



Strong Spirit Strong Mind Metro Project Consultation Summary

*Working together to improve drug and alcohol services for
Aboriginal People in the Metropolitan area*

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Executive Summary

The Strong Spirit Strong Mind Metro Project (Metro Project) is a new project being undertaken by the Drug and Alcohol Office (DAO) and is funded by the Commonwealth of Australian Governments (COAG). The project represents a holistic partnership approach to strengthening the range of alcohol and other drug (AOD) service responses for Aboriginal people, their families and communities in the Perth metropolitan area.

Consultation occurred at various locations across the Perth metro area in a variety of formats. Surveys and yarning/discussion groups were utilised to capture the information. The survey consisted of ten questions, seven tick box responses and three written responses, which took approximately five minutes to complete (see appendix A). The yarning sessions took approximately one hour and explored three key areas; perceptions of alcohol-related harm, perceptions of treatment and support services and campaign perceptions (see appendix B). Participants provided a wide range of suggestions to address the three key areas.

- Participant's awareness levels of treatment and support were very low. Strategies to increase engagement with treatment and support services included raising awareness of services and how to engage in the service; provide culturally secure and youth friendly services; opportunity for outreach support and drop-in services; and more web-based services to assist engagement initially.
- Participants specifically identified that they want to know more about what affects alcohol and drugs can have on the mind and body. Strategies for communicating this type of information included delivery through school; providing resources for parents to communicate with children; and making accurate information available on the internet.
- Campaigns developed by DAO must be youth friendly and engaging to be successful. Things to consider when developing a campaign include utilising credible spokespeople; keep message topics clear with a focus on the mind and body; should be developed for both alcohol and gunja; and should employ a range of media strategies including television, cinema ads, radio and online strategies.

Introduction

The Strong Spirit Strong Mind Metro Project (Metro Project) is a new project being undertaken by the Drug and Alcohol Office (DAO) and is funded by the Commonwealth of Australian Governments (COAG). The project represents a holistic partnership approach to strengthening the range of alcohol and other drug (AOD) service responses for Aboriginal people, their families and communities in the Perth metropolitan area. The project consists of three core program areas; treatment and support, workforce development and prevention and early intervention. This document focuses on the program area of prevention and early intervention.

The project is guided by Roe's Aboriginal Inner Spirit Model. Strong Spirit Strong Mind (SSSM) promotes a holistic understanding to wellness based on traditional concepts of well being and is the framework that will guide the project. SSSM promotes the uniqueness of Aboriginal culture as a central strength in guiding efforts to manage and reduce alcohol and other drug related harm in Aboriginal communities. SSSM guides cultural security and is a key concept and program that will underpin future development of the Metro Project.

Specifically, the project aims to develop and deliver culturally secure prevention, early intervention and community action initiatives to reduce and prevent alcohol and other drug use and related problems, with a specific focus on Aboriginal youth. This program seeks to develop culturally secure prevention strategies and will support the existing mainstream prevention campaigns: Alcohol Think Again and Drug Aware.

The Strong Spirit Strong Mind Metro Project aims to:

- Raise awareness of alcohol and other drug issues, promote healthy environments and create safer communities;
- Reduce the risk of alcohol and other drug related harm for Aboriginal youth;
- Increase knowledge and awareness of drug and alcohol services and resources and;
- Prevent and or delay the early uptake of alcohol and other drugs.

The project will strengthen and extend the range of culturally secure responses to drug and alcohol issues for Aboriginal people, families, and communities in the metro area. This is expected to lead to reductions in drug and alcohol related harm for the target group. The target group is Aboriginal people, families and communities in the Perth metro area, with a specific focus on Aboriginal youth (12-25 years).

Consultation overview

Consultation is a key requirement of the Council of Australian Governments (COAG) funded projects. It ensures that the project is culturally secure, youth focussed and meets the needs and expectations of the local Aboriginal community. In addition, consultation with Aboriginal young people in the Perth Metro area will provide accurate information regarding how to most successfully develop suitable and engaging strategies to raise awareness of alcohol and other drug related issues among young people.

This consultation process sought to identify the levels of awareness and knowledge about alcohol and other drugs among Aboriginal young people. Discussions would provide recommendations on key prevention messaging and themes and also identify strategies that would enable or support young people to delay the uptake of alcohol and prevent the uptake of other drugs. In addition to the prevention component of the consultation, there was also a focus on identifying barriers that prevent young people accessing treatment and support.

Consultation occurred at various locations across the Perth metro area in a variety of formats. Surveys and yarning/discussion groups were utilised to capture the information. The survey consisted of ten questions, seven tick box responses and three written responses, which took approximately five minutes to complete (see appendix A). The yarning sessions took approximately one hour and explored three key areas; perceptions of alcohol-related harm, perceptions of treatment and support services and campaign perceptions (see appendix B).

Participants

Approximately 157 young Aboriginal people residing in the Perth metro area participated in the Metro Project consultation process. There was a large difference in the genders recruited into the consultation. Of the participants, 71.3 percent were male compared to 24.2 percent female. This gender difference is due to the availability of existing groups to participate in the consultation process. Young boys were easier to access than their female counterparts due to the large number of structured groups/activities available for young Aboriginal boys to keep them engaged in school or sporting activities (*see table 1*).

More than half of the participants (57%) were in the 15-17 year age bracket. Once again, this is reflective of the groups that were available to participate in the consultation (*see table 2*).

Table 1 *Total number of people consulted by gender*

Gender	Female	38	24.2%
	Male	112	71.3%
	Not Specified	7	4.5%
Total		157	100%

Table 2 *Total number of people consulted by age*

Age	12-14 years	35	22.3%
	15-17 years	90	57.3%
	18-20 years	18	11.5%
	21-25 years	13	8.3%
	Not Specified	1	0.6%
Total		157	100%

The consultation occurred at various locations across the Perth metro area, including both the north and south (*see table 3*). In addition, a range of young people from different demographic backgrounds were surveyed. This included young people that

were currently engage in the education system (including tertiary education), to those more at risk and not engaged in education through various youth services.

Table 3 *Consultation groups by number of surveys completed*

Location/ Group that participated in the survey	Number of Surveys Completed
<i>Aboriginal and Torres Strait Islander Leadership Forum Expo (Canning Coalition) – South East Metro District</i>	23
<i>V Swans Development Squad - Bassendean</i>	15
<i>2011 Indigenous Careers Expo at UWA – Crawley</i>	31
<i>Gilmore College – Clontarf – Kwinana</i>	16
<i>Yule Brook College – Clontarf – Maddington</i>	30
<i>Clontarf College – Manning</i>	21
<i>2011 NAIDOC Opening – Perth CBD</i>	9
<i>Dungeon Youth Centre – Ballajura</i>	6
<i>PCYC Midland - Midland</i>	6
Total	157

The surveys were completed blind by all participants including those that participated in the yarning sessions. This was done specifically to assess young people’s baseline knowledge, without the influence of peers and prior to information being provided from DAO Officers during the yarning sessions.

Results

Survey Results

Participants were required to tick the answers relevant to them; they could tick more than one answer. The results demonstrate the percentage of young people that agree with each response in order of preference.

Table 4 Total combined survey results

Q1	Where do young people get information about alcohol and drugs from?	
	Family 69.4%	Internet 39.5%
	School 69.4%	Pamphlet/ brochure 24.2%
	Friends 60.5%	Not Sure 3%
	Health Services 44%	Other 0.5%
Q2	Where do young people go to get support or go to yarn about alcohol and drugs?	
	Family 62%	AIEO 22%
	Friends 49%	School Nurse 20%
	Community Health Service 39%	Drop-in Centre 17%
	Youth Worker 37%	Not Sure 8%
	Aboriginal Health Worker 36%	Other 1%
	Doctor 34%	
Q3	Do you know of any services where young people can go to get support for Alcohol and Drug problems?	
	Yes 26%	No 72%
	Services identified included – DAYS, AMS, Strong Spirit Strong Mind, Mission Australia, Swan District FC, DAO, Headspace, Drug Aware, AADS, Local Youth Centre, Rehab, Aboriginal Health Worker, Hospital, PCYC, Home, AMS.	
Q4	What type of alcohol and drug information do young people want to know more about?	
	What it does to the mind and body 73%	What are they 36%
	The Laws 40%	Not Sure 12%
	Emergency Information 39%	Other 0%
	Where to get support 39%	
Q5	How would young people like to access information about alcohol and drugs?	
	School 55%	Radio 28%
	Family 53%	Pamphlet/brochure 20%
	Internet 49%	Live Chat Service 15%
	Friends 48%	Not Sure 4%
	Facebook/ Bebo/ My Space 41%	Other 1%
	Health Service 40%	
Q6	Where would young people like to go to yarn or get support for alcohol and drug related problems or issues?	
	Family and Friends 74%	Facebook/ Bebo/ My Space 24%
	Aboriginal Health Worker 58%	Confidential 24hr telephone service 14%
	Aboriginal Health Services 44%	Confidential live chat services 9%
	AIEO 34%	Not Sure 6%
	Counsellor 30%	Other 0%
Q7	What would help make alcohol and drug services easier to access for young people?	
	Key themes included; Raising Awareness, Advertisement, Culturally Secure, Transport and Services (see appendix c).	
Q8	What type of messages do you think a prevention campaign should have when discussing alcohol and drugs with young people? (e.g. messages about the law or health effects)	
	Themes included; health, law, relationships and consequences (see appendix d).	
Q9	Have you got any suggestions about ways to reduce harm from alcohol or drugs? (see appendix e)	
	Suggestions included; education, engaging youth and advertising (see appendix e).	
Q10	Have you heard of either of the following alcohol and drug campaigns?	
	Alcohol Think Again 70%	Drug Aware 68%

The main place young Aboriginal people get information about alcohol and drugs is from their families and school, with 69.4 percent of participants indicating these responses. Family featured prominently throughout the survey and was also identified as the most common place where young people get support or yarn about alcohol and drugs.

There were very low levels of awareness of services available where young people can get support for alcohol and drug problems. Many people that completed the survey asked “*what does this question mean*” or “*what is treatment and support*”, demonstrating that their knowledge of treatment or support is limited. Only 26 percent of young people surveyed identified where they could get support from. The majority of services that were identified included youth services, sporting groups and Aboriginal Health Services.

Most respondents identified that they specifically want to know more information about what alcohol and drugs do to the *mind and body*, (73 percent). *The laws, emergency information* and *where to get support* were also identified as something young people want to know more about, ranked equal second and third consecutively. Participants identified that the main way they would like to access this type of alcohol and drug information is through school, with 55 percent identifying this option. Once again, family was also identified as another place where young people would like to get alcohol and drug information, followed closely by the internet and friends.

When participants were asked where they would like to go to yarn or get support for alcohol and drug related problems or issues, 74 percent identified family and friends. More than half of the participants (58%) identified that they would also like to receive support from Aboriginal Health Workers.

Young people identified a range of strategies that would make alcohol and drug services easier to access (see appendix c). Strategies included increasing awareness of service locality and phone numbers through a range of different media strategies (e.g. TV,

websites, youth centres, wallet cards etc) and raising awareness through schools. In addition, participants suggested that a place where family and friend could go with you. Young people had clear ideas about the types of key messages that a prevention campaign regarding alcohol and drugs should focus on including:

- Health problems including physical impacts on fitness, cancers and long term diseases and the impact on the brain;
- The laws including consequences and penalties; and
- Impacts on family relationships.

Participants had many suggestions about ways to reduce harm from alcohol and drugs, most of which focused on young people avoiding using alcohol or drugs all together. It was also suggested that we need to raise young people's awareness of the harms associated with alcohol and drug use. Young people also suggested that they need to keep actively engaged in school and sports or other activities to avoid using alcohol and drugs.

The majority of participants had heard of both the DAO prevention campaigns, *Alcohol Think Again* and *Drug Aware*, with 70 percent and 68 percent respectively identifying that they had heard of the campaigns.

Yarning Results

A total of 82 young people participated in four group yarning sessions that were facilitated by the DAO Officers (see table 5). The aim of the yarning sessions, were to allow group discussion on the three key themes; perceptions of alcohol-related harm, perceptions of treatment and support services and campaign perceptions.

The yarning sessions commenced after participants had completed the survey. A presentation was provided that outlined the role of DAO, SSSM Metro Project overview and some key alcohol and drug statistics that related to Aboriginal young people in WA and nationally. The presentation also covered the aims of a campaign to set the scene prior to the discussion. It was anticipated that providing an overview of campaigns

would get participants thinking about what an alcohol or drug campaign should incorporate to ensure that the key themes and messaging resonate with young Aboriginal people.

Table 5 *Yarning Groups by number of participants*

Groups that participated in the yarning sessions	Number of participants
<i>V Swans Development Squad</i>	15
<i>Gilmore College - Clontarf</i>	16
<i>Yule Brook College – Clontarf</i>	30
<i>Clontarf College</i>	21
Total	82

Perceptions of alcohol-related harm

Young people that participated in the yarning sessions identified a number of factors that would motivate young people to think about drinking less. All yarning groups identified boredom and a lack of activities as the key reason behind young people drinking and suggested that something should be done *“to give them something to do besides drinking”*. Groups identified that targeting boredom would be a good strategy as *“there wouldn’t be a reason to drink if there was something to do”*. Some of the young male participants identified that social harms were often a motivating factor to drink more, for example *“drinking to fight”* because it gives you an *“adrenaline rush”*. Young people acknowledged that social harms were not considered a factor that would motivate them to think about drinking less. For example, they weren't concerned about making a fool of themselves *“because it wouldn’t last long”* and it is viewed as acceptable and normal behavior *“because everybody does it when they get drunk”*.

Factors that the groups identified would motivate them to think about drinking less included hard hitting campaigns such as drink driving advertisements. Campaigns that were memorable were considered to be more engaging. There were mixed beliefs about short and long term health effects being motivating factors between the groups. Short term health effects were often considered more motivating, when considered in the context of effecting sporting performance the next day. Long term health effects (e.g.

cancers) were not considered a motivating factor as “*young people don’t worry about that stuff now*”.

Alcohol and drug laws were also considered motivating factors. This generally related to not having a full understanding of the law and the potential consequences that could occur as a result of breaking that law (e.g. penalties for street drinking etc). Interestingly, the impacts of alcohol on life in general (e.g. family, school and future career or sport aspirations) were also identified as potentially motivating factors.

Perceptions of treatment and support services

A number of barriers were identified that prevent young people from accessing treatment and support. Barriers included shame, peer pressure and transport issues. Excluding shame and peer pressure a number of process issues relating to engaging with a service were identified. For example, not knowing how to enter the services (e.g. do they make an appointment or is it drop in?), how much it costs, where located, what services are actually provided and if they can take family with them. Young people were also concerned about potential unintended consequences of admitting doing something illegal (e.g. smoking gunja).

Groups identified that addressing the barriers that prevent young people accessing treatment and support would make it easier for them to engage with a service. Increasing awareness of services locality and role amongst young people was suggested as a potential strategy, as well as including information about the process of engaging the service. Groups identified outreach support as a strategy that would make it easier for young people to engage in treatment and support (e.g. coming to their home or meeting at the shops).

The majority of participants supported face-to-face as the preferred method of receiving treatment and support. The importance of face-to-face contact compared to online services was raised as a concern around how expressions and body language is lost in online services:

“Its not the same as in person, like if you send a txt it wont come across if your angry, it will just come across in words but if you said it in person it will show if you care or don't care”.

It was thought that a combination of outreach and outpatient services (through appointments or drop-in clinics) would work best with young people. It was also suggested that these services should be supported with phone or internet services to assist young people engage initially. However, it was advised that the processes and costs of using such services must be clearly articulated.

Campaign perceptions

Participants thought that something should be done to prevent alcohol and other drug use among young people. However, there were mixed feelings about campaigns as an effective strategy to achieve this. The groups identified that for a campaign to be affective the message must be youth friendly and engaging.

In terms of campaign messages, the yarning groups identified that the themes should focus on short term health effects, the law, impacts on life (including effects on family) and emergency response information. It was also discussed that while alcohol was the most concerning drug, campaigns for both alcohol and illicit drugs should be developed. The groups specifically identified that illicit drug campaigns should focus on gunja.

Discussion groups had very clear opinions about the delivery of campaign messages. Specifically the groups identified that community role models, people who are credible or famous, should be delivering the messages, if young people are to engage with the message. Messages could be delivered through a range of mediums including television commercials, cinema ads, radio (92.9, Nova and Noongar radio) and a range of online strategies (e.g. facebook, websites etc).

Conclusion

Alcohol and other drug community consultation to this scale has not occurred with young Aboriginal people in the Perth metropolitan area before. The consultation process was very successful in engaging large numbers of young Aboriginal people to participate in identifying themes for alcohol and drug prevention messages, and to identifying treatment and support barriers. The combination of survey's and yarning sessions ensured that sufficient information was obtained to support the development of culturally secure and youth focussed prevention strategies of the SSSM Metro Project.

Young people that participated in the consultation process had very clear ideas about strategies that would engage the target audience and recognised that something should be done to prevent alcohol and drug use amongst this target group.

In terms of treatment and support, barriers were identified that prevent young people from accessing these services, such as shame, transport and peer pressure. There were also very low levels of awareness of what services exist and how to engage with them. Participants identified a range of strategies that should be considered to increase engagement with treatment and support services.

- Increase awareness of services.
- Raise awareness of the processes to engage with treatment and support services.
- Offer culturally secure and youth friendly services (including Aboriginal staff).
- Provide opportunity for both outreach support and out-patient (drop in) services.
- Provide phone or internet services that can assist with engaging young people initially.

Participants were very prescriptive about the type of alcohol and drug information that they want to receive. Specifically they want to know more about what affects alcohol and drugs can have on the mind and body. Interestingly, more than half of the participants identified that they would like to access this type of information through

school, followed closely by family and the internet. Strategies that increase awareness of alcohol and drug effects should consider the following.

- Information delivered through school.
- Resources for parents.
- Accurate information available on the internet.

Participants identified that information about alcohol and drugs could be communicated through a campaign. However, any campaigns developed by DAO must be youth friendly and engaging to be successful. When developing an alcohol or drug campaign for young Aboriginal people, the following factors should be.

- Use credible spokespeople, who are famous or community role models.
- Messages should focus on effects on either of the following topics: mind and body; short term health effects; the law; impacts on life (including effects on family); and emergency response information.
- Campaigns should be developed for both alcohol and gunja.
- A range of media strategies should be utilised including television, cinema ads, radio (e.g. 92.9, Nova and Noongar radio) and online (e.g. facebook and website) strategies.

Appendices

- Appendix A Consultation Survey
- Appendix B Consultation Discussion Guide
- Appendix C Survey Question 7 Responses
- Appendix D Survey Question 8 Responses
- Appendix E Survey Question 9 Responses
- Appendix F Yarning Session Overviews

Appendix A: Consultation Survey



Strong Spirit Strong Mind Metro Project: Survey

Age: 12 - 14 15 - 17 18 - 20 21 - 25

Sex: Female Male

Postcode: _____

Please tick as many answers as you need.

1. Where do young people get information about alcohol and drugs from?

- | | |
|-----------------------------------|---------------------------------------------|
| <input type="checkbox"/> Friends | <input type="checkbox"/> Health services |
| <input type="checkbox"/> Family | <input type="checkbox"/> Pamphlet/ brochure |
| <input type="checkbox"/> School | <input type="checkbox"/> Not sure |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Other: _____ |

2. Where do young people go to get support or go to yarn about alcohol and drugs?

- | | |
|----------------------------------------------------------------|---------------------------------------|
| <input type="checkbox"/> Youth Worker | <input type="checkbox"/> Friends |
| <input type="checkbox"/> Community Health Service | <input type="checkbox"/> Doctor |
| <input type="checkbox"/> Aboriginal Islander Education Officer | <input type="checkbox"/> School Nurse |
| <input type="checkbox"/> Aboriginal Health Worker | <input type="checkbox"/> Not sure |
| <input type="checkbox"/> Drop-in centre | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Family | |

3. Do you know of any services where young people can go to get support for alcohol and drugs problems?

- Yes No

If Yes, please name the service: _____

4. What type of alcohol and drug information do young people want to know more about?

- | | |
|------------------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> What are they? | <input type="checkbox"/> Where to get support |
| <input type="checkbox"/> What it does to the body and mind | <input type="checkbox"/> Not sure |
| <input type="checkbox"/> The laws | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Emergency Information | |

5. How would young people like to access information about alcohol and drugs?

- | | |
|--------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Friends | <input type="checkbox"/> Radio |
| <input type="checkbox"/> Family | <input type="checkbox"/> Health services |
| <input type="checkbox"/> School | <input type="checkbox"/> Pamphlet/ brochure |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Not sure |
| <input type="checkbox"/> Facebook /Bebo/ Myspace | |
| <input type="checkbox"/> Live chat service | <input type="checkbox"/> Other: _____ |

6. Where would young people like to go to yarn or get support for alcohol and drug related problems or issues?

- | | |
|---------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Family and friends | <input type="checkbox"/> Aboriginal Health Worker |
| <input type="checkbox"/> AIEO | <input type="checkbox"/> Confidential 24hour telephone service |
| <input type="checkbox"/> Facebook /Bebo/ Myspace | <input type="checkbox"/> Counsellor |
| <input type="checkbox"/> Confidential live chat service | <input type="checkbox"/> Not sure |
| <input type="checkbox"/> Aboriginal Health services | <input type="checkbox"/> Other: _____ |

7. What would help make alcohol and drugs services easier to access for young people?

8. What sorts of messages do you think a prevention campaign targeting alcohol or drug should feature for young people? (e.g. messages about the law or health effects)

9. Have you got any suggestions about ways to reduce harm from alcohol or drugs?

10. Have you heard of either of the following alcohol and drug campaigns?

- | | | |
|-----------------------|------------------------------|-----------------------------|
| Alcohol. Think Again. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Drug Aware | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Thank you

Appendix B: Consultation Discussion Guide

Strong Spirit Strong Mind Metro Project

Consultation: Discussion Guide

Background

The Strong Spirit Strong Mind Metro Project is a new project being undertaken by the Drug and Alcohol Office (DAO). The project aims to develop and deliver culturally secure prevention, early intervention and community action initiatives to prevent alcohol and other drug use and related problems, with a specific focus on Aboriginal youth.

This program is an initiative of DAO to develop culturally secure prevention strategies and will support the existing mainstream prevention campaigns: Alcohol Think Again and Drug Aware.

The project is guided by Roe's Aboriginal Inner Spirit Model. Strong Spirit Strong Mind (SSSM) promotes a holistic understanding to wellness based on traditional concepts of well being and is the framework that will guide the project. SSSM promotes the uniqueness of Aboriginal culture as a central strength in guiding efforts to manage and reduce alcohol and other drug related harm in Aboriginal communities. SSSM guides cultural security and is a key concept and program that will underpin future development of the Metro Project.

The Strong Spirit Strong Mind Metro Project aims to:

- Raise awareness of alcohol and other drug issues, promote healthy environments and create safer communities;
- Reduce the risk of alcohol and other drug related harm for Aboriginal youth;
- Increase knowledge and awareness of drug and alcohol services and resources and;
- Prevent and or delay the early uptake of alcohol and other drugs.

The target group is Aboriginal people, families and communities in the Perth Metropolitan area, with a specific focus on Aboriginal youth (12-25 years).

Objectives

We would like to find out more about the levels of awareness and knowledge about alcohol and other drugs among Aboriginal young people.

These discussions will help identify:

- What would enable or support young people not to use alcohol and other drugs; and
- Provide recommendations on key prevention messaging and themes.

Discussion

This guide is intended as an outline only. The discussion may not address all of the topics listed below, and may not cover them in the order described. There will be considerable scope within the discussion for exploring issues as they arise. Questions are indicative only of subject matter to be covered and are not word for word descriptions of the moderator's questions.

These questions have been developed to engage the community to identify key themes regarding alcohol, other drugs and prevention messages.

The questions will be used as verbal prompts by the facilitator to lead discussion. Facilitators will set the scene in a conversational approach to encourage community to workshop each question in a non-judgmental manner. Please note that the questions will not just be simply read out.

INTRODUCTION

5 MINS

- Introduce self, DAO and what we do.
- Thank participant/s for their time.
- Explain purpose of the consultation (it will be a very informal discussion).
- There are no right or wrong answers, interested in different perspectives.
- Ask if there are any questions before commencing.
- Discuss participants confidentiality (we will be scribing, no names will be written down).

- Some of the questions have been covered in the survey.
- Disclosure statement about sharing of personal information (if somebody has particular concerns, can approach us after the session and we can advise of the appropriate support services).

PERCEPTIONS OF ALCOHOL-RELATED HARM (SHORT AND LONG TERM)

10 MINS

What types of issues or problems do you think would motivate young people to think about drinking less?

- Social harms – making a fool of yourself (shame), social rejection, personal safety, getting a bad name for yourself etc.
- Injury – cuts, falls, alcohol poisoning, car accidents, sexual assault etc.
- Impacts on beauty – short-term effects on skin tone and dehydration, longer-term effects on premature ageing.
- FASD – impacts on baby, deformity and brain damage and having to live with the effects of FASD.
- Breast cancer – mastectomy, cancer treatment, chemotherapy and radiotherapy, losing your hair and being physically ill.
- Mouth cancer – amputation, cancer treatment, chemotherapy and radiotherapy, losing your hair and being physically ill.
- Colon cancer – invasive colonoscopies, cancer treatment, chemotherapy and radiotherapy, losing your hair and being physically ill.
- Stroke – physical impact of a stroke including impacts on speech, not having movement on one side and the impact on quality of life.

PERCEPTION OF TREATMENT AND SUPPORT SERVICES

20 MINS

- If a young person needed treatment or support for their own alcohol or other drugs use or a family members use, what would make it easy for a young person to get support?
 - Outreach – support person coming to them
 - Somewhere where family can be too?
 - Anonymous

- Culturally appropriate
- What stops young people from accessing treatment and support services?
 - Shame, might know somebody, unaware what services exist etc
- How do you think young people would like to receive support?
 - Phone, internet, online chatting
 - What would be good about these?

CAMPAIGN PERCEPTIONS

20 MINS

- Do you think we need to try to prevent alcohol and other drug use among young people? Why/ why not?
- How effective do you think a campaign on alcohol and drugs would be?
- What sort of messages do you think a campaign targeting young people should feature?
- What do young people need to know?
 - What would help them decide to drink more responsibly?
 - The laws
 - Health information including how it affects the mind and body
 - How to respond in an emergency information
 - Where you can get support
- If we do a campaign, should it focus on alcohol or other drugs or both?
 - Which one?
 - Why?
- What sort of media should a campaign like this involve?
 - Advertising, publicity & sponsorship of community events
 - Websites and social media like Facebook
 - Peer role models or mentoring
 - Informational pamphlets and flyers
- We are considering a Facebook page; do you think this would be a good idea?
 - Yes or No, Why?

- What information should it include that would be appealing for young people?
- What Radio station do young Aboriginal people listen to?
 - Nyoongar radio, Nova, 92.9
 - Do you think health messages should be on the radio?
 - Yes/No Why?
- Who should deliver prevention messages for young people?
 - Young people
 - Role models
 - Leaders in the community
 - Aboriginal health professionals
 - Other health professionals (doctors, nurses etc)

SUMMING UP

5 MINS

- So, considering everything we've talked about today, what do you think the Drug and Alcohol Office should do to prevent harmful alcohol and other drugs use by young people?
- Are there any other suggestions?

Appendix C: Survey Question 7 Responses

What would help make Alcohol and Other Drug Services easier to access?

Come out and see young people more	A location accessible around community towns, schools encouraging	Call them
Commercials/ radio advertising	Aboriginal health worker because they will give you more information about alcohol and drugs	Commercials
Email and friend support, school workshops where people are with their friends	Advertisement! Send the message out!	Easy information to understand
Family and friends support you or school workshops	Awareness	Go to health community services
Free	Being able to communicate with others about problems	Health program
Go to an Aboriginal health worker with family or friend	Being more open and advertised, letting people know they wont be judged	Health Services
Go with family	Cards with number on it	If it is just with boys
Go with mum	Come out to schools more often	If they were more mobile and travelled, if people went around talking to the children
Going to school and health classes	Easier to understand	Internet, phone line, presence at shopping centre, school
Help with transport or them come to us	Easy access to information on internet	Is to ring community health service to go out and help people who is on drugs and drinks alcohol
If they were advertised more	For someone to go to school and talk about it more	Knowing where to go
If they were more well known like if we knew more about it	For someone to take care of each school	More advertising
Internet	From schools	More information at school
knew about them, phone numbers	Go and interview people with drug and alcohol problems	Need to write more information
Legal aged people getting it for them	Go to schools, TAFE's and talk about it more	A friendly and safe information service
Make an online support group	Have a meet	More activities and more sport
Make you feel good	Have ads on popular social network sites	More advertising and youth centres
Making it free and give out cards	Have them come to the school more to help young people	More free services and more promotion
Maybe go with families and friends, health workers can go to their house	Help with transport	More of this in the community
Mobile van	If there was more support around schools and people were upfront about it	People who have been through drug and alcohol problems
24 hour service, confidential	Aboriginal counsellor information easier	Public

Raise awareness amongst the community and also use social media	Internet and chat groups (online) people feel more comfortable writing anonymously	Online to find where to go and open place so family can go to
Support from family and friends	Knowing where to find the information	People on the street
Take them to a health service in town or communities	Make more services around their neighbour hood	People to talk to that are friendly and would listen
To tell the young people to don't be shame and ask about drugs where ever they are	Making it more discrete	Phone call
Try to make them more comfortable and stuff	More availability	Strong Spirit Strong Mind Metro Project
What services are out there and where are they?	More information that is easily accessible	Tell us where they are and more information
Where are the services and what are they called?	Not for young people	Tell us where they are and to have more information
Youth worker, internet	Radio and on TV	To be close to where they live and make it all ages
Reduce the shame factor	School expos	Transportation
Reducing stigma and allowing less shame around getting help	School where they can feel comfortable	TV ad, website, bring my family
They could do services online and a place where your family could go	Talk to family and friends, counsellors at school, information stall at shopping centre	Use a phone number
Texting service, free service	Where would you go to get information from	

Appendix D: Survey Question 8 Responses

What type of messages do you think a prevention campaign should have when discussing alcohol and drugs with young people?

About health, saying why not to take drugs or whatever	Education on law, health	Don't do drugs or you'll die
About law, what it does to you/your body, what could happen e.g. fights	Effects on health or career	Don't drink or do drugs cause its bad for your health
About the damages and effects they have on young lives	Go to get help and find more information about law and alcohol to be safe	Don't drink or take drugs
About what it could do to you and your family	Harmful effects, limiting sporting potential	Don't drink or take drugs
All information	Health and consequences	Don't drink or take drugs it will affect your life
Consequences of it	Health effects - send message out!	Don't fight when drunk
Consequences, long term effects, short term effects	Health effects, friends	Don't take drugs you'll die
Don't drink alcohol	How is it going to have effects on your body	Drug and alcohol is bad for young people
Don't take drugs because you will die	Information - the facts about dangers	Effects on body and brain health and violence
Facebook	It should be aimed at the entire family and not just an age group	Effects on body and brain health and violence
Giving more realistic short videos of what can happen when you drink and take drugs	It would effect some people try to help others	Fitness, life, fines
Have a message about how it effects your body and it will effect the way people think about you	Limiting there sporting lives and their future	How drugs effect you
Health	Mainly the effects (bad), stories enforce a lot of heart breaking messages	How drugs effects your body
Health effects and body injuries	Negative effects on health, life and society	How your life could end up, what it does to your body
Health effects and problems in family and friends	Scary stuff - do you want to die	If people drink too much they can have liver problems
Health effects, what drugs do to you	School and make campaign	It effects your brain
How it affects family and social life and how easy it is to get hooked	Bad for your health	If it was about the law and the health effects, families been affected
Ban it, more penalties	Body and mind	If you do it than you have to deal with the consequences
Cool, clam and collective	Brain and body	Messages about the law, the effects and also importance of health
Don't do it	Don't do drug or you will die	Not to start

Drink in moderation , don't drink and drive	Don't do drugs keep away	It should be about the body
R&B Song	Show what damages it can do	Kills your health
Signs about law	Tell young people what it does and the affects to other in the community	Laws, health
The ads on TV and about drink and drive and many other	The alcohol and drug will damage your body	Show them what can happen to them if they do drugs and drink alcohol
The effects	The effects of underage drinking, the effects it has to the mind and body	Stop f'n drinking
The health effects	The law and how your future will be affected	Tell them what is about and what it does to you
Think of the results (negative)	The laws side	The effects on your body and brain
To help them through the problems	Things should not be confronting, people should work towards understanding not prevention	To make a one that make everyone to chuck away drugs
What affects that drugs and alcohol can have on your body	What does it do to your body	To stop drinking and taking drugs
What effects it has on other people (e.g. losing a friend if a drink driver runs them over)	What drugs do to your body, can your brains go smaller?	Violence, body and mind, young children
What it does to your body	What effects you get from alcohol and drugs, what happens after you do them	We could do an add
What the effect can do in the short term as well as the long term could end up in jail or something wrong with the law	What happens to your body	You can get cancer, damage brain and liver damage
Where would you go to get help and more information on the radio, also laws about drugs and alcohol	What the drugs do and how they affect families	You could go jail, health problems, family breakdown
You should go to older people	What the long and short term effects or consequences	You will die of cancer

Appendix E: Survey Question 9 Responses

Have you got any suggestions about ways to reduce harm from alcohol and other drugs?

Curfews for all kids	Alcohol should be made weaker and drugs shouldn't be illegal	Collaborate with student services, community services etc
Decrease intake	Better information	Don't do it
Don't drink alcohol or take drugs because you will die	Come down hard	Don't drink grog
Don't sell it	Don't drink a lot	Go school, don't get involved, keep busy
Drink water	Don't go near it	Graphic advertising
Give them (the kids) knowledge about harm and safety and how to responsibly use	Don't make it cool by making a huge deal out of it. If kids cant feel cool about being a rebel they wont do it as much	It effects your body
Harder consequences	Don't mess with people that take drugs	More awareness on what happens
Harsh ads	Don't use them	Show to kids what alcohol and drugs do to you, safer on in life
How to manage it responsibly and don't demonise it or surround it with negativity	Education	Stay away from it, play sport, go to school
If your gonna drink at young age stay home with your parents so your safe at all time	Explain that it isn't that cool or fun	Stay away, family
Just don't do it	Get people who have been affected to give a talk	Stop drinking because you will get really sick, see your health service
Keep show things on TV and show what happened	Get victims to do talks at school	Stop going out at night or go to community health service
Make people be aware of the dangers of drugs and alcohol	Graphic advertising	Stop selling alcohol and drugs in shops
Make them more expensive in bulk and single	Information in regards to health effects that are easy to obtain	Stop selling alcohol to people who are over the limit of drinking, ask always for drinking
More adds on what effect it has on your body	Make more services	Stop selling them, stop hanging around people that give you bad influence and just stop it because it is not good for you
More peer support	Maybe always be in a groups so you have someone there for you	Raising awareness is vital in ensuring young people don't get hurt
All we can do is give them the information and let them make the choice	More people who have been affected by drugs and alcohol to stand up	Tell people to think more before you have a drink
Promote more programs that can help young people like go to schools or hobbies they like just like this footy program	Ban all of them	Try and get the message out there

To stay away from drugs and alcohol	Ban them	Stop using it
Try and focus about future	Tell them when they are young	Switch addiction, how much money are they wasting - better things to do with their money
TV ads and radio	Think smart and don't buy drink alcohol or drugs	The families
Think about what it could do to you and how much harm it could bring your family and also your body	Try to get young people away from alcohol and drugs	

Appendix F: Yarning Session Overviews

Strong Spirit Strong Mind Metro Project

Consultation: Findings from Vswans

Overview

On Monday May 30th 2011, the Strong Spirit Strong Mind Metro Project performed consultation with the Swan Districts Football Club - Vswans Development Squad. The young Aboriginal group consisted of 11 boys and three girls, aged 15 – 18 years.

PERCEPTIONS OF ALCOHOL-RELATED HARM

What types of issues or problems do you think would motivate young people to think about drinking less?

When asked what types of issues or problems the group thought would motivate young people to think about drinking less, sport was identified as a good strategy as it would target boredom (e.g. *“give them something to do besides drinking”*). Drinking to intoxication and acting silly was viewed as acceptable and normal behaviour *“because everybody does it when they get drunk”*. When asked about the health affects of alcohol it was suggested that using the tobacco strategy of displaying pictures on alcohol products of how alcohol can affect your body would be a good strategy to motivate young people to drink less. However, it was stated that young people are aware of the health affects of alcohol but still continue to drink, *“they know it’s not good for them but they still do it”*. Drink driving advertisements were identified as a good strategy to motivate young people to drink less as *“there pretty scary... and hits home”*. Many of the young people in the group were unaware of the laws associated with alcohol and other drugs such as under age drinking and street drinking and this was information that interested them.

PERCEPTION OF TREATMENT AND SUPPORT SERVICES

If a young person needed treatment or support for their own alcohol or other drugs use or a family member’s use, what would make it easy for a young person to get support?

There was a consensus that most young people were unaware of what treatment and support services were available to access. It was discussed that young people needed support from a mentor or role model to access treatment and support services. Support included making them aware of what services are available in the community and encourage them to go, *“If you had support to get support”*.

What stops young people from accessing treatment and support services?

There was a consensus that peer pressure was a strong factor, *“Influences of people around you like friends, peer pressure and not thinking that its [drinking] wrong”*. The cost of accessing treatment and support services was raised as a concern as young people are not aware of how to access services and price was an issue, *“how much does it cost, like payments”*. The group was unaware of free treatment and support

services available in the community. A young person stated that they would prefer to talk to family first before accessing treatment and support services.

When asked if they would prefer an Aboriginal or a non-Aboriginal service a young person stated *“a non [Aboriginal service] because your probably related to them [people at an Aboriginal service]”*. This was identified as a concern for young Aboriginal people who wished to access treatment and support services anonymously.

How do you think young people would like to receive support?

Most of the group agreed that they would rather go into a service compared to online services to get support as they would prefer face to face contact. However, when asked how you think young people would like to receive support it was believed that online services would provide more opportunities, *“probably have more access to do it”*. While online services provided more opportunities of accessibility the group had a number of concerns about online services. When asked if they liked the privacy and security of online services a young person replied *“not really because I probably wouldn’t take it [counselling] serious”*. The importance of face to face contact compared to online services was raised as a concern around how expressions and body language is lost in online services:

“Its not the same as in person, like if you send a txt it wont come across if your angry, it will just come across in words but if you said it in person it will show if you care or don’t care”.

There were speculations around counsellors on online services being qualified, *“is the person you talk to qualified though”*. It was identified that all young people might not have access to a computer or the internet so they will not have the opportunity to access online services. It was also raised that online services need to be mindful of the language used and young peoples education levels, *“the language and some people’s knowledge, they might not understand”*. When asked about accessing an anonymous service such as a telephone service where they did not need to provide any personal details a young person replied *“it really depends on your situation”*. The group agreed that they would go online to find general information about alcohol and drugs such as what’s in a drug and what it can do to your mind and body.

There was a strong consensus that the group were unaware of treatment and support services that were available. It was stated that services *“need to be more advertised”* so that young people can access them. When asked where the best places to advertise treatment and support services the group stated *“public places where young people go”*. Bus stops, buses and movie advertisements were suggested as good location for advertising.

When asked about television channels the most popular that young people like to watch are *“Fox 8, 1, 9, 7, 7mate, Go, 10, E channel and nobody watches ABC or SBS”*.

CAMPAIGN PERCEPTIONS

Do you think we need to try to prevent alcohol and other drug use among young people? Why/ why not?

There was a strong consensus of “Yes” and that it is a problem in the community, “yes and we need to do something about it”. A young person discussed that in order to prevent AOD use among young people we should focus on young children before they start to use AOD.

“I think you are aiming at the wrong age group coz these people are already drinking and are not going to stop because of this, I think you need to go down the line more... 9 till maybe 17, I reckon that is your biggest age to target because if there already drinking there not going to listen, it will just go in one ear and out the other”.

How effective do you think a campaign on alcohol and drugs would be?

The group believed “it would be effective if it was good enough”.

What sort of messages do you think a campaign targeting young people should feature?

The law and health were considered the most important messages to feature, “the law because they don’t want to end up in jail”. The short term health affects such as alcohol poisoning, a hang over and car crashes, and long term affect such as cancers were considered important messages to feature. The group were also concerned about diseases, unsafe sex, sexually transmissible infections (STI’s) and what drugs can do to your brain.

The group were unaware of the national drinking guidelines and the number of standard drinks per day a person could consume to reduce harm.

If we do a campaign, should it focus on alcohol or other drugs or both?

There was a strong consensus that it should focus on both alcohol and illicit drugs.

We are considering a facebook page; do you think this would be a good idea?

The group had mixed responses of a facebook page being a good idea, “yes, I guess, maybe”. Some people in the group stated, “No, I just wouldn’t, you don’t go on facebook for that stuff”. The group held concerns about adding an AOD service as a facebook friend as it would be viewed as not cool with their friends, “Its to public, people would see it”. When explained how you could make private message to the facebook page the group showed interest in utilising the service. The group liked the idea of general information on facebook with statistics and utube clips for entertainment to get the message out there.

In further discussions it was stated that a facebook page would be the easiest way to inform young people of AOD information. It was suggested that the facebook page should include *“services contacts... what it can do to you... what’s in it”*.

Who should deliver prevention messages for young people?

Role modelling and mentors were seen as good support people to prevent AOD use for young Aboriginal people. When asked if they would like to become mentors and role models in the community for younger people they liked the idea. When asked if they would prefer a role model or television advertisement they preferred a television advertisement that included a role model who they knew and looked up to such as, Peter Matera. When asked what female role models they would like model Samantha Harris was suggests. It was stated that you need both male and female role models to target young people of both genders.

There was a strong consensus that the message should be delivered by a community role model that was credible and someone who young people can be proud of and look up to. When suggested that young people could deliver the message to other young people there was a perception that young people would not be considered credible, *“If I was young I would not listen to any of us here”*. A few young people discussed that they were not keen for young people to deliver the advertising messages as they held concerns about the truth in the information that they would deliver because they are young, *“they haven’t full grown up yet”*. The group further commented that the campaign should feature; someone famous, something to do with football for the boys and model Samantha Harris for girls, Aboriginal and non-Aboriginal people in the advertisements, someone familiar that young people can recognise and sport players.

What sort of media should a campaign like this involve?

When asked if they like pamphlets they commented that *“people don’t usually read them... they have too much writing”*. When asked how they would like to know more AOD information if they don’t like the idea of pamphlets the group said they would *“google it”*. It was stated that *“none likes newspapers or pamphlets because they have to much writing... Posters are ok if they are good”*. It was discussed that most people would not click on pop up advertisements on the internet because *“they are annoying”*. Billboards were suggested as a good advertisement strategy as people take notice of them.

The group liked the idea of sponsoring community events or utilising community activities such as football games for AOD prevention to get the AOD prevention messages out to the community.

What Radio station do young Aboriginal people listen to?

92.9, Nyoongar radio specially on Fridays because they have less radio advertisements *“they don’t have adds, they just have music”* and Nova were

considered the most popular radio stations. When asked if they would like to hear AOD prevention messages on the radio it was commented that *“no you don’t even listen to them, an add comes on and you change the station”*. When asked if they would listen to radio advertisements if the voice was familiar and it was someone famous, some of the group thought they might listen to it.

It was suggested that having someone who has an AOD story with life experience would be popular as it would be viewed credible and that they were *“not talking shit”*. When asked if health professionals would be good spokes people on advertisements there were concerns that it would need to be *“clear and simple”*. There were also concerns around health professionals delivering AOD messages as it is perceived that health professionals *“exaggerate because that’s there job”*.

SUMMARY

So, considering everything we’ve talked about today, what do you think the Drug and Alcohol Office should do to prevent harmful alcohol and other drugs use by young people?

It was discussed that more needs to be done at a community level, *“Yes, I think you need more of this [consultation] and to ask more people, even if you go street walking and ask people on the side of the roads to ask more people”*.

Are there any other suggestions?

It was strongly believed that mentors and role models are great ways of spreading the AOD messages in the community and creating change. It was suggested that AOD information should be delivered in schools because it would reach young people before they start using AOD and because they would have a captured audience, *“AOD education in schools would be better coz then young people have to listen to it”*. It was discussed that if there is going to be a song or a catch phrase that it needs to be catchy with a catchy name.

Strong Spirit Strong Mind Metro Project

Consultation: Findings from Gilmore College

Overview

On Monday June 20th 2011, the Strong Spirit Strong Mind Metro Project performed consultation with the Gilmore College - Clontarf Football Academy. The young Aboriginal group consisted of 16 boys, aged 15 – 17 years.

PERCEPTIONS OF ALCOHOL-RELATED HARM

What types of issues or problems do you think would motivate young people to think about drinking less?

The group believed that targeting boredom would be a good strategy as *“there wouldn’t be a reason to drink if there was something to do”*. When asked what activities would best target boredom, activities such as men’s camps and sports like football was identified as a good strategy. However, this was only viewed as a short term solution as *“sports good only for a couple of hours”*.

Drinking to intoxication and acting silly was viewed as embarrassing but not a good strategy to motivate young people to think about drinking less as they are only embarrassed for a short period, *“about a week”*.

When asked if fighting was a concern for young people it was stated that *“fighting makes you want to drink more”* because it gives you an *“adrenaline rush”*. The group went on to comment that the one punch campaigns were not a good strategy as *“people don’t pay attention to them”*.

Drink driving advertisements were viewed as an affective strategy to motivate young people to think about drinking less. However, the group stated that these kinds of advertisement would only be affective if it concentrated on how it would personally affect the individual.

Short term health affects of AOD use such as alcohol poisoning was identified as a good motivation to make young people think about drinking less. The group were unaware of the short term health affects associated with alcohol poisoning. While, long term health affects such as cancers were not viewed important as *“young people don’t worry about that stuff now”*. Some young people were unaware that alcohol could cause cancers and stated *“I reckon you are talking shit... they say everything gives you cancer”*.

Money was identified as a good strategy to motivate young people to think about drinking less. The group discussed previous tobacco advertisements and commented on a particular advertisement that targeted young people and smoking and highlighted how expensive cigarettes are. The group believed that that advertisement was affective in motivating young people not to smoke tobacco due

to the costs of cigarettes, *“the money from them goes up, if it’s so expensive then you don’t want to get them”*.

PERCEPTION OF TREATMENT AND SUPPORT SERVICES

If a young person needed treatment or support for their own alcohol or other drugs use or a family member’s use, what would make it easy for a young person to get support?

There was a consensus that most young people were unaware of what treatment and support services were available to access. The group were also unaware that there were free treatment and support services available and believed that young people may access these services if they were aware of where they were located and that they were free.

What stops young people from accessing treatment and support services?

There was a strong consensus that shame was a strong factor for young people not accessing treatment and support services. When asked how we can overcome the shame factor the group had no solutions, *“I don’t know”*. Peer pressure was also raised as a concern for young people, *“they encourage you not to go, like on the weekend you got to go to counselling but then people want you to come drink with them and have a beer”*.

When asked if they would prefer to go to Aboriginal or non-Aboriginal service the group preferred a non-Aboriginal service as they were concerned about confidentiality, *“someone you don’t know because they could open their [councillor] mouths and tell everyone... because you know how black fella’s love to yarn carry”*. This was identified as a concern for young Aboriginal people who wished to access treatment and support services anonymously.

How do you think young people would like to receive support?

When asked if they would prefer to go into a service or have the service come to them the group had mixed responses. Some young people liked the convenience of the service coming to their house and other preferred to go into the service for privacy reasons *“so you don’t get seen”*.

When asked if young people would use a phone service the group commented *“no”* because *“it cost too much and it would be shame”*. When suggested it could be a free phone number some people were still concerned about it being shame and having to identify their names. When discussed that it would be an anonymous phone service the group still had mixed responses, one person commented that they *“don’t like the phone”*, another commented that *“I would [use the service] if I had problem”* and another stated *“I would probably just go to the counselling place, it’s to hard talking over the phone”*.

When asked about online services, someone commented *"it's not the same"*. When asked if they would use an online chat service some people were concerned about the conversation being traced. However, some young people liked the idea of the convenience of being online.

CAMPAIGN PERCEPTIONS

Do you think we need to try to prevent alcohol and other drug use among young people? Why/ why not?

There was a strong consensus of *"Yes"* and that it will be difficult with young people's current lifestyles, *"it will be really hard... every week going out and partying"*. The group believed that AOD prevention campaigns would help close the life expectancy gap between Aboriginal and non-Aboriginal people.

How effective do you think a campaign on alcohol and drugs would be?

A young person had doubts that a campaign on alcohol and other drugs would be effective for young Aboriginal people, commenting Aboriginal young people are *"hard headed"*. When discussing this further he explained that in order for the campaign to be affective it must be *"fun"* to engage young Aboriginal people. The group also commented that repetition of a campaign was believed to be effective as it would make young people remember the advertisements more.

What sort of messages do you think a campaign targeting young people should feature?

The group believed that the health affects, consequences of how AOD use can affect your family and emergency information were considered the most important messages to feature in a campaign, *"Like what it does to you and your family"*. The short term health affects such as alcohol poisoning and a hang over were also considered important messages.

The group were unaware of the national drinking guidelines and the number of standard drinks per day a person could consume to reduce harm.

If we do a campaign, should it focus on alcohol or other drugs or both?

There was a strong consensus that it should focus on both alcohol and illicit drug but mainly focus on cannabis and alcohol.

We are considering a facebook page; do you think this would be a good idea?

There was a strong consensus that a facebook page would be a good idea, *"Yer do that"*. When discussing the facebook page the group liked the ideas of facebook providing accurate information, entertainment such as utube clips were considered popular and providing outreach service information such as councillors' locations in the community.

Who should deliver prevention messages for young people?

There was a consensus that the message should be delivered by a well known community role model or mentor. Role models and mentors were suggested as good support people that would prevent AOD use in young Aboriginal people.

The group commented that in order for young people to pay attention to the prevention message it needs to be someone familiar that young people can recognise. Spokes people such as footballers were considered community role models. Footballer David Wirrapunda was considered a good role model to deliver prevention messages for young people. When asked if health workers and doctors would be good spokes people they were considered *“to nerdy”*.

What sort of media should a campaign like this involve?

Television was considered the most affective media tool to use to target young people. Television channels such as *“7, NITIV, FOX 8, Gem and Go”* were considered popular by the group. SBS and ABC television channels were not considered popular.

When asked how the group currently find AOD information on the internet, the group commented that they *‘Google it’*.

The group thought sponsoring community events or utilising community activities such as football games to get the AOD prevention messages out in the community would not be affective, *“that doesn’t work”*. The group believed that young people don’t pay attention to who is sponsoring events.

What Radio station do young Aboriginal people listen to?

The group’s most popular radio channels were 92.9, Nyoongar radio and Nova. The group commented how they don’t like listening to radio advertisements so they often changed between channels so they did not have to listen to them. When asked how we could affectively advertise on the radio the group suggested having quick message before a song played.

SUMMARY

So, considering everything we’ve talked about today, what do you think the Drug and Alcohol Office should do to prevent harmful alcohol and other drugs use by young people?

The group commented that AOD prevention messages were important for young Aboriginal people in the community.

Strong Spirit Strong Mind Metro Project

Consultation: Findings from Clontarf Manning

Overview

On Thursday 30th June 2011 consultation was conducted with Clontarf College academy students. The group of 21 was made up of 10 boys and 11 girls aged 15 to 17 years of age. Overall the group did not engage like some of the previous groups that have participated in the consultation process, rather there were a few key spokes people who the group supported through nodding in agreement. It is thought that this was due to having the boys and girls combined in the one session.

PERCEPTIONS OF ALCOHOL-RELATED HARM

What types of issues or problems do you think would motivate young people to think about drinking less?

When students were asked what would help motivate young people to think about drinking less it was identified that young people need more activities to keep them more engaged, like “youth centres”. In addition the group suggested that alcohol should be kept away from kids and out of their environment.

In a general sense the group was concerned about the overall health effects on the body and how it “stresses you out”, while also having concerns about the physical observations and appearances such as the having a “beer gut”. The group also mentioned the impact that alcohol can have on family as a motivator to drinking less.

Several members of the group suggested that knowing more about the laws and the consequences would be a motivating factor.

The group was able to identify a number of short term health effects such as alcohol poisoning, hang over etc, however these were not considered to be a strong motivating factor to drink less.

Students also expressed some concern about the long term effects and getting diseases, such as diabetes.

PERCEPTION OF TREATMENT AND SUPPORT SERVICES

If a young person needed treatment or support for their own alcohol or other drugs use or a family member’s use, what would make it easy for a young person to get support?

The group had a low level of awareness of what services were available for young people to access treatment and support. Shopping centres were identified as a place where young people would go to yarn to someone or a place where outreach could be provided. There was a general consensus among the group that an outreach

model of having services come to the young people would make them easier to access.

What stops young people from accessing treatment and support services?

The group identified a number of reasons why young people currently don't access treatment and support services. Reasons included shame, afraid of admitting they have a problem or telling someone, they don't realise they have a problem and may need help, don't know where to find services and they may be scared of the consequences of admitting they did something illegal (e.g. smoked gunja).

How do you think young people would like to receive support?

A range of digital mediums were identified as the way young people would like to receive support. Suggestions included texting, online chat services and phone lines like the kids helpline.

CAMPAIGN PERCEPTIONS

Do you think we need to try to prevent alcohol and other drug use among young people? Why/ why not?

The group was not very responsive when asked when they were asked if we need to try and prevent AOD use among young people. However, a large proportion of the group nodded in agreement that something should be done.

How effective do you think a campaign on alcohol and drugs would be?

The group was unsure how effective a campaign would be.

What sort of messages do you think a campaign targeting young people should feature?

The group agreed that the health effects were important to be communicated in a campaign. Specifically, the group wanted to know more about the long term health effects such as impact on kidney and liver or potential brain damage.

If we do a campaign, should it focus on alcohol or other drugs or both?

The group was very clear that both alcohol and other drugs (specifically gunja) are an issue and that campaign messages should focus on both substances.

What sort of media should a campaign like this involve?

Community events and sponsorship were identified as a strategy to promote campaigns and messages. Social networking strategies were identified as the best way to access young people and promote a campaign.

We are considering a facebook page; do you think this would be a good idea?

The group was very conversational about the idea of having a facebook page and had a lot of ideas about what would make the page engaging. Specifically the group like visual clips they can watch.

The group had concerns about facebook competitions and that the prizes may be fake or a trick. It is important that it is clear that competitions are real and prizes should be reflective of the competition.

What Radio station do young Aboriginal people listen to?

Mainstream radio stations were listed as young peoples preferred stations, e.g. 92.9 and Nova. Some of the group identified that they also listen to Nyoongar radio.

Who should deliver prevention messages for young people?

The group identified that famous people that they know should deliver the messages. This included football and basketball players.

Strong Spirit Strong Mind Metro Project

Consultation: Findings from Yule Brook College

Overview

On Tuesday June 21st 2011, the Strong Spirit Strong Mind Metro Project performed consultation with the Yule Brook College – Clontarf Football Academy. The young Aboriginal group consisted of 20 boys, aged 13 – 16 years.

PERCEPTIONS OF ALCOHOL-RELATED HARM

What types of issues or problems do you think would motivate young people to think about drinking less?

When asked what types of issues or problems the group thought would motivate young people to think about drinking less “*family issues*” and “*problems at school*” were identified as topics of concern for young people, “*If they knew about the problems about drinking that would affect them at school*”. Drinking to intoxication and acting silly was viewed by some people as embarrassing and for some young people it did not bother them. One young person discussed how alcohol and drug use can affect people’s image in the community and explained how seeing people drinking in the parks, commonly known as parkies, motivates him to not drink alcohol as they did not want to end up as a ‘parkies’.

Peer pressure was indentified as a concern for young people in the group. The group was not concerned about fighting or one punch consequences when drinking alcohol. However, the group was concerned about drink driving and one person stated, “*Drink driving information would make you want to drink less*”.

The group also discussed alcohol poisoning and identified that if young people knew more information about alcohol poisoning it may motivate them to think about drinking less. Some people in the group were aware of the long term health affects associated with alcohol such as cancer.

PERCEPTION OF TREATMENT AND SUPPORT SERVICES

If a young person needed treatment or support for their own alcohol or other drugs use or a family member’s use, what would make it easy for a young person to get support?

Some young people in the group were aware of some Aboriginal health services available in the community. The group discussed gaining support from health workers at a community service, talking to teachers and Aboriginal Islander Education Officers (AIEO) at school. When asked if the group would prefer an Aboriginal and non-Aboriginal service the group preferred an Aboriginal service.

What stops young people from accessing treatment and support services?

There was a consensus that shame was a strong factor for young people not accessing treatment and support services. Transport was also raised as a concern for young people accessing services. Some young people in the group were aware of some Aboriginal services available in the city. There were many young people who were unaware of what local services were available in their community.

How do you think young people would like to receive support?

Most of the group agreed that they would rather go into a service compared to online services to get support as they would prefer face to face contact. When asked if they liked the idea of a telephone service they said they would still prefer face to face contact. The group commented that they would use an online chat service if it was available and they were aware of it.

CAMPAIGN PERCEPTIONS

Do you think we need to try to prevent alcohol and other drug use among young people? Why/ why not?

There was a strong consensus of “Yes” from the group.

How effective do you think a campaign on alcohol and drugs would be?

The group believed that a campaign would be effective if it was engaging to young people.

What sort of messages do you think a campaign targeting young people should feature?

The law and health were considered the most important messages to feature in a campaign. The short term health affects such as alcohol poisoning, drink driving and emergency information were considered important messages to feature. The long term health affect such as cancers were also considered important.

The group were unaware of the national drinking guidelines and the number of standard drinks per day a person could consume to reduce harm.

If we do a campaign, should it focus on alcohol or other drugs or both?

There was a strong consensus that it should focus on both alcohol and illicit drugs.

Who should deliver prevention messages for young people?

Famous role models and mentors were seen as good support people to prevent AOD use for young Aboriginal people. Role models such as David Wirrapunda and Jessica Malboy were discussed as being suitable people to deliver AOD messages.

What sort of media should a campaign like this involve?

The group discussed media avenues such as cinema and radio advertisements as good media strategies for an AOD campaign.

What Radio station do young Aboriginal people listen to?

92.9 and Nyoongar radio was considered the most popular radio stations for the group.