INTERVENTIONS FOR INDIGENOUS AUSTRALIANS:
THE BROADER CONTEXT

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Abstract

Effective intervention for alcohol and other drug problems among Indigenous people in the corrections system cannot proceed in isolation. The development of such interventions must be based on a clear understanding of the patterns of Indigenous alcohol and other drug misuse and broad context in which it occurs. Interventions for Indigenous people in the corrections system must also be developed with reference to strategies that have proven to be effective within the wider Indigenous community. The evaluation literature suggests that interventions are more likely to be effective where they are comprehensive and address the three pillars of current drug strategy: supply reduction, demand reduction and harm minimisation. Given the heterogeneity among Indigenous Australian people and the circumstances in which they live, it is unrealistic to expect to be able to identify discrete interventions which exemplify ‘best practice’ and which simply can be applied across-the-board. ‘Best practice’ inheres in the principles and processes that are applied in the development of intervention programs. Among these are Indigenous management and control, developing interventions that meet the needs of clients (not simply those of providers or the justice system), adequate financial resourcing, and appropriate training and support for staff.
Introduction

Effective intervention for alcohol and other drug problems among Indigenous people in the corrections system cannot proceed in isolation. The development of such interventions must be based on a clear understanding of the patterns of Indigenous alcohol and other drug misuse, and broad context in which it occurs.\(^1\)\(^-\)\(^3\) Interventions for Indigenous people in the corrections system must also be developed with reference to strategies that have proven to be effective within the wider Indigenous community. Given the heterogeneity among Indigenous Australian people and the circumstances in which they live, it is unrealistic to expect to be able to identify discrete interventions which exemplify ‘best practice’ and which simply can be applied across-the-board. We have found that, if asked to identify projects which exemplify best practice in alcohol and other drugs intervention, those familiar with the field are more likely to highlight aspects of particular projects rather than projects per se. This highlights the fact that ‘best practice’ inheres in the principles and processes that are applied in the development and implementation of intervention programs.

There are no published independent evaluations of alcohol and other drug interventions for Indigenous people in the corrections system, and we have not conducted research among Indigenous people in the corrections system ourselves. However, we have conducted research on Indigenous alcohol and other drug issues for the past ten years. In that period, through our own work and the systematic review of the work of others, we have been able to identify some of the principles and processes that constitute best practice in interventions for Indigenous people in general. It is the aim of this paper to highlight those principles and processes which should be considered in the development of effective projects within the corrections system.

This paper is based on several projects conducted by our colleagues and ourselves. The first of these was a systematic review of formally evaluated alcohol misuse interventions among Indigenous Australians which was published in the journal *Addiction* in which we sought to identify what interventions were most successful.\(^4\) The second is a project being conducted for the Australian National Council on Drugs.\(^5\) This involves two components. The first component was identification of all alcohol and other drug intervention projects targeted specifically at Indigenous Australians, resources allocated to them, and the implications of those resource allocations. The second component—which is still under-way— involves the identification of projects which can be used as examples of ‘bestpractice’ in the Indigenous alcohol and other drug field. Other projects on which the paper is based are various reports that we have written on needs assessments and evaluations of particular projects, and the methods for conducting these.\(^6\)\(^-\)\(^11\) In reviewing these materials, we have sought to highlight those principles and processes which were identified—by both omission and commission—as being central to best practice in Indigenous alcohol and other drug intervention projects.

Elements of ‘best practice’

**Indigenous Community Control and Management**

As part of the work we have been undertaking on behalf of the Australian National Council on Drugs, with representatives of both Indigenous community organisations and government agencies we discussed what they regarded as the characteristics of intervention projects that made them successful. Overwhelmingly they identified Indigenous community control.

Indigenous community control of projects is important as it ensures that projects:

- address needs as perceived by communities;
- are delivered in a culturally acceptable way; and
- empower and develop Indigenous people and communities.
Better health and social outcomes are also a key objective of community control. However, the number of research reports documenting improvements in Indigenous health which can be attributed directly to community control is limited. Nevertheless, there is a long documented history of the negative consequences of not involving Indigenous people in the development of services which are aimed at improving their health and well-being—one of the best known examples being policies and programs which resulted in the ‘Stolen Generation’.¹²

Importantly, there is a difference in the way in which community control is perceived. Among many non-Indigenous policy and alcohol and other drug workers, Indigenous community control is seen as a means of ensuring the most effective project outcomes. However, among Indigenous people, community control is seen as both as a means to the end of effective service delivery and as an end in its own right—the tangible expression of self-determination.

While Indigenous community control and management of intervention projects is a key component of best practice, it is not sufficient. As discussed below—among other things—this must be supported by adequate resourcing and staff development and training.

**Meeting Community Needs**

Since at least the 1960s it has been known that to be effective programs must be designed to meet the needs of the intended recipients. Indeed, this basic principle of community development, underlies the Alma Ata declaration on primary health care.¹³ As self-evident as this proposition may seem, it is not one to which program planners always adhere. Though not exclusively, a mismatch between community needs and service provision is more likely to occur when services are developed for Indigenous people by mainstream agencies.¹⁴ ¹⁵

An example of the kind of mismatch that may occur is provided by recent work we have undertaken on injecting drug use by Indigenous people in Western Australia.¹¹ Both Aboriginal and non-Aboriginal service providers saw the major harms arising from injecting drug use as health and crime related and in particular advocated the provision of more health services for users. On the other hand, Aboriginal people who inject drugs saw the major harm arising from their drug use as the disruption of inter-personal relationships and wanted services that could help to address that problem. Users reported rarely accessing health services, and if more services were to be provided it is unlikely that they would be used. The community development principles referred to above would clearly suggest that if service providers are to engage injecting drug users, the first step should be the provision of services that the users themselves have identified.

When developing projects it is important to bear in mind, also, the diversity of Indigenous communities. That is, although Indigenous communities have similar needs and there are commonalities, there are also variations in their histories, their physical environments, the resources available to them, and cultural values and beliefs. These differences require strategies tailored to local communities and, therefore, it is unlikely that projects that are successful in one community can simply be replicated in others without first assessing whether or not the projects meet the needs of those communities. The case of the Kununurra-Waringarri and Ngnowar-Aerwah patrols provides a good illustration of this.

Both patrols have been designed to meet similar needs, that is to reduce alcohol related harm and the number of intoxicated people being detained in police custody. However, each patrol uses different strategies to achieve this. The Kununurra-Waringarri patrol prevents people from taking alcohol to their homes and communities, while the Ngnowar-Aerwah patrol encourages people to take their alcohol on the patrol bus to drink at home; and people in both communities think that these different approaches best meet their particular needs.⁸
Reflecting the broader health literature, the literature on alcohol and other drug services includes some discussion of the inappropriateness of mainstream services.\textsuperscript{4-6} However, our work among injecting drug users has found that not all Indigenous people are reluctant to use mainstream services—some wanted services that were not specifically for Indigenous people. As a consequence of both the illicit and stigmatised nature of their drug use, they preferred the anonymity of mainstream services and wanted those services to develop more appropriate responses to the needs of Indigenous people.\textsuperscript{11} This highlights the need for both collaboration between Indigenous and mainstream service providers, and the provision of training to ensure that the staff of mainstream services are able to appropriately meet the needs of Indigenous clients.

Some communities have expressed concern about the lack of acknowledgment of poly-drug use among service providers. Our research and that of others has demonstrated that various combinations of licit and illicit drugs are commonly used by people with substance use problems. However, many services tend to focus on one substance. This was particularly the case with the majority of residential treatment facilities available for Indigenous people in Western Australia. These were described as mostly alcohol focused and did not always meet the needs of injecting drug users.

**Adequate Resourcing**

Many of the formal evaluations of intervention projects that have been undertaken have highlighted the inadequate levels of resources allocated to projects.\textsuperscript{4} Our review of Indigenous Drug and Alcohol Projects demonstrated that there are considerable discrepancies in the level of funding provided for projects by region, by project type, and—although we undertook not disclose the amounts allocated to individual projects—by projects within categories of project type.\textsuperscript{5}

Most of the published service evaluations highlight the fact the inadequate funding places constraints upon service delivery. This includes factors such as the inability to hire trained and qualified staff, and operating a reduced range of services.

**Project Continuity**

In the 1999–2000 financial year, of the $35.4 million allocated to Indigenous alcohol and other drug projects nationally, approximately five per cent was for non-recurrently funded projects. At first glance, this amount seems small. However, of the 277 projects conducted in that year, 45 (that is, 16 per cent or one project in every six) were totally dependent upon non-recurrent funding. Of further concern is that almost half of all prevention projects were reliant on non-recurrent funding.\textsuperscript{5}

This means that many projects which are regarded by Indigenous communities as successful—such as the Petrol Link-up Program which was conducted in Central Australia—or projects that have the potential to yield positive outcomes are discontinued. Representatives of Indigenous organisations have frequently expressed concern about the time and effort required to prepare applications for grants, the expectations they raised within communities, and the disappointments—for community members, workers, and clients—that are generated when funding is not renewed.

**Integrated Project Development**

Our review of alcohol interventions suggested ‘… that—as among other populations—there is no simple solution to the problem of excessive alcohol consumption among Aboriginal people. This reflects the find of a major review conducted by Edwards and others for the World Health Organisation and it is a conclusion that applies with equal force to the misuse of other drugs.\textsuperscript{16}

This means that projects that are developed in isolation are often limited in their impact. For example, a common complaint among those working in residential treatment programs is that their
effectiveness is hampered by the fact that there are few follow-up projects in place to support clients when they leave treatment centres. Similarly, representatives from non-residential treatment programs often bemoan the fact that there are no projects in place which provide clients with alternatives to alcohol or other drug use.

In the preliminary work we have undertaken for the ANCD, multi-service projects—that is projects that provide more than one service type (including, for example, a night patrol, a sobering-up shelter, and a treatment service) were most commonly identified as among those projects which exemplified ‘best practice’. Many organisations such as Kununurra-Waringarri Aboriginal Corporation in Kununurra and Milliya Rumurra Alcohol and Drug Centre in Broome have successfully established comprehensive ranges of services designed to provide coordinated approaches to the reduction of alcohol and other drug-related harm. For example, Waringarri’s Patrol picks up intoxicated people and transfers them into the care of the sobering-up shelter. In the morning, drug and alcohol workers from the Waringarri’s counselling service meet with people at the shelter to discuss their problems, and if they wish to enter treatment, they are referred to Waringarri’s residential treatment program. When clients complete treatment, the non-residential counselling service provides after-care support.

Also nominated in this regard were projects in which staff fostered relationships between other relevant health and welfare services. As one person said:

The bigger the network and inter-agency support, the more stable the … (drug and alcohol intervention service) is.

Given this, it is clear that the gains from any particular intervention are likely to be limited but can be enhanced when they form part of a broader intervention strategy. As a general principle, interventions are more likely to be effective when they are comprehensive and address the three pillars of current drug strategy: supply reduction, demand reduction and harm minimisation.

Staff Development and Training

Many workers in substance misuse rehabilitation and counselling services have no formal training or qualifications. This is particularly so in isolated areas where it is difficult to attract any staff at all, let alone more qualified staff. The literature suggests that lack of skilled staff and resources is one of the factors that has limited the effectiveness of some intervention projects. The evaluation of Kununurra-Waringarri Aboriginal Corporation’s alcohol projects found that most counsellors had not received any formal training. The only pre-requisite these staff members possessed was the fact that they had all managed to overcome their own chronic use of alcohol. The practice of employing ‘reformed alcoholics’ appears to be common among Aboriginal alcohol treatment agencies; however, personal experience alone cannot substitute for adequate training, particularly when other drugs are concerned. As one counsellor explained:

Learning from your own experiences is not enough. What worked for me may not work for others… I don’t have a clue how to help the clients who come in with other drug problems, I only know about alcohol.

Alati and other researchers have recommended that more be done to address the training needs of Indigenous people working in the alcohol and health field, and that this training should be offered in the form of specialised, accredited traineeships. Furthermore, when first taking up a position, staff should have access to induction training which informs them of relevant policies and protocols, and enables them to effectively undertake pro-active management and strategic planning. Although more focus needs to be given to this area, organisations are beginning to address the training needs of Indigenous alcohol and drug workers. For example, the Aboriginal Drug and Alcohol Council in
South Australia is leading the way in developing training and support initiatives to strengthen the management and operation of Indigenous community controlled alcohol and other drug services.

Several government agencies are also beginning to acknowledge their role in ensuring Indigenous alcohol and drug workers have the necessary skills to provide appropriate treatment and prevention services. For example, the Victorian Department of Human Services has made a commitment to offer training to all Koori community alcohol and drug workers that it funds. Similarly, the Commonwealth Department of Health and Aged Care has established eleven Emotional and Social Well Being Regional Training Centres, and although they do not specifically target alcohol and drug workers, the centres do provide counselling training.

Management Structures

The effectiveness of a project begins with a well-structured management system, and organisations that function efficiently have a number of management and administrative qualities in common. For example, their management structures are culturally appropriate. That is, these structures take into consideration: cultural issues such as social and family responsibilities; the importance of sharing resources; and, language, literacy levels and forms of communication used by clients, staff and community members.

Efficient organisations and projects also use management models with which Indigenous people are familiar and comfortable. However, it is important that each level of management has a set of responsibilities and that the operation and administration of a project or organisation does not rely on one person. For them to operate effectively, there also need to be clear policies and protocols regarding management and administrative procedures. These policies and procedures should be simple to follow and accessible to both management and staff. Most importantly, they need to be routinely enforced and abided by. Funding agencies can play an integral role in improving the operation of Indigenous services by first helping them to develop effective management and administrative systems, and then providing them with ongoing support and guidance to maintain these systems. Importantly, funding agencies are often in a good position to detect any problems project staff may experience, and usually have the resources and expertise needed to help staff overcome these problems.

Organisations and projects that experience few problems usually take a pro-active approach to management and/or carry out strategic planning. That is, they follow a process by which they identify problems or needs, develop strategies or plans of action to address these needs, delegate responsibilities, and monitor the progress of tasks. In this way, potential problems are identified at an early stage or are prevented altogether. The work achieved by the Wyndham community is a good example of how a pro-active approach to management can ensure the successful implementation and operation of programs.

Ngnowar-Aerwah was originally established in 1985, but due to staffing and financial difficulties, it was forced to cease operation in 1992. Despite its closure, there continued to be a need for an alcohol prevention and treatment service. Consequently, following a formal community needs assessment in 1993, it was decided to re-establish the Ngnowar-Aerwah Aboriginal Corporation under the auspices of the local Wyndham Action Group (WAG). Community members had learnt an important lesson from Ngnowar-Aerwah’s earlier experience and were wary of re-establishing the alcohol intervention projects without providing the management and staff with adequate support and guidance. Therefore, the WAG appointed an administrative officer to oversee the establishment of these and other community services. Initially, the WAG took on a close supervisory role, managing the finances and providing intensive on-the-job support and training to Ngnowar-Aerwah management and staff. However, this was a short-term measure and, as the management and staff
became more skilled, WAG became less involved in the operation of the alcohol intervention projects. Ngnowar-Aerwah is now an independent and competent community organisation. However, the WAG continues to have informal links with Ngnowar-Aerwah and still provides support services to the management and staff when requested.  

Establishing strong management and administration systems leads to better financial accountability, a more stable work environment and improved project outcomes. It is also more likely that administrative and decision making responsibilities will be distributed across several levels of management. As a result, the success or failure of projects does not rest on the shoulders of one person, and if a staff member leaves, the project will not be significantly disrupted. However, to be able to maintain strong management systems, qualified and well-trained staff are essential.  

Summary

On the basis of research evidence, we believe that it is not yet possible to identify particular projects which exemplify ‘best practice interventions in the Indigenous alcohol and other drug field’. However, our research and that of others indicates that ‘best practice’ inheres in the principles and processes that are applied in the development and implementation of intervention programs. Key among these principles and practices are:

- Indigenous community control and management;
- meeting community needs;
- adequate resourcing;
- project continuity;
- integrated project development;
- effective management structures; and,
- adequate staff training and development.

Although, no-one has yet demonstrated that particular interventions for Indigenous people in the corrections system exemplify ‘best practice’ these principles provide a yard-stick against which both current and planned interventions can be assessed.
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References


