

Take the Best from Both Cultures: An Aboriginal Model for Substance Use Prevention and Intervention

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ABSTRACT

Objective

To identify the key components of an Aboriginal model for alcohol (and other drug) harm prevention and intervention.

Method

Part of a wider, two-year, Aboriginal-initiated study into the context and Indigenous perceptions of Aboriginal alcohol use and intervention, using a descriptive, grounded theory, participatory action study design. A demographically comprehensive sample of 170 Aboriginal people participated in qualitative, semi-structured interviews within three types of participant groups—the ‘model planning group’ progressively distilling all participants’ proposals into the intervention model described here.

Results

The model proposes a remotely located, multi-component, youth and family-focused residential Bush College program with integral ‘cultural’, vocational/life skills and follow-up support components. The program would be staffed by a network of permanent on-site Aboriginal staff, language group elders in residence for ‘cultural teaching’ components, and visiting accredited vocational trainers. Family and peer

co-residence would be encouraged. Detailed operational guidelines include staff selection criteria, assessment procedures, program content and operation, rules, follow-up, management, budget, evaluation (discussed in a separate paper), and local agency support. Core program components are presented, with further details available via weblink.

Conclusions and implications

Among the study’s remote area Aboriginal participants, recommendations for substance misuse prevention and intervention differ markedly from options generally available to them. In contrast with the substance use symptom-focus of most programs, participants detail instead a cause-focused approach addressing issues of identity, economic and daily-life opportunity, and a sense of hope for the future. These findings have relevance for understandings of cultural appropriateness, Aboriginal-perceived social determinants and the design of culturally meaningful substance misuse prevention and intervention strategies.

Keywords

Aboriginal model; substance use; participatory action research; prevention; intervention; social determinants; capacity building; culture; vocational training; support.

‘Culture’ is printed in inverted commas throughout the article to reflect the variety of perceptions about its meaning. In this article it is used in the sense described by study participants and refers to land (‘country’) based knowledge and belonging – including stories, language, kin and skin group relationships and bush knowledge and skills.

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

The research was based in the Derby area of the West Kimberley region of north Western Australia. It originated with requests to the author (then Acting Kimberley Regional Coordinator with the WA Alcohol and Drug Authority) from local Aboriginal people frustrated with the ineffectiveness of existing programs, for an ‘Aboriginal style’ alcohol intervention program. As elsewhere, evaluations of existing substance misuse intervention programs in the area had

shown little effect^{2,4} and remain scarce^{5,6}. At the time, the region’s Indigenous population was estimated to be 55% of a total regional population of 7,171, with over half of this Aboriginal population living outside the two regional towns.⁷ The area’s post-European contact history spans approximately 130 years, with pastoral and pearling industry expansion, mission- and government-run institutional residence, and commercial and social service provision having dramatically impacted the lives of the region’s Indigenous people. Indigenous employment and median income levels remain well below those of the non-Indigenous population^{8,9}. Aboriginal and non-Aboriginal people and a host of government and commercial bodies identify substance misuse as a major regional problem, with a range of local and State agencies providing endorsement and written offers of operational assistance for the intervention model described here.

Method

The study was based on a descriptive, grounded theory, participatory action design. Procedures followed are in accordance with National Health and Medical Research Council guidelines¹⁰. A variety of sampling strategies (purposive, opportunistic and snowball) resulted in a demographically comprehensive, although not fully representative, sample of 170 Aboriginal people comprising community and cultural leaders, identified community groups and a wide range of general

community members. Qualitative, semi-structured interviews were held with three types of participant groups (individuals, one-off community focus groups and serial model-planning focus groups). Intervention model-building proposals from all groups were discussed, debated and selectively adopted for the final model by the latter group over 13 meetings and two years. Membership of this group remained open, with a total of 82 participants and an average of 15 people per meeting. A full description of the model-building process is available online^{11:220}.

Measurements

Data for the final model derived from the publicly written and verified record of the model-planning group's iterative debate and decision-making process. Content analysis was performed using both QSR NUD.ist (Revision 4) software and collation of the process recordings, combined with some statistical description. Reliability, validity and triangulation were addressed via the variety of methods and sources; methodological validity checks; and investigator, participant-observer and participant-analyst reliability cross-checking.

Results

Key features of the model

The planning process resulted in a model tentatively named the 'Derby Aboriginal Bush Camp and Bush College' (abbreviated here to the 'Bush College'). It is a three-pronged intervention approach based on the strengthening and maintenance of Aboriginal identity and 'cultural' knowledge, vocational and life-skills, and a sense of hope for the future. The aim of participants' program components was to 'take the best from both [Aboriginal and non-Aboriginal] cultures' and to address the perceived causes of alcohol (and other drug) misuse rather than its symptoms.

The model's focus is on young people and primary intervention, although people of all ages and stages of substance misuse would be eligible for the program. At-risk youth, accompanied by families, peers and elders, would be encouraged to go to the residential Bush College before substance misuse became established.

As 'cultural teaching' was a key component of the model, two separately located intervention programs were initially proposed – one in each of the linguistically affiliated 'sides' of the West Kimberley. However, for funding-eligibility purposes, planning group members decided to compromise on one regional location. Post-research developments have proven the impetus for separate 'hills side' and 'desert side' programs, and a modified 'desert side' program is currently underway. This situation reflects a common ideological divide between funding and Indigenous stakeholders with their differing priorities¹² – issues which the Indigenous Research Reform Agenda¹ and 'Closing the Gap' initiatives are attempting to address.

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^{11:258}]

Aboriginal staff would be recruited using selection criteria focusing on proven 'cultural', personal and professional skills and qualities. Program components would relate to past, present and future issues. The program's foundation in a 'cultural' context – including the strengthening of bonds with family, land and other 'cultural' knowledge – was seen as a means to address issues of disrupted identity.

The program would be non-custodial, with some of the earliest confirmed proposals 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 components, such as the 'code of conduct' summarised below, would be compulsory.

Client numbers would be kept to a maximum of sixteen at any one time, with the addition of accompanying family and elders. Residents could stay at the program for up to a year, but would possibly average a four- to six-month stay. Health services at the Bush College would be provided by visiting medical staff and Bush College staff with healthworker qualifications. Local medical and allied health agency participation in the program, much of which was offered in writing by the respective agencies at the time of the research, would include town-based pre-admission screening, on-site clinics and follow-up services. Emergency medical assistance would be provided through radio communication with the regional hospital and access to the Royal Flying Doctor Service.

Location

The Bush College would be established some distance from the regional centre but adequately close for emergency assistance. Following a lengthy process of proposal, discussion and debate, an Aboriginal-owned cattle station, four hours drive from Derby on a reasonable all-seasons access road and with station airstrip, was chosen by the group as the preferred location at the time of the research. 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 asserted that its distance from Derby, alcohol outlets, 'city lights', and busy roads would discourage residents from walking to town. The land is under pastoral lease to an Aboriginal Corporation which, along with the traditional owners of the area, gave written consent for a lease-period excision of part of this land for use by the proposed Bush College program. Approval for its establishment, being a variation to the Corporation's lease agreement, was to be subject to Department of Land Administration processes.

Site Style and Infrastructure

The Bush College would offer a family-inclusive, largely 'informal' atmosphere and program. Buildings would be simply designed and widely spaced and incorporate shaded outdoor areas for aspects of training, meetings and leisure. Accommodation units would be simply built with wide verandahs and few internal walls, in varying styles for individuals, family and peer groups, accompanying elders, staff and vocational trainers. Simple, low maintenance, remote area infrastructure was chosen because the planning group wished to maintain a bush atmosphere as much as possible, and to enable on-site building and maintenance of facilities by staff and residents. One air-conditioned, multi-purpose, 'dust-free' building was included, the planning group deciding this was

necessary for 'paperwork' and fine machinery work. This building would house the program's office; computer, office and sewing skills training; School of the Air for the children of residents and staff; and weekly substance-use discussion sessions.

The Bush College Program

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. Elders, staff and longer-term residents would provide a gradual introduction to the 'cultural teaching' stage of the program. This would be delivered 'formally' each weekday morning and informally throughout each day by residents' language-group elders. Elders would accompany younger language group members to the Bush College, staying to provide 'cultural teaching' in a drug-free environment. Appropriate Bush 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.

Briefly, this stage would include bush skills and knowledge; 'grandmother teaching' for young women regarding fertility, motherhood and cultural business; language; stories; Aboriginal history 'since Cook' (colonisation); 'Aboriginal style counselling' on issues such as dispossession, anger, substance misuse, family violence, and feelings of hopelessness about the future; kin and skin group knowledge; dances; songs; paintings; and trips to country.

Part Two: 'College'

The model details training in vocational and life-skills, with visiting trainers (see below) living on-site for three days per week to conduct accredited vocational training sessions. Proposed training courses focus largely on practical outdoor skills related to cattle station, building, trades, landcare, ranger, tourism, and horticulture employment. Remaining vocational courses include office work, sewing and fabric printing.

Selected proposals for life-skills training, to be provided by Skillshare and appropriate Bush College staff on the remaining weekday afternoons, also had a practical daily-life orientation. Subjects include money management and budgeting; banking and numeracy; reading and writing; health education; house management; substance use management; family violence management; and job applications (both theoretical and actual). Residents would be assisted to regain lost driving licences, with local police offering to conduct testing on-site at the Bush College.

Training and training-facilitation agencies such as Technical and Further Education (TAFE), Skillshare, the Department of Education, Science and Training (DEST), 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, including the provision of teachers, funding for elder and other teachers, and Training Organisation Registration. Local TAFE and Skillshare agencies made written offers to provide on-site teaching for three days per week on a time frame designed to meet the learning requirements of college residents.

The following Daily Program timetable was devised by the Planning Group in direct response to requests from interested funding bodies requesting details of proposed day-to-day

'cultural teaching' activities at the Bush College. As with the previously mentioned issue of funding body preference for a regional, rather than separately (linguistically) located substance use intervention program(s), the request for 'cultural teaching' details provoked a strong reaction from planning group participants, at one point threatening the continuation of model-building due to participants' indignation over perceived intrusions into this culturally private realm. One young leader stated that:

"Whiteman has taken everything from Aboriginal people except cultural knowledge, and now they want to find out about it [cultural knowledge] too ... that whiteman may as well just publish it on the internet"^{11:246}

This issue is discussed at length in the description of the full study^{11:243}. In summary, the group eventually decided to provide a schedule for the teaching of certain 'cultural' components (see following) with the understanding that this could be modified by elders once the Bush College was established.

Part Three: 'After Bush College'

The post-Bush College period was seen by many participants as a critical time for ongoing support. Because options for support in remote communities often lie mostly with family, elders and peers, planning participants stressed the importance of potential supporters accompanying residents through part or all of their Bush College stays. Throughout the program, discussions regarding post-program goals, strategies for maintaining them, and gaps in home-environment supports would identify needed support strategies. These would include, where possible, links into meaningful employment relevant to the home community and to skills acquired at the Bush College. On-site visits to the Bush College by vocational trainers and Centrelink, and (at the time of the study) links to existing or newly established Community Development Employment Programs (CDEP) in home communities would facilitate this.

Other strategies included strengthening links with family, elders, role models and supportive peers through their co-residence at the Bush College and their participation in specific program components. Attendance at a weekly alcohol/other drug discussion session would be compulsory for residents and accompanying extended family, and 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 substance use management training along similar lines and in 'Aboriginal style' would be provided where accessible by community healthworkers. Follow-up home visits would be made to post-program residents by community-based health workers. Key Derby agencies, the staff of which also travel to outlying communities, made written offers to provide these services.

Links into sporting, recreational and activity groups, in interest areas identified at the Bush College, would be made from the Bush College. The establishment of a residential, post-College 'dry house' in Derby, run in 'Aboriginal way' by a resident Aboriginal co-ordinator couple, would be built at the back of the Derby Aboriginal Culture Centre to enable ongoing support and 'cultural' mentoring from elders and Culture Centre staff. For Bush College 'graduates' returning to town without supportive relatives, the 'dry house' would offer temporary accommodation while residents confirmed the social, employment and activity links initiated at the Bush College.

Table 1: Proposed Daily Program

	Monday and Tuesday	Wednesday	Thursday	Friday	Saturday
LANGUAGE AND STORY TELLING AND ABORIGINAL STYLE COUNSELLING GO ON EVERY DAY					
MORNING	Artefact making/ carving <ul style="list-style-type: none"> • Spear • Coolamun • Boomerang • Didjeridoo • Shield • Fighting stick • Clapping stick • Woomera 	Hunting Kangaroo Snake Fishing Swimming	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 and 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
	BREAK				
AFTERNOON	(Monday, Tuesday, Wednesday afternoon) TAFE and Skillshare job training: <ul style="list-style-type: none"> • Station skills/community construction and maintenance skills: water bore, pump, windmill, fencing, gates basic road work, generators <ul style="list-style-type: none"> • Station skills traineeships • Building/building maintenance • Trade/home maintenance skills: mechanical, plumbing, electrical, woodwork/carpentry, welding <ul style="list-style-type: none"> • Sewing • Silk screening/printing • Horticulture • Office, computing, bookeeping skills • Tourism and ranger skills 		(Thursday, Friday afternoon) Life-skills education/training <ul style="list-style-type: none"> • Literacy and numeracy • Budgetting and banking • House/rent management • Job vacancies/application • Family violence m'ment <ul style="list-style-type: none"> • Health education: 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 peer/relis • Relapse prevention/management 		Bark painting/ painting Sports Trips to country Visits/cultural exchange with other communities
	Evening STORIES AND DANCING				
SUNDAY REST DAY					

Additional Program Features: Program Rules

Details of most program aspects are accessible online^{11:257}. The summary below outlines the planning group's 'code of conduct' and its key program rules, largely in participants' own wording, for both Bush College and town-based 'dry house'. This would be read to, and signed by all potential residents and their families prior to entry into the program:

Everyone wanting to go to the Bush College needs to get a doctor's note in writing to say they're OK in the body and the mind to go to a program far from town with no doctors. This is to protect you and the Bush College staff; Pay for your Bush College food and rent from your CDEP/Social etc; No grog; No gunga (marijuana); No sniffing drugs or drugs of any sort; No drunk or stoned people allowed on to the Bush College; No gambling for money; 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, how long they want to stay there, what they want to do about their drinking/ drug use when they leave, and what changes they want to make in their life. This is like a contract you make with yourself, and

staff will help you set things up to help it happen; What you and other people say at group talks is private for that group, and not for spreading around; Respect other people's privacy; Respect other people's space; 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 get up late, staff will talk to you about being 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 sticking to the 'code of conduct' you agreed to; You only get one warning; If people are told to leave for using alcohol/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-alcohol/drugs rule this time. If they used alcohol/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.

Management and Finances

Sixteen management committee positions were identified: a key local elder integrally involved with the Bush College planning

phase; an elder from the local Aboriginal Culture Centre; a committee member from the organisation leasing the proposed Bush College site; a youth representative; an Aboriginal community healthworker integrally involved with the project's planning phase; the Community Drug Service Team's local Aboriginal staff member; the Derby Aboriginal Health Service Manager (or Doctor); an Aboriginal police officer; a TAFE and Skillshare representative; a financial/bookkeeper advisor; and the managers of the Aboriginal Night Patrol, the Sobering Up Shelter, the Aboriginal Sporting Association and the Family Healing Centre. The committee would meet monthly.

Estimated Cost of the Service

Educated estimates of the capital cost of the program were collated during fieldwork from an architect's draft estimate for buildings related to vocational training, office and recreation requirements; accommodation, ablutions and sanitation for residents, extended families and staff; and power supply. The 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-based 'dry house'. Recurrent operational costs were estimated at \$357,220. Program costs would be offset to some extent by residents paying a 75% proportion of CDEP/Social Security entitlements toward program costs, and agency support with training and other services.

Discussion

This model's focus on addressing the perceived causes of substance misuse, rather than its symptoms, was evident among a strong majority of participants in each of the study sample groups over the full two-year fieldwork period. This same orientation was reflected in findings from other aspects of the wider study including Indigenous critiques of existing intervention programs (described elsewhere); the Indigenous model for evaluating intervention program effectiveness (described elsewhere); the model-building process itself; and a tentative finding among key informants regarding apparent links between childhood 'cultural identity' disruption and later drinking decisions. All reflect the importance ascribed by participants to cause-focused, capacity-building prevention and intervention approaches.

Critics may perceive the model as an attempt to create an idealised society, or to remake a life that has become unmanageable. Given the degree of fragmentation in daily life on many communities such aspirations would be understandable, with many participants speaking of difficulties encountered in attempts to promote behaviour change in environments where substance use was rife. However participants' intentions to 'take the best from both worlds' and to strengthen personal, vocational and support components in a drug-free setting appear to demonstrate a reasoned approach – but is it workable? Cost, operational and post-program realities, extended family influence and demands, and wider politico-socio-economic realities would undoubtedly influence the model's success to some extent. However, health program researchers and evaluators, both nationally^{6,13,14} and internationally¹⁵⁻¹⁷, stress the importance of the association between individuals and their environment in health-related decision making. Few documented, existing substance misuse programs reflect this awareness substantially^{5,6}.

Limitations of the study may include its smaller proportion

– in comparison with regional figures – of planning group participants aged 13–39 years (33% and 54% respectively), raising initial questions about the relevance of the model to younger people. Surprisingly however, the core model-building components recommended by the study's younger 'combined community group' (57% under 40 years, half of whom were under 20 years) were strongly consistent with those of the model-planning group. Clear enthusiasm for the developing model was evident in proposals from a strong majority of younger people interviewed, and by planning group members in general, with three-quarters of those attending the first core model-planning meeting also attending the last.

The proposed cost is an issue, with comprehensive programs invoking a comprehensive capital cost in the short term. If the promise shown by other 'outstation' programs^{6,13,14} is repeated by this model however, long-term cost benefits appear likely. Income generation possibilities (such as on-site cultural tourism with resident elders and apprentice Bush College tourism/ranger students) have also been discussed.

Conclusion

This Indigenous model for substance misuse prevention and intervention proposes a significant shift in focus from one of analysing/monitoring substance use behaviour to one of focusing primarily on the 'country'-based strengthening of cultural, personal and vocational knowledge, skills and opportunity. Recent evaluations and reviews of alternative substance misuse intervention programs, where association with 'country' is formalised in multi-component models with strong community support, suggest that these approaches may hold more promise than conventional models^{6,18,19}. This growing focus on addressing the social determinants of substance use is a welcome advance.

Recommendations

Substance use prevention and intervention programs for Aboriginal people would do well to adopt strategies devised thoughtfully and over time by Aboriginal people themselves. The cause-focused strategies presented in this remote area Aboriginal model mirror the 'country' and social-determinant based recommendations emerging from recent reviews and research into successful Aboriginal health interventions.

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Australia's Quality Assurance Review project¹⁵ should not be used as a primary source for evaluation policy in the Indigenous area due to their focus on non-Indigenous-specific programs. There are some key differences between the Review's 'mainstream' recommendations and those of Indigenous participants, substance use workers and researchers in remote Australia¹⁶.

Conclusion

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

Recommendation

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

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