning group recommended that tracking and responding to evaluation outcomes become a standing agenda item at Bush College management committee meetings, with the evaluator (when available) and the Bush College managers invited to attend for this item.

## Discussion

In contrast with standard alcohol program evaluation criteria which tend to focus primarily on the presence or absence of pathology and drinking [11,12], participant recommendations focused instead on assessing the degree to which people re-engaged with family and community responsibilities. Among community focus group proposals, the number of nominations for 'honouring responsibilities' to family and community were four times those for drinking behaviour. Physical status, employment and 'peace of mind' indicators were also considered significant evaluation criteria. These community recommendations were consistent with the model-planners' wider Bush College proposals which focused on the strengthening of 'cultural' and family involvement and belonging; a healing-based educational and residential program; vocational skills training and structured intra- and post-program support.

Along with measures of alcohol-related pathology or hospital admissions [12], substance use behaviour is among the criteria most commonly relied upon to indicate intervention effectiveness. A comparative review of Indigenous program evaluation in Australia and Canada points to "... the very real differences between the agendas of Indigenous peoples and those who seek to evaluate programs for them..." [11:567]. As these authors suggest, a dilemma exists between the social accountability called for by Indigenous people and the financial accountability emphasised by the state (and often measured quantitatively using measures of alcohol consumption and pathology etc). Gray et al point out that accountability is neither politically nor ideologically neutral and draw attention to the current debate over the merits of economic rationalist and 'cultural' approaches to evaluation. They and others also note that standard evaluation instruments lack the sensitivity required to incorporate such 'cultural' differences [11,6,13]. Indigenous research reform agendas are attempting to address issues such as these through a commitment to the rejection of research approaches marginalising the perspectives and values of Indigenous people, and to the adoption of approaches representing sustainable community development capacity [1].

Similarly, Gray et al call for evaluation methods which reflect community priorities, involve qualitative and quantitative data techniques and pluralistic collection methods, and which are sensitive to the common lack of administrative structures for supporting evaluation [11:570,571]. With reference to this latter point, Weibel-Orlando notes the difficulties encountered by often minimally-trained Indigenous staff who can 'drown' in government reporting requirements while attempting to maintain the 'bureaucratic paper trails' required by standard program evaluation [14:152].

Mainstream alcohol intervention program evaluations such as

Australia's Quality Assurance Review project [15] should not be used as a primary source for evaluation policy in the Indigenous area due to their focus on non-Indigenous-specific programs. There are some key differences between the Review's 'mainstream' recommendations and those of Indigenous participants, substance use workers and researchers in remote Australia [16].

## Conclusion

Study participants proposed a significant shift in the emphasis of program evaluation criteria from one focusing on the symptom (drinking/drug use) to one focusing on perceived 'causes' (addressing community fragmentation in various forms). This emphasis has implications for the design of culturally appropriate program content and evaluation criteria.

## Recommendation

Until the current dearth of evaluated Indigenous substance misuse programs and culturally relevant evaluation techniques is addressed, it is recommended that programs known to be strongly supported by Aboriginal communities, clients, experienced substance use workers and researchers be selected as priorities for both evaluation and interim funding. These may well be the 'new models' for which communities and evaluators have been calling [6,17,18]. Those assessing the effectiveness of remote area Indigenous substance use programs would do well to consider the community engagement evaluation criteria outlined above.

## References


1. Henry J, Dunbar T, Arnott A, Scrimgeour M, Murakami-Gold L. *Indigenous Research Reform Agenda: A Review of the Literature*. Links Monograph Series: 5, Co-operative Research Centre for Aboriginal and Tropical Health; 2004
2. Sputore BA. Evaluation of Two East Kimberley Aboriginal Alcohol Intervention Programs [Masters Thesis]. Perth: Curtin University of Technology; 1999.
3. O'Connor R & Assoc. *Report on the Aboriginal Alcohol Treatment/ Rehabilitation Programs Review and Consultation*. Perth: Western Australian Alcohol and Drug Authority; June, 1988.
4. Miller K, Rowse T. *CAAPU: An Evaluation*. Occasional Papers. Darwin: Menzies School of Health Research. Report No.: 1/95; 1995.
5. Strempel P, Saggers S, Gray D, Stearne A. *Indigenous Drug and Alcohol Projects: Elements of Best Practice*. Report prepared for the Australian National Council on Drugs; 2003
6. d'Abbs P, MacLean S. *Volatile Substance Misuse: A Review of Interventions*. National Drug Strategy Monograph Series No. 65. Commonwealth of Australia; 2008
7. Australian Bureau of Statistics. *1996 Census of Population and Housing: Indigenous Profile, Derby-WKimb: Derby Indigenous Area (IA) Catalogue No. 2020.0*. Canberra: Australian Bureau of Statistics; 1998.
8. Australian Bureau of Statistics. *1996 Census of Population and Housing : Indigenous Profile, Derby (AR) Catalogue No. 2020.0*. Canberra: Australian Bureau of Statistics; 1998.
9. Australian Bureau of Statistics *2006 Census of Population and Housing: Indigenous Profile, Derby (IREG 26) Catalogue N0 2002.0*. Canberra: Australian Bureau of Statistics; 2008
10. National Health and Medical Research Council. *Values and Ethics: Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research*. Commonwealth of Australia; 2003.
11. Gray D, Saggers S, Drandrich M, Wallam D, Plowright P. Evaluating government health and substance abuse programs for Indigenous peoples: a comparative review. *Australian Journal of Public Health* 1995;19(6):567-573.10.
12. Brady M. Alcohol policy issues for Indigenous people in the United States, Canada, Australia and New Zealand. *Contemporary Drug Problems* 2000;27(Fall 2000).
13. Reason P, Bradbury H, editors. Handbook of Action Research: Participative Inquiry and Practice. London: Sage; 2001.
14. Weibel-Orlando J. Hooked on Healing: Anthropologists, Alcohol and Intervention. *Human Organization* 1989;48(2, Summer 1989): 148-155.
15. Mattick R, Jarvis T. A summary of recommendations for the management of alcohol problems: the quality assurance in the treatment of drug dependence project. *Drug Alc Rev* 1994; 13:145-55.
16. Nichols FT. Identity, opportunity and hope: an Aboriginal model for alcohol (and other drug) harm prevention and intervention [PhD thesis]. Perth: Curtin University of Technology; 2002.
17. Royal Commission into Aboriginal Deaths in Custody (Johnston E Commissioner). *Royal Commission into Aboriginal Deaths in Custody: National Report Volumes 1–5*. Canberra: AGPS; 1991.
18. Australians for Native Title and Reconciliation. *Success Stories in Indigenous Health: A Showcase of Successful Aboriginal and Torres Strait Islander Health Projects*. Australians for Native Title and Reconciliation. Viewed 17 July 2008, www.antar.org.au/success.



## Acknowledgements

The Kija, Ngarinyin, Worrorra, Wanambal, Nyikina, Mangala, Bunuba, Walmajarri, Bardi, Karajarri, and Warlpiri study participants for their determination, resilience and work toward addressing substance misuse. Adrian Isaac for cultural mentoring and guidance. Angela Zeck and Natalie Davey for research assistance and guidance. Professor Dennis Gray (National Drug Research Institute [NDRI], Curtin University of Technology) & Professor Sherry Saggers (previously Edith Cowan University, now NDRI) for thesis/research supervision. The Western Australian Health Promotion Foundation (Healthway) and the Medical Research Fund of Western Australia for financial support. The North-West Mental Health Service and the (then) WA Alcohol and Drug Authority for clerical assistance and office facilities.

## Sources of Support

The Western Australian Health Promotion Foundation (Healthway), The Medical Research Fund of Western Australia, The National Drug Research Institute, Curtin University of Technology


## Further information


Dr Fiona Nichols

Email: fiona.nichols@cucrh.uwa.edu.au



*(continued from page 14)*



9. Australian Bureau of Statistics *2006 Census of Population and Housing: Indigenous Profile, Derby (IREG 26) Catalogue N0 2002.0*. Canberra: Australian Bureau of Statistics; 2008
10. National Health and Medical Research Council. *Values and Ethics: Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research*. Commonwealth of Australia; 2003.
11. Nichols FT. Identity, opportunity and hope: an Aboriginal model for alcohol (and other drug) harm prevention and intervention [PhD thesis]. Perth: Curtin University of Technology; 2002. Available online: http://adt.curtin.edu.au/theses/available/adt-WCU20040120.094316/
12. Gray D, Saggers S, Drandrich M, Wallam D, Plowright P. Evaluating government health and substance abuse programs for Indigenous peoples: a comparative review. *Australian Journal of Public Health* 1995;19(6):567-573.10.
13. Burgess CP, Johnston FH, Berry HL, McDonnell J, Yibarbuk D, Gunabarra C, Mileran A, Bailie R. Healthy Country, Healthy People: the Relationship between Indigenous Health Status and "Caring for Country". *Medical Journal of Australia* 2009; 190 (10): 567-572.
14. McDermott R, O'Dea K, Rowley K, Knight S, Burgess P. Beneficial impact of the Homelands Movement on health outcomes in central Australian Aborigines. *Australian and New Zealand Journal of Public Health* 1998;22(6):653-658.
15. Zinberg NE. Drug, Set and Setting: The Basis for Controlled Intoxicant Use. New Haven and London: Yale University Press; 1984.
16. Rifkin S. Lessons from community participation in health programmes. *Health Policy and Planning* 1986;1(3):240-249.
17. Foster G. Bureaucratic Aspects of International Health Programs. In: Hahn R, editor. Anthropology in Public Health: Bridging Differences in Culture and Society. New York: Oxford University Press; 1999.
18. Saggers S, Stearne A. *Building 'Strong Voices' for Indigenous Young People: Addressing Substance Misuse and Mental Health Issues in Australia*. Invited conference paper, Indigenous Mental Health Conference, Brazilian National Health Foundation, Brasilia, Brazil October 22-25, 2007. Reported by National Drug Research Institute, Curtin University; 2007.
19. Australians for Native Title and Reconciliation. *Success Stories in Indigenous Health: A Showcase of Successful Aboriginal and Torres Strait Islander Health Projects*. Australians for Native Title and Reconciliation. Viewed 17 July 2008, www.antar.org.au/success.