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Consulting with Indigenous communities to provide support for addressing alcohol and other drug use

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Background

Social and physical harms associated with alcohol and other drug (AOD) use are greater for Aboriginal and Torres Strait Islander people than non-Indigenous people and contribute to a significant burden of disease and injury for Aboriginal and Torres Strait Islander communities.¹⁻³ A broad range of social determinants of health contribute to this burden including poverty, education and employment, as well as a wide range of problems resulting from grief and loss, trauma and abuse, violence, racism, and social disadvantage.^{4,5} Improving the social determinants of health can minimise AOD related harm, reduce the risk of social and physical harm and improve overall health and wellbeing.^{2,5}

Family and community relationships can play an important role in improving an individual's health and wellbeing. When family and community members (sometimes known as 'natural helpers'), are involved in the prevention and treatment for people with AOD issues the outcomes for an individual are often better.^{2,6} Natural helpers are able to assist individuals who experience difficulties seeking help.⁷ There is a demand for access to training to assist Aboriginal and Torres Strait Islander natural helpers, and providing evidence based information and resources about alcohol and other drugs are important tools to assist these natural helpers to reduce harmful AOD use in their communities.⁷

The Alcohol and Other Drugs Knowledge Centre has developed an online Community Portal to provide much-needed information about AOD for Elders, natural helpers and community members. The Portal was created using the principles of co-creation and co-design through focus groups. To ensure that the Portal was still meeting the needs of the target audience and to guide future development of the Portal, a recent series of focus groups and an online national survey were conducted.

Objective

To describe the process of informing the development and enhancement of the Community Portal to meet the needs of users in sourcing information about alcohol and other drugs.

Method

Consultation with health workers and community members was undertaken to understand local Aboriginal and Torres Strait Islander perspectives about alcohol and other drugs. The consultation process used participatory action research (PAR) through focus groups and an online survey.

Recruitment

Recruitment of AOD workers and community members for focus groups began by utilising networks of the Australian Indigenous Health*InfoNet*, in particular our three collaborating research centres: the National Drug Research Institute (NDRI), National Centre for Education and Training on Addiction (NCETA), and National Drug and Alcohol Research Centre (NDARC); and members of the national Reference Group of the AOD Knowledge Centre. Members of these networks were asked for suggestions of who to contact and then formal invitations were sent to organisations and individuals. The letter of invitation was sent with a flyer which outlined the focus group details.

As finite resources limited the number and location of focus groups, an online survey was conducted to ensure feedback from a national audience. As well as a promotion on the Portal itself, invitations to participate in the survey were sent to people who were unable to attend the focus groups. This gave an opportunity for those that could not attend a focus group to provide feedback.

Engagement

To date, two focus groups have been conducted, one in Perth, Western Australia in September 2018 and one in Adelaide, South Australia in November 2018. Recruitment for a third focus group is underway for Darwin, Northern Territory in April 2019. A total of 12 participants (Aboriginal and Torres Strait Islander and non-Indigenous) attended the two focus groups. Twenty four Aboriginal and Torres Strait Islander people responded to the online survey.

Design

We used a participatory action research (PAR) approach to determine the informational needs of Aboriginal and Torres Strait Islander people about alcohol and other drugs. PAR can be described as a process of collaboration in co-learning and knowledge production that puts people with lived experience at the centre of the process.⁸ The aim of using this method was to be able to assess local priorities and brings views of local people and their reality, challenges and understandings.

Data collection and analysis

Focus groups

The focus groups were held in culturally appropriate locations in a quiet spacious room. It was facilitated by the Project Manager and Research Coordinator of the AOD Knowledge Centre project with assistance from a designated representative from the Research Partner organisation. Each focus group took an average of two hours and was recorded with written consent, as well as scribed by a designated person.

Data was generated from 12 participants from two focus groups. Each group was asked the same set of 11 questions; however, due to the semi-structured nature of the discussions, conversations emerged freely between individuals in the focus groups. The specific questions asked in the focus groups included: (1) what are the main drugs of concern in your community; (2) what programs and solutions are already being conducted in your community; (3) what specific groups of people need

assistance; and (4) what do you want to see on a Community Portal. The focus groups explored these ideas about what type of information and resources could be provided and what were considered the most important and relevant issues. Focus group participants were encouraged to share their knowledge and experiences related to alcohol and other drugs in the community and what information needs they have about alcohol and drugs to support their communities.

The transcripts of recorded focus groups, scribed notes, and survey summary report were compared and critically analysed by a member of the research team. Key themes were identified using a theoretical approach to thematic analysis.⁹ Coding was done manually due to the small size of the group and responses were de-identified.

National online survey

The survey was conducted from 21 January to 8 February 2019 and data was collected from 30 respondents. Of the respondents, 6 were non-Indigenous. For the purposes of this project, only the 24 Aboriginal and Torres Strait Islander respondents' data was included. The focus group questions were used for the online survey so that data could be compared with the focus group. The data was summarised into a report and compared with information from the focus group findings.

Results

Information themes and priorities were identified from the focus groups and online survey. Themes from the data showed that much of the existing information on the Community Portal is still relevant, however, the emergence of new themes confirm the need for an update to the Portal to keep abreast of new and emerging priorities and issues.

Focus groups

The focus group participants provided information about: the main drugs of concern in their community; where they accessed information about alcohol and other drugs; which community or population groups need more support than others; what issues were important; and what type of information and resources they would like to have access to on the Community Portal.

The main drugs of concern for participants were methamphetamines (ice), alcohol and cannabis, prescription drugs, opioids and tobacco. In the data from original surveys conducted in 2014 for the creation of the Portal, methamphetamines were not ranked as highly as a drug of concern. Other new issues that emerged were that participants were worried about the accessibility and use of new and emerging drugs and concerned about the effects of AOD on social and emotional wellbeing, breakdown of culture, and the effects of trauma and stolen generations.

Participants said they were accessing AOD information in two main ways: personally via internet searches or talking with family and friends; or through work via internet and intranet, talking with colleagues, and talking with clients with lived experiences. Participants indicated that young people were more likely to use technology such as phone apps and older people generally prefer to sit down and yarn to find out information.

The participants indicated that specific groups that need particular support are young people, alcohol and drug users, offenders, women, men, Elders and community members.

The focus group participants thought it was important to include topics such as self-harm, new and emerging drugs and the effects of alcohol and drugs on mental health. They also thought it was

important to provide information that is current, factual and written in plain language. This was consistent with data from the 2014 focus groups.

The major themes that arose from the 2018 focus groups were:

- include a focus on youth
- make it fun and interactive
- use current and factual information
- simplify the messages and make it easy to read
- provide easy access to the information e.g. via an app instead of computer
- use Aboriginal and Torres Strait Islander art and lots of colour
- use local languages and provide region-specific information
- have positive role models for stories and promotion
- promote at schools
- use social media to connect with Aboriginal communities, particularly Facebook
- provide resources such as worksheets, large posters, audio factsheets, animations, videos and games using Aboriginal and Torres Strait Islander voices
- use stories.

The new themes that emerged from the 2018 focus groups related to 'connection', with a strong focus on promoting, educating and interacting with young people, using social media to connect with communities, and providing resources in audio and animated formats. The other themes remained consistent with the 2014 data.

Online survey

The online survey used the focus group questions to allow for comparison of themes with focus group data. There were a total of 24 Aboriginal and Torres Strait Islander respondents with representation from New South Wales, Victoria, Queensland, Western Australia and South Australia. There were no responses from Tasmania, Australian Capital Territory and the Northern Territory. Half of the respondents (50%) resided in urban areas with 21% regional, 17% rural and 4% remote. Fifty-eight per cent (58%) indicated they got information about alcohol and drugs from an AOD service, 54% from an Aboriginal Community Controlled Health Organisation and 50% from the internet, and 33% from family and/or friends. Respondents reported that support was most needed for young people (75%), offenders (63%), men and women (54%) and LGBTQI people (42%). Eighty-eight per cent (88%) wanted positive stories and information about local programs and projects; 83% on treatment options; 69% on where to go for help; and 67% about different types of drugs. Suggestions for topics to be covered included: information about dealing with grief and loss; tobacco awareness and cessation; and the effects of using alcohol and drugs in pregnancy. The respondents supported the idea of the Community Portal providing plain language factsheets (79%), videos (75%) and region specific information (71%).

Limitations and challenges

The Community Portal is a national resource. The diversity of Aboriginal and Torres Strait Islander languages and cultures means that it can be difficult to provide localised information to meet community-specific needs. The Community Portal aims to address this by featuring positive stories about community programs that are successful, from Aboriginal and Torres Strait Islander communities in all states and territories. It was acknowledged by the focus group participants that evidence-based information about AOD is applicable nationally. We were unable to conduct a focus group in each state and territory, or in any regional areas so we aimed to address this limitation by collecting data from a national online survey.

Future directions

The aim of this latest consultation is to make sure the information about alcohol and other drugs on the Community Portal is meeting the information needs of Aboriginal and Torres Strait Islander communities. The results and feedback from these focus groups and survey will inform enhancements and new developments for the Community Portal. This will enable it to remain a current, relevant and evidence-based resource about alcohol and other drugs, which supports local initiatives in reducing harmful substance use in Aboriginal and Torres Strait Islander communities.

After implementation of any new developments or updates on the Community Portal an evaluation is planned to determine the effectiveness and acceptability among communities.

Conclusions

The harms associated with alcohol and drug use are greater for Aboriginal and Torres Strait Islander people than non-Indigenous people. There is a need for providing evidence-based information and resources about AOD to assist natural helpers to reduce harmful AOD use in their communities. The Community Portal currently provides this information. This paper described the process of consulting with Aboriginal and Torres Strait Islander people using a PAR approach through focus groups and an online survey with the aim to ensure that the Community Portal is still meeting the needs of its users. Themes that emerged included a strong focus on engaging with youth, providing interactive resources, and using social media to connect with the Aboriginal and Torres Strait Islander community. Participants also indicated a preference for providing information about AOD that is current, factual and written in plain language. Participants wanted resources with audio and visual formats such as audio factsheets, animations and videos that use local languages and have region specific information. Suggested priorities were to include information on the effects of AOD on social and emotional wellbeing and new and emerging drugs, and to use positive role models for stories and promotion. The Community Portal will be updated based on this feedback from Aboriginal and Torres Strait Islander people who are the target audience and users.

Recommendations

A PAR approach promotes collaboration with the Aboriginal and Torres Strait Islander people who are the target audience, and enables a process of co-creation and co-design based on their identified informational needs.

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Presenter

Avinna Trzesinski's family background is Polish, German and Irish. She grew up in Adelaide, South Australia, and moved to Perth, Western Australia, in 2005. In 2010, she completed a Bachelor Degree in Health Promotion at Curtin University and started her research career at Curtin University's WA Centre for Health Promotion Research. Avinna began work at the Australian Indigenous HealthInfoNet, based at Edith Cowan University in Perth, in 2011, working as a research assistant for the ear and eye health projects. Since 2013, Avinna has worked on the Australian Indigenous Alcohol and Other Drugs Knowledge Centre project. Her current role as research coordinator takes her across the country, where she facilitates workshops at conferences and organisations, with the aim of upskilling the AOD and other health workforces. Avinna has also spent time in the north-west of Western Australia as a research assistant for the Telethon Kids Institute, working for the Alert Program with primary school kids in Muludja, Bayulu and Djugerari communities in the Fitzroy Valley.