

National Drug Research Institute

**Identity, opportunity and hope: an Aboriginal model for alcohol
(and other drug) harm prevention and intervention**

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DECLARATION

I, Fiona Troup Nichols, declare that the Thesis entitled 'Identity, opportunity and hope: an Aboriginal model for alcohol (and other drug) harm prevention and intervention' is my own work and has not been submitted previously, in whole or in part, in respect of any other academic award.

Signed: _____
Student

FOR ABORIGINAL AND OTHER READERS

This Thesis contains photographs of Aboriginal people, some of whom may have died since these pictures were taken. Please use this document with discretion and respect.

ABBREVIATIONS

| | |
|---------|---|
| AA | Alcoholics Anonymous |
| AAD | Aboriginal Affairs Department |
| ADA | Western Australian Alcohol and Drug Authority |
| ABS | Australian Bureau of Statistics |
| AMA | Australian Medical Association |
| AMS | Aboriginal Medical Service |
| ATSIC | Aboriginal and Torres Strait Islander Commission |
| CAAAPU | Central Australian Aboriginal Alcohol Programs Unit |
| CALM | Conservation and Land Management (Department of) |
| CES | Commonwealth Employment Service |
| CDEP | Community Development Employment Program |
| DAAG | Derby Alcohol Action Group |
| DACC | Derby Aboriginal Culture Centre |
| DAHS | Derby Aboriginal Health Service |
| DASA | Derby Aboriginal Sporting Association |
| DEETYA | Department of Education, Employment, Training and Youth Affairs (now DEST) |
| DEST | Department of Employment, Science and Training |
| DOLA | Department of Land Administration |
| LDAG | Local Drug Action Group |
| NAHS | National Aboriginal Health Strategy |
| NATSIHC | National Aboriginal and Torres Strait Islander Health Council |
| NCRPDA | National Centre for Research into the Prevention of Drug Abuse (now NDRI) |
| NDRI | National Drug Research Institute |
| NH&MRC | National Health and Medical Research Council |
| NT | Northern Territory |
| OAH | Office of Aboriginal Health (WA Health Department) |
| RCADIC | Royal Commission into Aboriginal Deaths in Custody |
| STDs | Sexually Transmitted Diseases |
| TAFE | Technical and Further Education[WA Education Department] |
| WA | Western Australia(n) |
| WAADA | Western Australian Alcohol and Drug Authority |
| WADOT | Western Australian Department of Training |

ABSTRACT

The fieldwork for this study was conducted in the West Kimberley region of Western Australia between 1997 and 1999. Qualitative and quantitative information provided by 170 Aboriginal participants enabled an exploration of the context and patterns of Aboriginal alcohol use; Aboriginal perceptions of the alcohol issue, existing interventions, research findings, 'culture' and its role in prevention and intervention; and participants' incorporation of these perceptions into an Aboriginal model for alcohol misuse prevention, intervention and evaluation. Findings were based on the results of individual and focus group interviews, serial model-planning focus groups, documentary data and observation.

Study findings generally suggest that *in addition to* self-determination and support components, 'cultural context' retains an important role for many remote area Aboriginal people. The findings from a small sub-sample tentatively suggest that 'cultural' disruption, in addition to the socio-economic consequences of colonisation and dispossession, may play an important role in alcohol misuse. Consequently, it appears that *in combination with* self-determination and support components, the strengthening of a locally-defined 'cultural' context may have an important role in alcohol misuse prevention and intervention-an approach frequently unrepresented in existing symptom-focused models and one inviting further investigation. The model developed by study participants expands significantly on existing symptom-focused approaches through a comprehensive life-enhancement focus on aspects of identity, opportunity and hope. This approach adds depth and meaning to understandings of cultural appropriateness and of culturally relevant models for substance misuse prevention and intervention.

1. INTRODUCTION

The alcohol issue

Despite the persistence of excessively high rates of alcohol-related morbidity and mortality among indigenous people in Australia and elsewhere, strategies to prevent and reduce alcohol-related harm have to date shown little evidence of success. Intervention approaches have been dominated by non-indigenous models which focus on the symptom of drinking and the outcome of abstinence. In contrast, this study presents an indigenous model for prevention and intervention, developed by a demographically comprehensive sample of West Kimberley Aboriginal people over a two-year period. The resulting model focuses, in contrast to current approaches, on strengthening identity, opportunity and hope through 'cultural', self-determination and social support strategies.

Current mortality and morbidity data from the Australian Bureau of Statistics indicate that for almost every disease and condition for which information is available, Australia's Aboriginal and Torres Strait Islander population experiences much poorer health and dies at a much younger age than non-Aboriginal Australians (Ridolfo, Serafino, Somerford *et al* 2000). Of the health risk factors involved in this situation, lifestyle and environmental conditions such as poverty, poor health status, low education levels and cultural and racial barriers are seen to be the major issues. Excessive alcohol consumption is identified as one of the major lifestyle related health risk factors (Australian Institute of Health and Welfare 1998 (unpublished) cited in Ridolfo, Serafino, Somerford *et al* 2000) and is linked by many leading writers in the field to the legacy of dispossession and subsequent socio-economic marginalisation (Hunter 1990c; Beauvais 1992b; Hutt 1999; Brady 2000). This excessive consumption is a significant contributor to the higher, but gradually declining morbidity and mortality rates of indigenous people in countries having comparable histories to Australia, such as the United States, New Zealand and Canada (Brady 2000). Unlike these countries however, the gap between indigenous and non-indigenous life expectancy in Australia appears to be widening (Deeble, Mathers, Smith *et al* 1998).

In Australia, it is estimated that alcohol contributes to 8–10 per cent of Indigenous Australian deaths, a figure three times greater than that of the non-indigenous population (Brady 2000). In remote Aboriginal areas of the country death rates for homicide are 15.4 and 7.8 times higher for males and females, respectively, than among the non-indigenous population (Deeble, Mathers, Smith *et al* 1998).

Aboriginal hospitalisation rates are generally higher than for non-Aboriginal people, and are 3.5 times higher in Western Australia (Ridolfo, Serafino, Somerford *et al* 2000). Injuries and poisoning are among the leading causes of death among Aboriginal people in Western Australia, these 'external' causes of death, often associated with alcohol use, being the second leading cause of death for Aboriginal men and the leading cause of hospitalisation (Injury Control Unit 1995). Alcohol is also associated with the dramatic increase in indigenous suicide and self-harm which has been occurring in Australia since the 1970s, and which is reported internationally among underprivileged indigenous groups (Hunter 1988).

While many national and international studies show that a smaller proportion of Aboriginal than non-Aboriginal people drink alcohol, those Aboriginal people who do drink are likely to do so excessively (Brady 2000). The public and social health implications for the drinker, family members and the community are far-reaching. The impact of excessive consumption is reflected in physical and mental ill-health, child neglect, self-harm and other violence, incarceration, income diversion, truancy, unemployment, environmental damage, community dysfunction, cultural fragmentation, hopelessness and despair (National Aboriginal and Torres Strait Islander Health Council 2000; Hunter 1993; May & Moran 1995; Hutt 1999; Single, MacLennan & MacNeil 1994).

The origins of the study

The study originated with requests from Derby area Aboriginal people to the Kimberley office of the Western Australian Alcohol and Drug Authority (WAADA) during 1995-97. During this time, while I was working as acting WAADA Kimberley regional co-ordinator, many Aboriginal people spoke to me about the need for a local, Aboriginal, culturally-based alcohol and other drug intervention program. This sentiment was expressed often during my work in the region, by both Aboriginal and non-Aboriginal people working in the field or living with the effects of substance misuse. All were frustrated with what they felt to be inappropriate and ineffective intervention programs based largely on non-Aboriginal models. Concern about increasing substance use among young Aboriginal people was growing, as was frustration with the ineffectiveness of available intervention options. Many felt that available options offered little more than 'time out' and that existing residential programs were ineffective in preventing a return to alcohol misuse once people returned to their communities.

Initial proposals from Derby Aboriginal people included 'healing centre' approaches, 'getting the Aboriginal side strong again', and family-oriented, youth-focused, vocational, educational and support programs. As some of us began the process of

clarifying perceptions for intervention, it became obvious that this would be a lengthy undertaking. I applied to work on the process as part of PhD research with the National Centre for Research into the Prevention of Drug Abuse (now the National Drug Research Institute) at Curtin University in Perth, Western Australia. The research was later funded by a Healthway Health Promotion Research Training Scholarship (Health Department of Western Australia) and a research grant from the Medical Research Fund of Western Australia.

The study proposal

The study proposal was to explore, with a demographically inclusive group of West Kimberley Aboriginal people, the context and patterns of alcohol use; perceptions of the alcohol issue, existing interventions, research findings, 'culture' and its role in intervention; and proposals for ways in which these perceptions could be incorporated into an Aboriginal model for alcohol misuse prevention, intervention and evaluation. There were both general and specific aims for the study.

General Aims

- To identify West Kimberley Aboriginal perceptions of culturally appropriate alcohol (and other drug) harm prevention and intervention.
- To consider the implications of these findings for harm reduction in general.
- To identify critical evaluation markers for inclusion in any later culturally sensitive project evaluation.
- To identify methodological issues of indigenous participatory action research.

Specific Aims

- To describe the context of Aboriginal drinking in the West Kimberley.
- To identify Aboriginal perceptions of the drinking problem.
- To identify Aboriginal perceptions of the problems and positive elements within existing alcohol intervention programs.
- To identify what Aboriginal people of the area identify as the most important aspects of 'culture' to them.
- To identify why Aboriginal people of this area believe that 'cultural reconnection' will reduce alcohol-related harm.
- To identify Aboriginal perceptions of current alcohol intervention research findings.
- To identify how these perceptions of 'culture', 'cultural reconnection' and contemporary research can be incorporated into an alcohol prevention and intervention program.
- To identify Aboriginal perceptions of successful outcomes in terms of alcohol intervention.

- To document these outcome perceptions for use in any later program evaluation.
- To document the process of this participatory form of research for use in related projects.

The study rationale

Although many sources acknowledge the failure of current intervention approaches and the need for locally initiated, culturally appropriate alcohol interventions (Hunter, Hall & Spargo 1991; Royal Commission into Aboriginal Deaths in Custody (Johnson E Commissioner) 1991; Beauvais 1992c; Brady 2000; Casswell 2000), local meanings of 'cultural appropriateness' remain unclear. As mentioned, most programs are based on non-indigenous models of intervention. While some incorporate 'cultural' aspects, these often appear to be peripheral to largely standardised, 'western' core program components. Despite some promise shown by community-based and operated intervention programs (Clump Mt Wilderness Project 1993; Burns, Currie, Clough *et al* 1995; d'Abbs & MacLean 2000; Moewaka Barnes 2000), a demographically comprehensive study of indigenous models for culturally appropriate intervention does not appear to have been undertaken.

Background overview

In 1991, Derby community members had formally expressed the need for a residential alcohol program at the town's first Alcohol Action Group meeting. The proposal was again raised when the group, since disbanded, reconstituted in 1995. During a National Aboriginal and Torres Strait Islander Survey conducted by the Australian Bureau of Statistics in the previous year (ABS 1995), alcohol-related issues had been identified as a priority community concern by the vast majority of Aboriginal people in Derby. In 1994/95, Derby area per-capita consumption of pure alcohol for people aged 15 years and over was 18.97 litres, in comparison with a State-wide figure of 11.03 litres (Aves 1997). In a 1993 survey of Derby alcohol consumption, 32.2 per cent of Aboriginal men and 12.7 per cent of Aboriginal women surveyed were estimated to be drinking at medium to high risk levels as defined by the National Health and Medical Research Council (d'Abbs 1994).

Community concern about the alcohol issue in the Derby area was evident in the range of community alcohol action programs operating in the town at the time of this study. In addition to a range of State-wide government agencies, Aboriginal-operated groups engaged in specific alcohol harm-reduction action included an Aboriginal Night Patrol, a largely Aboriginal Domestic Violence Referral and Information Service, a national Family Violence Intervention Program, a Sobering Up Shelter, an Aboriginal Community Women's Group, a Family Healing Centre

action group, and an Alcohol Action Group which had spawned liquor licensing restrictions, a mobile food service and drinking area, youth alcohol-awareness and safe house projects. Representatives from all of these groups were involved in 1995 in the reconstitution of the cross-cultural Derby Alcohol Action Group (DAAG) and in its various harm reduction projects. DAAG's liquor licensing project had resulted in a public hearing before the State Director of Liquor Licensing, some Aboriginal participants having travelled hundreds kilometres to attend. Verbal presentations supporting the introduction of alcohol sales restrictions in Derby were made by many Aboriginal people. Their testimonies focused largely on the effects of alcohol on their young people and their 'culture', and on alcohol-related community dysfunction and people's sense of despair and lack of hope for the future. The following excerpts, from the testimonies of a senior peripheral-community woman and a young remote-community leader, mirror much of what was said by other Aboriginal speakers and reflect both Aboriginal community and public health perspectives:

... They drink all night, wakes the children up ... they miss school bus. None of us sleep well, can't get up early ... I find it hard! I don't have sleep in the long time—all X [community] is the same. Inside their spirit is dead, its not there in an Aboriginal way—no pride, no dignity, respect. They don't think of tomorrow, just drink for themselves and sometimes tomorrow doesn't come ... (Woman (50s) in Nichols 1996b)

... People have lost their spirit. The escape from dispossession is to drink ... hard and short measures [DAAG liquor-licensing proposals] are at hand here, though I see it as a problem for the hard-working taxpayer who wants to be able to *get alcohol* when he wants it. *Surely* we can live with no grog on one day ... *let's just talk about a healthy society here* ... [original emphasis] (Man (30s) in Nichols 1996b)

The liquor licensing restrictions imposed following the hearing were overturned on licensee legal appeal four months later, but voluntarily reinstated almost immediately following an outcry from the public and from state government authorities. This successful community action was one of a number of factors sparking renewed motivation to develop further harm prevention and intervention programs, a phenomenon which has been noted elsewhere (Douglas 1993; Brady 2000). While this result was a victory for what has since been evaluated as slim, though majority community support for the restrictions overall—especially among women and especially in concert with other alcohol intervention measures (d'Abbs & Togni 1997; Roberts & Pickett 1998)—these and many of the other alcohol initiatives in the town remain symptom-focused interventions which have not attempted to address the causes of excessive drinking.

The critical nature of the alcohol problem in the area, coupled with an over-stretched and under-resourced community action workforce, had resulted in largely crisis-focused approaches of this nature. While such interventions provide needed and important services, cause-focused interventions are seen as more likely

to produce a longer-term impact (Rifkin 1986; Heath 1992; Brady 2000; Siggers & Gray 1998). In both the literature and the field a variety of theories regarding the causes of alcohol misuse, and consequently of recommended interventions, are proposed. Causal theories (discussed in more detail in Chapter Two) range from genetic to psychological; family and social environment; community environment; peer and cultural pressure; learned behaviour; the dearth of social, recreational, economic and political opportunity; cultural, social and economic dispossession and marginalisation; poverty; and a lack of infrastructure and resources.

Despite this variety, a degree of consensus regarding intervention approaches is apparent from several respected sources. In Australia these include the Royal Commission into Aboriginal Deaths in Custody (1991), the Taskforce on Aboriginal and Torres Strait Islander Social Justice (1994), the National Aboriginal and Torres Strait Islander Health Council (2000); and nationally and internationally many leading substance use researchers (Beauvais 1992; Heath 1992; Hunter 1993; May 1995; Siggers & Gray 1998; Brady 2000; Casswell 2000; d'Abbs & MacLean 2000). Despite some differences in the emphasis each places on causative and intervention components, these sources agree that to be effective, prevention and intervention approaches must respond to Aboriginal needs and incorporate intensive Aboriginal participation in planning, implementation and management. They also concur that comprehensive approaches to the problem are required, and that these should focus on causes rather than symptoms.

Original significance

The research has both theoretical and practical harm reduction significance through the identification of local Aboriginal perceptions of culturally appropriate alcohol harm reduction initiatives; and the development of these into an Aboriginal-designed alcohol prevention and intervention program. As will be demonstrated, current alcohol programs tend to be culturally inappropriate for many indigenous people. To my knowledge no existing indigenous alcohol programs in Australia are based, as is this research, on the development of culturally relevant prevention, intervention and evaluation approaches by a demographically comprehensive sub-regional sample of Aboriginal people. The meaning and specificity which the research findings give to understandings of culturally appropriate substance misuse prevention and intervention in remote Australia also has implications for Aboriginal substance use harm reduction and Aboriginal programs in general.

Researcher background

Leading qualitative researchers assert that the credibility of qualitative inquiry rests in part on the credibility of the researcher (Patton 1990:461; Miles & Huberman 1994). They recommend several parameters (such as training, experience, track record, status and perspective) by which this may be evaluated. The following description provides an overview of relevant aspects of my history based on Patton's specific recommendations.

I came to the study with qualifications and practical experience in social work, gestalt psychotherapy, nursing/midwifery and indigenous/ethnic community project work variously undertaken in Australia, Papua New Guinea, Canada and Zaire. According to some local Aboriginal sources, the relative success of some of the DAAG projects with which I was involved had given me some credibility in the area of cross-cultural community project work. There were possibly advantages and disadvantages to this. Of the 170 participants involved in the study, I had worked closely with fifteen on previous community alcohol projects and knew others through discussions with people in Derby's drinking areas and through the public debate and involvement surrounding the liquor licensing action process discussed previously. It is possible that my association with DAAG projects may have influenced the research process to some degree. What some saw as a 'track record' in cross-cultural community action partnership for example, others may have perceived as outsider-involvement associated with imposed changes to alcohol availability. If these perceptions existed, I think they are unlikely to have had great impact however, as personal interviews tended to be lengthy conversations which moved well beyond an interviewer-focus, and group interviews tended to be lively discussions in which wide-ranging views were expressed and debated. My 'resident' status and working and social relationships with local people may have enabled my participation and observation to be less obtrusive, and may have enabled people who did not know me well to participate with less anxiety than had I been a complete newcomer to the area (Miles & Huberman 1994).

As a result of my training and experience, I have probably come to the study with a participatory action and self-determination research perspective. I believe that a demographically comprehensive group of Aboriginal people—with collaboration from an independent and informed facilitator—giving consideration over time to a range of their own and others perceptions, will be able to devise community strategies which are more meaningful and effective than those designed solely or largely by non-Aboriginal people.

Thesis structure

This study will explore the national and international literature on issues of alcohol misuse, prevention and intervention (Chapter 2); the context of Aboriginal drinking in the West Kimberley (Chapter 4); and West Kimberley Aboriginal people's perceptions and experiences of alcohol misuse (Chapter 5), current interventions (Chapter 6), 'culture' and its role in intervention (Chapter 7), and of culturally appropriate intervention models (Chapters 8, 9 & 10). In the final chapter (Chapter 11), the results of this research will be compared with those from other studies and with currently available intervention approaches; and conclusions presented. Similarities and differences in the cultural appropriateness (as defined by study participants) of existing intervention programs will be discussed, as will implications for substance use theory, policy, programs and future research.

Issues regarding discussions of 'culture'

'Culture' is printed in inverted commas throughout the thesis to suggest that there are a wide variety of perceptions about its meaning. Discussion regarding historical and contemporary understandings of 'culture' is presented in Chapter Two. In Chapter Seven, participants' perceptions of the meaning of 'culture' are examined and a general sense of their perceptions defined for the purposes of 'cultural' references within their intervention model. When referring to 'culture' throughout the thesis I have tended to use study participants' perceptions of its meaning, which on the whole reflect those of the literature and refer to 'country'-based knowledge and belonging—including land, stories, language, extended family and bush knowledge and skills.

Because of the debate surrounding the relevance of more traditional notions of 'culture' to younger Aboriginal people today, I have included (where possible to maintain the anonymity of speakers) the gender and age of people commenting on 'cultural' issues.

2. BACKGROUND

In this chapter international, national and regional perspectives on Indigenous substance misuse are presented, as is discussion of the consequences and extent of misuse; theories about its causes; theories about the meaning of 'culture' with reference to 'cultural' interventions into substance misuse; intervention attempts; and gaps in these approaches. The latter two aspects form the focus of this discussion due to their direct relevance to the study's objectives. For similar reasons Australian research has been the focus of this literature review, but is contextualised within a broader international reference to indigenous substance use and intervention research. North American and New Zealand literature is drawn on most strongly in this regard because of historical and contemporary similarities with many Australian indigenous issues.

Fifteen key texts form the frame upon which this background discussion is based, supplemented by a range of texts selected from database searches for their relevance to an exploration of debates about indigenous substance misuse and intervention approaches. The core texts were selected for their prominence in debates concerning indigenous substance use and intervention issues (and their consistent citation in the literature generally); the breadth and thoroughness of their reviews of these issues; and their direct relevance to the intervention focus of this study.

Database searches for the supplementary texts were made through Medline, Austrom, Science Direct and Cinahl using combinations of the key words Aboriginal; Indigenous; alcohol; prevention; intervention; program; evaluation; culture. For literature specific to indigenous Australian alcohol use and intervention programs similar keywords were used to search the National Drug Research Institute's computerised Indigenous Australian Alcohol and Other Drugs Bibliographic and Intervention Projects databases. In addition to these sources keyworded searches were made for Australian and international references in university library databases at Curtin University of Technology, the University of Western Australia and the University of Sydney. For texts relevant to indigenous substance use in New Zealand I also used that country's Alcohol and Public Health Research Unit 'Community Programs' publications listings. The articles retrieved from these searches have supplemented the core texts referred to above.

Perspectives on indigenous alcohol use

International perspectives

The 1978 United Nations (Alma-Ata) Conference on Primary Health Care identified that a major social target of governments and the world community should be:

... the attainment by all peoples of the world by the year 2000 of a level of health that will permit them to lead a socially and economically productive life ... (United Nations 1978:15)

The conference declared that:

... the existing gross inequality in the health status of people particularly between ... as well as within countries is politically, socially and economically unacceptable ... (United Nations 1978:15)

Both this conference and the UN's Ottawa Charter called for health policy which incorporated the deliberate use of public resources, across all government agencies, to maximise the provision of improved primary health care delivery in the community (World Health Organisation 1986). Reflecting the principles of both of these foundation documents, the Strategy Framework and Work Plan for the UN's 1997 World Health Organisation Programme on Substance Abuse acknowledged the importance of defining a strategy for community development with regard to Indigenous substance use. This strategy would support both national Indigenous health policies and Indigenous community attempts to determine and manage their own substance use issues. Canada, New Zealand and Australia were among the key partners to this initiative (United Nations 1997).

In the first years of the twenty-first century, the health of indigenous people in these countries—although showing some significant improvements—remains generally poorer than that of the non-indigenous population. A comparison of indigenous life expectancy in Australia, New Zealand, Canada and the United States revealed that, in Australia, indigenous life expectancy is 19–20 years lower than that of the non-indigenous population (Health and Welfare Information Unit 2001). The corresponding figures for the United States, New Zealand and Canada are between three and ten years (Brady 2000), with the gaps for these latter countries appearing to decrease at a much faster rate than in Australia (McLennan & Madden 1997) where it actually appears to be widening (Deeble, Mathers, Smith *et al* 1998). A range of strategies are considered to have contributed to the North American and New Zealand gains in life expectancy, including improved environmental health; consistency in the provision of quality, comprehensive primary health care and resource provision; and a public health care approach which incorporates health education and health promotion (National Aboriginal and

Torres Strait Islander Health Council 2000). In the US specifically, the separation of the Indian Health Service from other Indian Affairs, the provision of an integrated health service, and federal government administration are seen to have shaped the success and impact of the Indian Health Service (Kunitz & Brady 1995). Despite these gains indigenous substance misuse remains a serious problem in all of these countries, with the goals of Alma Ata yet to be realised.

In recognition of the impact of substance misuse on the health of its Indigenous people, the Canadian federal government, as part of its treaty obligations, has provided funds and services since 1975 through its National Native Alcohol and Drug Abuse Program (NNADAP, within Health and Welfare Canada) to 'status Indians' living on reserves. No treaties were signed, however, by Inuit or Innu people. In 1994–95 the budget for the NNADAP program was approximately \$59 million. Provincial government agencies, whose role in Indigenous health service is becoming increasingly important, provide services to 'non-status Indians' and Métis (Brady 2000). Among other recommendations made by Canada's Royal Commission on Aboriginal Peoples (1996) was the call for an inclusive service response from mental health programs toward interrelated substance abuse.

In New Zealand, the 1840 Treaty of Waitangi governs the Crown's obligations toward the welfare of Maori people and has resulted in the principle of Maori involvement in Maori policy. This includes the active involvement of Maori in the major national drug strategies, including the implementation of the national alcohol harm minimization policy (Brady 2000). Despite this promising organisational structure, the 1974 Royal Commission of Enquiry into the Sale of Liquor found Maori drinking to be a crisis (Hutt 1999). The government has become less involved in the direct provision of health services since the early 1990s when it adopted a funder/purchaser/provider model for service delivery. Under this system health policy and objectives are set by the Ministry of Health, which then negotiates with Regional Health Authorities as the 'purchasers' of health services. These Authorities in turn establish service agreements with service 'providers'. Under this system Maori organisations have been able to contract for the provision of services to Maori communities (Saggers & Gray 1998).

In 1953 the United States government, following the repeal of its 151-year Indian prohibition on alcohol, gave all tribes the power to repeal any prohibition statutes and to regulate the traffic of alcohol on reservations. Most tribes decided to retain prohibition as tribal policy however, with approximately 69 per cent doing so by the 1990s (Brady 2000). Of all countries under consideration here, the US government currently provides the most comprehensive indigenous funding and service-delivery

provision (including alcohol programs and services) (Brady 2000). In 1978 responsibility for the 148 American Indian alcohol treatment programs funded by the federal National Institute on Alcohol Abuse and Alcoholism (NIAAA) was transferred to the Indian Health Service (IHS). The IHS goals are to lower the incidence and prevalence of alcohol abuse and alcoholism and to establish effective prevention, treatment and rehabilitation programs (Brady 2000). Reserve-based programs, first funded in the late 1960s, have had varied, often discouraging evaluations (May 1986) and are discussed in more detail later in this chapter.

National perspectives

In Australia, the 1977 House of Representatives Standing Committee on Aboriginal Affairs warned that:

... Alcohol is the greatest present threat to the Aborigines of the Northern Territory and unless strong immediate action is taken they could destroy themselves ...[1977:iii]

The Committee stated in its final report that alcohol misuse was the most serious problem faced by Aboriginal and Torres Strait Islander people throughout Australia. The same year, the first specific funding for Aboriginal and Torres Strait Islander substance misuse was provided by the then Department of Aboriginal Affairs. Prior to this there had been little attempt at any government level to develop indigenous substance misuse programs (Blignault 1995). Federal funds were initially made available for residential services, an approach redirected in the mid to late 1980s toward prevention and non-residential forms of intervention (Alexander K 1990). The responsibility for Aboriginal and Torres Strait Islander affairs in Australia is now shared between federal, state and territory governments, with the states responsible for service delivery.

The National Campaign Against Drug Abuse, launched in 1985, adopted a harm minimisation, education and health promotion emphasis and Aboriginal people were declared a priority group. Through its successor, the National Drug Strategy, the federal government directed funding for Indigenous substance misuse intervention to both state government agencies and Indigenous community organisations. In 1987 a National Aboriginal Health Strategy (NAHS) was commissioned by the Commonwealth, State and Territory Ministers for Health and Aboriginal Affairs for the improvement of Aboriginal and Torres Strait Islander health status. The NAHS Working Party presented its final report in 1989. The resulting Strategy was based on an holistic view of health incorporating individual well-being as well as the social, emotional and cultural well-being of the community as a whole. This inter-relatedness of health with social and environmental factors underpinned its recommendations as did community control

and participation in health care delivery. With regard to substance misuse intervention, the Strategy stated that ‘... Alcohol abuse is simultaneously a health problem, a cause of other health problems and a symptom of socio-political related problems ...’ (National Aboriginal Health Strategy Working Party 1989:192). It noted that residential rehabilitation had been the government’s main response to substance misuse and that such services generally comprised inadequate client-to-treatment service options and were generally staffed by under-trained personnel. In conjunction with general recommendations (for health system infrastructure, services, training and inter-sectoral collaboration) comprehensive substance misuse recommendations were made for education, prevention, detoxification, treatment and rehabilitation, substance regulation and supply, accredited staff training courses and the justice system (Commonwealth of Australia 2000). The Strategy’s implementation was the major health recommendation of the 1991 Royal Commission into Aboriginal Deaths in Custody (RCADIC) and the State Governments’ major RCADIC health issues response priority (Commonwealth of Australia 1992).

In 1990 the Aboriginal and Torres Strait Islander Commission (ATSIC) was established, assuming national responsibility for indigenous health and receiving the majority of the Commonwealth’s Indigenous health funding. In 1995 responsibility for Indigenous health was transferred from ATSIC to the newly created Office of Aboriginal and Torres Strait Islander Health (within the then Department of Human Services and Health). Its budget in 1999–2000 was \$18.4 million (Commonwealth of Australia 2000). Since 1995, consultative national and State/Territory forums have been established under multilateral Framework Agreements to provide policy and planning advice on Indigenous health issues and funding allocations.

Misuse of alcohol and other substances as a major social and health problem among Aboriginal Australians has been highlighted in the reports of the National Aboriginal Health Strategy (1989), the Royal Commission Into Aboriginal Deaths In Custody (1991) and the National Aboriginal and Torres Strait Islander Health Council (2000). The RCADIC, which commenced in 1988, included documentation of ways in which alcohol was implicated in the deaths of many Aboriginal prisoners. In its interim report it summarised evidence suggesting that ‘... both in Australia and overseas alcohol is the single factor most consistently linked with deaths in police custody ...’ (RCADIC 1988:26). Alcohol was found to be involved in all cases of deaths in police cells (RCADIC Johnson E Commissioner 1991).

The RCADIC and the National Aboriginal Health Strategy called for an increase in resources for the prevention and treatment of alcohol abuse by the Aboriginal and Islander people of Australia. The RCADIC's Aboriginal response group expressed particular concern about youth, substance abuse issues and lack of access to health services (Commonwealth of Australia 1992). The Royal Commission insisted that such resources be managed by Aboriginal people in an attempt to increase the possibility that these resources '... will be appropriate to the particular cultures of alcohol use now to be found among indigenous drinkers ...' (RCADIC1992:295).

The reports of the Aboriginal and Torres Strait Islander Social Justice Commissioner have documented the progress of the implementation of the RCADIC Recommendations since its first report in 1993 (ATSISJC1993). Despite substantial funding allocated for the implementation of RCADIC recommendations the Social Justice Commissioner's reports have described, among other areas, a lack of progress in the reduction of Indigenous disadvantage. In the most recent report the Commissioner asks '... are we doing enough to overcome or reduce the level of disadvantage or are we merely doing enough to 'manage' it? ...' (Aboriginal and Torres Strait Islander Social Justice Commission (Jonas W Commissioner) 2000:25); and cites the concern expressed by the United Nations Committee on the Elimination of Racial Discrimination regarding:

... the dramatic inequalities that are still being experienced by these population groups when they represent no more than two per cent of the population of a highly developed, industrialised state ... (ATSISJC 2000:58)

Since the establishment in 1996 of the Aboriginal and Torres Strait Islander Health Council, proposed under the Framework Agreements, significant changes have developed within the structures by which Aboriginal and Torres Strait Islander health policy and planning is addressed. Partnerships have developed between Commonwealth, State and Territory governments, Aboriginal community controlled health organisations, ATSIC, the Torres Strait Regional Authority (TSRA) and affiliates of the National Aboriginal Community Controlled Health Organisations (NACCHO). Reflecting these changes and partnerships, the National Aboriginal and Torres Strait Islander Health Council (NATSIHC) has been formed, providing advice to the Federal Minister for Health and Aged Care on Aboriginal and Torres Strait Islander health programs and policies. The Council comprises members from Commonwealth, State and Territory governments, Aboriginal community controlled health organisations, ATSIC, TRSA and experts on Aboriginal and Torres Strait Islander health appointed by the Minister for Health (National Aboriginal and Torres Strait Islander Health Council 2000).

The NATSIHC has incorporated the original National Aboriginal Health Strategy into a draft National Aboriginal and Torres Strait Islander Health Strategy (NATSIHS), offered for public comment in February of 2001. The draft incorporates the recommendations from a 1994 evaluation of the NAHS Strategy, the recommendations of the RCADIC, the findings of the National Enquiry into the separation of Aboriginal and Torres Strait Islander children from their families, submissions made to the House of Representatives Inquiry into Indigenous Health, and existing state, regional and local Aboriginal and Torres Strait Islander health policies. Following the outcome of public, key stakeholder and NATSIHC review of the draft document, its final draft will be adopted as the framework for collaborative development of national Aboriginal and Torres Strait Islander health policy and programs (National Aboriginal and Torres Strait Islander Health Council 2000).

The draft document identifies substance abuse as a behavioural determinant of ill-health; and substance use among young indigenous Australians as a risk-behaviour requiring intervention. It calls for such interventions to be made in the early stages of drug use, to be designed in a way which benefits both the individual and those around them, and to integrally involve indigenous priorities, solutions and implementation (National Aboriginal and Torres Strait Islander Health Council 2000). The document also notes the national 'Ways Forward' report of the Aboriginal and Torres Strait Islander Emotional and Social Wellbeing (Mental Health) Action Plan. The report recognises the common link between substance misuse and mental health and the need to '... link developments, policies and programs in these two areas, as part of the holistic relationship that is integral in Aboriginal health...' (Commonwealth of Australia 2000:37). Initial funding of \$20 million was provided for this program for a four-year period from 1996.

The extent of problematic indigenous alcohol use

In a recent publication entitled 'Alcohol policy issues for indigenous people in the United States, Canada, Australia and New Zealand', Brady draws on reports from all countries to summarize indigenous patterns and levels of consumption as follows. She advises that generalisations be treated with caution due to the sometimes extreme variation that exists among and between indigenous groups.

... Broadly speaking, these indigenous populations now have very similar patterns of consumption, characterized by there being many abstainers and many heavy drinkers but few moderate drinkers. Those who do drink are usually consuming more than drinkers in the wider population and at levels considered harmful to health. Abstinence can be up to twice as common among indigenous people as it is in the general population; drinking cessation is often greater than in the general population. Fewer indigenous people seem to drink daily. The proportion of drinkers and the consequences of drinking vary significantly with age and sex, with young males being particularly at risk ... (Brady 2000:444)

Evidence of problematic alcohol use is documented in qualitative and quantitative data recording per capita alcohol consumption; alcohol-related morbidity and mortality; accidents; self-harm; inter-personal and community violence and neglect; trans-generational trauma and despair; and socio-economic impacts on education, employment, income distribution and community management. Where national survey data is scarce or unavailable, general trends and estimates are identified from collating local and regional studies. As Brady emphasises:

... Of the utmost significance ... is not the overall prevalence of drinking ... but the fact that [indigenous] drinking styles usually emphasize excessive and problem drinking indicators ... (Brady 2000:447).

International perspectives

In the United States there are nearly 300 federally recognized tribes, all existing as unique political entities, and others exist without federal status under a number of other structures (Brady 2000). Snipp estimates that in total there are over 400 tribal groups residing in the US (cited in Beauvais 1992b). Indigenous people in the US make up 0.84 per cent of the total population (Population Division of the US Bureau of Census 1990, cited in Brady 2000). Although Native Americans as a group experience many health problems related to alcohol misuse, no systematic nation-wide surveys have assessed alcohol use among Native American adults (Caetano, Clark & Tam 1998). Limited indigenous data is available from a report collated from National Household Surveys on Drug Abuse by the US Substance Abuse and Mental Health Service Administration (SAMHSA) (Kalagher 1998). The report states that binge alcohol use and rates for alcohol and other drug use tend to be highest among Native Americans relative to other racial and ethnic subgroups and the US population overall. As with many writers, Beauvais notes that the level of actual use is difficult to estimate as drinking practices '... vary widely from tribe to tribe as a result of cultural, economic and lifestyle differences ...' (Beauvais 1998a:253). In this article Beauvais draws on his own research findings which indicate that Indian adolescents appear to drink at similar levels regardless of tribe. In a review of existing data, May cites the proportion of alcohol-related deaths for Indian men to be 26.5 per cent of all deaths and that for women 13.2 per cent (May & Moran 1995). A gender disparity in consumption has not been found among Indian youth although they were found to drink more problematically and in greater quantities than non-Indian peers (Beauvais 1998a). Overall, alcohol-involved mortality rates were worse for Indians than for the US population generally. Indian Health Service records for 1992 indicate that the age-adjusted alcohol-related death rate was 5.6 times higher among the Indian population than among the U.S. population in general (Beauvais 1998a).

The age of first involvement with alcohol among the Indian population is younger, the frequency and amount of drinking are greater, and negative consequences are more common for Indian than non-Indian youths (May & Moran 1995). May also found that binge drinkers comprised approximately two-thirds of all Indian heavy drinkers, and were the greatest contributors to alcohol-related problems on Indian communities (May 1996). Levy and Kunitz found that ‘... virtually all Navajo men have drinking histories that by the most commonly used criteria would class them as alcohol abusers ...’ (Kunitz & Levy 1994:237). Beauvais has found that approximately 20 per cent of Indian youth in the 7th to 12th grades become heavily involved with alcohol and illicit drugs at an early age and continue that pattern into at least young adulthood (Beauvais 1992a). While a higher percentage of Native American adults abstain from alcohol compared to non-Native Americans (May & Moran 1995), among those who do drink a large percentage drink heavily, giving them the highest prevalence of alcohol problems of all population groups in the United States (Office for Substance Abuse Prevention 1989). Segal cites research among Alaska Natives who, while comprising 15.7 per cent of the state’s population, show disproportionately high rates of alcohol misuse and its consequences. He cites Demer who found 67 per cent of all-cause Native deaths in rural Alaska between 1990–93 to be alcohol-related (Segal 1998).

In Canada, First Nations people make up 573 different bands (the political unit recognized by the government) (Brady 2000) and comprise three per cent of the total population (Canadian Centre on Substance Abuse 1999). Limited Canadian indigenous substance misuse data is reported in Canadian Profile 1999. The report states that Indigenous Canadians are at particular risk of substance abuse, and their youth at two to six times greater risk for alcohol problems than other Canadians (Canadian Centre On Substance Abuse 1999). National Indigenous alcohol consumption data is not conclusive due to methodological limitations within this and Statistics Canada’s 1991 Aboriginal People’s Survey (APS) (Single, Williams & McKenzie 1994). However, with these limitations in mind, the APS data suggest that a smaller proportion of indigenous people drink than do non-indigenous people; and that indigenous people drink less frequently. However, regional reports cited in the 1996 Report of Canada’s Royal Commission on Aboriginal Peoples (RCAP) suggest that heavy drinking among indigenous people is more common than moderate consumption (Saggers & Gray 1998). Annual per capita consumption of pure alcohol is 9.5 litres for the total population, but in areas with high indigenous populations such as the Yukon, it has been estimated at 14.8 litres (Kellner *et al* 1996). The Chief Medical Examiner for the province of Alberta for the RCAP found that deaths involving evidence of alcohol or drug misuse were five times greater for natives than non-natives (Single, MacLennan & MacNeil

1994). In the 1997 report of a major cross-sectional, representative survey of Ontario First Nations Regional Health on on-reserve communities, the investigators found that while this population drank less frequently than did the Canadian population in general, they tended to drink greater quantities. For almost all of the twelve response-categories for reasons for reducing or stopping drinking, the proportions of First Nations people reporting adverse consequences were more than double those found in surveyed provincial and national general populations (MacMillan, Walsh, Faries *et al* 1997).

Data from the late 1970s and more recently in New Zealand suggest broadly similar patterns of alcohol consumption among Maori (Caswell, Cullen & Gilmore 1984; Te Puni Kokiri 1995). This indigenous population makes up 16 per cent of the total New Zealand population (Statistics New Zealand 1996 Census cited in Brady 2000). Whereas in Australia, Canada and the US substantial numbers of indigenous people live in rural and remote areas, Maori in New Zealand have, since World War II, lived increasingly as members of urban communities and have no remote reserve communities such as those that exist in the other countries (Brady 2000).

A smaller proportion of Maori than non-Maori have been shown to be regular drinkers and those who drink do so less frequently—but the amount consumed per drinking session is nearly twice that of non-Maori (Pomare 1995). Alcohol-related mortality and morbidity were found to be higher among Maori. In 1989–91 the rate of alcohol-related deaths in Maori males was 2.2 times that of non-Maori males and that for Maori females 2.9 times greater than for non-Maori females (Pomare 1995). In a national telephone survey, 27 per cent of Maori drinker-respondents aged 15 to 45 years drank large amounts of alcohol on single occasions at least once per week, with male drinkers aged 20–24 more likely to drink larger quantities (Dacey & Moewaka Barnes 2000). A 1995 government publication stated that while overall alcohol consumption in New Zealand was declining, this appeared not to be the case among the Maori drinking population (Te Puni Kokiri 1995).

National perspectives

In Australia, Aboriginal and Torres Strait Islander people make up 2.2 per cent of the total population. Over a quarter (27.5%) of this indigenous population live in remote areas compared with only 2.2 per cent of the total Australian population (Australian Institute of Health and Welfare 2001). Their exceedingly high rates of morbidity and mortality, and the role of excessive alcohol consumption as a major health risk factor, have been referred to in the last chapter.

In 1997, 1999 and 2001, the Aboriginal and Torres Strait Islander Health and Welfare Information Unit (a joint program of the Australian Bureau of Statistics and the Australian Institute of Health and Welfare) published comprehensive general statistical overviews of the health and welfare of Aboriginal and Torres Strait Islander people (McLennan & Madden 1997; McLennan & Madden 1999; Health and Welfare Information Unit 2001). While these overviews include little alcohol-specific data, their 1999 edition notes that the latest available indigenous alcohol consumption data (from 1994) records the proportion of urban indigenous regular drinkers (33%) to be less than that among the general urban population (45%). However the authors note that in the 1995 National Health Survey some 21 per cent of indigenous male drinkers and nine per cent of Indigenous female drinkers were classified as high-risk drinkers (in comparison, respectively, with eight per cent and three per cent of non-indigenous drinkers). These figures indicate that excess consumption of alcohol is a major health risk factor among indigenous people, and the report notes the findings from a 1991 Kimberley study that:

... there is a consensus that alcohol has had a major, and generally damaging impact on Aboriginal traditional life, family structure, health and capacity for self-determination ... (Hunter, Hall & Spargo 1991:54).

As mentioned above, indigenous suicides and the role of alcohol were brought into prominence in Australia by the 1991 report of the Royal Commission into Aboriginal Deaths in Custody. Several other reports had identified links between alcohol and suicide (Hunter 1988; Eastwell 1988; Brady 1988), one author concluding that in north Queensland the risk of attempted suicide was over eighteen times greater for heavy regular and binge drinkers than for those drinking lightly, occasionally or not at all (Reser 1991a).

Guidelines for the diagnosis, treatment and prevention of Foetal Alcohol Syndrome (FAS), while receiving much attention in North America, are not well established in Australia. One Western Australian study, based on the state's birth defects register, found that FAS occurred significantly more often among Aboriginal babies (Bower *et al* in Brady 2000). Links between alcohol and domestic violence and the sexual assault of women and children were highlighted in the 1977 report of the Australian House of Representatives Standing Committee on Aboriginal Affairs. Since then studies among some community groups have identified an increase in assaults and injury among indigenous women (Devanesan *et al* 1986; Brady and Palmer 1984; Lyon 1990). The 1994 National Drug Strategy's Household Survey states that 63 per cent of the urban indigenous population regard either alcohol or alcohol-related violence as the most serious social issue facing the Aboriginal and Torres Strait Islander community today (Department of Health and Family Services

1995). Brady, while cautioning that the relationship between alcohol and violence is not necessarily one of simple causality, notes its implication to varying degrees in the high levels of general violence, injury and suicide among indigenous people. She refers to the findings of several writers that ‘... data from New Zealand and Australia link most (but not all) assault injuries with the use of alcohol by perpetrators ...’ (Brady 2000:452).

Alcohol-related crime is nearly twice as prevalent in the Aboriginal and Torres Strait Islander community than in the general community (Department of Health and Family Services 1995). In 1994 the Western Australian Taskforce on Aboriginal Social Justice estimated that alcohol was involved in between 60 and 80 per cent of violent crimes by indigenous Australians (Task Force on Aboriginal Social Justice 1994). Other territory and community studies report similarly high figures for alcohol-related assault arrests and other arrests (d’Abbs 1989; Barber *et al* 1989; Hunter *et al* 1991; Brady 1988).

As mentioned above, the interrelationship between substance misuse and mental health has been documented in a recent national survey (Swan & Raphael 1995) and acknowledged in recently implemented federal funding under the Aboriginal and Torres Strait Islander Emotional and Social Well Being (Mental Health) Action Plan (Commonwealth of Australia 2000). Many previous reports have drawn attention to this relationship (Albrecht 1972; Kamien 1975; Eastwell 1988; Hunter 1990c; Dillon 2001). With particular reference to the consequences on children of excessive drinking within the family, Hunter has noted:

... emotional, physical and educational deprivation for children, a drinking role model, and an unavailable or absent parent who is more often the father ... (Hunter 1993:197).

Mirroring some of these findings, Oetting *et al* (1989) have found that Native American children from heavy drinking families are more likely to experiment with drinking at an early age and to have drinking careers similar to that of their parents. Brady found that many of the people she spoke with about giving up drinking had done so for family reasons, to provide for their own or their children’s children (Brady 1995c). Children from drinking families are more likely to suffer from malnutrition, schooling and accommodation difficulties, and their families and the community in general from diversion of income, housing infrastructure damage and neglect, unemployment and breakdown in community structures for care and control (Kahn *et al* 1990; Lyon 1990; Brady & Palmer 1984; Task Force on Aboriginal Social Justice 1994).

Despite the much poorer health status of indigenous people in Australia (on average three times worse than other Australians) total expenditures per person for health services for this population are, at a ratio of 1.22:1, little higher than that for the rest of the population (Australian Institute of Health and Welfare 2001).

Regional perspectives

Alcohol was identified as 'the major problem' throughout the Kimberley in interviews conducted for the State Government's Task Force on Drug Abuse (Government of Western Australia 1995). In 1993-94 the Kimberley, with pure alcohol per capita sales estimated at 21.18 litres, had the highest per capita figures of any region in the state, with Perth sales estimated at 9.89 litres (Government of Western Australia 1995). In 1996-97, the annual mean consumption of pure alcohol for the country as a whole was estimated to be 9.67 litres per person aged 15 years or older (ABS, cited in Gray & Chikritzhs 2000). As noted in the last chapter, per capita consumption in the Derby area in 1994-95 was estimated to be 18.97 litres.

Alcohol has been found to be a factor in many aspects of personal and community harm in the Derby area, with all of the following data documenting majority Aboriginal figures. In 1994 at Derby Regional Hospital, alcohol was found to be a factor in injury presentations in 75 per cent of domestic violence cases, 61 per cent of cases of intentional self harm, 69 per cent of assault presentations (Injury Control Unit 1995); and in 36 per cent of psychiatric admissions (Health Department of Western Australia 1994). WA Police department records show that over 50 per cent of all drivers charged in Derby over a two year period with drink driving had blood alcohol levels in excess of 0.15 (Police Department 1996). More than nine out of ten Aboriginal people were affected by alcohol on arrival at Derby lockup in 1994-95 and there were 1,312 drunk detentions, mostly Aboriginal, in Derby in 1995 (WA Alcohol and Drug Authority 1995). 20 per cent of all children at one of Derby's two schools attend school less than 50 per cent of the time. The school headmaster said that all of these children came from families known to be problem drinkers (Nichols 1996b). One researcher has written extensively on the increase in self-destructive behaviour among Aboriginal people in the Kimberley since the early 1970s. His detailed analysis of indigenous suicide in the area has demonstrated a dramatic increase in the number of mostly young male suicides during this period (Hunter 1993). In this study, more than three-quarters of these young men were found to be heavy drinkers from heavy drinking families.

In a 1994 ABS survey within the Derby ATSI region, 81.6 per cent of Aboriginal people over the age of 13 years considered alcohol to be the main health problem in

their local area, compared with State (75.4%) and National (58.8%) figures. More than seven in ten of the Aboriginal people surveyed said family violence was a common problem, the figure for Perth being four in ten (Australian Bureau of Statistics 1995). Several Derby area Aboriginal people claim that alcohol misuse affects 100 per cent of the people on their communities (Nichols 1996b). This is a sentiment repeated in Aboriginal writings from other areas (Casey, Collard, Garvey *et al* 1994; Dudgeon *nd*; Williams 1989). These people point out that although many community members do not drink, the behaviour of those who do has repercussions on the whole community through domestic violence; child abuse, neglect and truancy; ill health; diversion of food, clothing, rent and maintenance money; unemployment; crime and imprisonment; the breakdown of community and family structures for respect and authority; and general community apathy due to lack of sleep, community disorder, trans-generational despair, and the maintenance of impoverished lifestyles and racist stereotyping.

Theories about the causes of indigenous alcohol misuse

Explanations for indigenous alcohol misuse range from the most 'internal' (genetic predisposition) to the most 'external' (self-determination related theories). Those North American, New Zealand and Australian researchers with respected and extensive contemporary experience in the field of indigenous drinking tend to suggest, as would be expected, a complex of reasons to do with historical, cultural, political, economic, social and psychological factors (Hunter 1990c; Siggers & Gray 1998; Kunitz & Levy 1994; Brady 2000; Moewaka Barnes 2000; Beauvais & Segal 1992). None doubt that the impact since European settlement has been dramatic, that alcohol misuse has been one of its repercussions and that successful, pertinent interventions into the prevention and treatment of its alcohol related consequences have yet to be properly developed.

In a model widely supported in the literature as providing a conceptual framework for understanding what impels drug use and how the user is affected by the drug, Zinberg (1984) has identified three determinants. These are the pharmacological actions of the drug itself (the substance), the immediate attitude and the personality structure of the drug user (the set) and the influence of the social and physical environment within which the drug use occurs (the setting). This substance/set/setting conceptualisation has been described as '... identical to the public health notion of the importance of agent, host, and environment in explaining various diseases ...' (Kunitz & Levy 1994:231). Zinberg's model incorporates many of the cause/experience factors suggested by contemporary theorists although some, such as those proposing politico-economic causes, would describe the environment in a far broader sense than does this model. Additionally,

some indigenous writers maintain that concepts of 'set' and 'setting' require broadening beyond immediate physical, psychological and environmental considerations to those which include family, community, 'cultural' systems of meaning, and internalised and external oppression (Casey, Collard, Garvey *et al* 1994; Centre for Aboriginal Studies 1991). Zinberg (1984:14–15) has noted that 'setting' has received less attention and recognition than both 'substance' and 'set', yet perceives it to be a crucial factor in the controlled drug use on which his framework focuses. His broad conceptualisation of chemical, individual and environmental influences in the drug use experience will be used as a useful reference point for discussion of indigenous substance misuse within the thesis—with particular attention paid to 'set' and 'setting' influences.

Intra-personal theories

Despite ongoing theories regarding the existence of a genetic susceptibility to alcohol among Aboriginal people, research evidence to support these claims is inconclusive (Hunter 1993; Saggars & Gray 1998). There are many contemporary proponents of 'disease' and 'psychological disorder' theories however, and proponents of both views generally acknowledge elements of the other approach. The former is based on theories about genetic, physiological and brain-trauma aetiology, as a result of which the individual is unable to control his/her level of consumption. 'Psychological disorder' theories describe an uncontrolled craving for alcohol, often believed to be related to underlying psychopathology (Saggars & Gray 1998). Despite the lack of conclusive research support for these theories, they form the basis of most contemporary 'treatment' intervention approaches.

Some intervention programs are based on a belief that drug misuse results from a lack of knowledge about drugs and their harmful consequences (Gray, Saggars, Sputore *et al* 2000) or a lack of self-esteem and assertiveness skills (Barber, Walsh & Bradshaw 1989; Gray, Sputore & Walker 1998). Other writers suggest that intra-personal issues such as low self-esteem and diminution of role and sense of personal power contribute to drug misuse. Psychiatrist and researcher Ernest Hunter has highlighted a number of studies in the Pacific, North America and Australia in which excessive drinking, particularly among young males, is correlated with an increase in suicide and other self-harmful behaviour, and with reduced avenues for social recognition and self esteem (Hunter 1990c). He suggests that the conjunction of harm to self and loved ones is an indication of 'a relationship to an experience of self' (Hunter 1990c:197). Several other writers have identified links between substance misuse and threatened identity-related relationships (Reser 1991a; May 1990; Hezel, Rubinstein and White 1985; Reser

1991b)—and between strengthened identity and prevention or reduction in substance misuse (Oetting, Edwards, Beauvais *et al* 1989; Spicer 2001).

Inter-personal theories

Numerous researchers have identified links between drug misuse and disruption to home and family environments. In North America, inhalant misusers have been found to come from families exhibiting low socio-economic status, serious dysfunction and problematic drinking. Users themselves exhibit poor school attendance, low educational achievement and higher levels of psychiatric dysfunction and interpersonal relations difficulties (Howard *et al* 1999; May *et al* 1997; McGarvey *et al* 1996). Comparable findings regarding associations between family disruption and drug use are noted in research elsewhere (Osland 1998 (unpublished report) in d'Abbs & MacLean 2000; May & Moran 1995; Brady 1995b; Menzies School of Health Research 1991; Human Rights and Equal Opportunity Commission 1997).

Others have noted a common sentiment expressed by young heavy drug users regarding a perceived lack of parental caring (Beauvais & LaBoueff 1985; McBeath 1997, Stojanovski 1999 (unpublished report) cited in d'Abbs & MacLean 2000). Oetting and Beauvais have found an association in North American Indian youth between family caring and cultural identification, finding a high identification with either Indian or Anglo culture to be related to greater perceived family caring. Similarly, anomic males, having low identification with either culture, showed an extremely low level of family caring (Oetting & Beauvais 1991).

Among Kimberly Aboriginal people, Hunter has identified an increase in self and other harm in the first generation of Aboriginal people to grow up in an era in which parental drinking was common (Hunter 1991a). His own and others' research suggests that psychological vulnerability, especially in boys, is increased in unstable family environments which are increasingly matrifocal due to the unavailability of the father through illness, social conflict or incarceration. Hunter and others assert that developmental issues relating to the construction of identity are raised in environments which encompass male violence to self and female significant others, compromised male role models, chronic unemployment and welfare dependence (Hunter 1990c; Sansom 1982; Kahn 1980; Collmann 1988).

Writing of another aspect of inter-personal causal theory, O'Connor and others have described the intensely powerful, culturally sanctioned and unstated pressure among remote area Australian Aboriginal groups to join in and drink with the mob (O'Connor 1984; Bain 1974; Brady & Palmer 1984). In places where drinking is the

norm, O'Connor has noted that it is not culturally appropriate to refuse to join in: to drink is to belong and abstention carries the cost of exclusion. He states that if the choice between biological and social death must be made, many would choose the former (O'Connor 1984:181).

Many writers have noted the powerful influence of social context on substance use behaviour (Kunitz & Levy 1994; Burns, d'Abbs & Currie 1995; Moewaka Barnes 2000; Brady 1991a; Hunter 1990b; Beauvais & LaBoueff 1985). Association with drinking peer groups has been correlated not only with drinking, but with a whole range of traditionally sanctioned mutual obligations (Beckett 1964; Lyon 1990; Laurie and McGrath 1985; O'Connor 1984; Rowse 1993). Drinking has been noted to have a number of social uses including the maintenance of social relationships, the demonstration of sharing, the creation of 'credit', the provision of an avenue for economic exchange, and the enabling of emotional expression (Heath 1983; Brady 1992a; Siggers & Gray 1998). Its place in the social scheme is such that geographical or social relocation is often required in order to maintain sobriety (O'Connor 1984; Rowse 1993; d'Abbs & MacLean 2000). 'Getting away from alcohol' was a reason frequently given by people who had moved to outstations in remote Australia (Smith & Smith 1995; McDermott, O'Dea, Rowley *et al* 1998).

Brady and others have documented the effect of social and cultural norms on the use of, and reactions to psycho-active substances. Social constructions and social expectations about, and group tolerance toward intoxication can influence the drug use experience (Levy & Kunitz 1971; Heath 1983; Zinberg 1984; Brady 1992; Siggers & Gray 1998). Beliefs associated with their effects can provide powerful motivations for their use, some groups perceiving alcohol and other forms of intoxication, for example, as enabling access to power (Brady & Palmer 1984; Levy & Kunitz 1974) or an avenue for rebellion, defiance or power over their bodies (Heath 1983; Brady 1992b; Sackett 1988; Room 1984; Blignault 1995:39).

The influence of peer clusters is another component seen by many as integral to decisions regarding the use of psycho-active substances (Moewaka Barnes 2000; Conway, Tunks, Henwood *et al* 2000; d'Abbs & MacLean 2000; Brady 1992b) overriding other factors correlated with drug use such as family strength, school adjustment and religious identification (Oetting, Swaim, Edwards *et al* 1989). This influence has been found to be the single most potent factor in determining adolescent drug use (Beauvais 1992b).

Intra-community theories

Among causal theories related to the above social-norm references, some researchers assert that the degree of community social cohesion and control is strongly influential in the degree and style of substance use. In the US, Kunitz and Levy conducted a 25-year study of three Navajo populations living on and adjacent to a Navajo Indian Reservation in Arizona, also conducting epidemiological studies of two neighbouring tribes including the Hopi (Kunitz & Levy 1994). Their sample ranged along a scale from the most traditional to acculturated Navajo successfully adapted to non-reservation life. Despite the high degree of cultural persistence among both Navajo and Hopi tribes—in comparison with tribes which had experienced fractured land base and intense white encroachment (Levy & Kunitz 1971)—drinking occurred among both groups, suggesting that ‘culture’ alone does not prevent drinking. It does however appear to play a powerful role in setting drinking boundaries, without which drinkers tended to suffer more. In both tribes, members who were either banished or who lived in transitional frontier towns—where the community values governing alcohol use (evident among the more traditional groups) were absent—tended to develop more pathological drinking habits (Kunitz & Levy 1994).

Overall, Kunitz and Levy concluded that alcohol use was an inextricably social and cultural phenomenon (Kunitz & Levy 1994). In contrast with the catastrophic effects of the rapid exposure to alcohol experienced by the less socially integrated Navajo, they found that:

... exposure in the context of a cohesive and extensive social network in which access is limited and use constrained by preexisting norms and obligations does not necessarily have the same devastating effects ... (Kunitz & Levy 1994:232)

In a related finding, this research team found that community support, especially kin-based support including that provided by Native American Church style congregations, appeared more important than traditional ceremony, and that the latter was gradually being redefined to include family members (Kunitz & Levy 1994). Their findings regarding the importance of social networks are mirrored in many other studies (Beauvais 1992b; Brady 1992b; d’Abbs & MacLean 2000; Blignault & Ryder 1997) although Brady suggests that disruptions to social control and social structures are probably associated not with the genesis, but with the entrenchment and proliferation of substance misuse (Brady 1992b:192).

Inter-community theories

In Alaska, where Indigenous people comprise approximately 15.7 per cent of the state’s population, indigenous alcohol misuse and its consequences are

disproportionately high. One review of the literature on the issue concluded that the increase in substance misuse corresponded to a period of rapid growth and industrialisation and a concomitant loss of indigenous cultural traditions (Segal 1998). As mentioned previously, Hunter has noted profound increases in suicide rates over the past century in areas of European socio-political dominance such as the Pacific rim populations of American and Canadian Indians and Inuit, Micronesians, Samoans and Australian Aborigines (Hunter 1990c). In Australia, apart from recent increases among young males, this has not been the case among the general population. Young indigenous adult males are the prominent suicide risk in all of the above areas, and in all the role of alcohol is 'consistently raised' (Hunter 1990c:193). Hunter notes that it is among this group that the consequences of the dramatic social changes in the lives of Aboriginal people since colonisation appear to be most marked.

In 1950s Australia, when government Aboriginal policy changed from one of 'protection' or informal segregation to assimilation, the change led among other things to an increase in the removal of Aboriginal children to towns. This initiative coincided with other socio-economic changes such as improved access to health services in towns, the introduction of social security payments including the Age Pension and changes to cattle station employment and work practices—and a consequent and unprecedented number of Aboriginal people relocating to towns (Jebb 1998). These events, occurring simultaneously with the lifting of prohibition on the sale of alcohol to Aboriginal people, resulted in dramatic demographic and social change in the lives of Kimberley Aboriginal people (Jebb 1998; Hunter 1990c; Marshall 1993).

Through a generation-cohort study, Hunter has traced the impact of social change—especially that of access to alcohol—on Kimberley Aboriginal cultural stability over the past 30 years (Hunter 1990c). He has charted its impact on the youngest generation (now in their fifth decade) to be able to drink at the time of the 1960s introduction of citizenship rights. Hunter has concluded that, among the many and varied social changes which accompanied this unprecedented period of social, economic and political change, 'the single greatest change was the sudden ready availability of alcohol' (Hunter 1990c:194). In a sample of the first generation to grow up in a climate of widespread parental drinking, he found 60 per cent of the 20–30 year age group to have one or both parents who were heavy drinkers. It is in this age group that the recent increase in self-harmful, alcohol-related behaviour is now occurring (Hunter 1990c).

As Hunter and others note, the means (literacy, numeracy, language, training, life and workplace skills) to make use of the new assimilation-era opportunities did not accompany the dramatic social changes (Kolig 1982; O'Connor 1984) and today's youth have suffered the consequences of their parental destabilisation (Hunter 1990c). Hunter notes that young men, especially, have been subjected to a diminishment of culturally bestowed power, separation from country, marginalised contact with western cultural and economic life, absence of older male cultural and maturational guidance, lack of trans-generational guidance in the use of alcohol and loss of identity in a largely unfamiliar dominant culture (Hunter 1990c). Aboriginal women have been able to maintain their role as child carers and providers of support to men (Brady 1995b; Hunter 1990c), which may account for their lower levels of alcohol misuse, although through domestic violence they are suffering the likely consequence of male attempts to reassert some measure of power. Hunter has detailed the dramatic increase in various forms of intentional violence since the 1970s, especially among Aboriginal males, and has found that for many, 'violence has become an accepted and expected idiom' (Hunter 1990b:23).

The Report of the Australian House of Representatives Standing Committee on Aboriginal Affairs emphasised issues of social fragmentation (such as loss of pride and inferiority) in its list of causes for the indigenous alcohol problem—a finding reiterated in other substance misuse research (d'Abbs & MacLean 2000; May & Moran 1995).

In partial contrast with these acculturation theories, Brady cites several regional Australian studies which question such theories and show that not all groups experiencing rapid social change develop drug use behaviours (Brady 1992b:19). In her major Australian petrol-sniffing study Brady found that sniffing was not a serious problem, or rarely occurred at all, in certain areas of the Northern Territory, Western Australia, and South Australia (Brady 1992b). She found these areas to be those in which the cattle station industry was a major component of people's lives or in which people had in the past lived on cattle stations and worked in the cattle industry—and had hence been able to remain living on their own land. Brady suggests that the resulting development of adult self-esteem was among the social circumstances which appeared to offer some protection from the chronic use of petrol in the 1970s and 1980s. Accompanying this factor, she suggests, were the internalisation of European values, the small size of station communities, secure male identity and the perpetuation of identification with a cattle industry ethos. Brady appears to ascribe the stockmen's self-esteem largely to their sense that Europeans could not have succeeded on the stations without skilled Aboriginal

help, and that skilled working of cattle on horseback and bringing in of meat were esteem-related economic activities. However she also states that:

... In the course of the actual labours associated with cattle, people were engaged in productive activities of other kinds: collecting bush food; tending sites and performing ceremonies (both associated with caring for the land and making it productive); and increasing and extending their range of ritual knowledge through contact with other language groups. These factors contribute to a sense of pride and self-esteem which has not been lost to the present generation ... (Brady 1992b:189).

Brady found that '... so-called 'traditional' culture was, in most cases, maintained ...' (Brady 1992b:185). This finding, like the quote above, suggests that the maintenance of 'cultural' aspects may also have played a significant role in the absence of sniffing among this group. Others have noted the positive effects of cattle station association among Aboriginal people, variously identifying benefits such as cultural continuity (Baker 1989; Jebb 1998; Marshall 1993; McGrath 1987) and dominant culture acknowledgment (Baker 1989). Decades later, Dick and Pam Smith noted that re-affirmation of cultural and land-linked values was the main reason given for moving to outstations by residents of the 110 outstations visited during a study for the Health Department of Western Australia (Smith & Smith 1995).

Another group of inter-community cause-theories relates excessive drinking to a learned phenomenon resulting from contact with, and observation of, non-Aboriginal patterns of consumption (Marshall 1983, Tatz 1980 in Siggers & Gray 1998; Brady 1988; MacAndrew and Edgerton 1969, Zinberg 1984, Brady 1992 in Kunitz & Levy 1994). With reference to Zinberg's model for drug use behaviour, this body of research suggests that 'setting' may be a key factor in explanations of alcohol use patterns.

Dispossession/Self-determination related theories

As described previously, indigenous people in the areas under consideration remain a disadvantaged group despite the relative wealth of their respective countries. A number of researchers attribute indigenous substance misuse primarily to this socioeconomic disadvantage or other broadly structural factors (National Aboriginal Health Strategy Working Party 1989; Royal Commission into Aboriginal Deaths in Custody (Johnson E Commissioner) 1991; Singer 1986; Siggers & Gray 1998; Aboriginal and Torres Strait Islander Social Justice Commission (Jonas W Commissioner) 2000). These include reference to the history of dispossession and consequent marginalisation (Royal Commission into Aboriginal Deaths in Custody (Johnson E Commissioner) 1991; Kolig 1982; Hunter 1993), poor schooling (Tsey 1997; RCADIC1991; Brady 1995d), poor health and health infrastructure (Siggers & Gray 1991; Atkinson, Bridge & Gray 1999a), un- and under-employment

(O'Connor 1984; Graves 1970 in Levy & Kunitz 1971; Saggars & Gray 1998) and general inadequacy in community infrastructure and opportunity (Brady 1992b; d'Abbs & MacLean 2000; Moewaka Barnes 2000; Burns, Currie, Clough *et al* 1995).

Hunter suggests that Nichter's 'idiom of distress' applies to the conditions of living for many Kimberley Aboriginal people confronted consistently with suicide, violence, problem drinking and so on. He describes these conditions as pervasive and entrenched, with no discreet 'distressful' event or point in time identifiable:

... In a setting of unremitting deprivation, adaptive potential is compromised, with orientation increasingly toward the short term, a day-to-day existence. Such activities as gambling and drinking are powerfully reinforced among a group with little to lose ... (Hunter 1993:239)

Drawing on the findings of research over three decades by the Tri-Ethnic Centre for Prevention Research at Colorado State University, Beauvais concludes that primary prevention in its broadest sense is a monumental task (Beauvais 1992b). It requires the amelioration of economic factors leading to poverty, the prevention of family dysfunction, the provision of a sound cultural base, improvement in health, education, parenting and family skills and support, legal services, drug education and intervention skills for parents, school-based drug-deterrence programs, community support, counselling services, drug-alternative activities, and healthy peer clusters (Beauvais 1992b).

Theories about the meaning of 'culture'—with particular reference to alcohol intervention

The concept of 'culture' is greatly contested within the social sciences, the issue having perhaps been most thoroughly discussed within the anthropological literature of the past fifteen years. One of Australia's leading indigenous substance misuse anthropologists notes that within the social science literature the concept is frequently described as fluid, flexible, invented, constructed, endlessly made and remade to fit the needs of change and political pressures—that in short, it is seen as a contemporary human product (Maggie Brady, personal communication 2002).

Such descriptions vary markedly from those based on perceptions of culture as a fixed and clearly definable concept. Such opposing views are neatly summarised by Rosaldo (1989:219–220) in descriptions of the competing political and intellectual visions constituting knowledge and critical thought education within North American universities. He describes division over forms of analysis that stress constancy versus change and universality versus difference. He notes the tendency of the humanities, for example, to favour 'high culture'—this 'monumentalist' view

referring only to the works of the ancient classical world and northern Europe, thereby rendering marginal the works of American minorities, Third World writers and even classic American texts. He notes the association between political ideology and the reigning vision, with the 'objectivists' and 'monumentalists'—backed by North America's conservative political agenda in the 1980s—claiming a monopoly on truth and excluding other ways of thinking about the world. He notes that one rarely studies culture from a neutral position, that '... the choice of what we want to know is primarily political and ethical ...' (Rosaldo:224) and that analysts need therefore be explicit about their partisanship.

In this thesis, participants' own perceptions of culture form the basis for the study's findings regarding cultural meanings and the role of 'culture' in substance misuse prevention/intervention. My own understandings of the concept are based on a perception that 'culture' is a process—continually undergoing change and adaptation in response to social, environmental, political and economic influences—with certain components, in gradually changing form and purpose, continuing to be of core importance to many Aboriginal people. In my analysis, as a result of descriptions presented within participants' stories, interview questions and model-building discussions, it appears that at present and among this group of participants, a key contemporary role for 'culture' lies in its identity-strengthening value. Support for such an interpretation is presented within the results chapters and in much of the 'cultural' literature overview to follow.

Because of the variety in 'cultural' perceptions and the evidence that these notions undergo constant change as societies change (Tonkinson 1993; Phinney 1996; Gajdusek 1990), it is difficult to make general statements about core components of any culture. Such statements are best supported by comprehensive evidence of local constructions of its meaning (Beckett 1988; Phinney 1996; Reser 1991). (Study participants' perceptions of 'culture' and of its role (if any) in alcohol intervention are presented in Chapter Seven). In Australia, indigenous and non-indigenous experts in the field have described such factors as the relationship to land, creation beliefs, family, and spiritual beliefs as being of importance to many non-urbanised Aboriginal people (Muecke 1983; Cook, Cook & San Roque 1994; Stanner 1979; Charlesworth 1998).

Earlier understandings of the meanings of 'culture' are based largely on observations of Aboriginal ways of doing and being made by non-Aboriginal observers. Writers such as Stanner, Elkin, Bell and Rose (all of whom had substantial, intensive contact with remote area Australian Aborigines) have described the traditional role of 'culture' as primarily one of maintenance: of

responsibilities to country, ancestors, the passing on of knowledge, ensuring food supplies, water, life itself.

... When the myths about the drama of the Dream Time are studied with care it becomes clear that the Aborigines ... had found in the world about them what they took to be signs of intent toward men, and they had transformed those signs into assurances of life under mystical nurture. Their symbolic observances toward the signs, in rites of several kinds, were in essence acts of faith toward the ground of that assurance. It is not yet possible to bring together under that principle all the ritualised cults of which we have heard, but those that fit within the trilogy suggested many years ago by A.P Elkin—historical rites, initiation rites, and 'increase' rites ... intended to maintain and renew the life of the natural species—appeared in some sense to recapitulate some feature or aspect of the founding drama ... (Stanner 1979:115)

... Access to the country of one's forebears provided ... an identity based on the continuity of life and values which were constantly reaffirmed in ritual and in the use of the land ... (Bell 1993:47)

... Riley Young ... contrasted his validation of his rights to land with a European pastoral lease. In speaking of his 'lease' he was referring to a stone which is a Dreaming site: 'My lease can't wash out. No rain will wash him out, no anything will take it away, That's mine lease. White man lease, you read him out on the paper, you change him next year, 'nother lease. That's what they call special lease, you know, whitefellow law. Mine lease you can't wash him out. He'll be there for years and years, till I die, till another man will take over that lease. Same lease. That lease forever. We call him, that lease, blackfellow law'... Sequence and succession are the salient features ... it is our job to assure that those who come behind us are taught the law and have a place and responsibilities to take over from us ... (Rose 1988:110-112)

Increasingly however, 'culture' is coming to play an important contemporary role in personal identity (Spicer 2001; Gaines & Reed 1995; Crocker *et al* 1994). Beauvais (1998b) refers to the work of Jean Phinney (1996), widely referenced for her work on this issue. He describes her definition of cultural identification as:

... an internal, or psychological, trait that reflects how close one feels to their culture ... (it) is more than just self-labelling ... and is not necessarily measured by one's level of adherence to particular activities ... (Beauvais 1998b:1316)

Keessing (1975) presents a range of anthropological perceptions of 'culture', summarising these—in the first instance—as referring to learned, accumulated experience. Among the various perceptions he presents (p 68), Goodenough (1961) further defines the concept through two different orders of cultural description—the socio-cultural: referring to the realm of observable phenomena, the pattern of life within a community; and the ideational: referring to the realm of ideas, the organised system of knowledge and belief. Keessing refers also (p71) to the views of Geertz (1973) in which cultures are seen as systems of public meanings; and (p71) those of Schwartz' (1978) 'distributive model of culture' in which both diversity (which increases the public inventory) and commonality (which answers a degree of communicability and coordination) must be taken into account. Keessing concludes (p72) that anthropologists are trying to capture the shared code of rules and common meanings, but that in the real world this is always distributed among

individuals in communities. Additionally, in order to survive as a cultural tradition, this is always subject to constraints which lead people to reproduce, raise children, provide food, and organise social life in ways which sustain the population. Eckermann (1992:11) calls for a position of 'cultural relativism' which accepts '... that different cultures represent the legitimate adaptation of different peoples to various historical, natural, socio, economic and political environments ...'.

Muecke (1992:19,20) also posits some of these views when he describes perceptions of 'culture' as ranging from the empirical in which people 'are what they are' (and can be understood, gradually, through a human science like Anthropology); to the humanist, in which the essence of 'what they are' is known intuitively by the people themselves but is accessible to no-one else; to the 'democratic or popular version' in which 'culture' is simply the way ordinary people organise their everyday existence. He personally favours interpretations which imply certain limits to a broad definition of culture and to this end (p16) quotes Ian Hunter who sees the term as:

... a signpost pointing in the general direction of a patchwork of institutions in which human attributes are formed and which, having no necessary features in common, must be described and assessed from case to case ... (Hunter 1988:115)

Muecke (1992:202) suggests that culture may be something '... to be constantly achieved, through Aboriginal-becoming, through Greek-becoming ...' and (p 19) that whatever Aboriginality is '... it has never always been the same thing from one tribal group to another, from ancient times to the present ...'. Promoting a similar perspective, Rosaldo (1989:224) calls for cultural discourse to focus on '... the degree and significance of human differences, whether change or stasis is the natural state of society, and to what extent struggle shapes the course of human events ...'.

Keen's (1988) collation of various researchers' work bears witness to the great variation within Aboriginal cultures in settled Australia. In his introduction (p1-22) he notes, among other findings, the combination of indigenous and introduced traits within Koori subculture; the variation between geographically close groups in southeast Queensland in the degree to which aspects of Aboriginal identity were retained within inter-racial marriages; the contrast between feelings of 'shame' reported by some young Aboriginal people with reference to their elders' performances of traditional songs and ceremonies and the longing expressed by other young people for the pre-colonial past; and despite their urban residence, the continuing tribal identity of people in some urban settlements—with their allegiances being based on place of origin. Several contemporary writers have made the point that ethnic identity may remain strong even when there is little direct

cultural involvement (Keefe 1992; Spicer 2001; Phinney 1996). Some have noted that ethnic identity may be strengthened in minority groups as a reaction to marginalisation (Gaines and Reed 1995; Hall 1986; Westermeyer 1972, Awatere *et al* 1984). Phinney notes that due to differing historical experiences this effect is not uniform across individuals or groups; and that '... ethnicity cannot be treated like an independent variable that explains an outcome...' (Phinney 1996:924). Eckermann (1992) suggests that:

... We should view Australia, before Cook, as inhabited by many cultural groups who all experienced colonisation in various ways at various times, who all adapted to external as well as internal pressures on their established methods of coping with the world, and who now are generating new socio-cultural patterns, distinct from the past and certainly distinct from non-Aboriginal ones ... (Eckermann 1992:96)

Despite increasing support for less rigid notions of culture, perceptions still vary enormously. There are those based in racist discourse which:

... designate a people as something other than an ideal, like adult, white perfection, whose attributes tend to be self-determination, discipline and individualism ... (Muecke 1992:31)

and which locate problems at a genetic level (thereby dismissing other explanations such as the socio-economic, for example). Others are based on nostalgic or romantic notions of 'culture', some writers referring to researchers who become attached to 'their tribe' (Muecke 1992:29) or who relentlessly pursue evidence of the 'vanishing savage' (Rosaldo 1989:86). Muecke (1992:30-31), through the musings of Daisy Bates, presents an example of the romantic view:

... a sylvan people wandered ... untrammelled, with no care or thought for yesterday or tomorrow, or of a world other than their own ... simple in his needs in a land of plenty, knowing none other than the age-old laws of life, and mating, and death ... he was a barbarian, but his lot was happy. As far as humans can, he lived in perfect amity with his fellows ... (Bates 1966:xvii)

Keesing (1975:72) warns against the temptation to reify culture as a 'thing', repeating his perception that 'it' is merely a strategically useful abstraction from the distributed knowledge of individuals in communities. Muecke writes of the 'burden' of totalising concepts of culture which force:

... contemporary Aboriginal subjects into positions, by turn, of essentialism (*you are* Aboriginal) or of representativeness and knowledge (*you would know* about kinship systems of the Western Desert) ... as if culture were an endowment of a totality ... The romantic apparatus has one operating as if a *whole* culture is being achieved by (a specific 'indigenous') act ... Muecke (1992:16-17)

Muecke asserts that such 'totalising' concepts impose unnecessary limits on Aboriginality, defining the 'respectable' ways (such as through sport or art) in which Aboriginal identity may be found and recognised. He sees such limitations as having created '... the prison of twentieth century Aborigines ...' (1992:18).

Although he acknowledges the reality of specific and limited cultural attributes, he suggests that these could be more diverse without destroying a sense of Aboriginal identity. As mentioned, the issue of identity appears as a significant issue among participants in this study (see particularly Chapters Five, Seven and Ten), their responses tentatively suggesting that a key contemporary purpose of 'culture' lies in its affirmation of identity. It appears that strengthened identity derives from a sense of cultural knowledge and belonging, the components of which are likely to change over time.

In Ian Keen's (1988) collation of research writings, the relationship between culture and identity arises frequently. In his introduction to these works (1988:1-22), Keen provides many examples of this relationship (with my emphases in italics). He notes (p2) the emergence in a New South Wales town of idioms of stigma *in response to* relations with non-Aborigines—or (p6) the strengthening of corporate identity *in the face of* racist taunts. During the assimilation era, he notes (p4,9) the adoption by some Aboriginal people of a European style and identity *in order to* gain exemption from the restrictive 'protectionist' legislation of the time—and (p4) among other groups at the same time, the self-conscious pursuit of Aboriginal activities *in order to* avoid extinction from their group. Keen notes (p5) the varying interpretations by researchers of some Aboriginal people's adoption of stereotypes about themselves held by European Australians. Some writers interpret this as *assertions* by these people of their low status, others writers seeing it as *a refuge from* an ambiguous identity or seeing cultural knowledge and practices as *a positive differentiation from* the non-Aboriginal population. Keen notes (p21) that the possession of knowledge and adherence to beliefs *expresses affiliation and loyalty* to a group or network. He refers (p21) to one writer's description of an increasing consciousness at the end of the 1960s which stimulated a search by Aboriginal people for their own history and for their traditional culture'; and to another who described Nyungar people's search for knowledge of their past *in their search for identity*. He notes (p22) that in 1978 the theme for NAIDOC (National Aborigines' Day Observance Committee) week was '*cultural revival is survival*'. Keen notes that '... where differences between Aborigines and non-Aborigines are somewhat indefinite, (Aboriginal history) creates identity as much as explains it ...' (1988:21).

These references to the significant role of identity within understandings of 'culture' does not imply that 'culture' is necessarily conscious—but rather that aspects of culture have become conscious, and at times pronounced and/or reconstructed, in order to emphasise Aboriginal identity in the face of marginalisation and fragmentation. As Eckermann asserts (1992:118), Aboriginal people are caught in an ecological niche defined by prejudice and discrimination, confined by a lack of

social power, and maintained by poor socio-economic power, prejudice and discrimination.

Other writers have noted strategic political purpose within notions of culture, on both indigenous and non-indigenous fronts. Muecke (1992:203) asserts that Aboriginal people '*have* to stick to a kind of essentialism' in order to prevent becoming 'fragmented, unknowing subjects like the rest of us'—declaring Aboriginality to be 'nothing more or less than a strategic logocentre'. Rosaldo (1989:97) identifies strategic interpretations of culture in aspects of Geertz' (1973) early work, whereby the human species 'cannot get its bearings in daily life until we acquire cultural gyroscopes'. In Geertz' interpretation however, the emphasis is on culture and society as mechanisms of control for governing behaviour. Indicating the influence of earlier theorists such as Hobbes and Durkheim, Geertz (1973) asserts that humans would be lost without their cultural control mechanisms.

Rosaldo (1989:100) suggests that social analysis based on theories of chaos in the absence of control succeeds because of its resonance with current political rhetoric. He gives an example of the coup leader who justifies his actions with the assertion that had he not acted, the whole country would have suffered economic collapse and political chaos. Rosaldo suggests that the nightmare of chaos invoked by such politicians appears more an attempt '... to persuade by innuendo than a convincing assessment of their situation ...' (1989:100). He gives another example in which critics of liberal Californian officeholders saw violence and chaos as the certain result of allowing itinerants to walk the streets and frequent the local boardwalk. As one liberal councillor noted, although muttering to the sun may disquiet some people, it simply was not an illegal act. Such reactions will be revisited in Chapter Four when drinking areas within the study site are discussed. While Rosaldo (1989:102) acknowledges that cultural practices do, in certain respects, conform to codes and norms, he asserts that human conduct (agency) often results from improvisation—and that change rather than structure becomes society's enduring state. He notes (p104) that most structure/agency theorists refer to Karl Marx when identifying how received structures shape human conduct and how, in turn, human conduct alters received structures. In particular he writes, they note Marx' assertion that people make their own histories, but under conditions not of their own choosing—and many would add, Rosaldo notes—with consequences they did not intend.

In his anthology, Ian Keen (1988) discusses some local Australian examples of the influence of structure, agency and political uses of culture. He points (p2) to one writer who refers to the 'culture of resistance' which developed among the Dhan-

gadi of New South Wales in response to the segregating policies of institutionalisation. Their resistances included the control of information, illegal drinking and gambling, and the establishment of fringe camps free from institutional control. Keen notes another writer's (p4) discussion of the ways in which 'shame' has been used as a mechanism to enforce group conformity; another (p21) in which economic and political processes have led to the construction of a pan-Aboriginal identity; and another (see page 75) in which stigma, when endowed with in-group meaning, may become a positive tool for control over the formation of group identity.

On a practical level, variability in ethnic identity, life experience and perceptions of culture has implications for the inclusion of culture-related components within substance misuse intervention in the same way that other components may be considered in 'client-to-treatment' matching. Phinney (1996) suggests that in order to understand outcomes that are influenced by ethnicity, three dimensions of difference need to be explored. These are cultural norms and attitudes influential in psychological processes; the strength, salience and meaning of individuals' ethnic identities; and individuals' experiences (as members of a minority group) with, and responses to, lower status and power (Phinney 1996: 924).

In studies of Native-American and Mexican-American youth, Oetting and colleagues have found cultural identification to have a 'remarkably orderly' relationship with self-esteem, the lowest self-esteem being evident in those youth having low identification with both Anglo and Indian culture (Oetting & Beauvais 1991:673). They found self-esteem to increase proportionately with increasing identification with either culture—strong Indian identification being as valuable as strong Anglo identification. Strongly bicultural youth were found to have the highest self-esteem and the strongest socialisation links (Oetting & Beauvais 1991). Other writers have noted the link between self-esteem and strong cultural identity—in particular, strong bicultural identity (Bat-Chava *et al* 1995 (forthcoming manuscript) cited in Phinney 1996; Phinney 1991).

Some writers have noted that those with strong cultural (Leung *et al* 1993; Awatere *et al* 1984) or bi-cultural (Ferguson 1976) identity have more successful outcomes from alcohol intervention programs; or have generally lower levels of drug and alcohol use than those with little or no cultural affiliation (Oetting *et al* 1980b (interim report) in Beauvais & LaBoueff 1985; Blignault & Ryder 1997). There are, however, several researchers who have found 'cultural' affiliation, like many drug-use associations, to be inconsistently related to reduction in drinking (Westermeyer *et al* 1986; Trimble 1995; Bonheim 1985; Bates *et al* 1997). Discrepancies in

research findings regarding this and other substance misuse correlates are common, lending weight to the growing call from researchers for improvements in intervention component evaluation and client-to-treatment matching (Weibel-Orlando 1987; Weibel-Orlando 1989; Brady 1995b; May 1986; d'Abbs 1990; Hunter, Hall & Spargo 1991; Mattick & Jarvis 1994b).

Given the difficulty in defining contemporary indigenous 'cultural' perceptions for use in substance misuse intervention programs, consideration of components identified by indigenous people as important within the context of current programs may provide some insight. This aspect will be examined in some detail in the following section. On the whole, concepts of cultural appropriateness appear to be poorly developed, and are seemingly based on *non*-indigenous notions of what is important. The reasons for this possibly relate to Phinney's 'dimensions of difference' referred to above, specifically those relating to dominant cultural norms, identity and life experience. It is important to recall that within Aboriginal communities themselves, 'cultural' perceptions of drinking differ markedly. There are those who infer a 'culture' of drinking in which drinking and drunkenness play a role in 'cultural' notions of sharing and exchange—and those who claim that excessive use of alcohol has no place in 'culture' (Casey 1997; Conway, Tunks, Henwood *et al* 2000; Langton, Ah Matt, Moss *et al* 1991; Brady 1995d).

Many of the intervention components utilised by indigenous program staff are based on 'western' program components and may or may not be adapted to indigenous contexts. These include a common foundation of mainstream-based education and counselling approaches and Twelve Step programs (sometimes 'culturally' adapted). Additionally, family-strengthening components, elder-teachings, Aboriginal history, bush skills and knowledge, Aboriginal spirituality, land associations, language, art, songs and/or ceremony may be included to greater or lesser degrees (O'Connor & Associates 1988; Sputore, Gray & Sampi 2000; d'Abbs 1990; Bunk 1989; Miller & Rowse 1995; Fua 1991). This general prioritisation is common among indigenous intervention programs in New Zealand (Hutt 1999; Sellman, Huriwai, Ram *et al* 1997; Huriwai, Sellman, Sullivan *et al* 2000) and North America (Weibel-Orlando 1987; French 2000; Hampton, Hampton, Kinunwa *et al* 1995). Cultural 'treatments' for substance misuse tend to be more common in North America and include an array of practices including sweatlodge ceremonies, peyote ceremonies, sings, sacred dances, the Talking Circle and others (Hall 1986; Abbott 1998).

Young indigenous people's perspectives on definitions of 'culture' are similarly difficult to locate in the literature, and again some of the most accessible avenues

for insight are the components selected for intervention in (generally unevaluated) youth programs. In addition to many of the above components common to indigenous approaches, youth-oriented strategies include rock concerts, audio-visual materials, community-based harm minimisation programs, dances, songs, bush trips, bush skills and knowledge, sexual health and substance use education, self-esteem and other personal growth work, career marketing, job seeking and sports (Brady 2000; Conway, Tunks, Henwood *et al* 2000; Office for Substance Abuse Prevention 1991; Cook, Cook & San Roque 1994; Clump Mt Wilderness Project 1993; Anonymous 1993). Writing of the age-old inclination of young people (including those from remotely located indigenous cultures) to crave newness and difference, a research paediatrician with extensive experience among indigenous youth cultures notes that:

... Traditional culture, handicraft, and art are part of the web of life of primitive cultures and these are endowed with mystical significance, but the youth prefer the junk of the modern industrial societies. Traditional music, dance, and ritual represent the soul of a people—but rock music and modern Hawaiian music on the electric guitar are better ... (Gajdusek 1990:S61).

As stated above, several research papers indicate that young people benefit from identification with both their indigenous and the majority culture. One Australian commentator writing of developments in indigenous approaches to substance misuse intervention notes that 'what is emerging is a combination of the traditional (such as concern for children, and respect for the value of going 'out bush') and non-traditional (such as community wide coercive action)...' (Dunlop 1988:142). With a few exceptions, the majority of currently funded programs, while referring to notions of cultural appropriateness, appear on the whole little different from 'mainstream' programs. In the remaining sections of this chapter, various 'cultural' and 'culturally appropriate' intervention programs in Australia and elsewhere will be discussed in detail.

Attempts to intervene in indigenous substance misuse

The declarations of the United Nation's Alma Ata Conference have been used as the international benchmark for primary health care interventions since 1978, and the recommendations framed by conference delegates encompass many of those promoted today within substance misuse research in general. The conference recommendations emphasised the need for sufficiently funded and staffed health programs in under-served communities. They called for these programs to be based on community and inter-sectoral participation, holistic health promotion including traditional practices where appropriate, and on self-determination principles. Overall, the conference declared that intervention programs should be scientifically sound, accessible, acceptable, appropriate and affordable (United Nations 1978).

With these parameters in mind, current intervention programs—using three categories of prevention, harm minimization and ‘treatment’—will be examined in the following section. As the specific focus of this chapter is residential interventions for indigenous people and gaps in current options, programs in the ‘treatment’ category will be the focus for the remainder of this chapter.

Firstly however, it is useful to refer briefly to a model used implicitly or explicitly within the counselling approaches of some intervention programs. Its relevance to this discussion lies in the clarity it brings to the critical component of intervention timing. According to the Process of Change model, conventional ‘treatment’ approaches will have little effect for people in the model’s early stages (Prochaska & DiClemente 1986). The concept is based on the simple theory that people change their drug use when ready to do so, an insight often evident in conversation with Aboriginal people talking about their drinking–reduction decisions:

... I just got sick of drinking, you know ... This day I said ‘oh bugger it, I’m gonna give up drinking’ ... (Brady 1995c:28)

The model suggests that while people remain in the pre–contemplation stage, change is unlikely to occur—regardless of the interventions attempted—and harm minimization strategies are therefore the most appropriate intervention. According to the model, motivational techniques (including individualised medical advice and educational material offered during brief intervention) may assist the change process but only when the substance user has reached the stage of ‘contemplation’. People from Canada’s Alkali Lake community, involved in the transformation of their community from one where almost everyone drank excessively to one in which most residents became sober, contend that:

... A person has to want to develop. They’ve got to make a conscious effort to grow ... No–one is going to do it for us. Each person ... (has) to start just wherever they are ... (Hazelhurst 1994:130)

In Australia, Hunter notes that at the time of contemplating change, some people will recall medical advice given twenty years beforehand when they were young men or women. Some will return to discuss their decision with a doctor who may have given them advice about their drinking—and treated them non–judgmentally—over a period of many years (Hunter 2001).

Prochaska and DiClemente maintain that it is during the contemplation stage—when a person begins to consider the advantages of substance use versus its disadvantages—that the change process has the potential to begin. If there is little in the environment to compete with the perceived benefits of drug use, the user has little reason to reduce use—an insight clearly stated in this reference to petrol sniffing:

... All human societies need meaningful productive activity and there is no evidence to suggest that Aboriginal society is any different. There must be compelling and competing activities available to combat petrol sniffing, for people abandon a dysfunctional drug use only when it begins to interfere with too many other valued aspects of their lives. If there are no other valued aspects to life, then there is simply no compulsion to abstain ... (Brady 1992b:193)

Despite the logic of this insight, and its relevance to Zinberg's identification of the importance of 'set' and 'setting' components within drug use behaviour (Zinberg 1984), a minority of contemporary prevention and intervention strategies incorporate this understanding. As will be seen, most interventions focus on the act of substance misuse and the outcome of abstinence (and therefore largely on Zinberg's notion of 'substance'). Prochaska and DiClemente suggest that, following a 'contemplation' stage in which drug use disadvantages are seen to outweigh advantages, a substance user may move on to the 'action' stage—at which point some people will progress to a 'maintenance of goal' stage and some may 'relapse'. This latter event involves some degree of reversion (either temporarily or in the longer term) to substance misuse.

Although a gradual shift in emphasis toward a more comprehensive, prevention-oriented approach is taking place in indigenous substance misuse intervention, the majority of currently funded programs are based on the Alcoholics Anonymous (disease) model and/or mainstream programs. These are often perceived by indigenous clients to be geographically, environmentally, programmatically or culturally inappropriate (Douglas 1993; Weibel-Orlando 1987; Hunter, Hall & Spargo 1991)—despite the inclusion by some of 'cultural' components. Few programs comprehensively address the inclusiveness of Zinberg's 'substance', 'set' and 'setting' conception, nor issues of life-opportunity—and even fewer are based on Aboriginal models for intervention or operate in an indigenous context.

Prevention approaches

In Australia, the most common prevention approach, and the second most common type of intervention overall, is that of health promotion education (Gray, Siggers, Sputore *et al* 2000). This includes school-based education, advertising campaigns and community events. A second prevention approach incorporates personal development components such as knowledge and skills training in aspects of parenting, peer assertiveness, self-esteem, identity and 'culture'. Finally, prevention approaches oriented toward community development and self-determination may include a focus on daily-life aspects (such as options for meaningful activity and recreation) and, in their widest interpretation, structural changes such as improvements in community infrastructure and administration, health, education, land and employment access.

The need for attention to these latter prevention approaches is well documented (Brady 1995b; Hunter 1993; d'Abbs & MacLean 2000; Royal Commission into Aboriginal Deaths in Custody (Johnson E Commissioner) 1991; National Aboriginal Health Strategy Working Party 1989). However a recent review of evaluated indigenous substance use intervention programs in Australia found most government expenditure on alcohol-related interventions to be directed to 'treatment', specifically residential rehabilitation (Gray, Saggars, Sputore *et al* 2000).

For the purposes of their Australian national review, Gray and colleagues surveyed the National Drug Research Institute's Bibliographic and Intervention Projects Databases for available evaluations of intervention programs in Australia, and for details of intervention programs themselves (Gray, Saggars, Sputore *et al* 2000). Their review of preventative strategies showed that most were encompassed within government health promotion strategies or in non-government facilities such as sporting bodies and social events and did not specifically target those at risk of substance misuse. They found evidence of only five evaluated health promotion programs: a Victorian substance education, recreation and support program (Alati 1993); a substance misuse campaign in the Northern Territory incorporating a pop group bush tour and associated television advertisement (Milne *et al* 1993); a Queensland school-based video education package about issues such as drink driving and excessive drinking (Sheehan *et al* 1995); a Palm Island (Queensland), locally developed, drug education and self esteem/assertiveness program for 9-16 year old children (Barber *et al* 1989); and a Western Australian drug education program similar to the Palm Island program (Gray *et al* 1998).

In general, Gray and colleagues found that health promotion approaches did not rate well on evaluation. All five evaluated programs suffered one or more of inadequate staffing, resources, project funding, campaign follow-up, teaching material and teacher substance-misuse education; inadequate community involvement in the design, content and delivery of campaign messages; and/or minimal, if any, change in the target audience's adoption of the harm reduction messages contained within the programs (Gray, Saggars, Sputore *et al* 2000). Other writers, however, have endorsed health promotion approaches for their focus on community wide attitude change, asserting that this as an essential step in the process of substance misuse prevention and reduction (Heath 1992; Room 1984; Health and Welfare Canada 1992; May 1995).

Of those prevention approaches related to personal development, several have been associated with absent, low or reduced levels of drug use. These include parental

care and sanctions against drug use (Hunter 1991a; Beauvais 1992b; Mathias 1997); a sound cultural base (McDermott, O'Dea, Rowley *et al* 1998; d'Abbs & MacLean 2000; Spicer 2001); religious or spiritual affiliation (Kunitz & Levy 1994; Brady 1995c; Miller 1990); self-esteem and belonging (May 1995; Hunter 1993; Brady 1992b); and positive socialisation in school and peer groups (Oetting, Swaim, Edwards *et al* 1989; Brady 2000; Pandina (nd), Hansen (nd) in Mathias 1997). In comparable findings from 'mainstream' research, a major Australian study into the treatment of drug dependence also found personal development factors to be important to understandings of substance misuse (Mattick & Jarvis 1994a). Over all reviewed programs, clients in the study reported their most commonly experienced problems to be those to do with low self esteem, relationship difficulties, social or occupational failure, failure to disengage from peer groups, and lack of assertiveness (Mattick & Jarvis 1994a).

A final category within prevention approaches focuses on change within the community environment via the structuring of community resources and meaningful alternatives to substance misuse into everyday community life and future options. Among these approaches are skills training and employment (Burns, Currie, Clough *et al* 1995; Brady 1998; Shaw & Dann 1999); improved access to and facilities for health care (NACCHO 1999 in National Aboriginal and Torres Strait Islander Health Council 2000; Scrimgeour 1997; Kunitz & Brady 1995) and education (Mosey 1997 (unpublished report) and Barrett 1994 (Petrol Link-up project report) in d'Abbs & MacLean 2000); improved community infrastructure and community government operation (Trudgen 2000; Ross 1996); teaching and strengthening 'cultural' skills and knowledge (Cook, Cook & San Roque 1994; McDermott, O'Dea, Rowley *et al* 1998); and the establishment of recreation facilities and opportunities (Stojanovski 1999 (unpublished report) in d'Abbs & MacLean 2000; Office for Substance Abuse Prevention 1991).

An example of these comprehensive community development approaches to substance misuse is evident in the range of strategies instigated by the isolated Maningrida Aboriginal community in the Northern Territory, plagued by petrol sniffing for 25 years (Burns, Currie, Clough *et al* 1995). Various interventions had been attempted, most in response to the concerns of non-Aboriginal community residents and government agencies. Their lack of success was seen to be due to a lack of genuine community support (Burns, Currie, Clough *et al* 1995). Following a community-initiated planning process, a range of strategies was developed. Avgas was introduced over a period of 20 months and residents and the local freight company 'authoritatively requested' not to import petrol; employment and skills training programs were initiated; and authority and leadership within the

Community Council concurrently strengthened regarding issues such as the establishment of outstation housing, regulation of the fortnightly alcohol ration, and prohibition of kava sales.

An evaluation of these initiatives found that petrol sniffing in the community had ceased, employment among sniffers had risen dramatically, and the crime rate had fallen sharply. Another researcher noted that an earlier period, during which petrol sniffing had ceased for six months, may have signalled a desire on the part of the sniffers themselves to cease the practice (Brady 1989 cited in Burns, Currie, Clough *et al* 1995). The team evaluating the impact of the Community Council-initiated interventions emphasized that community resolve and support, in concert with accompanying strategies such as employment and skills training, were vital to success. They reported that intervention attempts on other communities suggested that in isolation, individual aspects of this overall strategy did not have lasting or comprehensive success (Burns, Currie, Clough *et al* 1995).

Harm minimization approaches

This category of intervention includes safer drinking-environment initiatives, safer drug use facilities and education campaigns, family violence intervention education and facilities, Aboriginal night patrols, liquor licensing restrictions, sobering up shelters and 'dry' communities. While some writers (Gray, Saggars, Sputore *et al* 2000) place the latter three intervention approaches within separate categories of 'supply restriction' and 'acute intervention' approaches, they are included in this brief discussion of 'non-treatment' approaches within a broad definition of harm minimisation.

In their previously referenced review of the few available intervention-strategy evaluations in Australia, Gray *et al* assessed the findings from three 'acute interventions' (the decriminalisation of public drunkenness and establishment of sobering up shelters in WA and the Northern Territory; and the impact of restricted drinking areas on four Northern Territory Aboriginal communities) (Gray, Saggars, Sputore *et al* 2000). They found that 'acute interventions' such as sobering up shelters appeared to reduce some of the immediate harmful consequences of excessive drinking, and dry communities appeared to go some way toward improving the quality of community life through reducing on-site alcohol consumption (Gray, Saggars, Sputore *et al* 2000).

In the same review, Gray and his colleagues found supply reduction strategies to have produced the most tangible results of all evaluated intervention approaches, with reductions in consumption and health and crime indicators evident in all

three supply-restriction cases. They and several of the referenced evaluators warned however that a long-term solution to the alcohol problem was unlikely to result from supply reduction and that a combination of other, adequately resourced intervention strategies was required (Gray, Siggers, Sputore *et al* 2000). Since this publication, other supply-restriction evaluations and reviews have been carried out in Australia, with similar conclusions (Roberts & Pickett 1998; d'Abbs & Togni 2000; d'Abbs & MacLean 2000). Internationally, other authors also caution against substance restrictions being seen as the 'magic bullet' or route to prevention, instead seeing the answer lying more in the promotion of healthy behavioural limitations and guidelines and a focus on causes rather than symptoms (Heath 1992; Aldrich 1990; Beauvais 1998a).

In a New Zealand example of a safer-use strategy, Maori drink-driving was targeted through a 'Brothers Against Drink Driving' (BADD) peer-reinforcement venture targetting drinking practices among gang members (Moewaka Barnes 2000). A related project venture worked with local organisations on local policies for alcohol use including host responsibility practices, alcohol free events and a driver-licensing course. Both ventures were based on Maori 'cultural' values. Project evaluators found both programs had been able to successfully meet both harm reduction and Maori community objectives (Moewaka Barnes 2000). Despite some success from harm minimisation strategies, Gray *et al* caution that as these strategies do not address the causes of excessive alcohol use they are likely to have minimal long-term impact unless cause-related strategies are implemented (Gray, Siggers, Sputore *et al* 2000).

Treatment approaches

Approaches within this category include detoxification units and pharmacotherapy, brief intervention strategies, longer-term 'out-patient' and counselling approaches and residential programs. It is important to note that many people appear to give up or dramatically reduce their drinking without professional 'treatment' (Leung, Kinzie, Boehnlein and Shore 1993; Hunter, Hall & Spargo 1991; Brady 1995c). Factors related to social and cultural networks, cohesion, and support; and variety in options for meaningful activity were common among the stated and observed reasons for these successes.

With regard to 'mainstream' treatment programs in Australia, the findings of the Australian Quality Assurance in the Treatment of Drug Dependence Project (referred to in this chapter as the Quality Assurance Review) will be referred to periodically throughout this discussion (Mattick & Jarvis 1994). This major (not indigenous-specific) project established recommendations for the management of

alcohol problems in Australia, its members gathering information from three sources. They conducted a meta-analytic review of the published alcohol treatment–outcome research, a survey of the current practices in drinking cessation clinics around Australia and the views of nominated clinical experts (Mattick & Jarvis 1994a). This latter group then met as a committee to interpret and combine the information, and to produce the management guidelines. Although the project reviewed interventions targeting a spectrum of alcohol dependency levels, it did not deal with prevention or harm reduction programs. This factor, combined with the ‘mainstream’ orientation of the project, limits the relevance of its findings to this study—but several are included here for comparison, and because ‘mainstream’ programs are often the only available option for indigenous ‘clients’.

Detoxification and pharmacotherapy

Detoxification interventions are used in the management of alcohol and other drug withdrawal syndromes, which can be life-threatening when severe. The Quality Assurance Review project recommended a broadening of the available types of detoxification services to include home and medication-free detoxification where appropriate; medically supervised and medicated withdrawal for severe cases; vitamin therapy for all withdrawing patients; and the use of peripheral symptom-medication where warranted (Mattick & Jarvis 1994a). Dependent drinkers were recommended supervised drug administration and gender specific in-patient treatment and intensive rather than brief intervention (Mattick & Jarvis 1994a).

Brief intervention

Intervention techniques within this category include the provision of pamphlets and handbooks about aspects of drinking (such as alcohol-related harm, safe-drinking limits); referral agency contacts, including Alcoholics Anonymous; and one-off or several-session brief intervention and/or motivational counselling sessions (which may include consumption assessment, individualised review of test results, discussion of advantages and disadvantages of drinking, and harm reduction strategies). Health-related concerns have been given as a key reason for giving up drinking by a majority of people in several studies (Brady 1993; Brady 1995c; Blignault & Ryder 1994; May 1995), suggesting that medical staff have the potential to impact significantly on ‘contemplation’ stage drinkers. Brady has presented the stories of many people who appear to have benefited from brief intervention, especially individualised alcohol-related advice from doctors and other health workers (Brady 1995c).

Ilsa Blignault has also identified the impact of medical advice in decisions to cut down on drinking, along with the role played by a sense of belonging, meaningful activity, adequate housing, social support (including that from the church) and respect for people's autonomy (Blignault & Ryder 1994). Similarly, but with a more 'mainstream' orientation, the Quality Assurance Project found the endorsed interventions for non-dependent drinkers tended to be those in out-patient settings, using brief intervention strategies plus or minus a variety of other support referrals depending upon need. These additional supports (not all seen as effective per se, unless used in combination with endorsed services targeting the other issues present) included marital therapy, AA and its family support groups, social skills training especially in association with cognitive re-structuring, individual drinking goals and gender specific services (Mattick & Jarvis 1994a).

Some writers have identified limitations to the brief intervention approach, suggesting that it is most promising when substance use is not entrenched (Brady 1995a; Monteiro 1997; Mattick & Jarvis 1994b) and that its efficacy is yet to be proven for an Australian Aboriginal clientele (Brady 2000; Gray, Saggars, Sputore *et al* 2000). Reflecting this observation, Brady and others have referred to several people who eventually gave up drinking because of serious medical problems and doctors' warnings, but who had been warned on more than one occasion previously and taken no notice (Brady 1993; Mueller & Wyman 1997; Hunter 2001). Others have noted that substance use education, such as that delivered during brief intervention sessions, can be counter-productive for many well-informed users unless tailored to their specific concerns (d'Abbs & MacLean 2000:39; Heath 1992) and delivered in a supportive, non-judgemental manner (Brady 1993:404; Hunter 2001).

Longer-term 'out-patient' intervention

In addition to detoxification and brief intervention, longer-term 'out-patient' interventions may include multi-session appointments. These can involve comprehensive consumption assessment, psycho-social and cognitive assessment, skills training, and post-program support. Some researchers suggest that among the most promising substance misuse interventions are those counselling and skills development interventions focusing on psycho-social factors such as peer resistance skills training, psychological inoculation and personal and social skills training (Brady 1995b; Weibel-Orlando 1989). Among dependent or highly anxious drinkers, the Quality Assurance Review found that relapse prevention training and relaxation training following withdrawal may be beneficial (Mattick & Jarvis 1994a).

Additionally, the Alcoholics Anonymous approach has many supporters worldwide (Miller 1990; Health and Welfare Canada 1992; Wilson 1986 (unpublished manuscript) in Blignault 1995), despite its effectiveness being largely unsubstantiated by the literature (with some exceptions: Westermeyer 1972; Weisner 1984; Moss *et al* 1985). The perceived efficacy of AA and some church groups is attributed by some writers to their provision of supportive social structures as alternatives to the social context of drinking groups (Slagel and Weibel-Orlando 1986; Kunitz & Levy 1994; Brady 1993). A New Zealand research team suggest that the so-called 'non-specific factors' identified by Vaillant as explaining the perceived effectiveness of AA (being an increased source of unambivalently offered social support, new relationships, and a source of inspiration, hope and enhanced self-esteem) may also underpin the perceived efficacy of intervention programs which strengthen 'cultural' identity and pride (Sellman, Huriwai, Ram *et al* 1997).

In the US, associations with Alcoholics Anonymous were frequently reported by 48 multi-tribal ex- and current 'problem drinker' American Indians living in an urban Indian community in Minneapolis (Spicer 2001). Following a 2½ year research period, Spicer's findings led him to suggest that in order to produce a reduction in drinking among indigenous clients, the 'universal effects' of support, hope and self-esteem offered by groups such as AA needed to be supplemented with the 'culture-specific' effects of strengthened indigenous identity (Spicer 2001).

Residential intervention

As in Canada and the US, residential treatment is strongly emphasized in Australian indigenous alcohol misuse intervention. Maggie Brady has reported that in 1999 the Australian government funded 27 such residential treatment centres, which between them consumed from 50 to 74 per cent of available indigenous alcohol misuse funding (Brady 2000). Despite their indigenous clientele, most programs are firmly based on 'mainstream' models of intervention, Brady stating that 'most, if not all' residential treatment centres:

... are based on the Minnesota [Family/Co-dependent Treatment] model in one form or another, promote a disease model of alcoholism, set abstinence goals, and utilise the 12 steps, sometimes adapted to local language uses ... (Brady 2000:456)

In their summary of the Quality Assurance Review project, Mattick and Jarvis found that 'mainstream' programs indicated a similarly strong Alcoholics Anonymous influence and substance use/symptom orientation (Mattick & Jarvis 1994a).

Mainstream-based programs which incorporate cultural aspects

One of the best known Canadian examples of residential intervention, strongly reflecting AA and other western approaches but with some degree of indigenous 'cultural' inclusion, is the Nechi/Poundmakers program in Alberta. The Nechi Institute is an 'Aboriginal training centre' established in 1974 and staffed by over 30 'members' (Nechi Institute 2000). The Nechi Institute initially offered training in addictions work for 'recovering alcoholics' and has since extended to include culturally sensitive training for professionals, research and health promotion initiatives (Nechi Institute 2000). It is adjacent to and shares facilities with Poundmakers Lodge, 'a culturally-based [indigenous] addictions treatment centre' (Nechi Institute 2000). The Poundmaker's facility, with 50 staff members, comprises an out-patient centre; an adolescent treatment centre; a 28 day in-patient treatment program; a prison program; and a 14 day gambling treatment program (Poundmaker's Lodge Treatment Centre 1999).

This training/treatment combination is unique in Canada and the \$6.9 million structure is the longest operating facility of its kind in North America (Poundmaker's Lodge Treatment Centre 1999; Nechi Institute 2000) receiving funding from the provincial Alcohol and Drug Abuse Commission and the National Native Alcohol and Drug Abuse Program. The joint facility includes training rooms, cafeteria, gymnasium, ceremonial room, three sweat lodges and residential facilities for 44 training program participants and 54 treatment clients. The Institute's website states that by 1996 Nechi had trained 3,000 Aboriginal people and that their research indicated a 60 per cent sobriety rate (methodology not described). Their philosophy is:

... founded upon the spirituality of Aboriginal peoples for our collective well-being. It is through the Aboriginal way of knowing, healing and learning that Aboriginal people master our challenges and determine our destinies ... (Nechi Institute 2000: Mission Statement: Philosophy)

Their stated beliefs include that:

... Alcoholism, drug and gambling dependencies, like other addictive/dependency behaviours, are diseases which can be treated and from which recovery is possible ... (Nechi Institute 2000: Mission Statement: Beliefs)

The Poundmaker's Lodge Mission/History web-page states that many of the problems in Native communities (ill health, poor housing, poverty, unemployment and social disruption) '... were seen as symptoms of the complex disease of alcoholism and other drug abuse ...'; and that a need for programs catering specifically for indigenous people became evident (Poundmaker's Lodge Treatment Centre 1999: Mission: History). The program's goals are:

... abstinence through counselling ... and through providing peer support, information and opportunities for spiritual growth. ... We also believe ... that the Native client will respond most positively to a specialized treatment approach that embodies Indian cultural awareness and the philosophy of Alcoholics Anonymous ... (Poundmaker's Lodge Treatment Centre 1999: Mission)

The Poundmakers' residential program is highly structured for 12 hours a day, six days a week. The program's web-site records the inclusion of four compulsory AA meetings per week and education sessions covering the disease of alcoholism, the effects of alcohol and characteristics associated with alcoholism (Poundmaker's Lodge Treatment Centre 1999: Inpatient Program). The skills development component of the program covers 'the skills needed for sober living', examples being communication assertiveness and problem solving skills. The counselling component offers group therapy sessions and one-to-one counselling which emphasizes 'getting in touch with feelings', attitudes and behaviours (Poundmaker's Lodge Treatment Centre 1999: Inpatient program). Finally, the Native Culture/Spiritual Values component comprises a half-hour sweetgrass ceremony and spiritual meditation at the beginning of each weekday, a sweatlodge ceremony held weekly, fieldtrips to pick sweetgrass in season, and lectures by an Elder. The staff Elder and members of the clergy are available for clients' consultation (Poundmaker's Lodge Treatment Centre 1999: Inpatient program).

Family members are invited to stay for the last week of the four-week program as 'research shows that family involvement is the single best predictor of success in continuing recovery for the alcoholic and drug-addicted person' (Poundmaker's Lodge Treatment Centre 1999: Inpatient program). Family members attend Al-Anon groups and family counselling sessions which involve conflict resolution, communication and problem-solving skills. Personal growth counselling is also provided for family members in the belief that each member's personal growth contributes to family health. Recreation, social activities, medical, dental, psychological and follow-up services are also part of the program (Poundmaker's Lodge Treatment Centre 1999: Inpatient program). A variety of aftercare options are offered including individualised aftercare plans, outpatient counselling, a two-week residential follow-up program usually held three months after discharge, 24-hour telephone counselling availability, monthly sober dances, an annual AA conference and an annual Pow Wow (Poundmaker's Lodge Treatment Centre 1999: Inpatient program).

The Poundmakers' program literature emphasises the service's 'cultural foundations'. As part of this stated orientation, the sweatlodge was chosen as the symbol for Poundmakers' programs because it was seen as the symbol of purification, through which a person may 'gain a new spirit ... get new energy and

empty [themselves] of problems they have carried around for many years ...' (Poundmaker's Lodge Treatment Centre 1999: Mission). One well known researcher has described 'sweats' as lasting generally for several hours, separated into sequences called rounds (Hall 1986). After the first sprinkling of water the sweat leader begins prayers, addressed to the ultimate ancestor, which are then continued from person to person around the circle. At the end of each round the door flaps are opened for a brief period of cooling (Hall 1986). According to Hall, the form of the ritual varies but there are certain universal elements. The ceremony is believed to bring its participants closer to the elemental forces of life, expresses unity between humans and other living beings, inorganic matter and physical forces—all components of the universe (Hall 1986:171). An example of the extent to which the sweatlodge has become a symbol of Indian religion and identity, Hall notes that most states holding Indian prisoners have sweat lodges available for them. She also notes that many Indian people declare participation in the sweat to be a symbol of a person's affirmation of Indian identity (Hall 1986:17).

Another well-known Canadian substance misuse approach is that developed by the Alkali Lake community, which over fifteen years of intra-community action transformed itself from a community of heavy drinkers to one of almost complete sobriety. The intervention programs developed by the community at the request of others reflect—like the Nechi/Poundmaker's program—a strongly 'western' influence with indigenous 'cultural' inclusions. Their basic premise is that 'strong communities are made up of strong individuals' and to this end their programs emphasise 'culturally specific training which balances the physical, emotional, mental, social and spiritual aspects of our lives' (Alkali Lake Community 1990). Their intensive group programs teach 'basic living skills [including communication skills], reaffirm self-respect and increase self confidence, thereby re-learning how to care for themselves and others' (Alkali Lake Community 1990). The programs tend to be of short duration (4–5 days) and have a psychotherapeutic orientation, addressing issues of emotional blocks, false images, past hurtful experiences, negative feelings and beliefs including those related to common negative experiences of Native people, identity, internalised oppression, family separation, physical and sexual abuse and shame (Alkali Lake Community 1990). The programs aim:

... to restore balance and harmony within individuals and their world, assist the development of positive attitudes, self-healing, personal power and acceptance and resolution of past painful experiences ... (Alkali Lake Community 1990:unpaginated)

The psychotherapeutic strategies described in the Alkali Lake brochures do not appear to reflect the community strategies credited elsewhere as being instrumental

in the community's recovery (Willie 1989). In this latter publication, one of the two founders identified these underlying strategies as involving people coming to believe in themselves; strong tribal leadership; consistent determination; community and service professionals' collaboration; and, 'most of all', community caring (Willie 1989:173).

Several other indigenous substance misuse intervention programs reflect the strong Alcoholics Anonymous and psychotherapeutic orientation evident in the above program literature. In Australia the We Al-Li Indigenous Therapies Program, a non-residential, accredited, combined counsellor training and personal growth course for Aboriginal people is run by an Aboriginal academic and staff at Central Queensland University. This program and that of Injartnama Outstation near Alice Springs in the Northern Territory are discussed in detail in Chapter Seven as part of an exploration of indigenous definitions of 'culture' and 'cultural' interventions. Like many indigenous intervention programs (of which an Australian survey is presented later in this chapter), the We Al-Li program appears to be designed more for urban-dwelling Aboriginal participants and has a strong counselling/psychotherapeutic and dispossession-legacy orientation. The Injartnama program, on the other hand, was initially designed for remote area Aboriginal drinkers, with a more recent focus on young sniffers. Its staff and supporters base their work on a range of 'culturally'-based, locally developed written and program materials which focus on four 'cultural' aspects of country, 'culture', family and spirit.

In Australia, two Kimberley indigenous alcohol treatment services based largely on 'mainstream' models were evaluated in 1998 (Sputore 1999; National Centre for Research into the Prevention of Drug Abuse 1998). Both services offered several intervention programs, the Kununurra-Waringarri Aboriginal Corporation (referred to as Waringarri) operating counselling, night patrol, sobering up shelter and residential treatment programs. The other service, Ngnowar-Aerwah Aboriginal Corporation in Wyndham (referred to as Ngnowar-Aerwah), operated counselling, community education and training, night patrol and residential treatment programs (Sputore 1999). The evaluation found both programs to be constrained by inadequate staffing, staff training, facilities and after-care services; and one of the services by poor management and accountability. Both programs were shown to have had limited success in reducing the number of people who drink at harmful levels (Sputore 1999).

I worked with the staff and visited both of these Kimberley programs several times during my employment with the WA Alcohol and Drug Authority (ADA). In my observation, and despite the efforts of staff and management, the most consistent

component of Waringarri's residential program (located on land leased by an Aboriginal outstation an hour's drive from Kununurra) appeared to be its 'time out' aspect. While this reflects a common indigenous 'cultural' style of alcohol intervention—that of going to a 'dry community' to 'dry out'—it was not the stated purpose of the program (Sputore 1999). Mainstream-model counselling and classroom education sessions were provided on a somewhat erratic schedule, although clients appeared to spend the majority of their time sitting and talking around the fire or under shade in the kitchen area, or joining trips to town or the bush. Most would come, somewhat reluctantly it appeared, to the education sessions held periodically in the on-site classroom. ADA teaching and counselling material and videos (some of which had been adapted for Aboriginal audiences by the Aboriginal Education Unit at ADA) were the main program resources used. Clients' enthusiasm for these sessions did not appear strong, and in my observation participation was ambivalent despite the energy and enthusiasm of the two resident staff. ADA resources are based on Social Learning Theory, by which individuals are understood to have expectations of particular reinforcing effects as the outcome of drinking (or other behaviours). Such expectations are seen to derive from memory structures resulting from both direct and indirect experience with alcohol (Miller & Heather 1998:75).

Although the Waringarri program was located in the bush, 'cultural' components were limited to bush trips (the most popular aspect of the program) and occasional cultural knowledge talks by the senior Aboriginal woman who lives on the small adjacent family community. The two on-site staff, a highly dedicated non-Aboriginal couple, were undertaking University distance education courses in Addictions Studies during my visits in 1995/96. Despite their immense energy and enthusiasm, they were inexperienced in indigenous substance-misuse intervention and suffered from unresolved difficulties in reaching agreement with Waringarri management regarding intervention approaches.

The Ngnowar-Aerwah residential program, located beside the main road a few kilometres from the town of Wyndham, offered a similar 'time out' (although somewhat more structured) 'western-style' educational and counselling program, again based on Social Learning Theory and ADA teaching material. The on-site staff member/co-ordinator was an energetic, skilled and dedicated local Aboriginal man and an ex-drinker. The ambience in the centre's accommodation/program building appeared more a 'family affair' than the Waringarri program, perhaps because all clients, the caretaker, and often the coordinator himself slept under the one roof. In 1996/7 steps were underway for on-site development, with client participation, of a small orchard-business enterprise and associated training.

In addition to these two programs, two other funded residential programs were operating in the Kimberley at the time of the study. One of these, the Milliya Rumurra Alcohol Rehabilitation Centre (referred to as Milliya Rumurra) is located beside the national highway on the outskirts of the town of Broome and run by a multi-agency management committee. Originating from the outcome of a town meeting, it was established in 1980 and is the longest running residential program in the Kimberley. It is set in simple, landscaped gardens and lawns with a modern office building and a dozen or so fixed and transportable client accommodation, classroom, kitchen/dining room, storage and laundry buildings. Its program was based on Social Learning Theory and its counsellors (at the time of this study) trained by the WA Alcohol and Drug Authority. Its program comprised daily chores, twice weekly sessions involving education and discussion on substance misuse effects and drug awareness, craft and periodic vocational skills courses, weekly medical clinic and fishing/town trip, weekly AA meetings in town and pre-discharge planning sessions (WA Alcohol and Drug Authority 1996). While family-group accommodation was very limited, partners were allowed to stay on weekends. The program was evaluated in the mid 1980s when it accommodated an average of 40 clients per month (O'Connor & Associates 1988). While it evaluated well in terms of administration, accountability and potential service plans (constrained by staff turnover and vacancies), the benefits of its residential program were largely those related to the health benefits of 'time out' from drinking and the provision of adequate rest and nutrition (O'Connor & Associates 1988).

The fourth residential intervention program in the Kimberley is that run by the Sisters of St Joseph of the Sacred Heart at the Mirrilingki Spirituality Centre. The Centre is located beside the national highway adjacent to the Warmun Aboriginal community roadhouse, half way between Halls Creek and the Kununurra/Wyndham turnoff. It comprises a small collection of fixed and transportable buildings which house the Sisters' and clients' accommodation, training and meeting rooms. In 1996-98 the Mirrilingki program operated for blocks of several weeks, one or more times a year. It is an abstinence-based program, at that time adhering 'fairly strictly' to the AA 12-step program and offering education and counselling sessions with a blend, as described by the Sisters, of Christian and indigenous spirituality (personal communication, Frances Maguire 30.11.00).

More recently, in 2000, the Mirrilingki Centre was used for the inaugural intervention program of the recently formed Warmun Local Drug Action Group (LDAG). The LDAG consisted of five Aboriginal people from the community who had recently completed addiction skills intervention training provided by the (Aboriginal) Team Leader of North-West Mental Health Service's Community Drug Service

Team, and an Aboriginal elder and trained counsellor from the Kimberley coastal town of Broome, supported by Mirrilingki staff (Morellini & Maguire 2000). The five day program devised by the group, and attended by a total of 12 people (all relatives of the LDAG members), consisted of individual drinking stories presented by LDAG members, discussion of the stages of change involved in drinking reduction and in the healing of the inner self (translated by LDAG members from the local Kija word *jaam*), the effects and legacy of colonisation, the history and effects of government policies regarding Aboriginal people including those relating to the Stolen Generation, motivational counselling, and group and individual strategies for self and other-support (largely to do with 'keeping the lines of communication open' should relapses occur) (Morellini & Maguire 2000). Tribal elders attended one afternoon to speak with clients, followed by a corroboree that evening. A 'cultural ceremony' held on the last day, and attended by many family and Community Council members, accompanied the presentation of client certificates (Morellini & Maguire 2000). Many of the visual materials used during the course incorporated paintings and overheads especially designed for Aboriginal people. Some of these were painted by a Warmun Aboriginal woman who has made a series of paintings showing how 'jaam' gets 'tangled' with drinking and becomes untangled when drinking stops. (Morellini & Maguire 2000; personal communication Frances Maguire 30.11.2000).

The Mirrilingki Sisters and the Warmun LDAG have decided that they do not want to continue with AA as it is seen to be 'too controlling' (personal communication Frances Maguire 30.11.2000). Instead, the group have decided on a more supportive approach in which program clients would, for example, 'be taken back, not sent back' to the community if they relapsed during a residential program. The LDAG feel it is important to 'keep a conversation going rather than setting people up for failure' (personal communication Frances Maguire 30.11.2000). The Mirrilingki Sisters have adapted their intervention program to the wishes of the LDAG and it is now based on 'visuals rather than words, run by Aboriginal Christians, started with a prayer each day, and based on the Stages of Change model' (personal communication Frances Maguire 30.11.2000). The program has yet to be independently evaluated.

In an attempt to gain a wider perspective on the role of 'culture' in Australian alcohol and other drug programs, the National Drug Research Institute's (NDRI) 'Intervention Projects Database' was used for a review of those indigenous intervention programs (both residential and non-residential) which specify 'cultural' components. Of the 79 treatment programs listed, 19 in the 'top end' states of Western Australia, the Northern Territory and Queensland describe 'cultural

initiatives' as being a primary or secondary focus of their programs. Despite this stated focus however, the program descriptions suggest that their 'cultural' components are additional rather than core aspects of the program. The 'cultural components' are generally itemised well down on the list of program strategies under headings such as 'recreational and cultural activities'. As part of these activities elders, for example, may be 'invited to speak'. Other activities may include 'cultural treatments' such as teas, traditional medicines, smoking ceremonies, or weekly trips to the bush to gather healing medicines.

Of the twelve 'top end' programs listed in the NDRI Projects Database in which previously and commonly defined 'cultural' components (land, 'country'-based stories, language, bush knowledge/skills and extended family) played a role, four offered one-off three or four day educational and recreational bush camps which were either no longer running or ran intermittently when funding was available. Some programs comprised a series of up to five short camps at regular intervals. While spending time in the bush appears to be important to many Aboriginal people, questions remain about the long-term effect on substance misuse of one-off or short-course interventions. Such issues need to be considered with reference to earlier discussions about brief intervention strategies and 'stage of change' considerations. Four of the listed programs strongly encouraged family involvement, two incorporated sessions of cultural teaching as a means to strengthening Aboriginal identity, two offered versions of Aboriginal healing practices as part of their therapeutic regime, one counselled through 'Aboriginal style' story telling about substance use issues and one offered time-out in a bush setting and regular hunting trips. Despite the inclusion of these components, the descriptions of almost all programs indicate an overall focus on the symptom of drug use and the outcome of abstinence.

Research perspectives on 'cultural' programs

It is easy to gain the sense that indigenous intervention models are poorly developed. Most existing programs appear dominated by 'western' conceptions of disease aetiology, symptom-focused interventions and abstinence-focused outcomes. 'Cultural' components appear often as 'added extras', with little apparent difference in the core components offered by indigenous and 'mainstream' programs. The 'substance' component, and a narrow, individualised conception of 'set' components, appear to dominate currently available programs. Attention to the 'setting' in which substance misuse occurs and persists is rarely evident.

This seemingly consistent reliance on 'mainstream' intervention approaches again raises the issue of what it is that constitutes definitions of 'culture'. It is possible

that these largely 'western' programs are true reflections of the westernised cultural perspectives of their indigenous initiators and this may well be the case for more urbanised Aboriginal people. However, the style of remote area, locally-devised intervention programs discussed shortly suggest that this is not the case for less acculturated groups. Given the 'added extra' nature of many 'cultural' program inclusions, it is not surprising that many researchers are sceptical about the value of 'cultural' interventions. Levy and Kunitz, for example, have found the provision of on-going relationships with a community of fellow-believers (such as that provided by the Native American Church) to be more valuable to drinkers than one-off or occasional 'cultural' ceremonies (1994:237). In New Zealand, staff working in some Maori-specific alcohol and drug treatment units have called for a balance of both 'cultural' and 'western' intervention components, warning that overemphasizing either to the detriment of the other is counter-productive (Sellman, Huriwai, Ram *et al* 1997:418).

In a North American setting, Weibel-Orlando has written about substance misuse intervention research in the decades up to and following the 1970s (Weibel-Orlando 1987; Weibel-Orlando 1989). She has drawn on scores of research papers regarding indigenous, mostly symptom-based intervention strategies. These range from indigenous church conversion, peyote treatments, negative sanctions, the four year long Sun Dance process, the centralizing of indigenous cultural values, and sweat lodge rituals through to culture-congenial and syncretic treatment approaches (Weibel-Orlando 1989). She lists at least ten research papers which acknowledge the therapeutic role of cultural and/or traditional interventions in treating substance misuse—but warns that the vast majority of researchers in the indigenous substance misuse field, including her earlier research self, have been 'hooked on healing' (Weibel-Orlando 1989:149). That is, that as a consequence of their academic training and orientation they have been biased toward supporting an indigenous world view and toward indicating that traditional indigenous healing approaches were superior to non-indigenous interventions.

Weibel-Orlando warns that 'theory without empirical proof is simply unsubstantiated belief, a leap of faith', and that many researchers in the field are guilty of this (1989:150). She notes several early authors who warned of this tendency, suggesting variously that the effect of traditional interventions was dependent upon the degree of acculturation of the client and that the stated efficacy of certain cultural remedies had been disproved on evidence. In a similar vein, Brady examined a variety of Australian and North American research on, and articles about, programs utilizing culturally-based interventions for substance misuse (1995b). She was critical of what she saw as many such programs'

underlying assumption that restoring 'cultural' foundations disrupted or destroyed by colonisation (primarily land and spiritual/cultural practices) would cure or diminish alcohol and other drug misuse (1995b). She and other writers are wary of over-romanticising 'culture' and stress that culture as treatment is inadequate. She points out, for example, that some of the most traditional communities still abuse substances (1995b:1489,1491).

Brady and many others have made the point that some 'cultural' practices actually work to encourage rather than diminish excessive drinking (Brady 1995b; Levy & Kunitz 1974; Saggars & Gray 1998; Moewaka Barnes 2000; Hudson and Mowaljarli in Nichols 1996b). Brady has made a plea to indigenous treatment programs to be selective in their inclusion of 'cultural' practices and vigilant in their attempts to assist clients to deal with substance users who manipulate 'cultural practices' such as sharing to their advantage. In Australia in the early 1990s a trend developed among some indigenous substance misuse intervention programs to adopt or model North American Indian cultural practices for substance misuse intervention. In the above article, Brady suggested that as the cultural healing practices of Australian Aboriginal people were less amenable to adaptation for substance-use intervention than those of the North American Indians, this trend had questionable cultural value (Brady 1995b:1494). The evaluators of one Australian program which had adopted practices recommended by visiting indigenous Canadians found that these inclusions appeared to have produced more cultural confusion than cultural strengthening for the clients present (Miller & Rowse 1995).

Community initiated and designed programs

Despite the aforementioned wariness in the literature regarding certain forms of 'cultural' interventions, many writers note evidence of the beneficial impact on substance misuse of a 'cultural' context. Brady (1995b), for example, notes that many decentralised outstation communities in remote Australia are alcohol free, and refers to North American research findings (Oetting, Edwards & Beauvais 1989) that native culture helps to inoculate against substance abuse. Weibel-Orlando notes that in certain circumstances indigenous treatment modalities do promote sobriety (Weibel-Orlando 1987), although again these authors suggest that lack of adequate evaluation of these programs can mar judgement of what it is, specifically, within these programs which works to reduce substance misuse. In an informative review of Native American indigenous treatments for 'alcoholism', Hall suggests that the most popular (such as the Native American Church) offer strong social support systems (Hall 1986), an observation noted by several others (Kunitz & Levy 1994; Miller 1990).

While some writers assert that indigenous drinkers are qualitatively no different from their non-indigenous counterparts (Kunitz & Levy 1994: 237), others note that the indigenous identity-strengthening aspects of 'cultural' association can be powerful tools in the process of reducing substance misuse (Hall 1986; Spicer 2001; Cook, Cook & San Roque 1994; May 1995; Beauvais 1992b). Some programs incorporate such practices as a specific means to address clients' identity issues and to reinstate pride in an indigenous heritage (Hall 1986:175; Huriwai, Sellman, Sullivan *et al* 2000; d'Abbs & MacLean 2000; Cook, Cook & San Roque 1994; Sellman, Huriwai, Ram *et al* 1997). Hall sees the revival of many nativistic traditions as offering participants an 'antidote' to the domination of Euroamerican culture (Hall 1986:169).

Interventions based on Aboriginal 'cultural' associations with the land are receiving attention via a second wave of research into the beneficial health effects of land-based strategies. Several such papers were written in the 1970s and 80s following the granting of land and land access to indigenous groups (Morice 1976; Eastwell 1979; Standing Committee on Aboriginal Affairs 1987). More recent work also points to advantages from strengthening land-based connections (McDermott, O'Dea, Rowley *et al* 1998; Smith & Smith 1995; Royal Commission into Aboriginal Deaths in Custody (Johnson E Commissioner) 1991; Shaw & Dann 1999). McDermott *et al* (1998), for example, conducted a bio-medical survey with 826 Aboriginal men and women in rural homeland and 'centralised' communities in central Australia over a seven-year period from 1987. They found that Aboriginal people living in homelands communities appeared to have more favourable health outcomes with respect to mortality, hospitalisation, hypertension, diabetes and injury than those living in more centralised settlements in Central Australia. The effects were most marked among younger adults. The benefits were particularly marked in the two main areas of mortality and hospitalisation due to injury (particularly alcohol-related injury in young people), and in diabetes and cardiovascular risk factors (1998). Close to two-thirds of participants in both the 'injury' and 'disease' groups were less than 35 years of age and both contained slightly more women than men. In an observation comparable with that relating to a 'substance' focus rather than a 'set' and 'setting' focus in substance misuse intervention, McDermott and colleagues note that:

... The powerful effect of the social environment on host susceptibility to disease has been recognised for centuries but until recently has not been considered an important determinant of outcomes in epidemiological studies, which have generally concentrated on analysing individual biological risk factors for disease and treating social variables as confounders ... (McDermott, O'Dea, Rowley *et al* 1998:657)

McDermott *et al* conclude their paper by stating that some of their results support the claims of Aboriginal groups regarding the benefits of homelands life. They finish with a quote from a former director of the Central Australian Aboriginal Congress:

... I have seen many people go from town back to their land. They get away from their poor food, the trauma, the grog. They walk and hunt on their country and they get fit, they eat better. They are in touch with their sacred places. They are in control of their lives, and living with their families. Being on the land does not magically solve all their health problems, but it provides a base from which they can be tackled ... (McDermott, O'Dea, Rowley *et al* 1998:658)

In an investigation for the Health Department of Western Australia into both the effect of the Aboriginal outstation movement on health service delivery and its implications for health planning, Pam and Dick Smith found that the positive health outcomes of outstation life 'outweigh negative ones and that the negative health outcomes identified are all capable of being addressed' (1995:4). The negative outcomes were identified as those related to environmental health, access to school education and health services, communication infrastructure maintenance, fuel costs, and overcrowding on three of the four larger outstations/communities (1995:48,49). The importance of these issues, in addition to a secure water supply, income access, vehicle maintenance, and training programs relevant to a non-market economy have been raised by other reports (Standing Committee on Aboriginal Affairs 1987; Altman & Taylor 1987; Loveday 1982; Coombs *et al* 1984; Japanangka & Nathan 1983). The Smiths noted that despite these issues, most of the health professionals they consulted—from the Kimberley Aboriginal Medical Services Council Director to many Community Health Nurses—had positive health expectations of the outstation movement. They noted that:

... It is important to recognise that people living in isolated outstations often live happy and harmonious lives despite the absence of the technology of modern clinical care ... (1995:49).

The Smiths found that 83 per cent of the 110 outstations consulted had been established principally for reasons of 'affiliation with country'. Of the 62 outstations investigated for alcohol status, 56 (90%) were either 'dry' or 'mostly dry' (1995:44,45). The Smiths found the outstation movement to have 'important, positive consequences for health, certainly insofar as identified social and even economic precursors of Aboriginal ill-health are concerned' (1995:3).

While recognising the essential need for—and cost of—resources, infrastructure and administrative support, it appears that the majority of academic and government-commissioned assessments of outstation-movement validity and viability have resulted in support for their establishment and maintenance (Loveday 1982; Bell 1982; Miller 1985; Standing Committee on Aboriginal Affairs 1987;

Altman & Taylor 1987; Smith & Smith 1995; McDermott *et al* 1998; d'Abbs & MacLean 2000). These include the Coombs, Brandl & Snowden investigation into Aboriginal socialisation processes and the impact of government processes on them (1984). However in an assessment of the motivations behind some participants' involvement in the movement, Rolf Gerritsen (1982) suggests that the conventionally identified components of land affiliation, and reactions to 'settlement' life and white domination are insufficient explanation. He points additionally to the 'politics of scarcity' and the struggle for resources which is commonplace in the Aboriginal settlements from which the outstations are spawned and to which they constantly refer (1982:68). He asserts that:

... To fully understand the outstation movement we have also to analyse the outstations within the totality of the politics of Aboriginal villages. The outstation movement reflects inter-group contention for resources as well as the drive by lesser Aboriginal leaders, *prominent men*, for their (and their *followers*) *autonomous* access to resources. Whitefella resources are sought not just as an end in themselves but because their possession confers status and prestige, the driving motives of Aboriginal politics ... (original emphasis) (1982:68).

The role played by power, resource competition and individual personalities—among both community people and senior bureaucrats—is further discussed in the following section: 'Theories of development with reference to community project work'. Rifkin (1986) notes that communities are generally not homogenous and that, particularly among the poor, individual concerns often override community goals. She asserts that community power-brokers often use new opportunities, and are in advantageous positions, to enrich themselves and their families (1986:244). Diane Bell (1982, 1993), while acknowledging the struggle and competition for 'Toyotas and tents' (1982:85) and other scarce resources among outstation movement participants, calls for a balanced perspective incorporating the reality of these power plays, the fragmentation of the larger Aboriginal settlements with their consequent drive for new forms of community, and the expressed views of Aboriginal community people.

Bureaucratic inflexibility and the imposition of dominant culture world-views have been other aspects of outstation project establishment. In one of many Australian case studies analysed within the Coombs *et al* (1984) investigation referred to above, the authors found an Angatja proposal process to establish a residential outstation program for young male 'delinquent' Pitjantjatjara petrol-sniffers to have been:

... an excellent illustration of the unwillingness of governments to be guided by Aboriginal priorities even within government determined financial limits of expenditure on Aboriginal welfare ... (Coombs, Brandl & Snowdon 1984:335).

Overall, of those initiatives investigated by Coombs *et al* over three years and which required government involvement or assistance, all—without exception—had foundered or faced ‘almost insuperable difficulties’ due to the lack of this assistance. In a conclusion common to the analysis of development projects among the poor worldwide (see Rifkin 1986) Coombs *et al* (1984:319) relate their observations of Aboriginal group and community experiences with welfare bureaucracies (including educational, health and welfare agencies) to Illich’s assertion that:

... Welfare bureaucracies claim a professional, political, and financial monopoly over the social imagination, setting standards of what is valuable and what is feasible ... (Illich 1973:10,11).

Despite such hurdles, d’Abbs and MacLean have found—in their review of petrol sniffing interventions in Aboriginal communities—that outstation or homeland programs established by family groups to provide care and respite for petrol sniffers offered important contributions to the reduction of harm (d’Abbs & MacLean 2000). The Mount Theo Petrol Sniffer Program is one of the programs described. It is located on an outstation of Yuendumu community, 300 km north–west of Alice Springs. It shares some similarities with the previously mentioned Injartnama program (discussed in Chapter Seven), both locations being considered spiritually powerful healing places (Stojanovski in d’Abbs & MacLean 2000; Cook, Cook & San Roque 1994), both being set in remote country, and both offering intervention work carried out largely by Aboriginal people within a family environment.

The Mt Theo program has been operating since 1994 and (like the Injartnama program) is now government-funded, but remains very much ‘owned’ by the Yuendumu community. Elders take at-risk young people to the outstation and look after them until they are ready to return to Yuendumu. Activities include gardening, Community Development Employment Programs, courses and traditional activities complemented by youth activities in Yuendumu itself. Andrew Stojanovski, who has been closely involved with the program, emphasises that the young people ‘are given lots of love’ and declares that the program has brought about a ‘remarkable change’ in petrol sniffing at Yuendumu (Stojanovski 1999 (unpublished report) in d’Abbs & MacLean 2000:67). According to Stojanovski, previous strategies such as banishment, public floggings, night patrols and the introduction of Avgas have not had the success of the combined Mt Theo/Yuendumu youth and recreation program. Stojanovski’s 1998 report stated a decline in the number of petrol sniffers from 44 (prior to the program’s commencement) to zero (d’Abbs & MacLean 2000). He states that the program has been particularly successful for children whose families are traditional owners for

the area because of both their links to the country and the care they have received from family members (Stojanovski 1994 in d'Abbs & MacLean 2000:68). He identifies the following factors as integral to the program's success: community confidence (based on past intervention successes), family initiation and control of the program, appropriate non-Aboriginal support, whole-community backing, quick results, recognition of Aboriginal culture, and long-standing cross-cultural relationships of emotional support and mutual obligation among staff. He emphasizes that:

... what I really believe sustains our program ... is the love and the relationships that we hold for each other as co-workers and for our clients ... this is a difficult thing for governments to grasp. A structure like our program is easy to model and reproduce but the motivation, care and love that holds it together is difficult to duplicate ... (Stojanovski 1999, in d'Abbs & MacLean 2000:68)

d'Abbs and MacLean conclude that '... for many Aboriginal people, outstations provide a response to petrol sniffing which is consistent with cultural values and 'traditional' learning and authority structures ...' (2000:vii). They caution that such programs need to be well managed and resourced, and include appropriate assessment, telecommunications facilities, medical support and a meaningful program of activities. They also caution that along with residential treatment and rehabilitation interventions, these initiatives will only be effective in the long term if accompanied by changes in the community.

Research perspectives on emerging 'comprehensive' programs

Among 'mainstream' populations, the most promising results are shown by programs which incorporate a similar emphasis on comprehensive intervention approaches to those developed by the aforementioned community-designed programs. The Australian Quality Assurance Project found that the community re-enforcement approach, which introduces major changes to quality of life (via social, recreational, employment and relationship assistance) and provides strong re-enforcement for abstinence, showed a marked effect in dependent drinkers in the short term—with further research needed into long term effects (Mattick & Jarvis 1994a). Similarly, in a major US evaluation of the four most common forms of alcohol and drug abuse treatment, researchers concluded that the most effective interventions engaged addicts in treatment as soon as possible; offered support services to address multiple problems; and coordinated treatment episodes (Mueller & Wyman 1997).

A thoughtful example of a comprehensive model for indigenous substance misuse prevention and treatment, based on three decades of research findings, is that provided by researchers from the Tri-Ethnic Centre for Prevention Research at Colorado State University (Beauvais 1992b). Over this period they have been

investigating rates, trends and factors associated with substance misuse among Indian youth living on widespread reservations. Drawing on the Centre's findings from investigations into factors associated with adolescent drug use, one of this team (Beauvais 1992b) published the following model for both prevention and treatment of youth substance misuse (see Figure 1 below). The model is presented in summary form over the following pages for purposes of comparison with the models evident in most available substance misuse intervention, and is noteworthy for its comprehensive approach.

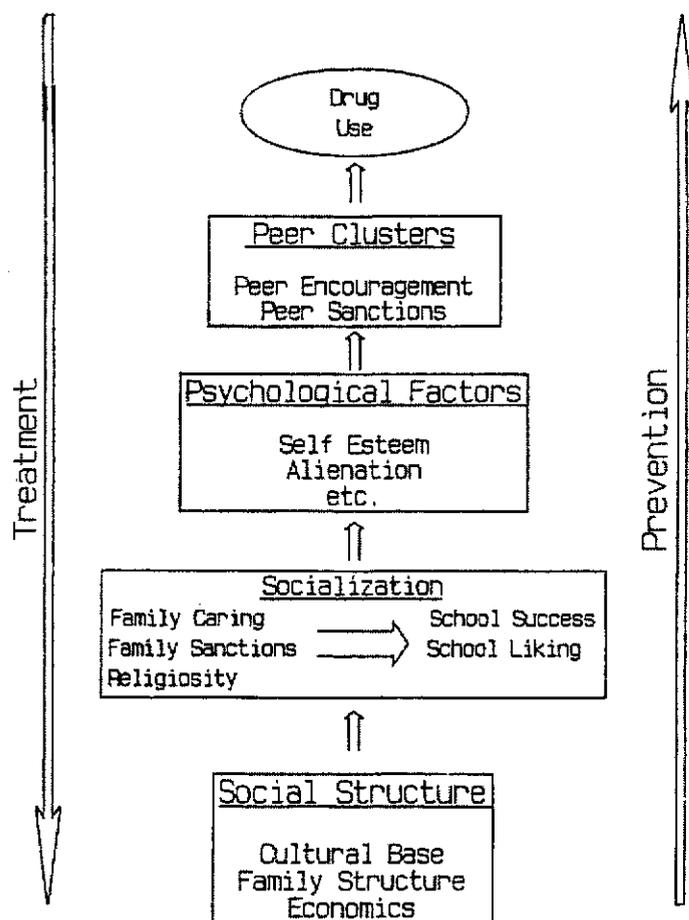


Figure 1: An Integrated Model For Prevention And Treatment Of Drug Abuse Among American Indian Youth

Source: Beauvais 1992b:67

In the accompanying article, the author describes the small arrows within the figure as showing the developmental path leading to drug use. The arrows on either side indicate the order in which the domains should be addressed when engaging in treatment or prevention (Beauvais 1992b:70). As the model is developmental, each set of variables is strongly influenced by those that precede it: the closer the variable to the outcome of drug use behaviour, the more powerful its effect.

Beauvais emphasises that this does not suggest that 'cultural' or economic factors are unimportant, the model indicating instead that cultural identification (for example) 'is part of the basis for everything that comes after it'—but that it is removed in time and developmental sequence. Peer clusters exert far greater immediate influence on drug use behaviour (1992b:70).

Beauvais describes the 'Social Structure' component of the model as representing the basic conditions affecting early life experience and in which childhood socialisation takes place. The key aspects are the economic conditions of the family, identification with one's culture and the presence or absence of adequate parental support (the latter including both parents, extended family or other supportive parenting networks should immediate family be unable). The 'Socialization' component of the model relates to the childhood task of learning to socialise and interact with others, the basis of this learning being interactions with family. This stage is enhanced by overt family caring, limit setting and some form of religious orientation (the latter often an integral part of cultural values, especially in Indian communities) (1992b:68).

The model's 'Psychological Factors' component assumes that 'a child's sense of psychological well-being is derived from how well he or she interacts with the external world' (1992b:68). Positive family and school socialisation are seen to lead to positive self-esteem and lack of depression, anxiety, alienation and the like. At a later stage in the child's development, 'Peer Clusters' replace family and school as the dominant factor in young people's lives, an extensive research literature showing peer influence to be the single most important factor in determining drug use:

... Youth of like mind will gravitate toward one another ... and together decide what behaviours are appropriate ... If the peer cluster is composed of deviant youth, decisions and norming around antisocial behaviour, including drug use, will take place ... (Beauvais 1992b:69).

Beauvais stresses that the origins of the addiction process are psychosocial and that it is only much later, and only among heavy users, that the addicting effects of psychoactive drugs become relevant. He suggests that deprivation in each stage of the model tends to set the stage for psychological problems (1992b), although as Brady has noted elsewhere, children raised in poor and distressed backgrounds do not necessarily develop serious learning or behavioural problems in childhood or adolescence (Brady 1995d:16). Like Beauvais however, Brady notes that '... it seems that it is often at the level of the immediate social network where individuals find their sources of strength ...' (Brady 1995d:15).

Given the strength of peer cluster association, Beauvais advises that 'treatment' begin there. He recommends that intervention include peer-influence awareness; social life restructuring (ideally involving the entire peer cluster due to the complexity of indigenous kinship ties); approaches which address self-esteem, anxiety reduction and other psychological aspects; timely intervention in fragmented family and school relationships; and finally intervention involving both socio-economic issues and 'cultural' identification through approaches such as vocational skills training and 'cultural' concepts and values (1992b). In addition to the above psychosocial components identified by Beauvais as central to adolescent substance misuse intervention, many writers would specify the critical importance of options for competing and meaningful activities which inspire alternatives to substance misuse (d'Abbs & MacLean 2000; Kunitz & Levy 1994; Siggers & Gray 1998; Conway, Tunks, Henwood *et al* 2000; Brady 1995d; O'Connor 1984).

Treatment programs: evaluations and overview

A major (not indigenous-specific) US study has found all of the four most common forms of alcohol and drug abuse treatment (outpatient methadone treatment, long-term residential programs, outpatient drug-free programs and short-term inpatient programs) to be effective in reducing drug use (Mueller & Wyman 1997:1). Alcohol was the second most common drug of abuse in the US study. Both short and long-term residential programs showed the greatest decreases in cocaine use, alcohol use, the committing of illegal acts and suicidal thoughts or acts (Mueller & Wyman 1997).

Alternatively, the review of Australian indigenous 'treatment' program evaluations by Gray *et al* found limited evidence of success (Gray, Siggers, Sputore *et al* 2000). They found program evaluations to be either inconclusive or suggestive of only modest gains (from the 'time out' health improvements and family-orientation of some residential programs; and from community-based fieldworker support and follow-up) (Gray, Siggers, Sputore *et al* 2000). A 1995 evaluation report on the largest indigenous residential and non-residential intervention service in the Northern Territory was inconclusive. The evaluators described a lack of agreed criteria against which success could be measured and inadequate funding to enable post-discharge monitoring of clients (Miller & Rowse 1995). Strategies for improving the effectiveness of program research through community participatory action and context-sensitive evaluation have been described (Brady 1991c; Gray, Siggers, Drandich *et al* 1995). Siggers and Gray draw on their own and others' research to highlight the chasm which exists between the expectations of funding agencies and those of indigenous peoples regarding health and substance misuse program evaluation (Siggers & Gray 1998). Culturally appropriate forms of such

evaluation are few, the authors recommending sensitive approaches which ensure indigenous peoples involvement in each stage of the process, and which take account of social and cultural differences and the common paucity of available administrative infrastructure to enable conventional evaluation (Saggers & Gray 1998).

Research opinions differ regarding the cost-effectiveness of residential treatment programs. In a large WHO survey, referenced studies indicated that in general, the benefits of residential drug treatment outweighed the costs (Monteiro 1997). Similarly, a 1992 Canada Drug Strategy Report on the effectiveness of alcohol and other drug programs concluded that alcohol and drug treatment was 'a sound investment of the health care dollar' (Health and Welfare Canada 1992:79). In contrast, Heather has judged 'rehabilitation' not very cost effective, although he maintained that drinkers with dysfunctional family or work relationships, low social stability, and/or social disadvantages in general—factors common among many indigenous drinkers—may do well in such programs (cited in Miller & Rowse 1995:4). Indigenous substance misuse interventions, as discussed, are generally narrow in focus, limited in approach, under-resourced and largely imported from non-indigenous contexts. Given such limitations, ambivalent, inconclusive and unpromising evaluations are not surprising.

Development theory insights with reference to community project work

A widely referenced and respected anthropologist has recently written of his reflections after 40 years of personal observations, experiences, collegial discussion and 'published record' examination in the field of technical aid, particularly international health programs. He has reached the conclusion that the problems which persist in Third World health conditions lie not in the field of medicine but '... in the fields of politics and commitment, of planning for health needs, and of administration of programs and projects ...' (Foster 1999:346). He calls for administrative, political, economic, sociocultural and ethical factors to be taken into account in the planning and conduct of health programs. Foster notes that although the importance of some of these factors is now acknowledged, this is less so of the profound influence of health-agency structural and dynamic characteristics on the planning and mode of operations of international health programs. He specifically refers to the informal relations and unofficial practices which are widespread in all bureaucracies and essential to their activities.

Although Foster's focus is on the huge bureaucracies which form part of international multi- and bilateral health organisations, similar 'top down' process observations have been made of national and smaller community programs. Susan

Rifkin (1986:241) notes the key differences between the 'medical approach' (in which health is the absence of disease and community participation is under the direction of medical professionals); the 'health service approach' (utilising the WHO definition of health as physical, mental and social well-being and community participation as the mobilisation of community people to take part in health delivery); and the 'community development approach' (in which health is perceived to be the result of social, economic and political development and community participation as the active involvement of the community in decisions about how to improve these conditions). As will be shown in Chapter Nine, these vastly different interpretations can mar communication and project planning resolution when bureaucratic and indigenous community groups attempt to negotiate program details and funding priorities.

Like Rifkin, Foster sees large health bureaucracies as conforming essentially to the procedures of government, following a 'donor-recipient' pattern in which specialists from technologically advanced countries work with their 'counterparts' in less developed countries to improve health services. He notes an underlying assumption, judged to be self-evident to assistance program personnel, that '... the developed world possessed both the talent and the capital for helping backward countries to develop...' (Foster 1999:349). There is an understanding that development know-how can simply be transferred from the former to the latter. He refers to Korten & Alfonso (1981) who have noted that development planning is generally '... based on an organisational model which assumes that the major planning decisions will be made centrally, based on economic analyses prepared by highly trained technicians...' (1981:2). Despite the gradual acknowledgment of the need to understand barriers to change from the perspective of the recipient's culture, there is little acknowledgment of the role played by the barriers and culture of the developing agency, and of the national and international assumptions which shape them. Additionally, bureaucracies are made up of individuals with all of their variations in ability, character, personality, views and judgement. Foster warns that, like most community members, agency personnel:

... jealously guard their traditional perquisites and privileges; they do not easily surrender their vested interests ... (they) are not simply carriers of their organisational cultures; they are also psychological beings needing ego gratification and satisfaction from their performances ... (Foster 1999:353).

Other writers also suggest that health agency policies may reflect the 'cultural imprint of the West' (Stone 1989:206), closely mirroring its values—with Foster observing that ideologically attractive but untested policies may become doctrine '... more because of the enthusiasms and special professional interests of those in a

position to make such decisions than because of the objective consideration of what is known ...' (1999:356). Foster notes that:

... The policies, programs, and priorities of large organisations, including those concerned with international health, reflect a pair of processes: a public and explicit planning mechanism *and* the often private professional concerns and enthusiasms of powerful individuals and groups within the organisation ... (Foster 1999:358)

Rifkin (1986:243) has observed that 'health' is often not the key priority of community groups, their members often expressing other needs—which may or may not have links to western perceptions of health care. Foster, too, notes that:

... Health care bureaucracies operate on the assumption that the purpose of behavioural research is to find out how to persuade target populations to change their behaviour more nearly to conform to what health projects call for ... It is taken for granted that health care delivery programs, in spite of minor shortcomings, are the appropriate vehicle for raising health levels ... (Foster 1999:361)

And again that:

... those in positions of power in centralised governmental systems are rarely willing to surrender authority in the interests of democratic participation. More often than not the concept of community participation is diametrically opposed to administrative policies, which do not change easily ... (Foster 1999: 361-2).

He concludes pessimistically that:

... Behavioural research in international health organisations probably will continue to play a minor role, largely limited to the identification of social and cultural factors that are relevant to community acceptance or rejection of health programs decided upon by distant planners, programs in which the community has had little input ... (Foster 1999: 362).

Gaps in 'treatment' approaches

International and national perspectives

Over a decade ago, a leading North American researcher noted that '... we still do not know if any sort of alcoholism intervention, conventional or indigenous, works at all or for long periods of time ...' (Weibel-Orlando 1989:152). The situation is little changed today (Brady 2000). Despite decades of funding and intervention attempts, the few available indigenous intervention evaluations show little evidence of sustained reduction in drinking and alcohol-related harm (Weibel-Orlando 1989; Miller & Rowse 1995; Sputore 1999; Heath 1992; d'Abbs 1990; O'Connor & Associates 1988; Beauvais 1992d; Gray, Saggars, Sputore *et al* 2000). Gaps in current treatment approaches, being the focus of this review, will be discussed in the remainder of this chapter.

Among international recommendations for improving the impact of interventions are those outlined in the WHO's 1997 Programme on Substance Abuse Strategy

Framework and Work Plan. These include strategies for early intervention, high quality care and personnel training, community management, inter-agency collaboration, evaluation and evidenced based practice, and strengthened primary health care systems (World Health Organisation 1997). An earlier (1993) WHO key informant survey of substance misuse treatment programs in 23 first and third world countries concluded with a call for an increase in their rigorous evaluation. It was recommended that this include qualitative evaluations for complex treatment approaches, as experimentally designed trials were seen to be inadequate for such situations (Monteiro 1997). In Australia, the Australian Quality Assurance project's intervention recommendations included general principles of legislative, primary health care and educational health promotion, and a continuum of care matching intervention intensity to the degree of alcohol dependency (Mattick & Jarvis 1994a).

With specific reference to indigenous interventions, similar recommendations for a more comprehensive approach to intervention, addressing social, political, economic and 'cultural' marginalisation have been made (Royal Commission into Aboriginal Deaths in Custody (Johnson E Commissioner) 1991; National Aboriginal Health Strategy Working Party 1989). These include improvements to health care accessibility, inter-agency co-ordination, needs-based health promotion, cultural awareness, staff training, local service support, resource availability, and the need for linked health, economic, employment and training development within each region (National Aboriginal and Torres Strait Islander Health Council 2000:28; Brady 1992b; Atkinson, Bridge & Gray 1999a); governmental recognition of and departmental responsibility for addressing substance misuse (Brady 1992b; Saggors & Gray 1998); 'culture specific' client-to-treatment matching (Weibel-Orlando 1987; Huriwai, Sellman, Sullivan *et al* 2000); and socio-economic and situation-responsive client-to-treatment matching (Weibel-Orlando 1987; O'Connor 1984; Brady 2000). Evaluation of indigenous substance misuse interventions such as the innovative use of Aboriginal cultural teachings and art forms has been recommended (d'Abbs & MacLean 2000; Sellman, Huriwai, Ram *et al* 1997; Spicer 2001; Weibel-Orlando 1989).

In Australia, Gray *et al*'s review of intervention evaluations found 'treatment' programs to offer little in terms of comprehensive and culturally relevant intervention strategies (Gray, Saggors, Sputore *et al* 2000). Criticisms of current treatment programs included inadequacies in staffing and administrative expertise, recurrent-funding commitment, operational and outcome-criteria guidelines, program evaluation, program diversity and client follow-up support (2000). My own assessment, based on both literature review and observation and working experience of current intervention services, is that clear inadequacies are evident—

in addition to the administrative problems above and with some exceptions—in all program aspects. These originate, as discussed below, with inadequate and inappropriate program initiation and continue throughout program development, scope and long-term impact.

Gaps in program initiation

Many program evaluators have identified the need for an underlying Aboriginal context in indigenous substance misuse initiatives (Abbott 1998; d'Abbs 1990; Hunter, Hall & Spargo 1991; Royal Commission into Aboriginal Deaths in Custody (Johnson E Commissioner) 1991) and for the local initiation and development of such programs (Beauvais 1992c; Casswell 2000; Miller & Rowse 1995; d'Abbs & MacLean 2000; Hunter 1993; Royal Commission into Aboriginal Deaths in Custody (Johnson E Commissioner) 1991). This recommendation is resoundingly endorsed by many Aboriginal writers and organisations (Langton, Ah Matt, Moss *et al* 1991; Royal Commission into Aboriginal Deaths in Custody (Dodson P Commissioner) 1991; Casey 1997; Office of Aboriginal Health 1994; Clump Mt Wilderness Project 1993). In arguing for the inclusion of indigenous world-views in intervention attempts, Beauvais notes that:

... the research community ... has been reluctant to accept the idea that culture and Indian spirituality may be important to the prevention and treatment of alcohol problems. At least two reasons exist for this attitude. First, non-Indian views of the psychology of behaviour are primarily secular and, for the most part, relegate culture to a peripheral role. Second, methods to measure spirituality, cultural beliefs, and values have not been well developed, hindering scientific study in those areas ... (Beauvais 1998a:256).

Many of these writers emphasize the importance of incorporating indigenous cultural values and beliefs in intervention (Beauvais 1998a; Hunter 1993; Spicer 2001; Heath 1992; Kleinman 1987; Douglas 1993), not the least because of their significant persistence and resilience despite centuries of foreign cultural domination. Similarly, in their recent petrol sniffing review, d'Abbs and MacLean encourage others in the field to heed the persistent calls from many Aboriginal groups for the establishment of residential programs—despite their past performance on evaluation. They point to the recent promise shown by several indigenously-generated residential programs and highlight the local relevance of their cultural and situation-specific intervention strategies (d'Abbs & MacLean 2000). As discussed previously, however, several writers warn against the perception that indigenously-generated programs will be effective simply because of their Aboriginal design and development (Beauvais 1992c; Brady 2000; Weibel-Orlando 1989; Sellman, Huriwai, Ram *et al* 1997; Sackett 1991; Torgovnik 1990; Rowse 1993).

In observations of more than fifty North American Indian substance abuse intervention programs during a period of ten years, Weibel–Orlando found the most viable programs to share four key traits. The programs were self-generated, had charismatic role model initiators, involved recovering clients as healers, and saw themselves as community structure alternatives to the drinking culture (Weibel–Orlando 1989:153). A similar community-based emphasis is evident in the recent d’Abbs and MacLean petrol sniffing review. They found the most successful strategies to be those initiated by the community and enjoying widespread community support, and which offered complementarity between family and community initiatives and involved the strong participation of community members (d’Abbs & MacLean 2000).

Gaps in program development

Reflecting the above-mentioned gaps in program community initiation, several authors have called for substance misuse to be considered in its wider social context and for Aboriginal communities to be empowered to develop their own culturally appropriate prevention and intervention programs (Royal Commission into Aboriginal Deaths in Custody 1992; National Aboriginal Health Strategy Working Party 1989; Hunter 1993; Siggers & Gray 1998). Current papers criticise the lack of adequate community consultation regarding program development and management (Miller & Rainow 1997; Donovan & Spark 1997; Gray, Siggers, Drandich *et al* 1995; Hunter, Hall & Spargo 1991). As a likely consequence of these gaps, others have noted the ‘lack of fit’ between clients seeking intervention and the types of intervention programs available for their use (Weibel–Orlando 1987; Hazelhurst 1994; May 1986; Hunter 1993; d’Abbs 1990; Brady 1995b; Miller & Rowse 1995). In an Australian evaluation of the Northern Territory’s largest residential program—the Central Australian Aboriginal Alcohol Programs Unit (CAAAPU)—which included a 40 bed facility run by Aboriginal people from Central Australia, Miller and Rowse found the program to be unsuitable for more ‘traditional’ people. Because it consisted largely of counselling and instruction in English, clients familiar with English and ‘western living’ tended to find the program more accessible and were over-represented in the clientele (1995). The main problems cited by clients were too much ‘high english’, boredom, and loneliness. Among their recommendations the evaluators suggested that staff be recruited in part for ability to communicate locally (1995:26).

Although the CAAAPU program initiators were committed and highly motivated local Aboriginal people, and their original aim a regionally inclusive and comprehensive approach to alcohol intervention, the eventual residential program components, once operational, were town-focused and did not reflect these original

principles (Miller & Rowse 1995). In a comparable finding, participants in an early 1990s Hall's Creek study explained their relatively poor usage of the existing residential alcohol program in Broome, and the greater usage of it by Kununurra and Wyndham people, by stating that the Broome program wasn't suited to 'more traditional' people such as those from the Halls Creek area. Kununurra people were seen as less traditional and therefore more suited to the Broome facility (Douglas 1993). Similarly, gaps in locally-based program development appear evident in this program description provided by a Northern Territory alcohol program:

... The service was established by Br. Andy Howley who travelled the world to find the most appropriate treatment approach for Aboriginal people in the Northern Territory. He returned with the philosophies of the Perth-based program, Holyoake. A staff member was invited by Br. Andy to come to Darwin for two years to assist him in the establishment of a treatment program. With the Holyoake philosophies as a basis for the program, Br. Andy and the Holyoake representative developed a service that was sensitive to the culture of the Aboriginal people of the region ... (National Drug Research Institute Intervention Projects Database 1997)

It is likely that Brother Howley's work was well intentioned, and likely also that the family inclusiveness of Holyoake programs would be well received by many Aboriginal people. However the degree to which programs developed largely by non-Aboriginal people have relevance to Aboriginal clients, especially clients from remote areas, is questionable—even when (generally atypical) Aboriginal people close to the initiators are consulted.

Various researchers have noted the absence, or core importance, of intervention components which respond to the expressed needs of specific groups within communities. These include youth-oriented facilities and care (O'Connor & Associates 1988; Brady 1992b); bush-located residential programs within 'country' (Douglas 1993; Stojanovski 1994 in d'Abbs & MacLean 2000); family participation (Osland 1998 in d'Abbs & MacLean 2000; Douglas 1993); cultural identity and knowledge (Hunter 1990c; Cook, Cook & San Roque 1994; Nichols 1998). It remains to be determined whether the needs of these groups will be more adequately met as the current trend toward community-generated interventions develops. However the evidence from existing programs such as those described above (McDermott, O'Dea, Rowley *et al* 1998; d'Abbs & MacLean 2000) is promising.

Despite the current scepticism regarding residential intervention, it remains the most popular intervention recommendation from indigenous people in the study region (Douglas 1993; Sputore, Gray & Sampi 2000). Residential outstation programs for sniffers are similarly favoured by many Aboriginal communities in the Northern Territory (d'Abbs & MacLean 2000). In Douglas's study, a sample of Aboriginal residents in the Hall's Creek area were surveyed for part of a Master of

Public Health thesis in 1991/92 (Douglas 1993). Among the objectives of the research were the evaluation of existing alcohol treatment options and a proposal for a treatment strategy based on the expressed needs of the sample group. The factors perceived by study participants as most contributing to drinking reduction were 'dry out', will power, 'going bush' for periods of time ranging from days to months, work, 'diversional' activities (such as painting, 'doctor talks', AA and 'traditional rehabilitation'), health promotion messages, and counsellor support (Douglas 1993). 'Dry out' was recommended by all but one participant in Douglas' sample and was its most recommended strategy—reflecting the high prioritisation of this option by participants in the later Sputore *et al* survey (Sputore, Gray & Sampi 2000) conducted in the same town.

With regard to 'country'-based and 'cultural' approaches to Aboriginal ill-health, land-based approaches such as those initiated by Aboriginal groups and described above (Smith & Smith 1995; McDermott, O'Dea, Rowley *et al* 1998; d'Abbs & MacLean 2000) may be of much relevance. Among those researchers writing on these initiatives, the McDermott study refers specifically to the strongly significant but secondary impact of the Homelands Movement on physical diseases. The authors note that '... Aboriginal people seem to choose homelands living principally for cultural and social survival, and considerations of physical health tend to flow from this ...' (McDermott, O'Dea, Rowley *et al* 1998:657). Such findings suggest that this common indigenous focus on environmental rather than biological determinants of well-being may have important implications for substance misuse intervention.

Gaps in program scope

As discussed, an overly narrow focus in intervention has been noted by many researchers (O'Connor 1984; Weibel-Orlando 1987; Brady 1995; May & Moran 1995; Gray, Saggars, Sputore *et al* 2000) including those evaluating 'mainstream' programs (Mattick & Jarvis 1994a; Miller 1990). Despite the recommendations of the Australian Royal Commission into Aboriginal Deaths in Custody, many programs are still run along lines inappropriate to the daily life realities of many indigenous clients and many offer single solution approaches to what is clearly a multi-faceted problem (Casey, Collard, Garvey *et al* 1994; Rowse 1993; Brady 1995b; Office of Aboriginal Health 1994; Gray, Saggars, Sputore *et al* 2000). Several of these evaluators call for a range of additional program components, although Brady has warned against overly complex approaches (Brady 2000). Some Canadian researchers, for example, assert that alcohol is a priority and not something to be addressed when other—sometimes ill-defined—issues have been settled (Brady 2000:454).

In 1995, Brady wrote an article expressing concern over what she saw as a narrowing emphasis on residential, AA based, disease-model, American-influenced 'cultural' programs in Australia (Brady 1995b). She and others have written of their concern over the lack of apparent interest in developments such as brief and early intervention models, motivational interviewing, preventative and harm reduction strategies (Brady 1995b; d'Abbs & MacLean 2000; Hunter, Brady & Hall 1998). Brady has made a strong plea to indigenous programs to expand rather than narrow their intervention approaches in order to cater for the great variety in both the causes of substance misuse and in substance-users themselves (Brady 1995b).

Similarly, the AA model has been critiqued not only for its domination of available intervention styles and its symptom focus but also for its lack of fit with common Aboriginal drinking patterns (Rowse 1993; O'Connor 1984; Hunter, Hall & Spargo 1991). The Quality Assurance Review article cautions that residential programs in Australia based solely on the AA 12-step approach have not been shown to be effective in isolation (Mattick & Jarvis 1994a). The review authors maintain that this approach is unlikely to work for people not committed to a belief in both abstinence and personal powerlessness over alcohol—and note *inter alia* that the most effective AA-based programs have charismatic and inspirational leaders (Mattick & Jarvis 1994a).

Many researchers recommend a widening of intervention components to include aspects such as skills for managing peer pressure (Weibel-Orlando 1989; Brady 1995b; Oetting, Swaim, Edwards *et al* 1989; d'Abbs & MacLean 2000); the incorporation of indigenous self-regulatory substance use initiatives (Rowse 1993; Weibel-Orlando 1989; Smith & Smith 1995); widening definitions of intervention success which may include lengthening periods of abstinence and moderation (O'Connor 1984; Weibel-Orlando 1989; Cook, Cook & San Roque 1994), and outcome goals of controlled drinking as opposed to abstinence (Gray, Siggers, Sputore *et al* 2000; Heath 1992); approaches based on brief intervention (Brady 1995a; Mattick & Jarvis 1994a), substitution of sniffing-products (d'Abbs & MacLean 2000; Burns, Currie, Clough *et al* 1995), outstation programs as early intervention (d'Abbs & MacLean 2000; McDermott, O'Dea, Rowley *et al* 1998), detoxification availability (d'Abbs & MacLean 2000; Central Australian Regional Indigenous Health Planning Committee 2001), and residential programs (d'Abbs & MacLean 2000; Huriwai, Sellman, Sullivan *et al* 2000); whole-family interventions which incorporate family drinking patterns and which emphasize the value of parental caring and adult attention (d'Abbs & MacLean 2000; Bain 1974 in Rowse 1993; Oetting & Beauvais 1991; Hunter 1993). In a Central Australian study, Bain

(1974) identified the indigenous drinking 'context' as the kin-based group, implying that whole families need to be included in treatment initiatives as Aboriginal drinking had a tendency to 'spread right through' family groups in a manner typical of Aboriginal societal structures.

With regard to specific program components, researchers have variously recommended relaxed, 'open' environments (Central Australian Regional Indigenous Health Planning Committee 2001; Douglas 1993); stays longer than four weeks (Rowse 1993; Weibel-Orlando 1987); an interesting choice of program components (Brady 1992b; d'Abbs & MacLean 2000); scheduled activities (Sputore 1999; Douglas 1993); the recruitment of mixed sex staff for mixed sex clientele and staff capable of flexibility in approach due to differing client needs (Miller & Rowse 1995; Kunitz & Levy 1994); the availability of ex-drinkers and elders as staff (Weibel-Orlando 1987; May & Moran 1995), the latter providing a culturally appropriate style of 'counselling', cultural knowledge and identity-related guidance and teaching (Central Australian Regional Indigenous Health Planning Committee 2001; d'Abbs & MacLean 2000); substance use education which has a harm-reduction focus for young people and a community-care strengthening focus for parents and program staff (d'Abbs & MacLean 2000; May & Moran 1995); and training in work and trade skills (Miller & Rowse 1995; Hunter 1993; Burns, Currie, Clough *et al* 1995).

Other researchers see the need for community-based interventions, some focusing on the strength of drinking-group associations (Brady 1993; O'Connor 1984; Rowse 1993; Beauvais 1992b) and some on the lack of activity options and community infrastructure. Recommended approaches include the development of meaningful and challenging activities which combat boredom and hopelessness, including recreation, employment, schooling and training (Gray, Morfitt, Williams *et al* 1996; Brady 1992b; O'Connor 1984; d'Abbs & MacLean 2000). One evaluation team noted that recreation programs are useful provided they respond to the needs of all community members including both sexes and non-users, are genuinely engaging, offer risk-taking opportunities, and are available outside of standard 'work week' hours (d'Abbs & MacLean 2000). Some call for funded youth worker positions (d'Abbs & MacLean 2000; May & Moran 1995); community infrastructure and resources (d'Abbs & MacLean 2000; O'Connor 1984; Saggars & Gray 1998); re-establishment of lines of 'cultural' control, authority and knowledge (May 1995; Burns, Currie, Clough *et al* 1995; Brady 1995d); and the widening of social networks including options for joining non-drinking peer groups (O'Connor 1984; Beauvais 1992b; Rowse 1993).

Several writers call for syncretic models of intervention in which selective culturally relevant approaches are combined with a comprehensive range of interventions such as those mentioned above (Brady 1995b; Heath 1992; Weibel-Orlando 1987; d'Abbs & MacLean 2000). Many writers suggest that it is strategies which improve young Aboriginal people's lives and the wellbeing of their families and communities which will be most effective in combating young people's substance use (d'Abbs & MacLean 2000; Beauvais 1992b; Hunter 1993; Burns, Currie, Clough *et al* 1995; Brady 1991b).

Gaps in long-term impact and research

Gray and colleagues conclude their review of Australian intervention evaluations by suggesting that the impact of such programs will be greatest when enhanced, appropriately evaluated, well-resourced, community-controlled, and co-ordinated interventions form part of a broader strategy (2000). They maintain that lasting gain will depend upon the addressing of fundamental political and economic inequalities faced by indigenous people (2000). As the foregoing review of existing programs has suggested, few programs meet these criteria. The high proportion of unpromising program-outcome evaluations described in the Gray *et al* article foreshadow poor long-term impact. As indicated by the authors, reasons for these findings are variously identified as administrative and funding shortfalls and inadequate prevention, intervention and post-program approaches.

In general, prevention approaches tend to lack long-term strategies for community development. Among the broadest 'prevention' approaches, some researchers call for the restoration of land—Aborigines' pre-colonial economic base—as a means to remedy the sense of powerlessness which many have attempted to overcome (temporarily) through excessive drinking (Brady & Palmer 1984; Saggars & Gray 1998). Others broadly view the benefits of land restoration as incorporating physical, mental, cultural, spiritual, and social well-being (Standing Committee on Aboriginal Affairs 1987; Eastwell 1979; McDermott, O'Dea, Rowley *et al* 1998; Morice 1976; Smith & Smith 1995). Among these, some highlight the consistent assertion by many Aboriginal people that 'culture' is an important protective ingredient against drug use. They maintain that 'cultural identity' considerations may be vital missing links in many funded intervention and research approaches (Weibel-Orlando 1987; Oetting, Edwards, Beauvais *et al* 1989; Beauvais 1998; Spicer 2001).

Some writers maintain that long-term impact is associated with community-wide education targetting value and attitude change (Heath 1992; Beauvais 1992c; Health and Welfare Canada 1992). Recent examples of Australian indigenous

community-generated attitude change include lobbying and action, especially by Aboriginal women, regarding the unacceptability of drunken behaviour, particularly family and other violence (Blignault 1995; Brady 1995d); the growing public refutation of the notion that alcohol exchange and drinking-group participation concur with 'traditional' kinship obligations and reciprocity; and growing interest among Aboriginal communities for locally-targeted liquor licensing restrictions.

At the level of intervention program operation, long-term impact is greatly compromised (as already discussed) by ill-defined program strategies and goals, under-resourced programs, under-trained workers and poor inter-sectoral co-ordination between prevention, intervention and post-program strategies. Post-program impact is similarly compromised by a common dearth of strategies relevant to the daily life realities of many Aboriginal people. In their CAAAPU evaluation, Miller and Rowse found the main post-discharge concerns among clients to be returning to accommodation shared with drinking relatives, concerns about finding alternative accommodation, concerns about finding employment, and concerns about peer pressure to drink (Miller & Rowse 1995). Forty-nine per cent of interviewed clients stated that 'drinking relationships' would be the most significant factor following the program and in their attempts at recovery. This factor was rated the most significant post-discharge obstacle by far. No structured aftercare was provided however (Miller & Rowse 1995), despite the widely acknowledged role of 'cultural' expectations and obligations contained within this issue (Rowse 1993; O'Connor 1984; Beauvais 1992c; Brady & Palmer 1984; Kunitz & Levy 1994; Heath 1983; Douglas 1993; Health and Welfare Canada 1992). Brady goes so far as to suggest that interventions which ignore the effect of group norms on drinking decisions and behaviour are unlikely to succeed (Brady 1992a:710).

Some researchers commentating on the centrality of group and social norms within drinking behaviour believe that group drinking patterns are unlikely to change until alcohol-alternative sources of power, economic base and pleasure are developed (Brady & Palmer 1984; Siggers & Gray 1998; Hunter 1993; Langton, Ah Matt, Moss *et al* 1991; Gray, Morfitt, Williams *et al* 1996). However, long-term substance-misuse prevention, intervention and post-program strategies based on self-determination components, training, employment, recreation, schooling, health-care and community-accessible resource and support bodies are rare. Or, like 'cultural' inclusions within many programs, they take the form of 'added extras' offered only intermittently or in token form. Many evaluators see the establishment of such strategies—in concert with other community structural changes which enhance options for meaningful everyday activity and future choices—as critical to prevention, intervention and post-program success (Brady 1992b; May & Moran

1995; Gray, Sagers, Sputore *et al* 2000; Burns, d'Abbs & Currie 1995; d'Abbs & MacLean 2000; Conway, Tunks, Henwood *et al* 2000; Miller & Rowse 1995; Beauvais 1992b). Hunter and others emphasise the central importance of community strategies being initiated and planned by their members so as to avoid Eurocentric or dominant-sector 'community development' strategies (Hunter 1993:278; Rifkin 1986; Brady 1991b; Burns, Currie, Clough *et al* 1995).

The establishment and evaluation of syncretic models which combine relevant cultural aspects with more 'western style' socio-economic strategies are called for by many indigenous and non-indigenous writers (Williams 1989; Casey, Collard, Garvey *et al* 1994; d'Abbs & MacLean 2000; Weibel-Orlando 1989; Miller & Rowse 1995; Office of Aboriginal Health 1994; Royal Commission into Aboriginal Deaths in Custody (Johnson E Commissioner) 1991). d'Abbs and MacLean call for sensitive evaluation of interventions, especially the respective capacities of outstation programs and town-based residential programs to rehabilitate sniffers so their roles can be recognised and adequate support provided:

... We need to look thoughtfully at whether current policy directions (such as the move away from residential rehabilitation treatment programs ... and legal sanctions against drug use) are appropriate to the context of Aboriginal drug and alcohol use and misuse ... (d'Abbs & MacLean 2000:82)

Summary

The Aboriginal people who initiated this study asserted that programs which 'make the Aboriginal side strong again', and which provide training in work and life skills were missing from current intervention options. These strategies and skills, they maintained, would help people—especially young people—regain a sense of hope for the future. Few currently operating intervention programs respond to these identified gaps, some of which are also identified in the research literature. The fact that a significant number of Aboriginal people (both in Australia and elsewhere) continue to call for culturally-based intervention models suggests that this particular gap in current intervention options is worthy of exploration. 'Cultural' program definition, however, appears to be poorly developed. Most of the reputedly 'cultural' programs reported in the literature and available databases appear to be based on non-indigenous models, on dominant culture perceptions of what is important, and on dissected and isolated aspects of Aboriginal 'culture'. Comprehensive intervention programs relevant to the contemporary cultural, social and economic marginalisation of Aboriginal people are rare. Existing programs tend instead to focus on the act of substance misuse and the goal of abstinence. Perhaps, as d'Abbs suggests with reference to volatile substance misuse—but with relevance to substance misuse in general:

... the most effective measures ... may prove not to be petrol sniffing interventions at all, but other developments which change the ... economic, cultural and spiritual contents of people's lives and environments ... (d'Abbs 1991)

As outlined in the previous chapter, study participants' perceptions and experiences of alcohol misuse—and of components for its prevention and intervention—will be explored in the following chapters. Study data will be analysed with reference to those theoretical frameworks which appear most relevant to discussion and interpretation of the findings—including the study's outcome intervention model. As will be shown, theories of particular relevance to study findings include the alcohol and other drug use theories of Zinberg (1984) and Prochaska and DiClemente (1986); theories of 'culture' relating (in addition to certain core components) to its apparent, contemporary identity-strengthening role; and theories of development (with reference to development project experience internationally) in which contrasting ideologies are shown to influence cross-cultural project development.

3. METHODOLOGY

Overview

The study is based on a participatory action research approach, using largely qualitative methods in an holistic-inductive study design of naturalistic enquiry. It is an in-depth study of individual and group perceptions; participants having been selected through a variety of sampling strategies (purposive, opportunistic, and snowball). Research was conducted on a semi-open time line incorporating exploratory through to confirmatory phases. Analysis is based largely on content analysis combined with some statistical description. Reliability, validity and triangulation are addressed via a variety of methods, sources, investigators; comparisons with, and guidance from documentary and theoretical sources; methodological validity checks; and investigator, participant-observer, and participant-analyst reliability cross-checking (Patton 1990; Grbich 1999).

Study design

The research was based on a descriptive, grounded theory, participatory action study design. Through a process of comprehensive consultation with community and cultural leaders, identified community groups, and a wide range of participants in a model-planning group, Aboriginal perceptions were sought on a range of issues related to indigenous alcohol (and other drug) use. Perceptions were identified regarding substance use, cultural paradigms, and essential components for an Aboriginal model for alcohol (and other drug) harm prevention and intervention. During this process critical factors in culturally appropriate methodology and program evaluation were identified and their application to other indigenous community project work discussed.

Study site

The research is based in the Derby area of the West Kimberley region of Western Australia. The study site sits within the area defined by Derby ATSI region boundaries which cover an area of approximately 103,728 square kilometres within the half million square kilometres of the Kimberley. Derby lies closer to metropolitan Asia than to metropolitan Australia and has been described as 'possibly the most remote area of settled Australia to any seat of State or Federal government, and to the centres of Aboriginal political activity in the South-east' (Hunter 1990c:192). The region's post-European contact history spans approximately 120 years.

Study population

The 1996 census estimated the indigenous population of the Derby West Kimberley region to be 3,958 (55%) of a total population of 7,171. Of this Aboriginal population, 37 per cent was aged 14 years or younger and 58 per cent lived outside the two regional towns of Derby and Fitzroy Crossing. Detailed estimates of language group affiliation and place of permanent residence are not available from census data. I have been able to make only crude estimates for these categories from a combination of the census data available and figures provided in a 1996 health services planning consultant's report (Snook 1996) commissioned by Winun Ngari Aboriginal Corporation, the principal Aboriginal resource agency for Derby area communities. This latter report utilises slightly different boundaries to those of the ATSI boundaries used by the ABS, and estimates derived from a combination of these sources must therefore be treated with some caution. These combined estimates suggest that within the study site, 15 per cent of the indigenous population comprises people from Derby area language groups, 32 per cent from language groups to the east of Derby (but excluding the 27 per cent of the regional population who live east of Derby but use Fitzroy Crossing as their service centre), 15 per cent from language groups to the north and 11 per cent from the south (Australian Bureau of Statistics 1998a; Snook 1996). With regard to age category breakdowns within the Derby region, an estimated 41 per cent of the Aboriginal population was aged between 16 and 40 years old (Australian Bureau of Statistics 1998a). The median age for the region's indigenous population was estimated to be 21 years (compared with a non-indigenous median of 36 years), the median age for the indigenous population aged over 15 years being 35 years (Australian Bureau of Statistics 1998a). The Derby town area was estimated to have an indigenous population of 1,164 people, being 36 per cent of the total town population and with a similarly youthful profile to that of the regional indigenous population (Australian Bureau of Statistics 1998a; Australian Bureau of Statistics 1998b).

According to the Winun Ngari report, there are 11 Aboriginal communities in the region with established populations of over 45 people, and nine smaller outstation communities (Snook 1996). Their residents, including the study participants, use Derby and its Aboriginal agencies as their service centre. Of the four largest Aboriginal communities in the area (populations over 150 people), three are located within ten kilometres of the town centre. The remaining large community, and the smaller communities and outstations (populations between 15 and 100 people), lie between Derby and 400 kilometres distance (Snook 1996).

The larger communities contain people from several different languages, the result of involuntary and voluntary movement away from their traditional country since the late 1800s as a result of encroaching pastoral, pearling or police activity and mission influence. Since the early 1970s however, many Aboriginal people have been moving back to their country. Small communities have developed in association with cattle station employment, the outstation movement and the desire to remain living in an Aboriginal-based environment as opposed to a western one (Hunter 1990c; Jebb 1997; Marshall 1993). There are five main language families in the Kimberley (Thieberger 1988) within which the West Kimberley participants in this study primarily speak ten languages: Walmajarri, Mangala, Karajarri, Bardi, Wanambal, Ngarinyin, Worrorra, Nyikina, Kija and Bunuba; and Warlpiri, which was traditionally spoken outside the region.

Study sample

Three groups of people were formally interviewed for the study, with opportunistic interviews also taking place 'on the street' throughout the research period. Participants come as recommended (Patton 1990; Miller & Rainow 1997; Miles & Huberman 1994) from a range of Derby area Aboriginal language and interest groups. These include youth groups, drinking groups, community groups, Community Development Employment Program groups, Derby Aboriginal Culture Centre members and those with personal experience of, and employment experience in substance use and related interventions. Fieldwork contacts for the study commenced informally during my employment with the Western Australian Alcohol and Drug Authority during 1995–97. Over this period, through community-based alcohol project work and residence in the town, I came to know many of the people who later became 'personal profile' participants in the study, others being suggested and introduced to me by knowledgeable local people. Many of the participants in the intervention-model planning group heard of these meetings on the local 'telegraph' and joined the process out of interest.

The 'combined community group' sample (below), for which full demographic data is available, has contributed information for study sample profiles such as patterns of drinking, perceptions of current alcohol interventions and perceptions of 'culture'. This group is roughly representative of the Derby region Aboriginal population in gender, language group distribution, CDEP and other employment participation, population proportion leaving school aged 15 years or younger and in the attainment of basic vocational qualifications (Table 17). Average age was almost identical for both the study-sample and the regional population aged over 15 years, being 36 years and 35 years respectively. The 'combined community group' sample

has both more people who have never been to school and more vocationally qualified people than the regional profile.

With regard to details of the 'combined community group's' regional representativeness, it is proportionately representative of the 20–39 year old age group and the over 60 plus group. In proportional terms, it contains twice as many people aged 16–19 (17% compared with 8% in the regional profile) and more people aged 40–59 (37% compared with 13%). Twice the proportion of people in the study have never attended school and a greater proportion (7% compared to 1%) had attained skilled vocational training. This latter statistic is possibly indicative of the working people with whom I came in contact during my public service work in Derby and from whom some of the purposive sample is drawn. Overall, the 'combined community group' sample is roughly proportionately representative of the Derby region population in terms of gender, language group, employment, school termination under 16 years and basic vocational training, and has an equal average age.

The 'combined community group'

The 'combined community group' of 100 people is made up of two sub-samples, the 'personal profile' group and the 'community group'. *The 'personal profile' group*, a purposive sample, consisted of 24 people selected for reasons of 'cultural' and youth involvement, community project work involvement, personal and/or professional substance misuse experience, women's issues experience, respect within the Aboriginal community, age range and/or elder status. Each of these people participated in in-depth personal profile interviews, offering detailed information about their life circumstances and experience. Some were inaugural members of the study's 'planning group', some were community youth workers, four were community residents known to me from previous work to have a particular interest in alcohol issues, and six were community high school students aged from 13 to 16 years. I knew most of this group from previous work in Derby, and was introduced to the others by members of the study's 'planning group' who knew me well and who were familiar with the project interview process. The 18 adults within this group contributed the majority of qualitative data from which the study's tentative inferences regarding drinking behaviour and possible links with childhood 'cultural' context and identity are drawn. Of the 24 'personal profile' participants, 46 per cent were female, 54 per cent male (see Table 17). Their average age was 38 years, with age breakdowns being approximately equal for the four age categories (19 years and under, 20–39 years, 40–49 years, and 50 years and over). Language group representation comprised those from the north of Derby (25%), the south (33%), east (25%), and from the Derby environs (17%). Thirteen

'personal profile' participants were also became members of the 'planning group' (described below).

The second sub-group within the 'combined community group' sample was the 'community group', a partly purposive, partly convenience sample. This group comprised 76 people, was intended to be selected for language group/geographic representation. A focus group was held at each of thirteen locations, being three remote, two peripheral and two town-based Aboriginal communities, one CDEP group, three youth groups, and three drinking area groups. The intention was to gain an insight into views on the alcohol issue from a largely random sample of community members within each of the main language groups known to use Derby as their service centre, in addition to the views of young people and of drinkers themselves. It was decided to aim for as representative a language group sample as possible as it would be difficult to control for age and sex groupings given the largely convenience-sample nature of these interviews. Focus group locations were chosen where they were known generally, on local advice, to be meeting places for young people or for people from specific language groups. In practice, however, these locations proved to attract mixed language groups, with the result that language group samples were skewed. Fifty-four per cent of participants were female, 46 per cent male. The average age of participants was 36 years, with age breakdowns as follows: 19 years and under (22%), 20-39 (37%), 40-49 (20%), and 50 years and over (21%). Language group representation proved to be 17 per cent from the north of Derby, eight per cent from the south, 50 per cent from the east, and 14 per cent from the Derby environs. Language group data for the remaining 11 per cent were either unrecorded (9%) or related to people from outside the Kimberley region.

The 'planning group'

The final group of 82 people, forming the partly purposive, partly snowball-sample 'planning group' carried out the core work involved in finalising the components for an indigenous model for alcohol (and other drug) harm prevention and intervention. Twelve core focus groups, attended by a total of 77 individuals, were held for this purpose over a fourteen-month period. A thirteenth follow-up focus group (attended by 14 people, nine of whom had attended previous groups) was held a year later largely to discuss a funding body proposal. Initially participants came in response to open invitations sent out to 50 bodies including all of the Aboriginal communities in the area, Aboriginal youth organisations, Aboriginal Culture Centre members, Aboriginal workers in community and government agencies, and CDEP organisations. Many of these people knew of the project either directly or indirectly through preliminary meetings held to ascertain community interest in the proposal,

others through 'personal profile' interviews. Word of mouth clearly played a significant role as 20 per cent of those attending the planning group meetings were not directly approached. Membership of this group remained open throughout the study period. Forty-two per cent of the participants in this group were female, 58 per cent male (see Table 20). The average age of participants was 44 years, with the age breakdowns being: 19 years and under (7%), 20–39 (26%), 40–49 (30%), and 50 years and over (36%). Language group representation was 32 per cent for groups to the north of Derby, 26 per cent from the south, 16 per cent from the east and 22 per cent from the Derby environs. The remaining four per cent came from outside the Kimberley region. In comparison with available Derby regional figures, this sample group is more male, has an average age nine years older than the regional average (for those aged 15 years and older), and a language group distribution less from the east and more from the north and south. It is proportionately representative of the Derby regional profile in its 25–44, 50–54 and 60–64 year old age groupings (see Table 17 for a comparison of regional and 'planning group' demographic aspects).

The Derby (Yuriny) Aboriginal Culture Centre (DACC) members were identified as the foundation members for the 'planning group' sample for several reasons. The research had been initiated by local requests for an 'Aboriginal style', 'healing centre' approach to substance misuse intervention. DACC was recommended by knowledgeable Aboriginal people of the area as being the most appropriate and representative body to underpin such an enquiry. Several of the community leaders who had expressed the need for an Aboriginal version of alcohol intervention belonged to this group. DACC is the Derby arm of the Kimberley Aboriginal Law and Culture Centre, its members being respected Aboriginal leaders. The aim of these Centres is to promote cultural awareness and cultural identity among Kimberley Aboriginal people. It is the only group of its kind in the area and was considered by most of the local people I consulted to be best qualified to answer questions regarding perceptions and beliefs related specifically to 'Aboriginal' and/or 'healing' approaches and their pertinence to alcohol prevention and intervention. DACC membership is maintained at around 20 people, most of whom participated at various stages in the process of 'planning group' focus group interviews.

Additional sources have been used to further describe the alcohol-related context in which participants live and derive their perceptions of substance use and related interventions. Data have been included from previous interviews conducted in late 1996 with Derby drinking-area drinkers prior to the town's liquor licensing hearing,

from the liquor licensing hearing itself, and from informal interviews with service providers and 'people on the street'.

Ethical considerations

Support for this study was granted by DACC as detailed below, and by a representative range of local youth and other Aboriginal organisations at a preliminary meeting held prior to research commencing. Many of the people attending these meetings remained involved in the study for the duration of the research. National Health and Medical Research Council guidelines for research protocol were adhered to throughout the study period (National Health and Medical Research Council 1991).

After an initial meeting with the Derby Aboriginal Culture Centre executive in May 1997, at which the research proposal was discussed, a draft letter of agreement on ethical issues was sent to the executive for their private consideration in my absence. The letter outlined the research proposal, the likely research time frame and proposed focus group meeting structure and purpose. It confirmed that the planning group would be consulted before any changes to the research methodology were undertaken. It recorded the research connection with Curtin University of Technology and the uncertainty of funding for any intervention model which may result from the planning process. It referred to my agreement to write a government funding submission, on behalf of the 'planning group', requesting funds to establish any model resulting from the planning process. The letter confirmed that no secret Aboriginal Law business would be talked about and that if these activities were to be included in any resulting model, elders would maintain complete control of the details of this information and its teaching. Confidentiality regarding individuals' names in connection with information given during 'personal profile' and focus group meetings would be maintained, as would people's right to refuse to answer questions and/or to continue attending planning meetings.

The letter stated that I would record in writing a summary of all meetings and confirm this content with the planning group before including it in the outcome model. At the end of the planning process this model would be written up and presented to the state government as part of a funding submission, as well as to the University as part of the researcher's thesis. A summary of the thesis would be presented to the planning group to verify the accuracy of the planning process, and to verify adequate acknowledgment of the people who participated in the research process. The planning group's consent would be obtained prior to the presentation of the research findings at conferences or in journals, and all research data would be safely stored at the (then) National Centre for Research into the Prevention of

Drug Abuse. There would be no cost to the Aboriginal Culture Centre during the process of the research and the Centre would not be expected to provide me with space or equipment. The executive met several times to discuss this and other aspects of the research proposal and in July 1997 signed their consent to the above agreement, including their intention to form the foundation membership of the 'planning group'. This was followed by a letter of endorsement for the project from the Culture Centre's parent body, the Kimberley Aboriginal Law and Culture Centre.

An Aboriginal research assistant from the Derby region was later recruited to conduct focus group interviews primarily with young Aboriginal community residents. Consent forms were discussed with and signed by representatives for all but five groups among the 24 'personal profile' participants and the 13 'community group' groups. Two slightly different versions of the form were used, one for participants who were easily located and lived within established community groups, enabling delivery of a research summary; and another for groups among which the permanent residence of members varied and whose participants would be difficult to locate over following years, as with some of the drinking and youth groups. All participants signed willingly, the five non-signatories' consent forms having been overlooked in the interview process. Representatives for those of the latter groups which could be contacted signed their consent retrospectively during the final reporting field trip in 2001.

Consent forms were not presented to the 82 people participating in the 'planning group' because of the logistical difficulties of doing so. (Participants would arrive and leave at unpredictable times during planning meetings, and would sometimes attend once only or intermittently; and in general the social interactions and various 'business' which occurred both before and after meetings was not conducive to the reading, explanation and form-signing required). Instead, as stated, the Executive of DACC discussed among themselves, negotiated, and agreed to sign a letter of consent for the 'planning group' research process.

Although 'planning group' members were invited from the outset to participate in a process to plan a 'cultural'/'Aboriginal style' alcohol healing/rehabilitation/harm prevention program (as proposed by the people who initiated the study), this proposal was generally not discussed with 'combined community group' participants until the end of their interviews. Instead, the latter participants were asked if they 'would be happy to give their personal stories and ideas about the local grog problem and what, if anything, could be done about it'. Participants were given a verbal summary of the sort of questions which would be asked of them,

such as their thoughts about the effect of alcohol on Aboriginal people, the role (if any) of 'culture' in alcohol intervention and their own lives, their personal drinking and 'growing up' stories, their thoughts about existing alcohol interventions and other ways in which drinkers might be helped. If they then gave verbal consent to participate in the interview (as did everyone who was approached) the focus group or 'personal profile' interview would begin. Once complete, and participants familiar with the interview process, written consent was then sought to use the information given for the dual purpose of University study and 'to help the Derby Aboriginal community try to get money to set up an alcohol centre for the Derby area'. The interviewer would explain the purpose of the consent form, read it aloud (if no group member wanted to do so) and ask participants if they or a group representative were happy to sign. All participants gave both verbal and written consent.

Data collection techniques

I had initially proposed to undertake fieldwork in three monthly visits of six weeks' duration but it became evident during the preliminary, pre-research visit to Derby that residence in the community (and participation in community social events) would be important to the project's success. The unpredictability of contact with many of the remote area participants meant that arrangements for interviewing needed to be flexible, and re-scheduling interviews would only be workable if I were resident in the area. Participation in daily town life seemed to enhance the development of trust and relationships with study participants—much of this taking place, for example, during chance meetings at the supermarket. Formal fieldwork periods consisted of a preparatory two-week visit to Derby in mid 1977; a three-month and eight-month period of residential fieldwork in Derby in late 1997 and in 1998; and three follow-up visits of one to two weeks' duration during 1999 and 2001.

The research focus on local Aboriginal perceptions has meant that the main data collection instruments have been those involving discussion with the participants. Experienced researchers stress that 'face to face contact for (research) consultation is essential in Aboriginal communities' (Donovan & Spark 1997), and that on-site visits allowing observation and discussion with participants are recommended as producing the most reliable and valid data (Gray, Siggers, Drandich *et al* 1995). Research data was collected via formal and informal semi-structured interviews, in both one-to-one and focus group settings. Due to time and resource limitations interview formats varied from individual discussion through to focus groups of up to 25 people and informal interviews with people on the street. Fieldwork observation and documentary data (including current research findings and

statistical information regarding local area alcohol consumption levels and alcohol related harm data) supplement interview data.

Interviews took place at locations and at times chosen by the participants. Records of interviews and group discussions were recorded on tape where consent was given, with hand-written field notes made where possible to record contextual data. In cases where neither strategy was possible, field-notes were made as soon as possible after the completion of interviews. I conducted the majority of interviews, with an Aboriginal research assistant conducting six community focus group interviews. As recommended (Donovan & Spark 1997) both of us had, in most cases, ongoing relationships with participants or with the person who introduced us to them. In these latter cases, the person introducing us would be a respected community member, or a well-known community worker such as the community health worker, the community arts officer or the head of the night patrol. These people were familiar with the research project and would seek consent from potential respondents and subsequently introduce us if consent was granted.

A semi-structured interview schedule, designed around the research objectives, has formed the basis of data collection. The schedule was used in full during 'personal profile' interviews, and as a guide for 'community group' focus-group interviews. Those parts of the interview schedule relevant to the identification of an indigenous intervention and evaluation model were used as a guide for 'planning group' focus-group discussion.

'Personal profile' and 'community group' interviews

Using the full interview schedule, a detailed personal profile was compiled for each of 24 'personal profile' participants during single, one to two hour, semi-structured interviews. Despite a prior arrangement with our contact person for individual interviews with the six youngest 'personal profile' participants, on the day of interview these young people stated a preference to be interviewed in a group. As a compromise solution, each was interviewed—within the group—at greater depth than individuals within community group interviews. Because of the much younger age of these six participants, tentative inferences regarding possible associations between the stability of/disruption to childhood 'cultural context' and later drinking decisions are drawn largely from the qualitative responses of the eighteen *adults* within this 'personal profile' group.

The same semi-structured interview schedule was used to compile a group profile for each of the 13 'community groups' during a single, one to two hour semi-structured focus group interview with each group. Participation in the 'community

group' interviews ranged from three to 15 people, in contrast with the proposed 15 people per interview group. In practice, the study sub-sample at these interviews proved to be a 'convenience sample' consisting of whomever was present at the time of the interviewer's arrival. Where I or the Aboriginal youth-research assistant were known to the groups and/or where the groups could be contacted ahead of time, we or a mutual contact person would pre-organise interviews. In cases where it was not possible to know who would be present until the day, as with some youth groups and the drinking area groups, we would be introduced on the day by a mutual Aboriginal contact. Spokespersons for the pre-arranged groups would discuss the proposed interview and date with community members ahead of time, inviting on the day whomever was present to join the discussion. Focus group size and interview conditions generally meant that, apart from demographic details, individual responses were not identifiable for all questions. In most cases the recorded answers are those of general group consensus.

Responses from the 'community group' interviews were combined with those from the 'personal profile' interviews to provide overall descriptions of drinking contexts and patterns, and 'cultural' and intervention program perceptions. The intervention recommendations from this 'combined community group' data were compared with those of the 'planning group' in order to answer research objectives regarding the identification of an Aboriginal alcohol intervention model. All of the 'combined community group' participants were asked questions regarding perceptions of Aboriginal alcohol use; the effect of 'cultural strengthening' on drinking behaviour; perceptions of 'Aboriginal culture' and its place in their lives; personal and extended family drinking history; personal or family experience of, and reactions to, current alcohol interventions; proposals for alternative ways to intervene in substance use and culturally relevant ways to evaluate their success. Finally, demographic information was gathered for age, sex, family size, education, usual residence, language group and languages spoken, parents' country, geographical area affiliation, childhood carers, schooling, religious background, organisational/agency membership and employment status and experience.

'Planning group' interviews

Thirteen half-day, semi-structured focus group interviews were conducted with planning group members over a two-year research period. A description of the process of these focus groups is given in Chapter Nine. Attendance numbers ranged from six to 25 people, with an average of 15 people per focus group (see Table 20). A core group of 20 people (proportionately representative of the full study sample in gender and 20-50 year age groupings, though with an average age ten years older) each attended at least one third and up to 80 per cent of all focus groups, with the

attendance of each spanning the research period. The purpose of these interviews was to identify how Aboriginal perceptions of existing alcohol interventions, contemporary research findings, 'culture' and 'cultural reconnection' could be incorporated into an Aboriginal model of alcohol (and other drug) harm reduction. This was an iterative process, participants building successively on the discussions and findings of the previous focus group interview. Participants were also asked to identify criteria for evaluating successful outcomes from alcohol intervention. Responses to this last question were used to fulfil research objectives regarding the documentation of successful outcome perceptions for use in later program evaluations. The final research objective regarding the documentation of the study's participatory research style was met using detailed field note records of 'planning group' proceedings, presented in Chapter Nine.

Interview questions were slightly refined as research progressed, largely to improve the clarity of their meaning. Questions were framed using principles of cultural appropriateness such as sensitivity toward taboo or delicate subjects, privacy considerations, differing concepts of numeracy and time, and interpersonal interaction styles. A consistent attempt was made, as recommended (Gray, Saggars, Drandich *et al* 1995; Donovan & Spark 1997; Miller & Rainow 1997), to ensure that culturally appropriate methods of information gathering, representation and decision-making were adhered to.

Participation by young people

It became clear early in the study that participants' general perceptions of an 'Aboriginal-style', 'healing centre' intervention involved a strong focus on youth and early intervention and prevention strategies. Efforts were made from this point onward, with varying success, to interview more young people. Of the 'combined community group' participants, 39 per cent were aged under 30 years, as were 17 per cent of participants in the planning group. If participants aged under 40 years are included, these proportions are 57 per cent and 33 per cent respectively. Several 'planning group' participants observed that youth attendance at planning focus groups was unlikely because of the number of adults attending, endorsing instead the gathering of young people's perceptions through individual or youth group interviews.

Opportunistic interviews and observation

Questions from the interview schedule were also used during opportunistic, informal interviews with 'people in the street' (when giving lifts, travelling with hosts to communities for focus group interviews, or when talking with other agencies regarding aspects of the study). Semi-structured observation in Derby's drinking

areas took place during periods of food-serving with the local mobile food patrol, and prior to the study commencing during interviews with drinkers before Derby's liquor licensing hearing. I used a mental check-list (with data documented soon after) for observations of numbers of people, gender, age estimates, substances being consumed, stated reasons for being there, general 'mood' of the groups and apparent degree of intoxication (if any).

Data management

Interview tapes and notes were transcribed to computer disc, and all names within the text replaced with code. To ensure confidentiality, participant identification numbers were used on all records of interview and all computer files and documents associated with the research. A code-book matching names to identification numbers/codes for data verification purposes was kept separate from hard copy data records in a locked cabinet. Taped interviews were encountered for the first time by many study participants and appeared to be the cause of some anxiety. As a result of this, an agreement was made with all participants that tapes would be erased as soon as transcriptions had been made. Records of interview are contained both in hand-written, number-coded field notes made at the time of interview, and in the number-coded transcripts made from interview tapes prior to erasing. Fieldnotes and computerized data were stored during fieldwork at the Derby office of the Western Australian Alcohol and Drug Authority/North West Mental Health Service. During thesis writing, due to my residence outside of Perth, fieldnotes and computerised data were stored securely at my home rather than at the proposed NCRPDA/NDRI locations, the latter being the site for the permanent storage of data.

Verification, reliability and triangulation of data

Discussion regarding my credibility as a researcher has been presented, as recommended, in Chapter One. Methodological training has been provided over the course of the research by the thesis supervisors. The research objectives, interview schedule and methodology were designed using principles of construct and content validity. Internal study validity has been attempted through the demographic comprehensiveness of the study samples. The fact that many participants became voluntarily involved with, and maintained their involvement in the study may be a further measure of content validity (Patton 1990).

Research triangulation and verification of data gathered took place throughout the research period. During the fieldwork phase, the 'planning group' was involved in verifying the accuracy of the data gathered and collated for the developing intervention model. A summary of each 'planning group' focus group was sent to

group members for their verification following each interview, and feedback on its validity sought at the following focus group. This involvement by participants in inter-observer and inter-analyst roles is supported in the qualitative research literature (Patton 1990; Grbich 1999; Miles & Huberman 1994).

The process, however, was not as clearly defined as it ideally could have been. Despite the reasonably consistent attendance of a core group of participants, not all of these people attended all of the same focus groups, and not all participants reviewing each summary would have been at the preceding focus group. As variations in literacy levels were also characteristic of each focus group, the most reliable verification tool was the butcher's paper record of the ideas put forward and discussed at each focus group. The same sheets were used and added to throughout the entire 'planning group' process, and verbally reviewed at each consecutive focus group. As the model-refining process progressed, dismissed ideas would gradually be visibly deleted (with a line through the text) and confirmed ideas visibly accepted (with a tick). This record forms the basis of the final model, with the addition of the focus group 'minutes' and my fieldnotes. Summaries of the complete fieldwork research findings were given or distributed to as many participants as could be contacted during a final field trip in 2001. Triangulation requirements have been further met by the use of a variety of data sources (interview, observation, personal commentary and documentary analysis), and a combination of qualitative and quantitative data collection and analysis. It is hoped that this combination of multiple observers, methods and data sources will overcome 'the intrinsic bias that comes from single-methods, single-observer, single-theory studies' (Denzin 1970:313).

A consistent attempt was made throughout the study to minimise both the 'observer effect' (Douglas 1976) and the possibility of participants answering questions in ways they believed were wanted by the interviewer. The combination of established relationships with various sections of the community through previous work, people's enthusiasm to participate, the depth of individual interviews, the open debate during group interviews, and the checks on research validity described above provide a reasonable screening of these issues. The research emphasis on participant perceptions—consistently emphasised during interviews through the reflection of questions back to the participant, reminders that it was participant perceptions being sought, presentation of research-literature recommendations as suggestions only—all assisted in minimising these research obstacles.

Analytic integrity has been attempted as recommended (Patton 1990) through a combination of inductive analysis, the identification and discussion of competing

themes, and the search for and discussion of negative cases. Principles of construct and criterion validity and generalisability are met in the thesis discussion through comparison with documentary data and previous findings. Documentary data from international research literature has been used to compare and contrast the findings of this study with those from countries in which historical and socio-economic landscapes are similar. The component of the study dealing with new model building is compared with currently existing models and their differences discussed.

Data analysis

Qualitative data analysis techniques were used to code, assimilate and manipulate the data in order to answer research objectives and compile results. Interview records were reviewed and content-analysed as fieldwork progressed. Following transcription, interviews were coded using 'NUD.ist Package for Researchers Using Qualitative Methodologies' software (Qualitative Solutions and Research Pty Ltd 1997). Codes were generated from a combination of initial intuitive coding categories and more refined categorization which evolved as transcript analysis progressed). This coding was used to create a coding tree built on the lines of enquiry indicated by the research objectives. Coded responses were then collated and presented as both quantitative and qualitative responses to these research objectives, supplemented with both documentary and observation data. Construction and analysis of the working data sets were performed using both a fieldwork IBM compatible laptop computer and an IBM compatible desktop computer located at my home. Following the completion of fieldwork, further data analysis and writing took place over a period of two years.

Justification for the research methods chosen

Because this study was initiated with a request from Derby area Aboriginal people for an 'Aboriginal style' of alcohol intervention, the study sample is entirely Aboriginal and Aboriginal participation has been sought throughout the process and iterative collation of the research findings. That is, the study has been based in grounded theory and participatory action. International and national, indigenous and non-indigenous advisors and advisory bodies indicate this as an appropriate basis for research with indigenous groups (United Nations 1978; Royal Commission into Aboriginal Deaths in Custody (Johnson E Commissioner) 1991; National Health and Medical Research Council 1991; Casey 1997; Miller & Rainow 1997; Donovan & Spark 1997; Argyris & Schon 1989; Crawford 1989; Savory 1999). Participatory action research methodology meets internationally established community development and primary health care guidelines promoting self-reliance and self-determination, including the full participation of the community at every

stage of project development (United Nations 1978). The failure of current, 'western-based' intervention approaches makes the investigation of alternative, locally-based indigenous responses highly relevant. As discussed in Chapter One, and demonstrated in the often spontaneous research-participation of a demographically varied group of people, there is strong and sustained interest from the Derby community in finding workable approaches to the alcohol issue.

Grounded theory and largely qualitative (rather than quantitative) methodology were chosen for several reasons. The study is largely an enquiry into people's perceptions, with an added component of new model building. The research was therefore largely based on discussion with participants, based as previously stated on a standardised semi-structured interview schedule. The richness of the data received enabled a gradual teasing out, through qualitative analysis techniques, of themes and differences in response. This process enabled detailed and composite pictures to emerge in response to the research objectives. The iterative 'planning group' focus-group process enabled the gradual formation of an intervention model.

Qualitative techniques are frequently recommended for research with indigenous people as they have generally proven in practice to be more compatible with indigenous styles of interaction (Gray, Siggers, Drandich *et al* 1995). Experienced advisors note the effectiveness in cross-cultural research of descriptive approaches and qualitative techniques of data collection and analysis, such as participant observation and in-depth interviews. They add that some researchers advocate qualitative techniques as the only appropriate technique to use with indigenous peoples, one source stating that quantitative techniques 'are not appropriate to the group consensus mode' (Herbert 1986 cited in Gray, Siggers, Drandich *et al* 1995:570). They point out that often, standard quantitative data collection analysis will not adequately specify the components contributing to outcome data, as these are often the result of a complex interplay of processes (Gray, Siggers, Drandich *et al* 1995).

My own community project work experience suggests that local ownership and participation are essential components for lasting and meaningful community change. As recommended by Patton and others, I have tried to remain aware of my various biases during the process of fieldwork and analysis, but am mindful of the insight that 'value free interpretive research is impossible' (Denzin 1989:23; Patton 1990). The only practical bias-impact, of which I am aware, is that I did not repeatedly emphasize the literature's intervention recommendations if participants perceived them to be inappropriate. I understand, however, that this approach is consistent with grounded theory research principles. As recommended by the

literature (Kirk & Miller 1986; Patton 1990; Miles & Huberman 1984), I have attempted to reduce my biases through a range of techniques including the use of screened semi-structured interview questions; demographically-comprehensive participant groups; varied interview techniques; multiple interview groups; an extensive time-period for fieldwork; assistance from an indigenous interviewer for some group interviews; a range of participant sampling strategies; occasional independent outsider coding checks; quantitative as well as qualitative analysis and presentation of data; and the inclusion of 'negative cases' (Patton 1990:463).

Community generated, participatory approaches to community research and project principles are strongly promoted in international and national community development contexts (Freire 1985; Alinsky 1972; United Nations 1978; Royal Commission into Aboriginal Deaths in Custody (Johnson E Commissioner) 1991; Hunter 1993; Ison & Russell 2000; Savory 1999). The approach also accords with Lincoln and Guba's belief that the credibility of qualitative research rests to a significant extent on the understanding and accepting of the naturalistic inquiry paradigm (Lincoln & Guba 1985). With this paradigm in mind, the following chapters will explore Aboriginal views of the (perceived) real-world situation regarding Derby area alcohol issues and intervention.

4. THE CONTEXT OF ABORIGINAL DRINKING IN DERBY

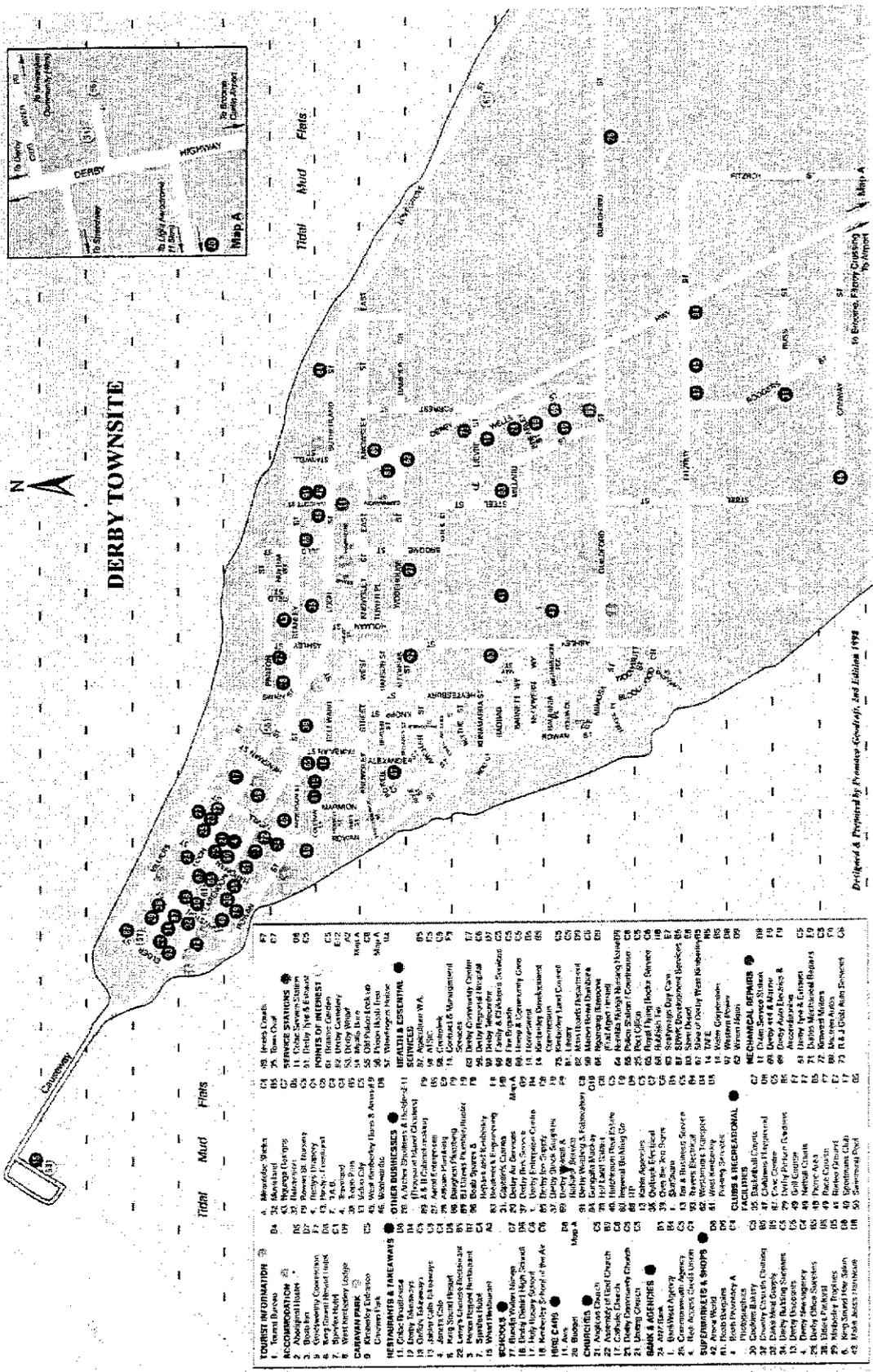
... There's so much frustration and so little for many of these [Aboriginal] people to look forward to. They look around and see no future for themselves, nowhere to go, no prospects of employment for many of these young people ... It's an environment that would destroy most European Australians if they were placed in it. It's got nothing to do with their Aboriginality ... (Media interview with AMA President regarding Kimberley Aboriginal youth suicide, in Anonymous 1997)

... X [young Aboriginal leader] said that it seemed that whiteman had taken everything from Aboriginal people except 'cultural' knowledge, and now they wanted to find out about it ['cultural' knowledge] too, and to write it all down—that whiteman may as well just publish it on the internet ... (Excerpt from fieldnotes, in Nichols 1998)

The context of drinking among Aboriginal and non-Aboriginal people in the Derby area is multi-layered. In this chapter an overview is presented of Derby's history, regional purpose, social environment, alcohol industry activity and selected socio-economic indicators. This review identifies some of the broad historical and socio-economic factors which may be involved in patterns of drinking and abstinence among Aboriginal people living in the Derby area. More personal accounts of these influences in the lives of study participants are presented in the following chapter.

Derby: an overview

The Shire of Derby, West Kimberley incorporates the towns of Derby and Fitzroy Crossing. At the time of the study Derby had an estimated population of 3,195 people (36% of whom were Aboriginal) (Australian Bureau of Statistics 1998b). In addition to the administrative and service functions previously described, the township included primary and secondary schools, vocational and skills training centres, a regional hospital and Royal Flying Doctor Service base, a police station and courthouse, a Royal Australian Airforce base, varied sporting facilities (ovals, courts, speedway, golf course, rodeo ground and race-track), three residential hotels, a guest house, restaurants and six alcohol outlets [see Map 4, Derby townsite, overleaf]. Fishing and camping, and tourism to and from the Gibb River Road were key recreational activities in the area.



Map 3: Derby townsite

(Source: Derby and Fitzroy Crossing West Kimberley Information Directory 1998)

The Derby township is located on land originally occupied by the Warrwa people, descendants of whom still live in the area. It is situated near the base of King Sound, close to the mouth of the Fitzroy River, on a peninsula of land surrounded by tidal marsh. It is remotely located, lying 2,366 kilometres by road from Perth, 42 kms from the National Highway, and with its nearest town neighbours being Broome (220 kms to the south-west) and Fitzroy Crossing (260 kms to the south-east). This remoteness has undoubtedly contributed to the fact that despite more than 120 years of European settlement in the area, older (and many younger) Aboriginal people from the region still display strong respect for traditional notions of land care and associated 'cultural' beliefs (Hunter 1990c; Jebb 1997; Marshall 1993; Office of Aboriginal Health 1994).

An historical overview

Derby was officially proclaimed a town in 1883 following the establishment of the first pastoral stations in the area. The discovery of pearl shell in King Sound in 1885, the beginning of the goldrush at Hall's Creek (550 kms to the east) in 1886, and the requirements of the expanding pastoral industry secured Derby's frontier-town purpose and resulted in its establishment as a port town to service the developing industries.

European settlement of the region was marked by unprecedented violence toward Aboriginal people (Biskup 1973), and their resistance to its force was widespread. A series of massacres took place during early settlement of the area, among them the 1894-97 police campaign against the Bunuba people. These early Aboriginal resistance fighters defended their territory in the Leopold, Oscar and Napier Ranges to the north and east of Derby (Biskup 1973; Pedersen & Woorunmurra 1995). Kolig asserts that the 'murderous escapades of settlers and police' continued into the 1920s and he records at least four language groups which were virtually eliminated by the systematic and officially condoned policy of 'clearing' land for pastoralism (Kolig 1987:17-19).

Churches began establishing missions in the West Kimberley from the late 1800s, some with the intention of providing refuge for Aboriginal people against the depredations of pearling crews, local settlers and police; others with primarily evangelical and educational intentions (Robinson 1973). Some missions attempted to find ways to incorporate Aboriginal spirituality, language, ceremony and other 'cultural' practices into their work; others forbade 'cultural' practice altogether, their focus being religious conversion and the training of Aboriginal people for work and life on European-run stations and in settlements (Robinson 1973).

Government ration stations, government-supported missions and reserves were established in an attempt to restrict the movements of, and resistance by, Aboriginal people in areas where pastoralism was expanding; to prevent the killing of stock; and later to provide training in station skills for Aboriginal people (Jebb 1998). Police were appointed as 'protectors' of Aboriginal people and helped to reinforce the imposition of pastoral boundaries. Station 'runaways' (Aboriginal station workers who attempted to leave these settlements) were often shot, or caught, chained and whipped. If they survived this treatment they would be returned to the pastoral station by police (Kolig 1987). Jebb found that a 'climate of fear and coercion developed in the north Kimberley, framing and containing Aboriginal people's access to rations and to each other, particularly to women and children' (1998:16,17). Jebb and others have found that the alliances formed between Aboriginal people and their various white 'bosses' on stations, missions and reserves were born largely out strategies for survival (Biskup 1973; Kolig 1987; Jebb 1998).

The Western Australian *Aborigines Act* of 1905 established the mechanisms for the control of all contacts by Aboriginal people with the wider community, enabled the enforced assimilation of their children and the control of most aspects of their personal lives (Haebich 1988). Under the Act the Governor of Western Australia was given the power to declare prohibited areas for Aborigines and to declare Aboriginal reserves. Unemployed Aborigines could be removed to reserves under warrant. The Chief Protector of Aborigines became the legal guardian of virtually all children of Aboriginal descent to the age of 16. He could remove 'needy' or orphaned children from their homes to missions or other institutions without court order, this provision reaching peak application between the 1920s and 40s but remaining in place until 1954 (Human Rights and Equal Opportunity Commission 1997).

The Chief Protector had the power to manage the property of Aborigines with or without their permission and his approval was required before marriage between an Aboriginal woman and non-Aboriginal man. 'Honorary protectors', who were sometimes also police, supervised and controlled access to the employment of all 'Aboriginal natives', 'half-caste' women and 'half-caste' boys to the age of fourteen via a permit system. They could control the movement of Aboriginal people in settled areas; enter Aboriginal camps at any time, with the assistance of police if necessary, and order camp relocations away from towns and municipalities (Haebich 1988).

The Act empowered police and justices of the peace to order 'loitering' or 'indecently dressed' Aborigines to leave the vicinity of towns and police could arrest without

warrant Aboriginal people who were seen to be offending against the Act. Penalties for such offences included sentences of up to six months imprisonment, with or without hard labour. Justices could appoint persons to act 'on behalf of Aboriginal defendants' in the cross-examination of witnesses (Haebich 1988:88). Other controls applied under the Act, not all of which are presented here. Exemption from the Act was considered only for those Aboriginal people who had 'dissolved all "tribal and native" associations, except with respect to lineal descendants or relations of the first degree' (Biskup 1973:264), and those who had attained a 'suitable degree of civilisation' (Haebich 1988:89). There was no right of appeal, and the few people granted exemption 'remained subject to discriminatory provisions in other state legislation and their 'privilege' could be revoked at any time' (Haebich 1988:89). Aborigines were obliged to live under the rule of the Aborigines Department.

The decade from 1903 was dominated in the north Kimberley by the 'settling' of the Indigenous occupants of the area by police and armed stockmen (Jebb 1998). Their mission was to prevent any hindrance by Aboriginal people to pastoral occupation, leases being predominantly taken up by large pastoral companies which would gradually extend their holdings to encompass more and more land. Biskup writes that stock was considered more important than lives and that people considered troublesome to the fledgling pastoral industry would be 'dispersed' or arrested by police and sentenced to several years imprisonment (Biskup 1973). In the 1930s, as a result of massacre; disease; and the 'dispersal' of Aboriginal groups through murder, imprisonment, coerced labour of selected men and women on stations, containment of bush people on often under-resourced station camps, missions and government reserves and stations, the north Kimberley Aboriginal population had declined to its lowest point.

The Western Australian Government's leprosy campaign, which ran in the area from 1936 to 1945, focused on those Aboriginal people not incorporated into a station workforce (Jebb 1998). The Derby Leprosarium, established fifteen kilometres from the township in the mid-1930s, was set up for the isolation and treatment of people with leprosy, taking patients from around the country. Its inception coincided with the intensive 'second wave' campaign to quell Aboriginal resistance to pastoralism in the north Kimberley in the 1920s and 30s. Records show that of the estimated 1,134 admissions to the leprosarium during its fifty year history, approximately 513 people came from the Kimberley's northern ranges, among these several Aboriginal people previously identified by police and settlers as 'troublemakers' (Jebb 1998). The campaign 'was conducted in such a way as to reinforce the pattern of police raids and removal of bush people from the early days,

rather than introducing a form of government assistance and protection for Aboriginal people' (Jebb 1998:173). The movement of Aboriginal people, already subject to the government's unofficial segregation policy, was further reinforced by fear of the leprosy campaign and the threat of institutionalisation far from country.

For the Aboriginal men and women 'selected' for station work, their retention in the area was reinforced by both government policy and fear of violent reprisals from station managers and police should they attempt to leave (Marshall 1993; Jebb 1998; Willis 1986). Their labour became indispensable in the growth and maintenance of the Kimberley cattle industry. While living, working and pay conditions on the stations were frequently harsh and unjust, the geographical and seasonal nature of station work enabled the Aboriginal people involved to remain on their land and continue, to some extent, 'cultural' responsibilities and practices (Marshall 1993; Jebb 1998; Biskup 1973). Unlike the Northern Territory, no support was provided to station managers for the feeding of the Aboriginal communities which formed around the Aboriginal station workers on these pastoral leases (Jebb 1998).

The Chief Protector of Aborigines, believing that 'full blood' Aborigines would eventually die out (Haebich 1988), focused legislative attention on the 'half-castes', advocating the extension of Departmental control to enable their isolation while they underwent the processes of assimilation:

... The native must be helped in spite of himself! Even if a measure of discipline is necessary it must be applied, but it can be applied in such a way as to appear to be gentle persuasion ... the end in view will justify the means employed ... (Neville cited in Haebich 1988:156)

The ultimate aim of such policy was the absorption of 'half-castes' into the wider community. For those Aboriginal people living on missions and removed to settlements further south, this policy encouraged practices such as the isolation of children from their parents into dormitories on the missions and settlements. Under the tutelage of staff, children would be trained in European ways of life and taught domestic and farm-work skills to enable employment. There are many records of the forced removal of children during this period and of wretched conditions on settlements (Haebich 1988; Jebb 1998; Biskup 1973; Human Rights and Equal Opportunity Commission 1997). There are, however, also records of children and adults who had positive experiences with caring and empowering adoptive families or (less frequently) institutional programs, although these appear to be a minority (Human Rights and Equal Opportunity Commission 1997).

In 1951 the Western Australian Government, following national legislative changes to Aboriginal policy, adopted an assimilation policy. While many missions continued their work, the government closed or divested itself of all settlements and institutions for Aboriginal people in the Kimberley (Jebb 1998) but continued its policy of segregating 'full-blood' Aboriginal station people and of sending Kimberley children away for education and training. Little provision was made to accommodate the Aboriginal people compelled by these closures, and the annexation of their land, to move to reserves and camps on the peripheries of towns (Robinson 1973; Jebb 1998). Among these displaced groups were the Bardi people from Sunday Island, moved to the Derby reserves when the Island mission closed in 1962 (Robinson 1973) The assimilation-era 'transitional housing projects' popular in the south of the state were not promoted in the Kimberley. The department responsible for Aboriginal Affairs provided several tin sheds and two transitional houses on the Derby reserve, stating its reluctance to encourage separate 'transitional' housing development (Jebb 1998). One town reserve became a transient's camp and another an 'intermediate reserve' where non-permanent huts could be erected.

The State Government's policy was to close all Aboriginal settlements and to discourage any new such developments (Jebb 1998). This enabled the Department responsible for Aboriginal Affairs to have greater 'authority to ensure a satisfactory standard of living', and the hoped for a transition from town camps to a suburban lifestyle (Jebb 1998:284). The Commissioner for Native Welfare felt that by not providing support for people on stations or in town settlements, the path to assimilation would be faster and more cost effective. This left Aboriginal people living in small groups in town reserves, missions and stations without permanent housing or facilities (Robinson 1973; Jebb 1998).

The assimilation policy introduced in the 1950s led in the 1960s to the expansion of the hostel system in towns. These hostels housed Aboriginal children taken to towns from remote missions and stations for a European school education. Amy Bethel Hostel (United Aborigines Mission) and St. Joseph's Hostel (Catholic Pallottine missionaries) housed these students in Derby, the Derby Hostel providing domestic and stock-work training for other young Aboriginal people. The Minister responsible for Aboriginal Affairs explained the policy:

They are not taken from their parents. We are trying to insist that the parents remain on the properties where the children came from. We do not want to see a shift in population. At the end of the school term the children go back to the homes they came from just as our white children return home from boarding school (cited in Jebb 1998:283).

The reality was that not all Kimberley children returned to their families for holidays. Wet season road transport difficulties, cost, and homes deemed 'unsuitable' were among the reasons why some station managers' children spent more time on the stations than the Aboriginal children whose families worked there. Hostel records 'contain lists of children who 'ran away with parents', did not return after a Christmas holiday, 'absconded' mid-term or were 'expelled because of breaking rules' (Jebb 1998:286). Parents' resistance to the removal of their children to towns diminished as more Aboriginal people moved to towns to be close to their children and old people; as access to town-based social security and medical treatment increased; and as technological changes to pastoral work methods displaced more Aboriginal workers to towns and fringe camps.

Some parents resident on stations continued to resist the placement of their children in hostels, fearing the permanent disappearance of their children or the 'cultural' assimilation which they believed would divide families (Jebb 1998). Overall though, these changes and later the extension of the basic wage to Kimberley Aboriginal stockmen and domestic staff in 1969, combined to result in major demographic and social changes for Kimberley Aboriginal people in the late sixties and early seventies. Many Aboriginal people moved from remote mission communities and pastoral stations into towns and reserves during this period (Hunter 1990c; Marshall 1993; Jebb 1998).

Two adjacent allotments, First and Second Reserve (today known as Karmalinunga Community) were established after the Second World War on the periphery of Derby by the then State Department of Native Affairs. Their purpose was the provision of temporary housing for people moving to Derby from remote areas in the north Kimberley and the Dampier Peninsula (Robinson 1973). The current Mowanjum community was established 15 kilometres out of Derby in 1956 when Kunmunya Presbyterian Mission relocated from the North Kimberly with its population of Ngarinyin, Wanambal and Worrorra people. Later, in 1977, a transitional housing scheme was established in Derby's 'back streets' to service some of the 1,175 Aboriginal people who had moved to the town as a result of the above changes. The 'back streets community', as it is known today, still has a large Aboriginal population. In the mid 1970s the old reserves contained an average of 150 people each, with over 300 people living at Mowanjum. By 1977 only 16 percent of the Kimberley Aboriginal population were living on pastoral stations (Jebb 1998).

Legal restrictions on employment, movements out of the State, access to alcohol and to the full range of Social Security benefits were lifted for all Aboriginal people by the *Aboriginal Affairs Planning Authority (AAPA) Act* of 1972. The powers of

access to Aboriginal people however, which had been more generally available in the preceding Act, were retained by AAPA staff who were empowered:

... in the exercise of his powers and duties ... to enter at any time into or upon any land or premises, ship or vessel, where natives are in any circumstances or where he has reasonable cause to suspect that natives may be found ... (cited in Jebb 1998:330)

Government support for Aboriginal people wanting to return to 'country' began in the late 1970s and many people took part in the cultural renaissance documented by Kim Akerman (cited in Berndt & Berndt 1979). Small excisions, such as that for Looma community in 1974, were made on selected pastoral leases. Pantijan station (near the old Munja station) was returned in 1975 to the traditional owners, most of whom were living at Mowanjum community. By 1993, 28 per cent of Kimberley pastoral stations were Aboriginal owned (Jebb 1998). Some leases have become unobtainable through their re-gazetting for the Department of Conservation and Land Management, National Park and military purposes.

The social and religious importance to Aboriginal people of a continuing connection to country tends to be overlooked in debates about the impact of the demographic and economic changes which occurred in the 1960s and 70s. Discourse tends to focus on issues of employment, wages, power and general socio-economic marginalisation. The growing strength of the outstation movement however, and the oral histories of previous Aboriginal station workers suggest the additional and enduring importance to Aboriginal people of access to and residence in country (Akerman 1979; Marshall 1993; Smith & Smith 1995; Jebb 1998). The central significance of land-based associations is echoed by many participants in this study and is further explored in the following chapters.

A socio-demographic overview

Of the 55 per cent of the Shire's population estimated to be Indigenous in 1996, the median age was estimated to be 21 years, compared with a non-Indigenous median of 36 years (Australian Bureau of Statistics 1998a). This youthful indigenous profile was further reflected in statistics for the Derby region, in which 80 per cent of the Aboriginal population was aged under forty (Australian Bureau of Statistics 1998a).

The larger Aboriginal communities (with populations greater than 150 people) in the Derby region are Karmulinunga, the 'back streets' area of the Derby town-ship, Mowanjum and Looma. Many Derby residents also come from large communities situated across King Sound on the Dampier Peninsula, being Bardi/One Arm Point, Beagle Bay and Djarindjin/Lombadina. All of these communities contain people from several different language groups, the result (as described above) of the mass movements of people within the region. At the time of this study there were

approximately twenty-five smaller communities and outstations in the area, ranging in size from five to a hundred people, and utilising Derby as their service centre (Snook 1996).

Socio-economic aspects

A range of indicators point to the impoverished circumstances of many Aboriginal people currently living in the Derby region. Under-employment, low income, low school and further training completion rates, and poor physical and environmental health characterise many Aboriginal communities. In 1996, just prior to the commencement of this study, the Aboriginal unemployment rate was three times the national average and the average income two thirds that of the nation's average. Poor housing, chronic ill health and exceptionally high imprisonment rates were common (McLennan 1996). These problems, in combination with the Aboriginal perceptions of the drinking issue and patterns of drinking presented in the following chapter, suggest a wider context in which to consider excessive drinking.

Table 1: Selected socio-economic aspects within the Derby ATSIC region

| Aspect | Indigenous population (1996 census) | | Non-Indigenous population (1996 census) | | Study sample (1997-98) |
|-----------------------------|--|-------------|--|-------------|---------------------------|
| Median income | \$175.00 | | \$463.00 | | Not assessed |
| Employment* (pop. ≥15yo) | Popn % | Workforce % | Popn % | Workforce % | % |
| CDEP | 37 | 64 | Nil | Nil | 38 |
| All other employed | 17 | 29 | 70 | 96 | 19 |
| Unemployed | 4 | 6 | 2.6 | 4 | 27(inc.pensions) |
| Education* (pop. ≥15yo) | % | | % | | % |
| Never attended school | 8 | | 0.3 | | 16 |
| Left school 15 or under | 38 | | 39 | | 39 |
| Left school aged 16 | 21 | | 20 | | 7 |
| Left school aged 17 | 11 | | 27 | | 5 |
| Unrecorded | 8 | | 3 | | 12 |
| Still at school | 3 | | 1 | | 12 |
| Qualification* (pop. ≥15yo) | % | | % | | % |
| Not qualified | 84 | | 49 | | Not assessed |
| Basic vocational | 0.6 | | 3 | | 1 |
| Skilled vocational | 1 | | 14 | | 7 |
| Bachelor degree | 0.6 | | 13 | | 2 |
| Not stated | 13 | | 7 | | - |

Source: (Australian Bureau of Statistics 1998a); Study data)

* Not all percentages add up to 100: additional categories exist for each section but have not been included here.

The socio-economic disadvantage of Aboriginal people portrayed in national figures is replicated, often more starkly, in Derby regional figures. The context of Aboriginal drinking in the Derby area may be more fully considered when this socio-economic profile is viewed in concert with the history and legacy of dispossession described previously, and with the following indicators of poor environmental health.

The dispossession described previously has resulted in the majority of the last three generations of West Kimberley Aboriginal people being forced to live away from their traditional country. The conditions in which many have lived since then have been overcrowded, inadequately serviced, oppressive, monotonous, and certainly for the first two generations, culturally foreign. Some people appear to have voluntarily 'come in from the bush', out of curiosity and need, to centres where food supplies, medicines and certain material comforts were obtainable (Kolig 1987; Jebb 1998). It also appears that many people believed their land would always be there to return to, a perception understandable in the light of Aboriginal cosmology. As noted by Berndt, permanent separation from land was not considered a possibility because the human was simply an extension of the land (cited in Charlesworth 1998).

The reality for many of these people has proven otherwise and the overcrowded and desperate conditions in which many have lived since then have been associated with the contemporary poor health of many Aboriginal people (National Aboriginal Health Strategy Working Party 1989; Gray & Atkinson 1990; Royal Commission into Aboriginal Deaths in Custody (Dodson P Commissioner) 1991; Task Force on Aboriginal Social Justice 1994; Atkinson, Bridge & Gray 1999a). The 1996 census indicated that overcrowding is still common, with 20 per cent of the Indigenous dwellings in the Derby region accommodating two or more families. There were no non-Indigenous dwellings in this category (Australian Bureau of Statistics 1998a). Of the (often small-roomed) three-bedroom Indigenous dwellings in the region, 55 per cent accommodated five or more people compared with 13 per cent of non-Indigenous such dwellings. 48 per cent of these Indigenous dwellings accommodated seven or more people compared with six per cent of non-Indigenous dwellings (Australian Bureau of Statistics 1998a).

In their secondary research for the 1999 Kimberley Regional Aboriginal Health Plan, Atkinson *et al* identified that such figures are common throughout the Kimberley. It has been estimated that over 300 good quality houses need to be built in the Kimberley each year for a number of years in order to address the current and projected housing needs of the Indigenous population (Atkinson, Bridge & Gray 1999a). Housing maintenance needs are also significant, with the 1997

Environmental Health Needs of Aboriginal People in WA Survey (EHNAPWA) finding that well over a third of Aboriginal houses in the Kimberley had one or two non-functional facilities and a third of the houses were in need of repair (cited in Atkinson, Bridge & Gray 1999a). In its submission to the Royal Commission into Aboriginal Deaths in Custody, the Kimberley Land Council stated that 28 per cent of communities had inadequate water, 76 per cent had no electricity, 68 per cent had improvised housing and almost half had roads which were frequently impassable in the wet season (Royal Commission into Aboriginal Deaths in Custody (Johnson E Commissioner) 1991).

The situation is improving with regard to some infrastructure components and both water and electricity supplies have improved over the past decade. The EHNAPWA survey found that three communities (66 people) in the Derby region reported being without access to an adequate water supply and 15 people were without access to electricity (Atkinson, Bridge & Gray 1999a). While these figures are relatively small, they still require attention, as does the water quality and consistency of power supply for many communities. Repair and maintenance are again problematic in this area.

The EHNAPWA survey found that inadequate sewerage treatment or disposal was reported to be a problem on 8.5 per cent of Derby-region communities. Approximately 1,533 people in the region lived in communities which did not have access to pump-out equipment for their septic systems and leach drains. Close to a third of communities did not receive reliable rubbish collection, many had inadequately small tip capacity, nearly half of the Kimberley communities reported unsatisfactory tip management, and community dumping areas throughout the State were generally not well fenced (Atkinson, Bridge & Gray 1999a). Dust and wind problems resulting from unpaved roads and inadequate natural and manufactured windbreaks were also found to be contributing to the environmental health problems on almost half (49%) of the Derby region communities. The public health risk to the communities through contamination and litter is obvious and both infrastructure and community maintenance training are needed to assist overall efforts to improve environmental health.

The National Report of the Royal Commission into Aboriginal Deaths in Custody (RCADIC) states that:

... the social justice function of transport and communication, in terms of providing access to facilities, cannot be underestimated ...' (RCADIC 1991 cited in Atkinson, Bridge & Gray 1999a:22)

The RCADIC report points to the major requirement for road upgrading in and to Aboriginal communities as part of efforts to improve Aboriginal people's quality of life. Lack of reliable access to and from communities was reported by the EHNAPWA Survey to be the most frequently mentioned area of need in the Kimberley (Atkinson, Bridge & Gray 1999a).

One of the many services hampered by poor road access and isolation is the regular delivery of fresh food. These obstacles and many others (high cost and poor dietary patterns, poor food quality, variable nutrition knowledge and personal preferences) are given among others for the poor nutrition of many remote area Aboriginal people (Atkinson, Bridge & Gray 1999a). In remote West Kimberley communities the average price of a 'market basket' of food was 51 per cent higher than in Perth and in general the price discrepancies are increasing. Rousham and Gracey (cited in Atkinson, Bridge & Gray 1999a) reported in 1998 that among Aboriginal infants and young children in the remote tropical north of Western Australia, under-nutrition was almost as pronounced as it had been twenty years previously. They noted however that the discrepancy between child growth in remote communities and towns in the Kimberley had declined since the mid-1980s giving some cause for optimism. The prevalence of nutrition-related diseases and reduced resistance to opportunistic infection among Aboriginal people living in the Kimberley is widespread and requires combined intervention from Aboriginal communities and the range of agencies implicated in the preceding paragraphs.

As indicated in Table 1, most of the fully employed population in the Derby region is non-Aboriginal. This group is four times more engaged in employment other than Community Development Employment Program (CDEP) work than are Aboriginal people (Australian Bureau of Statistics 1998a). Despite the closure of the Derby meatworks and of the iron ore mining operation on Koolan Island in the early 1990s, the economic fortunes of the town improved later in the decade with an increase in the live cattle shipping trade and the discovery of other ore bodies. Despite these changes, Aboriginal employment remains limited.

While CDEP work has enabled the program's original skills-enhancement and community development goals to be met in some instances, there is a strong perception among many Aboriginal people in the Kimberley that the CDEP program is not 'real' work (Atkinson, Bridge & Gray 1999a; personal communications Derby 1995-99), although the program is viewed positively in many other areas (personal communication, Maggie Brady, 2002). Many believe that it is poorly supervised and mis-used and would need to be extended and tightly managed in order to meet its goals (personal communications Derby 1995-99). Many of those involved in CDEP

work appear disillusioned and disheartened by the 'silly bugger job' nature of much of the work (Gray & Atkinson 1990; Atkinson, Bridge & Gray 1999a; personal communications and observations Derby 1995–99). The authors of the 1999 Kimberley Regional Aboriginal Health Plan believe that 'worthwhile employment and a reasonable income would do more to improve Aboriginal health than most other initiatives' (Atkinson, Bridge & Gray 1999a:29). Undoubtedly, employment is a key issue. However, other research indicates that land-based initiatives such as the 'homelands' movement and the strengthening of 'cultural' identity, knowledge and belonging may also have significant health benefits. Some of these are briefly referred to below and further discussed in later chapters.

The RCADIC identified racial prejudice, lack of employment opportunities, low levels of education and marketable skills, limited English proficiency, poor health and social status, and socioeconomic beliefs and practices which limit the nature and area of work as contributing to the high rates of Aboriginal unemployment and under-employment (Johnston (1991) cited in Atkinson, Bridge & Gray 1999a). Full-time labour participation rates and median income among Derby area Aboriginal people have changed little since the 1991 census. As shown in Table 1 the median non-Aboriginal income in the area was more than 2.7 times greater than that of the Aboriginal population in 1996 (\$462.00 as opposed to \$175.00 per week) (Australian Bureau of Statistics 1998a).

As Atkinson *et al* describe, the Royal Commission noted that school completion rates were generally low among Aboriginal people (Atkinson, Bridge & Gray 1999a). It is likely that this situation contributes to the preceding indicators for unemployment and poverty. Inappropriate school curricula, timetables, teaching methods and environments; low parental education; overcrowding and other social stresses at home; poverty; fewer school-leaver role models and intra-school racism probably play a large part in reduced school attendance (Green 1983; Royal Commission into Aboriginal Deaths in Custody (Dodson P Commissioner) 1991). Thirty per cent of Aboriginal children do not go on to secondary education (Atkinson, Bridge & Gray 1999a). As shown in Table 1, the 1996 Census indicated that eight per cent of the Derby region Aboriginal population have never attended school, 38 per cent had left school aged 15 years or younger and at least 84 per cent had no formal qualifications. Only one per cent had completed skilled vocational training and 0.6 per cent had a Bachelor's degree at the 1996 Census (Australian Bureau of Statistics 1998a).

Using figures provided by the Crime Research Centre at the University of Western Australia, and by the Police Department of WA, Atkinson *et al* show that arrest and

charge rates for Kimberley Aboriginal people increased between 1995 and 1997, with the most dramatic increase (46 per cent) being for charges among Aboriginal women (Atkinson, Bridge & Gray 1999a). Almost a third of the people charged with offences in 1997/98 were juveniles (aged under 18 years) and 79 per cent were under 25 years of age (Atkinson, Bridge & Gray 1999a:31). There was a 33 per cent increase in adult arrests and a 53 per cent increase in juvenile arrests between 1995 and 1997, Derby area juvenile arrests having increased by 50 per cent (Atkinson, Bridge & Gray 1999a). At least 13.4 per cent of the Derby Aboriginal population were detained overnight by police in 1995 (WA Alcohol and Drug Authority 1995). Regional arrest rates are staggering, with Kununurra and Fitzroy Crossing having an Aboriginal arrest rate of around 800 per 1,000 adults per year, the rate for the Derby area being about 260 per 1,000 adults. All of these figures are extremely high in comparison with other populations within Australia (Atkinson, Bridge & Gray 1999a). Atkinson *et al* suggest that alcohol is a likely contributing factor to these figures, the higher rates possibly reflecting a greater proportion of people living closer to towns where alcohol is available and police attendance more likely.

Charge and arrest statistics such as these are an indication of serious social problems. As Hunter has identified, underprivileged Indigenous groups worldwide are showing increasing suicide rates, and as in Australia the most vulnerable group appears to be young men 'with the role of alcohol consistently raised' (Hunter 1990c:193). It is in this group that the consequences of the dramatic social changes in the lives of Aboriginal people appear to be most marked and toward which the focus of much Aboriginal substance abuse concern is expressed.

Land-based considerations within the context of Aboriginal drinking

Much of the literature regarding the context of Aboriginal drinking tends to emphasize the historical and contemporary socio-economic aspects of dispossession (Singer 1986; Kunitz & Brady 1995; Tsey 1997; Siggers & Gray 1998; Atkinson, Bridge & Gray 1999a). An aspect which receives much less attention is that of possible health gains to be made from strengthening connections to country and to 'cultural knowing and belonging'. Indigenous authors and spokespeople, however, commonly advocate the benefits of these approaches for Aboriginal people who have not been entirely alienated from their country and 'culture' (Nathan & Japanangka 1983; Royal Commission into Aboriginal Deaths in Custody (Dodson P Commissioner) 1991; Langton, Ah Matt, Moss *et al* 1991; Cook, Cook & San Roque 1994; Clump Mt Wilderness Project 1993). The importance of connections to 'culture' and country is also evident in the stories presented by the participants in this study. For some reason however,

possibly one of world-view in which socio-economic considerations are perceived to be more critical than spiritual/'cultural' aspects, approaches which incorporate the latter are rarely promoted or researched in the academic literature. Exceptions to the dearth of research into land-based associations, referred to in Chapter Two, are further discussed in Chapter Eleven. Interview excerpts from discussions with eighteen of this study's 'personal profile' participants (presented in the following chapter) suggest the importance of land-based 'cultural' knowledge and belonging and the destabilizing impact which disruption to these connections may have on people's lives. The results of these discussions, albeit from a very small sample, suggest a possible association between 'cultural' disruption and later excessive drinking and invite further investigation.

An overview of Derby's drinking 'culture'

Derby is a 'big-drinking town' within a big-drinking region. Adult per capita consumption in the region was over twice the State average in 1990/91 (WA Alcohol and Drug Authority 1992) and in 1997 remained almost 1.8 times that average (Atkinson, Bridge & Gray 1999a). Much of the town's social life is promoted and conducted within the context of a culture of drinking, a situation which pervades social interaction in the north of Australia.

As mentioned in Chapter Two, Kimberley Aboriginal people have only had legal access to alcohol since 1971, following the phased introduction of the repeal in 1968 of legislation prohibiting alcohol consumption by Indigenous people in Western Australia. In the generation since then, and well before alcohol became freely available, Aboriginal people have observed and learnt from European drinking behaviours. The context from which individuals make their drinking decisions may differ, but it is likely that the culture of European drinking informed the behaviour of many first generation Aboriginal drinkers. Kenny Oobagooma was one of many local Aboriginal people in this study to express the view that 'to be equal to white people Aboriginal people had to drink grog' (Nichols 1996b).

The non-Aboriginal population in the Kimberley contains proportionately more drinkers than does the Aboriginal population (Hunter, Hall & Spargo 1991), and excessive alcohol consumption is by no means confined to pockets of Aboriginal people, as will be shown. For sixteen months prior to the commencement of this study I was employed as the Derby-based Kimberley regional co-ordinator with the WA Alcohol and Drug Authority. Part of my role was to offer an alcohol counselling service and during the period of my employment consistently half of the clients seeking counselling with both my Aboriginal colleague and myself were non-Aboriginal. Local taxi drivers told me that they had to deal with equally high

numbers of drunk and abusive non-Aboriginal and Aboriginal passengers. It was not uncommon to hear non-Aboriginal people describing fishing and camping trips in terms of the quantity of beer that would likely be consumed, this being given as an indicator of how long people would be away from town (personal communications 1995–98). The West Australian Government's Taskforce on Drug Abuse report, published in 1995, concluded that alcohol was the major substance-use problem throughout the Kimberley:

... Numerous people, in the various [Kimberley] locations, described a culture in which drinking is almost inseparable from living ... (Government of Western Australia 1995:108).

... Wherever people go here, they take their stubby holder with them like a gentleman's handbag ... (Government of Western Australia 1995:108)

That a culture of drinking exists in the Kimberley among both Aboriginal and non-Aboriginal people is beyond question. It is an important component within considerations of the overall drinking context of the Derby area.

First impressions: Aboriginal drinking in Derby

Despite the large number of Kimberley Aboriginal people who do not drink (Hunter, Hall & Spargo 1991), first impressions gained when arriving in Derby often suggest a different picture. Visitors (and many residents) were often heard commenting on the litter and beer cans scattered around drinking areas on the entrance road into the town, and on the groups of Aboriginal people seen sitting or lying in these areas. They would describe seeing people from these groups wandering, often drunkenly, across the Derby Highway (the main town entrance road) to the liquor store or hotel on the other side. It was not uncommon to see Aboriginal people slumped against the walls of the town's takeaway liquor stores or lying intoxicated on the pavement outside the supermarket (personal communications and observations, Derby, 1995–98).

During my three-year residence in Derby it was this picture which seemed, for many people, to describe the town's drinking problem. This was inaccurate and incomplete on at least two major counts. Excessive drinking in Derby was by no means confined to the Aboriginal population, and as discussed, the full context of drinking among the Aboriginal population was far more complex than this initial scene would suggest.

Non-Aboriginal drinking

Misperceptions regarding non-Aboriginal drinking in Derby appear, in my experience, to cloud true assessments of the town's drinking situation by many residents and visitors alike. The street scene described above, and its repetition on many days of the week, appeared to reinforce for many people the perception that

'all Aboriginal people are drunks' and that the drinking problem in Derby lay solely with Aboriginal people (personal communications, Derby, 1995–1998). The problematic nature of non-Aboriginal drinking in Derby has, however, been documented in a number of reports on alcohol consumption, mortality and morbidity causation, and hospital and police department databases (d'Abbs 1994; Swensen & Unwin 1994; Police Department 1996; Pols & Hawks 1987). A 1993 Derby household survey, for example, estimated that 19 per cent of Derby's non-Aboriginal population were drinking at medium to high-risk levels compared with 22 per cent of the Aboriginal population (d'Abbs 1994). The WA Police Department database for 1996 recorded that 20 per cent of drink-driving charges in Derby over a five month research period were for non-Aboriginal people, half of those charged recording blood alcohol levels of at least three times the legal limit (Police Department 1996).

Derby liquor outlets and liquor sales

During the period of this study Derby had six liquor outlets, all located in the town-site itself. Four outlets were licensed to sell packaged (take-away) alcohol, which at 81 per cent of the town's liquor sales was by far the most popular form of alcohol purchase in the town (Aves 1997). Estimates obtained by the Liquor Licensing Division of the State Office of Racing, Gaming and Liquor recorded that between July 1, 1995 and June 30, 1996 1.299 million litres of liquor was purchased by Derby licensees for re-sale in and around the town of Derby. Utilising alcohol sales figures (McLennan & Madden 1999), alcohol purchase figures (Aves 1997), and population figures for the State and for the Derby region (Australian Bureau of Statistics 1998b), it is estimated that the 0.2 per cent of the population living in the Derby area consume 0.6 per cent of the State's alcohol sales. Sixty per cent of the total 1995–96 liquor purchase in Derby was for full strength beer and 26 per cent low strength beer, of which 78 per cent was estimated to have been sold as packaged (take-away) liquor. Ten per cent of the total liquor purchase was for wine, of which 92 per cent was estimated to be packaged and four per cent of the total purchase was for spirits, of which 72 per cent was estimated to be packaged (Aves 1997).

Of the town's three hotels, the Derby Boab Inn and the Spinifex Hotel were permitted to sell liquor for consumption both on and off the premises and both had popular and easily accessible take-away bottle-shop facilities. The third hotel, the King Sound Resort, was licensed to sell alcohol for on-site consumption only. The town's two liquor stores, Woolworth's Supermarket and Rusty's Foodland and Liquor Store, were licensed to sell alcohol for off-site consumption only. This combination of trading licenses enabled the purchase of alcohol from 10 am to

midnight six days a week (sometimes until 1 am on Friday and Saturday nights), and from midday to 9 pm on Sundays. The remaining alcohol outlet, the Derby Sportsman's Club, was licensed to sell alcohol to its (largely non-Aboriginal) members and guests only, for consumption both on and off the premises.

Apart from these outlets, the nearest facilities licensed to sell take-away alcohol were the Turntable Tavern at Roebuck Roadhouse, approximately 188 road kilometres south west of Derby, and the Crossing Inn in the town of Fitzroy Crossing, approximately 260 road kilometres east of Derby.

All but one of the town's alcohol outlets were located on the main road which winds into and through the town. The exception, the 'Sportsman's Club', was located several blocks off the main road beside the town's golf, tennis, squash, horse-racing and rodeo facilities. Each of the three hotels catered to and encouraged a particular clientele. The King Sound Resort, located on the Derby highway at the entrance to the town proper, offered higher-cost tourist accommodation, swimming pool, restaurant, carpeted bar area and convention facilities and was the usual choice for service club meetings and functions, public meetings not held at the town hall, government agency workshops and the like. Many of its customers were 'white collar' higher-income government and business people and non-budget tourists. The atmosphere in the bar and restaurant area was generally subdued.

Three blocks closer to the centre of the town along the main road was the Boab Inn, the most popular formal drinking venue for Aboriginal people in the town. It was situated opposite one of the three main (unofficial) town 'drinking areas'. (These are sections of parks, vacant blocks or marshland where Aboriginal people often gathered to sit, talk, play cards and sometimes to drink. They are discussed in more detail later in this chapter). To the back and side of the 'Inn', next to a vacant block of land, was the entrance to the hotel's 'Star Bar' where the majority of the hotel's Aboriginal clients would drink. There was also an internally entered bar and restaurant which had a higher 'dress standard' than the 'Star Bar' and attempted to create a more 'up-market' atmosphere with carpeted restaurant, station memorabilia, counter meals and atmospheric lighting. The 'Star Bar' by contrast was virtually devoid of furniture and clearly designed to be as utilitarian as possible, its purpose being the sale of alcohol and little else. The 'atmosphere' was grubby, stark, and oppressive. I was told by many Aboriginal people that the toilet facilities for this area were frequently unusable with broken locks, damaged doors, missing toilet seats and no toilet paper. Intoxicated patrons were often served and fights were common both inside and outside the bar (personal communications and observations, Derby 1995-98).

In a submission to the Director of Liquor Licensing in 1996, a musician who played with a band at the Boab Inn described the Star Bar's 'almost entirely intoxicated' Aboriginal clientele, lack of food service and lack of responsible serving practice. He stated that he had witnessed several cases of people remaining unconscious in the hotel until closing time. Fights were common inside and outside the hotel, sometimes escalating into brawls when hotel security moved fighters outside. He added that for the first time in years of experience in the music industry the band was required to pay the hotel for security (Nichols 1996c). Derby's *Boab Babbler*, a fortnightly local news publication, presents a regular column written by the Derby Police. In a 1999 edition, as in many previous editions, complaints were made by the police about brawling outside the Boab Inn:

... a repeat of the previous Thursday evening and Friday, Aboriginals [sic] have created a riot around the Boab Hotel. There has been an excess of two hundred Aboriginals, mostly intoxicated, fighting or creating a disturbance in the vacant block adjacent to the hotel or in [a nearby] street on each occasion. Although most are young men there are several women and teenagers also affected by alcohol ... during these incidents there are numerous sticks, cans filled with gravel and sand, soft drink bottles and rocks thrown through the air. Staff have to wear protective helmets and shields so they are not injured by the flying missiles ... (Anonymous 1999b)

In the same edition, three pages further on, the Boab Inn advertised Derby's 'first annual beer festival: Oktoberfest', promising among other things a 'full day of beer drinking' (Anonymous 1999a).

A further five blocks along the main road, two blocks from Rusty's Foodland and Liquor Store, was the Spinifex Hotel, the last of the three hotels in the town. The Spinifex was a large, sprawling, outback-town style hotel. Its internal bars were simply furnished with linoleum-floors and basic but comfortable furniture, and offered a busy service in counter food. The hotel also housed a large backpacker's accommodation wing and a café/bar area and marketed itself as the place where 'there's always something happening'. It had a casual dress code and an informal atmosphere and tended to attract a younger, largely non-Aboriginal clientele—until the imposition of take-away sales restrictions (following the Liquor Licensing Hearing) created a noticeable increase in front bar Aboriginal customers every Thursday. The hotel hosted regular bands and had inaugurated and maintained several annual events such as 'the Boxing Day Sports'. This latter event promoted 'the art of cockroach racing, seed spitting, stubby sipping and frog racing' (Anonymous 1996).

Both the Spinifex Hotel and the Boab Inn would vigorously promote alcohol price reduction specials and accompanying entertainment in almost every edition of the

Boab Babblers. In a report commissioned by the Derby office of Family and Children's Services in 1996, a non-Aboriginal parent commenting on under-age drinking was quoted as saying that it was 'unbelievable how many 16 and 17 year olds are drinking at the Spini' and that his/her own [under-aged] son had bought take-away alcohol there. Another parent stated that they'd 'seen teenagers served spirits in the Spini when they can't even stand up' (Hammond 1997:15-16). A musician who used to play at the 'Spini' had been told that the band could no longer play there because they 'would attract the wrong sort of crowd'. The only crowd they attracted, he said, was an Aboriginal one (Nichols 1996c).

The town's two take-away liquor stores were located adjacent to their 'parent' grocery stores and 'drinking areas' had been established close to both. The outlet belonging to the Woolworth's Supermarket chain was located at the entrance to the town, the other, the locally owned and operated Rusty's Foodland Liquor Store being in the centre of the main shopping area. The percentage of packaged liquor sales presented above suggests that both outlets were doing a vigorous trade. Server responsibility policy was not always followed and it was not uncommon to see obviously intoxicated people buying alcohol, leaving these stores with purchases, or (as mentioned) lying slumped on the pavement in front of each shop (personal communications and observations, Derby 1995-98). Stepping around bodies on the footpath in order to enter the grocery stores was not uncommon in Derby in 1995-96. Similar scenes were frequent on the footpaths and grassy verges which bordered the drinking area opposite the Boab Inn. Several Aboriginal women commented on the immediate changes brought about after a Thursday ban on take-away alcohol sales was introduced into the town in 1997. They spoke enthusiastically of being able to do their grocery shopping in peace without having to run the gamut of intoxicated drinkers sitting outside the shops and demanding money to buy alcohol (personal communications, Derby 1997).

The remaining alcohol outlet in the town, the Derby Sportsman's Club, catered largely to (mostly non-Aboriginal) members, apart from special events such as the annual Corporate Cup. During the 'Cup', public (mostly non-Aboriginal) 'teams' could take part in 'a day of fun team sporting activities' such as mini-golf, carpet bowls, eight-ball, beer can 'tinnie toss' competitions and the like (Anonymous 1996). During my participation in the 1997 Cup, it was evident that drinking and getting drunk were also key features of the day, as they were at other 'premier social events' such as the Willare Cascades (a power boat race on the Fitzroy River), The Derby Horse Races, the Boxing Day Sports at the Spinifex Hotel, the Country Music Festival, the Derby Rodeo, and the Moonrise Rock Festival.

Every Wednesday afternoon the Sportsman's Club would host 'Scrounger's', a weekly outdoor social event for golfers. Drinking, begun on the course, would continue on at the Club as golfers came in from the last green and continue, ever more noisily, throughout the evening. Many of Derby's 'prominent citizens' were regular attenders and their obviously drunken outdoor partying could be clearly heard by local residents from the nearby, largely Aboriginal 'back-streets' town community as people came and went in the area.

Consistently high levels of community alcohol related harm and concern, and the inability of local licensees to unanimously agree to the imposition of voluntary alcohol sales restrictions, led in 1996 to community action. As mentioned in Chapter One, the Derby Alcohol Action Group petitioned the State Director for Liquor Licensing to impose alcohol sales restrictions in the town. The resulting public hearing resulted in the imposition of sales restrictions throughout the town.

An overview of leisure activities in Derby

Much of the formal entertainment provided in the town targeted non-Aboriginal audiences and almost inevitably involved heavy drinking by a majority of those attending. The Country Music Festival, Rodeo and Rock Festival mentioned above occurred annually and also attracted a large Aboriginal audience, many of whom also drank excessively. There was little in the way of events which were either alcohol-free or characterised by moderate drinking—apart from the special interest events such as the annual flower and produce show, the craft festival or deliberately alcohol-free youth entertainment such as the police-sponsored blue-light discos and BMX track-racing. The Derby office of the Department of Family and Children's Services commissioned a report in 1996 on the major problems faced by young people in the Derby area. The report, entitled 'Going Beyond the Bounds: Issues facing Young People in Derby' stated that many young people not yet drinking would mark time around the hotels in town 'because that's where the only entertainment in town can be found' (Hammond 1997:15). The Derby outdoor picture theatre was popular entertainment for many people, especially the young, but it closed in 1998. The Speedway, football and basketball, town swimming pool, and fishing were town facilities and activities which attracted a mixed Aboriginal/non-Aboriginal audience.

Avenues for inviting the talent and community participation of Aboriginal people in Derby were few. Available social and creative activities in the town tended to have a largely 'western' flavour despite the large Indigenous town (36%) and regional (55%) population. The significant Aboriginal component of the community was not proportionately reflected in local government council membership, business

enterprise, entertainment options, housing infrastructure, workforce, school curricula or recreational facilities. Derby was not a town in which Indigenous/non-Indigenous partnerships were strongly evident. In the last years of the 1990s however, the efforts of a long term Derby resident/art teacher and Aboriginal artists from the nearby Mowanjum community appeared to be changing this dynamic. Their combined efforts were establishing both a vigorous and widely accessed Aboriginal art industry and an associated annual festival, which in each year of its operation was attracting an increasing audience.

These artists and their support staff have travelled and exhibited widely in Australia and overseas, paying their passage with income from their art sales. The group was commissioned to design and create the gigantic 'wandjina' silk screen which was a key feature of Sydney 2000 Olympic Games' opening ceremony. The promotion of local Aboriginal musicians and their bands is also raising the profile of Aboriginal talent in the area. Two local Aboriginal bands were booked to participate in a major European music festival in 2001. Photographs of these various artists and their work now feature regularly in the *Boab Babbler*. There has been a subsequent increase in the number of *Babbler* articles about and photographs of Aboriginal people generally, appearing now in almost every issue. This has been a major change in the public profile of Aboriginal people in Derby. Until this shift, Ngunga Designs Aboriginal screen printing, fabrics, clothes and artwork business had been the only publicly visible showcase for Aboriginal art in the town.

In a March 2001 issue of the *Babbler*, the flow-on effect of this public acclaim for Aboriginal skill appeared evident in an article profiling the eight students in the high school's new 'Dream Team' class (an art, audio visual activities and discussion class for students 'showing a reluctance to attend school'). Of the seven Aboriginal students in the class, the attendance rate for which was 80 per cent, all included 'wandjina' as their religion, all included bush food or drinks as favourites, and identified bush skills and/or painting as their hobby. Four wanted to become artists when they left school (Anonymous 2001). Changes in the public status of Aboriginal people in Derby and growing recognition of their art may be contributing to an increased pride in Aboriginal identity. The possible association between identity-strength and 'culturally' based knowledge and activity is explored further in the following chapters.

Derby's drinking areas

Aboriginal and non-Aboriginal drinking in Derby has tended to be largely segregated. With the exception of the 'Star Bar' clientele, non-Aboriginal people made up the bulk of patrons at Derby's hotels and club—apart from the previously

mentioned post-liquor licensing restrictions increase in Aboriginal clientele at the Spinifex hotel on the one day of the week when take-away sales were banned. Reasons for the non-Aboriginal majority among hotel drinkers may have included the larger proportion of non-drinkers among the Aboriginal population, but it is more likely that for a host of reasons to do with racism, 'cultural' preferences and socio-economically determined drinking patterns, Aboriginal drinkers chose to drink elsewhere. In Derby much of this drinking was done in the town's unofficial drinking areas.

There were several of these drinking areas in and around the town. The most frequented areas were a vacant block of land opposite the Boab Inn; a stretch of marsh-land within a block of both the Spinifex Hotel and Rusty's Liquor Store; and in the bushland a block from Woolworth's Liquor Store. Smaller groups of people would congregate in other more public places, for example in the park across the highway from Woolworth's, but these sites were more regularly policed which perhaps explained their lesser popularity.

Many residents, both Aboriginal and non-Aboriginal, deplored the impression given by problematic 'drinking area' behaviour. Comments made to me about these areas by Aboriginal people tended to focus on the negative stereotypes this behaviour created for Aboriginal people generally and about the risks posed to the drinkers themselves. Non-Aboriginal comments tended to be about the poor town impression these areas would portray to tourists and about the litter associated with them (personal communications, Derby 1995-98). Public drinking is illegal and the police would mount determined campaigns from time to time in attempts to clear the town of public drinkers. Letters complaining about the situation, the 'eyesore', the associated litter, the deterrent effect on tourism, and police ineffectiveness were sent often to the editor of the *Boab Babbler* (Editor 1995; Editor 1996; Anonymous 1999b), and occasionally to the Police themselves (Nichols 1996c).

Various strategies such as the imposition of two-kilometre-from-licensed-premises public drinking bans (akin to those instigated in the Northern Territory and South Australia) have been proposed from time to time by the Shire council and members of the public. Harm minimisation strategies such as the installation of water, toilets, bough shelters and alternative activities were proposed to the Shire, without success, by the local alcohol action group during the mid to late 1990s. Despite various efforts by the authorities to eliminate these areas they remain an enduring part of the Derby scene.

A component of drinking-area activity which surprised many critics was the high number of non-drinkers and sober drinkers who formed part of the groups sitting under the trees in these areas. In 1996, on two occasions, a colleague and I separately spent several hours talking with a total of fifty-five people in eight separate groups in Derby's drinking areas. We were seeking people's views on drinking and proposed restrictions prior to the Derby Liquor Licensing Hearing in October 1996. Both of us were then residents of the town and were known to many local Aboriginal people. We were however introduced to the groups by members of the Numbud Aboriginal Night Patrol, their staff first seeking the group's consent for our discussion. The majority of the people we encountered sitting and standing under trees in the drinking areas were either not drinking at all or were drinking soberly.

A total of nine people (seven men and two women) out of the fifty-five were intoxicated to the point of some degree of slurred speech or unsteady gait. The groups averaged seven people in size, with a range from four to thirteen people. Five of the eight groups were mixed sex, with slightly more men (30) than women (25) overall. Five of the groups were from Derby, the sixth from a peripheral and the seventh from a remote community, with the remaining mixed group being from Derby and peripheral and remote communities. Throughout this study I was often told of remote community people going to these areas to drink with their relatives when they came to town for fortnightly social security collection, shopping, banking, 'cultural' and other business, a trend which appears to be common in other places (Saggers & Gray 1998). The age of the people present during our visits to the drinking areas ranged from toddlers through to elderly men. The majority were in their early twenties to late forties, with several young teenagers present. Of those who were drinking, most were sipping cans from a group carton of full strength beer. The remaining drinkers, sitting with others in two groups, were sharing from a shared wine cask, one group having a second unopened cask on view (Hammond 1996; Nichols 1996a).

Despite the majority of non- or sober drinkers present in these groups, evidence of alcohol related harm was apparent either visibly or by report in several people's conversation. One drinker was described as having frequent alcohol-induced fits; another was regularly incarcerated for drinking and fighting, the latter having resulted in a permanently blind eye; an old man with a leg in plaster had broken his leg when run over while drunk on the road outside the Boab Inn. Several people spoke of intoxicated drinkers being sold alcohol in the take-away liquor stores and of the staff of one hotel using unnecessary force, aided by 'a vicious dog', to remove intoxicated people from the premises. Several more spoke of child endowment

money being diverted into alcohol and gambling. When discussing reasons for drinking, six people said they drank when there was little else to do, one saying he didn't have time to drink much any more as he was on a New Work Opportunity scheme. Another was interested in finding work with the proposed town sobering up shelter, saying she was keen for something to do (Hammond 1996; Nichols 1996a).

This mixed picture of drinking area activity was reinforced a year later when I spent an afternoon observing drinking area behaviour while serving food with the Derby soup van in October 1997. On that day there were three groups of drinkers in each of the town's three main drinking areas. The groups varied in size from four to twenty people (most containing about seven people), with people sitting or standing under shady trees. Most groups contained men and women aged, I estimated, from late teens through to the elderly, sometimes with a child or two present. Apart from the largest group of twenty, most people appeared to be sober or only mildly intoxicated, with one or two people in the larger groups appearing quite intoxicated (through slurred speech or unsteady gait). I spoke at some length with members of the largest group, twenty young men from a remote community who had come to town to drink following the loss of a football match. It appeared that they were planning to continue drinking throughout the afternoon and many were moderately intoxicated by that mid-afternoon stage (Nichols 1997).

The largely social atmosphere of the drinking areas in daytime was reflected in the comments of several ex-drinkers who said they go down to the drinking areas and 'just sit in the park and drink water, play cards' (Nichols 1997). This mirrored the main impression I gained of drinking area activity on the visits mentioned here. These areas appear to provide popular social meeting places and in those I visited, as suggested by regional drinker-statistics, it was a minority of Aboriginal people who were drinking excessively. The behaviour of the excessive drinkers, however, drew attention to and dominated public perceptions of these areas.

It is important to note that the above visits were all made from late morning through to mid afternoon and that drinking activity in the town generally, among both Aboriginal and non-Aboriginal people, tended to escalate in the evenings. As in the police report regarding rioting at the Boab Inn above, it was at night when excessive drinking would become most problematic. The author of the Department of Family and Children's Services report, mentioned previously, asked young people about their obvious attraction to 'hanging around the pub' at night. Most replied that there was little else to do and that they came to watch the fighting (Hammond 1997:15). A senior police constable, during his presentation to the 1996 Liquor

Licensing Hearing, claimed that after 9 pm all police call-outs were alcohol related and that the pubs continued to serve heavily intoxicated people. He said that it was not uncommon to see women following their partners to the pub carrying babies only weeks old, and that the babies would often be handed to someone else ('often not in a good state either') while their parents went into the pub. Also speaking at the Hearing, Derby's senior sergeant stated that 90 per cent of the police workload in Derby was alcohol related (Nichols 1996b).

Summary

Excessive drinking amongst Aboriginal people takes place within a number of seemingly inter-related contexts. The historical and contemporary consequences of Aboriginal dispossession and marginalisation have been profound—and to a large extent Aboriginal people today remain marginalised from much of the dominant cultural, social, political and economic activity in Derby. Recent land and arts-based initiatives may, however, be making inroads into this situation. Possible associations between this dispossession and marginalisation and the participation by some Aboriginal people in the drinking culture so prevalent in Derby is further explored in the following chapter.

5. ABORIGINAL PERCEPTIONS AND PATTERNS OF ALCOHOL USE; CHARACTERISTICS OF DRINKERS AND NON-DRINKERS

In the last chapter factors within the context of Aboriginal drinking in Derby were explored and historical and contemporary marginalisation discussed. In this chapter a more individual view of aspects within the context of drinking and abstinence is presented. Perceptions and patterns of drinking and abstinence are described and aspects of the stories of drinkers and non-drinkers presented. This data provides insight into patterns of, and influences involved in drinking and non-drinking behaviours.

Information for this chapter was drawn from responses provided by the study's one hundred 'combined community group' participants. As described in Chapter Three, 52 of this group were female and participants' ages ranged from 13 to 75 years, with five participants aged 13 to 14 years. The average age for the group was 37 years. Language distribution was roughly equal for groups to the north and south of Derby although the majority of participants were related to language groups from the Derby area and eastwards.

Tentative suggestions regarding patterns of drinking behaviour were drawn from the individual stories of the sample's 'personal profile' participants. The emerging themes suggested that a sense of 'cultural knowing' (including knowing the stories, meaning and places associated with one's birth and 'country'); and a sense of 'belonging' (to country and extended family) may have helped to guard some participants against the legacy of dispossession. It is also suggested that these 'knowing and belonging' factors may have contributed to personal decisions regarding drinking and to a colloquially defined 'solid' identity.

Perceptions of the drinking problem

Of the one hundred 'combined community group' participants interviewed, 99 per cent said that alcohol affected the lives of Aboriginal people. One person, drinking at the time of interview, disagreed. When asked about the ways in which people's lives were affected, many participants identified a range of factors, their responses falling into the two broad categories of physical trauma (69 responses) and psychosocial trauma (87 responses), as presented in Table 2 below.

Table 2: 'Combined community group' perceptions of alcohol's effect on Aboriginal people

| Effect | Number of responses (n = 100)* |
|---|--------------------------------|
| Physical trauma | |
| Health-related | 41 |
| Violence-related | 28 |
| Total | 69 |
| Psycho-social trauma | |
| Reduced family/community responsibility | 20 |
| Intra-family problems | 19 |
| Mental health problems | 19 |
| Unemployment | 10 |
| Poverty | 10 |
| Incomplete education | 6 |
| Legal problems | 3 |
| Total | 87 |

* Some participants gave more than one answer.

Responses pertaining to physical trauma included health-related answers such as illness, poor nutrition and death; and also violence-related answers such as fighting, domestic and community violence and child abuse:

... look, I'm against the fellow [alcohol]. I don't like what they did to our people. That was to come and it came and it killed people, both white and black ...

... sick kidney, sick brain, no money for food, children

... I lie awake at night thinking about what grog's doing to young people. We're losing our young people through drinking. Elders want to pass on culture to the young people before they die ...

... accidents in car, accidents with knives, fights, loss of mother, loss of father or uncle

... there is other abuse too, there's sexual abuse ... when you think of a house that's so crowded ... you can see how easy it is for that sort of abuse to occur ...

... family breakup, domestic violence ...

Of the 87 responses pertaining to psycho-social trauma, 20 related to reduced responsibility to family, community and 'culture'; 19 to intra-family problems such as child neglect, family break-up and grandmother exhaustion; 19 to mental health problems such as depression, suicide, apathy, low self-esteem and loss of pride; ten to unemployment; ten to daily-life poverty, which was attributed largely to diversion of food and clothing money into alcohol; six to incomplete education; and three to jail and/or problems with the law.

... sick mind, don't work, don't look after kids. Community work doesn't get done ...

...Even death, due to alcohol, like early death of grandparents as a role model. It's a major impact too because the old people are generally, they acquire all these different aspects of culture that they are supposed to keep, so if they die young you don't have access to that information, like going to a library and finding out the book's gone ...

... a lot of our young people want to commit suicide because of alcohol ...

... diversion of money from food and clothing, parents too drunk to look after kids so grannies end up doing this and getting tired ...

... hardly *any* children on this community finish secondary school, nor any tertiary training ... people go onto CDEP and it kills their motivation. They scratch the dirt for 1 ½ hours and get paid for four hours ...

... taking the father away and putting them in a prison environment because of what he has done while under the influence of alcohol ...

These perceptions of the alcohol problem identify both obvious physical effects and less visible psycho-social repercussions. Perhaps surprisingly, somewhat similar responses indicating a health and family emphasis were given, incidentally, by people in Derby's drinking areas during interviews in 1996 prior to Derby's proposed liquor licensing restrictions. Thirty-eight of the fifty-five people questioned thought that it was worth 'giving them [restrictions] a go', this high proportion probably reflecting both the high number of non-drinkers and sober drinkers generally encountered in Derby's drinking areas (Nichols 1998) and the large number of non-drinkers in the Aboriginal population generally (Department of Human Services and Health 1998). Those supportive of the proposals suggested that restrictions would, like Sundays, give drinkers and families a break from alcohol and that drinkers might also spend money on food instead of alcohol.

Like the study participants above, those involved in the development of the study's alcohol intervention model (discussed in later chapters) focused most attention on the psycho-social aspects of the drinking problem. While insisting that their alcohol interventions take place well away from alcohol outlets and that early attention be paid to physical health and mental rest, these model-builders focused most attention on strengthening a combination of 'cultural' aspects (such as 'cultural knowing and belonging'); and 'self determination' aspects (such as vocational, educational and support opportunities).

The widespread concern expressed about the alcohol problem by 'combined community group' participants reflected that of the wider Aboriginal population in the Derby area. An ABS survey of the Derby ATSI region in 1994 found that 81.6 per cent of Aboriginal people over the age of 13 years considered alcohol to be the

main health problem in their local area, compared with State (75.4%) and National (58.8%) figures. More than seven in ten people said that family violence was a common problem, compared with Perth figures of four in ten people (Australian Bureau of Statistics 1995).

Patterns of alcohol use among study participants

In an attempt to gain further insight into the context of Aboriginal drinking in the Derby area, 'combined community group' participants were asked a range of questions regarding their personal alcohol use. The response rate to these questions was variable, partly as a result of the size and setting of some of the community group interviews and partly perhaps, because some people may have been reluctant to talk publicly about their drinking. Where responses were not gained from the full group, this is mentioned in the text.

In the following section, findings from this study are occasionally contrasted with those from a much larger (and differently constituted) Kimberley regional survey conducted approximately a decade before this study (Hunter, Hall & Spargo 1991). These comparisons are made for general interest purposes only as the two studies used very different methodologies—the Hunter survey using a CSIRO-produced, age, sex and location stratified random sample; a composite questionnaire incorporating adapted SRQ, HCSL-25 and modified interviewing strategies; and a detailed data analytic strategy (see Hunter *et al* 1991:24-35). In addition, the Hunter survey involved a much larger sample size of 516 Kimberley residents. For purposes of general comparison, this study uses the same drinker-categories and definitions as those used in the survey.

When asked about current drinking status, participants' responses indicated that within this group there were equal numbers of drinkers and non-drinkers. Within these two categories, as shown in Table 3, several types of drinking and abstinence behaviours were identified. The non-drinker proportions accord with the findings of several other studies (Hunter, Hall & Spargo 1991; Blignault & Ryder 1994; Watson, Fleming & Alexander 1988; Department of Health and Family Services 1995; Australian Bureau of Statistics 1999a) which indicate that a large proportion of Aboriginal people do not drink at all.

The 50 per cent non-drinker proportion in this study mirrors the 48 per cent finding in the Hunter *et al* survey (Hunter, Hall & Spargo 1991). Within the non-drinker group there is some variation between the findings of this study and those of Hunter *et al*. This study found 37 per cent of participants to be lifetime-

abstainers (as opposed to 25% in the Hunter *et al* survey), and 13 per cent (as opposed to 23%) to be ex-drinkers.

Table 3: Patterns of alcohol use among 'combined community group' participants.

| Drinker category | Percentage of participants (n = 100) | Gender no. | Gender % |
|--|---|----------------------|----------------------|
| <i>Lifetime abstainer</i> (never more than tasted alcohol) | 37 | 27 female 10 male | 73 female 27 male |
| <i>Ex-drinker</i> (confidently abstinent) | 13 | 5 female 8 male | 38 female 62 male |
| Percentage of non drinkers by gender | 50 non drinkers | | 64 female 36 male |
| <i>Episodic drinker</i> (sometimes goes a month or more without drinking) | 6 | 3 female 3 male | 50 female 50 male |
| <i>Intermittent drinker</i> (just drinks around payday) | 28 | 12 female 16 male | 43 female 57 male |
| <i>Constant (regular) drinker</i> (drinks most days of the week) | 16 | 5 female 11 male | 31 female 69 male |
| Percentage of drinkers by gender | 50 drinkers | | 40 female 60 male |

As shown in the Table, sixteen per cent of the 'combined community group' participants drank almost every day (compared with 15% in the Hunter *et al* survey), 28 per cent (19% in the Hunter *et al* survey) drank around payday only, and six per cent (18% in the Hunter *et al* survey) drank episodically, usually going for a month or more without drinking. When asked about their preferred drink, 88 per cent of the 34 drinkers who responded nominated beer (compared with 78% in the Hunter *et al* survey), many indicating that they drank in excessive quantities.

Among those Aboriginal people who drink, hazardous and harmful consumption, as defined by NH&MRC guidelines (Pols & Hawks 1987), is common. A 1993 Derby household survey estimated that 22 per cent of all Aboriginal people surveyed were drinking at medium-risk or high-risk levels (d'Abbs 1994). Of the *drinking* population identified in the Hunter *et al* survey (Hunter, Hall & Spargo 1991), 83 per cent were found to be drinking at harmful levels and another nine per cent at hazardous levels. In this study consumption estimates proved difficult to obtain from seven of the 50 drinker-participants. As shown in the Table 4, of the 43 drinkers whose answers were quantifiable, 36 (84%) were drinking at harmful levels. Among these, eight people (19%) reported drinking high-risk quantities (such as 12-15 cans of beer per session) but limited this to a set quantity at each drinking session. The remaining 28 people (65%) reported that they drank until

either money or alcohol ran out, characteristic responses including statements such as 'I drink til I fall asleep'; 'There's no limit'; 'we just drink, drink, drink'.

Table 4: Patterns of alcohol use among drinkers in the 'combined community group' sample

| Drinker category | No. of drinkers n = 43 ^o | % of drinkers | Hunter <i>et al</i> survey % of drinkers n = 268 |
|--------------------|--|---------------|--|
| Harmful drinking | 36 | 84 | 83 |
| Hazardous drinking | | | 9 |
| Safe drinking | 7 | 16 | 8 |

^o There were 50 drinkers in the 'combined community group' sample, but levels of consumption per drinking session were identifiable from the responses of 43 people only

Sixteen per cent of the 'quantifiable' drinkers (and 8% of the drinkers in the Hunter *et al* survey) drank in a way which did *not* put their health at risk. These latter participants described drinking in a controlled, low-risk manner at barbeques, sporting functions, with meals; or by deliberately using controlled drinking strategies. As indicated in Table 3, of the drinkers in the study, the majority (68%) did so episodically or intermittently (compared with 73% in the Hunter *et al* survey), many of these people living away from Derby and appearing to practice a form of control by confining their drinking to town visits. When drinking occurred however, it was generally at high-risk levels.

Extended family drinking

All 'combined community group' participants were asked about problematic drinking within their extended families—which for the purposes of this study included grandparents, parents, siblings, children and grandchildren. Their responses indicated that approximately 75 per cent had families in which at least one third of family members drank in a way that caused problems in their lives.

Table 5: Problematic drinking among participants' extended family members

| Proportion of family members who drink problematically | No. participants (n = 100) |
|---|----------------------------|
| One third | 41 |
| Half | 24 |
| None | 14 |
| Three-quarters of town relatives; a fifth of remote community relatives | 9 |
| All | 5 |
| Less than one-quarter | 4 |
| Three-quarters | 3 |

As shown in Table Five, five people indicated that all of their extended family members drank problematically; three people saying that three-quarters of their family members did so. Twenty-four people said that half of the family were problem drinkers; forty-one identified a third of family members; four indicated less than a quarter; and fourteen indicated that there were no problem drinkers in their families at all. The remaining nine people, all participants in one focus group and all residents of the one remote community, separated their relatives into community residents and town residents, saying that about 20 per cent of their community relatives and 75 per cent of their town relatives were problematic drinkers. Another two focus groups (included above) also made the distinction between town and community relatives, both indicating that problematic drinking occurred either among those relatives who lived in town or when community relatives came to town.

Four people talked of family members who had once been problem drinkers and were now abstinent, two identifying a combination of health and legal problems plus conversion to Christianity as the reasons for abstinence. Several people spoke of relatives dying as a result of excessive drinking.

In the following section, participants' responses provide a more qualitative insight into reasons for abstinence, initial and later drinking decisions, reasons for drinking reduction, and the general context in which their drinking decisions were made. As stated previously, response rates were inconsistent, and the numbers of participants responding to each question are noted accordingly. Table 6 provides an overview of these responses.

Lifetime abstainers

Of the one hundred people interviewed about personal drinking experiences, thirty-seven said that they had never had more than a taste of alcohol. When asked why they had chosen lifetime abstinence, the majority (30) gave almost identical reasons, characterised by one person's statement:

... I saw the effect alcohol had on people and communities and decided I never wanted to get like that ...

Among the remaining seven people were the study's youngest participants, all school students aged between 13 and 16 years. All gave going to school as their reason for not drinking, only one of this group having ever tasted alcohol. The remaining person said she had never liked the taste or smell of alcohol and gave this as her reason for abstinence. As shown in Table 3, 27 (73%) of the lifetime-

abstainers were female. This compares with the 84 per cent of female lifetime-abstainers found by the Hunter *et al* survey (Hunter, Hall & Spargo 1991).

Ex-drinkers

Of the hundred people interviewed about their drinking stories, thirteen identified themselves as ex-drinkers, further questions confirming that they no longer drank at all. Drinking decisions made by this group are compared with those of the study's current drinkers in Table 6. As shown in this Table, answers to questions regarding the age of drinking commencement are recorded from only five of the 13 ex-drinkers. Of these, most began drinking between the ages of 16 and 20 years. Reasons given for starting to drink (six respondents) ranged from curiosity (three people); to socialising/fun (one person); drinking because of feelings of identity confusion and lack of direction (one person); and when invited by family or friends (one person).

... I was curious. My mother had citizenship papers and used to bring alcohol home ...

... this was in the citizenship time when people had the dog tags to go and buy grog when no other Aboriginal people were allowed to ... I remember creeping up on this old bloke and gave him a few dollars for his bottle of wine and they got a couple of bottles of wine for us ...

... [what made me want to drink?] I don't know, that's a hard one, but I think it had a lot to do with my identity problem you know, like seeking an identity ... plus I had no idea what I was going to do once I got released from that institution. I think I also drunk to self destroy ...

... I think just growing up, the environment you're in ... if you were with a group that didn't drink you probably wouldn't drink ... if you went with a group that did it wouldn't be long before you started drinking ...

All but one of the thirteen ex-drinkers had stopped drinking by forty years of age, a finding consistent with the Hunter *et al* survey. When asked why they had stopped, four people gave single-reason answers, all to do with the development of alcohol-related illnesses.

... Doctor talked to me. I was drunk on the marsh, no money, double pneumonia, short wind, temperature. I heard all these other people in there [hospital], short wind too. They took X-ray, two hours from death. Doctor said no more drinking for you, or finish. Doctor can save a man's life, and Sister too ...

The answers of the remaining nine people were more complex and were characterised by the reaching of a turning point and/or by making an assessment of the impact of alcohol on their lives. This group included four women who attributed their abstinence decisions to getting older, having more children to care for, and to assessing the impact of alcohol on their lives. Most (seven) of this latter group said it had taken them several attempts to stop drinking—either progressively drinking less and less as they had more children, or stopping and relapsing several times over several years before a turning point came. The following quote, from a participant who drank heavily on and off for twenty years,

encapsulated a sense which many people portrayed when talking of their reasons for choosing abstinence:

... There is a turning point in everyone's life and that turning point is that morning when they get up. They have the thought, they have already thought about it that they want to give up. Culture doesn't come in, nor any social workers nor anybody. It is that very moment when they thought about it—right in the bathroom or the lounge room or the park where they got up, they have had enough... in my life it came when I had half a carton of beer there and I said well this is it, that's it, I don't want anymore ... I would fall asleep early hours of the night and get up at two or three o'clock in the morning and if I had any cans of beer I would sit down and watch the sun come up. And with morning I would be back in bed again. The quality of my life just chewed right off. It just wasn't my normal living... it is a matter of looking at yourself as a sober person [compared] to a drunken person over there—thinking, I don't want that life... no one knows about it, no one will ever know about it, but it is right there when you get up from your bed and you have the baddest hangover in your life. It stinks you out, you smell your own skin, dried old skin from too much alcohol... and that's it, that's the turning point ...

In my counselling experience with substance users, 'turning point' experiences are common, and are mentioned later in this section by others who 'do it alone'. Other writers in the field (Casey, Collard, Garvey *et al* 1994; Blignault & Ryder 1994) have noted that 'giving up' appears to be a *process* and the final decision often an entirely personal act. People give up when they are ready to give up—and many reach that point after years of contemplation.

... I saw myself in a shop window... and I thought shit...where have I been all the time. Plus I was seventeen stone by that time and not looking too good. So I started thinking about it ...

An event or intervention may help to crystallise their decision, but as in the 'turning point' quote above, the point of decision comes when people have 'the thought, they already thought about it that they want to give up ...'.

... Most of the people I know said it's up to you. What comes first, your work, your alcohol or your family? ... Then little X [was born ... I finish total with it [drinking]. I really thought of my family and didn't celebrate. I made that decision then ...

Many credited their motivation for abstinence to personal and community experience of the destructive effects of excessive drinking on life, health and self-esteem:

... [Over two years] I seen people at the pubs in Derby, acting silly... like animals at a waterhole. I didn't want alcohol to spoil me, like get drunk and go with women from the wrong skin group ...

For this group of ex-drinkers, drinking and life assessments would often be made during periods of 'time out' such as studying, or staying on a dry community, where they had the space and time to think about their lives and become involved in other activities:

... it was study (that helped reduce drinking) ... something else to do other than drink ... like a way of getting away from it all and looking at yourself ... you have to give yourself a future you know, like work out a plan ...

Ten participants identified strengths in their lives, such as living on dry communities in their country or gaining strength from ‘culture’, as giving them the confidence to stop:

... Now [X] is a dry community ... I can live here and not drink. I can live here in my country and not worry about grog ...

... What helps me are the things in my history, my culture. It will always be there. ... knowing the option was up to me. I knew there were more things in my life than alcohol ... I can speak my language and I can sing my songs in my language. It doesn't matter if people get sick or something, that thing [culture] will always be there ...

This last quote is a powerful commentary on the strength which other participants (as discussed in Chapter Seven) credit to a ‘cultural’ foundation. However others (as below) maintain that ‘culture’ has little to do with people’s drinking decisions. Despite the cultural foundation referred to in the above quote, this person had, for several years previously, been an excessive drinker. As discussed in Chapter Two, some writers (Brady 1992b; Kunitz & Levy 1994; Rowse 1993) have commented on drinking among ‘traditionally’ oriented groups, some suggesting that such evidence refutes claims that ‘culture’ mitigates against drinking—and may in fact encourage it. Yet others (d'Abbs & MacLean 2000; Cook, Cook & San Roque 1994; Beauvais 1992b) suggest that a combination of factors, of which ‘culture’ is only one, is required to minimise the likelihood of substance misuse.

Four people mentioned specific triggers *external* to their daily lives which had helped them give up drinking. One, quoted earlier, attributed his decision to a doctor’s advice while he lay in hospital; two identified Christianity; and the fourth (initially having said ‘I think I just got sick of it’) was given a reminder by his wife and mentioned assistance from Alcoholics Anonymous.

... we used to have a little (AA) group, it didn't last long, and I think I was the only one that didn't drink after that, I still stuck to my guns ...

Another person said his abstinence decision was reinforced daily by the alcohol-related harm he saw around him:

... [I] look around me and see every day what it [alcohol] does to people, how they killing themselves. Remember what my life was like back then ... I don't want to drink anymore, it's no question for me. I'll never go back to that ...

Three people made a point of emphasising that they had given up on their own. It appeared to be important to them that I understood they had given up without external help. This was an emphasis repeated by ex-drinkers in other studies (Brady 1995c; Blignault & Ryder 1994), Blignault *et al* finding ‘giving up’ to be an act of self-determination. In this study, these three people emphasized that giving up *had* to be a personal decision—that neither ‘experts’ nor ‘culture’ nor anything else could ‘make’ them give up.

... I didn't get any instructions about alcohol, I just had to coax my own way out, to fight my own way out of it ...

... something had to trigger it off but it wasn't a doctor, only just myself ... by planning, by thinking about it and assessing things and reassessing ...

... culture doesn't come in, nor any social workers nor anybody ...

This emphasis on a lack of force and on individual agenda-setting was a general and strong theme throughout discussions with study participants about drinking reduction. It was frequently referred to during the process of designing the program for their 'bush college' model (as described in Chapter Nine). Overall, most of the ex-drinkers who commented on the process of 'giving up' had done so after several attempts over several years—and without professional intervention. Most had been through a prior process of thoughtful, personal assessment of what had been lost in drinking and what was likely to be gained by abstinence. While four people mentioned triggers which some may describe as external (health advice, Christianity and AA), many would point to 'internal' elements of hope and spirituality as being integral to one or more of these (Sellman, Huriwai, Ram *et al* 1997; Miller 1990; Bunk 1989). Most people talked of gaining strength from and being assisted largely by diversionary activities and/or 'cultural' aspects. Participants' different emphases indicated their differing opinions regarding the impact of 'culture' and of other activities.

With reference to Prochaska and DiClemente's Process of Change model (1986), the ex-drinkers in this study could be seen to have moved from the first stage in which the consequences of their substance misuse are denied or unacknowledged, through the second stage of contemplation (in which, for example, health or family or future goals are considered), and into the later stages of non-drinking action and maintenance. It seems likely that for many, the contemplation stage also involved a 'turning point' in which people began to value *themselves*. (This hypothesis is discussed in greater detail in Chapter Eleven under 'Patterns of alcohol use and abstinence'). The task for intervention project planners may be to identify components which trigger these 'turning point' experiences.

Current drinkers

As stated previously, of the hundred people interviewed about their drinking histories fifty were current drinkers. Within this group, six people were episodic drinkers (sometimes spending a month or more without drinking), a third were regular drinkers who drank on most days of the week, and just over half were intermittent drinkers who drank only around payday. As shown in Table 3, the gender of the current drinkers was equally divided among the episodic drinker group, slightly more male among the intermittent drinkers, and over two thirds

male among the regular drinkers. Of the drinkers as a whole, 60 per cent were male.

As mentioned previously, because of the size and setting of some of the community group interviews, responses were not recorded from all drinkers to all drinking-history questions. The responses given by drinkers are compared in Table 6 below with those from the ex-drinker group discussed in the preceding section.

Table 6: Drinking decisions made by 'personal profile' ex-drinkers and current drinkers

| Decision | Ex-drinkers (n = 13) No. people responding* | Current drinkers (n = 50) No. people responding* |
|--------------------------------|--|---|
| Age started (years) | <i>5 respondents</i> | <i>35 respondents</i> |
| 12–15 | 1 | 19 |
| 16–20 | 3 | 13 |
| 21–25 | 1 | 2 |
| 36–40 | | 1 |
| Age stopped | <i>13 respondents</i> | N/A |
| < 40 years | 12 | |
| 40–50 years | 1 | |
| Reasons for starting | <i>6 respondents</i> | <i>38 respondents °</i> |
| Family/friends invited;curious | 4 | 26 |
| Socialising / fun | 1 | 7 |
| Negative emotional situation | 1 | 5 |
| Quantity consumed | N/A | <i>43 respondents</i> |
| Hazardous quantity | | 36 (84%) |
| Frequency of consumption | N/A | <i>50 respondents</i> |
| Episodic or intermittent | | 34 (68%) |
| Constant | | 16 (32%) |
| Preferred drink | N/A | <i>34 respondents</i> |
| Beer | | 30 (88%) |
| Context for current drinking | N/A | <i>40 respondents</i> |
| Fun / pleasure / 'time out' | | 22 |
| Whenever alc / money avail. | | 6 |
| Negative emotional situation | | 6 |
| Social, controlled drinking | | 5 |
| Other | | 1 |
| Reason stopped/reduced/control | <i>13 respondents</i> | <i>30 respondents °</i> |
| Turning pt / life assessment | 9 | 5 |
| Illness | 4 | 10 |
| Access to alcohol / money | | 9 |
| Work | | 6 |
| Children | | 4 |
| Sport / training | | 2 |
| Christianity + other | | 2 |
| Witnessing effects on others | | 2 |

| Decision | Ex-drinkers (n = 13) No. people responding* | Current drinkers (n = 50) No. people responding* |
|---------------------------------|--|---|
| Factors assisting alc reduction | <i>10 respondents</i> | <i>14 respondents</i> ° |
| Diversionsary activities | 1 | 6 |
| Strength from 'cult' aspects | 4 | 5 |
| Strength from family | | 3 |
| Christianity | 2 | 2 |
| Work | | 2 |
| Alcoholics Anonymous | 1 | 1 |
| Daily reminders / willpower | 1 | 1 |
| Alcohol / health education | 1 | 1 |

*Responses were not recorded from all current drinkers to all questions (proportions are detailed in the text).
N/A = not applicable. ° = some participants gave more than one answer.

Of the 35 drinkers whose individual answers are recorded for questions regarding the commencement of drinking, 19 (54%) said they began drinking between the ages of 12 and 15, and another 12 (34%) between the ages of 16 and 20. When asked how they had started drinking, 26 (68%) of 38 respondents said that older drinkers, friends and family had given them alcohol and/or that they were curious to try it; seven (18%) said they'd simply wanted to join in the fun; and five (13%) began drinking out of boredom, having 'nothing else to do', or in response to relationship problems.

... An old drunk gave me a bottle of beer ... I drank that and thought I was on top of the world ...

... I grew up with a family like that always had beer around the place ... just being told to go and open a can, open a coldie ... by the time you give it to them you've had about two mouthfuls maybe ...

... everyone had fun when they were drinking ...

... I had nothing to do see, unemployed and stuff ...

... alcohol is really an excuse you know ... it's a gateway for some relief ... mainly relationships, and there's always domestic violence ...

These responses suggested that the majority of participants began drinking out of curiosity and for fun/entertainment. Undoubtedly the phenomenon of drinking, especially in the days of prohibition prior to 1971, would have invited curiosity—but this would obviously not sustain people's motivation for regular drinking. Some of the more subtle issues which may have been involved in people's continued-drinking choices are explored within the stories of personal profile participants later in this chapter.

Of the forty drinkers whose responses are recorded to questions regarding the context in which they usually decided to drink, 22 people (55%) gave 'fun' and 'pleasure' or 'coming to town' (from outlying communities) and drinking with relatives as their reason. Trips to town were viewed by many as akin to 'time out'.

Six people (15%) said that they drank whenever alcohol or money was available. Another six described drinking when bored, when ‘there’s nothing else going on’, or when experiencing relationship problems; another five saying they only drank socially (and moderately) at occasions such as barbecues, Christmas parties, with dinner at night, or with friends on the weekend. The remaining person said he drank ‘when I knock off work and my body is grumbling for it’.

... (I drink when I come) into town, visit relatives, go down to the drinking areas ...
... Having fun, boys and girls getting together
... Whenever there’s money ...
... just drinking because nothing’s going on ...

Participants were asked about which factors, if any, had limited their drinking frequency. Of the 30 people for whom answers (some of which were multiple) were recorded, ten (33%) gave illness or health-related answers; nine (30%) gave access to money or alcohol as their reason; six (20%) identified work; five (16%) identified the general effects of drinking on lifestyle; four (13%) identified concern for their children; two identified sports training; two a combination of weariness over fighting plus conversion to Christianity; and two had been lifelong controlled drinkers as a result of witnessing the alcohol related harm done to family members.

... health and being sick, hangovers ...
... when money is available ...
... I had a lot of promotions in my job ...
... you get to the point where you don’t want to live your life like that anymore...
...just seeing (the kids) you know, miserable....and I said to myself I’m going to do something about it...I didn’t want to lose my kids—so I just stuck to my word ...
... got sick of getting into fights, feeling sick, plus became a Christian ...
... there are stories that stay with you for the rest of your life and one of the things she [grandmother] said was that she cried when my father and my uncle came home for lunch one day because all she could give them was bread and water—because her husband had drunk all the money away. She said she actually cried when she served it up... that had a huge impact on my life...

Of the fourteen drinkers who had found ways to reduce their consumption either permanently or periodically (some utilising more than one of the following strategies), six said this goal was assisted by spending time in alternative activities—away from other drinkers—such as sport, TV and other leisure activities, and spending time with their children; five by ‘cultural’ aspects such as spending time in country and on outstations; three by motivation from family; two through Christianity; two through work; and one each through reminders of Alcoholics Anonymous philosophy, willpower, and alcohol education.

... Like over the years I’ve been a regular drinker but I keep it to a low rate, I stay away from everybody, I do my own thing ...

... I go back to the outstation, go back in my country ...

... I'm very involved with my kids too, they inspire me to give up ...

... This job helps—in the last nine months I've started getting my drinking under control ...

... I'm not always a drinker, sometimes they say I'm classed as a reforming drunk—no matter how long I lay off the grog I'll always be tempted to have that first mouthful all the time ...

... I sort of had to train my, I had to discipline myself, my attitude, the willpower... to stop drinking... until you learn how to use it socially. And then you can have an understanding of it and have more respect, not for it, for yourself and whoever is around you as well... I had to do it in stages, so I'm still learning. I'm not really that good at it, but I could see that the soul and the heart was there to have some better option in life...

... It's this (health education). You begin to know what's going on around your body and you know its getting damaged so you slow down on that part... I don't drink spirits anymore, I don't drink wine anymore, I only drink beer that's all. I won't just drink anything ...

Overall, like the ex-drinkers whose answers are recorded, most of the current drinkers began drinking out of curiosity and for reasons of 'fun' and socialising. Two-thirds drink intermittently or episodically, but 84 per cent of those responding drank hazardously. Among those whose consumption had reduced in amount or frequency, most have made this a deliberate decision, but 30 per cent of the reasons given were circumstantial and depended upon financial or alcohol availability. Those citing factors which assisted them to reduce their consumption mostly identified diversionary activities and 'cultural' aspects, including family. The majority (68%) of the 'current drinkers' suggested that they drank largely during periods of recreation and pleasure. Others specified periods of boredom and without further investigation it is difficult to quantify how many of those drinking for 'recreation' are also drinking out of boredom. Although numbers are small, 'diversionary activities' were among the most cited factors assisting drinkers to reduce their drinking—suggesting that the presence or absence of opportunity for meaningful and engaging activity may be a significant factor in drinking decisions.

Numerous writers in the field have identified a lack of meaningful and pleasurable activity as a contributory drinking factor in the lives of many Aboriginal people (O'Connor 1984; Burns, Currie, Clough *et al* 1995; National Centre for Research into the Prevention of Drug Abuse 1996; Hammond 1997; Brady 1992b; Hunter 1990b). The very recent change over the past three generations from more 'traditional' to more 'urbanised' lifestyles has created a huge occupational void for many Aboriginal people. While some have found meaningful work and activity in a dramatically changed environment, many remain living on the fringes of town-centred social and economic life. In a discussion about stress and ill-health among rural New South Wales Aboriginal people, Sibthorpe (1988:336) writes of the central importance to physical and mental health of productive activity in all societies,

proposing that this is no different for Aboriginal people. Among the small group of seven 'personal profile' current drinkers whose stories are presented later in this chapter however—all of whom worked in meaningful and challenging jobs—productive work and its associated status did not in itself appear to provide fulfilment. In my observation they portrayed a sense of searching for 'belonging and identity' which contrasted markedly with the apparent presence of these attributes among the lifetime-abstainers and two of the ex-drinkers to follow.

Characteristics of 'personal profile' drinkers and non-drinkers

During the process of analysing interview data, some unexpected differences became apparent in the demographic and life-story profiles of the 'personal profile' lifetime-abstainer, ex-drinker and current drinker groups. This had not been anticipated prior to the study, and as a result questions which could have enabled a deeper exploration of these differences were not included in interviews. For this reason, the following findings are tentative, and would need further exploration before conclusions could be drawn.

Having noted this, the following overview of participant characteristics within each of the three drinker/non-drinker groups suggests that people's drinking decisions and/or sense of identity may have been influenced by the degree of 'cultural' disruption experienced during their childhood and adolescence. These tentative findings offer possible insight into questions which arose during the analysis such as why it was that, despite the reality of dispossession and socio-economic marginalisation, half of the participants in the 'combined community group' sample did not drink at all. What factors appeared, from the study data available, to most influence those who drank excessively? What factors not yet discussed appeared to be involved in the context of Aboriginal drinking in Derby?

It is important to note that none of the eighteen adults who made up the 'personal profile' drinker/non-drinker groups lived 'traditional' lives. Their socio-economic circumstances were probably atypical of most Aboriginal people in the area—with the current drinker group showing the greatest evidence of socio-economic 'success' in western terms. All of the 'personal profile' participants lived in western style houses, all but two drove cars and all spoke English fluently. Almost all worked for an income, most having been through the western education system for several years or longer. Almost all lived with extended family, many in overcrowded conditions, although the current drinkers lived with fewer people than most. Most of the participants lived with their children, although several of the current drinkers saw their children only intermittently. While none of these people were

insulated from western 'culture', its impact appeared to have been more destabilising for some than others.

Lifetime abstainers

Five 'lifetime-abstainer' participants were among the eighteen adults interviewed in-depth during individual 'personal-profile' interviews (see Table 7 for a comparison of this group's profile with that of the 'personal profile' ex-drinker and current drinker groups). Of the five 'abstainers', four were women. Their ages ranged from 43 to 55 years with a mean and median age of 51 and 49 years respectively. They belonged to four different language groups and grew up in a variety of settings, most in the country of their ancestors. Two were raised on cattle stations, one grew up on a mission community, and two largely on mission communities and later town communities of people from their own language groups. Four stated that they were brought up entirely by Aboriginal family members, with one person having been brought up on a station by both Aboriginal family and a non-Aboriginal station couple. This person's father had been the station's head stockman and the participant had worked as a stockman on the station until the 1970's. The usual residence for three of this group was at or near their birthplace, with one of the remaining two people (both of whom lived permanently on communities of people from their own language groups) in the process of establishing an outstation for permanent residence in their country. When asked where (if anywhere) these five participants called their country, three gave their place of birth as their answer, the remaining two identifying both birthplace and place of permanent residence.

...I know when I was bought up on [X], us children used to become of knowledge.¹ They used to tell us, you were born in that place, that's your place you know. This happened to me ... the traditional owner came to my mum when I was a baby and they sort of talked to me and one of the fellas went and put me up against his tummy and sort of rubbed me, sort of saying you are one of us. You came from a long way and you was born here in my country, we pass this land on to you now, even traditional fruit and all that, you're the boss. Because when I became of knowledge my mum and my grandparents and the people that was there, my mum's aunty and uncle, told me the same thing and they named me [X] ... that was my blackfella name... I'm happy 'cos I know it's within me see, 'cos as a child I was told that ... [Woman, 50s]

... Part of me is at [X] too, all that area, my tribal land ... that's what we've been told, from our elders, how we belong to [those places] ... [Woman, 50s]

These comments portrayed the strong association with Aboriginal 'culture' and identity which appeared evident during conversations with all five lifetime-abstainers. Part of the 'solidness' acknowledged in these people by others appeared to me to come from their sense of 'cultural knowing' and of *belonging* to their country: '... that's your place you know ...'; '... we belong to those places ...'.

¹ I understood this to mean being initiated.

They and others describe this connection to country as something integral to them, which cannot be taken away: 'I'm happy 'cos I know it's within me see ...'. A similar sense of belonging to country was described by Ronald Berndt (cited in Charlesworth 1984:18) when writing about Aboriginal people's belief that, despite early European occupation and exploitation of their land and the enforced exclusion of Aboriginal people from it, Indigenous owners:

... simply did not envisage their land as being alienated. It had always been theirs; it was their country, and it would always be there, no matter what happened....

The main language for four of this group was an Aboriginal one, and all fluently spoke one or more (and up to five) Aboriginal languages. Additionally, members of the group showed evidence of relative socio-economic success in western terms. The lifetime-abstainers had varying exposure to formal European education ranging from no formal schooling (one person), schooling to grade five (one person), grade ten (two people), to one person who had completed grade twelve. Two of the group had completed skilled vocational training and one person had completed a higher semi-professional qualification. At the time of interview three of this group were employed full time; one was on CDEP modestly topped-up through self-employment; and the remaining person was on a pension with top-up provided through consultancy work.

What stood out most prominently for me when analysing the demographics for this group—in comparison with the other 'personal profile' participants—was the consistency of association with their 'Aboriginal side'. Almost all were largely brought up in ancestral country remote from town, four of the five participants having been largely brought up on the station or mission on which they were born. Almost all were brought up solely by Aboriginal people and the permanent residence for three of the group was at or near their birthplace. Almost all of the group lived permanently in or near the place they called 'their country' and all spoke an Aboriginal language fluently, almost all as a main language. That is, everyone in this group had a strong, concrete, ongoing connection with their Aboriginal heritage.

When talking with and observing the people in this group over several years, prior to any knowledge of their drinking histories, I became aware of the 'solidness' referred to by others in their way of being and interacting. They portrayed a steadiness and depth and a strong sense of personal confidence. They are identified by other study participants and community members as people to whom others go for advice and guidance (personal communications, 1996–99). This 'solidness' persists despite the many ongoing stresses I know to exist in each of their lives.

Perhaps reflecting theories of 'culture' which emphasise its identity-related role, this group of five spoke relatively little about issues of 'culture'—in contrast with other 'personal profile' participants who often spoke longingly of these things in interviews. Beauvais has made the observation, albeit with reference to non-indigenous people, that: '... those who take their heritage for granted rarely discuss it ...' (1992c: 80). For this group of lifetime-abstainers, their 'culture' appeared to be something that was simply a part of who they were—an interpretation conveyed through occasional comments, as presented below, which appeared to indicate an integrated sense of cultural knowledge and belonging. I suggest that this 'knowing and belonging' contributed significantly to their strong personal confidence about their identity and place in the world.

Well the thing is, before, Aboriginal people lived their lives by doing what they thought was right...but nowadays, you've got the policies, the government. There are areas that are restricted ... our people have been just pushed back and um more or less being afraid, you know, to face the world again ... but traditionally, like for me, when a child is born and becomes of knowledge, the grandparents, the older people or the parents tell them where their father came from, where their ancestors came from, where their mother came from you know, and they been pointed out that they belong over there you know. To their traditional land. And within them they are happy, they are proud because they know that they belong to that particular area...Like um comparing it to the freehold land, you more or less got to buy into it with money, but with Aboriginal people [who've become of knowledge] we don't do that, we know where we come from... [Woman, 50s]

In addition to the stability and connections to country demonstrated in this group's upbringing and contemporary links with their land, it seemed to me that a significant part of their 'solidness' came from a sense of *knowing* their 'culture'—rather than necessarily talking about, pursuing, or even regularly practising cultural aspects in a public way:

... *Land* is important to Aboriginal people ... knowing what it means ... [Man, 50s]

... Like with Aboriginals they talking about Dreamtime ... in the Dreamtime they talk about somebody, maybe when they have babies, and that baby might be a um animal, or a spiritual being you know ... that's what culture is, your lifestyle ... [Woman, 50s]

The following comments (explored further in Chapter Seven) were among those given by this group in response to questions regarding their perceptions about the effect on drinkers of 'getting the Aboriginal side strong again':

...Culture gives back to people self esteem. If they get that side strong they feel like they've got a place. That side missing, they feel like they don't belong anywhere... [Woman, 40s]

... I think if Aboriginal people let that Aboriginal side go, then they haven't got much left... [Man, 50s]

At the time of these interviews, as now, I am struck by the profoundness of these last two statements. These participants were referring to the near annihilation of Aboriginal ways of doing and being—a goal resolutely pursued by government policy and actions throughout their lifetimes (Biskup 1973; Charlesworth 1984).

For these speakers, 'culture' was central to 'what was left'. Pride, purpose and identity would be lost should 'culture' be lost. When asked for their perceptions about things of most importance to Aboriginal people the group's responses, as the above quotes would suggest, were largely to do with the central importance of country, 'cultural' identity, and belonging:

... I'm talking land, yes, that's the main thing ... you know that that's your land, your traditional place ... [Woman, 50s]

... (We're) teaching our kids, like hunting, our language and, like gathering bush food and teach our kids stories, like dreamtime stories ... you got to have elders people, that's what matters you know. I mean Aboriginal people get their identity with people—elders people—you know ... [Woman, 40s]

... Family is very important too. Aboriginal people stick by their families ... [Woman, 40s]

These participants were all too well aware of how disruption to that 'knowing and belonging' has made people: 'more or less being afraid, you know, to face the world again...'. In contrast, people who had been able to retain their 'cultural knowing': 'within them they are happy, they are proud because they know that they belong to a particular area...'. Several people spoke of the erosion of 'cultural ways' since contact with Europeans and of the importance of reclaiming the personal pride and identity which were part of 'cultural knowing':

... like women used to sit with women and talk about um cultural things or talk about everyday um women issues, there again culturally, you know. And they had the freedom of talking and meeting, but because of this alcohol everyone more or less keeps to themselves. They sort of don't mix in—we got to turn that around again. Start mixing together again, join in and help each other again ... [Woman, 50s]

... I used to go to church and you know, but I been thinking about my culture, and live out my culture you know, so I just, you know, went back. [FN: To your culture?] Yeah ... [Woman, 40s]

Overall, the responses of these five people suggested to me that 'cultural knowing and belonging' played a central, if often subtle role in their lives. The demographic information they provided, as set out in Table 7, suggested evidence of a clear affiliation with Aboriginal heritage and 'culture' and all occupied a position of respect within their communities. The co-existence of this 'cultural' strength (which was far less evident in the ex-drinker and drinker participants to follow) with lifetime abstinence may be a possible indication of the importance of 'cultural knowing and belonging' to understandings of Aboriginal decision-making regarding drinking and to the design of alcohol intervention strategies.

Ex-drinkers

Further tentative insight into the context of drinking was provided by the study's six 'personal profile' ex-drinkers. In contrast with the lifetime-abstainer group above, these participants' stories indicated a generally greater degree of 'cultural' and country disruption (see Table 7 for a profile of this group in comparison with

the 'personal profile' lifetime-abstainer and current drinker groups). All six ex-drinkers were men aged between 36 and 70 years, with a mean and median age of 48 and 53 years respectively. They belonged to four different language groups and had grown up in a variety of settings. Two people had been brought up entirely on cattle stations in their ancestral country, both being the children of Aboriginal station stockmen and later stockmen themselves. Another person had been raised in a town-based community and sent away as a teenager to do vocational training. One person was initially raised on a town-based community and later sent to live in the dormitory of a remote mission community for several years before returning to live in the community. One person had been brought up in a city; and the remaining person spent his very early childhood years in a town with extended family members and was then sent away to a series of institutions including a mission dormitory and city hostel. Three of the group had been brought up entirely by family (two with Aboriginal and one with non-Aboriginal family), two by family until their teens and then by mission and government hostel staff, and the sixth person by extended family in very early childhood and then by a range of institutional staff. The usual residence for four of this group was at or near their birthplace, with the remaining two people living several hundred kilometres distance.

When asked where (if anywhere) these people called their country, two people named their place of birth; one person named his parents' place of birth; one person named his wife's community and the remaining two either said they had no country or were uncertain. Of the four people stating a spiritual connection to country, three lived in this same place, the remaining person living a day's drive away. English was the main language for four of this group, although four of the six spoke at least one Aboriginal language. Their educational and employment profile was similar to that of the lifetime-abstainer group. Two of the ex-drinkers had no formal schooling, three left school at 15, and one at 17 years old. Three of the six had completed basic vocational training and one began but didn't complete tertiary education. At the time of interview two of the group were employed full-time; one was on CDEP income, modestly topped-up through self-employment; two lived solely on CDEP income and one received a pension.

Among the two non-drinking groups discussed thus far, there were similarities in average age, language group distribution, proximity of permanent residence to birthplace, residence in town-based or remote communities and in schooling. However (although numbers were small) there were several significant differences in other socio-demographic factors. These were most evident in gender (four of the five lifetime-abstainers being female and all of the ex-drinkers male); the use of an

Aboriginal language as a first language (four of the five lifetime–abstainers as opposed to two of the six ex–drinkers); permanent residence in one’s ‘country’ (almost all of the lifetime–abstainers compared with half of the ex–drinkers); the identification of birthplace as spiritual country (all of the lifetime–abstainers compared with a third of the ex–drinkers); place of growing up (which for all of the lifetime–abstainers was entirely on stations or communities among people of their own language group, compared with half of the ex–drinkers who grew up either partly in institutions or in the city). Four of the five lifetime–abstainers were ‘grown up’ solely by Aboriginal family compared with only two of the six ex–drinkers, the other four having been brought up partly or mostly by institutional staff or in largely non–Aboriginal settings. Half of the ex–drinker group had lived as children in institutions for between two and twelve years whereas none of the lifetime–abstainers had experience of institutional residence.

These comparisons suggest a progressively increasing degree of ‘cultural’ disruption, least evident among the lifetime–abstainers and most evident among the ex–drinkers. This profile was reflected in the conversations of the four ex–drinkers who grew up away from their ancestral country. Additionally, in my observation of their personal interactions, there was a restlessness and pre–occupation about these four men not evident in the lifetime–abstainer group nor in the two ex–drinkers brought up entirely on stations in ancestral country (one of whom had been a drinker for two years only). All of these latter participants would, by virtue of their upbringing in the West Kimberley, have been subjected to the impact of the European invasion of their country and ‘culture’. However, I would contend that their consistent connection with country and ‘cultural context’ have buffered them to some extent from this impact. As suggested, this ‘cultural’ continuity may have contributed significantly to the confident sense of identity which appears both characteristic of these latter participants and less evident among the remaining four ex–drinkers and the current drinkers whose stories are to follow.

The inference of ‘cultural’ disruption among four of the ex–drinkers is mirrored in some of their following comments which spoke movingly of a common sense of loss; fragmentation of community, family, identity and ‘culture’; and associated anger and despair.

... [Aboriginal people] knew what they were doing and they knew what their education was.² Most of them didn’t want to show that up though, they thought they was the laughing stock ... we were under the umbrella³ most of our life and most of us are still running around trying to work out where we come from ... [Man, 30s]

2. I understood this to mean that Aboriginal people used to feel confident in their way of life.

3. I understood this to mean the umbrella of European repression.

... that's what we have to fix, that hopelessness ... These government departments aren't going to do it, they couldn't care less, they drive past our people laying on the streets, they don't care ... [Man, 50s]

... my first criminal offence occurred when I was six years old ... I committed a crime in the company of four others, my brothers and sisters and the crime was being destitute ... I was sent to [X] for seven years and then to [X] til I finished school ... I didn't see my mother for twenty-five years I don't really have any of that spiritual connection with a place ... I was removed to [X] but I'll never go back there, I've got no country ... [Man, 30s]

The fragmentation implied by these quotes is profound. I can only guess at the extended impact these experiences must have on an individual and community level. 'Cultural' norms and ways of life were eroded: '... we started learning ... how not to get involved with one another and that has put us apart really ...'. Aboriginal ways of being became '... the laughing stock ...', and as a result '... most of us are still running around trying to work out where we came from ...'. This disruption, fragmentation and resignation was a common theme among most of these ex-drinkers and the current drinkers to follow—as was determination to re-establish cultural connections. As mentioned, this preoccupation was far less obvious in my interviews with, and observations of, those who had been able to retain a continuing connection to country and a sense of 'cultural' knowledge and belonging.

The following quote captured the strong sense of loss, identity-fragmentation, search for purpose, and despair evident in many participants' comments. In the course of his childhood and adolescence this person had suffered the loss of family, parenting, connection to country, identity, purpose, and hope.

... [what made me want to drink?] I don't know, that's a hard one, but I think it had a lot to do with my identity problem you know, like seeking an identity ... plus I had no idea what I was going to do once I got released from that institution. I think I also drunk to self destroy. Have you ever seen X [a film]? Well in the film there was a prisoner that was jailed for life, but then he was released. But he didn't know what to do once he was released, so they gave him a job but the job didn't satisfy him and he'd lost all his friends, he'd left all his friends back in prison. So the only thing he does is suicide, he's got nothing else to do. Too old to commit another crime, there's nothing out there for him ... [Man, 30s]

I knew from our discussions that this person had also reached the point of believing that 'there was nothing out there' for him but like many other Aboriginal people he had survived and was gradually piecing together—where he could—the connections he had lost as a child. Although still affected by these experiences, he was gradually finding his ground and spent much of his time helping other Aboriginal people re-establish connections with their 'Aboriginal side'. He is one of many extraordinarily resilient Aboriginal people and shows a community concern, determination to heal, and belief in the identity-enhancement value of 'culture' common among many Kimberley Aboriginal people in my experience. It should be

noted however, that like the character in the film he referred to above, suicide (or other self-harming behaviour) is an alternative choice which an increasing number of Kimberley Aboriginal people are making (Hunter 1988). Among these ex-drinkers however, the emphasis was mostly one of 'healing'.

... [from] the non-Aboriginal people we started learning things about their ways—how not to get involved with one another and that has put us apart really ... they start to bring up [Aboriginal] people into dormitories and start pushing people around ... they kept us apart from a lot of things we could do together ... we got to try and get involved with one another, that is a chance that lot of us missed out on and its time to turn it different way around ... [Man, 30s]

... I would like to see family groups get involved [at the bush college] and telling one another and their children ... there is no hiding what alcohol done to us in the long run. Talk about what was left behind in their history. I would like to see it build up their confidence. The young ones could have the opportunity of learning something from everyone that been through that system ... let the young ones know who they sitting with there and the stories, you know, so it is teaching them that. I know it's a long struggle for us to do something like that, but then again progress every couple of years and it will stand its ground one day ... [Man, 30s]

...[the bush college could be a place where] young people go, sit down, learn all about dancing, singing, bush stories, bush skill. Listen to old people again ... be really happy place for young generation—for some middle age too. We welcome people—not push them ... [Man, 70s]

... It's a shame for my people what alcohol does to us. They all got to get pride again to take us through this alcohol problem and drug ... [Man, 30s]

These 'healing' sentiments are reflected in much of the literature pertaining to nation-wide attempts to re-establish 'cultural' connections. The following comment is from the National Inquiry into the separation of Aboriginal and Torres Strait Islander children from their families.

... Coming home is fundamental to healing the effects of separation. Going home means finding out who you are as an Aboriginal: where you come from, who your people are, where your belonging place is, what your identity is. Going home is fundamental to the healing processes of those who were taken away as well as those who were left behind ... (Human Rights and Equal Opportunity Commission 1997)

Possibly as a result of the 'cultural' erosion which was a consequence of European invasion, interview questions regarding the place of 'culture' in contemporary life would often produce seemingly contradictory responses. When the six ex-drinkers were asked about their perceptions regarding the effect (if any) on drinkers of 'getting the Aboriginal side strong again', their responses were mixed—in contrast with the clear acknowledgment of the central role of this approach among the lifetime-abstainer group. The two ex-drinkers who had experienced the least apparent 'cultural' disruption believed, like the lifetime abstainers, that 'cultural' aspects were powerful and gave people—including drinkers—a sense of purpose and respect:

... All those cultural things we talked about teach them a purpose ... [Man, 50s]

... They learn respect again—do what the old people tell them ... [Man, 70s]

The remaining four ex-drinkers were more equivocal in their answers, which included statements that greater impact came from having something meaningful to do; and from improving self-esteem (which they maintained came largely from knowledge, be this 'cultural' or vocational). They said that learning things to do with 'whitefella' ways provided greater benefit—for the young at least—although certain 'Aboriginal' things (specifically land and some Aboriginal law) were still considered important to Aboriginal people; and that the only thing really making an impact on drinkers was 'hitting rock bottom'.

... I think a lot of people just haven't got the jobs and they just sit around waiting, doing nothing and being bored ... I would like to see CDEP hours extended ... to see people get up from the boring verandah or the TV and to be able to do something in life ... [Man, 40s]

... the main thing is that you accept what you are and you know a lot of things ... and you know what you're doing ... [Man, 30s]

... The age group [that would benefit] is probably the older age group—if you ask the young ones in their twenties ... they want to live as what society is giving them—they like the town life you know ... but it does seem that tribal ways are still important to a lot of Aboriginal people ... [Man, 50s]

However, when the four 'equivocal' drinkers were asked about things of most importance in the lives of Aboriginal people all of their answers tended to focus on aspects of 'culture', especially those related to identity, some of which *had* been part of their upbringing:

... I am proud that I've got a culture that I could practice ... dreamtime stories, the things that have been taught to you, where no white man, no other Aboriginal people from different groups of different tribes knows, you know ... [Man, 40s]

... there's the land, there's always the land. Most Aboriginal people still got strong feelings for the bush ... [Man, 50s]

... Its all got to do with what they think, like culture's inside, like if you know language and pull everyone together ... that's where their thoughts and legal stuff comes from, future directions, through getting together and talking about things you know, and being able to tell the children about the past and the future and knowledge ... [Man, 30s]

... well listen when they have Aboriginal education we tell them things when they are small. They go through different stages in the bush ... like grade one grade two ... when they go through education in the *kartija* [non-Aboriginal] way, English just go one way straight see ... I can speak my language and I can sing my songs ... doesn't matter if people get sick or something, that thing will still be there ... [Man, 30s]

All of the factors identified by this group as being of importance to Aboriginal people related to issues of pride, country, community and 'cultural' education. The two ex-drinkers who had grown up in their own country on stations identified country and 'cultural' laws as the most important things. Perhaps the apparent inconsistency in the responses of some of the ex-drinkers is a reflection of the mixed 'cultural' forces experienced in their upbringing. On the one hand these

participants noted the fundamental importance of 'cultural' aspects to Aboriginal people, yet on the other most had had the powerful experience of residence in 'western' institutions, and all were regularly exposed to the dominance of western 'culture' in contemporary life. It is possible that for these four people, 'cultural' influences factor less prominently in daily life as a result of their life experience—despite a stated awareness of its importance.

It is also possible that the inconsistency in their responses relates to an idealised notion of what 'culture' can offer—in this case a sense of pride, community and special knowledge different from things of importance to non-Aboriginal ways of living. When the influences on drinking reduction are examined however, these participants identify not 'culture', but other factors—such as meaningful activities, self-esteem (whatever its source) and knowledge of 'whitefella ways'. The fact that excessive drinking exists among people who live relatively 'traditional' lives would appear to support such interpretations. I think it is likely that 'traditional culture' is idealised (as among most societies) but also that that identity-related components—for which 'culture' provides one accessible source—may play a significant role among components influencing drinking decision-making. With reference to the importance of Zinberg's (1984) 'set' and 'setting' components within drug use, my own analysis—based on the insights of both study participants (to follow) and the evaluation literature (Hunter 1990c; Oetting, Edwards & Beauvais 1989; Standing Committee on Aboriginal Affairs 1987; Royal Commission into Aboriginal Deaths in Custody (Johnson E Commissioner) 1991; Tsey 1997; Siggers & Gray 1998; Brady 1992b)—is that a combination of both the personal (identity-related) and the material (opportunity-related) is most likely to influence drinking decisions. The lifetime-abstainers, for example, exhibit a combination of both strong cultural identity and relative socio-economic success. The ex-drinkers have a similar socio-economic but more disrupted 'cultural' profile. Among the drinker sub-group to follow, markers of socio-economic 'success' are the most pronounced of the three sub-groups—and childhood 'cultural context' is the least so. The identity/opportunity combination exhibited by the lifetime-abstainers is also strongly reflected in study participants' proposals for their alcohol intervention model (see Chapters Eight to Ten). The focus of the current discussion however, is on the marked differences evident in childhood 'cultural context' among the participants within this 'personal profile' group.

Government policies throughout the lifetimes of all of the participants in this study created widespread fear and encouraged repression of 'the Aboriginal side' (Kaberry 1939; Elkin 1979; Jebb 1998). All six ex-drinkers had been brought up in an era when state and national government policy aimed to minimise Aboriginal influence

and impose a European 'cultural' education on Aboriginal children throughout Australia. This enforced 'cultural' domination created a widespread atmosphere of fear about the open expression of one's Aboriginality.

Some tried to protect their families from separation by continually moving; others called themselves Maori or Indian; others cut off all ties with Aboriginal people, including family members (Human Rights and Equal Opportunity Commission 1997:21).

Many study participants were clearly reluctant to talk about their childhood experiences in detail and where this was the case I did not pursue these issues. I do not know great detail about how assimilation policies affected these participants individually but I knew from our conversations that three of the six ex-drinkers had been separated from their families for periods of two to ten years in mission dormitories, government hostels and training institutions. I think it is likely that these experiences would have affected their sense of Aboriginal identity and their perceptions of the role of 'culture'. When I first asked these three ex-drinkers what it meant to be Aboriginal, it was immediately apparent that they found the question offensive:

... I got my arms and my legs and my head. [FN: What do you mean by that X?] Well that I am myself, X, I am proud to be Aboriginal, I am an individual. You asked me the question, everyone is an individual regardless if they are proud of who they are ... the important part of it all I'm glad who I am regardless of what colour I am ... [Man, 40s]

... well I'm damn proud of my colour and I ain't going to be ashamed and hide it away, I've got pride in me same as everyone else ... [Man, 30s]

The third person's answer had a different but related quality. This person had had the most prolonged experience of institutional life and his answer seemed to me more about an experience of having been denied his Aboriginality than of being forced to suppress it:

... if you think of Aboriginal as another species of society, and if you haven't got those qualities inside you, you don't think you are Aboriginal ... [Man, 30s]

These three men were the same three quoted earlier in this chapter regarding their emphatic assertions about the independence of their abstinence decisions. I did not ask them further direct questions to do with Aboriginality issues because it was clearly painful for them—neither was it the purpose of my study. It is possible that their responses reflected their institutional experiences and that their reactions were the result of racist implications that their Aboriginality made them different from, or less than, other (non-Aboriginal) people. Such experiences were commonly cited during the National Inquiry into the separation of Aboriginal and Torres Strait Islander children from their families.

... They used to warn us that when we got older we'd have to watch it because we'd turn into sluts and alcoholics, so we had to be very careful. If you were white you didn't have that dirtiness in you ... it was in our breed, in us to be like that ... (Human Rights and Equal Opportunity Commission 1997:15)

The comments made by four of this small group of ex-drinkers reinforced the perception of 'cultural' disruption evident in their demographic profiles, and contrasted with the 'cultural' and geographical stability evident in the profiles of the previous lifetime-abstainer group. Evidence of a greater overall disruption was portrayed by the intermittent and regular drinkers whose stories are presented next.

Current drinkers

Of the study's seven 'personal profile' current drinkers, five were women—an uncommonly high proportion in comparison with other studies among indigenous drinkers (Hunter, Hall & Spargo 1991; Watson, Fleming & Alexander 1988; May 1995; Pomare 1995). Four of the seven participants (two men and two women) drank excessively but only one (a man) did so regularly and all had significantly reduced their drinking over several years. Of the remaining three people (all women), two drank moderately and episodically on social occasions and the remaining person, having been through a lengthy period of excessive drinking in the past, had for some years been drinking regularly but moderately.

It is important to emphasise that when compared with the current drinker profiles in the regional survey by Hunter *et al* (1991), the gender distribution and socio-economic circumstances of these 'current drinkers' were unusual. The employment pattern of the 'personal profile' drinkers in this study was more common among non-Aboriginal than Aboriginal people in Derby (Australian Bureau of Statistics 1998a), with all seven participants working full-time at the time of interview. All were living (one transiently) with partners or one or more extended family members in non-crowded housing. All members of the group were parents, although most lived apart from their children as a result of either relationship breakup or the residence of adult children elsewhere.

The members of this group were aged between 31 and 55, with a mean and median age of 41 and 43 years respectively (see Table 7 for a comparison of this group's profile with that of the previous 'personal profile' lifetime-abstainer and ex-drinker groups). These participants were related to five different language groups and had grown up in a variety of circumstances. One person had initially been raised on a mission community and later moved as a young teenager to live with a parent in a town-based community. One was raised in a town then taken into a mission dormitory for several years before moving back with parents to live in another town. Both of these moves to town in the teenage years were made so that the participants could undertake a high school education without being separated from

their families. One was raised on a mission community and was later moved to hostel accommodation for schooling. Between six and eight years of age another two of the participants were taken into hostel and health institutions where they spent the majority of their childhood. The remaining two people were both brought up in towns. In similar histories, the mixed-race families of these last two participants moved from 'more Aboriginal' towns to 'more European' towns during the participants' childhoods in the 1950s and early 60s. Both participants implied that this decision was made for 'assimilationist' reasons, possibly complying with government regulations of the time which enforced disassociation with Aboriginal communities in order to maintain citizenship status.

Two of the group had been brought up largely by Aboriginal extended family members, two were brought up initially by Aboriginal family members and then by mission or hostel staff, one was brought up initially by Aboriginal family members and later mixed Aboriginal/non-Aboriginal family, and the remaining two people were brought up largely by non-Aboriginal institutional staff. All of this group lived permanently in towns, two at or near their birthplace. When asked where (if anywhere) these participants called their country, three named their place of birth and four appeared unsure or ambivalent in response. Of the three people describing a sense of spiritual connection to country, two lived in this same place. Three of this group had non-Aboriginal fathers and another two had non-Aboriginal grandfathers. Three said that their father or grandfather had been part of 'the stolen generation'. Of the seven participants, six had either personal or parental experience of institutional life ranging from two to twelve years.

English was the main language for all of this group, one person also speaking an Aboriginal language fluently. One member of this group had formal primary schooling only, five continued school to the age of 15, and one completed year twelve. Two of the group had no further formal education, three completed skilled vocational training, one person was undergoing and one had completed tertiary education. At the time of interview all of the group were employed full-time, all of their jobs having status in the community.

In Table 7 to follow, the socio-demographic information provided by these drinker-participants is compared with that from the 'personal profile' lifetime-abstainer and ex-drinker participants discussed previously. The comparison suggests a progression in the degree of 'cultural' disruption experienced by these participants, least evident in the lifetime-abstainer group and most evident among the current drinker group.

Table 7: Group profiles for abstainer, ex-drinker and current drinker 'personal profile' participants.

| Demographic | L'time abstainer (5 people) | Ex-drinkers (6 people) | Current drinkers (7 people) |
|--|--------------------------------|---------------------------|--------------------------------|
| Gender | | | |
| Male | 1 | All | 2 |
| Female | 4 | | 5 |
| Age range | 43–55 years | 36–70 years | 31–55 years |
| Average (median) age of group | 51 (49) | 48 (53) | 41 (43) |
| No. languages represented* | 4 | 4 | 5 |
| Main language | | | |
| Aboriginal language | 4 | 2 | |
| English | 1 | 4 | All |
| Fluency in Aboriginal language | All | 4 | 1 |
| Where grew up | | | |
| Station | 2 | 2 | |
| Mission c'ty° (remote/peripheral) | 1 | | |
| Town community | | | |
| Mission c'ty/town community | 2 | | 1 |
| Mission c'ty /institution | | | 1 |
| Town c'ty/institution | | 2 | |
| Town/ institution(s) | | 1 | 3 |
| Town or city | | 1 | 2 |
| Institutional residence | | | |
| Personal/parental | | 3 | 6 |
| Years of residence | | 2–12 | 2–12 |
| Parenting/caretakers | | | |
| Aboriginal family | 4 | 2 | 2 |
| Mixed Ab'l/non Ab'l(non-institutional) | 1 | | 1 |
| Mostly non Ab'l family | | 1 | |
| Mixed Ab'l fam/institutional staff | | 2 | 2 |
| Mostly non Ab'l institutional staff | | 1 | 2 |
| Non-Aboriginal parenting/caretakers | | | |
| Non Ab'l parent / grandparent | | 1 | 5 |
| 'Stolen generation' parent /g'parent | | | 3 |
| Problematic parental drinking | 1 | 4 | 6 |
| (Unrecorded) | (1) | (1) | |
| Problematic extended family drinking | | | |
| Most of family | 4 | 5 | 6 |
| Permanent residence | | | |
| Remote community | 1 | 2 | |
| Town c'ty/town-periphery c'ty | 4 | 3 | |
| Towns(s) | | 1 | All |
| Perm residence with partner & children | 5 | 5 | 2 |
| Proximity of perm. residence to birthplace | | | |
| At / near birthplace | 3 | 4 | 2 |
| Several hundred kilometres distance | 2 | 2 | 5 |

| Demographic | L'time abstainer (5 people) | Ex-drinkers (6 people) | Current drinkers (7 people) |
|---|--------------------------------|---------------------------|--------------------------------|
| 'Country' | | | |
| At place of birth | 3 | 2 | 3 |
| At place of birth and place perm res. | 2 | | |
| At parents place of birth | | 1 | |
| At partner's place of birth | | 1 | |
| Unsure/ambivalent r'ship to country | | 2 | 4 |
| Proximity of perm. residence to country | | | |
| Lives in / near 'country' | 4 | 3 | 2 |
| Moving back to country | 1 | | |
| Lives sev hundred kms from country | | 1 | 1 |
| Unsure/ambivalent r'ship to country | | 2 | 4 |
| Religion | | | |
| Belongs to a church or religion | 4 | 2 | 6 |
| Schooling | | | |
| None | 1 | 2 | |
| Primary school only | 1 | | 1 |
| School to year 10 | 2 | 3 | 5 |
| School to year 11 | | | |
| Completed year 12 | 1 | 1 | 1 |
| Further education | | | |
| None | 2 | 2 | 2 |
| Basic vocational training | | 3 | |
| Skilled vocational training | 2 | | 3 |
| Completed semi-professional qual | 1 | | |
| Incomplete tertiary education | | 1 | |
| Undertaking tertiary education | | | 1 |
| Completed tertiary education | | | 1 |
| Employment status | | | |
| Unemployed | | | |
| Pensioner | | 1 | |
| Pensioner plus top-up | 1 | | |
| Part time employed / CDEP | | 2 | |
| CDEP plus top-up | 1 | 1 | |
| Full time employed | 3 | 2 | All |

*Number of first languages represented by the participants in each group. C'ty° = community

Among the differences apparent in these profiles are those suggesting the highest overall degree of 'cultural' disruption among the current drinker group. In comparison with the other two groups, proportionately fewer of the drinker participants were born and grew up on their parents'/ancestral country, more having grown up in towns and having spent long periods in institutions. Most identified a non-Aboriginal parent or grand-parent and problematic parental drinking. All of the drinker-participants lived in towns, fewer readily identifying a spiritual connection to country and only two lived in their country. Progressively fewer (none of the drinkers) spoke an Aboriginal language as a first language and fewer (only one of the drinkers) spoke an Aboriginal language fluently. The drinker-

participants had undergone more formal education and were more employed than the other two groups.

It is important to again emphasise that some of the demographics of this small sub-sample of drinker participants appear uncharacteristic of drinkers in the Kimberley region generally and elsewhere. In the Hunter *et al* (1991) survey referred to previously for example—and unlike the sub-sample above—drinkers in the region tend to be male, tend to drink in ways likely to compromise social and occupational functioning and tend to be unemployed (over four-fifths at the time of the Hunter survey). As in most studies, given the propensity of drinkers to reduce or stop their consumption at around forty years of age, the drinkers in this sub-sample tended on average to be younger than the non-drinkers. As shown in Table 7, the average (and median) ages for the lifetime-abstainer and current drinker participants was 51 (49) and 41 (43) years respectively. The common difference in ages between the two groups suggests the need for age-controlled studies of the ‘cultural disruption’ hypothesis presented in the thesis. Given some of the socio-historical and demographic changes discussed in Chapter Four, the somewhat younger age of the drinker group may partially explain the higher levels of education, parental drinking, town-based childhood and lower levels of indigenous primary language use among the drinkers in both the Hunter *et al* survey and the study’s drinker sub-sample. It is important that the sub-sample’s small size and the uncharacteristic nature of some of its comparable demographics be kept in mind when considering the findings presented in this chapter. Further investigation is required before any definitive conclusions may be drawn.

With these cautions in mind, the demographic suggestion of ‘cultural’ disruption among the small ‘personal profile’ drinker sample appeared to me to be apparent in these participants themselves. Despite their personal warmth and professional competence, all appeared in my observation to be burdened to varying degrees by regret, anger, confusion or sadness. This was more apparent among the drinker-participants than the lifetime-abstainer and ex-drinker participants discussed previously. This perception has been consistent throughout the time I have known these people, despite their continuing and substantial contribution to their community through their work and other activities. This possible emotional legacy of ‘cultural’ dispossession is not surprising given the force of imposed change during the lifetimes of Aboriginal people from this area. Their following comments reflect my perception of what appeared to be a diminished sense of identity and self-confidence among them, an insecurity about the future, and a great sense of loss:

... [at the alcohol rehab centre] they always say really lovely things in the morning to you to make [residents] feel better inside them, to make them feel like being a person, 'cos a lot of them, a lot of us are resentful about ourselves, you know just keep doubting ourselves down, we think there is no future left ... [Woman, 30s]

... The things my people have been through, the Australian Aboriginal people have been through hell ... I just want not to go down, I have been down before ... [Woman, 40s]

... [I grew up at X] hostel ... you didn't even know if you were Aboriginal or white. When I was there, there were people, you'd see white people in town and say I'm not full blood because they would be prejudiced against you anyhow. You had a hard time by the full bloods and by the white people ... [Man, 40s]

... I just sort of grew up in a town situation. I suppose it can't be helped when things are, um, when there is a lot of things happening in the future, like town planning and stuff like that and everybody has to be moved around and all the history is sometimes gone ... [Woman, 30s]

... I was at the [government hostel] from 8 years old ... then I went to another [hostel] so I was brought up a lot by institutions, and sometimes my family in between ... It would be good [at the bush college] if little kids, small kids are with the grown-ups ... and the kids get the feeling of being wanted and ... you're all mixing again, you're all being harmonised together again. I missed out on that side of things myself. I think it'd be good to have it there ... [Man, 30s]

... I know the broken down creole, I can speak that but um that's one thing I find sad about my own language is that we never ever learnt it ... we tried getting it started at the school but the problem was a lot of the parents were saying ... why bother to send your kids to school if they are going to speak the broken down language plus the Aboriginal language then when they go for a job they have to be like the whiteman style and they have to know this English ... when you're with white people you gotta change, you gotta be someone different and you have to speak their language ... [Woman, 30s]

The insecurity apparent in the first comment was common, in my experience, among drinkers in the area—as were doubts about the future and fears of going 'down again'. Some of the drinker participants spoke about the adaptation they and their families had had to make in order to survive; and the social and 'cultural' fragmentation caused by disruption to role and identity, especially among men, and the effect of these changes on a personal and community level:

... [Aboriginal people] have been through a lot, a lot of their culture's had to go underground. They have had to marry into western way, into western society to be able to survive, it's a matter of survival ... My grandmother grew me up ... [she] said for me to become better, or my family to become better I have to live the western way, live whiteman's way. That was her opinion, she would say Aboriginal culture is gone and I would have to learn the whiteman's way. Unfortunately, now I don't agree with some of her theories ... [Woman, 40s]

... I also think there has to be real um recognition out there about things, of the real cause of things ... with family violence the men are charged, are seen as the perpetrators and often left out on a limb and that's not how we want to see, you know, our Aboriginal men go. Because of, once again, the traumas that they experienced, and I think real care has to be taken in terms of working with the men ... the men can't be left out, because they have been left out for too long ... [Woman, 50s]

Several other writers have described the dramatic impact of colonisation on the role of men (Hunter 1990; Langton, Ah Matt, Moss *et al* 1991; Brady 1995). The overwhelming change in male roles from 'culturally' bestowed power and a key provider role to a marginalised position within a foreign and dominant 'culture' has been devastating for many men and is posited by many, including the above sources, as partly explaining the larger proportion of male drinkers in the wider Aboriginal community. That men have been found by some to drink less when staying in country on remote communities and outstations (Smith & Smith 1995; McDermott, O'Dea, Rowley *et al* 1998) may possibly indicate, in addition to alcohol supply considerations, that they feel less need to drink when in 'country' and involved in 'cultural' activities:

... well I don't really know why it's [bush skills and tracking skills and getting back to the land] is important, just knowing how to do it is good, I think its just instinct that comes back out in you anyway. But to be able to show somebody else that, you know you've got something up your sleeve that no-one else has you know ... [Man, 40s]

Some drinker participants spoke of the loss they felt as a legacy of having had to repress their Aboriginality, and of their attempts to find ways to fill this void. Despite their own losses, there was often an accompanying determination to work with others in a healing capacity:

... it has taken me a number of years to realise, to recognise even, that there were issues and there was a lot of pain and hurt and suffering that in some way had to be dealt with ... you must lock things away, our normal survival skills that enable us to do that ... I can only speak for myself that we all need to be able to feel whole again on a spiritual level and have a real connected-ness. I need to go through that healing process myself... you can't be carrying a lot of your own grief and pain with you because it can block you to work in a good way with people who may be seeking some sort of support in the system ... [Woman, 50s]

... no, no I don't speak [parents' language], I can understand a few words. That's one of the things I get so angry about, that because I have lost, through that assimilationist policy and the policies that were practised when I was growing up and that, it was forced on my parents, it meant that I lost my language, because my mother spoke the language and I didn't get the opportunity, so did my grandmother and grandfather and that, and it is one of the really big pains that I have ... [Woman, 30s]

... I have a lot of gaps in my years, in my childhood, which I'd like to work on ... [Woman, 50s]

People often referred in interviews to sadness over loss of language. Several talked about the general loss of 'cultural knowing' which accompanies language loss, maintaining that language enables far more than communication alone as so much of a culture's perspective is contained within it:

... I never learnt to speak [language] because she [grandmother] said you don't have to speak [language], you have to learn how to read and write and live in the whiteman's

world. Whereas if I had of spoke [language], because she had both the [X] and the [X] dialect, I think I would have had a lot more to offer. That was one of the small things I had to give up as far as my Gran was concerned ... She almost had her sister and my father taken off her because they had to go away to school, so rather than take them off her she had to move to [X] so she could live with her children. I think her vision of the way Aboriginal people were going was quite clear to her you know ... [Woman, 40s]

As with the ex-drinker group, the drinker-participants talked about the speed and impact of change since colonization and of the frustration and confusion they had experienced in trying to learn 'western' ways and to find a place in that world:

... Aboriginal people are travelling people. They move around, have ceremonies. They hunt and go bush whenever they can. But it's changing, the changeover is happening too fast, I mean from one world to the modern world. I mean you're looking at forty thousand years, there's a big difference between forty thousand years and two hundred you know. They try and teach stuff all at once to Aboriginal people ... it's not teaching them anything putting it in white man's words or white man's doings ... what they need most is education about how to adapt ... [Man, 30s]

... this world is twisted in so many whirlpools really and there is a lot of confused Aboriginal people out there ... they forget to remember about the past and it needs, it takes places like [the bush college] or more organised stations to bring together, to have a good understanding of who they really want to be ... [Woman, 30s]

When the drinker-participants were asked about the effect on drinkers (if any) of re-connection with the 'Aboriginal side', the responses from most contained mixed messages. Two people gave immediate and unambivalent replies:

... [the 'Aboriginal side'] gets back their self respect and who they are, where they came from and who they are in the first place ... [Woman, 40s]

... there is a connection to the land, in a spiritual sense, and there needs to be recognition by *kartijas* [white person] that a person's country owns him or her, strengthens that person on a spiritual level. A person's reconnection with their art and ancestor place and possibly birthplace is very strengthening in an Aboriginal spiritual way ... and also the stories, and the passing down of stories ... [Woman, 50s]

As with most of the ex-drinkers, the initial responses of the remaining drinker-participants suggested an uncertainty about the impact of 'the Aboriginal side'. One person said that there was still 'heaps of culture around, just not out in the open', the others saying, initially, that the 'cultural' side had meaning to more traditional people and to older people, but not so much to younger or town-based people. Interestingly, in contrast with some of their earlier responses, when this group of five was asked about things of most importance to Aboriginal people, all gave answers to do with things generally considered components of 'Aboriginal culture'. They identified aspects such as community, the importance of country, bush skills and ceremony, family, language and stories:

... [the most important things are] caring and sharing. What's mine is yours ... not like today, like the white man, what's mine is mine and what's yours could be mine. We got to take that and try and get out of the European way, it's time for giving and sharing not taking all the time, take, take, take. I think it's time to turn the clock around and start giving ... [Man, 40s]

... well we've come a long way and we're living the whiteman's way now, we're getting to put clothes on ourselves and going to colleges and all that but still in our spare time we still got the Aboriginality in us, wanting and craving to go back to the bush ... [Woman, 40s]

... well Aboriginal people are travelling people, they move around, have ceremonies. They hunt and go bush whenever they can ... [Man, 30s]

... family involvement, family participation is very strong with Aboriginal people and that's just something that seems to be bred in us ... we don't do things for ourselves, we do things for our family and our whole lifestyle is based around that ... [Woman, 40s]

... language is important and going back to your country is important ... I keep thinking old stories too from our family you know, we have older people who're our grandparents and they have only got days to be in this world ... its important to keep the stories our family tell us ... [Woman, 30s]

In addition to these comments, participants were asked about interventions which they believed helped drinkers, and about ways in which current alcohol interventions could be improved. All suggested, among other things, 'cultural' components such as extended family involvement; 'cultural' dances, songs, and stories; learning bush knowledge and bush skills; learning skin names; re-establishing connections to country; and learning about pre-contact Aboriginal history. Like the 'cultural' definitions identified in interviews with participants (and documented in Chapter Seven), many of the responses given by these participants referred to the 'knowing and belonging' role of 'culture'. As discussed in Chapter Seven, all of these drinker-participants were pursuing personal and community reconnection to and strengthening of the 'Aboriginal cultural side'.

Given this apparent acknowledgment of the importance of 'cultural knowing and belonging', the statements by some of this group regarding the irrelevance of the 'Aboriginal side' to all but more 'traditional' and/or older drinkers were confusing. It is possible (as with the ex-drinkers) that a certain degree of 'cultural' idealising may have influenced their perceptions—and also that as a result of circumstances beyond their control, the disruption to their own 'cultural' learning had left them with some degree of confusion about the place of Aboriginal 'culture' in their own lives. Most had had a largely 'European-style' upbringing, yet all had some degree of 'Aboriginal-side' education and it is possible that their mixed responses are characteristic of people brought up in more than one 'cultural' context. It appeared that these participants were aware, both personally and generally, of the importance of 'culture' on a fundamental level related to identity and place—certainly this foundation was something all appeared to be searching for. On an everyday level however, it may have been that 'cultural' associations did not feature prominently in their own decision-making and awareness. The persistence of interest in the 'cultural side' by these relatively young and 'non-traditional' participants however, may have relevance to a deeper understanding of the context

of Aboriginal drinking and to the design of alcohol intervention strategies—although as stated these findings need cautious consideration due to the group’s small size and uncharacteristic demographic and socio-economic profile.

Summary

Alcohol-related harm was an issue of concern for almost all ‘combined community group’ participants. Their emphasis on its physical and psycho-social repercussions is mirrored in the intervention strategies identified by participants at later stages in the study.

Equal numbers of drinkers and non-drinkers were identified among this sample group, non-drinkers tending to be female and current drinkers mostly male. The non-drinkers, and those drinkers who had reduced their alcohol consumption, tended to have made these decisions due largely to their assessments of the physical and psycho-social effects of alcohol on their own and/or others’ lives. Among those who had reduced their drinking, most identified diversionary activities and ‘cultural’ aspects as factors which had helped them do so. Of those past or current drinkers whose responses were recorded, almost all had started drinking in their teens, many before the age of sixteen years. Almost all of the ex-drinkers had stopped drinking by the age of forty years. Among the current drinkers, two-thirds drank intermittently or episodically, although 84 per cent of current drinkers did so at hazardous levels. Most past and current drinkers began drinking for reasons of curiosity and socialising, most who continued drinking saying they did so for reasons of fun, pleasure and ‘time out’. Only 15 per cent of current drinkers gave the availability of money or alcohol as the context in which their drinking decisions were made.

Details from the stories of eighteen adult ‘personal profile’ participants provided further tentative insight into factors which may be associated with people’s drinking decisions—although the uncharacteristic profile of the drinkers calls for further investigation on a wider scale. The stories from this small ‘personal profile’ group suggested a gradually increasing degree of ‘cultural’ disruption, least evident among the lifetime-abstainer group and most evident among the current drinker group. Those who had had the most opportunity to gain a sense of ‘cultural knowing and belonging’ in childhood, coupled with relative success in socio-economic terms, appeared to have been the least personally affected by the impact of European colonisation. They tended, among the small sample of ‘personal profile’ participants presented in this chapter, to be lifetime-abstainers from alcohol. For those whose opportunities to establish an Aboriginal ‘cultural’ foundation had been more disrupted, periods of past excessive drinking, or continuing (if reduced and

sometimes moderate) drinking, often associated with a lingering sense of loss, were more common. Surprisingly perhaps, it was the sub-group which was the most employed and which enjoyed the most material comforts among which the most current drinkers were found. This is a possible indication, requiring far more exploration, that 'cultural'/psychological rather than economic impacts have played a greater role in people's past or present drinking decisions.

In the following chapters, participants' perceptions of the meanings of 'culture' and of its role in alcohol intervention are explored further.

6. ABORIGINAL PERCEPTIONS OF EXISTING ALCOHOL INTERVENTIONS

The study originated with requests for culturally relevant 'Aboriginal style' substance misuse interventions. This chapter presents the perceptions of 'personal profile' and 'community group' participants, jointly referred to as the 'combined community group', regarding common, existing alcohol 'treatment' interventions—both 'Aboriginal' and 'non-Aboriginal'. (This category of interventions formed the focus of this enquiry because of its prevalence among available intervention types).

In addition to identifying people with personal or family experience of 'dry out' (a colloquialism for residential alcohol interventions), participants were asked for their perceptions of the 'good' and 'not so good' things about these existing residential options. ('Family experience' of dry out referred to participants who had knowledge of 'dry out' through hearing of, and possibly being present during the 'dry out' experience of extended family members). Additionally, participants were asked about their experience of forms of alcohol counselling; and for broad-category suggestions for ways other than counselling—generally the most readily available 'treatment' option—for assisting drinkers. As found in other studies, only a small number of participants had had experience of treatment interventions. This common situation prompts questions about the relevance of currently existing intervention options, and invites recommendations for alternatives. These issues are explored in this and the remaining chapters.

Existing intervention approaches

As discussed in Chapter Two, ten recurrently funded residential programs were operating in the Kimberley and Northern Territory at the time of the study. People from the study population seeking residential programs would generally be referred, at their request, to one of the programs based in the Kimberley or Darwin. As discussed in Chapter Two, most available intervention programs were largely 'treatment', Alcoholics Anonymous, abstinence and symptom-based, focusing primarily on the consequences and cessation of drinking. Additional components such as spirituality and some degree of vocational training were evident in three programs, but the primary emphasis of almost all programs was on the cessation or reduction of drinking.

In addition to these residential options, people wishing to 'dry out' could also go to 'dry' Aboriginal communities in the bush (declared 'alcohol free' communities,

generally occupied by extended family members) where they could spend time away from drinking. A range of 'counselling' options was also available in the area at the time of the study. In discussions with participants, counselling would generally be described as being 'talked to about drinking and its effects'. To my knowledge of options then available in the study area, counselling would take place over varying periods of time and incorporate varying degrees of social and medical information and motivational and/or psychotherapeutic counselling regarding drinking, its consequences and options for change. Drinkers and at-risk people could be counselled by family members and elders, a range of health-related workers (including alcohol intervention service staff), other government agency staff and church groups. To my knowledge no Alcoholics Anonymous groups were operating in the Derby area at the time of the study, although this option was available in some other Kimberley towns and in most cases to clients in funded residential rehabilitation centres. The impression I have gained from discussions with participants who have experience of non-funded intervention options, such as 'dry community' stays and family counselling, is of a similar (if unstated) symptom and abstinence focus to that of the residential programs. Some Aboriginal groups did however offer prevention-focused bush trips for young, would-be substance users.

Perceptions of residential alcohol interventions

Over two thirds of study participants had had no personal or family experience of residential alcohol intervention, a finding akin to other studies in the region (Hunter 1990c; Blignault 1995). Of the 22 people who did, most had experience of the Milliya Rumurra program in Broome (7) or with 'dry' Aboriginal communities (6), a few people having been to rehabilitation programs in Darwin (3). The remainder did not state the location of their residential stays. When these 22 people were asked for their opinion of currently existing residential alcohol interventions, most criticisms centred on the programs' apparent ineffectiveness.

Table 8: Participants' criticisms regarding 'dry out'

| Criticisms | No. respondents (n=22*) |
|---|-------------------------|
| People go 'straight back on the grog' | 13 |
| People don't learn new skills, nothing changes | 6 |
| Programs too institutional and teach too formally | 5 |
| Easy access to alcohol on or straight after 'dry' community stays | 5 |
| Programs can be far from family | 3 |
| Staff are untrained and/or personally inexperienced | 3 |
| 'Dry' c'ty° stays inadequate, nothing changes | 2 |

* Some participants gave more than one response. C'ty° = community.

As shown above, over half of the respondents observed that most people would 'just go straight back on the grog' after leaving funded 'dry out'.

... when they came back, they were trying really hard but the unfortunate thing about it was they were coming back into the same situation where the family was still fragmented and still, there was still drinking going on and there was still abuse and that still going on, you know how live with extended families and all that interlinking going on ... so what you would see, they would go for a month and then you would see a gradual decline from then on ... at first it might be just going down having a couple of drinks and then slowly the pattern would get worse until they were back to where they were ...

... they get off the grog and all that, but I've never really known anyone that has been there to give up ...

...they came back looking good, saying they'd never drink again, but soon they were back on the grog as bad as before ...

Associated with this were others who felt that the programs focused on symptoms rather than causes and that as a result people didn't learn new skills, and returned to the same 'hopeless' situations on their communities (6).

... I had a cousin, he has died now, due to alcohol, but Milliya Rumurra was like a retreat—somewhere to get away from it all but I don't think it really taught him how to cope, once he was exposed back into the world. They just got him out of the DTs, they built his health back up, but I don't think he, you know, learnt how to cope with some of the problems that are out there, and often it is just a retreat, somewhere to hide ...

... it's always had this fascination to me—that alcohol was that bad that you had to put these types of institutions into being—especially when, you need to find out what the cause was that made these people drink ... I s'pose you need to treat everyone like an individual person, they need to strengthen themselves before they can become strong for other people, so we really need to know what that person is about, what skills they've got, build on their strong points rather than push them down as far as their weak points are concerned. Everyone has strong points, might be very few, but you can build on that to the extent that it take over their whole life and they can turn it around. Not just finish rehab and send them home to the same hopeless life ...

These are frequently heard criticisms of existing 'dry out' programs—that there is little if any lasting change as a result of residential programs. There are of course exceptions, as some of the following comments show—but in my experience both prior to and during the study, the above sentiments would characterise most people's 'dry out' perceptions.

Among those criticising funded 'dry outs' were five people who felt that existing 'formal' programs were too institutional, that people felt 'locked up there, like a prison camp', and that timetables were filled with 'meetings':

... I didn't fancy being locked up and if I'm gonna give up alcohol that means the courts and society telling me you must, you have to give up and I didn't really like that. I had to give up, if you're going to give something up *you* do it, that's what my grandparents told me: no-one else can tell you to do anything. But I end up going back there [to the rehab], doing my time, doing my time in 'prison' again ...

... [the rehabilitation centre] is too institutional, it's not free, it is like the court says you're going there, you can't do that, you can't do this, there is too many demands ...

the impression I got, it was just like being in jail ... there's too many [alcohol education] meetings there, you have to sit around, that's not helping, that would drive back to drinking ...

... well the rehab. I was in, I was locked in, it had a full off fenced area right around and it looked like a prison camp, but really I had to understand in the end that the fence wasn't to keep the clients in, it was more or less to keep visitors out ...

Not all of the funded residential programs with which participants had experience in the Kimberley and Northern Territory were fenced, but 'institutional' impressions were not confined to perimeter fencing. Most, although not all of the facilities referred to by participants gave this impression by virtue of their proximity to, but isolation from, nearby towns; classroom-style teaching; 'programmed' social events; utilitarian style and placement of buildings; and cultivated garden beds and lawns surrounding administration buildings. Again, there are exceptions, but many suggest a regimented, urbanised, timetable-dominated environment. Their general adherence to western teaching methods and materials further create an effect of 'non-Aboriginality'. When Aboriginal notions of differences between Aboriginal and non-Aboriginal ways of living are examined in the next chapter, the cultural inappropriateness of many of these intervention components becomes apparent.

Although three people felt that existing 'formal' programs were too far from family, another person had benefited from the absence of what they saw as negatively influential family members:

... why send them to Darwin away from their families? ... they'd rather be in their own town area, like X, he didn't like it down there, he kept saying I want my family to come and visit me ...

... Most of the time I went to local area rehabs, that was good because my family could come and visit. Those people who'd come from far away would feel lonely and homesick, watching other people getting visitors, and eventually they'd leave. You get better results if your own community's involved and can visit you ...

... sometimes, well, visitors could be a bad influence at times when someone is trying to get dried out or be off the grog for a couple of months or whatever—it sort of makes them homesick and lonely ... like they will start making decisions for themselves to be independent if they don't have family hanging around. It's nice to have family, but it is probably harder if people are in the same town, got family in the same town ... like it was easier for me because I didn't know anybody and there was no need for any visitor to come and visit me so I really concentrated myself ...

These contrasting aspects of family involvement highlight the complexities and variations within family relationships. Among family and peer groups in which excessive drinking is common, shared residence and close relationships can make controlled drinking difficult, if not impossible, to maintain. The pressures involved have been documented by several writers, and include the group conformity and solidarity felt by many Aboriginal people to be essential to survival in a hostile world (O'Connor 1984); and the force of kinship when decisions about drinking are being made (Rowse 1993). While some study participants referred to the support

and inspiration gained from family members, others experienced family relationships as detrimental to their drinking goals.

Appreciation of the varied influence of family was reflected in 'planning group' discussions, described in Chapter Nine, regarding the 'extended family' orientation of their intervention model. After preliminary suggestions about location, the first program-content recommendation at the first model-planning focus group highlighted the importance of family and peer involvement. This was followed with general agreement that assessments of clients and families wanting to go to 'dry out' would need to be thorough. Only those people (and their supporters) *genuinely* wanting to 'do something about their drinking' should be accepted by, and encouraged to visit the program. As discussed in Chapter Nine, the planning group's model included the combined presence of clients and their families (both drinkers and non-drinkers) at the 'dry out', where they could jointly learn self-determination strategies (including controlled drinking/abstinence and support strategies). Undoubtedly there would be family members not willing or able to accompany relatives through 'dry out' but the participation of family and peers, as suggested in other studies (d'Abbs 1990; Brady 1995b), was generally felt by participants to augur well for improved outcomes.

Further critical comments were made by three people about funded 'dry out' staff being generally untrained and inexperienced, and having no personal knowledge of substance misuse:

... most rehabilitation around the place, they weren't training people, they didn't have proper counsellors to teach you about the effect of alcohol. In a rehab you go over your life, you count the costs, you look at your future and it's better if you've got somebody around to talk to who's been trained you know, plus they know about drinking, real-life counsellors you know, so they don't lord it over you if you're still a drinker ...

... I used to get peeved off with counsellors who was Aboriginal and they been a non-drinker, non-smoker and pure clean workers which I feel it shouldn't be. It should be someone who has experienced the past. They didn't have an understanding, as far as I can see an alcoholic understands an alcoholic ... Some staff have got their job more or less from a university or from books ...

Seven people who had experience of stays on 'dry' communities complained that drinkers could either still get alcohol there or would just go straight back to drinking when they left (5), that such interventions 'weren't enough', and that people returned unchanged to the same situations (2).

... he only stays a week, he comes back when he wants to drink. And anyway he can get alcohol up there if he wants it anyway. But it's not enough. More has to be done than just that ...

... I come back to town for a good time ...

... most of them 'dry' communities—you can get grog on nearly all of them ...

... He sends his kids up there for a break from drinking, they work and feel better, but

they don't stay long, then they just come back to same boring life, nothing to do but drinking again ...

Overall, these criticisms of residential 'dry out' were about lack of change in the person and their circumstances; and the institutional (some said un-Aboriginal) family-separating, and inadequately staffed nature of the formally funded programs. In my experience and observation as a worker in the field these criticisms are valid and are also mirrored in the evaluation literature—yet despite this more programs of the same type continue to be established. As discussed in Chapter Two, few existing programs offer structured components which focus substantially on intra-personal and self-determination issues. Few are set within 'Aboriginal-style' environments and operational contexts, involve substantial family participation or are staffed by broadly trained and broadly experienced employees.

Despite the negative evaluations above, all 22 respondents had some positive comments to make about 'dry out' experiences:

Table 9: Participants' positive comments regarding 'dry out'

| Comments | Number of respondents (n=22)* |
|---|-------------------------------|
| Drinkers can give their system a break | 9 |
| Some programs offer education about drinking effects and management | 6 |
| Some programs teach life-skills | 5 |
| Some programs offer support from staff and other clients | 5 |
| People can socialise and make friends | 3 |
| Dry community stays can provide peace, away from town and back in country | 2 |

* Some participants made more than one comment.

As indicated, positive evaluations included the 'time out' provided by residential 'dry out'. Participants spoke of the value of giving their 'system a break', eating regularly and getting proper sleep (9):

... well the only thing I can think of is at least they give your system a break, a break without alcohol ...

... well see if you've been a drinker and its your first two or three weeks without it, it takes times time for all your brain cells to have a clear mind to think for yourself ...

Six people said that the programs educated people about the effects of alcohol on the body, about relapse management and the Alcoholics Anonymous 12-step program, and one person had heard that at some 'rehab' drinkers could learn controlled drinking.

... on a Tuesday they would have the health side of it, they would do diabetes, on a Wednesday they would decide to do a liver thing and a heart thing ... They talked to us to show us what it [alcohol] does to the human body and that's another thing that should be put into people's heads, to make them understand and realise that that's how they'll end up if they make that choice ...

... and they have group sessions too, like with clients they talk about, um, religion comes into this too ... like if you believe in something and you want to get stronger you have a choice of some sort of religion ... and um they just say their serenity prayers in the morning, just to give them courage ... we think there is no future left whereas religion reminds them that there is somebody, even if it is ceremonies, or hunting or something ...

This last comment was made by someone who had been to an Alcoholics Anonymous-based rehabilitation program at which 'the serenity prayer' is said daily by clients and staff at a morning group meeting. In saying the prayer, clients ask God (or another Higher Power) to grant them acceptance of things which cannot be changed and courage to change those which can. The acceptance and motivational benefits of this prayer were mentioned by several participants.

Five people said that positive aspects of some rehabilitation programs were the teaching of life-skills education including budgeting skills, managing domestic violence and strengthening self-esteem

... some people have a problem within themselves that alcohol just end up combining with. Other problems that they have within themselves, like they could easily have marriage problems and things like that happening outside, like with the courts and stuff like that and they don't know how to deal with it so the one way out is combining it with alcohol. The alcohol's just part of their story .. when you're in rehab they give you choices to go to meetings for domestic violence at home as well, because that blends in with alcohol as well ...

... they teach them how to pick up a life, how to be independent, how to save their money and teach them how to budget ... oh yeah, they even take you shopping, boy. I didn't know how to save—this was before I went to rehab. I just couldn't understand it, so my wages used to be busted in the X hotel, but when I went to this rehab I found out in the end that I saved a lot, I ended up buying myself a car ...

... they always say really lovely thing in the morning to you to make them feel better inside them, to make them feel like being a person, cos a lot of them, a lot of us are resentful within ourselves, you know just keep doubting ourselves down ...

In reflecting on participants' comments, there initially appears to be a contradiction in comments regarding life-skills training—a component which occurs to a greater or lesser extent in most funded programs. The training appeared to be positively evaluated by some participants (above) and negatively evaluated by others (in the previous section's criticisms of 'dry out'). On review, the contradiction appears to be largely due to the difference between the positively evaluated provision of *personal* skills training (such as budgeting, domestic violence management and alcohol education):

... when you're in rehab they give you choices to go to meetings for domestic violence at home as well, because that blends in with alcohol as well ...

and the negatively evaluated lack of broader, self-determination focused training (such as vocational skills and identity-based knowledge training). Through such training, people could potentially learn skills and strengthen self-concepts which would promote lasting personal and home-community change:

... you need to find out what the cause was that made these people want to drink ... we really need to know what that person is about, what skills they've got, and build on their strong points rather than push them down as far as their weak points are concerned ... you can build on that to the extent that it take over their whole life and they can turn it around. Not just finish rehab and send them home to the same hopeless life ...

These are critical insights, I believe, into the questionable impact of existing intervention programs. To my knowledge, none have as permanent, integral parts of their program the provision of a range of accredited vocational skills training courses and powerful, culturally-relevant identity-based program components likely to result in lasting personal and situational change. This cause-focused approach is non-existent in most current programs, their focus being instead on symptomatic intervention.

With regard to the positive aspects of some existing programs, five participants also commented positively on the confidence and support gained from sharing the rehabilitation process with other clients and supportive staff. Three people described the positive social aspect of rehabilitation programs, including the formation of new friendships.

... well I think that is where I leaned my confidence from because they even give you the chance to be somebody too, if you want to be that person, the person that makes you feel strong ...

... I just had to get through it and I did create new friends around me from lots of different country, everyone going through this thing together, and I am still friends with them ...

Two drinkers mentioned 'good things' about drying out 'in the bush'.

... Its good because its my country, I'm home there. It's good to get away from town and all the noise, back in the bush, I can clean out there without temptations from town ...

... I have a break there, back in my country ...

Some of these comments regarding the benefits of 'time out', support and socialising were mirrored in comments made by an ex-substance use worker from an Aboriginal day program. This person said that the positives of the program were its relaxed, friendly, family atmosphere, and the fact that it provided a safe place for women to come, without the forced exclusion of men. Bush trips with 'grannies' and kids were held regularly to give the families of drinkers a break. ('Grannies' generally implies senior women who are in guiding, often 'skin group' or extended

kinship–network relationships with the speaker—or in this case the clients). In this person’s experience, the program’s family focus appeared to be significantly healing:

... [the bush trips] gave people the chance to sit around and laugh together, not have the worries. The grannies came, the little ones came and that, you know when you’re out there and kids running around playing, you know, having a swim and the old people or grannies and aunties and that, having a swim, fishing and that, everyone bogs in and it works really well ... light a fire, cook a meal and that, and go back late in the afternoon, in the evening, depending on what people wanted to do .. if the men came there they could come in because it was open you see, it was an open place ...

This participant noted that most of the staff were people who had been ‘through it’ themselves, many of them through Alcoholics Anonymous. Staff would join clients in saying the serenity prayer every day and would talk about their own abstinence journeys. Group support was seen by this participant, and others, as an important component of the program.

... some of the staff that had worked there had been through the program and were on AA. And what we made a very conscious effort to do, like saying the serenity prayer every day, what we were doing, as members of the staff just to support those people, we would say, all say that message for the day. So everyone sort of participated, I think in a way that’s a good support mechanism to have that, um people participating in that type of message ... that coming together is fairly important ...

Many of the personal, situational, family and educational recommendations contained in these positive and negative ‘dry out’ evaluations reflect the ‘cultural’ and ‘Aboriginal side’ factors identified by participants (and described in the next chapter) as being important to Aboriginal people. Before examining these perceptions, the above critiques of residential interventions are combined with participants’ experience of ‘counselling’ interventions to gain an overview of perceptions of the most commonly available intervention options.

Perceptions of counselling interventions

Of the 20 people who had personal or family ‘counselling’ intervention experience, all had received this at least from family members. Additional counselling had been gained by six people from ‘the health mob’ (healthworkers, nurses, doctors, rehabilitation centre staff), by six from the church, and by individuals from a variety of other sources (discussed below).

Table 10: Source of participants’ ‘counselling’ experience

| Counselling source | No. participants (n = 20)* |
|---|----------------------------|
| Family | 20 |
| ‘Health mob’ | 6 |
| Church | 6 |
| Other (police, court, counselling services etc) | 11 |

* Some participants had experience of counselling from more than one source.

Some of the comments made about family counselling included:

... We never got any help from anyone you know, besides my mum and dad –they were the only people that were in my life encouraging me, telling me what grog does ...

... He often talks to his kids about their drinking, sometimes borrows videos from the health mob to show them what drinking does to them ...

... Family tell me I shouldn't drink so much. Apart from that talking, no other sort of counselling ...

Comments regarding counselling from 'the health mob' included:

... I just had encouragement from my children and sister who is a health worker at X, this was when I was really drinking and I used to tell her to go to blazes, but she didn't give up ...

... well when I go for this job, Dr X checked me out and he said the blood pressure is high, then going out and doing this [alcohol education] course made up my mind inside me and that's what happened ...

And about church counselling with family members or drinkers themselves:

... the church mob give you the support you need to stop drinking. It's a community and the people there give you constant encouragement ...

... what turns people is that, um, like Christianity, yeah, a lot of people did change ...

Others had received counselling from one of a range of other sources such as government agencies (the police/court, Family and Children's Services, the local alcohol counselling service, the mental health office or a school teacher) or during attendance at a health-related course or the Stolen Children's Enquiry.

... the best counselling I got was from the Stolen Generations enquiry. Through that, that's where the best counselling came from ... It was just that it was working with people who'd been through the same experiences and stuff ...

Despite being asked about the effect of their counselling experience, only six people made comment, four saying they had benefited from the health information and/or support in having someone to talk to.

... Made me see how I was killing myself, no question ...

... I just see my mum and dad and X and they talk to me, helping me ...

Two people said they had found counselling pointless as their drinking was no-one's business but their own, that they 'didn't care' about their drinking anyway.

... family, elders, doctor, lots of people been talking to me. But I always go back to drinking ...

... the doctor has told my husband that drinking is damaging his health. But he just keeps on drinking anyway ...

As indicated above, some positive comments were made about family, health worker, church and Stolen Generation counselling and support. These participants

indicated that the qualities they had valued in the counselling were persistence, encouragement, individual health information, church–community and fellow-survivor support. However, the majority of those who had received counselling made no comment about its effectiveness. I gained the impression, from the disinterested tones of voice and expression with which people spoke of counselling experiences, that for most people the experience had been of little consequence. In contrast, when asked about the effect of ‘Aboriginal side’ interventions into drinking, most people offered vigorous and thoughtful responses. It is possible that this latter approach was an intervention style to which participants could relate far more readily.

The apparent inconsequence of counselling for many people in this study fits with my own experience as a substance use counsellor. Those who came to counselling as a result of the urgings or order of the courts, their parents, a partner or health worker appeared generally to gain little from the experience. In contrast with people who had come of their own volition, most of those ‘sent’ to counselling appeared disinterested in discussion, could think of few reasons for discontinuing their drug use, appeared disinterested in or dismissive of medical information about drug use, asked few if any questions and were generally disinclined to have further ‘talks’ unless required to do so under probation or other orders. It is for this reason that many intervention services will only take self-referrals.

Among the counselling approaches available to drinkers were those of ‘brief intervention’ (which includes the provision of written or verbal information about alcohol and its effects, personalised pathology results and prognosis, and/or limited sessions of motivational counselling). I do not know the degree to which these approaches were used by medical and allied health staff in the Derby area, but in my own experience as a counsellor it was client motivation rather than counselling approach which appeared to determine people’s progress. One of Australia’s leading proponents of brief intervention identifies this qualification when she writes that the success of minimal intervention approaches ‘probably would depend on the existence of other social and familial supports, *on catching certain groups of drinkers who are beginning to experience difficulties* and who are looking for an excuse, who need to have some strategies in reserve’ (Brady 1995a:18, emphasis added). Study participants mirror in their intervention model an understanding of the central importance of both supports and personal motivation for change, but with a significant twist. Their model attempts to inspire contemplation of change not from the viewpoint of the disadvantages of drinking (the standard motivational counselling approach), but from the standpoint of enhanced life possibilities. Their model proposes ‘training’ in aspects of personal

and situational self-determination (such as sense of identity and vocational/life-skills training factors), focusing not on motivating non-drinking behaviour but on motivating life-engaging behaviour.

Perceptions of counselling-intervention alternatives

As discussed, despite counselling being the most readily available intervention option, few participants or their family members had taken advantage of, or appeared to value this opportunity. When all 100 participants were asked if there were ways apart from counselling which helped drinkers, twenty-one people made no suggestions. Of the remaining 79 people, several gave more than one answer.

Table 11: Participants' perceptions of ways other than counselling which help drinkers

| Response | No. of respondents (n = 79)* |
|-----------------------------|------------------------------|
| Going to a 'dry out' | 40 |
| Cultural factors | 24 |
| Work related factors | 21 |
| Alcohol education | 8 |
| Having things to do | 7 |
| Self-esteem related factors | 6 |
| Other (various) | 9 |

* Several people gave more than one answer.

Just over half of the respondents recommended drinkers 'go to a dry out'—despite previous criticisms by some regarding the shortcomings of currently available options. When questioned further about the type of 'dry out' envisaged however, comprehensive approaches were described—indicating programs quite different in content and form from those currently existing. One immediate and important advantage of these 'dry outs', nominated by almost all study participants, was of the geographical separation of would-be/current drinker from alcohol sources. (Participants' suggestions are discussed in detail in Chapters Eight to Ten). Of the remaining non-counselling suggestions, 24 were to do with involving drinkers in 'cultural' education and practice, including spending time in the bush and in 'country':

... teaching language, culture ...

... Cultural side: learn skin name, language, dancing and singing ...

... They have to let them on to the land, they can't steal it off them, it will always be there, they're just part of the land, its true you know ...

... just taking them out bush you know ...

... learning hunting skills—with spear, hunting, sugar bag. Teach about skin group and right marriage: teach these rules, how to marry in right fashion ...

Perceptions of 'culture' and its impact on drinkers are explored in the following chapter. As will be seen, although opinions about, and definitions of 'culture' varied, a majority of participants indicated that 'cultural' factors based on knowledge and belonging were considered important to Aboriginal people today. As shown in Chapter Eight, these same 'cultural' factors—in concert with self-determination and support components—played a key role in the 'dry out' proposals nominated by participants in this 'combined community group', and in the intervention model developed by 'planning group' participants and presented in Chapters Nine and Ten.

In addition to the above 'cultural' alternatives to counselling intervention, twenty-one recommendations were made for work skills training and employment strategies:

- ... working on a station ...
- ... jobs—having jobs to do ...
- ... Well CDEP does help ... but one of the things that would be good—if they have instead of four hourly jobs, extend the hours ...
- ... Skillshare could teach courses, woodwork, building houses, getting licence...
- ... Working. They don't worry about drinking when they're working. One way I've tried to get them to stop their drinking is get them to drink only on pay day, not any other day. It works OK ...

Again, work-related intervention aspects were mentioned by many people throughout the study, as in other studies in the region. In concert with 'cultural' strategies, work-related recommendations formed a key part of the 'dry out' proposals described by these 'combined community group' participants and presented in Chapter Eight. Smaller numbers suggested that education about the effects of alcohol (8), having activities/having something to do (7), and self-esteem/self-determination factors (6) were aspects which helped drinkers:

- ... doing this [alcohol education] course made up my mind ...
- ... having things to do helps keep drinkers away from the grog ...
- ... well if they're young, people involved more in sporting things ...
- ... the indigenous people of this country need to be accepted as equals and our right to that to be recognized, we should be able to sit at any table and negotiate as an equal, with anyone else in terms of what we need, to address those things on the ground ...

A few people identified the church or Christianity (3), life-skills education (3), Alcoholics Anonymous (2) and liquor licensing restrictions (1) as assisting drinkers.

- ... I've known a lot of people through religious ways they have completely thrown drugs and alcohol or whatever ...
- ... Well in this day and age the thing that is going down are the hours the bottle shops are opening—not opening 'til a certain time and only selling certain drinks, that's the only thing that I have actually seen that has cut down on their drinking and the trouble with police ...

As will be seen in Chapter Eight, the 'dry out' approaches proposed by the majority of these 'combined community group' participants encompass almost all of the above 'alternatives to counselling' recommendations. Additionally, it is noteworthy that these recommendations and their prioritisation appear to be something of a pattern when compared with the results of the two other regional studies discussed in Chapter Eleven (Douglas 1993; Sputore, Gray & Sampi 2000). The fact that 'dry out' suggestions, skills training, 'cultural' education and practice and social/occupational support are consistently recommended and prioritised by the sample groups in this and other regional studies suggests that these recommendations may be important elements for intervention funding consideration.

Summary

Only a small proportion of the 'combined community group' participants interviewed for this chapter had personal or family experience of residential alcohol interventions. Overall, their evaluations indicated a preference for 'dry out' interventions which would offer restful, educational, emotionally supportive, family-enhancing, well-staffed, alcohol-free environments. Over half of the participants called for interventions which would result in long-term, significant change in drinkers' lives. Of the twenty people with counselling experience, all had received this from families, with just over a quarter reporting additional counselling from the church and just over a quarter from health workers. The majority indicated, however, that their counselling experience had been of little consequence. When questioned about ways other than counselling for helping drinkers, *participants' recommendations pointed overall to a life-enhancement focus, rather than a substance misuse focus, as the best means for motivating harm reduction behaviour.*

The low utilisation of, and apparent low regard for existing intervention services by the majority of people in this sample is cause for consideration, especially given the extent of the alcohol problem and the priority concern ascribed to it by most communities. One of the contentions of this thesis, and of the study's initiators, is that this poor track record is at least partly due to the lack of Aboriginal-designed and relevant intervention models. The remaining chapters explore Aboriginal perceptions of 'culture', its role in intervention, and essential components for preventing and reducing alcohol related harm.

7. ABORIGINAL PERCEPTIONS OF 'CULTURE' AND ITS ROLE IN ALCOHOL INTERVENTION

... 'culture' gives back to people self-esteem. If they get that side strong they feel like they've got a place. That side missing, they feel like they don't belong anywhere ...

As discussed in Chapter Six, the most common evaluation by participants of existing alcohol interventions was of their ineffectiveness and inconsequence. Among the calls for culturally relevant alcohol interventions, which instigated this study, were those for programs which would 'get the Aboriginal side strong again'. Many people claimed it was the 'Aboriginal side' [generally defined as 'the Aboriginal cultural side'] which was most obviously missing from current programs.

This chapter presents the perceptions of the one hundred 'combined community group' participants (and a small group of health and youth workers) regarding the meaning of concepts such as 'culture' and 'Aboriginal side'. Their perceptions were also sought regarding the role of these concepts in alcohol intervention, and what it was about them which led some to believe that their inclusion in intervention was beneficial. Perceptions about the intervention role of 'culture' were sought by asking participants about the effect (if any) on drinkers of 'getting the Aboriginal side strong again'. Perceptions regarding 'cultural' concepts were gained by asking participants for their views on the most important differences between the way Aboriginal and non-Aboriginal people lived their lives (and of these components, which were part of their own lives). Because of the pervasive and ongoing debate about the relevance of 'culture' to younger Aboriginal people, the general age and sex of respondents in this chapter are identified where possible (some being group responses), and where it is possible to do so without revealing the speaker's identity.

The questions used for this part of the study were not designed to provide an understanding of the content of Aboriginal cultural practices such as ceremony or Law or gender roles, nor to examine 'cultural' understandings in detail. Their purpose was to attempt to elicit the types of practices perceived by Aboriginal people as being both 'cultural' and culturally relevant for alcohol intervention—and to later use these responses to inform the intervention model-building process. This latter process was the focus of this study and of the interview questions. Participants' recommendations for the integration of their perceptions into alcohol intervention approaches are discussed in Chapters Eight to Ten.

The role of 'culture' in alcohol intervention

In an attempt to identify perceptions regarding the relevance of 'culture' to alcohol intervention, I asked all one hundred 'personal profile' and 'community group' participants for their opinion of the frequently heard local proposition that 'getting the Aboriginal side strong again' would change drinkers.

Table 12: Participants' responses to the proposition that 'getting the Aboriginal side strong again' would change drinkers

| Response | No. comments | Total no. participants* |
|---|--------------|-------------------------|
| <i>Unequivocally agree</i> | | 45 |
| 'Culture' strengthens pride, identity, cultural practice, purpose, family | 33 | |
| 'Culture' provides meaningful alternative activity to drinking | 21 | |
| <i>Conditionally agree</i> | | 27 |
| 'Culture' provides self-esteem, identity, purpose, for teacher | 27 | |
| 'Culture' provides self-esteem, identity, purpose for student | 22 | |
| 'Culture' good for trad./spiritual or older people, probably not younger | 18 | |
| 'Culture' important but alone not enough | 6 | |
| 'Culture' provides alternative to drinking and keeps people busy | 5 | |
| <i>Unsure</i> | | 13 |
| Not sure, fifty-fifty chance | 13 | |
| <i>Unequivocally disagree</i> | | 15 |
| Drinkers can't control their drinking | 8 | |
| Willpower the only effective tool | 2 | |
| 'Culture' is still strong | 2 | |
| Need to target things other than 'culture' (various) | 3 | |

* No. participants = 100, some people giving more than one reason for their opinion.

As indicated, almost half of the participants agreed unequivocally with the proposition, another quarter expressing conditional agreement (discussed below). The thirteen percent of participants who were unsure if 'the Aboriginal side' had a role stated simply that they 'weren't sure' or that there was a 'fifty-fifty chance'.

Fifteen percent of participants disagreed unequivocally with the proposition, giving reasons which included disease concept beliefs about excessive drinking in which drinkers find it impossible to control their drinking (8 people), or that 'willpower' was the only effective tool a drinker could draw upon (2 people). Two of this group

asserted that 'culture' is still strong, yet drinkers still drink; and three people identified boredom (1), loss of work (1) and low self-esteem (1) as the reason for drinking and therefore the target for intervention.

... Don't really think that loss of culture contributes to people drinking, think its more that they just can't stay away from it ... [Man, 40s]

... it's more or less other side of things have to be done before a drinker decide to have the freedom to be strong, really because its hard to get a drinker to go back to their own way unless they have the will to change ... really I can't see a drinker going back to that side [the Aboriginal side] unless they really mean it to themself ... [Woman, 30s]

... No, I don't think so, the culture, our culture is still out there. Its been there from the beginning and it is gonna be there in the future ... [Man, 30s]

... It's very hard to pinpoint why people are drinking. There is I think a lot of people just haven't got the jobs and they just sit around waiting, doing nothing, being bored ... The way CDEP is no good because you have to work three hours and you know you work from eight to twelve and the rest of the afternoon there is nothing to do so you end up going to the pub and getting drunk ... A lot of the younger blokes they're, you know, its so boring, nothing much to do, what can you do. A lot of them look for jobs, honestly they do look for jobs, as long as they're getting a fair go, I don't know. But the end result is boring, and then off to the pub ... [Man, 40s]

The issues raised here were mentioned by varying numbers of people throughout the study, with those relating to unemployment and boredom being the second and third most commonly identified targets for intervention after those relating to 'cultural strengthening'. The Alcoholics Anonymous (disease concept) approach mentioned above had a small but consistent following throughout the study, these general prioritisations being consistent with other studies in the area (Douglas 1993; Sputore, Gray & Sampi 2000). Despite this consistency, the majority of existing intervention programs around the country are based on 'disease concept' beliefs, an approach seen by many evaluators as providing an often culturally inappropriate or overly narrow program focus (Hunter, Hall & Spargo 1991; Douglas 1993; Brady 1995a; d'Abbs 1990). At the time of my research, only one of the seven funded residential intervention programs in the Kimberley and Darwin officially acknowledged non-abstinence/controlled drinking as an acceptable program goal. None offered programs with permanent, programmed, 'cultural', vocational and life-skills components.

Comments such as those regarding the strong persistence of 'culture' remained in a minority throughout the study, with a majority of participants suggesting instead that re-strengthening of 'the cultural side' was a needed component in intervention. By contrast, perceptions about the need for 'other side' pre-requisites (such as psychosocial, vocational and alternative-activity factors) prior to drinkers deciding 'to have the freedom to be strong', 'having the will to change' and being 'able to do something in life' were strongly and consistently held throughout the study.

Also consistent throughout the study were the views expressed by 27 participants who ascribed a 'conditional' role to the influence on drinkers of 'the Aboriginal side'. These people gave a variety of explanations for their opinions, many identifying more than one reason for their 'conditional' responses. All participants believed 'the Aboriginal side' to be important because it asserted people's teaching roles. Statements made in relation to this can be summarised as suggesting that this 'side' provided a source of self-esteem, identity and purpose for the teacher (27 people), these outcomes also holding true for the person gaining the knowledge (22 people).

... (they) get back their self-respect and who they are, where they come from and who they are in the first place ... [Woman, 40s]

... makes them feel good about themselves, proud ... gives them something to tell their kids ... [Age and sex unrecorded]

... well I don't really know why it's important, just knowing how to do it is good ... to be able to show somebody else that, you know you've got something up your sleeve that no-one else has you know ... [Man, 40s]

... Reminds them of who they are, makes them see that tourists are interested in their culture ... [Man, 30s]

... They get pride again, it reminds them of how things used to be and they can teach the young ones ... [Woman, 40s]

... like people should learn the language, if you follow the language, it gives you self-esteem. Its like having a job, you got to have self-esteem, and even knowledge, knowledge is power, a lot of people get that power from knowledge ... [Man, 30s]

A strong feature of these responses was the emphasis ascribed by participants to the identity value of the 'Aboriginal side'. The first comment above was particularly characteristic of the way in which people described its influence. For many of these participants the 'Aboriginal side' enabled the re-finding of self-respect and identity, and gave substance to people's origins: 'where they come from and who they are in the first place'. They 'get pride again', '[it] reminds them of who they are', 'makes them feel good about themselves', '... you've got something up your sleeve that no-one else has'. These statements refer to powerful self-concepts which could well have implications for intervention program planning.

Many participants thought 'the Aboriginal side' made a difference to more traditional/more spiritual/or older people but probably not to younger or less 'traditional' ones (18 people).

... Yes for some people, who believe that side is important ... [Man, 30s]

... it makes a difference to traditional people, the older ones, but probably not to the younger ones ... [Age and sex unrecorded]

... culture is good for the old people, makes them happy ... [Age and sex unrecorded]

... I reckon it would, but not all people, all depends if they have that spiritual thing, that spiritual belief and still carry on in their traditional ways. If they have part of that with them then I reckon it would change them. But if they don't I don't really believe that they would change ... [Woman, 30s]

The study sample is not adequately representative to enable definitive discussion about the perception that 'the Aboriginal side' has little relevance to younger and less 'traditional' people. However it is interesting to note that among the younger, less 'traditional' people interviewed in depth as part of the study's 'personal profile' sample group, respect for the 'cultural' side was clearly evident. Of the study's six 'personal profile' participants aged under 17 years, five referred to 'the Aboriginal side' as a source of pride and identity for Aboriginal people generally. Their personal assessments of the importance of this 'side' are presented in the next section. Many participants under the age of forty (as discussed in the next section) rated 'cultural' knowledge and practices highly. During the period of this study many of these younger people were actively searching for or consolidating their 'cultural roots' and making determined efforts to learn about the 'cultural side'. Each of the six youngest members, all in their teens, were learning bush skills from their elders and saw this knowledge regarding 'how to keep alive in the bush' as important, superior knowledge to that of white people. All knew cultural songs and dances of their language groups and several commented proudly that white people 'didn't have this side, didn't know what their culture was'. Of the study's five 'personal profile' participants in their thirties, four were working with, and two formally studying, aspects of 'traditional' Aboriginal 'culture' which all were actively promoting to the wider community. (At the time of inviting their participation in the 'personal profile' group I was unaware of the 'cultural' involvement of all but one of these participants). In their spare time, four of the five continued their 'cultural' exploration through involvement in 'cultural' mediation within their community, tracing and contacting family, extending their bush knowledge, and learning language, 'cultural' customs and family history. (While some of their personal responses are included in this section, a more detailed and personal account of their lives and influences is presented in Chapter Five).

Further research would be needed to clarify the extent of 'cultural' interest among younger Aboriginal people generally. In a late 1980s Kimberley survey, Hunter found that 60–70 per cent of males aged between 20 and 40 wanted their children or grandchildren to go through Law, though the figure for females was only one third (Hunter 1990c). The responses given by participants in this study suggest that approximately 72 per cent consider the 'Aboriginal side' to be influential for drinkers. A little over a third of these participants made this assessment conditional upon the age or degree of belief in 'the cultural side', the concurrent provision of other interventions, and/or the diversionary value of 'cultural' activities.

Among those giving 'conditional' responses regarding the impact of 'the Aboriginal side' were six participants who said that this 'side' was important but alone was not enough to change drinkers; and five who said it was important because it provided an alternative to drinking and 'kept people busy'.

... Yes, but there is both sides ... any one thing on its own is not enough. Has to be combination—Aboriginal health, education about how to drink, and 'culture' to make the Aboriginal side strong again, all of those three things ... [Woman, 40s]

... Yes, a bit, but alone its not enough ... it [the Aboriginal side] makes them feel good about themselves, proud. Might learn a few new things to do so not have so much time for drinking. Gives them something to tell their kids ... [Age and sex unrecorded]

... I think that's true, 'cos to get away from that [drinking] lifestyle they have to go back to the land ... but I don't really think you'll be able to change the drinkers of today ... [Man, 40s]

... Yes, if they have activities ... like you know going bush and stuff like that, because it reduces drinking time, if you're doing something else, if Aboriginal people are doing something else then they don't drink, besides that just the um self-esteem that comes with acquiring their skills, their 'culture' ... [Man, 30s]

... Um yes, I mean to get the Aboriginal side a lot stronger you have got to do it right across the board, you can't make one person strong, you have to make all Aboriginal people strong.[FN: What would make them strong?] I think it's their 'culture', their accessibility to their land, to be able to go there and rejuvenate themselves either physically, spiritually and even mentally and come back out ... [Woman, 40s]

In contrast with the majority opinion among the previous ('unequivocal disagreement') group, most of the 'conditional' group believed that drinkers *could* change, provided that interventions were suited to the person. For this group, almost all felt that the 'the Aboriginal side' strengthened people's sense of identity and self-esteem, many believing that this had most impact on more 'traditional' or older people. A significant number ascribed the impact of this 'side' to its provision of a drinking alternative, others believing that 'the Aboriginal side' must be combined with other approaches such as health and drinking education, land access issues and ongoing access to a range of drinking-alternative activities. This combination of 'Aboriginal side' aspects, education, drinking alternatives, and the importance of 'country' and 'going bush' were referred to throughout the study—and are also features of the 'planning group' s intervention model.

Of those who were unequivocal in their beliefs about the positive impact of 'the Aboriginal side', issues to do with its identity-strengthening effects were again prominent. Of the 45 people who agreed with the suggestion, some described more than one contributing reason for its impact. Thirty-three people felt that this 'side' changed drinkers through strengthening pride, identity, 'cultural' practices, purpose and family.

... Yes ... it [the Aboriginal side] makes them proud of who they are ... [Boy, teenager]

... [The Aboriginal side affects drinkers] very much. Loss of language is like a crime. Learning language lets people talk about their spirit, which makes them more confident. When Aboriginal people lose their culture, they've got nothing ... It

['culture'] increases their self-esteem and pride in who they are ... If Aboriginal people let that side go, then they haven't got much left ... [Man, 50s]

... Yes I do. Culture gives back to people self-esteem. If they get that side strong they feel like they've got a place. That side missing, they feel like they don't belong anywhere ... [Woman, 40s]

... Yes ... they get respect for people and community and colour ... [Man, 20s]

... Yes, yes absolutely. If people can reclaim that [Aboriginal side] connection through contact, through visiting, through going to their country, the place of their ancestors, maybe their birth place, um and reclaiming their responsibilities to the land and passing it on to their children, its very strengthening in a spiritual sense to Aboriginal people ... [Woman, 50s]

... Yes. They'll keep 'culture' strong, keep family strong, good family, they'll keep working ... [Girl, teenager]

... Yes, definitely, because they learn respect again—do what the old people tell them—no drinking ... [Man, 70s]

Although the use of the pronoun 'they' in the comments immediately above and below imply that the speakers are non-drinkers talking about drinkers, in fact 57 per cent of the above and 80 per cent of those below were ex- or current drinkers themselves, and had an average age of 38 and 35 years respectively. Twenty-one people said that involvement in 'the Aboriginal side' gave people alternatives to drinking and something meaningful to do.

... Yes I do. All those cultural things we talked about before teach them other things to do. They got things to do, they don't get bored, they got a purpose ... [Man, 50s]

... Yes, elders getting them back on line, doing things, and stop drinking ... [Boy, teens]

... I agree with that statement. You know go back to their 'culture', you know and there wouldn't be drinking ... like you know they do lots like art and crafts, it good for them people. They make them busy ... [Woman, 40s]

... Yes, they going back out bush instead of fighting ... [Man, 20s]

Comments regarding the strengthening of identity and self-esteem were the most common among these evaluations of 'Aboriginal side' influence. Other comments regarding the value of, and need for meaningful activity were mentioned consistently throughout the study period (as they are in many studies) and are clearly seen as important requirements—but it was the identity value of 'the Aboriginal side' about which participants most elaborated. According to the majority of both the 'conditional' and the 'unequivocal agreement' groups, when people regained contact with 'the Aboriginal side' they also regained their sense of 'who they are', 'where their place is', and 'where they belong'. The 'Aboriginal side' was seen to reconnect people with the country they 'come from and belong to', strengthened their ancestral connections, 'gives back to people their self esteem'. People learnt about their country and could pass this knowledge to their children. These evaluations included the belief that families were kept strong, elders respected, people kept working, and regained respect for and pride in their people and their colour. By implication, the loss of this 'side' led to people feeling like they

don't belong anywhere'. With this, they would lose pride and respect for their people, lose their connection to their families, to where they belong and to where they come from, to who they are, and to how to talk about their spirit. They would lose confidence, pride, self-respect, self-esteem and knowledge—if they let this side go, 'then they haven't got much left'.

These assessments imply a powerful influence. If this influence is acknowledged in the wider Aboriginal community in similar proportions to those shown here, programs which aim to encourage personal and community self-determination would do well to incorporate 'Aboriginal side' components. Psychiatrist Ernest Hunter, writing in the early 1990s of increasing violence among young Kimberley Aboriginal men, linked this violence with the erosion of 'traditional', and the exclusion from contemporary means to self esteem among this group. He concluded that 'the conjunction of harm to self and to loved ones speaks of a relationship to an experience of self' (Hunter 1990c:197). This insight seems relevant to issues raised by participants in this study. Many appear to be suggesting that, in combination with other meaningful activities, 'the Aboriginal side' has the power to enrich one's experience of self through strengthening self-esteem, identity and role. As a result, these participants indicate, one's relationship to self, community and sense of purpose is also enriched: '... culture gives back to people self-esteem. If they get that side strong they feel like they've got a place. That side missing, they feel like they don't belong anywhere...'.

Participants' majority emphasis on the 'identity' value of 'the Aboriginal side'—in comparison with earlier understandings of its meaning (such as the emphasis on maintenance of life and supply discussed in Chapter Two)—is an indication of both the changing nature of 'culture' (Rosaldo 1989; Eckermann *et al* 1992; Keesing 1975; Tonkinson 1993) and the role of identity within 'culture' (Muecke 1992; Keen 1988) discussed previously. Additionally, some participants' responses reflected the political content of some 'cultural' associations (Rosaldo 1989; Keen 1988) in their assertion of Aboriginality and land custodianship, their right to be Aboriginal, their pride in being Aboriginal and different from non-Aborigines:

... [Aboriginal people] knew what they were doing and they knew what their education was. Most of them didn't want to show that up though, they thought they was the laughing stock, but this has changed between Aboriginal, white non-Aboriginal and some white people come and ask are you Aboriginal, I say of course, I'm proud of my colour and my race. I was born that way and what I'm seeing you're walking on my land ... [Man, 30s]

... Now I'm an Aboriginal, I am proud to be an Aboriginal, and I am proud that I've got a culture that I could practice. I am proud that I can do traditional things ... Growing under the influence of Aboriginal people, Dream Time stories, the things that have been taught to you, where no white man, no other Aboriginal people from different groups of different tribes knows, you know ... I have been taught from the beginning,

you know and do things as an Aboriginal person does ... [Man, 40s]

For many participants, it appeared that the identity value of 'cultural knowing' (knowing the meaning associated with one's country, ancestry, stories) and of 'cultural belonging' (to family, community, country) was paramount. It is possible that among people from this area, knowledge of 'culture' and a sense of 'cultural identity' are becoming more important than the enacting of 'culture'. This is speculative and requires far more discussion with a wider group of Aboriginal people, but within this study's sample group frequent links were made throughout the study between perceptions of 'culture' and identity. This 'linking' was evident in the foregoing appraisals of the impact of 'the Aboriginal side'; in the comments made by 'personal profile' participants throughout Chapter Five regarding the undermining and marginalising of their Aboriginality by the dominant 'culture'; in the emphasis on 'cultural knowing and belonging' which recurs throughout the remainder of this chapter; and in the intervention-model proposals made by participants in Chapters Eight to Ten.

Other writers have discussed the possibility of a changing, identity-based relationship to 'cultural' practice in the Kimberley. Hunter described the resurgence of male initiation rites in the Kimberley in the 1970s, suggesting that the movement may have been a way for men to reassert their power and place (Hunter 1990c). Akerman, writing in the 1970s, also makes reference to this resurgence when discussing deliberate attempts by Aboriginal groups in the southern Kimberley to preserve 'culture', and notes that the practitioners of these rites gained esteem from the fact that white people, including researchers, were interested in these cultural forms (Akerman 1979). He noted that:

... this renaissance involves a greater number of part-Aborigines and formerly non-traditionally-oriented Aborigines who seek to redefine and strengthen their own Aboriginal identity ... (Akerman 1979:241).

He makes it clear that he does not see the cultural changes evident in the renaissance as indicating a dying 'culture', but rather as

... a dynamic process which emphasizes both the strength and the adaptability of traditionally-based Aboriginal religion ... What we see today is a transition, which involves innovation, designed to meet current needs ... (Akerman 1979:241).

To my knowledge nothing has been written in the past twenty years about the continuation of this renaissance in 'Law' in the Kimberley. It is unclear whether this indicates that the renaissance has not continued, or that writers are unaware of its presence. Certainly it is no longer acceptable for non-Aboriginal people to write about such issues.

The importance of 'culture' in participants' lives

To this point, a majority of participants had indicated the importance and impact of 'Aboriginal side' factors, but definitions of this 'side' had not been examined in detail. I sought to identify these, as well as the importance or meaningfulness of this 'side', by asking participants for their perceptions of the most important differences between the way Aboriginal and non-Aboriginal people lived their lives.

Table 13: Participants' perceptions of the most important differences between the way Aboriginal and non-Aboriginal people lived their lives

| Important differences | No. participants* |
|---|-------------------|
| Cultural aspects ('culture', bush knowledge, country) | 79° |
| Family and community aspects | 64 |
| Work-related aspects | 46 |
| Having money | 25 |
| Staying away from alcohol | 14 |
| Other (various) | 29 |

* n = 100, many participants giving more than one answer. ° These 79 participants gave 134 'cultural' responses.

As shown, 'cultural' aspects were the most frequently nominated difference, this category of responses, with family and community aspects included, far outweighing any of the other components mentioned. While it is difficult to definitively describe 'cultural' concepts in any population because of the flux and personal perceptions involved in these definitions, both indigenous and non-indigenous writers in the field describe factors such as people's relationship to land, creation beliefs, the importance of family, and spiritual beliefs as being significant to many Aboriginal people (Cook, Cook & San Roque 1994; Clump Mt Wilderness Project 1993; Brady 1995b; Bell 1993; Stanner 1979). As shown in Table 13, 'cultural' responses (participants' definitions of which are presented in the following section) numbered 79, increasing to 143 with 'family' and 'community' responses included. In contrast, 46 people identified work-related components as being important, 25 identified 'having money', 14 identified 'staying away from alcohol', and the 29 people who gave 'other' responses identified a range of components including 'river trips with swimming' (12), 'survival' (7), respect and self-esteem (6) and education (4).

The importance ascribed to 'cultural' factors in both this and the previous section is noteworthy, not the least because of the perception easily gained that 'culturally' based interventions are not considered highly by a variety of influential sources (some of which are mentioned below). As noted, there is a dearth of 'cultural'

alcohol intervention programs in operation (current programs being discussed in detail in Chapters Two and Eleven). This is despite indigenous community prioritisation of 'cultural' intervention components (Office of Aboriginal Health 1994; Cook, Cook & San Roque 1994; Human Rights and Equal Opportunity Commission 1997; Douglas 1993; Sputore, Gray & Sampi 2000). The abstracts of some of the key evaluation research literature indicate (initially puzzling) reservations about those programs which *do* incorporate 'cultural' components (Brady 1995b; Miller & Rowse 1995; Gray, Sagggers, Sputore *et al* 2000; Alati 1996), although some go on to identify the value of specific 'cultural' components (Brady 1995b; d'Abbs 1990; Burns, Currie, Clough *et al* 1995). Finally, much of the key literature which aims to make general recommendations for substance use intervention in Australia (including the study region) makes no, or scant, mention of—or recommendation for—'cultural' programs (Brady 1995a; Sagggers & Gray 1998; Gray, Morfitt, Williams *et al* 1996; Brady 1997; O'Connor & Associates 1988; Atkinson, Bridge & Gray 1999a). It is easy to gain the impression from some of the evaluation literature that 'culture' plays a relatively insignificant role for many Aboriginal people and that socio-economic factors are the dominant concern—and therefore the dominant cause of excessive drinking (Gray, Sagggers, Sputore *et al* 2000; Atkinson, Bridge & Gray 1999a; Gray, Morfitt, Williams *et al* 1996).

... While by no means the only reason for excessive drinking among them, Sagggers and Gray have argued that the elevated rates to be found among indigenous people are attributable to political and economic inequalities stemming from colonialism and dispossession ... (Gray, Sagggers, Sputore *et al* 2000:20)

Sagggers and Gray provide much evidence of the widespread destructive impact of colonialism and dispossession on the political and economic standing of Aboriginal people (1991), but appear to place far less weight on the impact to 'cultural' standing. In this study, emic perspectives regarding things of importance in Aboriginal ways of living, evaluations of the impact of 'Aboriginal side' interventions, 'personal profile' participants' stories, and the consistent emphasis on 'cultural' foundations for alcohol intervention suggest (in this study at least) that a majority of participants perceive 'cultural' strength, among other factors, to be a significant factor in the reduction of drinking rates. Given the pervasiveness of colonialism and dispossession, why do some people drink excessively and others not? Have some been less dispossessed than others? If so, are there factors in their remaining 'possessions' which contribute to a reduced level of drinking? Are these possessions political and economic, or are they something else (or something additional), possibly 'cultural' and spiritual? The 'personal profile' stories presented in Chapter Five tentatively suggest that 'economic' factors (reasonably uniform among that group of participants) may not be the defining factor. If 'cultural' aspects *are* the source of identity, self-esteem and belonging implied by the

majority of study participants, and if this influence is mirrored in the wider Aboriginal population, such findings would suggest the importance of a 'cultural' foundation to harm prevention/reduction strategies.

Differences and similarities in emic and etic perceptions of causative drinking factors and consequent intervention recommendations are contrasted and discussed in Chapter Eleven. This discussion includes reference to the debate between those who assert that some of the most 'traditional' communities have substance misuse problems (Levy & Kunitz 1971; Brady 1995d; Brady 1995b) and those who assert that possessing and/or strengthening 'cultural' (especially land-based and kinship) affiliations can indicate improved health outcomes (McDermott, O'Dea, Rowley *et al* 1998; Smith & Smith 1995; Burns, Currie, Clough *et al* 1995; Brady 1992b; Hunter 1988). The former group maintain that 'culture' does not inoculate Aboriginal people against alcohol misuse, the latter that aspects of 'culture' appear to improve health outcomes. These assessments are not mutually exclusive, and both are expressed by study participants and reflected in their intervention proposals. These issues have been mentioned here briefly as an introduction to the chasm which exists between what Aboriginal people in this and other regional studies prioritise as important, and the content of the intervention programs which currently exist for their use.

With reference to the answers given regarding important differences in Aboriginal and non-Aboriginal ways of living, work and money-related aspects were identified next in importance after 'cultural' and 'family/community' aspects. As shown in Table 13, these responses numbered 46 and 25 respectively, of a total of 257. Respondents fell into all age categories and both sexes, giving answers such as: 'having a job, having money'; 'having a meaningful job'; 'jobs'; 'having a job is important too'; 'white people always got jobs'. Economic issues, in concert with 'cultural' and alternative activity issues were mentioned consistently throughout the study period and work-related components are strongly promoted in the participants' intervention model. However it was 'cultural' issues which were most strongly identified as important to Aboriginal ways of living.

Participants' definitions of 'culture'

To this point, responses to questions about 'cultural' perceptions had indicated that more than half of the participants considered 'the Aboriginal side' to be a significant component in providing a sense of identity, place and role. 'Culture', including family and community aspects, was assessed by this group to be of key importance to Aboriginal people. (It is worth reiterating that the average age of the sample group being questioned for this section of the study was 37 years and that over half

of the group were aged under 40 years. A fifth of those who identified 'cultural' aspects as being important to Aboriginal ways of living were less than 20 years old).

In discussing the impact on drinkers of 'the Aboriginal side', some participants had indicated meanings they associated with this 'side', specifying components such as land, language, family and community, ceremony and arts. Further meaning was provided by 77 of the 90 participants who specified 'cultural' and 'family/community' aspects as important differences between Aboriginal and non-Aboriginal ways of living. These 77 people gave descriptive answers beyond simply identifying 'culture' as a key difference.

Table 14: Participants' descriptions of 'cultural' aspects perceived as important to Aboriginal ways of living

| Cultural aspects* | Number of participants (n = 77) |
|---|---------------------------------|
| Stories, Aboriginal history, language | 54 |
| Strength from family, children, elders | 54 |
| Bush skills and knowledge | 43 |
| Access to / sense of belonging to country | 37 |
| Strength from extended community support | 10 |

* The above categories reflect the way these components were presented in people's answers, but are somewhat misleading as almost all aspects could be seen to be related to 'country'.

A range of 'cultural' aspects (ideology, history, language, kinship, bush skills, and 'country') is evident in the above answers. The content of these responses appears more to do with knowledge and belonging than with doing/enacting, although bush skills obviously span both of these aspects. Responses pertaining to 'knowledge' components (stories, Aboriginal history, language and bush knowledge), and 'belonging' components (extended family, community and 'country') are virtually equal in number and reinforce the impression gained of the contemporary importance of the identity (rather than maintenance) role of 'culture'. Comments pertaining to 'cultural knowing' included the following:

... That culture side, (Aboriginal) people know what their culture is, white people don't have this side ... [Boy, teens]

... About being Aboriginal, I'm very proud, I feel I've got more than gold, I feel I'm somebody in myself because I'm Aboriginal and because my mother and father drummed it into my head as well, stories of the old time people and their stories as well ... [Woman, 40s]

... it's like Dream Time sort of thing, like for example in my country my mother shows me this rock and it's the rock that my grandmother and grandfather walked through and lived under and it is a special ground for them and its for me to know and I held that in my head since I was seven years old and now I would like to create that to my children, pass it on. Language is very important too ... [Woman, 30s]

... Aboriginal history is important ... [Boy, teens]

... Its all got to do with what they think, like culture is inside, like if you know language ... you know what to say, that's where their thoughts and legal stuff comes from, future directions, through getting together and talking about things you know, and being able to tell the children about the past and the future and knowledge. ... [Man, 30s]

... try to teach our culture to our children, to teach our children so that they can carry on you know, our culture and when we are finished they are going to have it, even for their kids, you know, we gotta teach our kids our language ... [Woman, 40s]

... learning language lets people talk about their spirit, which makes them more confident ... [Man, 40s]

Knowledge of bush and survival skills were described as important by 43 people:

... Knowing how to keep alive in the bush ... [Boy, teens]

... Land, being close to your land, being able to go there and do hunting and fishing... [Gender and age unrecorded]

... Like teaching our kids, like hunting, and, like gathering bush food ... [Woman, 40s]

... Getting your culture back—hunting, finding water ... [Gender and age unrecorded]

... Well Aboriginal people ... hunt and go bush whenever they can ... [Man, 30s]

Access to, a sense of belonging to, and knowledge of country were frequently mentioned (37 people). Some people would simply refer to 'the bush, going bush'; 'their land'; 'going to visit their country' as being important. Others would describe aspects such as a sense of belonging to their country, drawing strength from their country, or ideology associated with country.

... *Land* is important to Aboriginal people: caring for the land, knowing what it means... [Man, 50s]

... Language is important and going back to your country is important ... [Woman, 30s]

... Aboriginal people get their strength from the land, that's where they draw their strength from, their land and to be able to practice their 'culture'. You can't practice 'culture' if you don't have the land ... [Woman, 40s]

... it doesn't make a difference other than land, you know Aboriginal people are connected to Australia, to the creation, dreamtime stories and connected through um, connected through other stuff you know, ceremony, dance, its all about stories and painting and stuff, its all about life, living, not something that is dead like you read about it in a book, it lives on its own you know ... [Man, 30s]

... (What's important is) staying where they belong out bush ... [Boy, teens]

... traditionally, when a child is born and becomes of knowledge, the grandparents, the older people or the parents tell them where their father came from, where their mother came from you know, and they been pointed out that they belong over there you know. To their traditional land. And within them they are happy, they are proud because they know that they belong to that particular area ... [Woman, 50s]

The central importance of stories, language, land and related bush knowledge is documented in many sources. The importance of these same aspects is mirrored in the stories of the 'personal profile' participants presented in chapter Five and in the foundation role given to these aspects in the 'planning group's intervention model. Despite the continuing importance of certain core components, there are occasional suggestions of essentialist views of 'culture': '... you can't practice culture if you

don't have the land ...'; '... (of Aboriginal/non-Aboriginal differences) it doesn't make a difference other than land ...', conceptions which Muecke (1992:17) identifies as a 'burden' for Aboriginal people because they limit people's avenues for 'cultural' expression to narrowly defined, 'respectable' forms and descriptions. As will be shown in the following chapters however, when identifying components for their alcohol intervention model, participants tended toward a broad range of intervention strategies reflecting their perceptions of both 'Aboriginal cultural' and 'western cultural' foundations.

As noted earlier, the 'maintenance' aspect of 'culture' was rarely referred to by these participants. Only a small number (5) talked specifically of 'Law'. This concept has been described in the literature as 'a body of jural rules and moral evaluations of customary and socially sanctioned behaviour patterns that are believed by the Aborigines to have originated in the creative period, the Dreamtime' (Tonkinson 1974:7). Keen describes the concept of 'Law' as 'denoting something like 'right practice' or 'the proper way', which has its origins in the actions of the spirit ancestors or Dreamings (Keen 1994:605). Of the few participants who identified aspects of 'Law' as important to Aboriginal ways of living, age and gender are unrecorded for one. Of the remaining four people, all were men and three were over the age of fifty:

... tribal ways are still important to a lot of Aboriginal people, things like the laws governing death and when someone dies, like all these deaths we've been having up here recently. Smoking houses, things like that ... [Man, 50s]

... Old people teaching young people what's right way, what's wrong way. Like right mother-in-law, right father-in-law. Don't go into other people's country unless invited. Books can't teach you—got to learn by watching, listening. Correct relationships, like not following the wrong young girl, otherwise you get speared, punished ... [Man, 50s]

... [what's important is] Law—every year ... [Gender and age unrecorded]

... having the knowledge is important because it dictates your daily relationships with people, like if you can't marry or how you relate to other people ... like brother in-laws are important and you got sister in-laws, I relate to them different when I see them ... [Man, 30s]

... Stories from the old people keep them strong. Rules from my father, my aunty—to live longer life ... [Man, 70s]

While a majority of participants, including those less than twenty years old (as shown below), rate 'cultural' aspects as important, their definitions of these aspects tend to be identity-based (to do with knowledge and 'belonging') rather than 'juridically or morally' based as in the definitions given above. As discussed in Chapter Two, many researchers note that 'culture' is in a process of continual change (Tonkinson 1993; Rosaldo 1989; Keen 1988) and among this small group of participants there are indications that people are actively redefining and reconstructing their thinking about 'culture'. Perceptions appear to be changing from those of maintenance and 'right practice' to those of knowledge and identity:

‘... it’s all got to do with what they think, like culture is inside...’; ‘... language lets people talk about their spirit, which makes them more confident’...; ‘... (Aboriginal) people know what their culture is, white people don’t have this side ...’. Despite these possible changes, many core ‘cultural’ components such as notions of ‘country’, knowledge of country, spirituality (including knowing the stories associated with country), kinship and language still appear central to these participants’ perceptions of ‘culture’.

Among the 23 participants in this sample group who were aged under 20 years, it is possible to identify responses for fifteen (see Table 15 to follow). The remainder were part of larger mixed-age groups, and the interviewer’s notes do not identify the ages of individual respondents.

Table 15: Responses from young participants (<20 years) regarding the most important differences between Aboriginal and non-Aboriginal ways of living.

| Differences | No. of participants* |
|--|----------------------|
| ‘Culture’ including Aboriginal history | 12 |
| Aboriginal people have big extended families | 6 |
| Aboriginal people live communally | 6 |
| Bush survival knowledge | 6 |
| Aboriginal people belong in the bush | 3 |
| Non-Aboriginal people have employment | 6 |
| Schooling is important | 3 |

* The responses of 15 young people were identifiable, several giving more than one answer.

Using the same categories as those used for the full sample group, 33 of the 42 responses from young people were to do with ‘cultural’ aspects such as land, extended family, bush knowledge, ‘culture’ and Aboriginal history.

- ... That culture side, people know what their culture is, white people don’t have this side ...
- ... [What’s important is] staying where they belong out bush ...
- ... knowing how to keep alive in the bush ...
- ... knowing culture songs and dances ...
- ... knowing Aboriginal history ...
- ... Big families, lots of aunties and uncles and kids around ...
- ... Aboriginal people don’t live alone in a little box, there’s always other people around
- ... white people always got jobs ...

These perceptions of important aspects of Aboriginal ways of living were again largely ‘knowing’ and ‘belonging’ based: knowing what their ‘culture’ is; knowing songs, dances, history, bush survival skills; belonging to family and extended

family, belonging in the bush. School and jobs were important too (9 responses), but 'cultural knowing and belonging' were considered priorities in proportions similar to those of the full sample. When the responses of young people and full-sample respondents are compared, somewhat similar prioritisations are given by each of these groups, respectively, to 'cultural' (53% and 43%), family (27% and 20%) and work-related aspects (13% and 15%)—the younger group placing greater emphasis on 'cultural' and family components. These results may surprise those who maintain that 'culture is dying'. Both full sample and young person samples indicate that specific 'cultural' aspects are still considered important by many, despite their possibly changing purpose. (Participants actual participation in these aspects is discussed at the end of this section). Among this small sample it appears that perceptions of 'culture' as it relates to 'maintenance' and Law are less prevalent than they once were, but that the value of 'culture' as it relates to identity, knowledge and belonging remains firmly established in the minds of many.

Many people mentioned the importance of family support, children and elders (54 people) and extended community support (10 people). Participants referred to the central role of family, including extended family (aunties, uncles, grandparents, elders) and the importance of the belonging and acceptance, sharing and joining which is a taken-for-granted part of the extended family and community system. Some would refer briefly to the role of family in 'culture': '... [what's important is] 'culture' ... family, old people'; 'families helping each other'; 'culture binds people together'; 'in the Aboriginal way they share everything' ...; 'family is very important too. Aboriginal people stick by their families'. Others elaborated further:

... family involvement ... is very strong with Aboriginal people and that's just something that seems to be bred in us as far as Aboriginal people are concerned, we don't do things for ourselves, we do things for our family and our whole lifestyle is based around that ... [Woman, 40s]

... [with white people] you might become friends over time you know, whereas these [Aboriginal] mob, you walk in and its automatic, like that's where the acceptance comes out ... [Man, 30s]

... Aboriginal people don't live alone in a little box, there's always other people around ... [Boy, teens]

... If there is a problem between two different families and all that um there is a mechanism, a process in place that people use to deal with that already ... in an Aboriginal way, um where, you know you work through, you might work through it with an offer from an uncle there to deal with a problem, you know what I mean. So there is a whole framework of the family there, so you may not directly approach the problem and deal with it, you might do it in a roundabout way ... [Woman, 50s]

... Well the main differences ... one group of [Aboriginal] people who share and talk to one another and then again when it come out to the other lifestyle, the non-Aboriginal white people, we started learning things about their ways. How not to get involved with one another and that has put us apart really ... [Man, 30s]

... caring and sharing . What's mine is yours, like um we do, like if someone goes hunting, everyone has a piece of it, not like today, like the whiteman, what's mine is mine and what's yours could be mine ... [Man, 40s]

Many aspects of family and community were described: mutual support, loyalty, the sharing of resources, obligations to family, the sense of intimacy and belonging which results from casual social interactions with extended family, a sense of belonging and a sense of commitment to supporting the community, the sharing of stories and history, and the frameworks which exist for resolving disputes. Those identifying 'family and community aspects' as important tended to be middle-aged (an average age of 39 years), and slightly more female (59%).

I asked participants if the 'Aboriginal things' they had identified as important were part of their own lives, and if so if they were part of people's lives every day, or just once in a while, or hardly ever. During analysis of the responses I realised that because of their variety, I would have to group people's answers into slightly different categories than those I had presented to participants.

Table 16: Frequency of participants' involvement in 'cultural' aspects nominated by them as important in the lives of Aboriginal people

| Aspect nominated (no. nominations) | Most days/w'ends involvement | When can/often involvement | Now & then involvement | Hardly ever |
|---------------------------------------|---------------------------------|-------------------------------|---------------------------|-------------|
| 'Culture'(54) | 10 | 6 | 16 | 22 |
| Family/children/elders (54)* | 47 | 3 | | |
| Community support (10) | 5 | 2 | 3 | |
| Bush skills & knowledge (43) | 15 | 24 | 4 | |
| Access/r'ship to country (38) | 3 | 29 | 2 | 4 |

* Frequency of involvement was not recorded for 4 participants.

For the vast majority of people who nominated aspects defined earlier in this chapter as 'cultural' ('culture', family, community, bush skills, 'country'), participation in these activities was frequent. Over two-thirds of the participants would personally participate at least 'often' in these aspects. Of the people identifying family and community factors as being of importance, almost all participated at least 'often' in these activities. However, 41 per cent of those nominating 'cultural' factors such as stories, ceremony, history and language indicated infrequent participation in these aspects. While it is possible that this indicates their lesser relevance, it is also possible that because they are knowledge-related (as well as activity-related) elements, their contemporary value may lie more in the 'knowing' than in the 'doing'. This latter possibility is consistent with participants' emphasis, when discussing things of 'cultural' importance, on the 'knowledge and belonging' rather than the 'action' value of 'cultural' aspects:

... its all got to do with what they think, like culture is inside ... [Man, 30s]

... [Aboriginal people] know what their culture is, white people don't have this side ...
[Boy, teens]

... culture gives back to people self-esteem. If they get that side strong, they feel like they've got a place ... [Woman, 40s]

... what helps me are the things in my history ... doesn't matter if people get sick or something, that thing [culture] will still be there ... [Man, 30s]

... well I don't really know why its important, just knowing how to do it is good ...
[Man, 40s]

Like the 'personal profile' participants whose stories are presented in some detail in Chapter Five, those whose 'cultural' disruption had been least were also those who talked least about 'culture'. This subtle association with some 'cultural' aspects was evident during discussions about the importance of 'country'. Many people appeared to gain strength simply from knowing they 'belonged' to their country and had access to it, even among those who for reasons of work or transport or age could only go there occasionally. It was a common experience in interviews that discussions took on a different quality when people began talking about 'country'—expressions lightened, voices become enthused and positive, and people would seem, literally, to re-find their ground. In another study, Deborah Rose writes of a conversation with an old Aboriginal man about the boundaries which define human life and identify one's place (Rose 1992:211):

... People are like trees, Old Jimmy said, they must be grounded ...

It appeared that for many of the participants in this study, being grounded in 'cultural knowing and belonging' was considered an important component of identity and place. Throughout the study, participants indicated their belief that the teaching and strengthening of 'cultural knowing and belonging' was important in Aboriginal alcohol intervention, and that this context should form the basis of intervention.

Further 'cultural' perceptions among health and youth workers

In addition to interviews with participants I had discussions with a number of 'Top End' workers and clients in the substance misuse area. These provided further insight into Aboriginal perceptions of 'culture' and its relevance to alcohol intervention:

In September of 1997 I was invited to attend a four-day 'corroboree' organised by the Kimberley Land Council and the Kimberley Aboriginal Law and 'Culture' Centre (KALAC was the parent body of the Derby Aboriginal 'Culture' Centre, this latter group having formed the foundation 'informant group' for this study). The meeting was held at One Arm Point community on the Dampier Peninsula and attracted

approximately 2,000 Aboriginal people and 20 non-Aboriginal support staff from communities and Aboriginal organisations throughout the Kimberley. Several tourist groups had heard about the event and were admitted to the performance area to watch dancing on all nights except the first, the latter being reserved for more 'traditional' dance and was for Aboriginal people and their support staff only. I was invited to the first night and attended with interest and curiosity. This was to be the first time I had witnessed Aboriginal dancing in a non-public setting.

The audience at this beachside ceremony was almost entirely Aboriginal. Those attending ranged in age from babies through to the elderly and included many children, teenagers and young men and women. I had wondered how much interest the dancing would hold both for the children and young adults and for people attending from opposite ends of the Kimberley. I had assumed that these geographically disparate groups would not know the significance of the dances, totems and other symbolism used by groups from parts of the Kimberley remote to where they lived. As a result I had expected people to become restless when dancers from their own 'country' area were not performing, and had also anticipated the usual degree of performance-event movement and noise and coming and going. When the dancing started however, it was as though a switch had been turned. The audience became transfixed—even the babies and dogs were quiet. The performances continued for at least four hours and the audience remained mesmerised. This, it seemed, was powerful matter and it went some way toward answering my own questions about the contemporary relevance of *this* sort of 'cultural' practice at least.

During the same year I was able to speak with two groups from Queensland, one regarding an Aboriginal alcohol rehabilitation program and the other a University indigenous-counsellor training/client therapy program. Both were attempting to find culturally relevant ways to intervene in Aboriginal substance misuse. Drew Darringer was, in 1997, the manager of Yarrabah Aboriginal Rehabilitation Centre, located on a large Aboriginal community 50 kilometres from Cairns. He was engaged when we spoke in trying to change the centre's program from the regimented Alcoholics Anonymous (AA) program he had inherited when he took on the manager's position two years prior to our conversation. He said that he and his staff were trying to find an approach which worked, but were unsure what that might be and how it might be incorporated. They had found the AA approach to be inappropriate for Aboriginal clients due partly to its regimentation and its focus on group disclosure. He felt strongly that 'a focus on Aboriginal spirituality' was the way to go—that 'young people started to realise around the age of 25 that something was missing'. He believed it was the lack of 'this side' which contributed

so strongly to excessive drinking. He wanted to relocate the centre outside the community's settlement area because he believed that, for Aboriginal people, 'contact with the land was a very healing thing'. He said they were beginning to teach 'Aboriginal history since Cook' as a way of helping people to understand their anger and their grief, and believed that until this was done people were unable 'to move on' (Nichols 1997).

In September of 1997 Judy Atkinson and Duane Doyle, respectively an Aboriginal lecturer and Aboriginal student from Central Queensland University's [CQU] Indigenous Therapies Program, visited Derby and met with an audience of fourteen Aboriginal and non-Aboriginal people at the Derby Aboriginal 'Culture' Centre. They talked about the intervention model which had been incorporated into CQU's Indigenous Therapies course as a means to offer both personal healing and counselling training to indigenous people. They described the model as blending indigenous and non-indigenous processes into a 'healing' approach for addressing past trauma, for understanding alcohol misuse within the context of dispossession, and of the need to 'get under this and name the pain in domestic violence, sexual assault, and the increasing suicide rate'. The model took clients through five stages: telling their story, understanding the context in which trauma has originated and occurred, understanding the effects of the trans-generational trauma related to dispossession, enabling the expression of feelings, and reclaiming inner spiritual strength through 'culture', self and land. The latter stage involved the use of 'indigenous therapeutic skills' for confronting oppressive experiences and behaviours, 'making connections between past and present spiritual beliefs and practices, natural and man-made environments, social, cultural and family relationships' (Faculty of Health Science 1996). In the family violence/family recovery module of the course 'there is an emphasis on the use of cultural tools in laying a strong foundation for healing interventions'. 'Women's business' and 'Men's business' modules provide 'an indigenous cultural context' for 'blending old and new practices and beliefs in contemporising knowledge and culture ...' (Faculty of Health Science 1996). The CQU visitors referred to what they saw as the most vital of the 12 steps of the Alcoholics Anonymous program—that which asserts that healing happens in the spirit—and maintained that 'culture' can take people to that level. This program was in its formative stages and no evaluation of outcomes was available—however Duane was both student and 'client' and he spoke at length of the life-changing impact of the program for him.

The CQU program is one of several indigenous attempts to devise culturally relevant 'counselling' interventions and counsellor training programs. Although based on western psychotherapeutic and Alcoholics Anonymous approaches, the

CQU program also aimed to incorporate the socio-historical context of contemporary Aboriginal substance misuse and 'cultural healing' approaches. In concert with some of the Aboriginal people present at the meeting, my evaluation was that the program's psychotherapeutic approach may render it inappropriate for less acculturated Aboriginal people. This latter group did not appear, however, to be the audience for whom the program had been created. Its incorporation of both an Aboriginal socio-historical context and 'cultural' aspects may well present a more culturally relevant and amenable program than many counselling approaches currently available for more 'urban' Aboriginal people. These two Queensland programs were attempting to find ways to blend western approaches with their perceptions of Aboriginal approaches to healing. Both had identified land and Aboriginal 'culture' and spirituality as healing components. Both believed that knowledge of Aboriginal history and an understanding of the consequences of dispossession were essential to people being able to emotionally process their often destructive personal and community responses to this legacy. The CQU program included additional psychotherapy-style approaches to transgenerational and intra-family trauma. With the exception of the latter approach, participants in this study shared these 'cultural' and intervention perceptions, but expanded these to incorporate family participation, a strong youth/prevention focus, vocational and life-skills training and follow-up support.

In 1998 I visited an Aboriginal substance misuse intervention program which had been established in 1990 at Injartnama outstation, 100 kilometres west of Alice Springs. Over a four-year period I spoke several times and at length with the program's foundation staff. The program was then run by Elva Cook, a senior highly respected Law woman and custodian of the country on which the outstation was built, and her (now late) husband Barry. He was an ex-drinker, had previously worked in an alcohol rehabilitation centre, and had experience in management, counselling and a variety of intervention approaches including Alcoholics Anonymous. Both founders had a strong belief in the healing power of a culturally-based bush program set in a 'family' context. Two of their (adult) children lived and worked for various periods at the outstation and in the program. These highly capable and committed people offered a caring and supportive 'family' environment for drinkers (and more recently young 'sniffers') in a spectacularly beautiful bush setting. Their program received back-up support from three key town-based non-Aboriginal people, one offering administrative support, the other two counselling and operational support. In Alice Springs I met several times with psychologist Craig San Roque, one of the latter two support staff and in 1998 spent 24 hours at Injartnama talking with Barry and Elva and some of their family and clients.

The program's foundation principles were the re-strengthening of connections with Aboriginal family, 'culture', country and spirit. The main components of the program, interwoven with the 'cultural' foundations, were Barry and Elva's 24-hour counselling interventions, a cross-cultural blend of counselling and support services provided by the support staff, group problem-solving sessions and skills development in building, car maintenance and sports. Like most indigenous intervention programs, Injartnama had not been formally evaluated (although this was in progress in 2001). Lengthy delays in the finalising of funding policy guidelines by Injartnama's key funding source, coupled with ongoing funding difficulties, hampered the development of the program's operational direction. For over a decade, however, the outstation has continued to offer accommodation, 'Aboriginal style' counselling (much of it through story-telling), and a bush and family-based healing environment. In an excerpt from a National Drug Strategy Innovative Projects Series publication, Elva Cook describes her method of counselling:

... I might sit on the bed here at night or on the verandah after dinner and the young kids come and sit around and talk. We tell stories. This is how we do our counselling work. Sister Pierre [one of the two town-based counselling support staff] might have special counselling sessions, you know, people sit down and ask questions about alcoholism and family and codependency. This is Sister Pierre's way. Alcohol counsellor's way. That's good. I might sit here quietly and play cards with these people and we start to talk and they tell me about family problems. Later on I think about what they said. I talk to Barry or family. We might work out what to do. Sometimes I tell kids do this, do that! They think I'm bossy but they've got to learn the right way, and respect how to listen and look after themselves. This is how I do counselling. It is natural way. I'm counselling all the time. I look around. I am always watching but I'm busy too ... (Cook, Cook & San Roque 1994:48).

The Injartnama team have put intensive effort into the writing of stories to explain alcohol misuse and healing strategies for an Aboriginal audience. Many of these stories appear to me uniquely creative and applicable to indigenous substance use intervention. Among their productions is 'Alcohol story', written in 'Aboriginal story-telling style' and describing the story of alcohol's origins; what it can do to people who don't respect its power; and how it can be enjoyed by those who do. 'Brain story', developed with the Northern Territory's Petrol Link Up Project (a joint Commonwealth and Territory Health Service project), uses traditional paintings to demonstrate the dangers of sniffing petrol and its effects on the person and their community. 'Story about Injartnama', from which the above excerpt is taken, is an engaging pictorial and descriptive account about the origins and philosophy of the Injartnama program and of clients' activities (Cook, Cook & San Roque 1994). In the last few years of the 1990s the Injartnama team realised that, due to funding uncertainties, the program would be unable to provide the sort of whole-family involvement in intervention which they felt was essential to impact lastingly on substance misuse (personal communication, Craig San Roque 1999). Without this

involvement, they felt that 'treatment' programs were severely limited—an opinion shared by the vast majority of participants in this study. Instead, Injartnama's focus has gradually shifted to one of developing culturally appropriate substance misuse intervention teaching materials (such as the 4WD story, the Drunk on the Road story, the Sugarman story); and to introducing young drug users to as wide as possible a range of alternative recreational and vocational activities. These include sports; 'cultural' teaching; music production; and travel to, and activities—exchange with, other communities.

My assessment of the Injartnama program was that, despite the drawbacks evident from delays in operational guidelines and direction, it had offered a pioneering model for certain components of programs aiming to offer 'Aboriginal, family-style' programs in remote areas. The written and pictorial material produced on substance use intervention, which weaves cultural, spiritual, family and substance use education into engaging stories for teaching and intervention, has been a particularly valuable output from my practitioner point of view. During my brief stay, I gained the impression (reinforced by many conversations with the program's 'back up' staff) that Barry and Elva's 'healing' intentions were experienced as that by many of their clients. The young people I saw and spoke with at Injartnama appeared happy, interacted well with each other and with the staff, participated enthusiastically in the story/teaching sessions, contributed to the tasks involved in daily life at the outstation, joined in sporting activities, laughed, clowning, ate well, and appeared very much to be part of a large 'extended family' program.

These 'healing', recreational, story-writing and story-telling components are not enough in themselves to sustain substantial funding body support. The Injartnama staff are among the first to acknowledge that a more 'structured' and organised program, offering a wider range of intervention activities, is needed in order to produce more tangible outcomes. However, the program's contribution to models for 'Aboriginal style' story-based counselling, and family and bush-based healing interventions—all of which have been identified as important by this study's participants—has furthered the process of identifying culturally relevant ways to intervene effectively in indigenous substance misuse.

In the Kimberley, in addition to study participant interviews, I spoke with a variety of Aboriginal health, substance use and youth workers about their perceptions of the meaning and relevance, if any, of 'culture' to their work. An ex-Milliya Rumurra counsellor told me that the absence of 'the cultural side' was a critical flaw in the Centre's program. Mirroring the earlier criticisms and proposals by study participants of existing programs, this person saw 'Milly's' current program as

offering little more than 'time out', saying that the western style of the program made it ineffective for many clients unused to classroom style learning and one-to-one or group disclosure style 'counselling'. This person felt that the involvement of elders, and teaching about the 'Aboriginal cultural side' would contribute far more than current methods to increasing client self-esteem and sense of identity and that it was the loss of this 'side' which contributed most to client drinking.

Doug McCauley, coordinator of the Fitzroy Valley Cultural Health Project, said in 1997 that the project's Aboriginal planning committee believed the answer to increasing youth suicide, identity confusion, feelings of marginalisation and substance use was to re-strengthen cultural ways. He noted that employment skills were important, but that strengthening identity and 'culture' (through Law and bush knowledge) were pre-requisites to any further progress (Nichols 1997). As discussed, this perception that 'culture' is a positive influence on identity, and that it is a necessary component of comprehensive interventions (including, for example, employment skills training) is shared by study participants.

In an informal interview, a 24-year-old Derby Aboriginal health and youth worker talked of the interest of young people in 'the cultural side'. He discussed a variety of ways in which cultural teaching and young people's other interests could be coordinated to enable both 'cultural' and more 'western' activities to take place. He recommended bush trips be scheduled around town-based recreational and entertainment events so that young people could attend all programs. He made the point that in competition with large-scale town-based events such as the Moonrise Rock Festival or the Boab Festival, it is difficult capture teenagers' attention for much else at all. He maintained however that many young people were interested in the 'cultural side'. He suggested the establishment of a central bush place where general learning such as 'generic' education about Aboriginal history and 'culture', education and training for employment, recreation, substance use education, and Aboriginal style counselling ('if kids wanted that') could take place. He felt it would be important to have country-specific cultural teaching taking place *in country*, from elders who belong to that area. The ideal would be to have communities running their *own* in-country programs, but as funding for comprehensive programs which included job-skills training was scarce, he thought that a centrally located bush place—in combination with aspects of in-country teaching—'may be the way to go' (Nichols 1997).

Finally, Trevor Menmuir, in 1997 the 24-year-old coordinator of the Derby Aboriginal Sporting Association, talked of the importance of whole families being involved together in substance misuse intervention programs. He stressed that

young people were interested in the 'cultural' side of things—that they wanted to know their ancestral histories, where they came from, what their Aboriginal names were, who they were related to, what the stories of their country were. Trevor had recently discovered details of his own Fitzroy Crossing family line. His grandparents had been taken from there to the Lombardina Mission school as children and as a consequence had not learnt the history, 'culture' and stories of their area, nor been able to pass this information on to their grandchildren. Trevor was finding his discovery of these things a powerful experience, and at the time of our discussion was about to move to Fitzroy Crossing to work and to pursue these discoveries. He and the other youth worker present at the interview stated that many young people felt as Trevor did, adding that young people were also interested in employment skills training (Nichols 1997).

These discussions with Aboriginal workers in the substance use, health and youth field helped me to clarify the relevance of certain 'cultural' aspects and intervention components to this group of Aboriginal people, a significant proportion of whom were young. Overall, the 'cultural' intervention perceptions of these workers included aspects such as the teaching of 'Aboriginal history'; understanding and working with the personal consequences of dispossession; strengthening connections with land and Aboriginal spirituality; providing family-focused programs; providing 'Aboriginal style' counselling and teaching through storytelling and the involvement of elders; teaching 'cultural' knowledge as a means to strengthening identity and self-esteem; coordinating entertainment options for young people with sessions of 'in-country' based cultural teaching; and combining employment skills training with 'cultural' education programs. There were many similarities evident in these 'cultural' perceptions and those of participants in this study.

Summary

Discussions regarding 'culture' and its role in alcohol intervention were conducted with the study's 'community group' and 'personal profile' participants and with a small number of Aboriginal health and youth workers in the Kimberley, Northern Territory and Queensland. Their responses suggest the importance of an Aboriginal 'cultural' context for indigenous substance misuse prevention and intervention. Most participants assessed 'the Aboriginal side' to have a positive effect on drinkers, especially among more 'traditional' people and/or in concert with a range of socio-economic, educational and alternative-activity approaches. In addition to 'cultural' aspects, employment and 'having money' were seen as important differences in the way Aboriginal and non-Aboriginal people lived their lives.

Concepts of 'culture' appeared to focus on the importance of cultural knowledge and belonging. This context provided knowledge of where people and their ancestors were from, of language and of what the land and the stories associated their 'country' meant. It provided knowledge of 'country' itself, to the extent that one could learn to hunt and survive there. Family connectedness, sharing and support were also considered highly important. Together these factors described what and where a person had come from, and the country and family system to which they 'belonged' and ideally knew well. This combination of 'knowing and belonging' appeared to be associated with an indigenous identity, place, role and position of knowledge.

In possible contrast with earlier understandings of 'culture', which appeared to relate primarily to the maintenance of country, life and law, study participants and others identified 'culture' primarily in terms of Aboriginal identity and belonging. This emphasis on 'being' as opposed to 'doing' suggests a transition in the role and purpose of 'culture', a process noted by many etic observers. The identity-strengthening role of 'culture' was not perceived as universal or absolute, and additional intervention components were also seen to be important to alcohol misuse prevention and intervention. The 'cultural', educational, socio-economic and alternative-activity components mentioned by participants in this chapter also form key components in their proposals for intervention, as described in the following chapters.

8. 'COMBINED COMMUNITY GROUP' RECOMMENDATIONS: ALCOHOL INTERVENTION AND PROGRAM EVALUATION

Two key stages were involved in the study's identification of an Aboriginal model for alcohol harm prevention and reduction. Firstly, recommendations for alcohol intervention and program evaluation were gathered from 'combined community group' participants. These recommendations were then presented to 'planning group' participants for consideration with proposals of their own, this process leading incrementally to the development of an intervention model. This chapter deals specifically with the recommendations of the 'combined community group'.

As a precursor to this and the following chapters, it is interesting to note that despite the differing age profiles of this chapter's 'combined community group' and the following chapter's 'planning group' (presented in Table 17), many consistencies were displayed in the intervention recommendations of both. This unexpected continuity between the generally 'younger' community group's recommendations and those of the generally 'older' planning group are important factors in considerations of the intervention model's relevance to a regional youth-focused clientele.

'Combined community group' profile

The alcohol intervention recommendations presented in this chapter were gathered from among the one hundred 'personal profile' and 'community group' participants who make up the 'combined community group'. Aspects of their demographic profile, in relation to those of the Derby region indigenous population and the following chapter's 'planning group', are presented in Table 17. As shown, the 'combined community group' participants were proportionately similar to the Derby region indigenous population in terms of gender, average age over 15 years, language group distribution, employment, and early school termination. Although the 'combined community group' had more teenagers and more people aged 40 years and over, it also contained fewer people aged between 20 and 39 years. More of the 'combined community group' had never been to school and more had skilled or tertiary qualifications. Their average age was 36 years, and over half were aged under 40 years.

Table 17: Comparisons (%) between the Derby region indigenous population, the 'combined community group' and the 'planning group'

| Demographic | Derby region | Combined c'ty grp | Planning grp |
|--|--------------|-------------------|-----------------|
| <i>Gender</i> | | | |
| Male | 49 | 48 | 58 |
| Female | 51 | 52 | 42 |
| <i>Average age (popn. > 15 years)</i> | | | |
| | 35 | 36 | 44 |
| <i>Popn. ≥ 13 years</i> | | | |
| Aged between 13 and 19 years | 21 | 27 | 7 |
| Aged between 20 and 39 years | 33 | 30 | 26 |
| Aged between 40 and 49 years | 8 | 21 | 30 |
| Aged 50 years and older | 12 | 22 | 36 |
| <i>Language group distribution</i> | | | |
| Groups to the north of Derby | 15 | 18 | 32 |
| Groups to the south of Derby | 11 | 12 | 26 |
| Groups to the east of Derby | 32 | 44 | 16 |
| Groups centred around Derby | 15 | 15 | 22 |
| Groups using/from other regional centre | 27 | 11 | 4 |
| <i>Labour force status (popn. ≥ 15 yo)</i> | | | |
| Unemployed | 4 | 26 | nr ^a |
| CDEP | 37 | 38 | nr |
| All other employed | 17 | 19 | nr |
| Other (e.g: not in labour force) | 42 | 17 | nr |
| <i>Education (popn. ≥ 15 yo)</i> | | | |
| Never been to school | 8 | 16 | nr |
| Left school aged 15 or younger | 38 | 39 | nr |
| Basic vocational qualification | 0.6 | 1 | nr |
| Skilled vocational qualification | 1 | 7 | nr |
| Tertiary qualification | 1 | 2 | nr |

*Source: adapted from 1996 A.B.S. census, Catalogue No. 2020.0. ^anr = not recorded.

The 'combined community group' was proportionately more representative of the regional indigenous population than was the 'planning group'. Despite these differences, similarities in the two groups' intervention recommendations will be demonstrated in this and the following chapter. It is a possible indication that both groups held common views about the causes of, and the intervention approaches required to address alcohol misuse.

Participants' recommendations for intervention

In Chapter Six, participants' recommendations were presented regarding broad-category alternatives to 'counselling', the most commonly available form of alcohol intervention. Fifty-one per cent of the 'combined community group' participants

questioned about this issue recommended 'dry out', this being by far the most endorsed proposal. In comparison, 30 per cent nominated 'cultural' factors and 27 per cent work-related factors. These proportions were surprising given the criticisms of 'dry out' which had been presented by some of the participants in this group. However, when those recommending 'dry out' were asked about the type of intervention proposed, their answers indicated 'dry out' programs greatly different in content and form from those currently existing. Because of the prominence of 'dry out' recommendations among participants' suggestions for counselling alternatives, these responses are examined in detail in this chapter. Of the 'cultural' and work-related components suggested as counselling alternatives, almost all were represented in participants' recommendations for 'dry out' (see Table 18 overleaf).

As shown in Table 18, when participants 'dry out' recommendations were combined with those for improvements to existing 'dry outs', the resulting collation described an intervention approach based on vocational training within an 'Aboriginal' environment. This vocational and 'cultural' program would operate in a remote bush location, and would also offer a variety of health and life-skills education and recreational activities. The program would be well staffed, client-directed and strongly supportive of its participants.

As shown in Table 18 the components which received the most nominations were those related to vocational and skills training; those related to 'cultural' knowing, belonging, land and healing; and those related to 'operational' strategies and intervention variety. This general prioritisation for vocational and 'cultural' components, followed by those for operational variety, was consistently evident in discussions about alcohol intervention and is noted throughout Chapters Seven to Ten. Clear endorsement for these same intervention components was also evident in a 1993 Hall's Creek study (Douglas 1993) and to a large extent in a more recent study in the same area (Sputore, Gray & Sampi 2000). These comparisons are discussed in more detail in Chapter Eleven. They are mentioned here by way of pointing to the widespread support, consistently evident among Aboriginal study participants in the region, for a comprehensive 'cultural', vocational and activity-rich approach to substance misuse prevention and intervention.

Table 18: 'Dry out' components recommended by 'combined community group' participants

| Component | No. participants (n = 87)* | No. recs° |
|--|----------------------------|-----------|
| <i>Vocational training</i> | | |
| Station skills | 43 | |
| Mechanical skills | 11 | |
| Driver's license/training (bus, tractor, truck, car) | 11 | |
| Sewing | 11 | |
| Horticulture | 11 | |
| Building | 9 | |
| Plumbing | 8 | |
| Woodwork / carpentry | 7 | |
| Computing skills | 7 | |
| Bookeeping | 6 | |
| Water pump maintenance | 6 | |
| Electrical skills | 6 | |
| Road making / maintenance | 5 | |
| Other (from 1 to 3 participants each) (movie-camera skills, teaching skills, 'work skills', secretarial skills, subsistence farming, tourism operator skills) | 14 | |
| Total no. recommendations | | 155 |
| <i>'Cultural' aspects</i> | | |
| Family, extended family & 'Aboriginal style' program- community support and involvement | 43 | |
| 'Cultural' education and practice | 42 | |
| Remote bush location | 30 | |
| Aboriginal history, trauma processing, whole family involvement in counselling | 22 | |
| Total no. recommendations | | 137 |
| <i>Additional components of program style and operation</i> | | |
| Good variety of program activities & intervention approaches | 25 | |
| Sports | 19 | |
| Positive, nurturing, self-esteem and self-reliance enhancing environment | 16 | |
| Alcohol and other drug education | 16 | |
| Certain clear rules | 14 | |
| Staff who are experienced, caring, well & broadly trained | 12 | |
| Bush trips | 10 | |
| Health & life-skills education | 10 | |
| Music | 5 | |
| Socialising | 2 | |
| Total no. recommendations | | 129 |

* Many participants made more than one recommendation. No. recs° = total number of recommendations for each category.

The following comments were among those made by participants who recommended vocational training components (155) for 'dry out' programs.

... it's important that Aboriginal *and* whiteman skills are taught at this place, because the whiteman world is all around us: time-management skills could be taught ... gardening, horticulture, animal husbandry ... yard building, secretarial skills ...

... I like the idea of a place that's part dry out, part college or TAFE. People could stay up there for six months or a year ...

... have a clear work, training program during the day, Monday to Friday, with time off at nights and on weekends ...

... you gotta have lots of things, you know, teaching computer, and they might have a shop in there, you got to learn, office skill, all that ... [in the shop] learn how to count the money, how to order stores, um bookkeeping you know ...

... Skillshare could go out there and run the courses that the clients asked for ... like carpentry, sewing, building houses ... fencing, boring for water, making gates, have horses there, learn to operate and fix machinery ...

... they can get their licenses too, you know, there are all different licenses that you have to get to work the machines, the bus and other vehicles ...

... set up their own little store at a certain time when the tourists come in, the tourists see the sign half way up the road there, they'd say 'what's this, I'm going in' ... a place like that could actually run itself on tourist time, and what could be sold there could be made by these people ...

... mustering, fencing, horticulture for stock feed on small parcels of land, farm machinery driving and maintenance ...

... you'd have to set some sort of training thing. Like you're talking about somebody giving up drinking—for what?—just for the sake of being unemployed ... you have to ... like work out a plan: where they are going to work or what they are going to do, an interest in any particular work, what training they need ... training can't just be training and then they don't get a job at the end of it ...

Consistent interest was shown throughout the study in the teaching and learning of practical, often outdoor-based, income-producing skills. Job-skills training and employment were frequently advocated alongside initiatives to strengthen 'cultural' knowledge. Some people spoke of difficulties they had experienced with 'whitefella' ways of teaching job skills. Several people called for more 'Aboriginal' ways of delivering education, with an emphasis on practical learning (sometimes in language) rather than on classroom teaching by non-Aboriginal teachers with 'whitefella' tests and exams.

... not like Universities or TAFE where you sitting, you putting your mind on how you go to pass this test and that test then all of a sudden you do something wrong and you're in hell. Aboriginal way they don't say anything here, how many times you go through the test doesn't matter. You will get up and do it in the following days ...

... what I would like to see ... is an Aboriginal person standing behind that thing [teaching]. Being the first person to talk about it ... [clients] know they are the going to a place where Aboriginal person is standing and I like to see the staff there is Aboriginal and they can have *kartija* staff as well working together ... Aboriginal, an educated Aboriginal traditional person ... someone they understand ... not just a non-Aboriginal what we seen for years ... you know, in groups, sit with them under a tree and talk with them ... because that is our way ...

Among the recommendations made for the establishment of a more 'Aboriginal' environment were the following comments:

... Rehab centre, it sounds pretty weird, well it's a dry out centre, just well like it sounds really strict you know, really strict. Advertise it in a sort of educationally, in a friendly sort of way, a family sort of affair, once you're in there you got big mob of help, lots of support from your family ...

... It should be run by really down to earth people, caring Aboriginal people who really understand the problems, not coconuts. Have quiet time for first few weeks—if there are too many questions too early on people will leave ...

... We wouldn't like to see it set up like Milliya Rumurra, we wouldn't like to see a place like that set up, it would have to be a lot different ... The court has to work in with these type of people and with this type of situation too—and in a lot of places they don't. They look at the law side and not the human side ... What's happened in the past is people have said we're going to tell you what to do, we're going to send you where we want to send you, that's got to stop, they have to sit down with our people and say what do you want ... what can we do to help you ...

... Place where young people go, sit down, learn all about dancing, singing, stories, bush skill ... children coming to listen to old people about how to be makim into good people—not going away every way. Good place where young people can go, not making trouble. Be really happy place for young generation—for some middle age too. We welcome people—not push them ...

... I don't like the name drinking place, drinking dry out centre, it would have to be another name ... we could have a white name and put the Aboriginal name like, what would you say—welcome back, welcome home, and take the Aboriginal meaning for that 'cos you're coming back into the world of the living again, not a hopeless drunk, like a lot of them [rehab centres] are saying you're a hopeless drunk ... that's what we have to try and fix, that hopelessness ...

This 'Aboriginal' environment would be far from town, with almost all of those commenting on location recommending a remote bush setting:

... I think it needs to be a long way out, Point Torment would be good because its 40–50 kilometres away from town by foot, its in a beautiful place, there's blue water and fishing and turtling and bush ...

... long way from town to avoid temptation ...

... Be good to have a dry out between river and sea so people from both types of country, fresh water and salt water, want to go there. Ask the elders where it should be ...

... I think it should be out in the bush. A nice simple place with simple buildings

... Needs to be away in the bush and not near roads so people can't hitch into town ...

... I think Derby definitely needs a dry out place way out from town, not near an access road. Its no good putting it on a community where there's alcohol, like Fairfield Station, and most of the Gibb River road communities—you can get grog on just about any of them. You could put it on X [outstation]...[we've] already started building there..

As will be seen in the following chapter, the issue of 'dry out' location was discussed at length by the 'planning group'. For many of these participants, the ideal was to locate a 'dry out' in each of the two general geographic areas within the Kimberley which people from related language groups think of as 'their side' country. Reasons for this included people feeling more at home on 'their side', and that 'country' was necessary for some aspects of 'cultural' teaching. The varied opinions about this latter point included a statement by one of the elders who said

that many aspects of 'culture' could be taught in parts of the Kimberley which were not necessarily home 'country'.

...Different tribes have bit of different style of doing these things, but pretty well they do things same way, cook kangaroo same way ... In different country you can have sharing and culture exchange—teach about the culture differences ...

Other 'planning group' members suggested ways in which a combination of more generic 'cultural teaching' and country-specific 'cultural teaching' could be integrated into intervention programs, this latter suggestion eventually being adopted by the group for their model. Some workers in the field argue against remote location recommendations, instead advocating the establishment of intervention programs within existing communities (Casey 1997; Marra Worra Worra Aboriginal Corporation 1996). This is proposed partly so that people will develop the skills they need for dealing with the environment in which they live. Other reasons include the possibility of a 'ripple effect' of positive change throughout the community, and avoiding the separation of current or would-be drinkers from their families. A community-based intervention program, with local and regional drug agency support, is currently being trialed at Warmun Community in the Kimberley. The program is in its early stages at the time of writing, and it is too early to evaluate its impact. Many people are working to support this initiative and if successful it could have a dramatic impact on a community which has been searching for workable solutions to its alcohol problem for many years.

My own observations of small scale community-based attempts reflect the opinions I have heard from clients, and from many Aboriginal people who have been involved in home-based interventions. Their experience suggests that while the extent of substance-use and other problems remain endemic on many communities, and while robust community-based alternatives to drinking remain scarce, home-based programs seem unlikely to succeed. This opinion appears to be reflected in the views of the vast majority of study participants who call for residential 'dry out' in remote bush settings, well away from town and other communities. Their recommendations imply a belief that family-based programs, which offer a comprehensive range of personal and vocational skills training in a drug-free environment, could best produce the effects called for by those advocating home-based interventions. Only one person (a youth worker) recommended against remote locations, saying that young people would be bored because of the separation from town and their social group:

... [young people] wouldn't go away you know too far, they would prefer to stay around town, and if the court were to send people away it would be boring, boring, boring far from their home, from their girlfriends, their mates or something like that. They won't talk to anybody but if they know they're here within distance, they would be better off. There'd be a chance of them staying and completing their course or whatever...

In contrast, other youth workers and most of the young people interviewed in the study supported remote locations for 'dry out', albeit for programs quite different in style from those currently offered. Specific comments are identifiable for fifteen of the 'combined community group's' twenty-three participants who were under the age of twenty, the others being part of larger mixed-age groups in which only group consensus opinions are recorded (these group opinions being presented next). Of the fifteen 'identifiable' teenage participants, six made no 'dry out' recommendations. When asked if there were ways other than counselling which helped drinkers, these six people recommended 'bush trips', or that people be 'taken out bush', or 'go to work on a station'. (Interestingly, well over half of the young people aged under twenty recommended station skills training for current or would-be drinkers). The remaining nine young people had no initial proposals for alternatives to counselling, but later asked what others had recommended. All endorsed the remote area 'dry out' proposals which had been made by other participants, six of these young people adding suggestions of their own. In concert with recommendations already made, they suggested a range of sporting, musical, vocational and social activities. As with many other participants, they stressed the importance of having 'lots to do':

- ... have a big recreation hall with lots of activities, indoor basketball, a pool table, a canteen with food ...
- ... have a stage for bands, socials ...
- ... have athletics competitions, boys and girls together, invite other communities ...
- ... learn about mechanics and plumbing, driving trucks and tractors ...
- ... learn about teaching as a career ...

Another thirty-seven members of the 'combined community group' were aged under forty, their comments about 'dry out' being among those presented throughout this chapter. Five of these people were 'personal profile' participants whose stories are presented in some detail in Chapter Five. When asked about counselling alternatives, four of these five people (all drinkers or ex-drinkers) recommended 'dry out'—provided the programs focused on issues such as the strengthening of self-esteem, self-determination and family/community 'belonging'; and cultural, vocational and life-skills components. Three of the four thought that 'dry out' should be far from town, the fourth being the youth worker quoted above. The fifth 'personal profile' participant (an occasional and very moderate drinker) did not mention 'dry out', stating instead that counselling and intensive day to day support were of most assistance to drinkers.

Twenty-four people aged under forty participated in mixed-age community focus groups in which at *least* fifty per cent of participants were aged under forty. While

individual participants' comments are not identifiable within these six groups, the consensus opinions of the groups indicated that four groups supported 'dry out' interventions, all specifying that this be in a remote location. One of the remaining two groups made no counselling-alternative suggestions, the other recommending counselling videos, and the teaching of language and 'culture'. Among the recommendations of the four pro-'dry out' groups were those for vocational training (including station skills training), 'cultural' activities and 'cultural' aspects including elder and family involvement, life-skills education, the recruitment of genuinely caring staff, clear work/activity scheduling and plenty of variety in program activities.

Many participants endorsed recommendations for program variety, several people warning that unless this was an integral part of 'dry out' people would become bored and want to leave—as was generally the case during stays at existing 'dry communities' and 'rehab centres'. Other recommendations for comprehensive intervention components are discussed in the remainder of this section. Among these were those relating to 'culture', many people (42) talking of the importance of 'cultural' education and practice being taught by elders:

... one thing is really really important is that, it has to be able to be set up so that elders can come out there and teach ... from a cultural training aspect and the bush skills, and the story telling and that, that they bring with them, the knowledge that they bring with them that way ...

... Place where young people go, sit down, learn all about dancing, singing, stories, bush skill. Listen to the old people again ...

... I like the idea of an elders' roster, for teaching culture side to young ones from their own country ...

... I mean the older ones ... to talk about cultural things you know ... our way of living before all this came up and ask the young people, question them ask them how much they do know, or have they forgotten ... name of bush food and name of birds and trees, all sorts of things, name of the winds, all these things that count, natural things in the bush, ask them if they know, if they are aware of these things, join that on with the other [health education] stuff that I mentioned, a mix has got to be better than any one thing ...

... Teach other things too—cultural side. Bush medicine, spear, boomerang, bush tucker—where to find goanna, sugar bag, fishing. Talk about how Aboriginal people used to live ... [This elder and community leader named two community elders who would accompany young people from that language group to the 'dry out' for 'cultural teaching'] ...

Some described a 'dry out' in which strong family involvement in teaching and learning would be encouraged. The program would be voluntary, and would be conducted in a friendly, supportive environment in which whole-family healing and trauma processing can occur. 'Counselling' (22) would be carried out in an 'Aboriginal' way, with a healing focus, by elders, 'grannies', on-site staff and visiting professionals who would 'counsel' by way of stories, listening, and affirming. Their counselling would include the teaching of Aboriginal history and the consequences

of dispossession, including domestic violence and its management. 'Aboriginal parenting' would be taught by 'grannies' and the program would offer good follow-up support. The option of AA group counselling was recommended by one person.

... somewhere where the family can go away and do a lot of things ... in terms of their culture and in terms of keeping the family together ...

... group or family opportunities for people to tell their stories, to be able to sit down and talk, and be able to work through some of the issues that they may have experienced and that ... I think the healing of ourselves and our hurts and spirits, for me anyhow, its important to encapture everything that relates to that ... like if you're talking about family violence you could ... go through how people understand what family violence is and um what people are fighting about, or what humbugs going on ... what it means, what do they understand it to be, not what the kartija say it means to them you know—that's the difference I'm talking about ... Because a woman and family experiences the violence, the support and training is often given to them ... however things are structured out there [at the 'dry out'] needs to consider that, that the men can't be left out, because they've been left out for too long ...

... elders can come out there and teach ... also from the grannies it could be child-rearing and child-bearing ... you know grannies, those elders, they can really make a difference you know ... There is physical abuse and there is other abuse too, there's sexual abuse and that type of thing ... we have got to be able to work in a way with our people that enables those 'secrets' to be addressed ...

... for some people it [Alcoholics Anonymous] did work and it gave them that opportunity, so I don't think that everything needs to be thrown out with the bath water ... people need to have the choices, and what works one way may not work for the other person ...

... we need people trained, our own people trained in that type of [counselling] thing that can sit down and talk to these people ... most of the white people talk high English to blackfellas, like Aboriginal people, and some of them don't even know what they're talking about. We've got Aboriginal people in high places talk like that and the young ones won't go to them. It has to be someone on street level you know, like X, you know X, well if we had a few more like her, she's good, she should be set up in a position like we're talking about ...

The 'dry out' program would offer a variety of sports (19):

... there'd have to be lots to do there to make it interesting otherwise people would want to come back to town where the action is. Have boys and girls there together, have motorbikes and go-karts ... basketball court, football oval...

... has to be activities ... especially importantly Aboriginal activities, like you know hunting, fishing and that sort of stuff ...

... they [other communities, other groups] might come in [to the 'dry out'] for basketball, sport, barbeque picnic, dancing, corroboree ...

... you could have competitions ... I mean they could form clubs, spearing clubs, anything to test each other against each other as long as they don't go throwing them at one another, it has to be a target ...

Young people were, understandably, the strongest proponents of sporting activities, but were also well represented among those supporting a combination of 'cultural', vocational and educational recommendations. Alcohol and other addictions education (17) would also be taught at the 'dry out'. This would be conducted by on-site staff and visiting health professionals, with elders teaching about the effect of alcohol and other drugs on 'Aboriginal culture' and daily life.

... Teach right way to drink, not in the ditch. See how to do it on video, give them the idea. Show videos about what alcohol does *inside*—have elders, doctor, sister there to back up what video says. Show video about what alcohol does to Aboriginal culture, how so many people are dying ...

... just dropping down their drinking to get them in an area where they can just be sociable drinker rather than every day kill-yourself-drinkers you know ...

... Gamblers should be able to go there too. Even if some of the gamblers don't drink, they still spend all the available money on gambling, and neglect their kids and get into debt ...

... explain to people in language about alcohol and drugs, one of the staff that knows the language ... I would like to see family groups get involved and telling one another and their children and there is no hiding what alcohol done to them in the long run. Talk about what was left behind in their history ...

The general approach of the program would be one which enhanced self-esteem and self-reliance (16) and which offered a variety of stimulating activities (15).

... You've got to be able to set up a proper thing so that people feel like doing it themselves—not going there because somebody sent them there. A proper program aim, alcohol videos, including you know general stuff like cultural programs so it is not all focused on just overcoming the problem that people are experiencing ...

... find out about the client's goals ... why are they here, why do they drink, what are their plans after going home ...

... the rehab needs to be controlled by Aboriginal people. People need to feel it's their home—no government-set rules, but rules set by the people themselves ...

... and a whole range of things to do, so people don't get bored—toolmaking, education about alcohol, how to drink properly. And important too that this place takes people back if they want to go there again, even if they've started drinking again in the meantime, because that's how they learn for themselves ...

... learn ways to self-esteem other than through alcohol ... What's needed is encouragement ...

... they give you choices, like if you wanted to go out somewhere for the weekend um you make the choice ... sometimes the staff have to give them trust so they can build themselves up to be responsible ... there is that trust that has to be in it for an alcoholic to heal ...

... there is a lot of things that can happen there, not just sitting down ... it's important they have lots to do ...

There would be certain set rules (14) such as mandatory involvement in the training programs, no alcohol, and open communication between residents and staff regarding client's needs and progress:

... Make it like an open place for everybody, you have to have strict rules and everything, once they're in, and after the first month or something by then they should know the rules by then... well I mean, you know, no alcohol around the place; if you're going to do a runner sit down and talk to someone about it, don't just take off, its not like a prison sort of thing ...

... Everybody gotta do their work, it has to be done and everything like that. Follow the basic rules that's all ...

... Each time you do a runner and each time you come back something must be happening if they're going to want to keep coming back. You know if he goes away and gets drunk or horrors and he will think about that place and maybe talk about what happened when he comes back again ...

The staff would be experienced, caring and respected people who were both broadly and well trained and who had done their own healing (12).

... whoever the staff are at this place they need to have done a lot of their own healing so they're clear to live with the families and the individuals however they want to come out. I think that is essential ...

... it's a real need to be able to have staff that you trust and to know that your stories or whatever are not going to be in any way given out ...

... the people who run it should be caring people, people who can make it a family environment ...

... In a rehab you go over your life, you count the costs, you look at your future and it's better if you've got somebody around to talk to who's been trained you know, plus they know about drinking, real life counsellors you know, so they don't lord it over you if you're still a drinker ...

Lastly, smaller but significant numbers of participants recommended program components such as bush trips for fishing and turtling (10), life-skills and health education and training (10) and contemporary and traditional music and dancing (6) would be a part of the program.

... take people out fishing or hunting ...

... people could learn about domestic violence and how to control it, men could learn to be head of the house again ... women could learn how to manage a nuclear family, how to manage without lots of relatives around all the time ...

... there could be programs based around the effects, that is in terms of the physical effects to your health, from taking alcohol and drugs and that, certainly that lifestyle type of program, you know linking that in to diabetes and things like that ...

... rap music, big speakers, dances ...

... culture exchange, corroboree ...

Overall, these recommendations indicate that participants perceived 'dry out' to be an opportunity for meaningful education, the strengthening of 'cultural' knowledge and self-determination skills, and the provision of support and varied activities.

Participants' recommendations for program evaluation

The majority of participants were asked for their perceptions of the best means for assessing the effectiveness of 'dry out'. Answers were not recorded for sixteen of the one hundred people within the 'combined community group' sample. As shown in Table 19 overleaf, the vast majority of the recorded responses concerned the honouring of family and community responsibilities.

Table 19: Ways to assess 'whether dry out has worked in a good way for someone'

| Assessment criterion | No. nominations | Total number of nominations |
|---|-----------------|-----------------------------|
| Honouring family responsibilities | 89 | |
| Honouring community responsibilities | 39 | |
| <i>Total</i> | | 128 |
| Physical appearance | 34 | |
| Looking clean | 19 | |
| Walking straight/'walking full up' | 13 | |
| <i>Total</i> | | 66 |
| Drinking behaviour | 31 | 31 |
| Employment | 24 | 24 |
| He'll be happy, not fighting, self-esteem | 13 | 13 |

In contrast with standard program evaluation criteria which tend to focus on the presence or absence of pathology and drinking (Gray, Saggars, Drandich *et al* 1995; Brady 2000), participant nominations for the honouring of family and community responsibilities far outnumbered any other markers of intervention success. Physical appearance and drinking behaviour received, respectively, a half and a quarter the number of nominations ascribed to the honouring of 'responsibilities'. Employment and 'peace of mind' indicators were considered significant, but less prioritised measures of success. All of these nominated markers are consistent with participants' proposals for alcohol misuse intervention. Their core proposals focus on the strengthening of 'cultural' and family involvement and belonging; a healing-based residential program far removed from alcohol outlets; vocational skills training and structured intra- and post-program support.

Summary

'Combined community group' participants were asked for details of the type of program implied when they had earlier recommended 'dry out' as an alternative to counselling or when evaluating existing 'dry out' programs. Their combined proposals suggested a preference for a vocational and 'cultural' program, which would include a variety of educational, recreational and support components. This 'dry out' facility would be established in a remote bush location and would be run in an 'Aboriginal way' with supportive family, staff and elder involvement. It would be a healing, self-esteem and self-reliance promoting environment and would offer good variety in training and other activities. Alcohol, health and life-style education, sports, music and social visits to other communities would be important supplementary activities. When asked for their perceptions of ways to assess 'dry out' effectiveness, the honouring of responsibilities to family and community was participants' strongest nomination. This focus appears to be consistent with

participants' intervention-proposals' emphasis on quality of life issues rather than on drinking behaviour. This difference in emphasis offers a significant contrast to the symptom-focus of standard program evaluation criteria and has implications for the design of culturally appropriate program evaluation criteria.

The intervention strategies described in this chapter reflect the 'cultural knowing and belonging' aspects identified in Chapter Seven as being of key importance to that group of participants. They also reflect the criticisms and endorsements of current alcohol intervention programs discussed in Chapter Six, including proposals for lasting personal and situational change, rest and support, alcohol and life-skills education, and family involvement. The following chapter presents a description of the intervention recommendations proposed by the study's 'planning group' participants, and of their process of intervention model-building.

9. THE MODEL BUILDING PROCESS

In this chapter the second of the study's two key stages in intervention model building is discussed. A description is given of the process by which the intervention recommendations of the first stage 'combined community group', recommendations from other sources (such as existing programs and research literature), and the recommendations of 'planning group' participants themselves were considered by the 'planning group'. Their process of proposing, debating and selecting intervention components for a 'cultural', 'Aboriginal style', alcohol 'healing', harm prevention and intervention program is described. The resulting model is presented in Chapter Ten.

'Planning group' participants comprised a total of eighty-two people from thirteen languages within the Kimberley. Full demographic data were not collected for this group, however a profile of gender, age and language distribution, and average age of participants at each planning focus group is presented in Table 20. As discussed in the previous chapter, when compared with the Derby regional Aboriginal population, 'planning group' members were more likely to be male, generally older, and comprised a different language distribution. A third were under 40 years old.

Of the 82 people who participated in the 'planning' focus groups, a core group of twenty attended at least four (and up to ten) of the twelve core planning focus groups, their individual attendance spread throughout the full planning period. The remainder attended more intermittently, many at their own instigation. Of the core group of twenty, 75 per cent of those who attended the first focus group also attended the twelfth group fourteen months later. Their membership consisted of Culture Centre elders (13) and a range of health-related workers (7). In comparison with the full 'planning group', this core group were similarly proportional in gender, but had a different language distribution, an average age five years older, and a much greater proportion of people aged 40 years or over (90% compared with 66%).

Neither the core group, nor the full 'planning group' can be considered representative of the regional population. As mentioned previously however, the intervention decisions made by the generally older 'planning group' sample reflect, surprisingly, all of the key components recommended by the far younger, more regionally representative 'combined community group' participants. This unexpected consistency, discussed further in Chapter Eleven, may suggest a shared perception of the causes of and requisites for alcohol misuse intervention.

Table 20: Profile of attendance at planning group model-building focus group meetings.

| | 1997 | | 1998 | | | | | | | | 1999 | | Total # individuals | |
|---------------------------|------|-------|------|------|------|------|-----|---------------|------|------|----------------|------|---------------------|-----------------------|
| | 11/9 | 30/10 | 2/4 | 16/4 | 29/4 | 14/5 | 2/6 | 24/6 | 22/7 | 19/8 | 8/10 | 4/11 | | 6/10 |
| Focus group # | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | |
| Special meeting | | | | | | | | FBQs.° | | | Video.° | | Contract.° | |
| No. participants | 19 | 11 | 19 | 15 | 6 | 7 | 16 | 25 | 19 | 11 | 15 | 16 | 14 | 82 (15 av./mtg) |
| Gender (%) | | | | | | | | | | | | | | |
| Male | 68 | 46 | 53 | 53 | 50 | 71 | 44 | 72 | 47 | 54 | 73 | 56 | 43 | 48 |
| Female | 32 | 54 | 47 | 47 | 50 | 29 | 56 | 28 | 53 | 46 | 27 | 44 | 57 | 34 |
| Age distribution (%) | | | | | | | | | | | | | | |
| Under 20 | - | 36 | 5 | - | - | - | - | 4 | - | - | - | - | 14 | 6 |
| 20-39 | 32 | 27 | 26 | 20 | 17 | 14 | 12 | 20 | 10 | 27 | 7 | 19 | 14 | 21 |
| 40-49 | 16 | 18 | 16 | 7 | 50 | 57 | 31 | 8 | 26 | 18 | 20 | 25 | 29 | 25 |
| 50-59 | 53 | 18 | 53 | 73 | 33 | 29 | 56 | 68 | 63 | 54 | 73 | 56 | 43 | 30 |
| Group average age | 47 | 34 | 44 | 49 | 45 | 46 | 49 | 50 | 50 | 49 | 50 | 46 | 43 | 44 (full grp. av.) |
| Language distribution (%) | | | | | | | | | | | | | | |
| North of Derby | 58 | 9 | 21 | 53 | 50 | 14 | 19 | 40 | 53 | 27 | 53 | 44 | 7 | 27 |
| South of Derby | 32 | 45 | 63 | 13 | 33 | 71 | 44 | 12 | 21 | 27 | 13 | 19 | 29 | 21 |
| Derby & East | 5 | 45 | 10 | 33 | - | 14 | 38 | 48 | 26 | 36 | 33 | 31 | 64 | 32 |
| Other | 5 | - | 5 | - | 17 | - | - | - | - | 9 | - | 6 | - | 2 |

Location.° = location decision. FBQs.° = Responses to funding body questions. Video° = Funding body/participants video conference. Contract° = response to government funding offer.

Focus group meetings

In order to fulfil the research objective relating to the documentation of this participatory form of research for use in related projects, the process of the first planning focus group has been described here in considerable detail. Due to the number and length of the planning meetings it was unfeasible to include in this chapter all of the issues raised, debates held and components selected during each meeting. (A table of all components proposed at each planning meeting, and those adopted by the planning group for inclusion in the final model, is on file at the Derby (Yuriny) Aboriginal Culture Centre). However, the process issues decided at the first planning focus group (such as meeting procedure; seating and literacy; and proposal, discussion and recording of recommendations) provided a pattern for the way in which these issues were dealt with throughout the model-building process. The model-component categories proposed at this first planning focus group also proved characteristic of future focus groups. The intervention model was largely developed during 12 core focus groups over a period of 14 months, with a final follow-up meeting a year later. The focus groups took place, at the groups' discretion, either inside or outside the Derby Aboriginal Culture Centre. As shown in Table 20, group size varied between six and twenty-five people per meeting, with an average attendance of fifteen. Meetings generally ran from 10 am to approximately 2.30 pm and included lunch.



Plate 1: A model-planning focus group in progress at Derby Aboriginal Culture Centre

Participants were contacted, prior to the commencement of the planning group meeting process, through Culture Centre Executive meetings, widely circulated invitations to Aboriginal communities and organisations within the Derby region, personal invitations to Aboriginal people who had previously expressed an interest in alcohol-related harm reduction, and by 'word of mouth'. The work of the Culture Centre's co-ordinator was critical to the success of both preliminary and focus group processes. She played a key organisational role in the communication of, preparation for, and feedback after focus group meetings; and facilitated consistent attention to 'dry out' project business during Culture Centre Executive meetings.

Men and women chose to meet together, this being their decision on each occasion on which this topic was raised separately with each group. The only exception to this occurred during one focus group, when the men moved outside for an hour to discuss their response to a funding body query about the proposed model's 'cultural' teaching component. In general, the focus groups followed a consistent process of intervention-component recommendation, debate and gradual final component selection. On three occasions during the model-building process however, focus group meetings with 'special' agendas were held. Their purpose was to respond to requests from potential funding bodies for information on specific aspects of the developing intervention model.

I had planned to propose a focus group meeting style recommended by a colleague working with remote area participatory-action projects in the Northern Territory. The participants in these projects favoured small group discussion, using drawing materials to clarify and present their ideas during the process of defining their goals. This approach was often used with groups in which literacy levels were variable. When I discussed this proposal with the Culture Centre chairman and lawman however, they both stated a preference for the use of a whiteboard to stimulate and record participants' ideas, saying they would 'explain things to the old ones' during the meeting as a means to overcome literacy difficulties.

One of the Culture Centre staff, Adrian Isaac, had agreed to be my key advisor and guide on 'cultural'/operational matters throughout the focus group process, doing what he could to guide my involvement within culturally acceptable boundaries. He was a 42-year-old Bardi/Jawi man employed as a Community Arts Officer and 'community-business' mediator by the Derby Aboriginal Culture Centre (DACC), the members of which had agreed to form the foundation membership of the 'planning group'. I worked closely with both him and the Culture Centre's coordinator in the months preceding and following the commencement of the focus group process. These two people were the key liaison between the Culture Centre Executive and

myself regarding preparations for the study, and gave me continuous valuable feedback following 'planning group' meetings. As well as advising me on matters of cultural appropriateness throughout the focus group process, Adrian was also a study participant. He was highly regarded by the community generally and was frequently consulted for advice on personal and 'cultural' matters. He was an invaluable source of information, protocol advice and insight. I believe his visible guidance of me, including operational suggestions during focus groups, contributed to the widespread participation in and acceptance of the planning group process.

I suggested the option of drawing materials on several occasions when participants appeared uncertain about the direction in which they wished to take the next step of the 'dry out' model. Each time this occurred however, those present stated their preference to continue with an adapted 'whiteboard' format. This seemingly 'western' method was therefore used for all focus group meetings. Booklets of butcher's paper, each labelled with an aspect of the developing model as they were proposed (such as 'What's important?'; 'What happens at dry out?') were attached to a whiteboard in front of the group. The booklets were added to and revised by participants at each focus group meeting, and formed a record of the groups' proposals, deletions and approvals made as the model-building process progressed. This record provided the basis of the 'minutes' which were written up after each focus group and sent to all participants for verification.



Plate 2: Study participants discuss 'butcher's paper' proposals during a focus group.

Despite the general preference for this 'whiteboard' format, it became evident that some of those present at the first meeting were unable to follow all of the proceedings:

... A couple of people sitting near X [the Culture Centre co-ordinator] were directing their proposals to her, appearing not to understand all that was being said or written. She signalled Adrian who signalled me for a break, and he and [the Chairman] then 'translated' what had occurred to date, continuing to do so from time to time for the rest of the meeting. From then on Adrian and X X [two young men] turned to include the others when they spoke. Gradually these others, mostly elders, began to join in: X [female elder] proposed dancing and singing at night; X [male elder] proposing that elders do teaching of young ones via hunting and fishing trips; X [male elder] suggested a ? 3 monthly rotation of elders, each of whom would take people on bush trips back to country to teach 'cultural' things, teach language ... He spoke confidently and animatedly and he and X [another male elder] joined in more and more as the day went on ... Adrian said afterwards that once included in discussion, he had 'never seen X and X [two of the male elders] speak out so openly'.... (excerpt from fieldnotes Nichols 1997).

The issues of inclusiveness and group participation raised at this first meeting appeared to resolve with the approaches used above, and these were continued at subsequent meetings. These strategies, and the early departure from the meeting process of a vocal young man and (unrelated) young woman—perceived by several participants to be promoting 'western' ideas—seemed to effect wider participation among those present. Interestingly, many of these 'western' ideas were later adopted by the 'planning group' in modified form, as discussed later in the chapter.

The first focus group meeting

I attempted in my introduction to be as clear as possible about the project's local origins, goals and limitations—including the lack of funding guarantee following its completion. I introduced myself briefly (several people knowing me previously from alcohol program work in Derby) and talked about the origins of the project. I said that the project had grown from discussions with local Aboriginal people about alcohol—and the assertion of many that *one* reason for Aboriginal drinking was 'loss of culture'. These ex-clients, family members and program staff had expressed the need for an alcohol intervention program with a strong 'cultural', 'Aboriginal', 'healing' foundation.

I talked about working on the project as part of research studies through Curtin University of Technology; and discussed my agreement with the Culture Centre to write a submission for funding for any model resulting from the planning process. I emphasized that there was no guarantee of funding on completion of the planning group's model as there were already three (albeit largely western-based) intervention programs currently operating in Broome, Wyndham and Kununurra. I told the group of evaluation literature suggestions that the best chance of funding lay with programs offering something new, something designed by Aboriginal people, and something inexpensive to build, maintain and run. I suggested that the

recommendations chosen by the 'planning group' participants could create a model for a new program—and that this could be developed by gathering together all of the decisions made during a series of planning meetings. During this process I could tell the group about intervention recommendations offered by other Aboriginal people with whom I had spoken and by the research literature. After considering these recommendations, the group could then make decisions about which recommendations to select for their final model. I outlined a possible process for working on the model, suggesting that the 'planning group' could meet perhaps twelve times over the rest of that and the following year. At the end of that time I could write a community report and a University (thesis) report, as well as a submission for funding, emphasizing again that funding was not guaranteed.

I described the 'one-to-one interview talks' I was having with Derby-area Aboriginal people about their lives and their thoughts on alcohol intervention. I said that some people present at the meeting had already taken part in these talks and that I hoped others would participate at some stage. Those who had already participated in interviews had told me they found the talks to be non-threatening. Confidentiality following interviews and focus group meetings would be respected—that is, that 'no-one who wasn't at the talks would know who had said what'.

I invited questions and suggestions for other ways in which the model-building process could proceed. When no alternative suggestions were made, a young man asked me where this 'dry out' place would be. I said that was for the group to decide, and asked participants to sit back and picture what this 'dry out' might be like, what it might look like, and what might happen there. Proposals came quickly, and those from the first meeting are summarized below. Because numerous intervention recommendations were proposed, I have summarised both the general order in which different recommendation-categories were presented and the ideas within each category. As proposals were made I wrote them up on butcher's paper sheets under the broad-category titles presented in the brackets below.

Location for the 'dry out' (Where?)

Two location proposals were made at this first meeting, one by a younger man for a site ten kilometres out of Derby at Bungarun, the old Derby Leprosarium. The proposal was immediately countered by another younger man who said that the site was too political and had too many negative historical associations. After some discussion regarding this location I intervened, saying that my suggestion would be to record all ideas at this stage. Once the focus groups had exhausted all of their location proposals, participants could work through them and decide on the most appropriate site. There was general agreement for this idea, and when no other

location suggestions were made I passed on a recommendation (from one of the Aboriginal people I had interviewed) for land 30 kilometres to the north of Derby. This had been set aside for an alcohol rehabilitation centre several years beforehand by a local Aboriginal organisation formed to respond to Derby's alcohol problem. Several participants said they knew of the site but had not known the land was still available. A couple of people said it was too close to the main road and that residents there would be easily able to hitch-hike back into town. Later group debate on the location issue is described below.

Essential components (What's important?)

After a short pause two of the younger men said it would be important to have family involved in the program. One of the male elders said it was important to 'get kids at early stage, when just *starting* to drop out of school, just *starting* to use alcohol or other drugs' (original emphasis), and that mothers could 'take kids out there'. Two of the younger men said that family and friends should be encouraged to go to the program together. A middle-aged woman called for lots of open space and meeting places. A vocal young man, whose ideas tended to dominate the first half of the focus group meeting, said inter-agency involvement in the program from local referral and support agencies was important.

Some of the younger men said it would be important for staff to meet potential residents in hospital before they went to the 'dry out'. A group of the younger men raised the issue of eligibility, proposing that only people 'who really wanted to do something about their drinking' should go to the 'dry out'. They recommended the program include education about the effects of alcohol and drugs; the history and consequences of dispossession; Aboriginal language; and self-esteem training. A male and female elder and a younger man called for young people to 'sit down' there with old people, hearing stories, making boomerang, learning to hunt kangaroo. Some members of the group, predominantly the vocal younger man referred to above, listed a range of potential inter-agency supporters ranging from statistical/administrative support through to education, cultural, employment, sporting, health, counselling agency and Shire involvement. I told the group of advice from the current Aboriginal manager of Yarrabah Alcohol Rehabilitation Centre in Queensland that widespread community support was vital if programs were to gain community acceptance.

Program style (What type of place?)

Proposals for this aspect of the model came initially from the younger men, one describing what some later described as a 'western' style of program which would depend upon agency referrals, inter-agency support and incorporate a modern

office with telephones and fax. Another queried whether buildings were necessary at all, suggesting that 'an open place, a bush camp' would be sufficient. He added however that thorough client assessments and client-directed goal setting would be important to the clients' and program's success. One younger man suggested 'a simple place, simple buildings' which were low cost, low maintenance and run on solar power. He queried having telephones at all, though agreed with one of the women that this may be necessary for emergencies. He thought it likely that different people would have different goals for their 'dry out' stay—some having controlled drinking as opposed to abstinence goals. He spoke of the 'turning point' he had reached in his own drinking history and of how he given up alcohol at that point. Another younger man recommended a place with 'no pressure, just a place to go and be' and with little structure at all. He too described his personal experience of drinking and of giving up alcohol on the birth of his son.

A middle-aged female elder proposed that the program have its own bus, another that there be no telephone at all, simply radio communication. One younger man recommended having an office telephone, another suggesting a second (private) telephone for residents' use. Debates over program 'style', including later issues raised regarding coercion and discipline, are discussed below.

Follow-up (After 'dry out')

One young man suggested a 'half-way house' be part of the program, as a place for people to stay temporarily following time at the 'dry out'. Several of the younger men recommended that follow-up support in town be provided by the Derby Aboriginal Sporting Association and Aboriginal health-workers.

Program content (What happens at 'dry out'?)

Vocational training in computer skills, maintenance work, building and gardening was suggested by some of the younger men. They also suggested the provision of CDEP work programs at the 'dry out', and that the existing skills of residents (such as sewing and language) be identified and incorporated into the centre's teaching program. The teaching of a range of life-skills (literacy, legal processes, first aid, health, nutrition, dress, alcohol/other drug education, assertiveness with drinking partners, budgeting, family violence management) was recommended by the younger men and younger and middle-aged women. I told the group of research recommendations for assertiveness training in dealing with drinking peer groups, and of recommendations from other programs for the incorporation of practical budgeting training into clients' weekly shopping lists.

'Cultural' teaching was recommended by younger men and middle-aged men and women. Proposed components of this included language, Aboriginal parenting skills, bush skills, art, kinship and skin systems, singing, dancing, 'cultural exchange' with people from other language groups, young people recording stories and bush knowledge from the old people, and trips back to 'country' for cultural teaching with the old people.

The afternoon session

We stopped for lunch just after mid-day, most people staying to sit and talk under the bough shelter. A few others, mostly participants' children, joined the group at this point. After half an hour or so people appeared keen to continue. A middle-aged woman asked when the meeting would finish and I suggested to general agreement that we carried on, seeing how things went, until about 2.30 pm. In retrospect it would have been preferable to ask the group for their own ideas regarding the afternoon's program and/or to have run through the morning's ideas for the benefit of those who did not read and to trigger further ideas.

Although some people made further intervention proposals, the flow of ideas was not as consistent as during the morning session. I referred occasionally to a summary of proposals made from my previous discussions with other Aboriginal people in Derby, and from recommendations suggested by other programs and the research literature. Some of the issues discussed from this list included racial eligibility for the 'dry out' and the possibility of court and mental health referrals: how did the group propose to decide who could come to the 'dry out'? Those present seemed to enjoy these conundrums, which inspired much discussion. Several times people suggested that issues be deferred for further discussion at later meetings.

Eligibility (Who can come to 'dry out'?)

Two suggestions, immediately affirmed by most of the group, were that people who 'relapsed' should be able to return (many times if necessary) to the program; and that families should be able to come to 'dry out' together. After some discussion regarding age limits, the general group sentiment was that all ages were welcome provided young people came with family. One young man suggested that individual 'youngsters' be allowed to come alone 'as long as they were old enough to make decisions'.

After general discussion about the issue of racial eligibility, most people indicated that the program should be open to all races, although some were uncertain about this. In response to the issue of referrals, a middle-aged and younger man recommended that the program accept court referrals only if the person showed in

discussion that they were genuinely interested in cutting down on their drinking/drug use. The group decided that the mental health issue needed more discussion, especially with elders. Possible solutions proposed included prior assessment by a psychiatrist and/or an experienced elder or *maban* [traditional Aboriginal healer] regarding risk to the person and/or the program itself.

Rules

There was spontaneous unanimous agreement to suggestions that no-one be forced to go to the program, and that no-one be forced to stay once there. (Later contention and debate regarding this issue is discussed below.) Unanimous agreement was also expressed for proposals that post-program drinking goals be set by the residents themselves, and that 'no grog' be allowed. A younger man suggested that all residents be required to have 'a doctor checkup' before going to the 'dry out' and that a contract be made with residents that they pay for their 'food and rent'. Several other younger men added that the contract should also include a 'code of conduct', a commitment to stay for a certain period of time (decided by the resident), and agreement to keep themselves and their 'camp' clean. A young woman suggested that the contract should include agreement to 'stay put' at the program for the first four to six weeks.

A young man recommended that visitors be welcomed, that they could bring supplies such as food and art equipment with them, but that they be subject to the same 'no grog' rules as the clients. One of the younger men suggested the use of random testing for alcohol and other drug use, a middle-aged woman saying that this should *only* be done with the resident's consent. (Later group discussion and decision-making on this issue is described below.) A middle-aged man queried whether or not the 'dry out' facilities should be made available for other groups, such as Kimberley Aboriginal Law and Culture Centre, to use.

Staffing (What sort of people should work there?)

A middle-aged and a younger man recommended that staffing include 'old people, cultural people' as counsellors and teachers, another two men suggesting staff be 'role models'. Staff who were skilled 'counsellors' as well as role models were recommended by a middle-aged man and woman. They suggested that staff need not necessarily be locals as people sometimes found it easier to talk with non-family members.

Several younger men made suggestions including the employment of young unemployed people, those with medical/first aid knowledge, and a mix of part-time (pensioners, CDEP workers), full-time and voluntary staff. Two middle-aged elders

and a younger man recommended the employment of a *maban*, this also being suggested by research at Kintore. They also recommended staff with hunting and bush skills knowledge, and a roster of teaching-elders on a three-monthly 'turn-around' system.

Name for the program

Several middle-aged elders suggested finding an appropriate Aboriginal name for the program. A middle-aged woman recommended finding a title which incorporated a 'healing centre' message. Some of the younger men proposed the names: 'No *gurri* [alcohol]', 'Alcohol free bush camp', and 'Dry out'.

Close of meeting

At mid afternoon, a natural break occurred when one young man had to leave for another meeting. When others stood for a break I asked participants if they wanted to stop as they had been meeting for over four hours. One of the young men said we could 'keep him til 8 o'clock', another middle-aged man saying we 'could keep going until morning'. As some of the old ones looked tired I suggested to general agreement that we stopped for a cup of tea, and perhaps returned to the meeting for another half-hour or so to finish for the day. When I returned some of the old ones were leaving, others saying they had gone to collect mail and would be returning. The rest of us talked socially for half an hour or so until the group decided that the old ones were probably not returning and that we should finish for the day. Two participants asked about the date of the next meeting. I said the Culture Centre staff had agreed on the idea of holding planning meetings the day after Culture Centre Executive meetings while elders were still in town. Their next meeting was roughly a month away, and as the remaining participants agreed to this proposal, I would send a note to everyone once the Culture Centre's next meeting date had been confirmed.

As mentioned, the process of recommendation, preliminary discussion and gradual decision-making evident in this first group proved to be something of a pattern for subsequent meetings. At this first meeting however, men tended to speak more frequently than women. I discovered when I rang one of the middle-aged female participants the day following the first meeting, that the 'western style ideas' of the vocal younger man had 'put her right off'. She had not returned to the meeting after lunch. Because her opinion and reaction were expressed by several others, I have summarised my conversation with her regarding the issue of participation. It is possible that interventions of this sort played a part in some people's continued attendance.

I asked this participant if she thought that separate meetings for men and women were advisable, wondering whether women would feel more comfortable making suggestions in an all-female group. She told me this would create divisiveness—that ‘men needed women around for balance, needed women to give them the strength to speak’. She said she felt strongly that ‘rehabilitation’ was about reconnection to the *land* (her emphasis), that it was ‘a spiritual thing’, and that this should be the model’s simple focus. She recommended no telephones at all for example, and felt that:

... rehab is simply where you go to draw strength from the land, to reflect, re-identify yourself, set yourself some short-term goals based on your strengths which will enable you to cope when you go back to town ...

She said she would like to see ‘the office part’ of the ‘dry out’ program established in town, with all of the necessary technology, having only radio at the ‘dry out’ for emergencies. (She felt that this minimum of communication equipment was essential due to potential serious cultural repercussions should someone die at a ‘dry out’ which had no access to emergency help).

I attempted to explain that the purpose of the first few meetings was to record *all* ideas, and that decisions were unlikely to be made until later in the model-building process. I encouraged her to return for the following month’s meeting and to put forward her ideas. I told her that at least three other people at the first meeting had privately—and publicly during the meeting—expressed their preference for a simple model based on reconnection to the land. I reiterated the meeting plan which I had proposed to the group, saying that the time commitment should be small with perhaps one meeting every two to three months. She said she would come to the following meeting and ‘see how it went’. She did in fact attend seven of the thirteen meetings over a period spanning two years.

As the ‘planning group’ process continued, women’s participation increased to the point where there was no evident gender difference in the process of proposing and debating general issues—although men remained dominant in decision-making regarding specific ‘cultural’ issues (as discussed later). Overall, women attended in smaller numbers than the men, with a total of 48 (58%) men and 34 women attending overall. On several occasions other than that mentioned above, I asked women privately and in groups if they would prefer to meet separately from the men. On all occasions they unanimously stated a preference for joint meetings. Many spoke confidently and often during focus groups. The reason for their lower attendance may have been that this sort of decision making was seen to be more men’s than women’s ‘business’. At the eighth focus group for example, the

advertised purpose of which was to respond to questions put by potential 'dry out' program funding bodies, attendance was the highest of all meetings. Of the 25 people who attended, 18 were men. Of the 18 elders present at this meeting, 14 were male. Similarly, the eleventh focus group meeting took the form of a video link-up with potential funding bodies in Perth. This meeting records the highest percentage of both male and elder attendees of all meetings, with 73 per cent of participants being men, 80 per cent of these being elders. At eight of the thirteen focus groups, including all of the key decision-making meetings, elders made up at least fifty per cent (and up to eighty per cent) of those attending, with just over two thirds of attending elders being men.

As mentioned, a table listing all of the components suggested during the thirteen 'planning' focus groups, and the frequency with which they were mentioned is lodged with Derby Aboriginal Culture Centre. There was inadequate time during the focus group process to discuss to conclusion every component recommended for the intervention model and certain components would require further discussion and decision-making should the proposed model be funded. However, the vast majority of program components were discussed and finalised over the course of the thirteen model-planning meetings.

Key debates

In my observation (reiterated by Culture Centre staff), differences of opinion which arose during the model-building process appeared to be voiced quite openly both within and between language groups. The following descriptions of the key model-building debates have been presented in some detail in order to fulfil the research objective related to participatory-process documentation. I also want to convey the nuances of the lengthy processes of negotiation and model-building which were an integral part of this process. Following the 'cultural teaching' debate below, I have included a brief discussion of the decision-making process utilised by the 'planning group'.

As with the examples below, focus group decision-making generally progressed through several stages. A specific section of the developing 'dry out' plan (for example: 'Rules') would be selected from the butcher's paper sheets by group agreement, for further discussion. Occasionally the section for discussion was pre-determined by requests for further information from potential funding bodies. The proposals within the chosen section would be read aloud, both for review purposes and for the benefit of those who did not read. Opinions on these proposals would be expressed, benefits and disadvantages debated, and group agreement for their inclusion, exclusion or modification generally reached by the end of the focus

group. Sometimes group opinion remained divided or undecided and the topic would be left for further discussion and consideration at later meetings. As in some of the examples below, certain aspects of the model took months to debate and decide. In one case (described below) a community leader remained opposed throughout the entire model-building process to the groups' general and firm preference for a non-coercive approach to the 'recruitment' and maintenance of 'clients' in the program.

Participation in these debates was generally widespread, with men and women of mixed ages participating consistently. As mentioned, on particular matters such as 'dry out' location or the programming of 'cultural teaching', there appeared to be an unspoken acknowledgment that the men, especially male elders, would play a more prominent role in final decision-making. During several important debates, women moved to sit beside their male relations while these men were speaking. The following examples refer to the most debated of the proposed model components. Other proposals which were reviewed by the focus groups and received more immediate general agreement have been included without comment in the final model presented in Chapter Ten.

Bush college location

Decision-making regarding this issue occupied most of the fourth focus group meeting, many location proposals having been made at previous focus groups. During this fourth meeting one of the Kija elders asked where the bush college was to be. I read through the butcher's paper 'location' suggestions which had been made to that date. A Ngarinyin elder then said that his outstation (Wingingere) was available as an option for the bush college site. The Kija elder then offered his station (Yulumbu) as another potential site. I added both of these to the list, saying that the decision about the site was one which all previous focus groups had declared to be an elders' decision. Several participants in earlier focus groups had gone on to discuss the issue with their elders and had invited them to attend meetings. I asked, to their general agreement, if the nine elders present would like to discuss the options and attempt to make a decision. Each proposal on the list was then discussed, with clear general agreement for all of the following deletions and retained potential sites:

The old leprosarium, Bungarun (located 15 kms from Derby) was rejected for several reasons. It was considered too close to town and had too many negative associations (children having been 'taken away' from their mothers there, with others having been taken away to there). Several elders had confirmed that Bungarun contained sacred sites, and overall the site was deemed to be too

political. A young man at a previous focus group had said there were several competing land claims then registered for the area. A young male community leader had been told by his elders that many Aboriginal people had died and were buried there and that it was therefore not a suitable site for the bush college. Mallard Soak (30 kilometres from Derby along the Gibb River Road) was rejected because of its location on a busy road and its proximity to town. Both of these factors were deemed by participants to make the site unsuitable as 'it would be too easy for people to hitch-hike back into town'. Point Torment (50 kilometres along the coast north of Derby) was rejected for its inadequate supply of bush food and an over-supply of mosquitoes and march flies.

Cattle station proximity was deemed a good idea because of the potential for residents to learn station skills, among other proposed vocational training choices. This preference narrowed the choice of locations to the three remaining options: Mowla Bluff station (south of Derby), and Wingingere outstation and Yulumbu station, both north-east of Derby off the Gibb River Road. General discussion about all three 'cattle station' options followed. During this time, three (but not all) of the male elders associated with the north-east sites disappeared for half an hour while one of the elders from the south-east area was discussing the advantages of the Mowla Bluff location. While he was talking of the female elders (originally from an 'east of Derby' language group but married to one of the northwest advocates) moved to sit beside him. Toward the end of this discussion the three 'north-west' elders returned and individual advantages and disadvantages for each option were discussed.

After some time, when discussion began to falter with no clear preference emerging, I suggested using the whiteboard to set out the key issues which had been raised for each location. There was an ambivalent response to this, possibly because some of those present did not read. It also seemed likely that the decision was difficult for everyone, perhaps partly because the community associated with the chosen site stood to gain significant potential health and infrastructure benefits—and all were under-resourced. I asked if anyone had alternative suggestions for reaching a decision, but none were forthcoming. One of the three potential-site elders said he felt all pros and cons were already known, but the other two said that a table which 'laid things out' might be useful. The third elder acquiesced and I drew the following table on the whiteboard (see Table 21 overleaf), adding new components as they were brought up.

Table 21: Comparison of facilities at three potential sites for the proposed bush college

| MOWLA BLUFF | WINGINGERE | YULUMBU |
|------------------------------------|---|---|
| River | River | River |
| Can get there in the Wet | Waiting for second road to be completed for Wet season crossing | Too many rivers: can't get there in the Wet |
| 3 hours drive to Derby | 2 hours drive to Derby | 8 hours drive to Derby |
| Lots of bush tucker & paintings | Lots of bush tucker & paintings | Lots of bush tucker & paintings |
| Is a working cattle station | Is next to a working cattle station, but has river between station and outstation | Is a working cattle station |
| Has wet weather air strip | Has wet weather air strip | Has wet weather air strip |
| Half hour flight to Derby | 20 minute flight to Derby | 1 ½ hour flight to Derby |
| Has cattle, but no horses | Has cattle and horses | Has cattle and horses |
| No power yet | Has power | Has power |
| Good soil for horticulture | Good soil for horticulture | Good soil for horticulture |
| No sports grounds yet | Winun Ngari are putting in football field & basketball court | Has plans for sports grounds |
| Not a lot of equipment / machinery | Has truck, tractor, plumbing equipment | Has welding, fencing and horse breaking equipment |

After the group had exhausted suggestions for the table several participants, but primarily the elders representing the three potential sites, discussed the options for several minutes longer and declared a decision. A Nyikina elder representing the Mowla Bluff option stated that the lack of horses, and the presence of a weed dangerous to horses at Mowla Bluff was a serious disadvantage for a bush college. He was philosophical about this, appearing to have the best interests of potential 'college' residents in mind. He said that as horse skills were an important part of what people wanted in terms of job-skills training, it seemed essential that the college be located in a horse-friendly environment.

Discussion moved to the Yulumbu option, there being general agreement within the group that the number of impassable Wet Season rivers in to Yulumbu, plus its distance from town in case of emergency, gave the site a serious disadvantage. The Kija elder who had proposed this site was clearly disappointed but again, he stated that the location had to be in the best interests of the residents. This apparent generosity of spirit and commitment to the best interests of potential 'clients' was consistent throughout this debate. There was a little further general discussion, resulting in general agreement that the bush college be located at Wingingere, although three of the male and female elders from the two 'defeated' sites appeared disappointed. The Mowla Bluff elder-representative suggested a motion be put to choose Wingingere as the preferred site. He moved the motion, which was seconded

by the key Kija elder. The focus group ended when the Kija elder's wife stood up, clapped her hands and declared that this had been 'a good meeting!'

In the aftermath of the meeting the Wingingere/Nyarinyin elder and I discovered that legal documentation for Wingingere's land tenure was far from complete and that for that reason an alternative site would need to be found. The issue was occasionally raised during focus group meetings over the following four months, although most 'location' debates focused on the issue of whether or not 'cultural' teaching could take place at a central location out of 'country' (discussed next). Of the two locations (Mowla Bluff and Yulumbu) remaining from the original list of potential sites, the tenth focus group made an easy and final choice for Mowla Bluff. Yulumbu's inaccessibility for most of the wet season made it unfeasible, in the group's opinion, for a program which involved clients and staff coming and going throughout the year. The issue of Mowla Bluff's 'horse weed' problem was later resolved in discussion with Agriculture Western Australia's pastoral staff, who stated that the horses would be unharmed if kept at night in a weed-free paddock.

Teaching 'culture' out of country

From time to time an issue was raised about the feasibility of teaching 'cultural' aspects at a bush college located, for many potential clients, outside the boundaries of their 'country'. Because many aspects of 'culture' are specific to ancestral country, some planning group members questioned the workability of teaching 'culture' elsewhere. These participants advocated the establishment of two separate bush colleges—one on the 'desert [south] side' of the West Kimberley, the other on the 'hills [north] side'. The following summary of discussions took place over the course of several focus groups.

The debate began with a comment by a young community leader following the second focus group meeting. He told me he had been discussing the old leprosarium as a potential bush college site with his work colleagues that morning. Some of them felt that while the leprosarium was an unsuitable site for historical reasons, a reluctance to go to a 'dry out' on *anyone* else's land might always be an issue for some people. Some of his colleagues felt that 'cultural' aspects specifically connected with one's country could not be taught anywhere but on that person's land. Community participants from the study's 'combined community group' sample recommended, during a focus group interview a week or so later, a 'dry out' located far from Derby, recommending Mowla Bluff as a suitable distance from town. They went on to say, however, that 'maybe only people from that side [desert side] will want to go there'. When told that the 'planning group' were considering the location issue at that time, these 'community group' participants suggested the

planning group also consider a second location in the Gibb River Road area to the north of Derby, naming two possible stations (both of these later proving legally untenable). If the 'dry out' were to be in one location only, they felt the best site would be between river and sea 'so people from both types of country can feel at home there'.

Six months later, during the second field-trip, I had a long talk by phone with an elder connected with one of the three proposed 'cattle station' locations then being considered (as described above) by the planning group. He felt there was a potential problem in 'mixing certain tribal groups on the sacred ground of another tribal group'. He maintained that this would be the case anywhere the bush college was built on 'tribal' land, but that 'neutral ground' would be acceptable, such as that designated for new communities by the government in the 1970s. Existing community locations had been earlier ruled out, however, by the planning group because few (if any) were considered to be consistently alcohol-free. He asked me to organise a meeting for a specific date the following month, with elders from a specified 'neutral' community and with anyone else, including the Culture Centre's Executive, interested in the 'dry out' idea. He gave me a contact list and, as agreed, I organised to combine this meeting with the second of two model-planning focus groups to be held that month.

This particular elder was unable to attend the next, earlier-planned focus group meeting, but several of his relatives were present. One of the key items of discussion was the group's review of a four page summary document I had written about the emerging bush college model. I was to attend a meeting of potential bush college funding bodies in Perth later that month and wanted confirmation that my summary adequately represented participants' model-making decisions to that date. Among the changes made to the summary by participants at this focus group were amendments to the wording of 'cultural teaching' items and the beginnings of clarification regarding 'generic' versus country-specific 'cultural' teaching. I had included the phrase 'grandmother law', recorded at an earlier focus group, for a component in which grandmothers would teach young girls about 'strong mothers, strong babies, strong 'culture' including, for example, good ante-natal care. The second point of contention was my use of the word 'ceremony' among proposed 'cultural' components (such as singing and dancing) to be taught at the bush college. The group decided that the wording and inferences related to 'law' and 'ceremony' should be removed because structures were already established for their teaching, this being the business of elders alone. Additionally, because the conduct of 'Law' was so specific to 'country', it would be confusing to use these terms at a 'central', 'out of country' place like a bush college. Elders would teach non-Law

'cultural' aspects (such as certain bush skills, childcare skills, and certain songs and music) at the 'dry out', but Law and 'ceremony' could only be taught, by elders, in country.

At the following focus group later that month, the location question was again discussed, as requested by the elder who had initiated this later meeting. The group reviewed the location decisions made to that date, including Wingingere's withdrawal due to its legal situation, and the remaining choice of Mowla Bluff or Yulumbu. The men initially discussed this issue among themselves, with the younger men talking in language with some of the older men. The elder who had initiated the meeting raised the issue of the need for two 'dry out' places, one on 'each side' of the West Kimberley. One of the younger community leaders wondered if a mobile 'dry out' would be possible, spending perhaps six months on each 'side'. I said that these suggestions had been mentioned by some other community members, and that initially two 'dry outs' had been considered by many to be the ideal solution. This was especially so due to the reservations expressed by some regarding the teaching of 'culture' away from country. However, some problems with this suggestion had been raised. Several key funding bodies had indicated that funding for one, let alone two programs would be difficult to secure. It was *possible* that if a model developed by the planning group was funded and proved successful, a second program *may* be considered for future funding—but that there was no guarantee of funding, even for one program. The initiating elder said, to general agreement, that he thought this was 'fair enough', and that in the meantime the possibility of doing *some* 'cultural' teaching at the bush college and some in people's country might be workable.

In response to the 'mobile dry out' suggestion, I showed participants the group's approved summary of planning group recommendations to that date regarding potential bush college education and training activities. Many of the proposals required machinery and workstations, electrical power, horses and riding gear, and fragile equipment such as sewing machines and computers. It would be difficult and expensive to move such equipment along rough roads and to retain or find and train new staff for a new location. Although a mobile 'dry out' had been mentioned previously, and was an initially appealing idea, it seemed unmanageable in practice. The group discussed the idea further, and reached general agreement that a mobile program would be too difficult to undertake, but that the idea was a good one for projects requiring less infrastructure.

From time to time throughout the foregoing discussions, several of the men continued to talk among themselves, in small language-related groups, about the

location/'cultural teaching' issue. During much of this time the Culture Centre's lawman remained outside on the front verandah, and the Yulumbu community leader (with one of his countrymen) stood out on the back verandah. The seven women present at this meeting sat at one end of the room, mostly separate from each other and saying little, although two sisters sat talking together near the men belonging to their language group. After about ten minutes the meeting's initiating elder said he thought it wasn't essential to decide *then* on the bush college location/'cultural teaching' issue. What was important was that *something* needed to be set up, that it was the legacy of dispossession which had caused this problem, and that it was up to 'the money people' to provide the funds to fix the problem.

As no one contested this point of view, and as there were many other items to discuss with so many elders present, I did not pursue the location/'cultural teaching' issue. There appeared to be general agreement for the present at least, that a 'central' bush college with 'cultural' teaching taught both at the college and 'back in country' was a workable compromise. At the following (ninth) focus group meeting there was further discussion between five elders from four language groups about 'cultural teaching' (including the identification of bush food and medicine) in country other than one's own. All agreed that there was now so much interaction, intermarrying and travel between Derby area language groups that much 'cultural teaching' had become common to all areas and could be done in many places. Two elders claimed that, as far as bush food, medicine and artefact making were concerned, elders accompanying clients to the bush college could quickly learn which trees were best for making artefacts, and that many of the same plants were found throughout the Kimberley. They maintained that 'the elders would all work together and help each other out anyway'.

To my knowledge, although several people had queried the workability of a 'centrally' located intervention program, only the one person mentioned earlier had specifically expressed unease over the issue of different tribes being present on 'the sacred ground' of another. This man was a powerful community leader, and his conviction on this issue has resulted, at the time of writing in 2001, in further developments following the end of study fieldwork (discussed in Chapter Eleven). Another elder had noted that bush college staff and residents from other areas of 'country' would need to be well informed about avoiding sacred areas which were within proximity of the bush college, but that once this information was available and made known it should be sufficient to prevent any problem. As mentioned, some participants did comment that people would feel 'more at home' in their own country. These comments may have related to the issue of 'sacred ground' as well

as that of home-familiarity but most people seemed to believe that the means could be found to overcome potential problems.

In the minds of a small minority of 'planning group' members however, the 'location' issue appeared unresolved at the conclusion of the research process. These few people continued to feel that 'culture' could only be properly taught in country, although some were more amenable than others to the compromise combination of 'generic' and 'in country' teaching. Overall, there appeared to be a general preference for a bush college on each 'side' of the West Kimberley. In a situation reminiscent of issues explored in Chapters Two and Eleven with regard to differences in power, ideology and economic prioritisation between indigenous planning groups and funding bureaucracies, two separate bush colleges would—in the absence of funding agency restrictions—have been the participants' model-ideal. Given agency feedback however, most people appeared prepared to compromise their ideal for the chance to establish an 'Aboriginal style' intervention program *somewhere* in the West Kimberley—and to find ways of organising 'cultural teaching' so that this could occur. Without trialling both versions of the model, it would be impossible to gauge whether or not such a compromise would threaten the program's success—but as shown in this chapter, it was the issue of shared use of 'country' which caused the most prolonged and obvious planning dilemmas for participants. With regard to the cultural teaching issue, the 'planning group' eventually decided that 'generic' cultural aspects would be taught at a central location, with certain aspects of 'cultural' teaching remaining specific to country. In order to carry out this particular teaching, the elders who accompanied young people through their bush college stay would, where appropriate, return with them to 'country'.

The process of debate which took place over this complex issue presents a view in 'slow motion' of the group decision-making model initiated and followed—over varying periods of time—by participants throughout their model-building process. Given the iterative, grounded theory and participatory action nature of this research, I did not consciously introduce any formal theoretical decision-making model to the group process. Participant-generated approaches, along with those of group discussion, are recommended for qualitative research among indigenous people (Walsh & Mitchell 2002; Reason & Bradbury 2001; Donovan & Spark 1997; Freire 1985) and I was keen to observe these processes. Key participants decided initial process issues and members of early focus groups were invited to suggest process methods. These would be adopted by the group—as were model-building proposals—when they met with general agreement from 'planning group' members. As a facilitator, I did offer certain process suggestions (such as a process timeline

and open-ended proposal-making). Apart from my personal sense that selecting final components from a pool of widely canvassed proposals was intuitively logical, the gestalt psychology concept of working with 'foreground' thoughts and feelings from a background 'pool' of awareness (Perls, Hefferline & Goodman 1973; Latner 1973) may have subconsciously provided a theoretical underpinning to this process suggestion—which was in fact adopted by the group.

The actual decision-making process followed a pattern whereby suggestions on a particular model-component (nominated by a participant) would be made. If others in the group responded to the suggestion discussion would ensue—and occasionally the suggestion would be adopted immediately if met with strong and unanimous group approval. Generally however, alternative or opposing views would be voiced, apparently freely, and lively discussion would follow. As above, final decisions generally took several meetings to reach, with the topic being re-visited and further debate ensuing over intervening meetings. During this process proponents of each 'side' would debate their position with the result that some proposals would be dropped (as with the random drug testing debate) because their proponents became convinced by an opposing point of view. Alternatively, a compromise would be reached whereby certain elements of each view were combined in a way which attained the agreement of the group. Consensus decision-making of this sort was surprisingly common—as found elsewhere in remote area indigenous community action projects (Tregenza 2002).

Rarely however, as documented in this section, full consensus was not reached. It is interesting to note that in almost all of these cases the number of people unable to find a compromise with which they were comfortable was very small and the same powerful community leader the spokesperson in each case. While known for his resistance to the influence of government/funding body requirements, this leader also has a proven track record in community project-building—albeit often with strong, influential, non-Aboriginal support. It could be a critically important exercise—should funding ever be granted for both his uncompromised, more 'traditional' perception of an outstation intervention model and the more bi-cultural version of the 'planning group' majority—to document how both models fare in practice. Among bush college 'planning group' members, where full consensus was not reached over a model proposal, a final group decision would be made when clear majority support for a particular proposal became evident—as with the 'cultural teaching' schedule debate described below.

The scheduling of 'cultural' teaching

At a meeting with potential bush college funding bodies in Perth in 1998, some of the funding representatives present had asked for more information about the elder's proposed teaching roster and the organisation of the 'cultural' teaching component. These enquiries provoked a range of responses from 'planning group' members, including indignation and exasperation over the number and intrusiveness of questions put by funding agencies. Many participants were angry about funding body insistence that answers to 'cultural' questions be written. This was partly due to what participants perceived to be the cultural inappropriateness of recording 'cultural business' (much of which was considered secret). Their anger may also have been due in part to this 'western' literary imposition on people from a verbal tradition. Many participating elders were not literate. In addition, as the project facilitator and identified funding submission writer, I was the liaison between funding agencies and the Aboriginal men being asked to provide these 'cultural' answers. This was most probably considered culturally inappropriate because of my gender and non-Aboriginality.

The list of questions also raised suspicion over the funding bodies' motives for wanting what was initially perceived by participants to be secret cultural information. A final insult appeared to be the funding bodies' need for 'proof' of the elders' commitment to both the proposed 'cultural teaching' roster (discussed in the following section) and its delivery. They asked if elders were genuinely able to commit to bringing young people to the bush college and to staying with them for 'cultural teaching'. They wanted to know how this was to be organised, given elders' many competing commitments. Attempts to come to terms with these questions and clarify participants' responses took place over several meetings as below.

At the eighth focus group meeting, I told the group about my conversations regarding the developing bush college model with funding bodies in Perth—and of their subsequent questions. One of the elders asked why the funding bodies couldn't come to Derby and speak directly with the elders. I said that before spending the money to fly to Derby, the funding people wanted to gain a clear picture of the bush college proposal. They wanted to be convinced that the project was worth investigating further, hence their questions about its proposed operation. Several of the elders nodded agreement to this explanation and we returned to questions regarding the scheduling of the proposed 'cultural teaching' and elders' roster components.

General discussion took place among the participants, with two of the elders translating for some of the older ones. After about ten minutes of discussion the

men got up and moved outside under the bough shelter where they remained talking for the next hour [Plate 4]. The women remained inside talking about other issues with the Culture Centre coordinator and myself.



Plate 3: Female participants at the eighth planning focus group wait inside during the men's meeting.



Plate 4: Male participants at the eighth planning focus group meet outside to discuss their response to funding body 'cultural teaching' questions.

The men's meeting finished as lunch arrived. When the group reconvened as a whole, I asked the initiating elder if he was willing to tell the group of any outcomes from the men's meeting. He spoke for several minutes about the effect of European contact on the lives of Aboriginal people, including the destruction caused by alcohol and the introduction of the basic wage. He said that these practices had caused Aboriginal people to move from their country into Derby and that this had 'put them into the trench they were in'. He said this was not an Aboriginal problem, but a government one, and that the government had a responsibility to fix it. During a pause when he finished speaking, I asked if anyone had anything to add. When no-one else spoke, I said I agreed with much of what this elder had said—and that that in this particular case the government *may* be willing to help 'fix it'. I said that before the government funding bodies made that decision they wanted more information about the bush college project, and that was why they were asking questions about location and 'cultural teaching'.

A couple of people asked again why funding bodies would not come and speak with them directly 'instead of writing everything down'. I attempted to answer by way of analogy, saying that the funding bodies had, for example, five buckets of money but had received one hundred applications for funding. Somehow they had to decide which projects to fund. As they did not have enough staff or money to travel and talk with each of the one hundred planning groups, they instead asked each group to send them a *very* clear plan of each project. Such plans would have to include information such as who was going to work on the project, how these people were going to organise their work, and what sort of activities would happen on the project each day. *If* the funding bodies were impressed by the description of the project, they might then visit the project's planning group and talk with them directly. I told the participants that one funding group had offered to come to Derby, but had since changed its plan and was now asking for more information. One of the elders asked if 'a really strong letter' from the elders, asking the funding bodies to visit Derby at that point, would help their case. I said we could try that approach, but that it was likely that many of the 'hundred' groups who had applied for money would have elders involved in their projects, and again, the funding bodies could not afford to travel and talk to all groups.

The meeting's initiating elder then asked me to read out the funding body questions again. Following this he moved his chair to the front of the group, asking me to go through the questions one by one and saying that the group could try to answer them. As we worked through the questions however, it was this elder who appeared to act as the spokesperson and was the only participant who attempted to directly

answer the questions. (I was told the next day, by another elder, that the spokesperson-elder had found this situation very difficult, wishing that his countrymen had spoken up and supported him more than they did.) Very occasionally other elders would talk among themselves (I could not hear their conversations) and one would make a suggestion to me which I would then put to the whole group. Generally it would be the initiating elder who gave consent to, or dismissed, these suggestions. Of the eighteen questions on the funding bodies' list, five were tentatively answered, all in this fashion, with the rostering/teaching questions being among those incompletely answered. This rather one-sided situation was remedied at the following meeting, but it was clear that the process of answering questions at this meeting was unsatisfactory and difficult for all involved.

One of the last issues discussed in the focus group that day concerned funding body questions regarding ways in which the elders' could evaluate the success of their teaching. At this point the elders' frustration with these questions, at such variance with 'cultural' decision-making processes, became most evident. The initiating elder put on his hat and walked out at this point, saying he could not answer these sorts of questions. His wife and some of the other members of his language group followed him. I did not realise for some time that they would not be returning. One of the younger community leaders asked again at this point why the funding bodies couldn't simply come to Derby and *talk* with them all. Another young community leader from a different language group said:

It seemed that whiteman has taken everything from Aboriginal people except cultural knowledge, and now they want to find out about it [cultural knowledge] too, and to write it all down—that whiteman may as well just publish it on the internet ...
(Excerpt from fieldnotes Nichols 1998)

I attempted to explain again that funding bodies did not want to know details about 'secret cultural business', rather that they wanted details about *how* cultural teaching would be organised. They wanted to see a 'clear plan' as proof that the elders had thought through both the process of the bush college's 'cultural teaching' stage and the means by which they could show funding bodies that this teaching had made a difference. I said again that the funding bodies had limited money and wanted to be sure, before they considered giving any money to the project, that the bush college teaching plan had been thought right through. I said that questions about program plans and about how programs would make a difference were standard questions for all organisations seeking funding. I asked the Culture Centre coordinator if this was the case with the Culture Centre. She agreed that they had had to answer certain questions about what the Culture Centre did, and that none of these questions concerned information about 'cultural

secrets'. She and I both acknowledged that this manner of questioning was culturally inappropriate for many Aboriginal groups. I said that the number of questions being asked by funding bodies of planning groups these days had increased. They were wanting more and more 'proof' that applicants had thought through their plans as clearly as possible.

It was clear that many people felt uncomfortable with the process of the meeting. By this stage it was mid-afternoon and no-one seemed clear about the best way to proceed with this 'cultural impasse'. Before finishing for the day, I asked (lamely) if anyone had suggestions about how the bush college could show the effectiveness of 'cultural teaching' to the funding bodies. One of the young community leaders suggested that client photographs be taken and 'reports' written and I added these recommendations to the butchers' paper lists. As no other suggestions were made, and as the day's process had been so difficult and appeared to have been so disheartening for most people present, we agreed to end the meeting at that point.

In discussion with Culture Centre staff and others after the meeting it was agreed that the presence of so many elders had been positive, but that it was disappointing for everyone that the meeting's content had been so difficult and frustrating. I felt that I had not been able to allay the groups' fears regarding intrusions into 'cultural' knowledge and that there were major difficulties marrying 'western' demands with 'Aboriginal' processes. The staff agreed, saying they would attempt to talk with people who had attended the meeting and try to explain the funding body requirements. Later, others said that the initiating elder's resentment of the questioning of 'whitefella' organisations was well known, but that it was 'just a fact of life that if you wanted the money you had to answer the questions'.

When I sent out the 'minutes' of the meeting I included a note reiterating that 'the money people' did not want to know details about 'culture' and that this knowledge would *stay* with the elders. I added that TAFE and Skillshare, who would be teaching the job-skills part of the 'dry out' program, had to answer the 'money people's' questions too. I noted that it was easier for them because they already had a teaching schedule and staff and that 'the money people already knew how they worked because they came from the same *kartija* [whitefella] culture'. The elders, I wrote, would need to educate the money people about the way elders could plan their teaching, just as TAFE and Skillshare had to show how they would plan their part.

The purpose of the ninth focus group meeting a month later was to again attempt to answer funding body questions. Neither the elder who had initiated (and left) the

previous meeting nor his immediate family were present, although other members of his language group and extended family attended. I acknowledged that the funding body process of question and answer was not 'Aboriginal way' and that people at the last meeting had found the process difficult and frustrating. I stressed however that if the funding sought by the project's initiating elders were to be achieved, the questions would need to be answered. The funding bodies would need to be convinced that the bush college plan was both thorough and workable. One of the elders (also present at the previous meeting) said that 'we should just do it, get it finished, and send the plan'. He said that if later changes needed to be made, this could be done by the elders once the bush college was established. There was general agreement among participants for this approach. As one means to facilitate the process for answering funding body questions regarding day-to-day teaching plans, I had written the days of the week along the top of the whiteboard. I pointed this out to the group, but one of the elders thought it more important to start with the elders' roster question, and we began there.

Elders' roster

The original suggestion for the formation of an elders' 'cultural teaching' roster had been made by one of the elders present at the first focus group planning meeting. Another elder, a key participant in the model-building process, referred to the idea in conversation several times over the next few months. At this ninth focus group meeting he offered his services as a liaison person/coordinator between the proposed bush college and all of the regional elders participating in the teaching roster. He suggested that different elders from different parts of country 'take turns to go to the bush college and teach cultural side things to the young ones'. Some elders at previous meetings had suggested a roster be drawn up identifying which language group elders would go out to the dry out to teach at which times. There was general agreement for all of these suggestions.

As 'the money people' had asked for further details of how this roster would operate, I asked the elder who had offered to coordinate the process for his ideas. He suggested that elders from one language group could go out for a week at a time, with another language group then taking over. I raised a query which had come up from time to time at other meetings about the teaching of language and of how this would work within a roster system. There was some uncertainty over this, until two middle-aged community leaders referred to a previous recommendation for elders to bring, and stay with, their own young people at the bush college. As a result, language teaching and other 'cultural teaching' would occur concurrently.

I asked the group for their preferences regarding a roster which separated and staggered elders and language groups, or one in which a variety of language groups and elders were present concurrently. Four elders from four different language groups immediately advocated the latter, followed by general agreement for this from the others. An elder and a community leader from two different language groups added that apart from 'cultural' teaching, people tended not to listen to the counselling and teaching of their own extended family, and that it would be preferable to have a choice of elders present for substance use teaching/counselling. One of the female community leaders pointed out that this had also been mentioned at previous focus group sessions.

After further discussion regarding length of stay at the bush college, general agreement was given to an elder's suggestion that a year be recommended, and that the elders 'would see how things worked out in practice'. In response to funding body questions regarding 'proof' of elders' commitment to the teaching process, and of their ability to juggle other responsibilities, the elders present said simply that 'cultural teaching' was their 'main responsibility' and priority.

Finalising the 'cultural teaching' schedule

We moved again to the question of how 'cultural' teaching could be organised. The group's process of responding to this question was a fascinating exercise. Much to my surprise, and in striking contrast with the previous month's attempt, the process was lively and productive. A degree of initial resistance was still evident in expressions of resentment about the consistent enforcement of 'whiteman' ways on Aboriginal people and 'whitefellas' apparent lack of willingness to do things in 'Aboriginal way'. However, once the process of discussing potential daily teaching activities was underway, participants became enthusiastic about the selection and allocation of 'cultural' teaching topics for each day of the week. There was much debate and discussion about which aspects to assign to which day of the program. Most people present joined in the discussion, with the men perhaps slightly more vocal than the women. In general however, the process was a group effort carried out with much enthusiasm and apparent enjoyment. The 'cultural' aspects eventually selected appeared to reflect equally both men's and women's issues. Participants' interest in the process extended to a spontaneous review of the completed timetable (presented in Chapter Ten), in which they made changes intended to produce a more logical progression through the various stages of these 'cultural teaching' components.

This time-tabling was initially undertaken, as requested by funding bodies, for the scheduling of 'cultural' teaching. Once this had been completed however, three

elders from different language groups suggested that vocational training also be scheduled into the timetable for the first three afternoons of each week. I asked the group as a whole for their opinions on this suggestion for mixing 'cultural' and vocational teaching. I said that some participants in previous groups had suggested two separate teaching stages. Under this plan, 'cultural teaching' would be offered during a client's first few months at the bush college, followed by a vocational training stage. After a short discussion, unanimous agreement was reached that the two teaching forums occur concurrently—and that once the bush college was established the timetable could be altered by the elders, if necessary, to better fit with residents' needs. Some participants noted, for example, that it would be important to ensure residents were not so tired from a morning's hunting that they were unable to concentrate in the afternoon's vocational training sessions. Having completed this schedule, the elders asked me to record on the printed timetable that 'this is all the elders are prepared to say about the cultural side'.

Random drug testing

At the fifth focus group meeting I asked the group for their opinions about a suggestion made by a younger man in one of the first focus groups. He had recommended that people staying at the bush college be spot-checked for alcohol or other drug use and 'thrown out' if found to be using banned substances. Initially, the group was divided in their response to this proposal, with approximately a third in agreement and two-thirds against. Each 'side' contained a mix of gender, age and language groups.

When asked for their reasons, those in favour of the idea said they had heard of random testing at mining camps. Because the purpose of the bush college was for people to learn to live without misusing alcohol, and because residents were supposed to be genuine about this goal, staff needed to be strict about enforcing the 'no grog' rule. Those against the idea said that spot checks were too 'police like'—that the bush college was supposed to be 'a caring place' where people would be encouraged to learn from their mistakes as they went along, not sent away as soon as a mistake was made. When I asked this group how, if at all, the 'no grog' rule should be observed, participants recommended that the resident simply be asked if they had any alcohol or other drugs with them. These participants maintained that the client would feel so guilty, if in possession of 'banned' substances, that they would be unlikely to use them again.

I asked the group as a whole what they thought of these two differing ideas. People discussed their general preference for a caring as opposed to 'police-like' environment, but also the importance of maintaining a drug-free environment. The

discussion resulted in a unanimous decision that anyone admitting on questioning to using alcohol/other drugs would be asked to present the substance, and together with a staff member pour away, burn or otherwise destroy it. Staff would then talk with the person about the program's rules, about the person's goals for their stay, and about their degree of commitment to gaining control of their drug use. The incident would be a learning process for the resident. After further discussion group members decided that all residents would receive one warning, but would be told to leave should they be found using drugs a second time. The person could request another stay at a later date, but would first be assessed by town staff to determine the genuineness of their commitment to the 'no drug' rule.

This preference for a minimally coercive approach was characteristic of the focus groups' final decisions. One elder in particular, however, remained convinced that a coercive, disciplinary approach was the best way to manage young current or at-risk drug users. His consistent adherence to this approach is discussed below.

Program style

As mentioned previously, in the early stages of the focus groups a clear 'western institutional' influence was evident in some of the suggestions made for the bush college. In contrast with participants' general preference for a non-institutional, family oriented environment were the views of the unrelated young man and young woman mentioned previously, their suggestions being particularly prominent during the early group meetings. Both participants were in their thirties and both had spent substantial periods of their childhood in institutions. Both were well educated and working full-time, and both had been heavy drinkers in the past, one having spent several months as an adult in a funded alcohol rehabilitation program. Early in the model planning process these two people separately proposed program components described by others in the groups as being overly 'western', 'whitefella way' or 'strict'. Examples of this included recommendations for high-technology program infrastructure, a focus on inter-agency networking and collaboration, random drug testing, the teaching of western 'domestic science' principles, strict program scheduling (such as 'lights out' at 10 pm), and strict operational rules. Neither of these people continued their attendance for many meetings. In their absence, and despite the continuing participation of participants of similar age and community status, the planning focus groups tended in general to suggest and select components with a less obvious 'western' influence.

Following the departure of these two people however, several of their 'western' recommendations (such as job skills training, substance use education and some life-skills training suggestions) were retained and reiterated by subsequent focus

groups and incorporated into the final model. Other of their suggestions were modified to a less institutional form. 'Lights out at 10 pm', for example, was modified to a final recommendation that residents be encouraged to go to bed when the generator was turned off, with the explanation that a good sleep would help them get up early and join in all activities the following day. People could choose to stay up later, however, provided this did not result in late starts. Should it do so, staff would talk with residents about their reasons for coming to the program, remind them of their participation 'contract', and encourage them to get to bed earlier. Overall, principles of simplicity, minimal coercion, support and variety appeared to be unspoken but widely held among planning group participants—and were often recalled by participants when discussion stalled.

One issue which remained unresolved for one of the elder/community leaders was the groups' decision about the non-custodial, non-disciplinary nature of the bush college program. At the first planning group meeting, participants unanimously advocated that 'no-one be forced to go there, and no-one be forced to stay there'. Their early proposals for 'program style' included phrases such as 'an open place'; 'no buildings, just a bush camp'; 'no pressure, just a place to go and be'. When these participants were asked for their opinions on court referrals, their recommendations were to take only those people who *wanted to go* to 'dry out', and only after their motivation to reduce their substance misuse had been assessed by the program's town staff rather than by the court. At the third focus group meeting, during a session of review and decision-making on suggestions made to that date, the 'no force' recommendation was adopted as policy. This decision included court referrals. Magistrates would be told that bush college staff were not prison officers, and that it was not their role to force people to stay at the program. At the tenth focus group meeting, consensus for a policy of 'no force' and no 'prison-officer staff' was again expressed. This sentiment formed one of the key elements in the intervention model.

At the eighth focus group meeting however, one of several funding body questions referred to the process by which elders were to take young people to the 'dry out'. The meeting's initiating elder, who had not been at any previous planning groups (although several members of his immediate family had been), responded by saying: 'they won't have any choice—if a Lawman says a person has to go there, then that person has to go'. As mentioned above, few decisions were made at the eighth meeting due to the group's general exasperation with funding body queries, and this particular elder found himself, against his wishes, as one of few people responding to funding body questions. His preference for a coercive approach was

not voiced by other participants at previous or subsequent focus groups, but it is an opinion he has continued to hold.

He reiterated this opinion when he next attended a focus group, the final (thirteenth) group over a year later. At this meeting he described his vision of a program to which young offenders would be sent by the courts, and to which young at-risk people would be taken (involuntarily if necessary) by elders. It would be a disciplinary model, overseen by elders. At the time of writing during 2002, this elder (who had also previously proposed separate 'desert side' and 'hills side' bush college programs) is in the process of negotiating with funding bodies. He proposes to establish a variation of the bush college model on 'his side' country, catering specifically to the communities in that area, and with a youth-focused, disciplinary-model mandate. He has requested the use of several bush college planning documents, wanting to incorporate some but not all recommendations.

Young people's proposals

From the time of the first model-building focus group, 'planning group' members had stressed their interest in focusing substance misuse prevention and intervention attempts on young people. Among the program-content proposals made at the first meeting, the first four recommendations concerned family and peer involvement. 'Family and friends' would be 'encouraged to go [to the dry out] too'; mothers would be 'encouraged to take their kids out there'; and the program would aim to 'get kids at early stage, when just *starting* to drop out of school, just *starting* to take alcohol/drugs' [original emphasis].

Given this early focus on family and youth, I was keen to gather the views of young people regarding the type of interventions they would recommend. Despite our best efforts, only 17 per cent of 'planning group' participants aged over 13 years were less than 30 years old, in comparison with 48 per cent of the regional population and 39 per cent of the 'combined community group' participants. The responses given by young people in the study's 'combined community group' suggest that the lower participation of young people at 'planning group' meetings was not due to a lack of youth enthusiasm for the model. The young 'combined community group' participants' recommendations both reflected many of those given by older participants, and endorsed the model's 'cultural' and vocational foundations. One possible explanation for the lower attendance of youth at planning group meetings may have been a reluctance to join both a lengthy meeting process and one which was dominated by adults.

Of specific recommendations made *only* by those under thirty, sporting, recreational and specific vocational components were the most prominent. At the last (13th) planning focus group I presented recommendations which had recently been proposed in interview by teenage students. Three people under the age of thirty (and five under the age of forty) were among the 14 participants at this last meeting. The teenagers' recommendations had included motorbikes, guitars, recording equipment, a pool table, Nintendo games, basketball, a video camera and a boat. I asked the group for their response to the inclusion of these suggestions in the proposed bush college plan. Two women, one a middle-aged community leader and the other an elder, said that some of this equipment could be used to teach things to young people. However the majority of those at the meeting, including all of the young people present, said that the bush college should be kept as 'a cultural place' and 'a bush style place'. These participants saw the bush college as an environment in which young people would spend their time learning about 'cultural' things, horse riding, and sitting around the fire at night. In general they saw the teenagers' suggestions as being likely to result in young people 'becoming lost in computer games and videos', or 'escaping' and 'getting hurt on motorbikes'. An added disadvantage, they said, could be that the bush college would be held responsible for motorbike accidents. The issue of youth involvement in the proposed program is discussed further in Chapter Eleven.

Overall, the planning group's decision-making process progressed surprisingly smoothly. Although there were exceptions, it appeared that the general ease of consensus was due to most participants holding similar 'bottom line' views about the overall style of the program. As stated, participants generally favoured a program of little coercion; much family and staff support; a varied 'cultural', educational and recreational program; simple infrastructure and a bush setting.

Summary

The model-building process began in September 1997 and largely finished, after twelve core focus group planning meetings, in November 1998. A final focus group was held a year later to determine participants' response to a government agency offer to fund project officer positions to 'kick start' the resulting model. A total of 82 people, 58 per cent of whom were men, attended these planning focus groups—many at their own instigation. A core group of twenty people attended between four and ten meetings throughout the fourteen-month core period, others attending more intermittently.

Focus group meetings generally followed a process of model-component proposal, discussion, debate and eventual group decision-making. Proposals and decisions

were recorded as they were made and summaries sent to all participants following each meeting. Several model-component issues were keenly debated and took several meetings, over several months, to determine. Most participants deemed elders' involvement in the process to be essential for supervising the cultural integrity of model-building proposals and for final decision-making when specific issues were under consideration.

Most of the final decisions regarding components for the model were reached without major contention. The issues of location-specific cultural teaching and custodial versus voluntary program participation remained unresolved for a small number of participants. (One of these participants has pursued his modified, 'country'-specific, disciplinary model, intervention-program vision with funding bodies since the completion of fieldwork for this project). The requirements of potential funding bodies for detailed information on the organisation of 'cultural' teaching components provoked anger, anxiety and frustration among many participants. This experience, and a key debate over shared versus linguistically-affiliated use of 'country' for the bush college (discussed further in Chapter Eleven), highlights some of the ideological clashes inherent in project work within a cross-cultural context. In general, participants demonstrated an impressive ability to find ways of working within the restrictions of both funding and 'cultural' guidelines. The intervention components selected during the planning group process have many similarities with those identified by the 'combined community group' participants discussed in Chapter Eight. These comparisons, and the final 'planning group' model, are discussed further in the following two chapters.

10. AN ABORIGINAL MODEL FOR ALCOHOL MISUSE PREVENTION AND INTERVENTION

In this chapter the alcohol misuse prevention and intervention model identified by 'planning group' participants is described. The model was the culmination of a lengthy process of recommendation, discussion, debate and final selection of intervention components over a core fourteen-month and full two-year fieldwork period. The final model was developed by 'planning group' participants from recommendations proposed by 'planning group' members, 'combined community group' participants, indigenous alcohol misuse program staff and research literature.

The intervention model presented in this chapter is a collation of the intervention recommendations either finally selected by the 'planning group' or given their strong general support. As the recommendation-selection process progressed, incremental summaries were made of the evolving model. These were sent to all 'planning group' members following each focus group meeting and their verification and/or correction sought during discussion at subsequent meetings. As referred to in the ethical agreement established with Derby Aboriginal Culture Centre and described in Chapter Three, ongoing discussions with potential funding agencies were held during the model-building phase. These discussions necessitated additional 'planning group' review of meeting summaries. In order to describe the substance of the planning group's model, I have collated the components from these approved summaries, with occasional inclusions from my fieldnotes.

The model is based on the prevention and reduction of alcohol (and other drug) related harm through a comprehensive, cause-focused 'bush college' program incorporating cultural, self-determination and follow-up components. The program would be run over six to twelve months, staffed by permanent on-site Aboriginal staff and by elders accompanying younger members to the program. Trainers from TAFE and Skillshare would live on site for several days each week during vocational training courses. Detailed operational guidelines were identified for the program and include assessment and access procedures, program rules, staff selection criteria, program follow-up and evaluation, management, and a capital and operational budget. An overview of these aspects of the model is presented, followed by a description of the core program. Further details of some aspects of the proposed model's operation are presented in Appendix Two.

Key program features

The proposed 'Derby Aboriginal alcohol-free bush college' would be established some distance from Derby, yet adequately close to emergency assistance if needed. As discussed in Chapter Nine, despite a preference for an intervention program on both 'sides' of the West Kimberly, 'planning group' members compromised for funding purposes on one 'central' location, proposing that elders and bush college residents would return to 'country' for certain aspects of the college's 'cultural teaching' program. Post-fieldwork developments suggest that two separate 'hills side' and 'desert side' programs may in fact be pursued after all, but for the purposes of this chapter the 'planning group's 'centrally located' model is described.

'Planning group' members identified the preferred 'bush college' location to be the Aboriginal-owned Mowla Bluff cattle station, four hours drive from Derby on a reasonable, all-seasons access road with station airstrip. The station is in remote country with locally significant paintings, and ample bush food and bush medicine supplies. In addition to its cattle station and bush-country advantages, participants contended that its distance from Derby, alcohol outlets and busy roads would discourage residents from walking to town. The land is under pastoral lease to the Mowla Bluff (Bulanjarr) Aboriginal Corporation who, along with the traditional owners of the area, have given their written consent for a lease-period excision of part of this land for the use of the proposed 'bush college' program.

The 'bush college' would offer a welcoming, family-inclusive, largely 'informal' atmosphere and program. The placement of the simply designed buildings would incorporate plenty of open space, with many shady outdoor areas set aside for sitting, outdoor training and meetings. The program would be non-custodial, with some of the earliest confirmed planning-meeting recommendations being that 'no-one is forced to go there, and no-one is forced to stay there'. Magistrates likely to refer offenders to the bush college would be warned that 'staff are not prison officers' and that 'it's not up to staff to force anyone to stay at the college'. Residents' daily programs and activities would be largely self-selected, although certain compulsory components, such as the 'code of conduct', are described below.

The program would focus on young people and primary intervention, although people of all ages and stages of substance misuse would be eligible. At-risk youth, accompanied by families, peers and elders would be encouraged to come to the bush college well before substance misuse became established. The aim of the program would be to address the perceived causes of excessive drinking rather than

its symptoms. The prevention and reduction of alcohol related harm was seen to be a consequence of this approach.

Many of the selected program components appeared to be based on participants' perception that alcohol-related harm was most likely to be prevented and reduced through a comprehensive approach. This multi-component approach would include the strengthening and maintenance of Aboriginal identity, 'cultural' knowledge and belonging; self-determination skills; and a sense of hope for the future sustained by a range of post-program supports. A program operated and managed largely by Aboriginal people was seen by participants as a self-determination example for bush college residents.

... what I like to see is an Aboriginal person standing behind that thing. Being the first person to talk about it. It give them (the residents) the chance to get somewhere. They know they are going to a place where Aboriginal person is standing ... I like to see staff there being Aboriginal ... I want traditional Aboriginal person who is educated ... not just a non-Aboriginal what we seen for years ... [Man, 38 years]

The program components selected by participants relate to past, present and future issues, including the strengthening of aspects disrupted by dispossession. The program's foundation in a 'cultural' context, including the strengthening of bonds with family, land and 'cultural' knowledge, was seen as a means to healing some of this legacy. In concert with vocational and other life-skills, the aim of program components was to 'take the best from both [Aboriginal and non-Aboriginal] cultures'. Aboriginal staff would be recruited using selection criteria defined by the planning group. These criteria focus on proven 'cultural', personal and professional skills and qualities. Ongoing staff training would be a provision and requirement of the job, with funding for this having been budgeted operationally.

Climate sensible, low maintenance designs would be used for all program infrastructure. Power needs would be supplied by a hybrid solar power system. Accommodation units would be simply built with wide verandahs and few internal walls (see Plate 5 for photographs of a proposed style for accommodation units). A range of accommodation units, including those for couples and families/elders, would be available for residents, with separate staff and vocational trainer accommodation. Simple infrastructure was chosen—both because the 'planning group' wished to maintain a bush atmosphere as much as possible, and to facilitate the on-site building and maintenance of facilities by staff and residents. One air-conditioned, multi-purpose, dust-free building was included in the model however, the 'planning group' deciding that this was needed for 'paperwork' and fine machinery work. The building would also house the program's office, classes in office and computer skills, sewing skills, School of the Air, and weekly substance-use discussion sessions.

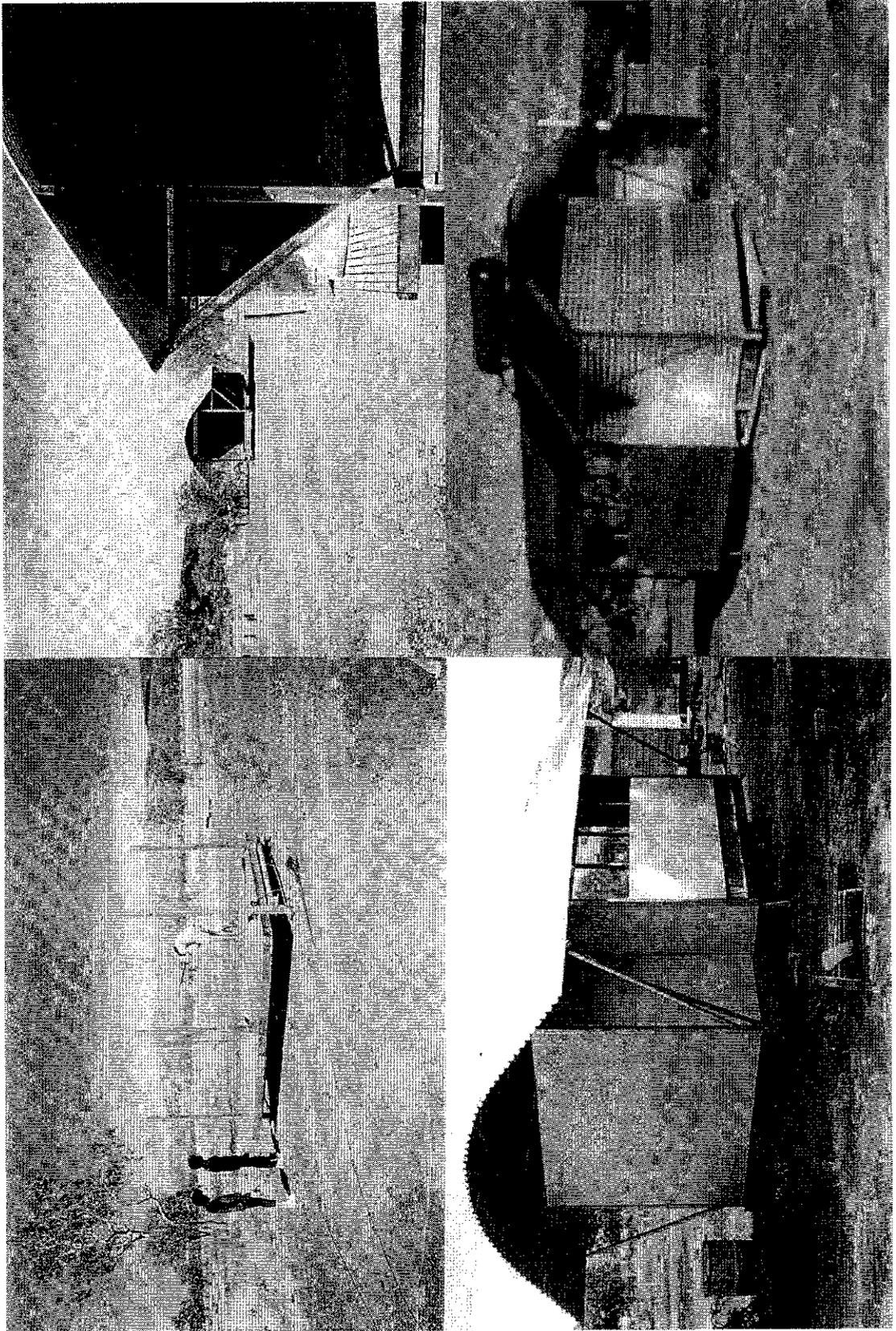


Plate 1: A proposed style for Bush College accomodation and ablution units
(photographs taken at Purnululu community, supplied by Michael Ipkendanz)

School of the Air would run for several hours a day for the children of staff and residents and for interested school-aged 'clients'. These sessions would be coordinated by a bush college staff member. Medical and allied health input to the program would be provided through the admission screening, on-site clinics and follow-up services offered in writing by local agencies. In Derby these services would be provided by both doctors and healthworkers, and at the bush college by visiting medical clinic staff and those bush college staff with healthworker qualifications. Emergency assistance would be provided through radio communication with the hospital and access to the Royal Flying Doctor Service.

Client numbers would be kept to a maximum of sixteen at any one time, with the addition of accompanying family, peers and elders. Residents could stay at the program for up to a year, but would possibly average a four to six month stay. The program would therefore cater to approximately forty 'clients' per year, plus family members. The 'planning group' contended, however, that the impact of the program would be greater than this number suggests, with clients' successes setting an example for peers and benefiting parents, partners, children and home communities.

The bush college program

The proposed core program would comprise the three key components of 'culture', self-determination skills and post-program social and occupational support. The fundamental importance of these three components was identified consistently by all participant 'sample groups' and is mirrored in the recommendations of participants in other studies. Although presented separately for the purpose of describing the program in this chapter, all three components would run concurrently during a person's stay at the college.

Part One: 'Getting strong in body and culture'

New arrivals at the bush college would be encouraged to spend their first week in 'quiet time'—resting, eating regularly and spending time in the open country around the college. Longer-term residents, elders and staff would gradually provide an introduction to the 'cultural' side of the program.

'Cultural teaching' would be delivered 'formally' each weekday morning and informally throughout each day by the resident's language-group elders. These elders would accompany younger language group members to the bush college, staying with them to provide 'cultural teaching' in a drug free environment. Appropriate college staff, some of whom would be 'cultural people' (initiated, 'cultural' teachers), would become involved in this stage where needed. Where

appropriate, elders would take residents back to 'country' for specific parts of cultural teaching.

The following aspects were identified for 'cultural teaching'.

- Bush skills such as hunting, identifying and using bush foods and medicines, wood carving and tool making (for both traditional weapons and musical instruments).
- 'Grandmother teaching' for younger women in the area of maternal and child health. The 'strong mothers, strong babies, strong culture' program (developed with Aboriginal people including senior cultural women from the Top End, partly as a means to improving maternal and child health) was included in 'planning group' recommendations.
- Language teaching.
- Stories related to 'country'.
- Learning about the past 'since Cook' (the beginning of colonisation) and the legacy of dispossession.
- 'Aboriginal style counselling' regarding colonisation, anger, substance misuse, family violence, feelings of hopelessness about the future and other issues, many seen to be related to the legacy of dispossession. Residents would be encouraged to 'talk about it, get it out, let it go, and move on'. 'Counselling' would incorporate Aboriginal 'cultural' methods of care and control, and the role of 'culture' and self-determination as paths to healing. It would take place in an informal way during daily interactions between residents, staff and elders.
- Learning about kinship links and 'skin groups', including Aboriginal name, associations with country, knowledge of ancestors and living relatives.
- Participation in dances, songs and painting, including contemporary 'healing' forms of these.
- Participation in trips back to country and in 'cultural exchange' visits to other communities.

Part Two: 'College'

In addition to the 'cultural' teaching components described above, the model details training in vocational and life-skills, scheduled for weekday afternoons. Accredited trainers, as detailed below, would conduct on-site vocational training on three afternoons per week. Life-skills training would be provided by both Skillshare and appropriate bush college staff on the remaining two weekday afternoons. The majority of the proposed vocational training courses identified by 'planning group' participants focus on practical outdoor skills related to station, building and maintenance trades. The remaining vocational courses would offer skills training in office work, and fabric, horticulture, landcare and tourism trades.

Life-skills training recommendations also had a strongly practical orientation, with training relating as much as possible to everyday situations. Recommendations include the following.

Life-skills training options

- Money management and budgeting, with a focus on practical budgeting. Residents would pay approximately 75 per cent of Social Security or CDEP payment equivalents toward the cost of their bush college stay. Staff would assist residents to calculate fortnightly bush college food and accommodation expenses from this income, including costing the shopping lists submitted by residents for their own cooking.
- Banking and numeracy skills relevant to budgeting, shopping and bill paying.
- Reading skills, with a focus on everyday reading requirements such as shopping, banking, driving license tests, and job applications.
- Writing skills, with the same practical focus as above.
- Driving license accreditation for car, truck and industrial vehicles.
- Health education training in areas such as nutrition and cooking, diabetes, sexually transmitted diseases and personal hygiene. The model calls for some staff with healthworker training, these staff delivering the health education training sessions. Additional teaching assistance would be provided by the Derby Aboriginal and the Community Health Services, both agencies having made written offers to provide weekly health clinic visits to the college.
- House management issues such as home maintenance and rental management, assertiveness with relatives, bill paying, daily house care skills, awareness and management of Homeswest requirements and services.
- Alcohol and other drug use education would be a compulsory weekly component for all residents and their families, delivered by bush college staff and visiting Community Drug Service Team staff. A range of teaching resources including damaged-organ specimens and videos were specifically called for. Group discussion topics would include the physical, family, community and lifestyle effects of misuse; the alcohol content of different beverages; abstinence and controlled use; peer pressure and assertiveness with peers and relatives; alternatives to drinking; and relapse prevention and management. Individual 'counselling' on these matters would be provided informally as residents participated in activities with staff and elders.
- Education in the management of family violence would, along with other 'counselling' issues, generally be delivered through the 'Aboriginal style counselling' approaches described in Part One above. The 'planning group' stated that there are 'cultural' processes in place for managing such issues.

Additional education would be provided by staff skilled in these issues, and possibly by proposed visits from Derby's Aboriginal Family Violence Information and Referral Service. It is anticipated that counselling issues requiring more intensive intervention would be identified by medical and/or assessment staff either prior to or during a person's bush college stay.

- Job applications, both theoretical and actual, would be facilitated by college and visiting Centrelink staff in preparation for Part Three of the program.

Vocational skills training options

Training and training-facilitation agencies such as TAFE (Technical and Further Education); Skillshare; the Department of Employment, Education, Training and Youth Affairs (DEETYA)(now the Department of Education, Science and Training); and the Western Australian Department of Training (WADOT) were approached during the fieldwork phase to gauge their interest in assisting with bush college training proposals. All agencies expressed keen interest in facilitating training on-site at the bush college, including the provision of teachers, funding for elder and other teachers, and Training Organisation Registration. The local TAFE and Skillshare offices have made written commitments to the provision of on-site teaching for three days per week during training courses. They would conduct courses on a time frame designed to meet the learning requirements of college residents, with the college required to provide trainer transport and accommodation.

Vocational skills training options would include the following.

- Station and community construction and maintenance skills for water bore, water pump, windmill, fencing, gate, road and generator infrastructure.
- Traineeships in station skills, including horse and stock care and management.
- Building and building maintenance skills.
- Trade and home maintenance skills in mechanical, plumbing, electrical, woodwork/carpentry and welding areas.
- Dressmaking/sewing skills.
- Silk screening/printing skills.
- Horticulture skills.
- Office and office management skills, including computing, secretarial, clerical, bookkeeping, record keeping and report writing skills.
- Ranger and tourism skills.

Table 22: Bush college daily program

| | Mon & Tues | Wednesday | Thursday | Friday | Saturday | Sun | |
|---|--|---|--|--|---|--|--|
| LANGUAGE AND STORY TELLING AND ABORIGINAL STYLE COUNSELLING GO ON EACH DAY | | | | | | | |
| Morn | Artefact making/carving <ul style="list-style-type: none"> • Spear • Coolamun • Boomerang • Didjeridoo • Shield • Fighting stick • Clapping stick • Woomera | Hunting <p>Kangaroo</p> <p>Snake</p> <p>Fishing</p> <p>Swimming</p> | Action day <ul style="list-style-type: none"> • Spear throwing • Boomerang throwing • Bark frisbee Grandmother teaching <ul style="list-style-type: none"> • Hair belts • Spinifex wax • Strong mother/strong baby/strong culture • Teaching young girls how to look after themselves in adolescence • Pregnancy nutrition • Women's business | Food Gathering <ul style="list-style-type: none"> • Bush tucker • Bush cooking | Walkabout & camping <ul style="list-style-type: none"> • Landcare responsibs • Bush medicine • Bush matches/fire • Bush ochre • Sugar bag • Bush axe • Bush sandal Family tree Business <ul style="list-style-type: none"> • Skin group • Tribal group • Kin system • Marriage Lines | R E S T D A Y | |
| BREAK | | | | | | | |
| Arvo | (Mon, Tues, Weds afternoon) TAFE & Skillshare job training <ul style="list-style-type: none"> • Station skills/community construction & maintenance skills: <ul style="list-style-type: none"> water bore, pump, windmill, fencing, gates, basic road work generators • Station skills traineeships • Building/building maint. • Trade/home maint. skills: <ul style="list-style-type: none"> mechanical plumbing electrical woodwork/carpentry welding • Sewing • Silk screening/printing • Horticulture • Office, computing, bookeeping skills • Tourism and ranger skills | (Thurs, Fri afternoon) Life-skills education/training <ul style="list-style-type: none"> • Literacy & numeracy • Budgeting & banking • House/rent m'ment • Job vacancies/applics • Fam violence m'ment • Health education: <ul style="list-style-type: none"> Nutrition/cooking Diabetes STDs Hygiene • Driving license Compulsory weekly education /information/ group talking session about alcohol and other drug use <ul style="list-style-type: none"> • Effects of use on body/ family/ lifestyle • Assertiveness with peers/relatives • Relapse prevention/management | | Bark painting/ painting <p>Sports</p> <p>Trips to country</p> <p>Visits/ cultural exchange with other communities</p> | | | |
| Eve | STORIES AND DANCING | | | | | | |

Part Three: 'After bush college'

The 'planning group' considered an 'after bush college' stage essential, contending that the skills and knowledge gained at the college would be challenged when people left its supportive environment. Despite the proposed involvement of family, elders, mentors and peers, and visits to home communities and into Derby, the period after leaving the college was seen by participants as a critical time for ongoing support.

The model specifies strategies, commencing at the beginning of a person's bush college stay, for establishing supports in the resident's home environment. Elders and permanent bush college staff would talk frequently with residents and their families to identify post-program goals, gaps in environmental supports, and strategies for assisting people to maintain goals after the program. They would work with residents, family, local agencies offering support to the bush college program, and other home community contacts to establish relevant supports prior to the person leaving the bush college. These would include the following.

- Links into meaningful employment (utilising the skills developed by the resident during his/her bush college stay) through visits to the college by Centrelink staff, vocational trainers and links with CDEP program staff.
- Strengthening links with family, elders, role models and supportive peers through encouraging their co-residence with the 'client' during part or all of his/her bush college program, and through their participation in aspects which identify the client's goals, strengths, and interests.
- Compulsory attendance for residents and families at the weekly alcohol/other drug discussion sessions, which would include strategies for substance-related goal setting, harm-minimisation and relapse prevention and management.
- For families unable to accompany residents to the bush college, in-home training and counselling would be provided where possible by community healthworkers regarding ways to support the 'client' and their goals. Key Derby agencies, the staff of which also travel to outlying communities, have made written commitments to the provision of this service—including offers to take families on bush outings for informal talks about ways to support the client.
- Following the bush college stay, home visits (as offered in writing by the relevant services) would be made where possible by town-based program counsellors and other community-based healthworkers to support clients' in maintaining their goals.
- Strengthening links with alternative peer groups and activities would be facilitated by the presence of peers and family members at the bush college.

Additionally, links into alternative sporting, recreational and activity groups, especially in interest areas identified through bush college activities, would be pursued with those local agencies offering to supply these services.

- Assisting people to regain lost driving licences.
- The establishment of a 'dry house' in Derby, run in 'Aboriginal way' by an Aboriginal caretaker couple. This would be built at the back of the Derby Aboriginal Culture Centre to enable ongoing support and 'cultural' teaching from elders and Culture Centre staff. For those without supportive relatives, the program would offer temporary accommodation and assistance while residents established the alternative accommodation, social, employment and activity options initiated at the bush college.

For people from outlying communities, agency-based supports are often scarce, and agency visits often non-existent or infrequent. Some larger communities offer some degree of on-site healthworker, activity-program, sporting, and employment opportunities. Smaller communities and outstations may have CDEP opportunities either already in place or obtainable. As suggested, the establishment of employment/CDEP options, encompassing the skills learnt by the bush college 'client', would be actively pursued by program staff (at clients' request) during the bush college program. In addition to CDEP opportunities, the available options for support in remote communities often lie most accessibly with family, elders, and peers. For this reason study participants have stressed the importance of having these potential supporters accompany the 'client' through part or all of their bush college stay. The extension of involvement in the program to family and peers was seen by participants as one crucial means to increasing the likelihood of lasting change.

... I started drinking at age twelve I think ... I s'pose I just got addicted to it you know, I just didn't realise it, I grew up with a family like that always had a beer around the place ...

... my mum and my dad and X [partner], they helped me, talking to me ...

Additional program features

As mentioned in the introduction to this chapter, further details of operational program aspects are presented in Appendix Two. These include details of bush college access procedures, staff selection criteria, an overview of the program's capital and operational budget, and local agency support. Because of the important role ascribed by participants to program 'rules', and the consistent reference by 'planning group' members to this aspect of the program, the proposed rules for bush college residents are presented separately below.

Program rules

A combination of 'Aboriginal' and 'western' rules were identified for both the bush college and the town 'dry house'. The following rules selection includes the planning group's 'code of conduct', which identifies key program rules. This 'code' would be read to, and signed by, all potential residents and their families prior to their acceptance into the bush college program. Participants worked on the simply worded 'code' over several focus groups. These sessions were not taped, and I have paraphrased participants' recommendations in an attempt to convey the style of the document which would be read aloud to program applicants.

The bush college code of conduct:

- Everyone wanting to go to the bush college needs to get a doctor's note in writing to say they are OK in the body and the mind to go to a program far from town where there are no doctors. You have to be finished with 'the horrors'. This is to protect you and the bush college staff. The person ('staff') who organised the doctor-checkup will give you a note to take to the doctor. The doctor will send a note back to the staff telling them what medicines (if any) you are taking, how much to give and about any other medical problems you might have. The doctor will tell staff if you are on Social, and will organise Sickness Benefit if the doctor thinks this is a good idea. You have to bring with you any tablets or other medicines that you need to take;
- Pay for your bush college food and rent from your CDEP/Social etc.
- No grog.
- No *gunga*.
- No sniffing drugs or drugs of any sort.
- No drunk or stoned people allowed on to the bush college. You and your visitors have to be sober while you're at the bush college.
- No gambling for money, but playing cards is OK. (Staff will use the ban on money gambling to show gamblers, in money-management talks, how much they can save).
- No fighting.
- No stealing.
- Keep your camp clean.
- Keep yourself clean.
- Everyone has to go to the talk every week about alcohol and other drugs.
- Everyone has to decide on their own list of things to do at the bush college. Staff will help you choose from the list of things to do. (You can choose *what* you do but everyone has to do something, because you've come to the college to learn new things.)
- What you and other people say about yourselves at group talks is private for that group, and not for spreading around.

- Respect other people's privacy.
- Respect other people's space.
- When you've been at the bush college for a few days, you have to sit down with staff and talk about what you want to do at the bush college and how long you want to stay there. This is like a 'contract' you make with yourself.
- Everyone has to sit down with staff and decide about their drinking goal for the time *after* you leave the college (might be no more drinking/or drinking just a little bit each time then stopping/or just taking time out from drinking to get strong again).
- Everyone has to sit down with staff and talk about what you can change in your life to help you stick to your new drinking (and other) goals when you leave the college. Staff will help you get these changes started while you're still at the college.
- Lights go out at 10.30 pm so everyone can get a good sleep. You can stay up later as long as you don't keep other people awake. If you always go to bed late and get up late, staff will talk to you about the goals you set yourself in the bush college program. They'll ask you to be responsible for yourself so you get enough sleep and can join in the program the next day, because that's why you came to the bush college.

If you break these rules, staff will talk to you about taking responsibility and sticking to the 'code of conduct' you agreed to before you came to the bush college.

- If you break the rules you only get one warning.
- When people are told to leave, they have to arrange their own transport or wait for a Mowla Bluff/bush college car to go to town.
- If people are told to leave for using illegal drugs, but later decide they want to have another go at the bush college, they'd have to show town staff they were serious about the no-drugs rule this time. If they used drugs out there again, the police would be called, the drugs would be handed over, and the person would be sent back with the police to be charged. They'd be banned from going to the college again.
- If people are told to leave for drinking or sniffing, but later decide they want to have another go at the bush college, they'd have to show town staff they were serious about the no grog/no sniffing rule. If they used alcohol/sniffing drugs out there again, they'd be told to leave and they'd be banned from going to the college again.
- If people are told to leave, staff would try to find another service to help them.

Additional rules

People suspected of using alcohol/other drugs would be asked if this was the case. Study participants saw this as a 'learning process' for the resident, claiming that residents who were 'using' would feel guilty on questioning and admit to use. The person would then be asked to accompany staff to a place where they would together destroy the drugs.

Apart from exceptional circumstances such as funerals or visits to very sick relatives, there would be no leave for the first four to six weeks of the bush college program (although residents would be free to withdraw from the program at any time). Participants felt that the program allowed abundant scope for family co-residence, family visits, activities and socialising and that 'leave' was therefore generally unnecessary. There would be a leave-weekend after the first four to six weeks which residents could spend as they wished, using the opportunity as a learning experience with regard to their program goals.

In addition to the extended family members who accompany residents through the program, visitors would be welcome on weekends provided they abided by the college rules advertised by sign on the bush college entrance road. As with residents, visitors breaking college rules would be given one warning, and banned on a second infringement from visiting the college again. Visiting would be limited to weekends to enable residents to focus on their program. Ideally, especially in the early weeks of the program, visitors would phone before coming to confirm the suitability of visiting the resident. Residents would be asked to inform staff of the names of people they did *not* wish to see.

Program evaluation

Evaluation of the bush college program's success was seen by participants largely in terms of the client's post-program honouring of and engagement with family, community life and work. Far less emphasis was given to the use of alcohol or other substances, an orientation consistent with participants' intervention focus on causes rather than symptoms. The 'planning group' selected the following recommendations and questions for use in evaluation. (Participants' own wording, including use of the masculine pronoun, has been used.)

- Ask the person's family and/or community, rather than the person, about any changes the person has made since completing the program.
- 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 client, keep copies at the bush college, show copies to the funding bodies.
- Give him a little test before and after college regarding how much he knows about alcohol and other drug use, condom use, sexually transmitted diseases and the like.
- Invite funding body representatives to visit the bush college and see for themselves how the program is working.

The proposed bush college budget includes provision for an annual independent evaluation of the program. In order to provide a formal avenue for responding to evaluation recommendations, a standing agenda item regarding evaluation-recommendation progress reports would be included at all management committee meetings. The bush college and 'dry house' managers, and the evaluator when available, would be invited to attend this item of committee meetings.

Management and finances

Sixteen management committee positions were identified, comprising the following representatives (most of whom were identified by name). A key local elder who had been integrally involved with the bush college planning process; an elder from Yuriny Aboriginal Culture Centre; a Bulanjarr (Mowla Bluff) and a Jarlmadangahburr committee member; a youth representative; an Aboriginal community healthworker who had been integrally involved with the project's planning phase; the Mental Health/Community Drug Service Team's local Aboriginal staff member; the manager (or doctor) at DAHS; an Aboriginal police officer; a TAFE and a Skillshare representative; the manager of the Aboriginal Night Patrol; the manager of the Sobering Up Shelter; the manager of the Aboriginal Sporting Association; the manager of the Family Healing Centre; and a financial/bookeeper advisor. (Several qualified, local bookeepers with long and reciprocally respectful relationships with Derby Aboriginal people had offered to provide this paid service, should funding be received.) The committee would meet monthly.

Estimated cost of the service

Educated estimates of the capital cost of the program were collated from an architect's draft estimate for residents' and staff accommodation, ablutions, sanitation, power supply, recreation, office and vocational training facilities. This estimate, coupled with local retail-outlet pricing for all operational 'fit out' and equipment requirements totalled \$1,566,087 for the bush college and \$250,000 for the town 'dry house'. Recurrent operational costs were estimated at \$357,220. (See Appendix Two for an overview of the budget). Program costs would be offset to some extent by clients paying a proportion of CDEP/Social Security entitlements toward program costs, and funding the fuel costs for their transport to and from the college. 'Clients' would participate in the building and maintenance of the bush college under the guidance of the architect, a foreman and TAFE building and trade instructors. DEETYA indicated that funding for elder-trainers' transport to and from the college may be obtainable, and WADOT indicated that trainer funding was also likely. A large number of local agencies offered (most in writing) to contribute services to the bush college. The details of their offers are noted in Appendix Two.

Capital and operational funding would initially be vested in the Derby Aboriginal Health Service. It was anticipated that the bush college program would, once established, become incorporated and take over the program's financial management.

Summary

The planning group's intervention model is based on the prevention and reduction of alcohol (and other drug) related harm through a cause-focused 'bush college' program which blends 'Aboriginal cultural' and 'western cultural' prevention and intervention components. The program would aim to reduce drug misuse through a combination of 'cultural', self-determination and support components.

The program would be set in an Aboriginal 'cultural' context, run by Aboriginal staff under the management of a committee comprising senior representatives from identified Derby and Aboriginal community agencies. At-risk young people (the key target group) and others would be accompanied to the college by elders from their language group, other family members and peers. The college would be located in a drug-free environment on an Aboriginal-owned cattle station four hours drive from Derby. Certain aspects of 'cultural teaching' and 'Aboriginal style counseling' would be offered by elders on-site, with more location-specific cultural teaching carried out during trips with elders to home country. In addition to this 'Aboriginal cultural' foundation, 'western' components such as accredited vocational-skills and daily life-skills training would be offered by visiting accredited trainers and college

staff. With the assistance of family, community and local agency members, structured post-program supports in social, recreational and vocational areas would be established during the person's six to twelve month bush college stay.

The program would be non-custodial, and would offer a welcoming, 'cultural' and family-based environment. Self-management would be encouraged, with residents identifying their own program, goals, length of stay, and follow-up support strategies—with staff assistance as required. The 'planning group' has identified a comprehensive range of operational guidelines for the program including access procedures, staff selection criteria, program rules, program evaluation, management strategies and a capital and operational budget. As with much of the bush college program itself, proposals for its evaluation focus on family, community and vocational participation rather than on the symptom of excessive alcohol consumption.

11. DISCUSSION

The study began with requests from Derby area Aboriginal people for an 'Aboriginal style' alcohol intervention program which would 'get the Aboriginal side strong again', strengthen families, provide skills training, and engender hope for the future—especially among young people. Most of the intervention proposals made by study participants throughout the two-year fieldwork period have reflected these original recommendations. The unexpected consistencies both within and prior to the study appear to suggest the general importance to remote area Indigenous substance misuse intervention—and, it would seem, to understandings of cultural appropriateness—of 'cultural', self-determination and post-program social and occupational support components.

... Culture gives back to people self-esteem. If they get that side strong, they feel like they've got a place. That side missing, they feel like they don't belong anywhere ... [Woman, early 40s]

... It's important that Aboriginal and whiteman skills are taught at this place, because the whiteman world is all around us ... [Woman, late 40s]

... The changeover is happening too fast, I mean from one world to the modern world ... there's a big difference between forty thousand years and two hundred, you know, they try and teach stuff all at once to Aboriginal people ... it's not teaching them anything putting it in whiteman's words or whiteman's doings ... what's needed most is education about how to adapt ... [Man, late 30s]

... Like you're talking about somebody giving up drinking—for what?—just for the sake of being unemployed ... You have to ... like work out a plan: where are they going to work or what they are going to do ... training can't just be training and then they don't get a job at the end of it ... [Man, mid 30s]

... well I think that [the 'rehab' program] is where I learned my confidence from because they even give you the chance to be somebody ... the person that makes you feel strong ... they always say really lovely thing in the morning to you to make [clients] feel better inside them, to make them feel like being a person, 'cause lot of them, a lot of us are resentful within ourselves, you know just keep doubting ourselves down ... we think there is no future left [Woman, early 30s]

Patterns of alcohol use and abstinence

Patterns of drinking and abstinence among the study participants tend to reflect the findings of other investigations of Indigenous drinking patterns (Department of Health and Family Services 1995; Watson, Fleming & Alexander 1988), and closely reflect those of Hunter, Hall & Spargo's (1991) far larger and more methodologically robust regional survey conducted in the Kimberley almost a decade earlier. Brady has noted the generally similar patterns of consumption—with notable exceptions—existing among indigenous populations in North America, New Zealand and Australia (Brady 2000).

Among participants in this study, there was a larger proportion of non-drinkers than is found in the general population, the proportion in this study (50%) mirroring the 48 per cent found in Hunter *et al's* (1991) regional stratified random sample survey. Other studies have noted these differences in proportions (Blignault & Ryder 1994; Watson, Fleming & Alexander 1988; Australian Bureau of Statistics 1999a; Pomare 1995; May & Moran 1995). In another Western Australian study of indigenous drinking patterns, sited both in Perth and in a regional centre three times the size of Derby, Blignault found—like Levy and Kunitz' Navajo studies (1974)—that there were lower rates of abstinence among participants in her 'transitional' regional-centre sample (1995). In a hypothesis reflecting the intervention proposals of participants in this study, Blignault postulated that her regional-centre sample lacked both the city's opportunities for education and employment; and the support of 'traditional ways' and reduced alcohol access evident in some remote centres (1995).

As noted in other reports (Hunter, Hall & Spargo 1991; Blignault & Ryder 1994; Watson, Fleming & Alexander 1988; Australian Bureau of Statistics 1999a; Office for Substance Abuse Prevention 1989), a greater proportion of non-drinker participants (and especially lifetime-abstainers) in this study were female and a greater proportion of drinkers were male. Several writers have suggested that through childbirth, child-raising and care-giving, indigenous female avenues for self-esteem have been less disrupted by the process of colonisation (Hunter 1990c; Blignault 1995). Among female drinkers in the Kimberley, Hunter has noted that childless women may be a particularly high-risk group (1990a). Hunter also notes a shared pattern of problem drinking among young indigenous males in Australia and a number of Pacific-rim countries in which rapid social change, compromised integration into traditional culture and marginalisation from the dominant culture are common (1991).

Among the drinkers in the study, rates of excessive drinking were common and much higher than the general population. In this study, 84 per cent of drinker-participants were drinking at harmful levels, in comparison with the 83 per cent found in the Hunter survey (1991). Despite these extremely high rates of harmful excessive consumption, the vast majority of this study's drinkers, as with indigenous drinkers elsewhere (Hunter, Hall & Spargo 1991; Blignault 1995; Kalagher 1998; Te Puni Kokiri 1995), tended to drink intermittently or episodically, indicating more of a 'binge' than a dependent drinking pattern. This indication is supported by higher rates for alcohol-related accidents, injury and poisoning among Indigenous people than for alcohol-related chronic illness, the latter tending

to be associated with more regular, 'dependent' style drinking behaviour (Injury Control Unit 1995; Health and Welfare Information Unit 2001).

Contrary to the common stereotype that all Aboriginal drinkers are hopeless drunks—and corroborating the higher proportion of intermittent drinkers found in most studies—few of the drinker-participants in this study nominated the simple availability of alcohol or money as the basis for their drinking decisions. Most implied instead that drinking sessions provided an intermittent opportunity for fun and a change in routine. Again, this view is reflected in participants' intervention model proposals for components which increase opportunities for meaning and variety in people's lives. As in other studies, smaller but significant numbers of drinker-participants were found to drink at safe levels (Blignault 1995; Kunitz & Levy 1994; Hunter, Hall & Spargo 1991; Beauvais 1998b), the proportion in this study (16%) being double that in the survey by Hunter *et al* (1991). As in the latter survey, beer was nominated by this study's participants as their preferred drink. Almost three-quarters of those questioned in this study had extended families in which at least a third of family members drank problematically, endorsing findings reported in the literature on the widespread nature of excessive drinking among those who do drink.

Drinking reduction and abstinence

While the focus of research has tended to be on excessive drinking patterns and correlates, little data has been available regarding the correlates of non- or safe-drinking behaviour among a significant proportion of indigenous populations worldwide (Blignault 1995). In her own PhD study on the issue, Blignault concluded that while restoration of the Aboriginal social and economic base was a critical component in substance misuse prevention and reduction, this would clearly be a lengthy process. More immediate 'indigenous solutions' incorporating 'Aboriginal community-based programs based on personal understanding and community support' were the approaches most likely to produce results (Blignault 1995:193). The key recommendations made by the full study sample endorse this support emphasis—including a 'cultural' context to intervention—and broaden this orientation to include a strengthening of self-determination related skills.

Of those study participants who had given up drinking, almost all had done so by the age of forty, a finding similar to that of Hunter *et al* (1991) and Blignault (1995), although men in Blignault's 'transitional' regional centre sample had a higher mean quitting age than regional women or those in her city sample. Other studies have also noted an association between age and abstinence, with the number of abstainers increasing from middle age (Watson, Fleming & Alexander 1988; Heath

1989). Some may point to this trend, rather than to the variable of childhood 'cultural context' discussed in Chapter Five, as an explanation for the current drinking found among the study's 'personal profile' drinkers. As these participants had an average age ten years less than that of the lifetime-abstainers they may therefore, based on regional trends (Hunter, Hall & Spargo 1991), yet give up drinking. What is at issue however (and discussed later in this chapter), is the suggestion of an association between childhood 'cultural context' and the occurrence of drinking and a lingering sense of loss—whether that drinking be past or present. In his extensive analysis of drinking trends in the region, Hunter and colleagues have pointed to the likely developmental destabilisation caused by parental drinking behaviour to this younger Kimberley generation—the first to grow to adulthood in an era of widespread parental drinking. They postulate that such drinking behaviour was in turn likely associated with the dramatic social, cultural and demographic changes occurring throughout the region in the period surrounding the birth of this current generation (Hunter, Hall & Spargo 1991; Hunter 1990c; Hunter 1991a; Hunter 1993).

In a possible corollary to this and the previously mentioned childcare issue, Blignault (1995) suggests that the higher mean quitting age of her regional male sample group may, again, be attributable to greater access to 'traditional ways' in more remote centres; and greater access for her city sample to increased opportunities for non-drinking activities (such as employment, education, religious activities and sporting/community involvement). Both 'cultural' influence and alternative activity opportunities were identified frequently by study participants and underpin two of the three key strategies in their intervention model.

Similar key reasons (health and relationships/family responsibilities) have been given for abstinence decisions in this and other studies, with 'treatment' assistance being sought by very few people (Leung, Kinzie, Boehnlein *et al* 1993; Blignault 1995; Hunter, Hall & Spargo 1991; Brady 1995c). As did the majority of participants in this study, several writers have commented on the inappropriateness, ineffectiveness and/or fluctuating availability of many 'treatment' services (Weibel-Orlando 1987; d'Abbs & MacLean 2000; Blignault 1995; Hunter, Hall & Spargo 1991). In Blignault's study however, 20 per cent of her city sample and 29 per cent of her regional sample reported educational, material and emotional intervention support from Aboriginal medical service doctors (especially), friends, family and the church (1995). Brady has also noted the influence ascribed to doctors, particularly, by people who have reduced their drinking (Brady 1993; Brady 1995c). The Derby Aboriginal Health Service (DAHS) did not begin operating until the year following study fieldwork. It would be

interesting to explore whether changes in people's perceptions of 'counselling' (as provided through brief intervention and other DAHS approaches) and in rates of excessive drinking have occurred since the commencement of this indigenous-specific health service.

Blignault and others have noted a relationship between church affiliation and reduced drinking or abstinence (Blignault 1995; Kunitz & Levy 1994; Brady & Palmer 1984). Kunitz *et al* (1994) suggest that this association is probably related to the strong social fabric and new community bonds forged within church communities. Reflecting this interpretation, participants within this study have recommended family, elder, peer, program and community follow-up support as a key component in substance misuse prevention and intervention. However, in this and Hunter *et al's* regional study (1991), religion was not specified as a key reason for drinking reduction. Many people in both studies did however state a religious affiliation, with numbers high (80% or more) among both lifetime-abstainers and current drinkers in this study and highest (over 80%) among non-drinkers in the Hunter *et al* study (1991). Over half of Hunter's drinker-sample however, in all three drinker-categories, also stated a Christian religious affiliation. While associated spousal drinking was not identified from among problematic family drinking in this study as it was in the Hunter *et al* Kimberley survey (1991), both studies found that drinkers were more likely to have had one or more heavy drinking parent.

An hypothesis regarding drinking-reduction decision making

In my assessment, most of the stories presented by the study's ex- and increasingly moderate drinkers suggested a motivation for, and sustainment in drinking-reduction decisions by things which gave these people a sense of *having something to live for*. This could derive, overtly, from factors related to family (especially children); and/or a sense of opportunity (experienced as access to a variety of available and attainable activities including work, leisure, study and future goal-setting); and/or, more covertly, to a sense of 'cultural' worth (experienced as reaffirmation of identity, place and belonging through contact with country, 'cultural' values and cultural knowledge); and/or to a sense of self-worth (reflected in conscious decisions to improve health or lifestyle or level of knowledge). Significantly, all of these identified 'foreground' factors were also proposed and adopted as key components in the alcohol intervention model later designed by 'planning group' study participants.

Again in my assessment, it appears that beneath the realisation that there is 'something worth living for' comes a deeper and prior 'turning point' realisation in which people identify that they, themselves, are 'worth living for':

... it is a matter of looking at yourself as a sober person (compared) to a drunken person over there—thinking I don't want that life ...

... I saw myself in a shop window...and I thought shit...*where have I been* all the time ... so I started thinking about it ... (my emphasis)

... I didn't want alcohol to spoil me ...

... getting away from it all and looking at yourself ... you have to give yourself a future you know ...

I think it is likely that this self-worth realisation is related to a sense of personal identity—strengthened in some way through a range of (largely subconscious) background factors. A thorough investigation into these deeper background factors was beyond the parameters of this study. However, I propose that among Aboriginal people living in areas in which Aboriginal 'culture' and 'cultural' values still provide—to greater or lesser extents—the background context to daily life, such a context may provide one (among several) subconscious and accessible routes to a sense of knowledge and belonging—that is, to identity. In summary, beneath an overt 'reckoning' of health or family or lifestyle change-incentives may lie a far deeper and more personal existential recognition of self-worth—which is likely to be triggered by a strengthened sense of knowledge and belonging in which 'culture' may play a part. Change in drinking behaviour may begin in the moment at which the drinker recognises that he/she has both place (belonging) and worth (identity). When this recognition is combined with an additional sense of having other things to live for, the combination can be a powerful motivation for change.

Investigations elsewhere into the link between self-worth/identity and 'culture'—and between these factors and drinking reduction—are discussed in Chapter Two within the discussion regarding theories about the causes of alcohol misuse and theories about the meaning of 'culture' with reference to alcohol intervention. While there is some evidence to support these links, they are yet to be proven. It is possible that a perception of such linkages among 'planning group' study participants explains the study's initial, apparent contradiction between the more foreground 'turning points'—identified by the ex-drinkers above—and the planning group's later combination of these elements in their intervention model with identity-related intervention components. The background significance of 'Aboriginal culture' to many remote area Aboriginal people's sense of identity appears apparent in a range of findings within this study. These include the participants' stories and profiles presented in Chapter Five, the combined community group's answers to questions about the role of Aboriginal 'culture'

(Chapter Seven) and the intervention model components chosen by these and the 'planning group' participants (Chapters Eight, Nine and Ten). I propose that this background context is significant to the subconscious platform from which people make their 'turning point' decisions.

Characteristics of drinkers and non-drinkers

Patterns of drinking identified in this and other studies suggest several broad similarities in terms of the high proportion of non-drinkers, the greater proportions of male drinkers and female abstainers, the tendency among drinkers for excessive, diversionary, 'binge' style consumption, and the importance given to health and to family relationships/responsibilities as reasons for drinking reduction or abstinence. As many writers in the field acknowledge, single explanations for drinking behaviour are unlikely, with a complex of reasons (and many individual variations) being considered a more realistic assessment.

The responses of the eighteen adult 'personal profile' participants within the study's 'combined community group' sample gave further insight into the characteristics of the drinkers and non-drinkers within this small group. Given the size and the probably uncharacteristic socio-economic profile of the drinkers within the sub-sample (discussed further under 'Limitations to the research' below), further investigation on a wider scale is called for—and the findings presented here must be regarded as tentative. All of the participants within the 'personal profile' group had shared the legacy of colonisation and dispossession within their region over the preceding century, and many had experienced subsequent and continuing marginalisation from dominant regional socio-economic and political activity. Despite this common experience, marked differences were apparent in participants' childhood experience of an indigenous 'cultural' context, their inferences and others' perceptions regarding their sense of identity and fulfilment, and in their drinking or non-drinking decisions.

'Cultural context' in childhood

Among the 'personal profile' sub-sample, lifetime-abstainers were found to have had the most consistent experience of an indigenous 'cultural context' in childhood. This was apparent in characteristics such as their primary language, language fluency, Aboriginal parenting/carers, 'country' residence during childhood, and contemporary residence in and spiritual connection with 'country'. This group appeared to have been the least personally destabilised by the impact of European colonisation. They tended to exhibit a strong sense of indigenous identity and self-fulfilment and to be identified as 'solid' people by others in the community.

Lending support to this tentative association between abstinence and a consistent indigenous 'cultural' context in childhood, many writers have noted the impact on self-esteem and identity formation of disruption to family and community cohesion, parental caring, and 'cultural' foundations occurring through events such as family and community separation, institutionalisation, 'cultural' fragmentation and marginalisation (Human Rights and Equal Opportunity Commission 1997; Royal Commission into Aboriginal Deaths in Custody (Dodson P Commissioner) 1991; Kunitz & Levy 1994; Hunter 1991b; Brody 1965; Oetting & Beauvais 1991). While direct links between cultural identity and substance use remain elusive (Beauvais 1998b), the foregoing body of research findings, and those within this study, suggest that 'cultural' disruption may be a significant pathway variable in the development of substance misuse.

Some writers have suggested links between aspects of childhood 'cultural' context and substance misuse. Hunter *et al* found that among other variables, drinkers in their Kimberley survey were less likely to have been raised in the bush, more likely to have been raised in a town, more likely to use English as a primary language and more likely to have had some secondary education (1991). Oetting and colleagues drew a tentative hypothesis from their research among youth of a particular Native American tribe regarding an association between high rates of drug use and past experience of boarding school residence (Oetting & Beauvais 1991). They found that, despite the high levels of cultural identification which appeared to be a protective factor against drug use in other reservation youth, the youth in this tribe—nearly all of whom had had to attend boarding school—exhibited one of the highest rates of serious drug use found by the researchers on any Indian reservation. The researchers suggested that the boarding school experience combined high rates of peer drug use with developmental isolation from parental sustenance and sanctions, the force of the former simply overwhelming the latter (1991:677). In a major indigenous petrol sniffing study in remote Australia (Brady 1992b), Brady hypothesized that low or non-existent levels of sniffing in certain areas may be related to the intact self-esteem and male identity exhibited by people associated with the cattle station industry. The key emphasis of Brady's argument is on the apparent association between male identity and self-esteem with the meaningful, challenging, and acknowledged value of station work. She does however note the role played in the formation of identity and self-esteem, and in station life [which is frequently on ancestral country], by the continuation of activities such as:

... collecting bush food, tending sites and performing ceremonies ...; and increasing and extending their range of ritual knowledge through contact with other language groups ... (Brady 1992b:189).

Brady suggests that, unlike cattle station associations, the continuation of 'culture' on more 'traditional' communities has been inadequate to prevent sniffing (1992b). However, as Brady and others (Baker 1989; McGrath 1987; Jebb 1998) have indicated, 'tradition' appears to have played a significant role in the combination of factors contributing to the benefits ascribed to cattle station association.

The Hunter, Oetting and Brady examples point respectively and primarily to the possible association of substance misuse behaviour with 'cultural' disruption, peer cluster influence and the absence of meaningful activity. Like the first example, however, the other two also suggest the importance of 'cultural' continuity. Research into the effect on drinking behaviour of an intervention approach combining peer and occupational components with a sound 'cultural' and support foundation is recommended on the basis of this study.

In contrast with the study's 'personal profile' lifetime abstainers and the two 'personal profile' ex-drinker participants who grew up on stations within their country, the remaining ex- and current-drinkers within this sub-sample spoke angrily or longingly about identity issues, loss of language, cultural confusion and loneliness during institutionalisation, and experience of marginalisation in a rapidly changing world. Hunter and others (Hunter 1990c; Segal 1998; May 1987, Hezel 1987, Bowles 1985 cited in Hunter 1991a) have written extensively on national and international research in area of European socio-political domination. They have correlated excessive drinking and an increase in suicide and self-harmful behaviour among indigenous people (especially young males) in these areas with reduced avenues for self-esteem and social recognition and a diminution in culturally-bestowed male roles. Reflecting these findings, eight of the eleven ex- or current heavy drinkers in the study's 'personal profile' sub-sample were male.

The most consistent differentiation between those 'personal profile' participants exhibiting strong identity and self-esteem and those exhibiting less of these attributes, more of a sense of loss, and current or past drinking, was their association with family, language group and country. As in the Hunter *et al* Kimberley survey (1991), lifetime-abstainers in this study were more likely to be in a stable relationship than current drinkers, although the comparison was greater in this study. Unlike all of the lifetime-abstainers and ex-drinkers in this study's 'personal profile' sample, almost all of the current drinker group live separately from their families. Blignault *et al* and others (Blignault & Ryder 1994; Kunitz & Levy 1994; Beauvais 1992b; d'Abbs & MacLean 2000) have noted the importance in alcohol intervention of addressing issues of isolation and belonging, as well as the

more material, and more etic emphasis on issues such as housing and employment. In her recent PhD thesis on the history of the pastoral system in the Kimberley Ranges, Jebb suggested that from an emic perspective the real crisis in the move off cattle stations in the 1960s may have been the social and religious dislocation which ensued, rather than the unemployment crisis emphasized by outsiders (1998).

As discussed in Chapter Two, several authors note that some of the most 'traditional' communities have substance misuse problems (Levy & Kunitz 1971; Brady 1995b). This observation is sometimes presented in a manner which implies that those who hold 'tradition' or 'culture' to be important 'protective' elements against substance misuse (Oetting, Edwards, Beauvais *et al* 1989) are somehow proven wrong by this fact. As d'Abbs *et al* suggest, however:

... Communities do not need to be dispossessed of their land or forget traditional practices for their youth to be profoundly affected by colonisation and western 'youth' cultures, ideas and commodities ... (d'Abbs & MacLean 2000:13).

Burns *et al* imply that the social change brought by the influence of Western education, music, films, and satellite television has undermined authority and leadership within Maningrida's government (1995:84). Gajdusek writes of the age-old inclination of youth to seek out newness and difference, regardless of the environmental and 'cultural' benefits of the home environment (1990). The existence of 'culture', it seems, is not enough in itself to withstand the destabilising effects of western culture. However, within the range of possible factors proposed by Brady as contributing to 'protection' from petrol sniffing (1992b), and by others as contributing to substance misuse protection and recovery in general (Oetting, Edwards, Beauvais *et al* 1989; McDermott, O'Dea, Rowley *et al* 1998; Hunter 1988; d'Abbs & MacLean 2000; Smith & Smith 1995), it appears that 'cultural' elements may play a significant role. As d'Abbs *et al* suggest in their recent review of petrol sniffing interventions in Australia:

... perhaps the most exciting development over the past decade has been the leadership of Aboriginal people in designing and implementing programs addressing petrol sniffing ... this can be seen ... at outstation programs where the care and teaching of tribal elders is critical to the rehabilitation and reintegration of petrol sniffers ... (d'Abbs & MacLean 2000:82)

Activity and opportunity

Some writers assert that indigenous and non-indigenous people drink for similar reasons, being largely to do with a dearth of meaningful, productive activity and compelling alternatives to substance use (Levy & Kunitz 1971; Brady 1992b; May 1992; Burns, Currie, Clough *et al* 1995). The proposals for intervention

recommended by the wider study sample suggest their acknowledgment of the importance of such opportunities. However, as found elsewhere (Brady 1993; ABS 1992 cited in Blignault 1995), the stories of the 'personal profile' drinkers indicate that such opportunity is not necessarily adequate in itself to prevent excessive drinking. It is unlikely that this drinker sub-group—who were among the most employed and materially comfortable of the 'personal profile' participants—were representative of the majority of Kimberley drinkers. Most were educated to grade ten or higher, all were employed full-time, had a regular income and 'future prospects' in conventional socio-economic terms. However, these conventional markers of success did not appear to bestow the identity and self-esteem tentatively associated within the small 'personal profile' sub-sample with a consistent childhood indigenous 'cultural context'. This is an unexpected finding and invites further exploration on a larger scale.

The above findings differ from those reported in a 1999 ABS publication regarding the health and welfare of Australia's Aboriginal and Torres Strait Islander population (McLennan & Madden 1999:55), which suggested that economic advantage was associated with lower levels of excessive drinking. Blignault, on the other hand, has pointed to general population studies in Australia and the United States which show that individuals of low socio-economic status are more likely than others to abstain from alcohol (Encel *et al* 1972; Cahalan *et al* 1969). Others have commented on the inconclusive, sometimes negative relationship between economic factors such as education, employment or income and reduced levels of drinking or better levels of health (Hunter, Hall & Spargo 1991; Blignault 1995; Gregory 1996). While not specifically focused on drinking associations, a host of other researchers have shown associations between low socio-economic status and ill-health (Wilkinson 1992, Hales *et al* 1999). Within this body of research, some investigators have refined their focus to the relationship between health and psycho-social determinants (Marmot & Wilkinson 1999; Bonn & Bonn 2000; Hemingway *et al* 1999 in Marmot & Wilkinson 2001). This latter research focus, with its suggested associations between health and a sense of self-determination, belonging and social support (Swan 1998) supports the findings of this study. It is likely that neither 'cultural' nor productive activity approaches to substance misuse are adequate in themselves. A comprehensive approach to intervention which combines 'cultural', psycho-social and economic factors, such as the model alluded to by Beauvais and Segal (Beauvais & Segal 1992; Beauvais 1992b) or detailed in this study, may offer a more relevant approach.

In my observation, it appeared that 'culture' was 'context', and taken for granted, by those people who had grown up within a consistently Aboriginal milieu, even

when surrounded by the workings of a cattle station or mission community. For those whose 'cultural context' had been disrupted by periods of residence in mission dormitories, hostels, boarding schools or the fragmented social environments of town camps and communities, the role of 'culture' appeared to be more one of 'determinant', through which identity and self-esteem could be found or strengthened. As noted previously, one researcher has commented that: '... those who take their heritage for granted rarely discuss it ...' (Beauvais 1992c:80). The significance of this observation, and of 'cultural' heritage, was evident in the conversations of the lifetime-abstainer, ex-drinker and drinker 'personal profile' participants, and in the consistent recommendation for a 'cultural context' in intervention by the majority of the full study sample. Similar observations regarding this persistent, significant role have been described by others (Spicer 2001; Hunter 1993; Heath 1992; Kleinman 1987). The fact that recent reports are pointing to the success of community-based programs which, among other key components, foster and strengthen 'cultural' knowledge and context, suggests the significance of such approaches and the need for their further exploration.

'Cultural context' in alcohol misuse prevention and intervention

In a variety of interview formats and in response to a variety of questions, the majority of participants in this study (including those aged under twenty years) indicated the perception that 'culture' played an important role in their own lives, in the lives of Aboriginal people generally and in drinking intervention. Both their 'cultural' perceptions and their intervention proposals, however, indicated a different emphasis from earlier understandings of the role of 'culture' (Stanner 1979; Bell 1993; Rose 1992) and also from the content of many intervention programs proclaiming a 'cultural' orientation (Morfitt-Sputore, Gray, Richardson *et al* 1997; Brady 1995b; Weibel-Orlando 1989). Much has been written of indigenous intervention approaches based on 'cultural' remedies, ceremonies and rituals drawn or adapted from indigenous healing traditions, and of abstinence 'movements' instigated by individuals following visionary experiences (Hall 1986; Brady 1995b; Miller & Rowse 1995; Weibel-Orlando 1989; Abbott 1998). In contrast with this emphasis on isolated aspects of 'cultural' practice, study participants have emphasised the importance of a 'cultural context' through which a strengthening of 'cultural' identity, knowledge and belonging may occur.

'Cultural context' within the study model

In contrast with programs offering 'cultural' components as occasional and peripheral aspects to an otherwise 'western' program (Milliya Rumurra Aboriginal Corporation 1996; Sputore 1999; Council for Aboriginal Alcohol Program Services

Inc 1999; Poundmaker's Lodge Treatment Centre 1999), the 'cultural context' of the study's intervention model would be provided through a variety of core components. The program would be located in a remote, alcohol-free bush setting on an Aboriginal-run cattle station. Residents would be accompanied through part or all of the program by elders from their language group and by family and peers. 'cultural' teaching would be provided largely by elders and, for appropriate aspects, by 'cultural' people among the Aboriginal staff. For specific aspects of 'cultural' teaching, residents would return with elders to their own country. The importance of the program's 'cultural' component is evident in participants' allocation of half of the program content to 'cultural teaching'. Additionally, the program's 'cultural context' would incorporate language teaching and 'Aboriginal style counselling' as a continuous part of daily activities as residents and elders worked together through the 'cultural' teaching program. Stories and dancing were proposed as nightly activities, with weekends to include painting, trips to country or 'cultural exchanges' with other communities.

Additional aspects such as rules and guidelines, staff selection criteria, and the proposed manner of delivery of programmed non-'cultural teaching' components appear generally in keeping with the emphasis on a 'cultural context'. Consistent with this, and with the requirement of many drinkers for long periods of contemplation prior to taking definitive drinking-reduction action, there would be little force regarding individual decision-making. With reference to Prochaska and DiClemente's Process of Change model (1984), residents would largely be considered as situated in the third (action) stage, having moved from the prior stage of contemplation about their substance use into one of deciding to take action through voluntarily joining the bush college program. Residents would be introduced into the program gradually, with 'quiet time' for the first week. Staff would work with each resident to establish individual program and post-program goals, with residents electing the components in which they wished to take part. The 'bush college' would be managed by a largely (although not exclusively) Aboriginal committee identified by study participants from among community elders, leaders and agency personnel.

Many writers endorse intervention approaches which respond directly to community needs, and many call for the development of new intervention models which address indigenous priorities and offer alternatives to the majority, narrowly-focused, symptom-oriented programs currently operating (Weibel-Orlando 1987; Brady 1995b; Heath 1992; Aboriginal and Torres Strait Islander Social Justice Commission (Dodson M Commissioner) 1993; Hunter, Hall & Spargo 1991; Beauvais 1992c; Royal Commission into Aboriginal Deaths in Custody (Johnson E

Commissioner) 1991; Langton, Ah Matt, Moss *et al* 1991). With some exceptions however (Heath 1983; Beauvais 1998a; May 1986), most are wary of 'cultural' programs (Weibel-Orlando 1989; Brady 1995b; Kunitz & Levy 1994; Saggars & Gray 1998). The mixed evaluations of such programs—most being inconclusive or showing little evidence of success (Weibel-Orlando 1989; Brady 1995b)—imply a poor reputation for 'cultural' approaches generally. Study participants, however, are not proposing what one critic has described as 'cliché-ridden exercises in 'primitivism' (Sackett 1991 cited in Brady 1995:1490), nor are they proposing 'quick fix solutions' such as the cultural 'treatments' (teas, drugs, chants, dance cycles, sweatlodges) referred to in Weibel-Orlando's review of North American 'cultural' interventions (1989). With reference to a paper by Brady (1995b), the thesis model, with its comprehensive cultural, self-determination and support-based program proposes culture *in*, not culture *as* 'treatment'.

In contrast with the emphasis of study participants and others (Cook, Cook & San Roque 1994; Central Australian Regional Indigenous Health Planning Committee 2001; d'Abbs & MacLean 2000; Oetting, Edwards, Beauvais *et al* 1989; Hunter 1993; Human Rights and Equal Opportunity Commission 1997) on the importance of the identity and belonging aspects of 'culture', some writers imply by their consistent emphasis on intervention strategies such as alternative activities, peer group alternatives, brief intervention, employment and politico-economic equality that 'cultural identity' is a thing of the past (Reser 1991:213) or largely irrelevant as an intervention tool for many Aboriginal people, especially younger ones, today (Brady 1995b; Weibel-Orlando 1989; Saggars & Gray 1998; Singer 1986). Certainly, within this study, a significant minority of participants perceived 'culture' to be more meaningful to 'traditional' or older people. However, when young participants in their teens and twenties were asked about the impact on drinkers of 'the Aboriginal side', the majority perceived it to have a positive effect and to prioritise the importance of 'culture' over that of employment and 'western' education. Several talked with pride of their own knowledge of or participation in cultural aspects, their 'cultural' descriptions again tending to emphasise identity, knowledge and belonging aspects. The responses from young Aboriginal agency workers—interviewed informally as part of the process of identifying the 'cultural' perceptions of people in youth and other agencies (see Chapter Seven)—gave a clear indication of their interest in learning about 'the cultural side'. Again, their responses suggested a strong interest in the identity aspects of 'cultural' knowledge.

Contrary to the expectations of some outside observers (personal communications, 1997–2000), only the oldest of the participating elders indicated that they expected the model's 'cultural' teaching aspects to result in a return to old law and old ways.

Most recommended a blend of 'cultural' and 'western' teaching for intervention, with their 'cultural' recommendations having a strong 'knowledge and belonging' as opposed to 'law' focus. It seemed that most elders perceived 'culture' to be a means for strengthening pride through the learning of new knowledge and skills. Partly as a result of this, they implied, self-esteem would increase and people would be less likely to drink.

In a 1987 paper, Joan Weibel-Orlando set out to assess the degree of, and recommend ways to improve, client-to-treatment fit in indigenous programs (1987). However she and the other writers mentioned in her article failed to look beyond the treatment program options currently available. In most of the programs reviewed in the article, the concept of 'cultural healing' had been limited to the addition of cultural practices and knowledge (bead work, sweat-baths, 'cultural' history, the administration of traditional medicines, emetics and curing rituals, entreaties to the afflicting spirits) *into* existing, mostly western based, symptom-focused programs (1987). One of the contentions of this thesis is that neither isolated 'cultural' aspects, nor 'western' based programs, are likely to make a lasting impact on substance misuse because of their failure to comprehensively address causes. There seems little point, therefore, in the careful client-to-treatment matching proposed by Weibel-Orlando. The thesis model identifies 'cultural context', rather than cultural 'treatments', as the background for substance misuse prevention and intervention—and a cause—rather than symptom-focus as the basis for program design. In response to reservations expressed by Weibel-Orlando in a later paper (1989), it is not proposed in this thesis that indigenous models of intervention are unquestionably superior, nor does the thesis model rely on an 'unsubstantiated leap of faith' for its acceptance (1989:153). Instead, the thesis offers for consideration a model comprehensively and thoroughly planned over a lengthy period—with independent, annual evaluation (using indigenous planning-group evaluation criteria) as an integral component.

Critics of study participants' 'cultural' constructions may argue that existing, more 'western' style indigenous intervention programs (Poundmaker's Lodge Treatment Centre 1999; Alkali Lake Community 1990; WA Alcohol & Drug Authority 1996; Kununurra-Waringarri Aboriginal Corporation 1996; Council for Aboriginal Alcohol Program Services Inc 1999) adequately reflect the contemporary 'culture' of their clients and that the 'cultural context' proposed by this study's participants is not relevant. It is possible that in parts of Australia and other countries, periodic 'cultural' components (such as occasional bush trips and talks by elders, or weekly sweatlodge or smoking rituals,) may adequately meet the needs of clients. For the remote area participants in this study and elsewhere in remote Australia however

(d'Abbs & MacLean 2000; Douglas 1993; Sputore 1999), it appears that the role of 'culture' may be more central. The weighting ascribed to 'cultural' and other key intervention components by participants in this study are contrasted with other regional participants intervention suggestions later in this chapter.

A residential basis for alcohol misuse intervention

The majority of study participants who made intervention recommendations proposed residential programs. Of these, almost all stated that intervention approaches were likely to be more successful in drug-free bush environments far removed from the fragmentation and substance-availability of many communities and towns. Other writers (Mosey 1997, Stojanovski 1999 in d'Abbs & MacLean 2000; Cook, Cook & San Roque 1994; Anyinginyi Congress 1996) endorse a remote location for intervention programs, Mosey finding outstation programs close to roads to be ineffective. In the recent past outstation early-intervention programs have been recommended against (Commonwealth of Australia 1985, Elsegood 1986 cited in d'Abbs & MacLean 2000), although in both of these cases the outstations had been set up for purposes with which the arrival of sniffers had interfered. This situation would obviously not occur with the 'purpose-built' outstation program proposed by the study model. Although current residential programs have many critics in the literature for reasons of cost and generally poor performance on evaluation (this latter finding being common among *most* forms of intervention), recent research into locally-developed and operated outstation programs (Shaw *et al* 1994, Stojanovski 1999 in d'Abbs & MacLean 2000; McDermott, O'Dea, Rowley *et al* 1998; Smith & Smith 1995) suggests promise for programs of this sort.

While Mosey (1997), in her consultation for Northern Territory Health Services, found that communities identified outstations to be their preferred strategy for dealing with petrol sniffers, she also recorded their concern with the lack of infrastructure and educational opportunities on outstations and the insecurity of funding for food and other basic program supplies (2000). Following a coronial enquiry into the death of a petrol sniffer injured at a Northern Territory outstation, a range of recommendations were made. These included formal medical and psychological assessments prior to clients' acceptance by outstation programs; staff to be trained in first aid; and programs to have appropriate telecommunication facilities (Donald 1998 (Coroner's report) cited in d'Abbs & MacLean 2000) and clinical backup (Mosey 1997). These same components have been proposed by the 'planning group' for this study's model.

Evaluators tend to recommend other approaches over residential intervention (Gray, Sagers, Sputore *et al* 2000; Brady 2000), which on evaluation have

generally been costly and shown little evidence of success. Negative evaluations of existing residential programs also characterised most participants' 'dry out' perceptions during this study. As discussed in Chapter Two however, other interventions such as health promotion education and brief intervention among Aboriginal people are yet to demonstrate impressive results (Gray, Sagggers, Sputore *et al* 2000). While sobering up shelters are acceptable to community members and police, their quantitative impact on alcohol-related harm also remains unproven (Gray, Sagggers, Sputore *et al* 2000). While supply reduction strategies show the clearest evidence of success, many evaluators acknowledge their limitations for sustained harm reduction because of their failure to address the causes of excessive substance misuse (Gray, Sagggers, Sputore *et al* 2000; Brady 2000; Heath 1992).

The 'dependent problem drinkers' for whom residential facilities have traditionally been established are a minority of the population, with at-risk youth—often the focus of community concern—presenting a numerically greater and potentially longer-term problem. Although Indigenous outstation programs tend to have more of an early intervention and/or prevention focus (Cook, Cook & San Roque 1994; d'Abbs & MacLean 2000), the majority of existing residential programs are 'treatment' rather than 'prevention' oriented (Morfitt-Sputore, Gray, Richardson *et al* 1997; Gray, Sagggers, Sputore *et al* 2000; Council for Aboriginal Alcohol Program Services Inc 1999; Miller & Rowse 1995; O'Connor & Associates 1988). It has proven difficult to convince funding personnel that residential services can be designed to include a largely preventative and youth-oriented role (Nichols 1999). The absence of prevention-focused approaches from most existing residential intervention programs was reflected in frequent criticisms from study participants that little if any lasting change resulted from their strategies.

Remote location for alcohol misuse intervention

Despite the study model's accord with remote indigenous communities' preferences for remote residential intervention, many writers (with some recent exceptions) recommend or imply that interventions should be located within the user's existing community, as this is where drug use occurs and must be dealt with following intervention (Brady 1995b; Rowse 1993; Heath 1992; Sputore, Gray & Sampi 2000). While in-community approaches have intuitive appeal, the degree of substance misuse and social fragmentation on many communities, coupled with a common dearth of structured support services (Royal Commission into Aboriginal Deaths in Custody (Johnson E Commissioner) 1991; Aboriginal and Torres Strait Islander Social Justice Commission (Dodson M Commissioner) 1993; O'Connor & Associates 1988; d'Abbs & MacLean 2000) and many anecdotal accounts of failed

intervention attempts (personal communications, Derby 1996–98), suggests that at this point in Australia's remote area development such approaches may be unlikely to succeed. This opinion appears to be shared by the majority of indigenous participants in this study, other Kimberley studies (Douglas 1993; Sputore 1999) and in the previously mentioned communities stating a preference for outstation intervention. All show majority support for remote residential intervention, often accompanied by similar endorsement of proposals for improved activity and service provision within towns and communities. As d'Abbs and MacLean have commented, Aboriginal alcohol and drug policy:

...is developed 'in the shadow' of wider Australian debates. We need to look thoughtfully at whether current policy directions (such as the move away from residential rehabilitation treatment programs ...) are appropriate to the context of Aboriginal drug and alcohol use and misuse... (d'Abbs & MacLean 2000:82)

Several Derby area community people have been trying unsuccessfully for years, amidst ongoing community fragmentation and inadequate resources, to bring about change in their own communities (personal communications, 1996–99). Most study participants, like those in the Aboriginal community studies referenced above, recommend alternative drug-free settings in which potential and current users may develop or strengthen a range of new knowledge and skills. This issue was raised at a 1998 video conference held between members of this study's 'planning group' and potential funding bodies for the model's establishment. Elders were asked by funding agency representatives why a special program such as that proposed by the bush college model was necessary for 'cultural' teaching. Funding personnel suggested that elders could, theoretically, teach 'culture' anywhere at any time. Several elders present replied that:

... they did do this, but because there were so many distractions these days it was hard to keep young people's attention: in town there were pubs, bands, gunga, festivals, young people roaming around together; and in the communities—even the 'dry' ones—there was alcohol, gunga, nothing was organised, there wasn't any structure. At the bush college there wouldn't be any of these distractions, and there would be lots of structure. People would know they were going there to learn new things, that this was the purpose for going there ... (Nichols 1998).

The elders said that more was needed than the short-term 'culture' camps they had been running with basic Lotteries Commission funding, and that more variety was needed for at-risk young people than just the 'cultural' side (Nichols 1998). As with 'cultural' teaching, they maintained that the chances of learning other new skills would be far greater in a drug-free setting. Despite reservations about residential programs, two leading evaluators of Kimberley health services and facilities have since recommended that, should sufficient new finance become available after the needs of current programs are met, it be used to fund the residential program developed by this study's participants (Atkinson, Bridge & Gray 1999a).

Essential components in alcohol misuse prevention/intervention

An overview

With an unexpected consistency, similar core prevention and intervention components were recommended by the study's initiators, the 'combined community group' and 'planning group' samples, and the individuals (discussed in Chapter Seven) associated with various north-Australian youth and substance misuse intervention projects. The weighting given by each group to core 'cultural', self-determination and support/activity components varied somewhat but all were considered the priority components. A striking difference between these participants' intervention proposals and the style of most existing programs was the participants' focus on a life-enhancement approach to intervention as opposed to one of monitoring substance use behaviour.

This emphasis on life-enhancement rather than substance use *per se* could be interpreted as an extension of Zinberg's (1984) substance/set/setting conceptualisation of the drug use experience (see 'Implications for substance use theory' below). The study participants' model appears to demonstrate a perception that substance misuse and relevant prevention/intervention strategies are most significantly an inter-play between individual (set) and environmental (setting) factors. This broad conceptualisation is reflected in the writings of several prominent health-care program researchers and evaluators, both nationally and internationally. Many comment on common, broadly-based 'third world' perceptions of health and illness, their origins and the maintenance/intervention approaches required (Hahn 1999; Coombs 1980; Rifkin 1986; Brady 1992b; d'Abbs & MacLean 2000). The perceptions of some of these authors have been presented within the 'Development theory' discussion in Chapter Two. Susan Rifkin (1986:243), for example, has noted that among many developing country community members, a western conception of : '... health care is often not a priority ...', with other more pressing needs to do with income and basic requirements frequently more prominent.

An analysis of the study's alcohol misuse prevention/intervention model

The nature of the samples on which the study is based (discussed in greater detail under 'Limitations to the research' below), and from which the intervention model developed, should be borne in mind with regard to this analysis.

In attempting to analyse the study participants' model for its meaning, I suggest that its life-enhancement orientation is the participants' reasoned response to the cultural/psychological/social/economic fragmentation and marginalisation they perceive as the legacy of dispossession. Substance misuse is perceived to be one

symptom of this fundamental cause. In response to this multi-factored dispossession from identity, opportunity and hope, participants have constructed a multi-factored prevention and intervention program.. Their model appears to associate 'cultural' intervention components with a strengthening of Aboriginal identity, knowledge and belonging; self-determination components with a strengthening of opportunity in a contemporary cross-cultural environment; and support components with the sustaining of opportunity and hope through links into positive peer groups, drug-free accommodation, meaningful activity and/or employment, support for substance use goals, and support for strengthening positive family and community relationships. The joint and roughly equal number of recommendations for 'cultural' and 'western' self-determination suggests an intention to address both personal and economic factors.

It is likely that some observers will perceive the model to represent an unattainable goal—an attempt to escape an unmanageable life by constructing an ideal type of society. Additionally, because of the model-planners' focus on primary prevention, some commentators will possibly point to the unattainability of this 'monumental task' which, as Beauvais (1992b:74) describes in its broadest sense, would need to ameliorate the economic factors leading to poverty, prevent family dysfunction, provide a sound cultural base and improve educational services. In my interpretation, rather than representing an attempt to escape an unmanageable life, it appears that participants have constructed what they see as direct and concrete responses to definable aspects of dispossession, marginalisation and hopelessness—responses which they believe would better equip program residents to *return* to and manage their lives. Given the reality of contrasting development-project ideologies and funding constraints discussed elsewhere in the thesis however, the full scope of the model may indeed prove to be unachievable.

With regard to Beauvais' framework above, the model 'planning group' have addressed, to some degree, all of these aspects—although not on the broad structural scale implied by Beauvais. Participants did not attempt to directly address community development or structural reform in their approach to substance misuse. In fact they expressed an almost unanimous conviction that attempting to establish their proposed interventions in existing community or town settings would prove unworkable due to the social fragmentation common to many of these environments. In my analysis, a more workable alternative was seen by participants to be indirect change to both the 'set' and the 'setting'. This would be achieved through change to sense of identity and belonging, peer group association, family cohesion, health, ability to participate in—and assistance to establish—meaningful daily activity and employment, and as a consequence of all of these, a

sense of optimism for the future. Through the application of this approach over time—and given the model's principle of participation by young people in concert with their peers, family, elders and local agency support—community change was anticipated.

I suggest that this focus on the immediate and personal indicated a sense of powerlessness in terms of ability to influence structural reform, coupled with a conviction that once equipped with the required skills, change within the existing system would be possible. Immediate-level change presented a route for more attainable results. With reference to Beauvais' framework for example, poverty could be partially addressed through accredited vocational skills training and linked employment; family fragmentation through the participation of family, elders and peers throughout the program; a strong 'cultural' base through a strongly 'cultural' program context; and educational disadvantage through a range of daily-life, literacy, numeracy and vocational skills training—with follow-up support in all areas. While sweeping change would be an unlikely outcome of the model's implementation, significant change on a more immediate level appeared a reasonable expectation. Family support for the model appeared to be widespread among the demographically comprehensive planning group, and an unprecedented level of written, management-level commitment was presented to the project from a comprehensive range of local agencies. This rare degree of collaboration perhaps indicated the model's resonance with community sentiment.

Despite this immediate focus, frequent reference was made to the gradual increase in broader-scale infrastructure and services (recreation, health, education, local government, community works, transport) being established in towns and the larger communities—and to which potential bush college residents would be linked during and following their program stay. Many comments were made which indicated a perception that no single component, nor a combination of all model components, was seen to adequately address the substance misuse problem. The vast majority of participants indicated the perception that inter-agency collaboration and support was critical to the success of both intra- and post-program stages.

The participants' prevention orientation, and their stated focus on 'at risk' youth, did not appear to represent an idealistic plan to accommodate all Aboriginal youth—all of whom, it could be argued, fall into the 'at risk' category due to the general deprivation common to the 'setting'. d'Abbs and MacLean (2000:10), for example, refer to a range of North American studies in which it has been found, among other factors, that inhalant users are more likely to come from families of

low socio-economic status, have low school attendance, low educational achievement, and experience depression or suicidality. Among Australian Aboriginal communities, others have noted substance misuse associations with factors such as social and cultural dislocation, intra-community conflict, and government interference (Burns 1996; Eastwell 1979; Hunter 1993; McDermott *et al* 1998). Such factors are common to many of the study site communities and a significant proportion of their youth. When 'planning group' participants mentioned potential young bush college 'clients' by name or description, these tended to be youth who had already raised concern due to factors such as increasing experimental substance use, high truancy rate, police or other community services attention, sexual abuse, overt demonstrations of anger or depression, vandalism, avoidance of home or parents and the like. However, this by no means described all of the young people in the area.

As a fundamental aspect of the model is its voluntary nature, it is unlikely that the proposed program would become overwhelmed with 'clients'. (Should this ever eventuate, it would presumably indicate the need for more programs of its kind). In response to commentators who may suggest idealism regarding the likelihood of recruiting young people voluntarily for the bush college program—a topic which has been discussed at length elsewhere in the study (in particular Chapter Nine and below)—I would like to note a common observation made during my WA Alcohol and Drug Authority employment in Derby prior to commencing this study. Many of the young people with whom I spoke about available intervention resources, and who fitted the above 'descriptions of concern', would express a wish to 'get away'—locally, not *too* far from home—so that they could 'sort out' their lives. As mentioned previously, most (but not all) of the young people consulted during this study expressed keen interest in the developing model.

It would of course be preferable to test study participants' intervention propositions against critical evidence from elsewhere—and an overview of existing intervention program evaluations has been presented in Chapter Two. As stated, until recently there has been little evidence of independently evaluated success from any existing program style. Components showing some degree of promise include those of attitude change-promotion (Heath 1992); parental care and sanctions against drug use (Hunter 1991a); a sound cultural base (d'Abbs & MacLean 2000); spiritual affiliation (Kunitz & Levy 1994); self-esteem and belonging (May 1995); positive school and peer socialisation (Brady 2000); skills training and employment (Burns, Currie, Clough *et al* 1995); improved access to health care (Scrimgeour 1997), education (Tsey 1997) and recreation (Stojanovski in d'Abbs & MacLean 2000); Avgas introduction and community leadership (Burns, Currie, Clough *et al* 1995);

outstation establishment (McDermott *et al* 1998); 'acute interventions' such as sobering up shelters, and alcohol supply reduction (Gray, Saggors, Sputore *et al* 2000); 'time out', family involvement and follow-up support (Gray, Saggors, Sputore *et al* 2000); and residential treatment (Monteiro 1997).

No documented programs directly comparable to the study's intervention model are available among existing approaches in Australia. Several remotely located programs have been discussed in Chapter Two, Seven and elsewhere in this chapter, but all cater to specific communities. Of those with a more 'generic' clientele, almost all are urban-based and none offer the comprehensive 'cultural', self-determination and post-program support components proposed in the study model. None of the existing documented programs, to my knowledge, were designed by a demographically comprehensive Aboriginal planning group. As discussed previously, those programs having most in common with the study model, albeit with less structured and less comprehensive program components, are the Mt Theo (Yuendumu) and Injartnama outstation programs for young petrol sniffers. Both have recently been reviewed by d'Abbs and MacLean (2000), who state, in the conclusion to their review of petrol sniffing interventions in Aboriginal communities that:

... At first glance the main success stories in the prevention of petrol sniffing have been the introduction of Avgas ... the development of a few outstation programs as early intervention, detoxification, and, it appears, rehabilitation programs, and ... unleaded rather than leaded petrol ...

... This review demonstrates that when communities have been successful in doing something about sniffing, two conditions have been present. First, there has been sufficiently strong community resolve for families and community decision-making structures to act cohesively in deciding on and supporting strategies, and community members are actively involved in implementing them. Second, not just one or two interventions are introduced but a range of concurrent activities affecting the drug, the users and the social setting in which use occurs.

Perhaps the most exciting development over the past decade has been the leadership of Aboriginal people in designing and implementing programs addressing petrol sniffing. This can be seen in the use of paintings as counselling and teaching tools, at outstation programs where the care and teaching of tribal elders is critical to the rehabilitation and reintegration of petrol sniffers, and in the strong cross-community action involved in introducing Avgas to many communities. In many ways the challenge is to combine the old with the new, mixing strategies and practices from Aboriginal culture that are seen to help sniffers together with whatever can be found to be useful from western systems ...

... We believe that strategies which improve young Aboriginal people's lives and the health and wellbeing of their families and communities will be most effective in combating substance misuse among young people. Recreational, educational and employment opportunities, funding for youth workers on remote communities, parental and community attention and the positive regard of the wider Australian community are critical in giving young people engaging things to do with their lives and a sense of optimism that such activities can be part of a meaningful future ... (d'Abbs & MacLean 2000:81-82).

A sense of having something to live for, a sense of personal worth, a focus on 'set' and 'setting' factors, strong community resolve, and overall attention to issues of identity, opportunity and hope appear common to both positively evaluated existing programs and to the study participants' model. As discussed in Chapter Nine, I suggest that the more generic 'catchment' group proposed by participants in response to funding agency ideology and resource-restrictions may present the model's biggest challenge. Given the need for alternatives to community-specific programs however, and the resonance between existing evaluations and the majority of the model's components, it would appear that the model is worthy of a substantive trial.

Contrasts with other intervention-program studies

Unlike the wariness with which many evaluators view 'cultural' approaches, comprehensive intervention approaches tend to have strong and growing support in the literature. Most leading writers endorse core components of meaningful and engaging activity, positive peer groups and parental care and attention (Brady 1995b; Hunter 1993; d'Abbs & MacLean 2000; Beauvais 1992b; Conway, Tunks, Henwood *et al* 2000), with additional components specific to each writer's perspective. These include strategies designed to strengthen indigenous identity, belonging and role (Beauvais 1992b; Hunter 1990c); promote employment and skills training (Gray, Morfitt, Williams *et al* 1996; Burns, Currie, Clough *et al* 1995); provide brief intervention (Brady 1995a; Monteiro 1997); facilitate self-determination (Tsey 1997; Segal 1998) including large-scale political-structure change regarding poverty and inequality (Saggers & Gray 1998; Te Puni Kokiri 1995); acknowledge the influence of community norms and care and control structures (Heath 1992; Rowse 1993); improve community infrastructure and support services including health, education and recreation facilities (Kunitz & Brady 1995; d'Abbs & MacLean 2000) and foster cohesive social networks (Conway, Tunks, Henwood *et al* 2000; Blignault 1995).

While the study participants' model reflects the majority of these recommendations, it does not include brief intervention, direct community environment action, or broad scale political change. However, certain of these aspects would be influenced indirectly by the model's proposals. While participants in some of the studies previously mentioned have indicated the positive impact of brief intervention, particularly from empathic and non-judgmental doctors in Aboriginal health care settings (Brady 1993; Hunter 2001; Blignault 1995), participants in this and other studies (Shaw *et al* 1994, Mosey 1997 in d'Abbs & MacLean 2000) have indicated a strong preference for residential intervention over the variety of out-patient 'counselling' approaches.

The authors of the Quality Assurance Review summary (Mattick & Jarvis 1994a), and others (Brady 1995a; Monteiro 1997), suggest that brief intervention and out-patient services tend to be effective for non-dependent problem and excessive drinkers—and that for the latter group particularly, brief intervention should be promoted. However, with some recent exceptions, brief intervention literature and manuals have been designed largely for a non-indigenous population. Their audience is largely assumed to be literate, to accept health worker and western medical knowledge as legitimate, likely to attend follow-up appointments and to require minimal follow-up and support for what is often a profound change in drinking and lifestyle behaviour. Many Aboriginal drinkers do not fit this characterization.

With regard to other forms of out-patient ‘counselling’, the small number of study participants with experience of ‘professional’ counselling intervention is consistent with the results of other research on the uptake of this intervention option (Hunter, Hall & Spargo 1991; Brady 1995c; Blignault 1995). In this study, as in others (Hunter, Hall & Spargo 1991; Blignault 1995), most of the counselling experienced by participants had come from families and of those with professional counselling experience, few people have credited it with significance. For the majority, as suggested in Prochaska and DiClemente’s ‘Process of Change’ model (1986), change in substance use behaviour appeared more related to a process of contemplation over time regarding the reasons for continuing or discontinuing use. The ‘moment of decision’ for most drinker participants appears most often to have been the result of a chain of events and reflections. One Aboriginal ex-drinker (not a study participant) told me, for example, that it wasn’t until he was lying in traction in hospital for the third time after his third drink-driving accident that he finally realised he had to do something about his drinking. The fact that many people drink for years amidst frequent family and occasional professional ‘counselling’ and brief intervention (including that provided in hospitals and at rehabilitation centres under court order) suggests that counselling alone is often inadequate to promote major change.

With regard to the study model’s lack of proposals for direct intervention into community infrastructure, services and attitudes as recommended by some writers (Kunitz & Brady 1995; d’Abbs & MacLean 2000; Heath 1992; Rowse 1993), two key differences in available emic and etic perceptions appear relevant. There appears to be a strong emic emphasis (Sputore, Gray & Sampi 2000; Douglas 1993; Miller & Rowse 1995; d’Abbs & MacLean 2000), shared variously by a diverse range of writers (Kunitz & Levy 1994; Blignault 1995; Hunter 1993; Beauvais 1992b), on the

importance of family and community relationships and support, social support alternatives to drinking, meaningful activity and 'cultural' knowledge and identity, These emic proposals tend to have a primary 'relationship' and 'activity' focus, as opposed to the structural change focus advocated by some. A somewhat different emphasis is placed by some writers (Kunitz & Brady 1995; Siggers & Gray 1998; Atkinson, Bridge & Gray 1999a; Tsey 1997) on structural change within the home community. This is not to infer that the emic views referenced here do not incorporate structural change, but rather that this approach was not expressed as a priority.

Proposals for addressing large-scale structural inequality are also absent from the study's intervention model—although through its self-determination aspects, indirect attempts would be made to improve equality of opportunity. Broad scale action of this sort may remain more the mandate of indigenous Land Councils, and Indigenous and non-Indigenous health, education and political representative bodies. In the Derby area, the one Aboriginal community which has managed to instigate and achieve significant structural change over the past decade—including the establishment of a health clinic, a school, income-generating ventures, and lately, funding for the first ('cultural') stage of an outstation substance misuse intervention program—has done so with intense and consistent input from a range of indigenous and non-indigenous agencies and individuals. While this sustained cross-cultural, multi-agency support appears to be common among more successful programs (Burns, Currie, Clough *et al* 1995; Stojanovski 1999 in d'Abbs & MacLean 2000; Cook, Cook & San Roque 1994; Moewaka Barnes 2000) it is not a reality for many communities. Cohesive community commitment, leadership, established cross-cultural relationships, familiarity with bureaucratic processes, and strong individual personalities have all played important roles in this community's success. This uncommon blend of resources lends weight to the importance, as recommended by others (d'Abbs & MacLean 2000; Brady 1992b) of well-resourced, more centralised services which can offer program support to a range of communities.

Similarities with other intervention-program studies

Many similarities are apparent in the recommendations of the literature and the study's intervention model. All of the positively evaluated intervention components identified in the review by Gray, Siggers, Sputore *et al* (2000) have either been proposed by the study's participants (locally developed programs, health improvements related to 'time out' in residential programs, family-based residential interventions, sustained program follow-up support) or, with reference to supply reduction and harm minimisation measures, are already in place in Derby.

Similarly, the positively evaluated program aspects relating to self-esteem, assertive communication appropriate to culturally-defined drinking contexts, and peer support (Gray, Siggers, Sputore *et al* 2000) are all proposed in the study model. Community-based education and post-program follow-up would be provided in Derby by the proposed program's town-based staff and the host of fieldwork agencies which are signatories to the model. These agencies also offer services to the larger communities. In smaller communities and outstations, the elders, family members and peers who would accompany 'clients' through part or all of the bush college program would be the key providers of follow-up support.

Local alcohol intervention programs in the town have not yet formed, as recommended in some evaluations (d'Abbs & MacLean 2000; Brady 2000), into a coherent community strategy for addressing the substance misuse issue. Members of several of these agencies are members of the local drug action group which could, theoretically, provide a preliminary structure for co-ordinated action should members decide to act on this. It may be, however, that close co-ordination across agencies often constituted by different family and linguistic groups is unlikely in Derby. While a co-ordinated approach may be the ideal, it could be (as proposed in the study model) that a network of independent agencies, working relatively independently toward a shared goal, may be the way this process will evolve in the study area.

In other components consistent with tentative recommendations from the review by Gray *et al* (2000) and those of other writers (d'Abbs 1990; Brady 2000; Beauvais 1992c; Anyinginyi Congress 1996), the model's budget incorporates adequate funding for an appropriate number of well trained, well supported and well resourced program and administrative staff. Operational and follow-up requirements, including annual independent evaluation (based on criteria developed by the planning group) have been detailed and budgeted. Research concerns regarding inadequate indigenous involvement in program design and content, staffing and followup (d'Abbs & Togni 2000; Miller & Rowse 1995; Gray, Siggers, Sputore *et al* 2000) are, to my knowledge, addressed more thoroughly in the thesis model than in previous intervention programs.

Brady's recommendations for training in culturally aware assertive communication, syncretic cross-cultural intervention approaches, motivational counselling, and the formation of mutually supportive anti-substance-misuse peer groups (1995b) are well met by the thesis model. Motivational counselling would not take place in the manner suggested by Prochaska and DiClemente (1986) for example, but in the informal 'Aboriginal counselling style' proposed by study participants as residents

and elders or staff worked together through program components—and with a life-enhancement rather than a substance misuse focus. Participants propose that compulsory weekly substance use discussions would include the effects of alcohol and other drugs on health, relationships, and daily life; strategies for maintaining drinking goals and preventing relapse; and assertive communication with relatives and drinking peers.

The thesis model addresses the majority of Weibel-Orlando's recommendations both for methodological aspects of new model building and for the four key components she has identified in the most viable of the 50 Native American intervention programs she has observed (1989). With reference to these recommendations, the thesis model was initiated and developed over an extensive period by a demographically comprehensive (although not representative) group of indigenous people (including current, ex, and non-drinkers) from the study area. Many of these people are role models in their community and many are ex-drinkers. Current research recommendations were considered by participants for inclusion throughout the model-building process. The multi-component nature of the model caters to a wide variety of clients, both the more and less 'traditional' (Weibel-Orlando 1989). It caters to a wide variety of substance use and lifestyle goals; and addresses, through its family/peer co-residence strategies, critical everyday realities such as the power of peer pressure and drinking group communality. Indigenous self-regulatory drinking patterns were not identified by the 'planning group' for inclusion in their model. The model proposes that clients and their families would be involved with the program for some months, the extent defined by the client's sense of confidence in having achieved his/her goals—including the establishment of community support structures (Weibel-Orlando 1989). This latter program component would be facilitated by the on-site participation of family members and community role models throughout the program and by the confirmation of follow-up assistance offered by local health, counselling, sporting, youth and employment agencies.

Weibel-Orlando has warned against the assertion from some quarters that 'cultural' models are necessarily superior to non-indigenous models (1989). Participants in this study appear instead to suggest that a blend of 'cultural' and western components may offer a better approach than the narrow focus of many existing models. One of the contentions of this thesis is that an indigenous initiation and planning process is likely to produce a more culturally appropriate and powerful intervention model than the majority of the western-based models currently available. This suggestion is endorsed by many other bodies, especially where outcome models reflect, as does the study model, current research

recommendations and the incorporation of substantial evaluation (Royal Commission into Aboriginal Deaths in Custody (Johnson E Commissioner) 1991; National Aboriginal Health Strategy Working Party 1989; Gray, Siggers, Sputore *et al* 2000). Surprisingly, Weibel-Orlando looks to the researcher rather than the indigenous population for new model proposals, suggesting several times and in several forms that this sort of model building is 'certainly within the intellectual bailiwick of most social anthropologists' (1989:152,153). It is proposed in this thesis that such model building will be best achieved by indigenous people, in research collaboration with an informed and independent facilitator.

Comparison with 'mainstream' recommendations

An example of differences between indigenous and 'mainstream' approaches to substance misuse prevention and intervention is evident in a comparison of a key aspect of the thesis model with those of the 'mainstream' Quality Assurance Review (Mattick & Jarvis 1994a). The most obvious difference in emphasis is the latter's principal proposition that intervention intensity be decided by the client's degree of alcohol dependency (Mattick & Jarvis 1994a). This substance-use emphasis largely prescribes whether or not the intervention approach would be residential or offer brief to longer-term out-patient 'treatment'. In comparison, the thesis model's assessment emphasis has more to do with the client's degree of marginalisation from community life. By this latter criterion, a person may not be using substances at all, but simply be at risk of doing so. Study participants perceived an intensive residential, family and peer-oriented, culturally and socio-economically based program to be the most appropriate means for addressing this marginalisation. The thesis model is predominantly one of prevention, targeting young people at risk of substance misuse. From the outset of the planning process, participants emphasized the importance of '...getting kids at early stage, when they're just *starting* to drop out of school, just *starting* to take alcohol or drugs...' (original emphasis) (Nichols 1997).

With consideration to both the different cultural backgrounds of mainstream programs' and thesis model target groups, and their *modus operandi*, many of the summary article's outlines for intervention (Mattick & Jarvis 1994a) are met by the thesis model's proposals. These include recommendations for thorough assessment; staff qualities and skills; time out; medical and nutritional care; work skills training; alcohol education including relapse prevention and management; communication and assertiveness skills training; program structuring; support-network referrals; goal setting and maintenance training, psychological and psychiatric assessment and referral; personalised substance use awareness and information; spouse (family) support; structured supports and aftercare; and

culturally adapted forms of motivational interviewing and cognitive and social skills training (Mattick & Jarvis 1994a). Because of its proposed remote location and lack of on-site medical staff, the thesis model's program does not offer the detoxification or supervised disulfiram regimes recommended in the review, nor is there currently an AA group in the area. The AA approach has to date not proven popular with Aboriginal drinkers in the region, many of whom report that they prefer more 'Aboriginal style' support from non-drinking or controlled drinking friends and family (Hunter, Hall & Spargo 1991; personal communications Derby 1995-98).

The recommended multi-pronged approach of the Quality Assurance Review (Mattick & Jarvis 1994a) has a much more overtly psychotherapeutic and cognitive-behavioural approach (structured family and marital counselling, social skills training, cognitive re-structuring, anxiety reduction and gender-specific intervention components) than the skills, knowledge and identity focus of the thesis model. Participants propose that issues of anger, domestic violence, peer and relatives pressure, boredom, apathy and feelings of hopelessness be addressed in 'Aboriginal counselling style' by elders, with additional assistance from trained on-site and visiting agency staff, and through the practical benefits of core program components. The thesis model also proposes a greater focus than does the Quality Assurance Review on extended family (including elder) and peer involvement through co-residence and participation in program components. These people would play a key role in post-program support and in managing the increased 'cultural' difficulties involved in assertiveness with indigenous substance-using peers and family. The scope of social issues targeted in the thesis model is also greater than that proposed by the Quality Assurance Review and includes budgeting, literacy, employment and housing/accommodation issues.

Comparison with other community models

In the past decade occasional publications (Cook, Cook & San Roque 1994; Burns, Currie, Clough *et al* 1995; d'Abbs & MacLean 2000; Clump Mt Wilderness Project 1993) have described emergingly successful (although as yet largely unevaluated) indigenous community or family-initiated and operated substance misuse intervention programs. Their apparent success may be due to their indigenous community/family context, origins and support; their often remote locations; cross-cultural support; and the inclusion of components relevant to the process of daily life (Stojanovski 1999, Durnan 1999 in d'Abbs & MacLean 2000; Cook, Cook & San Roque 1994; Burns, Currie, Clough *et al* 1995; Brady 2000). As with the study's proposed model, all of these recently described programs were locally initiated and appear to have wide community support. While these programs vary in their balance of 'cultural' and 'western' components, all incorporate and rely

substantially on aspects of both cultures. Significant differences between these programs and the study model include the fact that most are located in-country and have specific-community linkages as opposed to the larger sub-regional 'catchment' population proposed by the study model. This important issue will be discussed later in this section. Most of the residential programs described by d'Abbs *et al* (2000), including the Injartnama model (Cook, Cook & San Roque 1994: see Chapter Seven) indicate a possibly greater emphasis on 'time out' and 'cultural' teaching than on a structured blend of these factors with self-determination skills. They also suggest a less demographically comprehensive, less systematic program planning process.

It is interesting to note the complementarity in many model components identified by Aboriginal participants from two remote areas of Australia with linguistic boundaries some 1000 kilometres apart. The study model and the central Australian Injartnama model (Cook, Cook & San Roque 1994) share a core aim of strengthening a sense of Aboriginal identity, knowledge and belonging. In addition, both models share a core belief that intervention programs must focus on the client's life situation rather than on their substance use. Both support notions of indigenous program and evaluation planning with the selective inclusion of recommendations from the 'mainstream'; focus on youth and the importance of establishing alternative activities to drug misuse; acknowledge the critical importance of family, cultural and elder involvement and an informal, family-style atmosphere, and the healing effect of a bush location (Cook, Cook & San Roque 1994). On a practical level, the two models endorse non-institutional, culturally-appropriate, client-built, low maintenance infrastructure; and the critical importance of an adequate number of adequately paid and skilled staff. The importance of this latter component is seen to lie not only in its provision of a shared administrative and operational workload, but of the critical opportunity it provides for respite for the principal carers. In contrast with the Injartnama model, the thesis model proposes a relatively structured 'college' timetable, the former program being relatively unstructured with much of its content occurring informally as staff and clients interact during the day.

Like the study model, all of these community programs share principles of local endorsement; community resolve and leadership collaboration; cross-cultural collaboration; a comprehensive approach including skills training and 'cultural' strategies; and post-program youth-activity networking. Some were also associated, like the study model, with local supply reduction initiatives. Because this study's 'planning group' participants did not come from a single family group or community, it is possible that their model has developed from more

demographically comprehensive community input. Established lines of authority and control can dominate planning processes in single community or family groups (Gray, Saggars, Drandich *et al* 1995).

The core intervention components recommended by this study's 'combined community group', 'planning group', preliminary interview groups and study initiators were also identified as priorities by participants in Michael Douglas' 1993 Hall's Creek study (1993) and by informants in the later Halls Creek study (Sputore, Gray & Sampi 2000). Precise comparisons between the findings of these studies is difficult due to their different methodologies and presentation of results. The study by Sputore, Gray & Sampi (2000), which included Aboriginal and non-Aboriginal participants, presents group strategies for intervention and did not explore details of participants 'dry out' recommendations. The study by Douglas (1993) presents the Aboriginal participants' intervention recommendations without quantifying them, prioritisations being assumed from the order and inclusion of their proposals in the text. In an attempt to compare the various results, I have grouped the strategies proposed to the researchers in the Sputore *et al* study into categories which reflect the type of action (activity, self-determination, 'cultural', support) described by respondents as opposed to the type of intervention (prevention, treatment and the like) ascribed by the researchers (2000:29). Taking Douglas' text as indicating priorities, all of the studies provide information on those intervention strategies which received the most recommendations from participants. It is the consistency in intervention proposals nominated by the larger proportions of participants in each study (albeit with different weightings in each study), which suggest the core importance of these specific approaches. Strategies other than these core proposals were recommended, but by much smaller proportions of respondents.

All groups proposed residential intervention as their first or second intervention recommendation. In the Sputore study the evaluators point out that 'dry out' would have been the fourth most recommended strategy had the researchers not specifically raised it as an option. Of the remaining most recommended strategies, activities, support, self-determination (employment and training) related strategies, and 'cultural' strategies were most prominent. In the Douglas study and this study, when participants were questioned further on the details of their residential intervention proposal, self-determination and 'cultural' components were most frequently mentioned, followed by varied activity and support strategies.

Without specifically questioning participants on the details of their 'dry out' proposals, it is not particularly meaningful to compare the number of nominations

for this strategy with those for 'alternatives for use', for example. Residential intervention is typically identified as either 'dry out' or 'rehab' unless further details are specifically sought. 'Alternatives to use', on the other hand, are likely to be nominated via a range of specific recommendations including identified sports (basketball, football, swimming), leisure activities (drop-in centres, youth clubs, discos), courses (learn computing, tourism skills, ranger skills) and the like. If the findings of this study are any indication, when questioned further about specific recommendations for 'dry out', respondents would be likely to nominate many of the proposals categorised by Sputore *et al* as 'prevention' or 'support' or 'treatment' (2000:29). Such finer methodological details are problematic in any research comparisons, but if these are taken into consideration, the various findings may at least enable a rough indication of trends.

These similarities suggest that the majority recommendations for structured social and occupational support, 'dry out', employment and training, and 'culture' have widespread validity and relevance among this remote regional population. However, with the exception of 'dry out' program availability and some of the recently reported community-based programs (d'Abbs & MacLean 2000), few of these strategies are robustly structured core components of the established, recurrently-funded programs in the area (Morfitt-Sputore, Gray, Richardson *et al* 1997; Milliya Rumurra Aboriginal Corporation 1996; Sputore 1999; d'Abbs & MacLean 2000). Darwin's Council for Aboriginal Alcohol Program Services (CAAPS) does offer family programs and employs community based fieldworkers, although the services' overall approach is based, like intervention programs in general, on a substance-use focus. CAAPS family programs are also modelled on Holyoake's adaption of the Minnesota Family Treatment Model's 'tough love' co-dependency programs (Council for Aboriginal Alcohol Program Services Inc 1999), and the focus of fieldworker intervention is on individual or family-based reinforcement of the strategies taught for dealing with 'dependent' or 'co-dependent' behaviours (Bunk 1989; d'Abbs 1990). d'Abbs has questioned the appropriateness of these concepts to Aboriginal frames of reference (d'Abbs 1990). In contrast, the support emphasis proposed by participants in this study is on the co-participation of family and peer 'cohorts' in the life-enhancement components of the bush college program and in the establishment of post-program social and occupational supports.

In general, current programs around the country tend to be based on western intervention and procedural models and a symptom (substance use) rather than cause focus. These programs (d'Abbs 1990; Miller & Rowse 1995; Morfitt-Sputore, Gray, Richardson *et al* 1997) tend to be dominated by classroom style, substance-focused talks and (often AA based) group sessions, have little or no vocational or

'cultural' components, tend not to have substantial family and peer group participation in the intervention process, have minimal or no structured post-program support, and focus largely on individual pathology rather than the broader 'cultural' and socio-economic context in which people live and make their substance-use decisions. The discrepancy between the style of most existing intervention programs and those proposed by Indigenous groups themselves suggests that the cultural appropriateness of substance misuse policy and funding decisions has to date been poorly defined. As a consequence, programs which are successful in receiving funding are often both inappropriate to the daily life realities of their target groups and largely ineffective.

Reflections from development theorists

George Foster has suggested that health agencies often appear to have 'limited corporate memory' (1999:355) and tend not to learn from past experience. He ponders the validity of the primary health care model, which he sees as a reinvention of an earlier, questionably successful community development model, and also of the trend toward community participation which he sees as having produced 'meagre results' in the Third World (1999:357). Rifkin (1986) asserts that although there are few available in-depth analyses of community participation in health care—of those available, a high proportion suggest that failure to achieve broad and long term community participation in health care is due to approaches which focus mainly on the delivery of health services (Coombs 1980; Rifkin 1985; American Public Health Association 1983). Hahn's (1999) recent collation of international public health research findings endorses both this and the following views. As Foster himself and others (Korten & Alfonso 1981; Hahn 1999; Hunter 1993; Walsh 2002) have identified, success is unlikely with 'top down' approaches which do not focus on local perceptions of need.

As may be the case with the thesis model, additional identified barriers have included governments' insensitivity to Aboriginal needs and/or governments' wish to maintain their own methods and program objectives (Coombs, Brandl & Snowden 1984; Foster 1999; Rifkin 1986); a reluctance to surrender power to the community (Foster 1999; Hunter 1993; Walsh 2002); competition for resources and power, and differing goals among non-heterogenous and resource-poor community members (Foster 1982; Gerritsen 1982; Rifkin 1986); and differing focuses in which governments wish to make capital available to a host of programs nationally whereas community workers wish to encourage community confidence and self-reliance through community-generated projects, time-frames and direction (Coombs, Brandl & Snowden 1984; Foster 1999). Several project examples described in Hahn's (1999) collation indicate the extent to which local factional

politics, lack of national commitment, and personnel changes at both national and departmental levels can negatively influence project progress. He notes that:

... the political process can make or break, and, between these extremes, facilitate or hinder a well-designed project ... (Hahn 1999:xvii).

Others (Burns, Currie, Clough *et al* 1995; d'Abbs & MacLean 2000; Walsh & Mitchell 2002; Rifkin 1986) suggest that past failures have been at least partially due to inadequate understandings and practice of community development and community participation principles. In her major review of community-participation health care programs in developing countries, Rifkin, for example, suggests that such failures may be due to a continuation of traditional models of health care rather than the development of new and different action programs and analytic tools (1986:248). She asserts, for example, that many health planners still attempt, unsuccessfully, to solve problems by gaining community support to attack diseases (1986:242). She proposes instead a conceptual framework for community development which addresses three questions of purpose in pursuing community participation; scope and composition of participant samples; and ways in which people participate. Answers to these questions can identify the position of planners and agencies along a continuum, with those at either end having been perhaps less likely to succeed. At one extreme are those concerned mainly with health service management, seeing community participation as a program component rather than as an integral part of program planning and operation. At the other extreme are those who focus on community development activities (without articulation of precise goals and strategies) and give priority to community decision-making at the cost of efficiency (Rifkin 1986: 248). She suggests that community participation, in its broadest and deepest interpretation, is able to demonstrate people from the community deciding which programs they wish to undertake and then asking health staff, agencies and/or government to provide expertise and/or resources to enable the activities to be pursued (1986:247).

Rifkin has observed that motivation—not resource allocation—is the ‘major ingredient’ in health program community participation (1986:245). As previously discussed, this ingredient, in concert with context-specific factors such as culture, history, government policy and social, political and economic structures; and the constantly changing nature of decision-making, resource control and attitudes of all those involved in the program, will strongly influence community participation—and hence the success of programs based on this participation. In her suggestions for ‘the planners’ role’ in community participation health care programs, Rifkin has observed that as a result of these factors and of differing perceptions of ‘health’:

... health services alone will not radically improve health for the majority of people in the world ... attitudes of community people to health care cannot be controlled in the same manner as health service delivery. Although difficult for planners to accept, it may well be that, to gain improved health status, (planners) will have to surrender their dominant position in programmes and let community people decide in which way programmes will develop using planners and agencies as resources not directors ... (Rifkin 1986:246)

Program evaluation

Study participants' proposals for assessing intervention effectiveness showed a clear emphasis on the acknowledgment and honouring of family and community responsibilities. Monitoring of drinking behaviour, by comparison, received only a quarter the number of nominations, indicating the former's greater relevance to participants' perception of success. Substance use behaviour however, in concert with measures of alcohol-related pathology or hospital admissions (Brady 2000) is among the criteria most commonly relied upon to indicate intervention effectiveness. In a comparative review of indigenous program evaluation in Australia and Canada, Gray and colleagues (1995:567) point to '... the very real differences between the agendas of indigenous peoples and those who seek to evaluate programs for them...'. As these authors suggest, a dilemma exists between the social accountability called for by indigenous people and the financial accountability (often measured quantitatively using the aforementioned criteria) emphasized by the state. They 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 (d'Abbs & MacLean 2000; Reason & Bradbury 2001) note also that standard evaluation instruments lack the sensitivity required to incorporate such 'cultural' differences (Gray, Saggars, Drandich *et al* 1995).

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 (Gray, Saggars, Drandich *et al* 1995:570,571). With reference to this latter point, Weibel-Orlando has noted 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 (1989:152). Among the recommendations for staff selection criteria finalised by the study's 'planning group' members were those for staff with sound administration, report writing and 'paperwork' skills.

The Quality Assurance Review project (Mattick & Jarvis 1994a) appears to have made a thorough assessment of Australia's evaluated 'mainstream' alcohol

intervention programs. However, because of their focus on non-indigenous specific programs, the Review's findings should not be used to guide funding or evaluation policy in the indigenous area. As discussed, there are some key differences between the Review's 'mainstream' recommendations and those of indigenous participants, substance use workers and researchers in remote Australia. Until the dearth of evaluated indigenous substance misuse programs and culturally appropriate evaluation techniques is addressed, programs known to be strongly supported by Aboriginal communities, clients, experienced substance use workers and researchers could be selected as priorities for both evaluation and interim funding. It would be irrational if funding for such popular, but as yet formally 'unproven' programs was withheld. These may be the 'new models' for which communities and evaluators have been calling.

Participatory research in action

Study sample representation

Neither of the study's two sample groups could be regarded as representative of the Derby area Aboriginal population aged 15 years and over. However, the 'combined community group' was proportionately representative in sex; average age over 13 years and age groupings in all but the 40–59 year age group; language group representation; employment; and in basic vocational qualifications and early school leavers. This group provided study data for Aboriginal perceptions and patterns of alcohol use, perceptions of existing alcohol interventions, perceptions of 'culture' and its role in intervention, and the first stage of participant proposals for intervention. The remaining sample group, the partly purposive, partly snowball-sample 'planning group' carried out the core work involved in finalising the components for an indigenous model for alcohol intervention. This latter group contained more men, less women, was generally older and had a different language group distribution than the regional indigenous population. Language area representation was roughly equal for language groups to the north, east and south of Derby in both the full model-planning group and among the 20 core planning group members. Despite the marked demographic differences between the two sample groups, their key intervention proposals were surprisingly similar. This may possibly suggest that many remote area Aboriginal people hold similar views about the causes of alcohol misuse and of the essential components for its prevention and intervention.

Despite the higher proportion of older, male participants in the model-building process, these men did not appear to dominate the process of proposing interventions nor of debating their advantages and disadvantages. Despite the majority attendance of men at the special 'funding body' focus group meetings, the

information they provided to these agencies tended either to reiterate decisions previously made by the wider group of participants or referred directly to specific elders' business such as 'cultural teaching'. As far as I was aware, the key roles of the male elders appeared to be negotiation/liaison with funding bodies and overall 'supervision' of the model-building process. With regard to the latter, my impression was that this supervisory role was principally one of guarding the 'cultural integrity' of the model-building process and outcome. Provided that no 'cultural' transgressions occurred (such as those risked by certain 'location' proposals for the 'dry out'; or by divulging details of 'cultural' teaching to outsiders such as myself or potential funding bodies, or by including 'law business' or 'ceremony' in the 'dry out' program), elders' participation in the model-building process appeared similar to that of other participants. Adrian Isaac's guidance of my facilitation had a similar supervisory quality. He intervened if and when my process suggestions were inappropriate, but other than this and our 'feedback sessions' we had no special interaction during the planning focus groups.

As Gray *et al* assert, aiming for representativeness in a community too large to include all members 'can be a vexing problem' (Gray, Saggars, Drandich *et al* 1995:570). They point out that social structures may mean that not everyone is authorised to speak, raising concerns about democratic representation and the influence this may have on the data collected. They stress the importance of including all stakeholders, of remaining aware of the social disruption which may result from the exclusion of some stakeholders, and that research guidelines must 'articulate ways in which indigenous peoples can have their views heard at each stage of the (research) process' (1995:571). Attempts were made to address these issues through a combination of participants from purposive, convenience and snowball sampling strategies. The fact that planning group attendance was roughly equal for all three language areas may possibly indicate that these groups organised their own representation and culturally appropriate selection of speakers, especially when the almost identical number of core 'planning group' members from each language area is considered.

Attendance at the model-planning focus groups was open throughout, and the majority of the 82 participants came at their own instigation. Attendance figures (Table 20) showed a comprehensive distribution through sex, age over 20 years and language groupings. In comparison, d'Abbs and MacLean refer to a West Australian government strategy aimed to encourage and support community identification of sniffing intervention strategies (d'Abbs & MacLean 2000). After two years, the working party had been unable to establish a core working group in any community. Community heterogeneity was seen as the explanation for this and the

working party recommended instead that families become the 'major system' of focus (d'Abbs & MacLean 2000). As d'Abbs and others suggest however, family attempts to stop petrol sniffing do not always work, and there is often conflict between family and community authority in Aboriginal communities (Rowse 1996 cited in d'Abbs 2000). Similarly, other research has indicated that community resolve (Rifkin 1986), cohesion (Beauvais 1992c), and leadership (Burns, Currie, Clough *et al* 1995) are vital elements in successful community action. Where family and/or individual community attempts to develop intervention strategies have been unsuccessful, there may be a place for programs which cater to larger regional sub-populations, and which broaden the responsibility for program planning to committed representatives of this wider group. It is possible that the breadth of the study sample was motivation in itself for attendance, in order that all language areas were represented.

With reference to collaboration from outsiders in indigenous community action projects such as this one, d'Abbs and colleagues have warned, in a number of publications (d'Abbs & Togni 2000; d'Abbs & MacLean 2000), that such involvement points:

... to the need to distinguish genuine [indigenous] community concern and participation from the appearance of consultation which, at the hands of non-Aboriginal professionals and bureaucrats, all too often pass for the same thing ... (d'Abbs & MacLean 2000:57).

Despite the lack of full proportional representation among this study's sample groups, such concerns appear to be adequately addressed by the extent of sustained participation over a lengthy research process by people from a good range of language groups, communities, gender and age groups. The sustained involvement (over fourteen months and twelve core meetings) of twenty participants from all of the main language areas; and the spontaneous attendance (often to several meetings) of another 58 people largely through 'word of mouth' suggests that its purpose had credibility in the community. While individual attendances were often inconsistent, language area attendance was not so—with core planning period and core planning group attendance figures for language groups to the north, south and east of Derby being roughly equal. This consistent language area representation and sustained involvement may possibly be a more culturally relevant marker of commitment to a project among remote area Aboriginal people than is individual attendance.

Despite my expectation that language group, gender and age-related factors would markedly differentiate participants' proposals, this was generally not the case. The 'location' and 'cultural teaching' debates described in Chapter Nine were the most

obvious indication that factional alliances played little part in decision-making. It seemed that participants' commitment to developing a powerful response to the alcohol problem was their foremost concern and overcame any potential tendency to favour 'family' opinion. My perception of this largely consensual process was corroborated by Culture Centre staff who were present at almost all 'planning group' meetings.

Youth representation

Because of the under-representation of young people in the planning group, I had wondered throughout the model-planning process about the potential relevance of certain aspects of the model to this group. My personal inclination was to give weight to suggestions uniquely proposed by young people. However, responses such as those from the young people present at the final planning meeting (discussed in Chapter Nine), coupled with those expressed by young 'combined community group' participants, suggest that even without the inclusion of all of the youth-only recommendations, there were adequate components within the model to appeal to a significant number of young people. Should the model be established its management may adopt the flexibility shown by the Injartnama program (Cook, Cook & San Roque 1994) and respond to the emerging recommendations and needs of young clients.

As it became evident that the evolving intervention model was to be focused on youth, I attempted with the help of members of the planning group to encourage more young people to come to model-planning focus group meetings but this was largely unsuccessful. In the 'combined community group', youth representation (under 20 years old) had been 25 per cent of the total number of people interviewed. However, despite attempts to encourage young people's attendance at 'planning group' meetings, only four per cent of those who attended were under twenty years old and 23 per cent under 40 years. In an attempt to gain further perceptions from young people I organised 'personal profile' interviews with six high school students and recruited an 18-year-old Aboriginal research assistant to conduct further youth focus-group interviews. This latter strategy was not particularly successful for two apparent reasons. Primarily, it appeared that the young people approached were reluctant to divulge much personal information to a peer, known either to themselves or to their families—and my assistant was reluctant to probe for more information. Secondly, at the age of 18 and with only the basic interview training and role-playing which I was able to offer, the task was both difficult and foreign for this young and inexperienced interviewer. She found it difficult to take an assertive role in organising interviews and in exploring people's perceptions in depth.

It is possible that the process may work better with a slightly older and more experienced interviewer who is either not from the area or who is non-Aboriginal. As will be discussed, some participants did state a preference for the latter. When discussing 'planning group' proposals for the recruitment of bush college staff, a significant number of participants said they would prefer to recruit at least one non-Aboriginal staff member. They maintained that some people feel more comfortable talking about family and personal issues with someone entirely unrelated to them and independent of the area's social network. Others stated a preference for recruiting only Aboriginal staff, as the program was to be primarily for Aboriginal people.

In general, the presence of a higher proportion of older people did not appear to inhibit the involvement of those younger people who were part of the model-planning process—other than at 'special agenda' planning meetings. If anything, younger participants may have proposed more ideas and debated issues more vigorously than older participants. This may partly explain the similarities, despite their differing age profiles, in the intervention proposals of the 'combined community' and 'planning' groups.

Continuity in 'planning group' attendance

The most consistent attendance at planning focus groups was provided by health-related workers (including those young participants among them), prospective-site community members (most of whom continued their attendance following the model's location decision), elders, and residents with specific alcohol related concerns. Those who attended only once or twice included some of the younger participants attending in the very early planning stages; those with ideas perceived by the 'planning group' to be very 'western'; those deterred by these same 'western' ideas; those who attended in language group cohorts for 'special' planning meetings when key decisions were to be made; and new arrivals in Derby who attended at the end of the planning process.

Without questioning the young people who came only to very early planning meetings it is impossible to define their reasons for discontinuing. Possible explanations may have been negative perceptions of existing models, perceptions that the model was irrelevant, or because (as one young person commented) they perceived it to be an elders' decision-making process and not their place to speak. Several planning group members recommended that young people be interviewed separately from the 'planning group' as it was felt they would be more likely to offer opinions in that situation. It is possible that some young participants may have

been wary of the poor track record and reputation of existing residential models, or of the well-known views of the participating community leader who was advocating an 'enforcement' model. As the resulting bush college model did not become apparent until the fourth or fifth planning meeting, those attending in the early stages only may have been largely unaware of the development of the new approach apparent in the bush college model. When the college aspect, in particular, was raised in conversation outside the 'planning group', many young people showed obvious and strong enthusiasm.

Dilemmas in the model-building process

As discussed at length in Chapter Nine, despite a general process of relatively easily reached agreement on model-building components, some dilemmas were apparent. For participants, these included the identifying of the appropriate blend of 'Aboriginal' and 'western' approaches to intervention in a way that would provide both the supportive 'cultural' environment and the structured learning program identified in their model.

From my own perspective, and inherent in the process of facilitating participatory action research (Reason & Bradbury 2001), was the dilemma of attempting to maintain a neutral facilitator position throughout the model-building process. As an example of this, I was telephoned at one stage by an Aboriginal worker in the health field who had seen the 'minutes' of the first model-planning focus group, during which a recommendation for 'lights out at 10 pm' had been raised (Nichols 1997). She was deeply dismayed by this suggestion, seeing it as evidence of internalised oppression, and was very concerned that this common legacy might pervade the developing model. I told her that I too had been concerned by the suggestion—which appeared to have come directly from this participants' own experience of institutional life—and that I had wondered at the time if proposals of this sort would dominate the process. I told her, however, that I was powerless to do anything about the situation as this was to be an Aboriginal model, with all decisions made by the group. All I could do was be consistent about this message. I told her that other participants were already querying this suggestion and that it was likely they would eventually decide on those recommendations with the greatest group support. As described in Chapter Nine, this was the process which was adopted by planning focus groups. With the following key exception, participants tended in general to settle on recommendations which maintained the overall tone of simplicity, non-coercion, self-determination and support which came to characterise the model.

The siting and nature of 'cultural' intervention programs

For many remote area Aboriginal people, linguistic and 'country'-linked cultural associations remain strong (Jebb 1998; McGrath 1987; Baker 1989; Marshall 1993). For this reason the siting of intervention services within local or affiliated areas of country within the West Kimberley was the initial preference for many participants in this study, despite their later concession to a central location for reasons of funding eligibility. Similar in-country preferences have been stated by groups in other areas of remote Australia (Anyinginyi Congress 1996; Douglas 1993; Sputore, Gray & Sampi 2000; d'Abbs & MacLean 2000). As suggested previously, an outstation program for each community would appear to be the ideal. However, for the range of reasons presented, this is often not possible.

After lengthy debate, participants in this study reasoned that a more centralised program, while not the ideal, would at least make a comprehensive and well-resourced program available to West Kimberley communities wanting assistance to deal with substance misuse. One community leader, who attended the 8th and 13th 'planning group' meetings, did not concur with the group that a 'central' intervention program was workable. His principal reason concerned his reservations about 'mixing certain tribal groups on the sacred ground of another'. He requested the use of the study's 'bush college' planning documents and with assistance from a local agency, has secured partial funding to establish a custodial, youth-oriented outstation program. It will focus largely on the 'cultural' teaching stage of the model and cater to people from his 'side' of the West Kimberley who are referred to the program by the Ministry of Justice system or brought there at the instigation of elders. Other planning group participants remain keen to establish a facility on the other 'side' of the region for a program conforming to the comprehensive and non-custodial principles of the original model.

It is noteworthy that the particular leader mentioned here was the son of an Aboriginal head stockman and had been a stockman himself for many years. He had also had many years experience working in non-Aboriginal settings with non-Aboriginal agencies, and has held leadership positions with key Aboriginal organisations. It is possible that the disciplinary approaches endorsed by this man toward intervention with young people reflect suggestions made by Brady about the internalisation of European values by Aboriginal people working on cattle stations (1992b). Brady has drawn on her own and others research (McGrath 1987, Marshall 1988 in Brady 1992b) to suggest '... the extent to which stockworkers came to accept the European notion that children ... needed to be brought under the control of adults...' (Brady 1992b:186). Very few elders stated a preference during the model-planning process for a custodial approach to intervention. From

the outset there was a clear majority preference for a voluntary program, with 'no-one forced to go there and no-one forced to stay there' (Nichols 1997).

Culturally appropriate aspects of the model-planning process

The participatory action aspects of the model-planning process appear in general to have been considered appropriate and acceptable to many Derby area Aboriginal people. This perception is based on several observations including the momentum maintained for the project, by a demographically diverse group of people, over a core period of fourteen months and a full research period of two years. Actions and comments appearing to indicate the process' acceptability were made by several participants over the course of the study. Examples of this were a reluctance to stop at the end of some planning focus groups; applause at the end of one focus group meeting; an elder's observation regarding the consistent deference to the ideas of the group, which he said made the process feel like a true Aboriginal model; participation by the key law people (as identified by DACC staff) in the Derby area; the fact that the introduction of sitting fees for the last few meetings appeared to make little difference to numbers attending; the spontaneous offer by one of the young 'planning group' participants to organise a youth representative for the proposed bush college management committee; endorsement for the way in which 'planning group' ideas were being represented to funding bodies by letter; and the degree of inter-agency support, both conceptual and material, for the bush college model (Nichols 1997; Nichols 1998). Fifteen local agencies gave written confirmation of their support for the bush college model, many also offering material support. The 'cultural security' of the process was acknowledged in 1998 by Marion Kickett, an Aboriginal woman then chairperson of the WA Alcohol and Drug Authority and of the WA Health Department's Office of Aboriginal Health 'cultural' security/ethics committee.

Factors associated with the progress of the model-planning process

Sustained interest in the model planning process was possibly largely due to the urgency and prevalence of the alcohol problem and the tangible nature of the goal for which study participants were working. Other important factors in the process' acceptability may have been the supervision of focus group proceedings by the Culture Centre's Lawman; the participation in, and translation of focus group proceedings by respected community leaders; and the demographically comprehensive range of people attending meetings. On an organisational level, the critical, insightful and multi-layered contribution of the Culture Centre's widely-respected coordinator was critical to the relatively smooth running of the process. She was the key liaison (with the Centre's Lawman) between the Aboriginal communities and myself. She also played a key organisational role in the

communication of, preparation for, and feedback after meetings; and facilitated attention to 'dry out' project business during Culture Centre Executive meetings.

The provision of morning tea and lunch may have been peripheral factors associated with some people's attendance, 'extras' such as this being recommended by other remote area researchers (Miller & Rainow 1997). Sitting fees (at standard AAD rates) for elders not in receipt of a wage were introduced from the 9th to the 12th focus groups following the receipt of a small grant toward project costs. The participation of elders had been consistently identified by focus group members as critical to the decision-making phase of the model's formation and it was felt that sitting fees to cover travel expenses may assist their attendance toward the end of a lengthy planning process. However, only two of thirty-five participating elders came to meetings for the first time following the introduction of fees, and most continued their attendance at a rate similar to that prior to the fee introduction. A research budget for catering and sitting fees is, however, an important 'safety net'. Lengthy research projects ask much of participants in terms of travel and its associated costs, meeting-time over extended periods, cross-cultural demands, and competition with the many other meetings and commitments common to Aboriginal research participants (Miller & Rainow 1997).

Culturally inappropriate aspects of the model-planning process

The difficulties caused by the clash of participant and funding body world-views have been described in detail in Chapter Nine. Questions from funding agencies regarding detailed information on the structuring of 'cultural teaching' on a day by day basis, in written rather than oral form, and by letter or liaison through me rather than in a more culturally appropriate face-to-face manner (Donovan & Spark 1997) caused much frustration, anger and exasperation for participants forced (for funding purposes) to meet these demands. Such processes were a clear intrusion of 'western' methodology and direction into what had been a participatory process largely directed by 'planning group' members' preferences.

The closest approximation of participants' wishes for a face-to-face meeting was via a video-conference organised between 'planning group' members in Derby and funding bodies and other interested parties in Perth. The conference appeared to reassure funding agencies of the planning group's motivation for the project, although some remained unconvinced about the model's potential appeal to young people and the practicality of elders being able to commit to residential periods at the bush college. Many of the Derby participants commented that while the conference was helpful, it would still be preferable for both parties to meet individually in Derby (a research recommendation strongly advised by others

(Donovan & Spark 1997; Williams 1986). Participants wanted to show funding people how the discussion process was working and how the proposed bush college site could be utilised for the intervention program. Anthropologist Nancy Williams has described the importance of 'demonstration' as a key tool with which remote area Aboriginal people may 'explain' and present their point of view (Williams 1986).

My own preference and aim throughout this participatory action process was that it be directed as much as possible by participant preferences. One of the conditions of my research contract with the Culture Centre, however, included formal funding application for the model's establishment. The reality of the existing funding application process dictated, as put by one planning group participant, that 'if you want the money you have to answer the questions'. Once again, the vast majority of participants were willing to compromise their preferences—but in the case of the 'cultural teaching' timetable, only to the point at which they had said 'all they were going to say' on the subject.

Although the issue was not raised (to my knowledge) by study participants or by my 'cultural advisor', it is possible that my position as liaison between participants and funding bodies was considered culturally inappropriate by some. As a non-indigenous female it was probably culturally inappropriate for me to act as liaison for discussions involving 'cultural teaching' issues. However, given my agreed position as researcher, process facilitator and writer of funding applications I was the logical person to perform this role. Attempts to arrange for members of the 'planning group' to come with me to Perth for funding body meetings were mostly unsuccessful due to last minute family problems. Although one of the Aboriginal men associated with the proposed Mowla Bluff site came with me to Perth for the funding body video-conference, he appeared to be reluctant and uncomfortable talking with funding people in the absence of his countrymen. Such situations will obviously become less common as more indigenous people assume facilitation, administration and research roles.

The researcher role

My role in the model-building process was largely one of facilitation—of both planning focus groups and liaison with funding bodies. This task included the organisation of meetings in consultation with the Culture Centre co-ordinator and Executive (both of whose input was critical); facilitation of model-building focus groups; informing these groups of recommendations and proposals from the research literature, from other intervention programs, from other Aboriginal participants and from potential project funding bodies; recording of focus group proposals, debates, decisions and process; writing up and distributing summaries

of each focus group meeting to all participants; writing funding applications and meeting with Perth-based funding bodies on behalf of the planning group; organising and facilitating video-conferencing between participants and funding bodies; researching and recording costs for proposed program budgeting purposes; and writing information and handover material for future program facilitators.

Some readers may gain the impression from meeting excerpts presented in Chapter Nine, that I intervened frequently in the model-building process. Among other interventions, I did for example offer my suggestions regarding a general timeline and process for the planning focus groups' process; drew participants' attention to the developing-model summary when a mobile 'dry out' program was being considered; gave my opinion about the unlikelihood of gaining funding for two separate bush college programs; and reiterated funding body requests for the timetabling of 'cultural teaching' despite participants' initial discomfort with this process. These were clearly interventions in the process but were probably necessary given my research and funding facilitation role. Finding the right balance between project objectives and process facilitation is one of the difficulties inherent in this form of participatory action research (Reason & Bradbury 2001; Stringer 1999). For the great majority of the research period however, my role was largely one of facilitation alone.

Limitations to the research

Limited-term and limited-finance fieldwork

There are difficulties in working with a participant group among whom geographical mobility, remote community residence, lack of resources, technological communication difficulties and multiple commitments are commonplace (Miller & Rainow 1997). It is not uncommon for such participants to be unavailable for consistent research inquiry which includes arranged interviews, focus groups and follow up (Donovan & Spark 1997). Where research takes place over a relatively long period of time, as was the case with this project, the result can be fluctuating attendance at serial focus group meetings in terms of both individuals who can attend consistently and the numbers of people who can attend each focus group. As a result, despite efforts to achieve a 'perspective of representativeness', it is more likely that a convenience sample will result (Donovan & Spark 1997:94). Because limited term fieldwork and limited finances make it difficult to cancel and re-schedule focus groups and other forms of interview, the most realistic alternative may be to aim, as in this study, for adequate attendance by a core group of participants who can provide some consistency to serial decision making. I was fortunate in receiving finance for both living expenses and fieldwork costs, remote area fieldwork being expensive due to the cost of airfares and occasional vehicle

hire. For this reason, in addition to strengthening my relationships within the community (Donovan & Spark 1997), residence in Derby during the fieldwork period was an important project component.

Researcher non-Aboriginality

In preliminary enquiries to confirm fieldwork details prior to the study, some Aboriginal people told me of their preference for a non-Aboriginal interviewer for reasons of 'shame' and small-community confidentiality. Apart from research assistant help with five focus groups, I conducted the majority of interviews and facilitated all of the planning focus groups. This strategy had both advantages (for the reasons stated) and disadvantages. An obvious example of the latter was the likelihood of my having missed a range of 'cultural cues' which only another Aboriginal person, and possibly only a local Aboriginal person, would have noted. Although my background training and experience probably assisted me in terms of interviewing skill, I would undoubtedly have missed many subtleties. Additionally, the inappropriateness of my gender and non-Aboriginality when liaising with funding sources over 'cultural' issues has been referred to in Chapter Nine. The gradual increase in indigenous research personnel involvement may well address some of these issues.

Emic and etic perspectives

Many of the proposals recommended by this study's participants appear appropriate when compared with reports of projects showing the most promise (Mosey 1977, Stojanovski 1999 in d'Abbs & MacLean 2000; Burns, d'Abbs & Currie 1995; McDermott, O'Dea, Rowley *et al* 1998; Brady 1998). Participants' recommendations also compare favourably with leading research recommendations for comprehensive intervention approaches (Weibel-Orlando 1989; Beauvais 1992b; Brady 1995b; Conway, Tunks, Henwood *et al* 2000; d'Abbs & MacLean 2000; Gray, Saggars, Sputore *et al* 2000); and with other Aboriginal community members' intervention recommendations (d'Abbs & MacLean 2000; Douglas 1993; Sputore, Gray & Sampi 2000; Central Australian Regional Indigenous Health Planning Committee 2001; Cook, Cook & San Roque 1994). While the final program aspects selected by the 'planning group' do not, as discussed, incorporate etic proposals for brief intervention and structural change, the breadth of their program accords with many (etic) evaluator recommendations.

From my own perspective, I believe the model offers a well-considered alternative to the majority of existing models and to unsuccessful single-community attempts to establish interventions in, or associated with their own community. Given current funding realities however, it may be that the full model will be taken to represent an ideal, certain features of which may be realisable. Some funding personnel have

expressed reservations about the likelihood of elders, families and peers participating to the extent that the model requires (Nichols 1999). They suggest that these people may be unlikely to go to the bush college—or to stay for months at a time; and that elders may be unmotivated to teach ‘culture’ away from country. These program components—proposed, debated and finalised by participants—could only be tested with a trial of the model. In my conversations with most Derby area Aboriginal people however, a consistent desperation is evident regarding both the extent of the alcohol problem and the dearth of culturally relevant opportunities for Aboriginal people to develop and strengthen both their ‘cultural side’ and the skills required for greater self-reliance. A fully funded and comprehensive intervention program such as that proposed with widespread enthusiasm by the study’s ‘planning group’ may offer an opportunity to address these issues simultaneously. Admittedly, financing a trial project of this comprehensive nature presents some degree of funding risk. However, I believe that the extent of the program’s planning process, the time involved in the consideration and re-consideration of the intervention proposals, and the widespread evidence of its relevance suggests that the resulting program would engage local people’s interest and involvement in the same manner that has been evident in the planning process. Such engagement has been identified as an essential ingredient in the success of other community programs (d’Abbs & MacLean 2000).

It is possible, depending on the skill level of the recruited staff, that certain practical, operational aspects of the model would require initial support. This may include training and support regarding program component co-ordination, record-keeping for funding and evaluation purposes; bookkeeping; staff teaching commitments; and infrastructure maintenance, especially for unfamiliar and complex equipment such as the proposed solar power plant and communication devices. Potential operational difficulties include distance-related aspects such as staff isolation, emergency assistance, wet season access including that for external agency program provision, supply and maintenance considerations. Substantial staff salaries have been budgeted to reflect the level of skill that would be required by program staff and to increase the likelihood of attracting suitably qualified personnel. These skill and salary considerations are in accord with evaluation recommendations (O’Connor & Associates 1988; Gray, Siggers, Drandich *et al* 1995; May 1995; Alati 1996). It is possible that the Management Committee would be faced with decisions regarding proposals to deviate from aspects of the original model, as with the previously mentioned ‘coercive model’ program adaptations proposed by one community leader. The personnel identified by the ‘planning group’ for the proposed Management Committee represent all language group areas

and are people with wide respect in the community—a factor which would likely prove crucial to the acceptability of Management Committee decisions.

As alluded to above, a significant factor in the model's potential success, as in any program, would be the quality and experience of the recruited staff. The apparent success evident in the small number of community-generated residential programs (d'Abbs & MacLean 2000) is credited by their staff to be partly and significantly due to extended family involvement (Stojanovski 1994, 1999 in d'Abbs & MacLean 2000; Cook, Cook & San Roque 1994) but also relies greatly on the consistent involvement and support of trained, skilled staff. For the Injartnama program (Cook, Cook & San Roque 1994), the delay in securing, and the inadequacy in provision, of funding and respite support for its staffing component placed an unrealistically heavy burden on the health of the program's founders, who were also the core program staff (personal communications, Cook family and Injartnama support staff, 1997–99). While Stojanovski and the Cook family both emphasize the importance of the love and care which sustain the Mt Theo and Injartnama programs, the Injartnama experience also highlights that the nature of such work demands adequate staff numbers to enable regular respite for the staff involved. If this study's planning group criteria for program comprehensiveness and staff selection were met, and if the material support offered by local agencies were realised, I believe the model would have a genuine chance of success.

Intervention-model cost and funding considerations

Government departments have sought to respond to the massive demographic changes among Aboriginal people in the 1960s and 70s by centralising certain relevant services in regional towns. The outstation movement—and the growth in remote location project proposals such as the Bush College model—suggest a reversal of this demographic trend. Such proposals challenge the government's centralised model of service delivery and while some of the larger communities now have health, education and some retail and maintenance services on site, this is rarely the case for outstations. As discussed in Chapters Two and Ten, while the cost of establishing the requisite infrastructure for sustainable outstation and Bush College-style projects is high, both academic and government-commissioned investigations have generally pronounced well-resourced outstation models to be both valid and viable (Loveday 1982; Coombs, Brandl & Snowden 1984; Miller 1985; Standing Committee on Aboriginal Affairs 1987; Altman & Taylor 1987; Smith & Smith 1995; McDermott *et al* 1998; d'Abbs & MacLean 2000).

Government funds are limited however, and competition for available resources is high. The role played by political, institutional, ideological, personnel and

community-group agendas has already been discussed in Chapter Two with reference to 'development theory' and outstation 'treatment' approaches; and earlier in this chapter with reference to 'reflections from development theorists'. Decision-making for project funding is complex, agenda-laden and intensely felt, the latter particularly so among resource-poor community applicants. However, the trend toward less centralised lifestyles and intervention programs is increasing (Loveday 1982; Standing Committee on Aboriginal Affairs 1987; Smith & Smith 1995; Snook 1996; d'Abbs & MacLean 2000). The Smiths (1995) estimated that the 25 per cent of the Kimberley Aboriginal population living on outstations in 1994 would have increased to 50 per cent by 2000. This trend, and the apparent intractability—despite modern medical approaches—of much illness and disease among Aboriginal people (Australian Institute of Health and Welfare 1988; Ridolfo, Serafino, Somerford *et al* 2000) indicate the need for alternative approaches to indigenous health. For reasons such as these—coupled with the sustained motivation for the Bush College project by many study participants and the not inconsiderable support for well-resourced outstation-style projects from the highly respected sources referenced above—government support for the Bush College may appear likely. However for a variety of reasons, including those identified by development theorists Coombs *et al* (1984), Rifkin (1986), Foster (1999) and Hahn (1999), this may not eventuate in the form intended by the study participants.

Foster (1999) notes the need of agencies to cast their performances in the best possible light due to funding competition—with financing agencies tending to respond to quantitative results which demonstrate impressive numbers of participants serviced or health goals achieved. As Foster has observed, long-term strategies with their long-term results (the likely pattern for the Bush College program) tend to suffer in comparison. The thesis discussion regarding the nature of interactions between bureaucracies and non-government organisations (such as would result from the Bush College's incorporation)—and the pragmatics of the political process related to funding—suggests that funding from government sources may be difficult to achieve. As described below however, government funding personnel appeared keenly interested in the Bush College concept.

Clear enthusiasm and excitement about the study model's thorough and comprehensive approach was evident during inter-funding-agency discussions held in 1999 (Nichols 1999). Several provisional offers of funding were made for aspects of the program's operational and evaluation budget should substantial, initial capital or operational funding be secured (Nichols 1999). However, in a 'Catch 22' situation reminiscent of government enthusiasm for other indigenous-generated proposals (Coombs, Brandl & Snowdon 1984), none of these key agencies have to

date been prepared to make the initial capital or operational funding commitment required to secure the other parties' financial offers. Government funding bodies have devoted equal attention to both praising the model's comprehensiveness and thoroughness and criticizing its comprehensive establishment cost (Nichols 1999).

Despite this financial reticence, funding and policy bodies call for (costly) improvements to existing programs—such as increased and improved staff training, infrastructure, and program comprehensiveness (National Aboriginal and Torres Strait Islander Health Council 2000; World Health Organisation 1997; Royal Commission into Aboriginal Deaths in Custody (Johnson E Commissioner) 1991). Many researchers and communities call for outstation intervention programs to be well-resourced in terms of infrastructure, program content, education, support and evaluation (Shaw *et al* 1994; Bryce *et al* 1991; Mosey 1997 (unpublished report) & Donald 1998 (Coroner's report) cited in d'Abbs & MacLean 2000). However, when national and federal funding agencies were presented with such a model in the form of the Bush College proposal, some of those present suggested its unworkability due to cost—especially in comparison with the lower costs of non-residential programs (Nichols 1999). Some of these representatives suggested the model be 'scaled down' and moved closer to town for trialling purposes. Given that remote location and comprehensiveness were key aspects of the model, such modifications would have resulted in the trial of a model quite different from that proposed.

It is evident that, should the success rate which appears to have been achieved by Yuendumu's community-specific outstation sniffer program (Stojanovski 1999 in d'Abbs & MacLean 2000) be replicated by a program such as the proposed study model with its larger sub-regional 'catchment' population, clear cost-benefits would result. Utilising a different, non-residential approach, Maningrida has achieved a similar success rate (Burns, Currie, Clough *et al* 1995) to that apparent at Yuendumu. The Maningrida strategies included co-ordinated employment approaches, introduction of avgas, community government commitment, cross-cultural agency collaboration—and occurred concurrently with a strengthening of community control and outstation housing development by the community government (Burns, Currie, Clough *et al* 1995). As indicated by that example, the success of such approaches is greatly dependent upon intra-community cohesiveness, commitment and clear lines of control. Where these are vulnerable, the trialling of programs catering to sub-regional populations in remote country may prove more successful than attempts to replicate Maningrida's approach. It appears that such a commitment, however, may require a significant change in bureaucratic and political ideology.

The nature of the samples on which the study is based

As described in the Methodology, the study's three participant groups were constituted through a variety of sampling strategies—each having their own purpose and limitations, some of which have been described in Chapter Three, with further elaboration below. As mentioned in several places throughout the thesis, none of these groups could be regarded as fully representative of the Derby Aboriginal population.

The first of the three participant groups, the 'personal profile' group, was a purposive sample of 24 people selected for in-depth personal interviews. The members of this group were chosen for one or more of the following: 'cultural', youth, women's issues and/or community project work involvement, personal and/or professional substance misuse experience, respect within the Aboriginal community, elder status and age range. It was anticipated that these interviews would provide a detailed insight—as opposed to a backdrop of less detailed but more widely gathered data from 'community group' participants—into personal drinking histories; and perceptions of the alcohol issue, existing interventions, 'culture' and its role in intervention, and proposals for an Aboriginal model for alcohol misuse intervention and evaluation. As analysis proceeded into demographic and qualitative data from the 18 adults within the group, an unanticipated finding emerged regarding differences in background and drinking history. This data has provided the information from which the study's tentative inferences regarding drinking behaviour and its possible links with childhood 'cultural context' and identity have been drawn.

As recommended previously, these tentative findings must be treated with caution for several reasons. The sample is very small; it is likely that the current drinkers' socio-economic profile is uncharacteristic of other drinkers in the region; and the current drinkers had a younger median age (43 years) than the lifetime-abstainer (49 years) and ex-drinker (53 years) 'personal profile' participants—and were perhaps therefore more likely to be drinkers and to have had greater exposure to alcohol both developmentally and parentally. Substantiation of all of the study's tentative findings requires investigation with a far larger sample group in which variables such as age, alcohol access, parental drinking, childhood 'cultural context'/identity formation, representativeness and socio-economic status are fully comparable.

Secondly, the 'community group' of 76 people was constituted from a partly purposive, partly convenience sample of people in thirteen different remote, peripheral and town locations. Certain of these areas were known as meeting places

for people from a variety of specific language, community, youth, CDEP and drinking area groups. These participants provided basic quantitative and qualitative responses to the same questions put to the 'personal profile' participants above, their combination enabling an overview of data from 100 people. As shown in Table 17, this 'combined community group' were proportionally similar to the Derby region indigenous population in gender, average age over 15 years, language group distribution, employment, and early school termination. However, the group also had more teenagers, more people aged 40 years and over, fewer aged between 20 and 39 years, more without a school education and more with skilled or tertiary qualifications. It cannot therefore be considered fully proportionally representative of the Derby region Aboriginal population.

Finally, the 82 member purpose-constituted, alcohol-intervention-model 'planning group' was developed from a partly purposive, partly snowball sample of participants. These people attended one or more of 12 core (13 total) planning meetings held over the course of two years. Participants joined this group either in response to open invitations sent to over 50 community groups or organisations, or (20 per cent) at their own behest. The group's process of intervention-proposal consideration, debate and selection produced the final prevention/intervention model presented in this thesis. When compared with the Derby regional Aboriginal population, however, 'planning group' membership was more male, generally older and comprised a different language distribution—and youth representation proved difficult to secure. This raises possible concerns about the relevance of the model to a younger population and to those disinterested in the model's advertised orientation. It is interesting to note, nonetheless, that the proposals recommended by the far younger and more regionally representative 'combined community group' were surprisingly similar to those of the 'planning group'—and that the outcome model placed roughly equal emphasis on both 'Aboriginal cultural' and 'western cultural' prevention/intervention components.

Additionally, because of the planning group's widely advertised and specific purpose, it is likely that its meetings were attended largely by people with a specific interest in the development of the advertised 'cultural', 'Aboriginal style', alcohol 'healing' harm prevention and intervention model. However, within these parameters and despite the obvious and early departure from the planning process of two vocal participants—both in their thirties and proposing model-building components deemed initially unpopular and overly 'western' by many participants—opposing viewpoints did not appear to be stifled during the planning process. As described at length in Chapter Nine, debate was common and frequently extended through several focus group planning meetings.

Generalisability of the intervention model

In addition to the above considerations regarding generalisability, the study findings may have limited relevance to Aboriginal groups from more urbanized settings because they derive from a sample of remote area Aboriginal people. Indications from programs designed by indigenous people in more urban locations (Faculty of Health Science 1996; Morfitt–Sputore, Gray, Richardson *et al* 1997; Poundmaker’s Lodge Treatment Centre 1999) for example, suggest that a more psychotherapeutic approach may be favoured by program–designers in these areas.

Many other factors, including the area–specific ‘cultural’ definitions proposed by participants in this study would likely require adaptation by local groups should they be introduced elsewhere. As with other project evaluations referred to previously (Burns, Currie, Clough *et al* 1995; Hahn 1999; d’Abbs & MacLean 2000), Rifkin—in her extensive international review of community participation projects and factors involved in their progress—concludes from her own and other’s research that:

... what motivates individuals under what circumstances appears to be context-specific and not universally defined ... community participation is very heavily influenced by factors such as culture, history, government policy and social, political and economic structures ... it is not even possible to transfer a community-based programme from one district to the next in the same area of the same country without various and complex problems ... (Rifkin 1986:245)

There are however elements of the model which may have relevance to the model-building considerations of other groups. These include the process of model-building; the comprehensiveness of the prevention/intervention program; the proposed inclusion of extended family and peers in the full program; the perceived identity-related benefits of a program founded on a ‘cultural context’; and the combination of both prevention and intervention strategies. In the study model this latter approach would entail the co-residence of primary and secondary substance users—many participants maintaining that this would benefit both groups through the gradual formation of relationships between them, providing reciprocal support and motivation for both groups.

Implications of this research

Implications for substance use theory

Research among the study’s 100 ‘combined community group’ participants indicates similar patterns of drinking and non-drinking to those identified in other remote area studies. The high proportion of non-drinkers were mostly female, with current drinkers being mostly male. Among this latter group intermittent drinking was the norm, with only a small proportion drinking ‘constantly’—however among drinkers generally, as in other studies, levels of excessive drinking were very high.

The non-drinkers, and those who had reduced their alcohol consumption, tended to have made these decisions based overtly on their assessments of the physical and psycho-social effects of alcohol on their own and/or others' lives. Among those who had reduced their drinking, most identified diversionary or 'cultural' aspects as having helped them do so. Most of those who had continued to drink said they did so for social and recreational reasons, with only a small percentage drinking whenever alcohol or money was available. Almost all of the ex-drinkers had stopped drinking by the age of 40 years.

Research among the study's small group of eighteen adult 'personal profile' participants tentatively suggests that a childhood spent within a stable Aboriginal 'cultural context' appears to be associated with a sound identity foundation and lower rates of alcohol consumption. Conversely, growing up within a disrupted or absent Aboriginal 'cultural context' (especially in an institutional environment) appears to be associated with identity disruption, higher rates of alcohol consumption and enduring feelings of loss. The somewhat younger mean and median age of the 'personal profile' sample's 'current drinker' sub-group compared with its 'lifetime-abstainer' sub-group calls for further age-controlled investigations of these tentative findings. The achievement of socio-economic success in 'western' terms did not appear to provide a substitute for, or to bestow, the sense of identity and fulfilment seemingly associated with a consistent childhood 'cultural context'.

Zinberg's (1984) 'substance, set and setting' framework had ongoing relevance to the study findings—particularly with reference to the importance of 'set' and 'setting' components within indigenous substance misuse experiences. As indicated in the preceding paragraphs, 'set' components could be seen, tentatively—and among those interviewed in depth—to be associated with a sense of identity. 'Setting' components could be seen, again tentatively, to be associated with a sense of opportunity and hope. Where a combination of these components was missing, substance misuse appeared more likely—with those having a strong sense of both being least likely to misuse alcohol. Significantly, these components also appeared to form the basis of the study participants' prevention/intervention model proposals. 'Set' components (perceived by Zinberg to incorporate the immediate attitude and personality structure of the user) tentatively appeared among study participants to include aspects of childhood 'cultural context' and attitudes toward family and health. 'Setting' components (perceived by Zinberg to include the influence of the physical and social setting in which drug use occurs) tentatively appeared associated with people's sense of opportunity for engaging and varied activity, future options, self-determination, and support.

Prochaska and DiClemente's 'Stages of change' model (1986) also had relevance to the study findings in that drinkers would frequently describe a concise 'turning point' at which they would move, often definitively, from a frequently lengthy stage of contemplation about their drinking into a stage of non-drinking action. Again, a recognition of these 'stages' appeared to be reflected in the study's proposed intervention model with its self-referral emphasis, its gentle program introduction, its comprehensive activity options from which residents would create their own program, and its consistent intra- and post-program support.

Additionally, it is hypothesized that within the influence of Zinberg's set and setting constructs, and integrally involved in Prochaska and DiClemente's description of movement from contemplation to action, are two stages of personal realisation. Beneath an overt, contemplation-stage realisation that one has 'something to live for' may lie a far deeper, covert, existential realisation that one is, him/herself, 'worth living for'. It is hypothesized that this realisation may be triggered by a strengthened sense of identity—and that one accessible path for this, among many remote area Aboriginal people, is a strengthened association with an Aboriginal 'cultural context'.

For the foregoing reasons, and pending further investigation on a larger scale, it is recommended that within discussion of remote area Aboriginal substance misuse and misuse-intervention theory, consideration be given to the role of 'cultural context' in childhood and in prevention/intervention programming; and 'set' and 'setting' components which strengthen a sense of identity, opportunity and hope—and inspire 'turning point' recognition of personal and environmental worth.

Implications for understandings of cultural appropriateness

Participants' perceptions of the contemporary role and definition of 'culture' appear to relate more to aspects of identity, knowledge and belonging (such as 'country'-related stories, language, bush knowledge, belonging, and kin relationships) than to a historically identified primary emphasis on the maintenance of supply, life and law. In concert with the above implications for substance use theory, 'cultural' program components are therefore more likely to have relevance to remote area populations when based in a 'cultural' context which promotes a strengthening of Aboriginal identity, knowledge and belonging through 'country'-related story, language, bush knowledge, belonging and kin relationships.

Differences in the intervention proposals made by participants with differing experience of childhood 'cultural context' suggest that 'cultural' definitions are both life-experience and geographically specific. For this reason, it is recommended that

programs in non-remote areas establish their own 'cultural' definitions prior to incorporating these into prevention and intervention programs.

Implications for culturally appropriate prevention and intervention

The above findings suggest that a 'cultural' foundation and context in substance misuse prevention and intervention are of key importance. The detailed intervention proposals from the study's two sample groups and the general intervention categories proposed in other remote area studies and programs suggest strong endorsement for remotely located, comprehensive, residential approaches to remote area substance misuse prevention and intervention. In remote areas it is recommended that program comprehensiveness incorporate 'cultural', self-determination and post-program social and occupational support components. It is recommended that programs focus on life-enhancement issues rather than on substance misuse behaviour monitoring.

Implications for culturally appropriate evaluation

Participants' recommendations for program evaluation reflect this same quality-of-life focus, with the honouring of family and community relationships and responsibilities—rather than the absence of substance misuse behaviour—identified as the key indicators of intervention success. It is recommended that remote area indigenous program evaluation utilise such evaluation criteria as the first line of enquiry into program effectiveness.

Implications for new prevention and intervention models

The outcome of this study's demographically comprehensive model-building process suggests that new models should focus on life-enhancement components rather than on the presence or absence of substance misuse behaviour. This life enhancement emphasis should be comprehensive in approach and—regardless of the location of clientele—incorporate components which strengthen participants' sense of identity, opportunity and hope.

Implications for alcohol intervention service location in the Derby area

Despite more linguistically-inclusive indications to the contrary during the model planning process, developments since then suggest that—in the presence of the apparently small minority of community leaders with fixed, 'country'-specific service preferences—such services may need to be established for specific linguistically and land-based sub-regional groups. For this reason, and given the trial-program imperative implied by the discussion on 'Intervention model cost and funding considerations' above, it is recommended that—in addition to the disciplinary and 'cultural' program currently being established on the 'desert' side of the West Kimberley—the study participants' voluntary, comprehensive substance

misuse intervention program be trialled on the 'hills' side of the West Kimberley. The trial nature of the program may mean that, while program fundamentals such as remote location, 'cultural' context, comprehensiveness and post-program support are maintained, limitations be placed on the number of accompanying family members and peers, the variety of vocational and life-skills training options, and that temporary as opposed to purpose-built accommodation be found for the town dry-house.

The 1999 report of the Kimberley Regional Aboriginal Health Plan Steering Committee identified the Derby area as having received a far lower level of funding for alcohol intervention than any other Kimberley health district (Atkinson, Bridge & Gray 1999a:67). Per-capita funding for such programs ranged from a minimum of \$35 in the Derby area to a maximum of \$343 in the Kununurra area (Atkinson *et al* 1999a:64). The report's authors recommended that should sufficient new funding become available, the residential intervention program identified by this study be supported as a priority (Atkinson *et al* 1999b:29).

Implications for future research

The research process has raised a number of issues warranting further exploration. These include the following.

- The (age-controlled) association between stability of childhood indigenous 'cultural context' and later levels of alcohol consumption.
- The relative, age-controlled association of indigenous childhood 'cultural context' and socio-economic 'success' with excessive drinking or abstinence.
- Changes in drinking behaviour and perceptions of 'counselling' by clients receiving brief intervention sessions through the recently opened Derby Aboriginal Health Service.
- The specific aspects of 'culture' which bestow a sense of identity, knowledge and belonging.
- Changes in the honouring of family and community responsibilities, drinking behaviour, and sense of identity, opportunity and hope among clients undergoing long-term residential stays in a remotely-located, comprehensive intervention program such as that proposed in this study.

Implications for substance use program funding

For reasons of equity, people in all areas should have access to intervention programs. Given the combination of government funding constraints and community vulnerability mentioned previously however, the provision and sustainability of programs in all communities is currently unlikely. It is recommended that the limited program funding available be prioritised for areas

with greatest need and within these, for sub-populations at greatest risk such as Aboriginal youth.

Until the current dearth of rigorous program evaluation is addressed, it is recommended that funding bodies support those established programs which have strong community support, strong client support, and which substantially reflect indigenous and evaluator recommendations. New programs should be able to demonstrate thorough, demographically comprehensive program planning; and the culturally appropriate prevention and intervention components outlined above.

Policy recommendations resulting from the study

It is recommended that the following findings be incorporated into substance misuse prevention and intervention policy.

- Substance misuse prevention and intervention programs should be set in a 'cultural' context.
- This 'cultural' context should be defined *locally*, by a comprehensive cross-section of the community over time.
- Prevention and intervention programs should be comprehensive in approach, and in remote Australia this should include 'cultural', self-determination and structured intra- and post-program occupational and social support components.
- Facilitation of the definition of 'cultural' and comprehensive components should be conducted by an independent outsider, selected by the community, who has broad knowledge of alcohol and other drug intervention recommendations.
- Funding agencies should collaborate to trial a genuinely comprehensive program developed by a local community—ideally without attempting to 'scale down' the model. Should this be necessary however, program aspects deemed fundamental by program planners should be maintained, even if in modified form. Funding bodies should consider the likelihood that while the comprehensiveness of such programs is likely to be reflected in their initial cost, the cost-benefits of more culturally-appropriate and therefore more effective programs is likely to reduce costs in the long term.
- Prevention and intervention services should be located within areas recognised by affiliated language groups as 'their side' country.
- Post-program structured support should be factored into program grants. This would include the support necessary to work with program 'graduates' and accompanying family members and peers in establishing post-program social, recreational and occupational goals.

12. CONCLUSION

The study has provided a new model for substance misuse prevention and intervention developed by a demographically comprehensive, but nonetheless regionally unrepresentative group of 170 West Kimberley Aboriginal people. To my knowledge it is the first Indigenous substance misuse intervention model initiated and designed by a sub-regional indigenous 'group' of this nature. The model proposes a focus on life-enhancement as the preferred approach to alcohol harm prevention and intervention—offering a far wider interpretation of the factors involved in health improvement than that generally favoured by health bureaucracies, funding agencies and most existing intervention programs. The key elements of the study model are the strengthening of identity, opportunity and hope through intervention strategies designed to strengthen 'culture', self-determination and post-program social and occupational support.

Tentative findings from the study's small sample suggest the importance of specific factors within understandings of indigenous substance use and related prevention/intervention programs. These factors include, within substance use theory, the importance of 'set' and 'setting' (Zinberg 1984) and personal 'contemplation stage' (Prochaska and DiClemente 1986) awarenesses. The significance of identity, opportunity and hope components within substance misuse prevention/ intervention appear paramount. Within program development theory relevant factors include differences in political, ideological, bureaucratic and economic perspectives between agency and Aboriginal community personnel—with particular reference to differing 'western' and 'Aboriginal' notions of health. Within cultural theory, relevant factors include the changing nature of the meanings and purpose of 'culture'—with particular reference to the contemporary role of identity.

These findings add specificity and meaning to understandings of 'cultural appropriateness' and to culturally appropriate approaches to indigenous substance misuse prevention and intervention. In Australia and elsewhere however, with some recent exceptions, a clear disparity is evident between Indigenous people's program recommendations and the style of programs available for their use. Funding agencies, within the above constraints, largely continue to support (unproven) programs based on 'western' perceptions and models of intervention.

Thirty years ago anthropologist William Stanner published the following response to statements made by a government Minister who had criticised the (then)

government's policy of giving legal title for traditional lands to Aborigines on Northern Territory reserves. One of the Minister's contentions was that instead of land, 'the "basics" or "first and foremost" needs of Aborigines are for decent housing and for better health, education and employment opportunities' (Stanner 1979:359). Stanner's response to this was to assert that although most Aborigines wanted better houses, health, school and jobs, few if any would prioritise these things over land. He wrote (with contemporary relevance to indigenous substance misuse intervention):

... To impose our notion of Aboriginal needs on their felt and expressed wants is to mortify their self-respect, and thus to worsen our joint difficulties. They are rightly angered by our posture that we know better than they do what they 'really' need; by our implicit demand that they should trust us to decide for them what is appropriate for them to have; and by our assumption that what they themselves say they need or want must always be subject to our approval ... (Stanner 1979:360)

When much of what the Aboriginal people in this study are proposing in their carefully planned substance misuse intervention model is in accord with much of what the literature recommends, the continuation of funding for programs which reflect little or none of these recommendations is all the more indefensible. The increased investigation, trial and support of well-considered, remotely located, comprehensively-based indigenous prevention and intervention proposals is strongly recommended.

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APPENDIX 1. INTERVIEW CONSENT FORM

NATIONAL CENTRE FOR RESEARCH INTO THE PREVENTION OF DRUG ABUSE

CONSENT FORM

I _____ understand that Fiona Nichols of the National Centre for Research into the Prevention of Drug Abuse is asking questions of Aboriginal people from the Derby area to find out about:

- what they know about Aboriginal drinking (and other drug use) in the Kimberley
- what they think about the drinking and drug problem
- what they think are the good and bad things about the alcohol rehab programs they know of
- what they think are the most important parts of Aboriginal culture
- why they think that getting the cultural side strong again will help drinkers to drink less
- what they think of ideas about alcohol rehab which have come from other places
- how they think their ideas about culture and cultural healing and the good ideas from other places could be put into an alcohol rehab program in the Kimberley
- how they think you can tell if rehab has worked in a good way for someone who's been there

I understand that the National Centre for Research into the Prevention of Drug Abuse will use the answers to these questions for two things - to help Fiona with her University study and to help the Derby Aboriginal community try to get money to set up a rehab centre for the Derby area.

I understand that:

- my name won't be written down in the report unless I say its OK
- no-one who isn't at these talks will know which things I have said
- I don't have to answer any questions I don't want to
- I don't have to stay at these talks if I don't want to
- I can ask Fiona not to write about some of the things I've said and she will do what I ask
- Fiona will show us what she has written before she shows it to anyone else.

Signed _____

Date _____

APPENDIX 2. ASPECTS OF BUSH COLLEGE PROGRAM

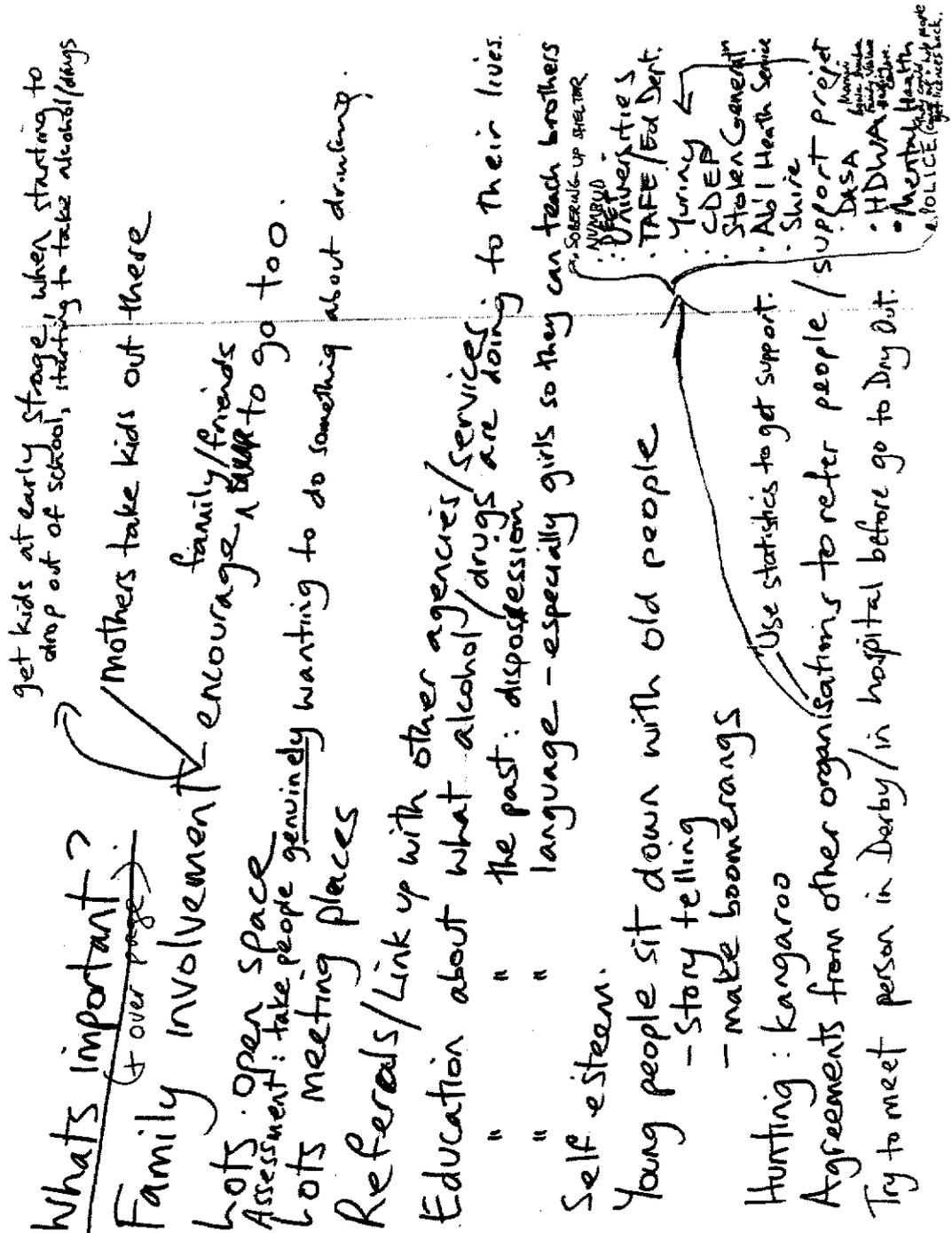


Figure 2: Sample of proposals made at the first model-building focus group.

Bush College assessment and access procedures

- People wanting to go to the bush college would first need to talk with the Aboriginal healthworker at Derby's North-West Community Drug Service Team, or at the Community Health Service, or at the Aboriginal Health Service.
- The healthworker will talk to the person about why they want to go to the bush college, what their drug use and life goals are, what their drug use story is, and what sort of support people (including elders) could go with them to the bush college. The healthworker will assess the person's commitment to doing something about their current or potential drug use.
- If the healthworker thinks the bush college is the right place for the person to go, s/he'll read out the bush college rules and tell the person that they and the people who go with them to the college would have to agree to follow the rules. The person and their 'supporters' would have to sign the 'code of conduct' contract before they go to the college.
- The healthworker would then call the bush college to see if they've got room for the person and their family, and if they do, ask the staff there to keep places for these people.
- The healthworker would call the lawman at the Derby (Yuriny) Aboriginal Culture Centre and ask him to talk with the person's elders about which elder(s) could accompany the person to the bush college and stay to do 'cultural side' teaching. The lawman would ask the elders to organise transport to get the person and their supporters to the bush college (Petrol will be paid by the person from their CDEP/Social. Vocational trainers go out to the bush college every Monday, so the lawman/elders could also check with TAFE/Skillshare to see if there's room in their car]. If the healthworker thinks the person has 'cultural' mental health issues, s/he'll ask the Culture Centre lawman to get a *maban* to talk to the person before they go to the bush college.
- The healthworker would give the person a standard note to take to the doctor. The note asks the doctor to give the person a good check up to make sure s/he's OK in the body and in the mind to go to a remote bush college where there's no doctor. The person has to be finished with the horrors as well. This is to protect the person and the bush college staff .
- The healthworker's note asks the doctor to write down that the person is OK to go to the bush college, and to write down what medicines (if any) the person is taking, how much to give, and any other medical problems the college staff need to know about. The person has to bring the medicines they need with them to the bush college. The note asks the doctor to check if the person needs Sickness Benefit (Social) and to get that started if the doctor thinks it's a good idea.

- The doctor would give the person a note to take back to the healthworker, and a note to take to the pharmacy to get any medicines the person needs.
- The person would take the doctor-note back to the healthworker and talk to the bookkeeper about organising payment for bush college food and rent to be taken out of their CDEP/Social.
- The healthworker would check the doctor's note, and check with the Culture Centre lawman and *maban* and bookkeeper that everything was OK for the person to go out to the bush college.
- The person and their 'supporters' would need to sign the 'code of conduct' before they go to the college.
- The healthworker would call the bush college staff to let them know when the person/elder/family members are coming out.

Staff selection criteria

The planning group specified that recruited staff be caring, 'counselling type', possibly 'cultural' people who speak language, are well respected, well trained, skilled in managing conflict and who have a genuine commitment to helping their people. A personal history of past, well-mastered substance use was seen to be an advantage although not essential in all staff. A key criterion was that staff had done their own healing 'so that they don't carry their problems on to the clients'. Substantial training in substance use counselling and client management was deemed a requirement for both staff recruitment and ongoing employment, with recurrent staff education costed as a fixed item in the proposed annual budget. The Aboriginal staff of the regional North-West Mental Health Service's Kimberley Drug Service Team offer alcohol (and other drugs) professional skills development training locally, particularly for Aboriginal staff, which focuses on an holistic and empowering approach to internalised oppression and substance use. This program was the preferred choice for staff training.

Note: For copyright reasons Figure 3 (p. 362) has not been reproduced.

Zekulich, Michael. *Elder pleads for isolated dry-out centre*. The West Australian, October 1998.

(Co-ordinator, ADT Project (Bibliographic Services), Curtin University of Technology, 14/1/04)

Summary of proposed bush college budget

| Item | Cost estimate |
|--|------------------|
| Bush college site | |
| Bush college buildings (as per architect draft) | 860,600 |
| Infrastructure costs (as per architect draft) | 271,500 |
| Consultant's fees (architect, structural engineer, electrical engineer hydraulic engineer, mechanical engineer, landscape consultant) @ 9% of project costs as per architect draft | 101,889 |
| Building site foreman (as per architect draft) | 50,000 |
| Airstrip upgrade | 5,000 |
| Fit out (vehicles, vocational training manual–skills tools, stock equipment, horticulture equipment, kitchen equipment, laundry and ablutions equipment, furniture, office and office skills training equipment, sewing and art skills training equipment, sports training equipment, outdoor furniture) | 277,098 |
| <i>Bush college site: total capital cost estimate</i> | 1,566,087 |
| Town site | |
| Dry house building (caretaker's quarters and client accom) | 200,000 |
| Fitout | 50,000 |
| <i>Town dry house site: total capital cost estimate</i> | 250,000 |
| Operational costs (Bush college & Town Dry-House) | |
| Salaries (manager, assistant manager, skills development officers x 2, town dry house caretaker, elders, bookkeeper) all with oncosts | 237,510 |
| Development project consumables, trainers' fees and transport | 68,400 |
| Staff training | 4,600 |
| Administration consumables, vehicle insurance and maintenance, general maintenance | 20,010 |
| Replacement solar batteries / diesel for generator | 14,000 |
| School of the air | 700 |
| Contingencies | 7,000 |
| Evaluation | 5,000 |
| <i>Total operational cost estimate</i> | 357,220 |

Local agency support for the bush college proposal

The following Derby agencies provided written endorsements for the proposed bush college program, including offers to provide the following services.

The Community Drug Service Team, North-West Mental Health Service (Health Department of Western Australia), have offered to provide a permanent 'client' assessment service, and an initial 'town office' service, a venue for management committee meetings and typing and mailout of management committee minutes during the first six to twelve months of the program's establishment. (Office and venue provisions would later be taken over by the town 'dry house' at Yuriny Aboriginal Culture Centre).

Yuriny Aboriginal Culture Centre has offered to provide a liaison service between people applying for entry to the bush college program, community elders from the person's language group, and the bush college program. Yuriny has also offered to act as an initial 'town office', a site for the program's town 'dry house', and ongoing cultural teaching for residents following the bush college program.

The Community Health Service (Health Department of Western Australia) has offered to provide client assessments, on-site bush college health clinics and health education sessions, in-home family and client counselling support and follow-up.

The Derby Aboriginal Health Service, subject to the finalising of services at this new facility, has offered to provide assistance with client assessments, clinic visits to the college, and follow-up medical and counselling support after completion of the program.

Kimberley College of TAFE (Derby campus) has offered to provide paid TAFE lecturers on-site at the bush college.

Derby West Kimberley Skillshare has offered to provide on-site trainers at the bush college on a schedule which best fits with residents' training needs.

The Derby Police Force has offered, subject to staff availability, to provide on-site driving license tests at the bush college and assistance with program rules enforcement when requested by bush college staff.

Derby Aboriginal Sporting Association has offered to provide follow-up support and activities for youth.

Marnin Bowa Dumbara Domestic Violence Referral And Support Service has offered to provide referrals, counselling assistance and possibly on-site family violence management education sessions at the bush college.

Ngunga Women's Group has offered to support women and children returning from the bush college, and to support men via the Derby Family Healing Centre (a residential, whole-family domestic violence support service).

The Local Drug Action Group has offered to assist the town 'dry house' wherever feasible, possibly linking people with activities, accommodation, and support options.

All of the above agencies have provided written notice of their intention to refer 'clients' to the bush college program, as have Numbud Aboriginal Night and Truancy Patrol, Garl Garl Walbu Alcohol Association Aboriginal Corporation (the Derby Sobering Up Shelter), the Derby Family Healing Centre, Derby Regional Hospital, Wunnuck Aboriginal Corporation, and WinunNgari Aboriginal Corporation.

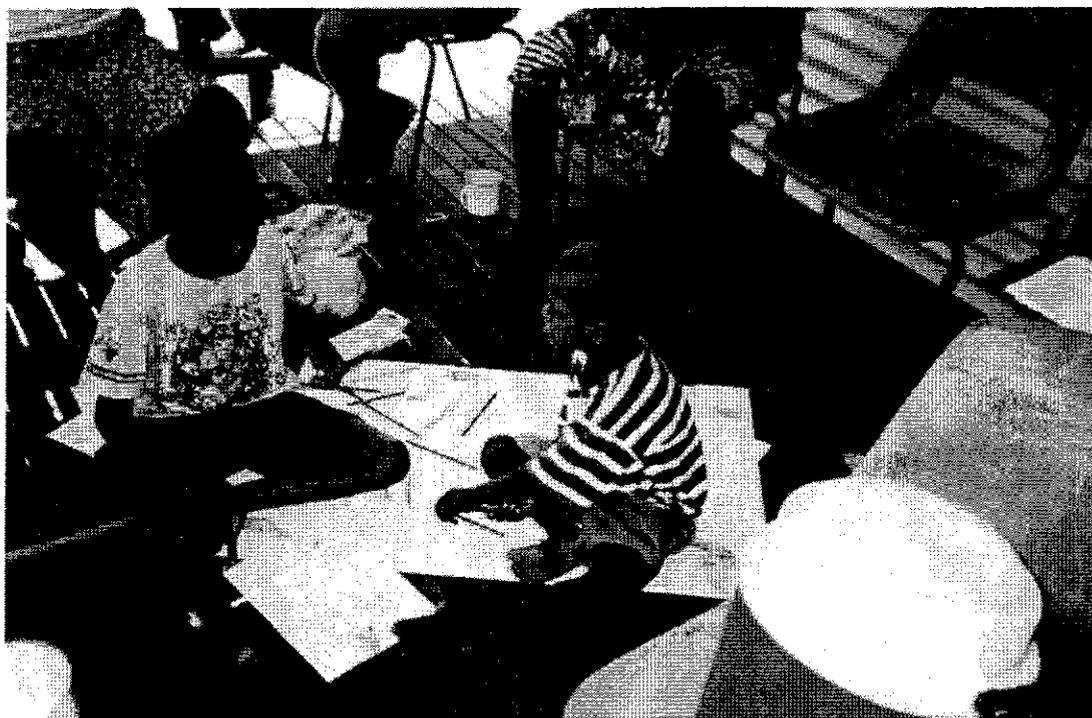


Plate 6: The next generation contribute to a model-planning focus group

APPENDIX 3. GLOSSARY

Some of the following definitions may be specific to the study site. Where terms were used in unexpected contexts, I attempted to confirm their meaning with the speaker and verify the given definition with other participants.

Community leader A person, male or female, perceived to be a role model in the Aboriginal community. This person is not necessarily middle-aged or older; is not necessarily the leader of a distinct Aboriginal community; and does not necessarily have in-depth cultural knowledge, but he/she holds a position of authority and respect in the community and is seen to live a 'respectable' life.

Country Most Aboriginal people in the study used this term to describe the place from which their ancestors came and, in cases where family have continued to live in the area, the place in which they were born. It is used by some people to describe their birthplace, regardless of ancestry, and by others to describe the place where they have lived most of their lives and with which they feel a strong connection. Most participants referred to 'country' as the place where their 'spirit lies' or the place they 'belong to'.

Culture As described, this term is used in the thesis in inverted commas because of the variety of meanings ascribed to it. In the thesis, where the term is used with reference to the perceptions of study participants, their own definitions of its meaning are assumed. These include 'country'-based stories, language, bush skills and knowledge, and extended family/ kinship/skin group systems.

Counselling This term is used in a broad sense to cover family 'counselling' interventions such as 'talking to people about their drinking'; brief intervention 'counselling' such as may occur between a patient and a doctor, hospital staff or other health workers and may include individualised information and some degree of motivational counselling; and longer term, more cognitive behavioural or process-oriented interventions.

Dreamtime/the Dreaming The time when the world was created through supernatural animal and spirit ancestor transformations; and the Law laid down.

Dry-out A colloquial expression for a variety of residential alcohol interventions. These generally include residential rehabilitation programs; and days or weeks

spent on 'dry communities' for the purpose of getting away from alcohol and resting the body. It is sometimes used to refer to sobering up shelters.

Dry community An Aboriginal community or outstation which has declared itself an alcohol free area, sometimes formalising this status through the Aboriginal Communities Act. Some of the larger 'dry communities' incorporate some form of community alcohol 'policing' through, for example, warden patrols aiming to prevent importation of alcohol into the community and to confiscate alcohol found.

Elder A man or woman, generally (but not always) 'initiated', who is knowledgeable about cultural issues and perceived to be a source of wisdom and leadership.

Grannies Senior women, usually but not always in kin/skin-group relationships with the people thus referring to them, perceived to hold guiding, advisory roles.

Healthworker Aboriginal health service staff who have undertaken training and gained qualifications in their field. Occasionally, but less frequently now, the term may be used for someone who has gained practical experience only.

Health workers Doctors, nurses, allied health workers, healthworkers.

Kartija White person

Kin group Blood-relatives within one's extended family.

Law The concept has been described as 'a body of jural rules and moral evaluations of customary and socially sanctioned behaviour patterns that are believed by the Aborigines to have originated in the creative period, the Dreamtime' (Tonkinson, 1974:7); and as 'denoting something like 'right practice' or 'the proper way', which has its origins in the actions of the spirit ancestors or Dreamings (Keen, 1994:605).

Maban A Pilbara/south Kimberley desert word for an Aboriginal person perceived to be capable of extraordinary feats of healing and retribution and having specialised cultural/spiritual knowledge.

Skin group One of four (or, in some areas, eight) social categories to which Aboriginal people are (or were) ascribed at birth. They provide a system of classificatory kinship relationships and prescribe certain mutual rights and obligations.