
Appendix One

Secondary Research Summary

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EXECUTIVE SUMMARY

The Secondary Research Summary (SRS) is the first component of a comprehensive and consultative process in the development of a Feasibility Study into the establishment of a drug and alcohol healing service for young Koori people who have experienced problems with substance abuse in the form of alcohol and other drugs.

The SRS is the outcome of a desktop approach as the first step in identifying research and findings in relation to both Indigenous and mainstream facilities that offer services and programs to youth in a residential setting. This Report provides a summary to date based on a snapshot of available material regarding services and programs in Australia, North America and New Zealand.

A number of common themes have emerged from the Research:

- Historical factors continue to have a major impact and form an underlying theme for a range of issues affecting Indigenous individuals and communities;
- Substance abuse is a symptom of a broad range of personal and family crises and must be addressed in the context of a multi dimensional approach;
- Youth specific services to address substance abuse offer limited options for all young people, and whilst Indigenous youth may access mainstream services, few choose to take this path;
- A comprehensive and inclusive model is seen as the most appropriate means to deal with the complex issues associated with young people and substance abuse;
- Programs must focus on both short and long term outcomes that address the whole person:

physical, mental, emotional and spiritual; and

- There is no *one size fits all* approach and care should be taken in assuming direct transference of services, programs or approaches from adult to youth or from one country to another.

Critical factors in determining positive outcomes for Indigenous youth include:

- Family support, involvement and participation in treatment and development programs;
- Focus people and activities that will contribute to a cultural connection with the traditional and spiritual nature of Indigenous communities including Elders, traditional healing, ceremonies and celebrations – a reconnection with the cultural heritage of both the family and the community; and
- A planned and coordinated aftercare strategy that provides on going support and encouragement beyond the treatment program.

Defined as *a work in progress* there is scope to expand this Report in accordance with information gathered during the next stage – the community consultation process. It is assumed that further models and examples will be provided for consideration and the community will have the opportunity to define what they believe to be critical success factors in addressing the needs of Koori youth and problems with substance abuse.

INTRODUCTION

The Koori Drug Strategy Advisory Committee (KDSAC) endorsed a range of priorities and initiatives for development which are outlined in the Koori Drug and Alcohol Plan 2003-2004. One key initiative relates to the establishment of a Koori Youth Alcohol and Drug Healing Service based on a spiritual healing model.

Aims

The Final Report Secondary Research forms a critical element of the Feasibility Study being undertaken to investigate the scope and parameters for establishing a service specific to the needs of Indigenous youth in providing residential and rehabilitation services to address problems associated with the misuse of alcohol and other drugs.

The specific aims for this study are to:

- Review the literature pertaining to the provision of intervention services for both Indigenous and mainstream populations in relation to alcohol and drug services, particularly those based on a residential model;
- Identify services and programs both in Australia and overseas that relate specifically to Indigenous groups, particularly Indigenous youth and incorporate cultural aspects in the form of spiritual healing; and

- Research the nature of a best practice approach, both nationally and internationally, to the development and innovative delivery of intervention services to meet the short and long term needs of Indigenous young people.

Focus

The Research will inform the development of a model of intervention that reflects a unique combination of underlying principles in order to address **five key aspects** relating to the misuse of alcohol and drugs as outlined below:

A number of questions will be considered in relation to the key areas including:

- What are the core components of an appropriate and relevant model for youth?
- What entry requirements are appropriate and how will the service be accessed?
- What are the specific services and/or programs that should be offered in order to address the five key aspects in Figure 1?
- How will the facility be linked with a broad range of organisational and community services to ensure long term outcomes?

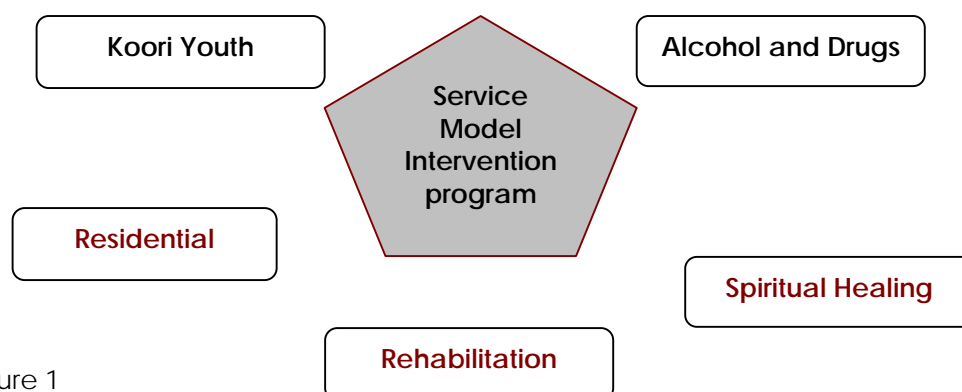


Figure 1

METHODOLOGY

A comprehensive literature search was undertaken based on:

- The key aspects defined in Figure 1 including key words and combinations of words;
- Existing treatment and rehabilitation services and/or programs that target both mainstream and Indigenous populations;
- A *departmental* search including departments of Health, Indigenous/Aboriginal Affairs, substance abuse particularly in relation to alcohol and drugs; and
- *Resources located by referral from the Steering Committee and other relevant persons.*

Literature detailed in this Report is defined as *recent*. The majority of material reviewed documents experience, research or investigation from the mid to late 1990's up to current time (assuming websites are updated regularly).

Settings considered in the context of this review were those that provided residential alcohol and drug treatment services to mainstream or Indigenous client groups. Consideration was also given to non residential settings that provided a breadth of program that addressed broader issues other than a specific *treatment* regime, for example: personal development programs, vocational programs or family support. Whilst no direct search was made in relation to the justice system locally or internationally, the search process frequently identified literature sources pertaining to justice issues. Such sources were valuable in highlighting a strong connection between substance misuse and involvement with the justice system, particularly for Indigenous populations.

Likewise the search sometimes yielded references to suicide and the link with substance abuse, highlighting services

and programs that overlap across the two areas.

The frequent cross referencing of literature material, together with a *consistency of message* relating to relevant strategies, confirmed the premise that in order to address substance misuse effectively and for longer term outcomes, for both mainstream and Indigenous groups, underlying issues must be addressed. These issues relate specifically to education and employment opportunities however health, family and support networks and perception of *self* are inextricably linked.

For Indigenous populations identified in Australia, Canada, North America and New Zealand, literature highlighted the critical need to focus intervention measures within a *spiritual healing* framework and identify strategies that support and encourage *cultural connection* and reconnection as the means to establishing a concept of self that is consistent with family, community and cultural heritage. The importance and value of cultural considerations, particularly in terms of rehabilitation cannot be undervalued as a critical component of any broad based intervention service or program.

Examples of Indigenous services and programs that meet all of the five key aspects identified in Figure 1 are basically non existent. The number of Indigenous facilities that meet some of the criteria (excluding spiritual healing) is also limited.

Whilst the Research endeavored to focus on Indigenous facilities, the value of reviewing mainstream experience cannot be overlooked. Mainstream experience is useful in identifying indicators to success or effectiveness in outcomes as well as lessons to be learned, that is, factors that reduce or limit long term outcomes for the individual concerned.

Structure

The Report is structured under three key headings:

- General discussion relating to the review;
- Key findings; and
- Best practice in providing relevant and broad based intervention and rehabilitation services for young people in dealing with substance misuse.

The final section of the Report provides a summary of the Review in relation to the five aspects highlighted in Figure 1 as key factors for consideration in both the consultation process and the development of an appropriate model for a Koori Youth Drug and Alcohol Healing Service.

GENERAL DISCUSSION

The focus for the Final Report is the proposed establishment of a service model that will service the needs of Koori youth. It is important then to define what is meant by the term *youth*, particularly in relation to issues regarding the appropriateness and accessibility of any service or program.

In Western society *youth* is generally understood to be those under 25 years of age. However, this group is heterogeneous and may be further subdivided based on a range of criteria. Developmental stages including childhood, adolescence and young adults are the three stages most commonly identified in relation to *youth*. Whilst these stages may not easily translate to traditional

Limitations

The process has highlighted important limitations in researching current practice in service provision for Indigenous communities both here and overseas:

- Lack of research into the effectiveness of interventions and approaches that have formed the basis of many services and programs in the past;
- The reliance on generalizing experiences, not only from mainstream to Indigenous, but also from adult to youth in the provision of services; and
- The multitude of programs (volume and direction) that appear to exist. Whilst many services/programs may be identified in documentation or anecdotally, the level of information available is generally limited and rarely includes any form of evaluation, either of effectiveness in outcomes or operation. Thereby posing considerable difficulties in attempting to review what is available and appropriate for particular groups.

Indigenous experience, they are deemed appropriate for this study; given that Indigenous youth live within a broader mainstream society.

Given that the proposed service will be established as a new service it should be possible, ideally, to address important factors that need to be considered in addressing the needs of Indigenous youth:

- Services should be multidimensional and multifunctional as well as age appropriate in recognizing the differing needs across the age spectrum and are appealing to engage the young person in active participation;
- Coordination across the continuum of relevant services that provide support not only to the young

person but also to the family whilst accessing the service and beyond;

- Address other issues including homelessness, family violence, sexual abuse, associated health problems; and
- Incorporate a development component in terms of both personal development and the development of knowledge and skills that will assist in improving educational and vocational prospects. The basic principles and frameworks underpinning many of the mainstream services, that are seen to be achieving positive outcomes, may be considered relevant to an Indigenous service; however, caution should be exercised in making direct transference from one to the other.

taker both materially and emotionally from those around him. Thus addiction attacks the roots of our spirituality the order of our society and the very reason for our existence. (The Maya Living Free Healing Centre Strategic Plan 2004-2007 page 5).

There is strong evidence highlighting that Indigenous individuals and communities bring a completely different dimension to bear on determining not only the appropriateness of a service but also the longevity of the outcome. For Indigenous populations it would seem that cultural and spiritual factors must be first considered and formulated as the policy and principle umbrella under which treatment services and intervention programs are developed and delivered.

Problems of addiction within the Indigenous community extend far beyond social, health and legal issues to what is described as the core of Indigenous identity – spirituality.

Val Bryand-Carol, founder of Belongs Haven describes it in the following manner:

Aboriginality is based on spirituality. By spirituality we mean that first we connect to other people. When this is in place we connect to the earth and then our God. These spiritual connections were the basis of Aboriginal life and are maintained by giving and sharing. But the addict is a

Spirituality and cultural connection generally refers to connection to others, to the land, seas and all that is in and on them, to ancestors and creation spirits.

Any endeavor to resolve substance misuse that does not address this aspect as the cornerstone of intervention is likely to bring about, at best, short term solutions.

Services for Koori Communities

Koori-specific alcohol and drug treatment services are provided to Indigenous people in Victoria who are affected (either directly or indirectly) or who are at risk of being affected by alcohol and/or other drugs. These services are usually government funded or government and community funded and generally delivered through or in conjunction with Indigenous agencies or community based facilities.

Two Koori specific drug and alcohol programs (DHS funded) operate in Victoria. The majority of services are based in Aboriginal Cooperatives.

Koori Community Alcohol and Drug Workers

Undertake a number of activities to reduce the use of and harm caused by drug and alcohol in their communities. These activities include health promotion, information provision, education activities, development and maintenance of community linkages, referrals and counselling. These workers liaise with services in an advocacy role on behalf of the service user.

Koori Community Alcohol and Drug Resource Services

Provide short term accommodation and supervision for people who are affected by alcohol and drugs.

An evaluation of these services undertaken by Turning Point (Alcohol & Drug Centre) in 2000 highlighted the following strengths:

Community Alcohol and Drug Worker Programs

- Holistic approach – deal with concerns and link to other services;
- Commitment/skill of staff;
- Range of approaches;
- Individual and group support; and
- Location at community controlled organizations strengthens cultural aspect and access.

Community Alcohol and Drug Resource Services

- Flexibility and responsiveness;
- Provide short term accommodation; and
- Offer referral to other services.

Areas highlighted as needing change or improvement included:

- Resource services have a broad service role, lack resources, have insufficient referral options and have to deal with competing expectations of community and DHS;
- Targets and accountability measures need review;
- Risk management around Resource service facilities - self harm risk, practicalities of housing male and female clients in same facility, limited referral options;
- Strategies to improve linkages across Koori and mainstream services;
- Workforce development strategies including training and management structures;
- Funding consistency across State and Federal government to support holistic approach and consistency; and
- Barriers to accessing treatment.

Koori Drug and Alcohol Programs

The Australian National Council on Drugs Research Paper (1999 – 2000 financial year) identified a total of 277 alcohol or other drug intervention projects conducted by or for Indigenous Australians across Australia (ANCD Research Paper 4 – Indigenous Drug and Alcohol Projects 1999 – 2000). 81% were conducted by Indigenous community controlled organisations and included:

- Multi service projects with approximately one third in a residential setting
- Prevention programs

- Acute intervention (night patrols, sobering up shelters)
- Support services, referral, staff, resource and program development.

The Report highlighted that much of the treatment (drug and alcohol) for Indigenous people is provided in medical and health care settings.

A review of Indigenous residential drug and alcohol treatment programs (Brady 2002) identified 33 residential rehabilitation programs for Aboriginal people located in rural and urban areas across Australia. These programs are funded by OATSIH or state governments or a combination of funding options. The review highlights some key findings in relation to this Project:

Key Findings:

- Indigenous people are more likely (than mainstream population) to use residential forms of treatment;
- Participation of Indigenous people in mainstream services is minimal;
- There is evidence that Indigenous residential programs tend to have a narrow treatment focus based on the Alcoholics Anonymous or Twelve Steps model based on the belief that abstinence is the only way for Indigenous people to conquer alcohol addiction. However, this approach seems to run counter to national and international treatment advice.
- Some services offer other options which may or may not be intended to develop knowledge and/or skills; and
- Residential program managers stress special qualities of the centre being linked to Indigenous staffing, family oriented and cultural aspects, for

There are examples of approaches that explore alternatives to the 12 Steps model - for example: Aboriginal and Islander Alcohol Awareness and Family Recovery Program established in the Northern Territory in 1993, based on the Holyoake model in which families are seen as an intricate part of the process. This program was a move towards providing a range of *treatment* approaches such as life skills counseling and vocational training – *a range of interventions (offered in an Indigenous context) that would hopefully cover all client needs.* (Representative of Roy Thorne Centre - ANCD Research paper 4)

Brady also highlighted a number of issues for consideration in an effort to ensure the delivery of quality Indigenous residential services. The essential elements of a successful treatment program are summarized under three headings:

Governance – clear definition of purpose, sound management base, board members who have knowledge and experience of mainstream residential programs and participate in training, commitment to quality improvement

Training and Networking - commitment to ongoing staff development and training, mentoring, linkages with relevant services, professionals and networks

Program Content – safe drug/alcohol free environment that takes account of people’s cultural, familial and social circumstances, education and encouragement through vocational, recreational and cultural activities, planning for discharge and after care.

The Review identified examples of facilities that are moving towards a model relevant to this study:

The ***Maya Healing Centre (Melbourne)*** is the first (non residential) healing centre established for Indigenous men and women in Victoria (seen as a pilot program for the establishment of healing centres across Victoria as recommended by the Indigenous Family Violence Taskforce 2003) (Maya Living Free Healing Centre Strategic Plan 2004 - 2007 .

Goal: To empower, motivate and assist Indigenous men and women to live a life free of drug and alcohol addiction and its associated problems through a process of cultural recovery mutual support and spiritual healing.

Key features:

- Open age, not youth specific;
- Positive and safe environment – community of support for individuals and families;
- Community controlled and run program – builds on strengths of Indigenous people; and
- Program focus will include: dealing with addiction, self help groups family support services, building life skills, learning centre, cultural and spiritual strengthening as part of healing process.

Banyan House (Darwin NT)

Residential rehabilitation service providing services to Indigenous people 18 years and over experiencing difficulties with substance misuse. Provides a culturally sensitive environment utilizing a therapeutic community service model of service delivery.

Another example of a proposed rural residential diversionary facility (justice

focused) is the **Waring - Aboriginal Residential Program**

This program encompasses a number of components of what may be defined as a best practice approach.

Goal: Culturally appropriate holistic program model to address diversity of client needs. Seek to replicate community living including strong links with the community.

Key Features:

- Target group: Offenders suitable for alternatives to custodial sentence, generally in under 30 age group;
- Program expected to cater for (approximately) 20 offenders at a time for average stay of 4 months;
- Potential participants subject to comprehensive assessment in accordance with mandatory criteria related to their ability and willingness to participate;
- Case management model;
- Risk/needs assessment, individual management planning, management review and exit planning;
- Comprehensive aftercare – including mentoring;
- Live In Elders - role models and cultural leadership: strong emphasis on transmission of cultural values; and
- Program pathway -3 stages to successful outcomes:
 - Structured approach;
 - Coordinated and control; and
 - Time in each stage driven by individual concerned and their needs/needs of their family.

Ngwala Willumbong Co-operative (Ngwala) is a key service provider offering specialist support services to Aboriginal communities in Victoria. Ngwala receives federal and state funding to deliver rehabilitation services and provides three residential rehabilitation programs for Indigenous People including:

Galiamble Men's Recovery Centre: a 24-hour a day Residential Alcohol Program for Koori adult men over the age of 18.

Winja Ulpna Women's Center: 24 hours a day Residential Centre for Koori Women over the age of 18.

Both facilities are based in Melbourne admission is on a voluntary basis although court referrals are also taken. The length of stay varies for each client although the client is encouraged to stage for a minimum of 3 months. Both Facilities provide a 'home like' atmosphere and require clients to participate in a range of culturally appropriate self help and self development programs and activities each day including:

- Parenting Skills;
- Health and Nutrition;
- Group Therapy;
- Self Esteem and Anger management;
- Sewing, Pottery and Leatherwork Classes; and

- Individual and Group Counseling.

An additional facility is based regionally in Mooroopna Victoria.

The Percy Green Memorial Centre: is also a 24 hour Residential Rehabilitation Centre for men over the age of 18.

The Percy Green Centre also offers a relaxed home atmosphere and clients are encouraged to participate in a range of cultural relevant self help and self development programs.

All facilities acknowledge that to take a long term approach clients will need to be equipped with skills and strategies to remain drug free once they leave the facility. To assist this stage of the rehabilitation process all facilities encourage:

- Participation of family members, friends and partners to keep in contact with the clients whilst in the centre and assistance is provided to family through education programs that assist families to understand the issues associated with overcoming an addiction;
- Clients are provided with linkage services to assist in accessing appropriate accommodation and related services; and
- Clients are also provided access to Ngwala Outreach and support services upon leaving.

Mainstream Services

A review of mainstream services highlights similarities with Indigenous experience in that there is a diversity in the level and complexity of service on offer in a variety of settings. Alcohol and drug treatment services may be government or non government agencies/organisations or they may be privately funded.

Services are provided in a variety of settings mainly through partnerships (government and community) or through the private sector with the aim of matching client and treatment options. Facilities involved in programs include community based alcohol and other drug residential treatment and similar non residential options, as well as community health centres and outreach services.

There is greater access to both rehabilitation and residential alcohol and drug services for mainstream youth than is the case with the Indigenous community. Although Indigenous youth are able to access these services, as stated earlier, the majority choose not to do so. Mainstream facilities are also not able to provide for what are considered critical aspects of Indigenous intervention, that is, cultural focus and spiritual healing as well as an appropriate family support model.

Biribi

Biribi is the only funded youth rehabilitation program for substance abuse in Victoria. The facility opened in December 2003 and, whilst a mainstream service, will accept Indigenous young people. To date Biribi has assisted two Indigenous clients.

Goal: To provide a holistic treatment program, comprising a range of interventions which aim to ensure lasting change and assist reintegration into the community. (Biribi Project Brief page 8)

Key Features:

- Young people 16 -20 years;
- 24 hour residential treatment program in outer metro location;
- Intensive staged program in stable and secure environment;
- Holistic program including broad range of intervention and development options and family support;
- Case management approach including follow up support; and
- Average length of stay is 4 months.

Whilst there is diversity in approach and outcomes, mainstream centres such as Odyssey House, Tandana Place, Ted Noffs Foundation and Gateway project (non residential Jesuit program) offer a broad based content that goes far beyond the treatment side of dealing with alcohol and drug issues.

Mainstream youth programs target generally 14 – 24 year old males and females who bring a combination of experiences and conditions that impact on their health and wellbeing, self esteem and future opportunities.

Service models for young people with addiction require a complex delivery mode that cannot have a single focus or look only to the short term.

The response must support families, encourage education development, positive friendships and encourage developmental and emotional growth Paramount young people remain connected to ...society and services. (Tandana Adolescent Rehabilitation House website).

Key features of mainstream services and programs that endeavor to deliver long term outcomes:

- Safe caring environment offering a holistic approach;
- Intervention program in conjunction with strategies to address underlying issues including health, recreation, employment, living skills, social skills to encourage and promote self change;
- Strong emphasis on family support and involvement; and
- Outreach and follow up support.

International Experience

The review identified relevant data pertaining to the experiences of Indigenous populations in North America and Canada in incorporating traditional healing practices and cultural values into otherwise Western programs. Brady highlights the uses of *culture as a form of healing and that cultural wholeness can serve as a preventative, or even curing agent in drug and alcohol abuse.* (Culture in treatment, culture as treatment)

There are certain dilemmas associated with this approach, given cultural contexts that may serve to foster drug and alcohol use rather than discourage it. She points out that on neither continent are Indigenous people attempting to adapt recent mainstream models of intervention to suit their needs.

The value of a traditional framework in working towards improving health outcomes for Indigenous communities is highlighted by Letendre in her paper *Aboriginal Traditional Medicine: Where Does It Fit?* The author suggests that the *Aboriginal belief system is built around the concept of balance and an approach to life that is holistic in naturethe person is made up of four equal parts (the physical, the emotional, the mental and the spiritual) and each of these parts must be nourished in order to live a healthy, happy and productive*

life. Illness is not necessarily seen as a *bad thing* but a sign from the Creator to help people reevaluate their lives (page 81).

Aboriginal culture advocates that spiritual needs are just as important as hunger and thirst. Within a traditional framework are treatments that meet the needs of the four parts of the person – the whole. Brady also argues that the support for an approach that incorporates traditional medicine ideologies is shown through the higher success rates of substance abuse treatment programs that are based on these principles (page 81). Traditional medicine is based on a spiritual premise. Whilst the move to natural therapies is gaining momentum, western medicine utilises an approach that is analytical, almost treating the mind and body as separate entities.

It is within this context that the Indigenous populations of Canada and North America have adopted approaches, based on the premise that *culture is treatment*, in dealing with a variety of issues (justice, health, family violence, abuse) including substance abuse.

Traditional practices form the framework for intervention models based on the Medicine Wheel, a healing and life tool which includes spiritual, emotional, mental and physical aspects of life, used to develop a personalized and practical approach to healing.

Treatment programs are focused on:

- An individual plan based on client goals;
- Individual and group counselling sessions;
- Physical fitness;
- Dealing with personal and family issues; and
- Development of First Nations spirituality and cultural awareness

through the use of traditional teachings and ceremonies.

Traditional approaches include sweat lodges, healing circles, cleansing ceremonies, traditional teachings from the Elders and traditional feasts – all intended to revive the cultural connection of the past.

Poundmaker's Adolescent Treatment Centre (Nechi Training, Research and Health Promotions Institute, Canada) offers an intensive 90 day program for youths encountering problems associated with substance abuse.

The target group for this program is youth aged 12 – 17 years. The Focus is balancing spiritual, mental, emotional and physical needs. Aboriginal spirituality and culture forms the basis for everything we do.

Key components of the Poundmaker's Adolescent Treatment Centre Program are:

- Addiction: A variety of approaches (group and individual) combining Aboriginal aspects with 12 Step programs;
- Family: Families of clients invited to attend one week program to help equip family members with tools and personal skills to work as a unit to overcome addiction. Experience has shown when family attends, chance of success increases;
- Culture/Spirit: Daily sweet grass (sweat lodge) ceremonies, spiritual meditations and traditional activities, also opportunity for wilderness camp; and
- School education programs and recreational facilities form further parts of the program.

The New Zealand experience is similar to that of Australia and North America where mainstream interventions are having minimal or no impact on the health outcomes of the Indigenous population – the Maori people.

An underlying theme that has emerged in many programs over the past decade has taken into account models based on the principle *by Maori for Maori*.

One study of Maoris accessing treatment services for drug and alcohol problems found that *subjects in dedicated Maori services were more likely to have greater than 21 days of treatment Maori in Maori services were significantly more likely to be satisfied with treatment than those in non dedicated services. (MacEwan page 65).*

Taha Maori is a program that evolved from the needs of Maoris seeking treatment for substance abuse at Queen Mary Hospital. This program is a unique approach that evolved within the system of the Queen Mary Centre and responded to the needs of Maori clients that were apparent at the time. It is part of a parallel program with the Hanmer program for those from other cultural backgrounds.

The elements of the *Taha Maori* philosophy is based on what are the four cornerstones of Maori Holistic Health:

- Physical wellbeing
- Mental wellbeing
- Wider family kinship
- Spiritual wellbeing
- The family.

These concepts mesh with the core focus of the hospital's approach.

The *basket weave* description of the parallel program echoes the Maori view that while weaving one strand with another a unique pattern is achieved where each strand has its own identity but is complementary to the others.

An evaluation of the program highlighted the following key points:

- Participation in the program provided the opportunity for Maori people to be introduced or reintroduced to Maori culture;

- The parallel program provides an option for Maoris seeking treatment who do not want to be identified as Maori or participate in a Maori program; and
- There is the opportunity to move into the *Taha* program if the persons' attitude to Maori identification or culture changes. Experience has shown that those who show initial resistance to a Maori program frequently move from the Hanmer program into the Maori program after a short period of time and regain a positive attitude to *being* Maori.

The *Taha* program admits clients in a closed group. Two groups make up a larger group where the older group may have some responsibility for the younger group. Whilst the core program is the same as for the Hanmer program, the *Taha* program incorporates aspects of traditional Maori culture and spirituality.

Staff receive training common to both programs as well as specifically in relation to Maori health and culture. The need for aftercare has highlighted the deficit of resources within the community to provide for ongoing support and counselling. Preliminary evaluation of the program indicates the mix of cultures under the parallel program has shown positive outcomes for Maori people and staff.

Key Considerations

Many articles regarding drug treatment programs/services for young people do not provide evidence based on an evaluation of programs (Juvenile Justice Drug Strategy Literature Review) making it difficult to define, based on experience, the success factors associated with these programs.

The ANCD Research Paper (8) *Elements of Best Practice* documented case studies (acute intervention, prevention, non residential, residential and multiservice) exemplifying best practice in Indigenous substance abuse intervention programs that may be used as suitable models for the development of similar services.

The criteria against which to assess best practice included accountability to the Indigenous community, objectives that addressed community needs, adequate funding, trained staff and staff development programs and clearly defined management structures. Therefore the assessment was based on structural and organizational outcomes, which whilst important, did not account for any evaluation of outcomes for the client group.

Target Age Group

Research has highlighted programs targeting 14 – 24 years, although one report looked at Victorian young people 11 – 18 years of age. Determining the most appropriate age range should be guided by the experience of mainstream facilities as well as the needs of the Indigenous community, and the scope of the service to provide prevention, treatment and possibly outreach services.

Evidence suggests the following:

- a youth specific service is most appropriate to facilitate delivery of programs that are developmentally appropriate, engage the young person and cater specifically to the needs of youth

- interventions should be tailored to maturation level rather than chronological age
- a social model based on a holistic approach provides for developing and maximizing relationships with young people to address drug usage issues and de-stigmatise the service (not a drug service)

However it is important to acknowledge that the span of the age group would provide challenges that may be addressed through an individualized program.

Access and Entry Requirements

Many services operate on a referral basis and have close links with other relevant services including justice, health, family and welfare. Careful consideration should be given to criteria and requirements for entry and participation.

The Waring program highlights mandatory criteria relating to the individual's commitment to participate and the ability and willingness to do so within the framework of the program – that is, live with others, self management, commit to being alcohol and drug free.

Completing a Needs and Risk assessment on entry is critical to developing a relevant and individual program for each client accessing the service. Again thought should be given to how this will be carried out, the nature of the assessment and who will undertake it.

Duration of Stay

In the Australian experience residential programs are generally for 3 – 4 months. This is dependent on individual needs and circumstances, and the opportunities to offer other options including aftercare support and outreach services. The nature of the program may also determine the length of stay as in the case of a therapeutic community model where programs may extend to 6 months.

Overseas experience indicates a residential component similar to above depending on the level of intensity and provision for other services.

Appropriate location

Existing Indigenous services are located mainly in major cities and larger regional and rural centres. However, in some states facilities are located some distance from rural centres to remote locations more than 100 kilometres from populated towns: For example in Northern Victoria (beyond Mildura), in Western Australia and Northern Territory. Determining the most appropriate location in Victoria needs careful consideration depending on the needs of the client group, the needs of the service model and the critical component of connecting (culturally) with the community.

Barriers

A number of barriers which affect or limit Indigenous youth access to intervention programs are identified under three main headings:

Personal

Individuals pass through five stages in dealing with alcohol and drug dependence as outlined in the Prochaska and DiClemente's stages of change model (ANCD Research paper 3).

Both the young person and their families may be in the pre-contemplation or contemplation stages where they are unable to identify or acknowledge he/she has a problem, perception of self (know it all or not believe he/she can be helped), lack of knowledge of options or fear of exploring underlying issues.

Young people involved with the criminal justice system may be the most resistant to intervention due to poor motivation and lack of family/peer supports and lack of support from workers or the system.

Family and Peer Relationships

Family members/peers with alcohol/drug problems affecting their ability to support the young person and who are not willing to be involved in supporting treatment.

For Indigenous young people, family/community barriers are highlighted including language problems, problematic family substance use, reluctance to request help due to family breakdown.

Negative peer relationships that normalize alcohol/drug use may be most influential in raising barriers to engage and involve young people.

Program Related

Access and availability in terms of location, referral options, resources. The lack of specific youth residential treatment options and mainstream programs that are not culturally appropriate and/or alienating for Aboriginal young people.

KEY FINDINGS

The experience of overseas Indigenous communities is similar to that of Australian Indigenous groups and there is increasing recognition that a holistic and culturally appropriate treatment response based on a clinical preventative and rehabilitative model is the approach most likely to achieve success for Indigenous people.

The concept of an *Indigenous Healing Centre*, based on a holistic philosophy of health has been utilized to varying degrees in New Zealand and North America and to some extent in Australia within the parameters listed below:

- Under Indigenous control;
- Uses traditional Indigenous cultural approaches to healing;
- Works with individuals and their families; and
- Sees treatment as a community objective rather than an isolated program.

(Residential Alternatives for Indigenous Offenders, Cuneen 2001 page 3)

The review has highlighted the following key points, particularly in what might be identified as service gaps:

- Intervention services to address alcohol and drug abuse are operated by both government and non government agencies and organisations;
- The level and nature of intervention is diverse in complexity and outcomes;
- Indigenous clients may access mainstream services, however, some Koori specific services are offered;
- Research indicates that whilst many services endeavor to offer both withdrawal and rehabilitation programs, longer term outcomes are not always achieved;

- Few services offer a comprehensive, coordinated, client centered program based on a traditional cultural framework;
- The vast majority of youth services are within the mainstream community and relatively few are youth specific, particularly in the Indigenous community; and
- It is difficult for many services to address the underlying issues associated with substance abuse due to policy, funding and resource limitations.

Indicators of Success

The literature reviewed provides insights into what is considered *success* in terms of positive outcomes for clients accessing either mainstream or Indigenous services intended to address substance abuse in relation to alcohol and other drugs.

The parameters of success are identified in accordance with both short and long term outcomes, that is:

- Bringing about behavior change aimed at minimising or eliminating substance use; and
- Addressing the underlying factors that lead to substance use in the first instance including individual, family, community and society issues.

The importance of *family* is critical for Indigenous groups. Family brings a number of dimensions including:

- Support network for the young person, particularly extended family;
- Source of issues that need to be addressed in terms of drug use, family violence, abuse; and
- Context for cultural reconnection.

The Turning Point Report 2001 (page 58) highlighted that ADIS (Alcohol and Drug Information System) data for 1999/2000 emphasised that:

The family becomes the client ... there's a range of issues that need a holistic approach. (CEO Aboriginal Cooperative)

It is setting them up to fail if family and friends are not involved. (Koori Community Alcohol and Drug Worker). (Turning Point Report page 32)

Cuneen (page 3) highlighted key themes on Indigenous diversion, rehabilitation and crime prevention that bear relevance to this Project.

Programs that enhance self determination, are holistic in approach and result in empowerment rather than dependency incorporates the following:

- Are developmentally appropriate;
- Have meaningful not tokenistic involvement of Aboriginal people;
- Are, where possible, community based;
- Emphasise Aboriginal heritage, culture and law;
- Focus on remediating educational deficits in the basic skills to raise competence;
- Help people to develop market place work skills which can lead to further training opportunities qualifications and real jobs; and
- Assist in establishing and strengthening relationships with significant others who can become mentors and role models.

Research also highlights the **vital importance of support from respected role model(s)** whilst in the service/program and particularly after exiting a program. A number of options were identified including:

Live In Elders

Role models and cultural leadership focus. Offer a strong emphasis on the transmission of cultural values;

Peer Support Mentor

New participants would be linked to a peer support mentor who would be

selected from the participants well established in the program.

Providing support to others may be part of the mentors own case management program;

Community Mentor

Accessible to clients as needed and would assist in establishing community linkages and support. This role was identified by prisoners as particularly important and may have validity for those who have experienced a residential facility (Substance Abuse Program).

Robin Jones (Department of Criminology, Melbourne University) identified twelve areas of need (based upon a literature review) for Indigenous offenders that must be addressed when designing effective programs for this group. These needs, summarized below, are deemed to have relevance to this Project:

- Loss of cultural connection
- Separation, trauma and loss
- Identity
- Discrimination
- Substance abuse
- Family problems
- Health
- Education

- Employment
- Life skills
- Values and coping styles
- Transition needs

(Waring Aboriginal Residential Program Functional Brief)

Whilst the majority of services will offer their clients positive outcomes at some level the review has highlighted a number of specific factors in the provision of services that reduce the possibility of achieving effective behavior change and longer-term outcomes. These factors are identified below as *Inhibitors to Positive Outcomes* and are particularly relevant to the Koori community.

Inhibitors to Positive Outcomes
<p><i>Short term focus of services and programs</i></p> <p>Individual focus and only applies whilst the client is accessing that service;</p>
<p><i>Lack of service coordination</i></p> <p>No one person responsible for coordinating client interaction across a range of services</p> <p>Poor linkages between services</p>
<p><i>Minimal or no focus on a practical and flexible approach</i></p> <p>Service/programs operate on a "one size fits all" approach with minimal/no tailoring to suit individual needs</p>
<p><i>Client often a product of the system</i></p> <p><i>Revolving door</i> approach (frequently highlighted in the justice system). Series of short term focused programs</p>
<p><i>Lack of after care or continued support</i></p> <p>No planned approach to support - limits opportunities to <i>break the cycle</i></p>

At the same time there has been consistency across the literature in defining measures to improve

program and/or service effectiveness. These factors are identified below as Improving *Outcomes*.

Improving Outcomes
<p><i>Individually based</i></p> <p>Treatment/program regime matches individual needs</p> <p>Address substance issue and development needs</p> <p>Address development of the person for personal, educational and vocational outcomes</p>
<p><i>An array of interventions</i></p> <p>Target client, family and community</p> <p>Address underlying issues within program context and beyond</p>
<p><i>Increased resourcing and funds</i></p> <p>Support implementation (short term) and longer term outcomes</p>
<p><i>Staff training and support</i></p> <p>Professional development and support for staff</p> <p>Staff attitude and approach based on mutual respect</p>
<p><i>Cultural connection</i></p> <p>Intervention and practice grounded in Aboriginal culture and meaning</p>
<p><i>Evaluation</i></p> <p>Promote on going improvement</p>

BEST PRACTICE

This section of the report seeks to identify and highlight what are considered the *core components* of a best practice and innovative approach to addressing:

- the needs of Indigenous youth in dealing with substance abuse
- the underlying factors that initiate and promote the use of alcohol and other drugs; and
- The impact on both the individual and the Indigenous community as a whole.

The components are derived from a general overview of existing programs and services in Australia and overseas, together with specific documentation that identifies a best practice approach.

Health Canada commissioned a report in 2001 that identified elements of *best practice* in the treatment and rehabilitation of young people with substance abuse problems. The content of the report *Best Practices Treatment and Rehabilitation for Youth with Substance Use Problems* is based on the results of interviews with 33 key experts together with a current literature review. Whilst the report focuses generally on youth and substance abuse reference is made to Aboriginal youth.

Based on the findings of the review, the components outlined below define a valid framework for the development of an Indigenous intervention model that utilizes a *Best Practice* approach. Each component is expanded in the following table.

Core Components

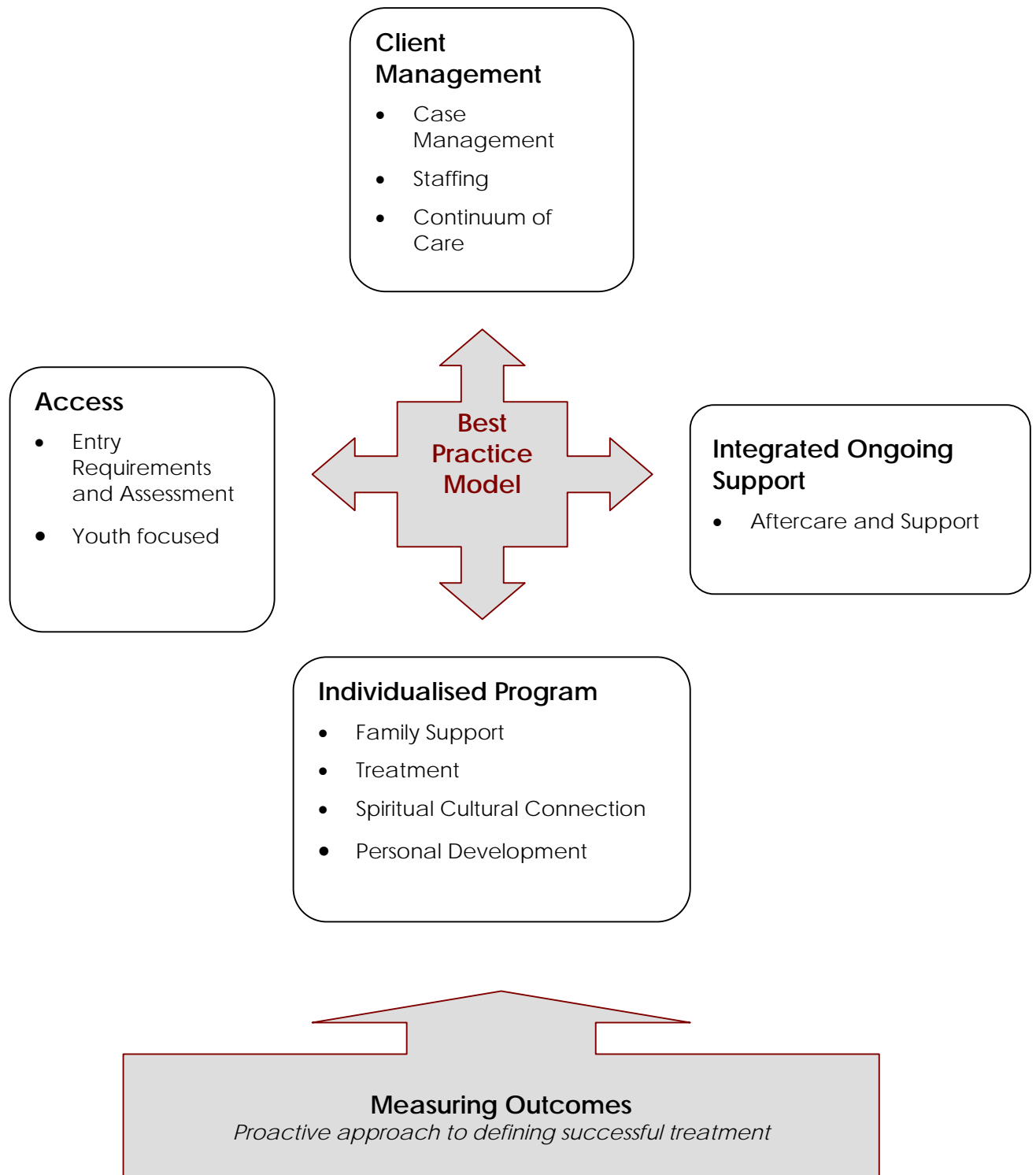


Figure 2

Best Practice – Core Components

The core components of a best practice approach are outlined below. These components are identified in the literature as associated with positive outcomes.

Access

Area	Focus	Comment	Key Considerations
Youth Focused	Young people under 25 years	Youth have different needs, interests and motivation to adults	<ul style="list-style-type: none"> • What will be the criteria for referral and entry? • Who can make referrals to the facility? • Range of options: Community, Police, Koori Justice Panel, Courts, and Corrections. What will the Initial Assessment include and who will undertake the assessment?
	Gender base	Determine male or female or both Accommodation considerations Feel physically safe and emotionally secure	
Referral, Entry Requirements and Assessment	Criteria and procedures for referral, entry and Initial Assessment determined and documented	Determine the most appropriate criteria for participation Initial comprehensive Needs and Risk Assessment basis for most appropriate client program	

Client Management

Area	Focus	Comment	Key Considerations
Case Management Approach	Managed and supported developmental pathway to educational, vocational and personal development	Managed individual pathway which is flexible and adaptable Address individual differences and needs including gender issues, sexual preferences, personal history	
	Consider young person within a system of family, peers and community	Address broader issues through proactive strategies that build personal skill base and self esteem	
Staffing	Staff qualities: attitude, background and skills	Collaborative approach based on respect and trust, and positive rapport Understanding of youth issues Qualified/trained	

Continuum of Care Model

<i>Induction</i>	<i>Core Program</i>	<i>Transition</i>	
Assessment and Familiarisation Individualised program Goal setting	Flexible treatment program Personal development program Family Support program Spiritual/cultural component	Planned and managed exit strategy designed to provide short term ongoing support to client and/or family Coordinated service approach	Waring Aboriginal Residential Program Functional Brief

Individualised Program

Area	Focus	Comment	Key Considerations
<i>Treatment</i>	Client centered and client directed - offer choice and based on choice	Appropriate client/treatment match	<ul style="list-style-type: none"> Match client with treatment based on flexibility, assessment of need and motivation. Youth needing residential option include those coming from situations of family members/peers misusing substances or there is a history of neglect, abuse or limited past treatment success due to factors that may be minimized in a residential setting. (Health Canada Best Practice Report page 44)
	Treatment plan – personal achievable goals	Provide focus, purpose and achievement	
	Appropriate model for individual – harm reduction/abstinence Relapse management and prevention	<i>Keep yourself safe</i> is the key message Relapse seen in positive light as a learning experience	
<i>Personal Development</i>	Skill building approach which supports the development of positive identity and enhanced self esteem and explores the development of a healthy and meaningful life	Relevant, practical, solution focused, fun, experiential Variety of settings and approaches	

Individualised Program

Area	Focus	Comment	Key Considerations
<i>Spiritual/Cultural Connection</i>	Traditional skills and practices	Contribute to connection with cultural heritage through participation and interaction with significant community members	The importance of involving Elders and family is stressed for Aboriginal youth. <i>Family participation is (in general) a very important predictor of outcome. A structured one size fits all family program will ... never realize the potential effect on treatment outcome.with family therapy not all adolescents have sufficient support from families to facilitate treatment outcome. (Health Canada Best Practices Report page 43)</i>
<i>Family Support</i>	Family support, therapy and parent education Live in option or short term linked programs	Range of group and individual options Parent education groups Support groups Intensive seminars and workshops Direct family counseling Family healing circles	Where family support is lacking, involving a <i>significant other</i> person may be appropriate depending on individual circumstances.

Integrated Ongoing Support

Area	Focus	Comment	Key Considerations
<i>Aftercare and Support</i>	Coordinated and integrated transition and exit strategy utilizing a case management approach	Range of relevant services identified including mental and physical health, housing, education, employment and recreation	<p>Most effective option for integrating services is a case management model Coordinated approach centered on individual youth needs.</p> <p><i>We need multidisciplinary teams (people in the youth's life) must meet together with youth to address problems and look for solutions</i></p> <p><i>Have one person – a primary person organize key players. (Health Canada Best Practices Report page 47)</i></p> <p><i>Services directly relevant to indigenous youth (Canada): to address literacy issues and facilitate culturally supportive practices and linkages (Health Canada Best Practices Report page 46)</i></p>

Measuring Outcomes

Area	Focus	Comment	Key Considerations
<i>Proactive approach to defining successful treatment</i>	Client defined indicators of success in terms of positive outcomes for the individual concerned	Broad based approach to measuring success Harm associated with substance use Quality of life and perception of self General life coping skills Positive outcomes in terms of education/vocational goals Improved family relationships	<i>Experts agreed that outcome indicators are not uniform Success varies, may be learning to pay the rent. Each success means a factor of stability(Health Canada Best Practices Report page 51)</i> Whilst reduction in substance use may be a major indicator, success should be defined in terms of multi dimensional outcomes.

WHAT WE KNOW

Key Principles

Based on the literature review, current and past experience Figure 3 overviews the key principles of a service model designed to address substance abuse involving young people.

The overlay highlights additional considerations that need to be addressed in working with Indigenous young people.

These principles are considered to reflect the key success factors for any service, program or facility that endeavors to address youth substance abuse.

Key Principles for Drug and Alcohol Service Model

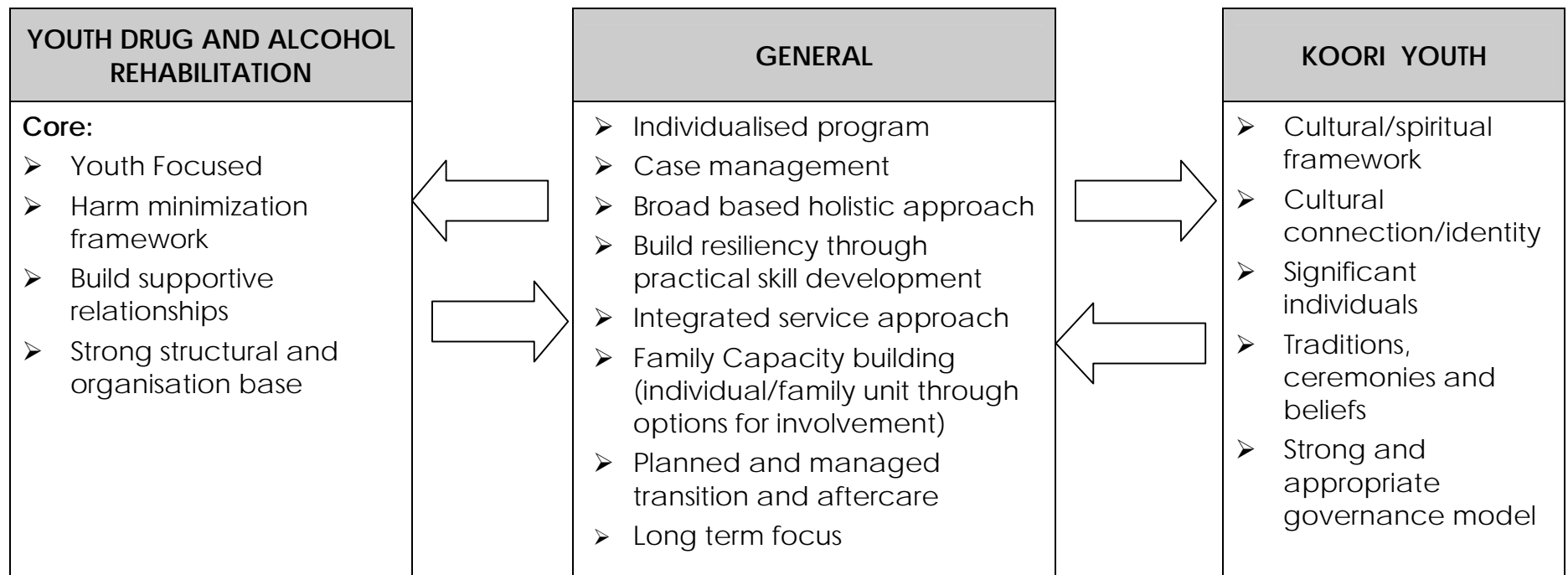


Figure 3



CONCLUSION

A number of common themes have emerged from the literature review that are consistent across the research:

- Historical factors continue to have a major impact and form an underlying theme for a range of issues affecting Indigenous individuals and communities;
- Substance abuse is a symptom of a broad range of personal and family crises and must be addressed in the context of a multi dimensional approach;
- Youth specific services to address substance abuse offer limited options for all young people, and whilst Indigenous youth may access mainstream services, few choose to take this path;
- A comprehensive and inclusive service model is seen as the most appropriate means to deal with the complex issues associated with young people and substance abuse; and
- Programs must focus on both short and long term outcomes that address the whole person: physical, mental, emotional and spiritual.

Critical factors in determining positive outcomes for Indigenous youth include:

- Family support, involvement and participation in treatment and development programs;

- Focus people and activities that will contribute to a cultural connection with the traditional and spiritual nature of Indigenous communities including Elders, traditional healing, ceremonies and celebrations – a reconnection with the cultural heritage of both the family and the community; and
- A planned and coordinated aftercare strategy that provides on going support and encouragement beyond the treatment program.

There is evidence not only of common experience in where Indigenous communities here and overseas have come from, but also the approaches that have been utilized in the past, particularly in terms of an abstinence model. The research highlights the direction that services and programs must take in order to address problems of substance abuse, for both young and older members of the community.

Whilst western style approaches take little account of the spiritual and cultural context of Indigenous life, the most effective strategies will be those that utilize the *best of both worlds* in identifying an approach that is holistic and inclusive and modeled to suit the needs of the individual and the immediate community.