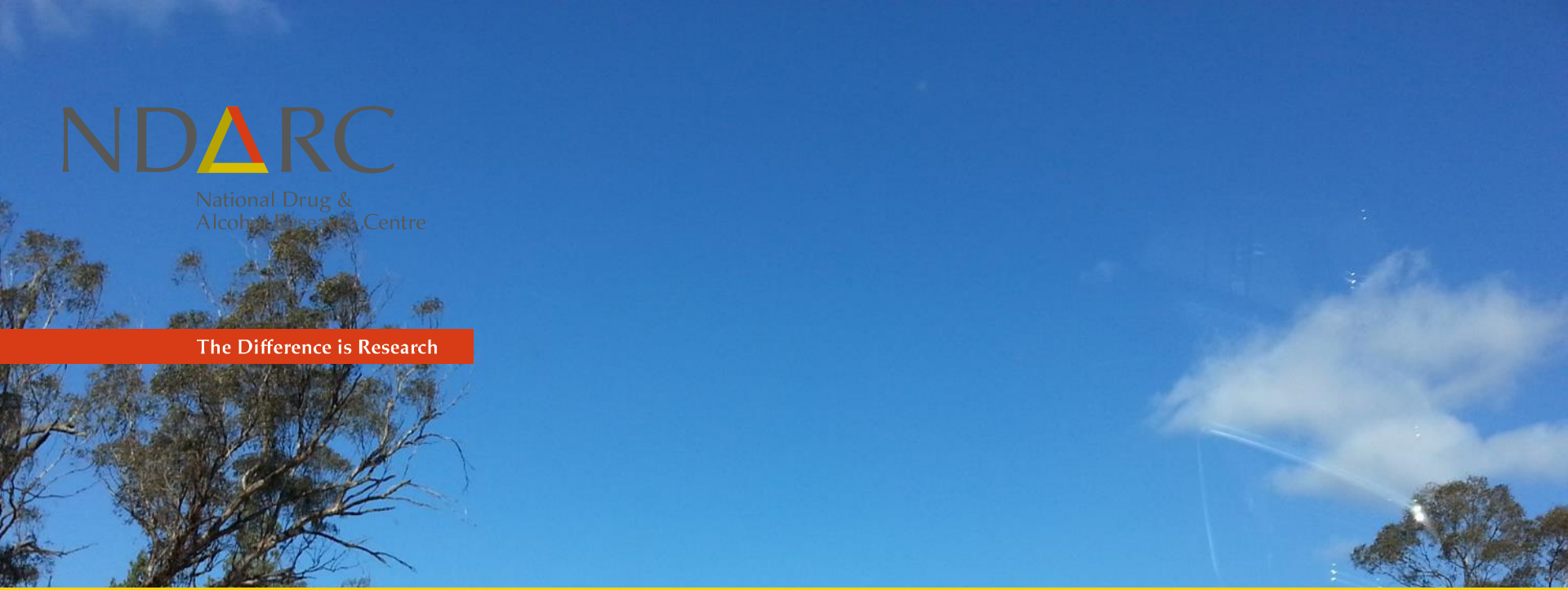


NDARC
National Drug & Alcohol Research Centre

The Difference is Research

Healing Together

Identifying the value of partnerships between rural Australian Aboriginal communities, services and researchers to co-design, implement and evaluate programs to reduce substance-related harms

Alice Munro, *Anthony Shakeshaft, Julaine Allan, Courtney Breen et al.*

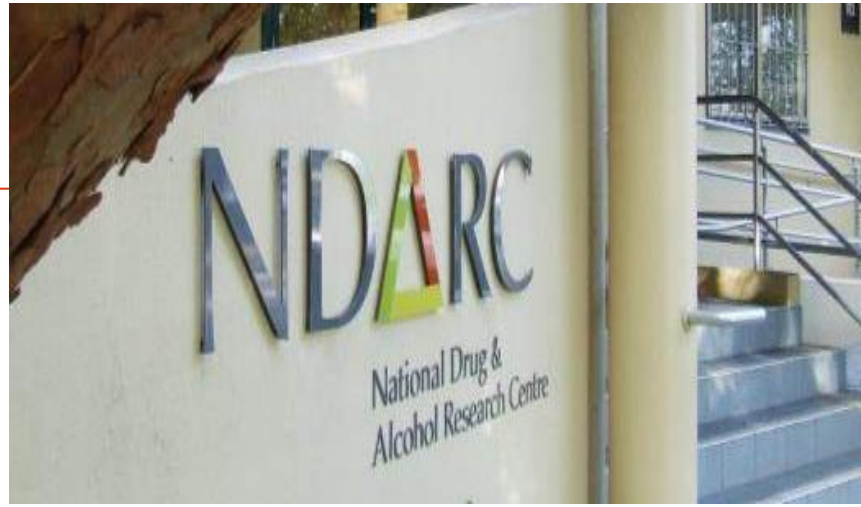
UNSW AUSTRALIA

Medicine | National Drug and Alcohol Research Centre

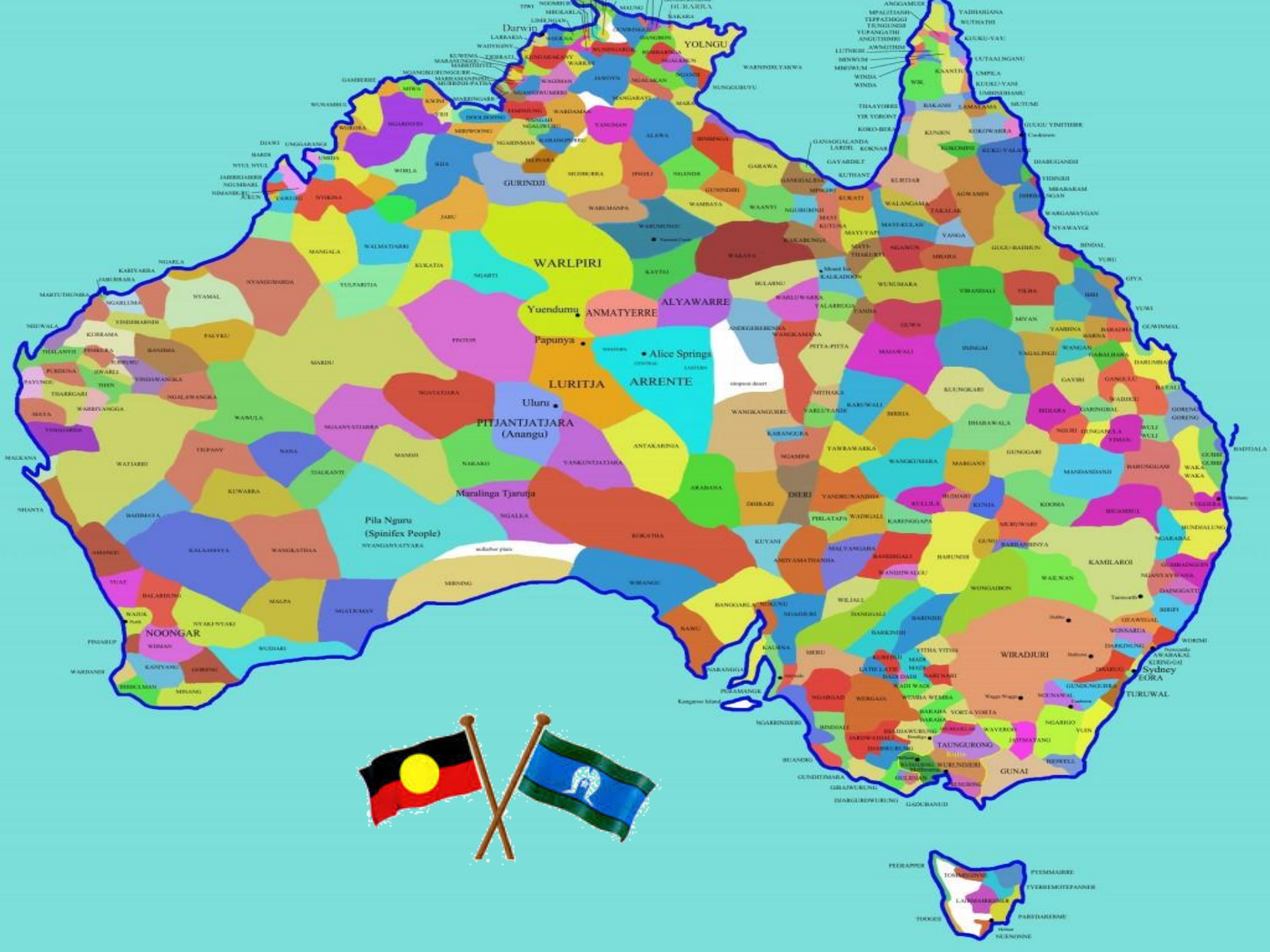
Objectives

1. About NDARC - UNSW
2. Setting the scene of disproportionate Australian Aboriginal & Torres Strait Islander substance use issues
3. Aims and outcomes of my research
   - Project 1 – Radio advertising campaign
   - Project 2 – Breaking the Cycle
   - Project 3 – Remote residential rehabilitation service
4. Conclusions
5. Questions and contacts

About NDARC



- Affiliated with University of NSW
- Over 140 staff
- Celebrated 30 year anniversary in 2017
- Recognised internationally as a Research Centre of Excellence
- 40+ Doctoral students
- Academics supported by a large group of professional staff (e.g. statisticians, librarians, research assistants)
- NDARC's Strategic Plan aims to **increase engagement with Indigenous research** AND **work specifically with rural populations** - we are trying to build partnerships and learn from rural Aboriginal communities


YOLNGU
WARLPIRI
Yuendumu
ANMATYERRE
ALYAWARRE
Papunya
Alice Springs
LURITJA
ARRENTE
Uluru
PITJANTJATJARA
(Anangu)
Maralinga Tjarutja
Pila Nguru
(Spinifex People)
NOONGAR
WIRADJURI
Sydney
EORA
TAUNGURONG
GUNAI
KAMILAROI

What we currently know…

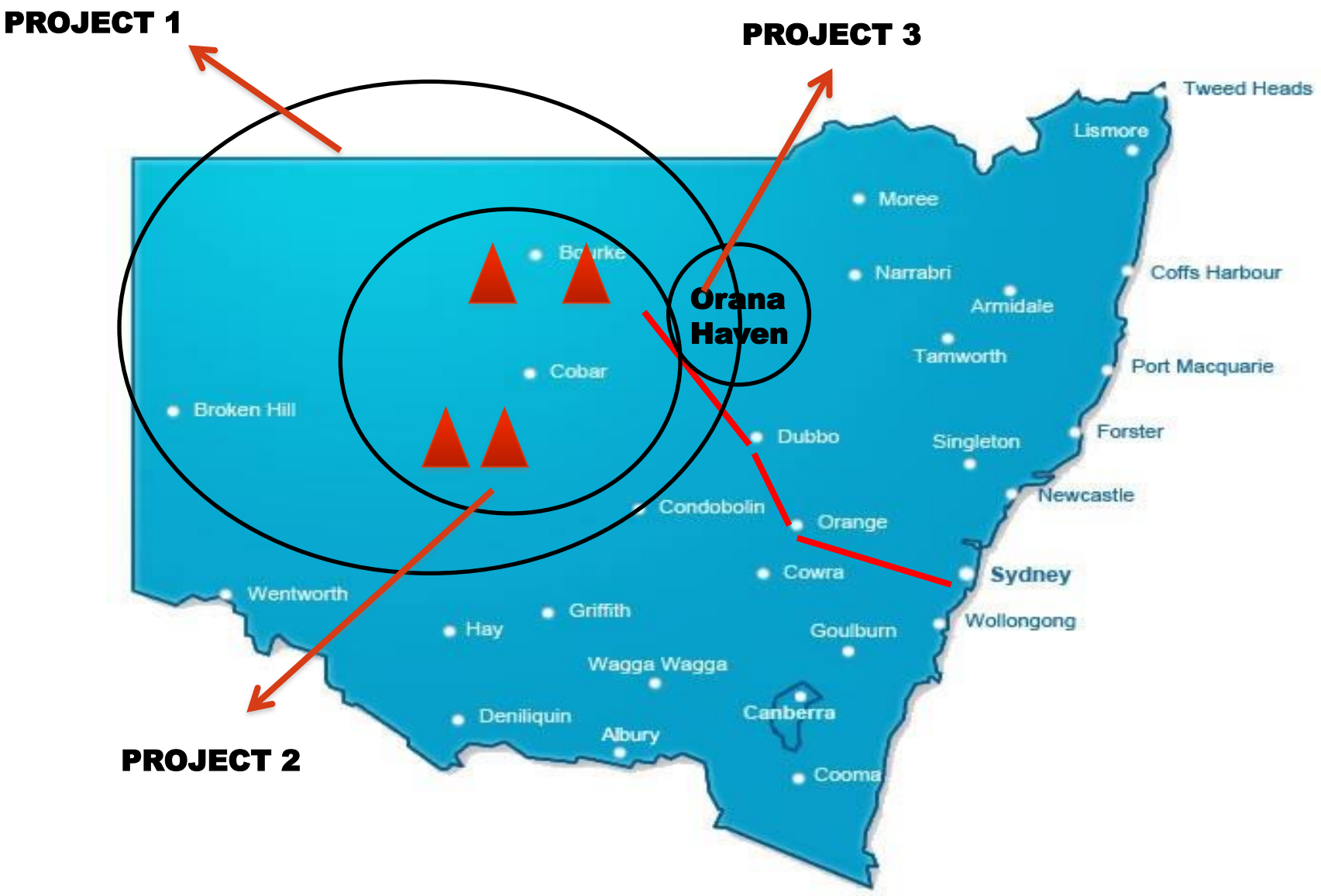
- Alcohol-related burden of disease is higher for Aboriginal Australians than non-Aboriginal Australians (Calabria et al, 2010)
- No simple way to reduce substance-related harm in Aboriginal communities (Gray et al., 2014)
- Aboriginal people prefer to seek help at Aboriginal-specific services (Brady, 2002)
- Best practice elements for Aboriginal residential rehabilitation services include: sustainability, flexibility, collaboration, good governance, qualified staff and partnerships with researchers(Brady, 2002; Strempel et al., 2003)

What sort of research do we need?

Focus effort on rigourously evaluating program effectiveness in Indigenous D&A research

(Clifford & Shakeshaft, Drug and Alcohol Review, 2017)

Country	Years	N studies	Measures %	Descriptive %	Evaluation %
United States	1993-2000	40	0	87	13
	2008-2014	163	1	91	8
Australia	1993-2000	36	0	81	19
	2008-2014	134	6	81	13
New Zealand	1993-2000	4	0	75	25
	2008-2014	41	3	87	10
Canada	1993-2000	6	0	83	17
	2008-2014	59	0	93	7
Total		656	3	86	11


PROJECT 1
PROJECT 3
PROJECT 2
Orana
Haven
Tweed Heads
Lismore
Moree
Narrabri
Coffs Harbour
Armidale
Tamworth
Port Macquarie
Forster
Singleton
Newcastle
Dubbo
Condobolin
Orange
Cowra
Sydney
Wollongong
Goulburn
Canberra
Cooma
Wagga Wagga
Griffith
Hay
Wentworth
Deniliquin
Albury
Cobar
Broken Hill

Project 1:
Rural drug & alcohol radio advertising campaign

Project 1: Community-led rural D&A radio campaign

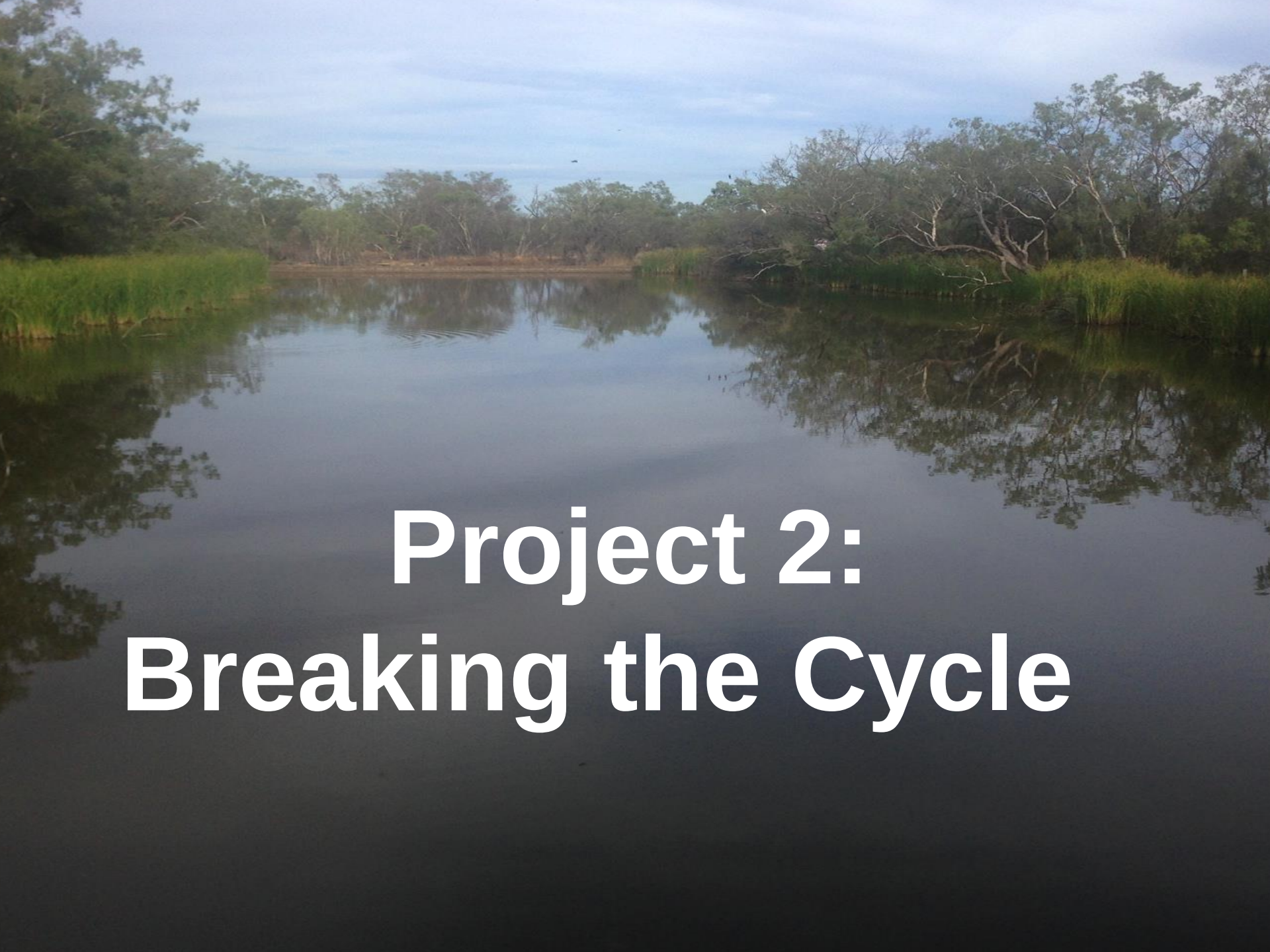
- The local Bourke Alcohol Working Group applied for $10,000 community development funding from in 2011
- The group worked together to put together appropriate scripts and voice the radio ads
- The ads played 25 times a week for 5 months (Dec 2011-April 2012) on 2 local radio stations – 2CUZ and 2WEB
- Summer was chosen as substance abuse tends to be higher due to seasonal festivities and holidays

Project outcomes:

- NDARC undertook a retrospective community-based evaluation
- N=53 community surveys:
  - Most (79%) listen to radio on a daily basis, with 75% stating they heard one or more of the advertisements
  - Most remembered ad contained the voice of a respected, local Aboriginal person
  - One self-referral, indicating limited uptake of drug and alcohol services
- Paper published in Australian Journal of Rural Health (Munro et al, 2017)

Implications:

1. This research identified **the need for further research into the impact of media health promotion campaigns for rural Aboriginal communities**.
2. Highlights the **value of radio as a commonly used, trusted and culturally relevant health promotion medium for rural communities,** especially when engaging local Aboriginal presenters.


Project 2:
Breaking the Cycle

Project 2: About Breaking the Cycle (BTC)

- Four local government areas in NSW received substantial federal 'Breaking the Cycle' (BTC) funding to implement a range of community-led projects to reduce D&A harms from 2012-2015

- NDARC had the **unique opportunity** of being invited by the communities to retrospectively evaluate the programs from 2014-2017.

Project aims:

(1)Summarise the types of community programs by analysing BTC program process data

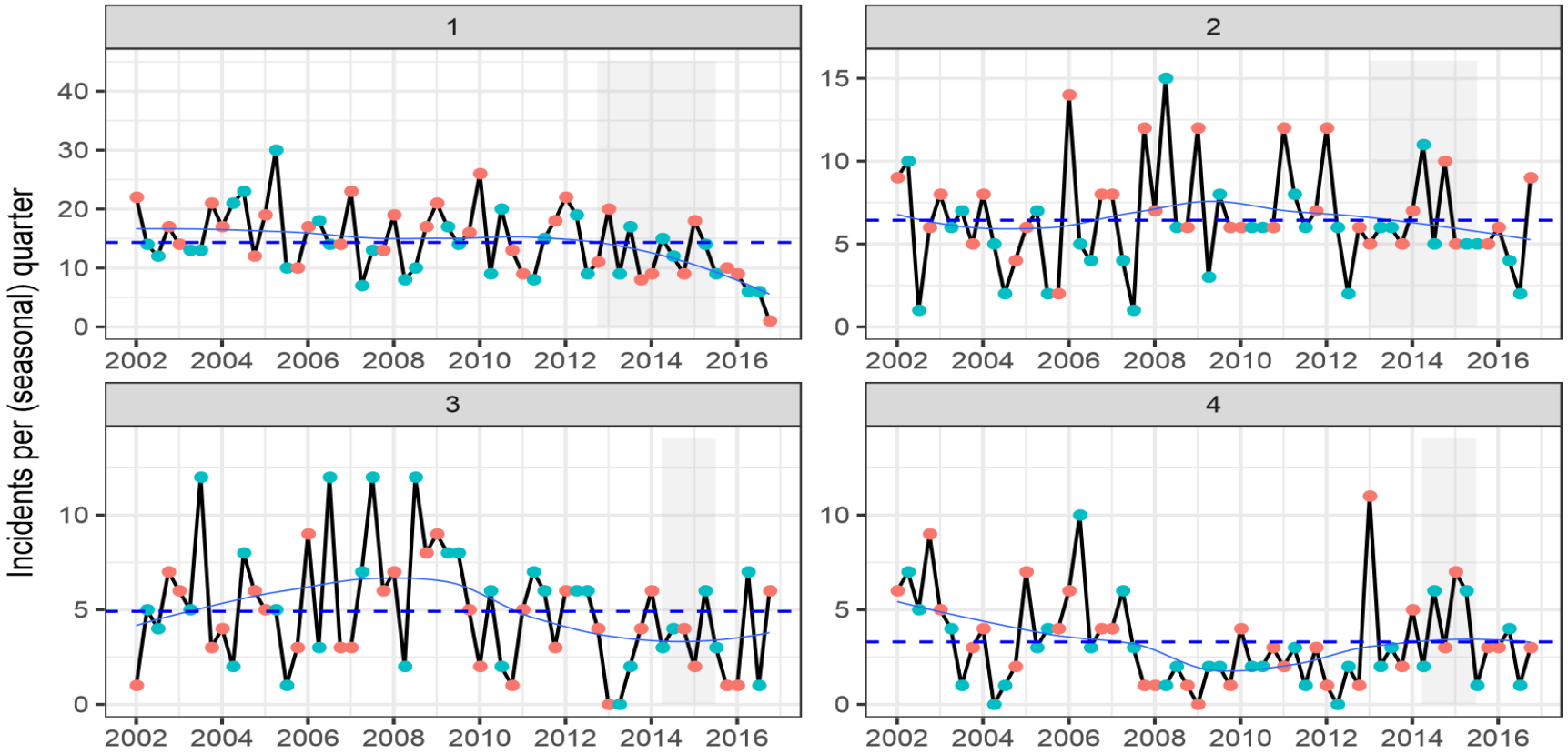
(1)Using a multiple baseline design (MBD), analyse routinely collected community level crime data to ascertain whether the BTC initiatives from 2012-2015 were associated with reductions in drug and alcohol harms

BTC program summary

BTC Key Priority Areas	Community 1	Community 2	Community 3	Community 4	Total (N / cost)
1. Education and community awareness	12 $51 418	3 $53 559	4 $22 243	6 $5 508	**25** **$132 728**
2. Youth engagement and resilience	8 $73 610	3 $61 360	2 $2 600	2 $950	**15** **$138 520**
3. Engaging and supporting families	- -	- -	- -	2 $3 149	**2** **$3 149**
4. Promoting Aboriginal culture	5 $410 606	2 $355 000	2 $1 345	6 $14 507	**15** **$781 458**
5. Social media, arts and e-technology	1 $21 500	1 $21 500	- -	- -	**2** **$43 000**
6. Licensee engagement and participation	2 $57 750	- -	- -	- -	**2** **$57 750**
7. Healthy environment through improved infrastructure	2 $158 400	1 $60 000	- -	- -	**3** **$218 400**
8. Improving responsiveness, capacity and integration of treatment services	- -	- -	- -	- -	**-** **-**
9. Community capacity building	1 $26 334	1 $26 334	2 $15 368	4 $14 386	**8** **$82 422**
Total (N / cost)	**31** **$799 618**	**11** **$577 753**	**10** **$41 556**	**20** **$38 500**	**72** **$1 457 427**

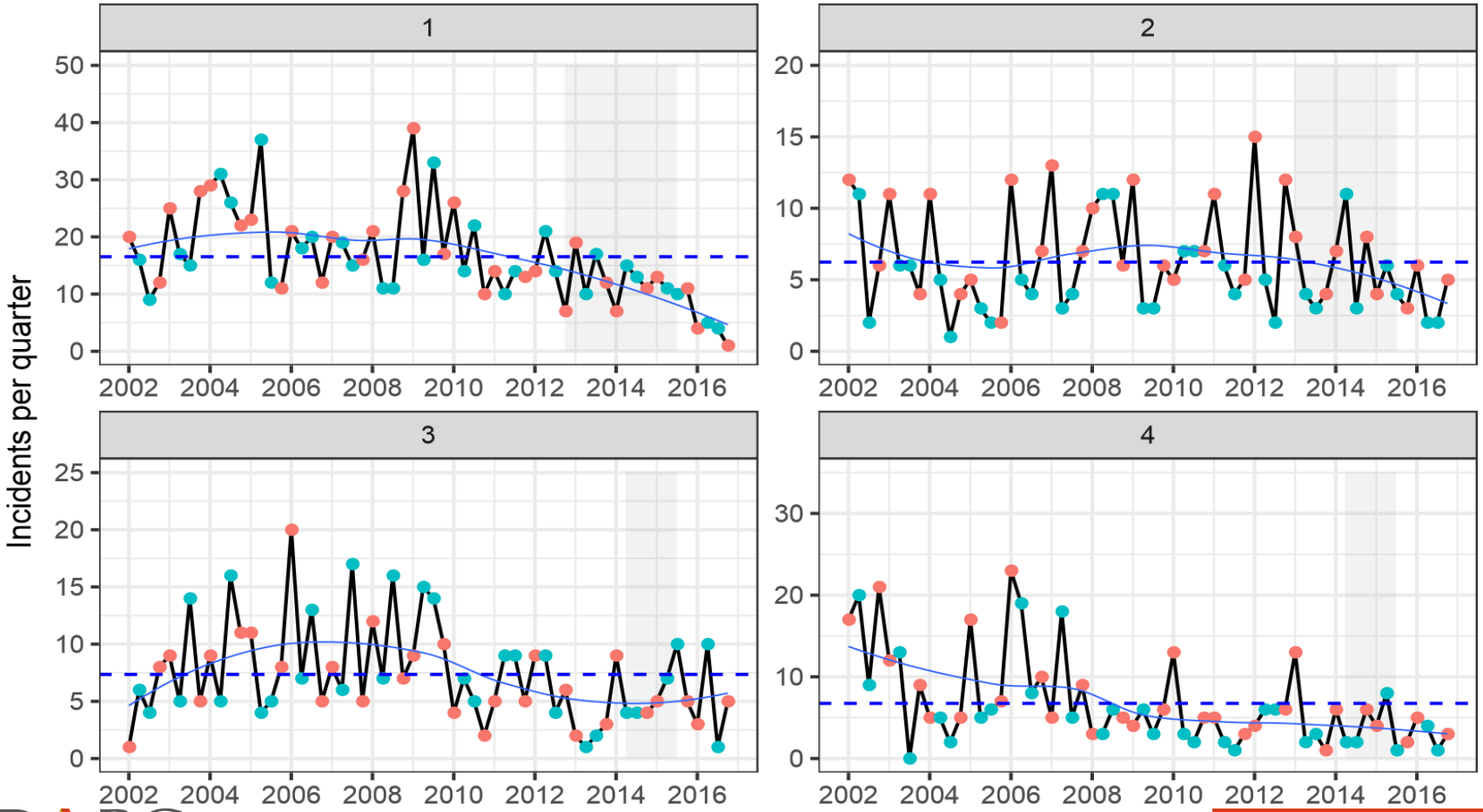
Outcomes

Time series plots of ARCIs involving Aboriginal victims of crime by year and quarter



Outcomes

Time series plots of ARCIs involving Aboriginal persons of interest by year and quarter



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Project 2 outcomes

- **First retrospective MBD evaluation** of multi-component community-based programs developed with Aboriginal communities to reduce Aboriginal alcohol-related crime across rural communities.
- **Community 1** was the only community identified as having statistically significant reductions in Aboriginal ARCIs for VOC post the commencement of the BTC programs.
- Given this, we cannot conclude that the BTC programs reduced harms

Implications:

- Encouraging first attempt to combine community-led program design /implementation with robust evaluation methods (e.g. MBD, routinely collected data).
- However, effectiveness of programs and evaluation rigour would be strengthened if it was co-designed, co-implemented, and co-evaluated using **meaningful partnerships** between Aboriginal communities and researchers with evaluation expertise.

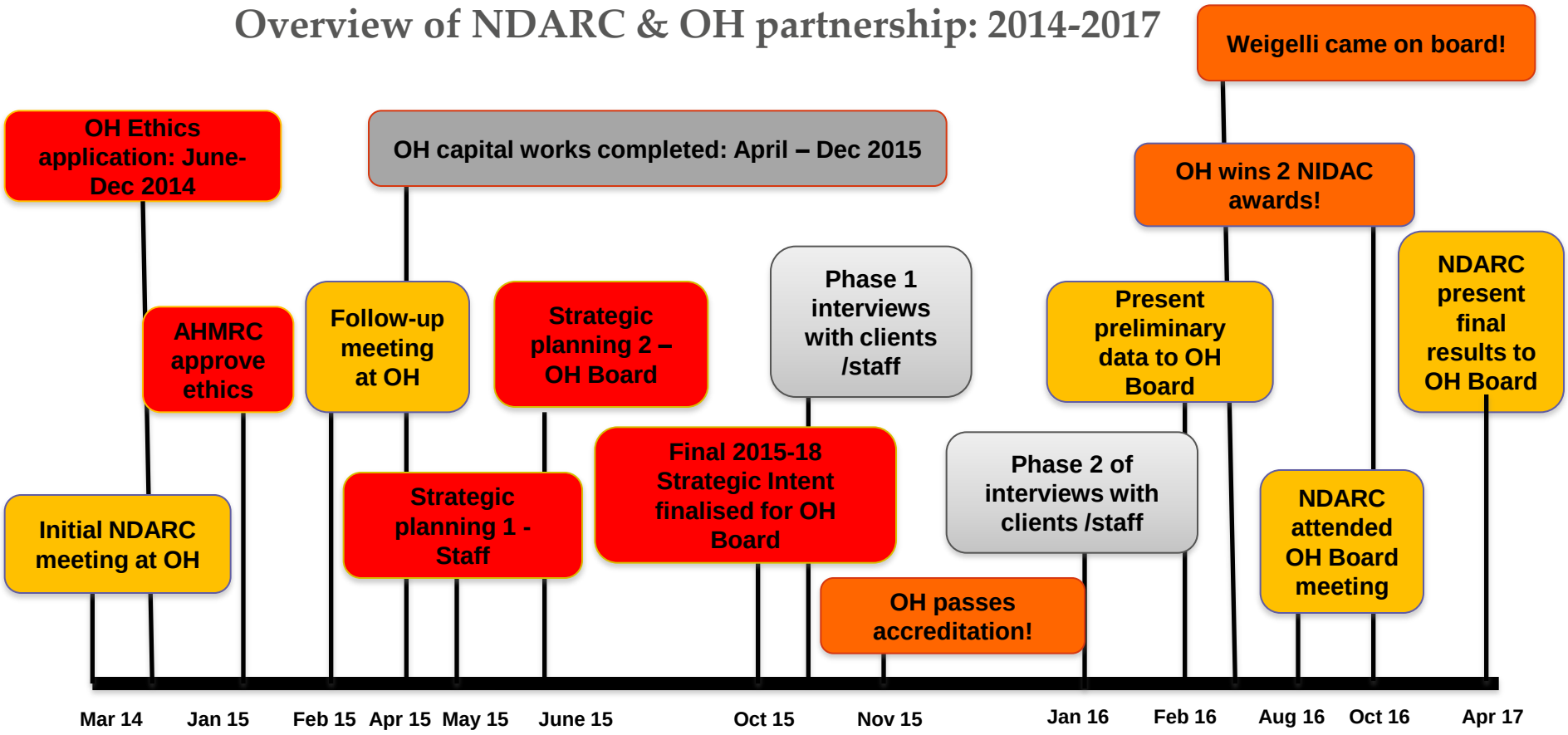

Project 3:
CBPR project with
Orana Haven

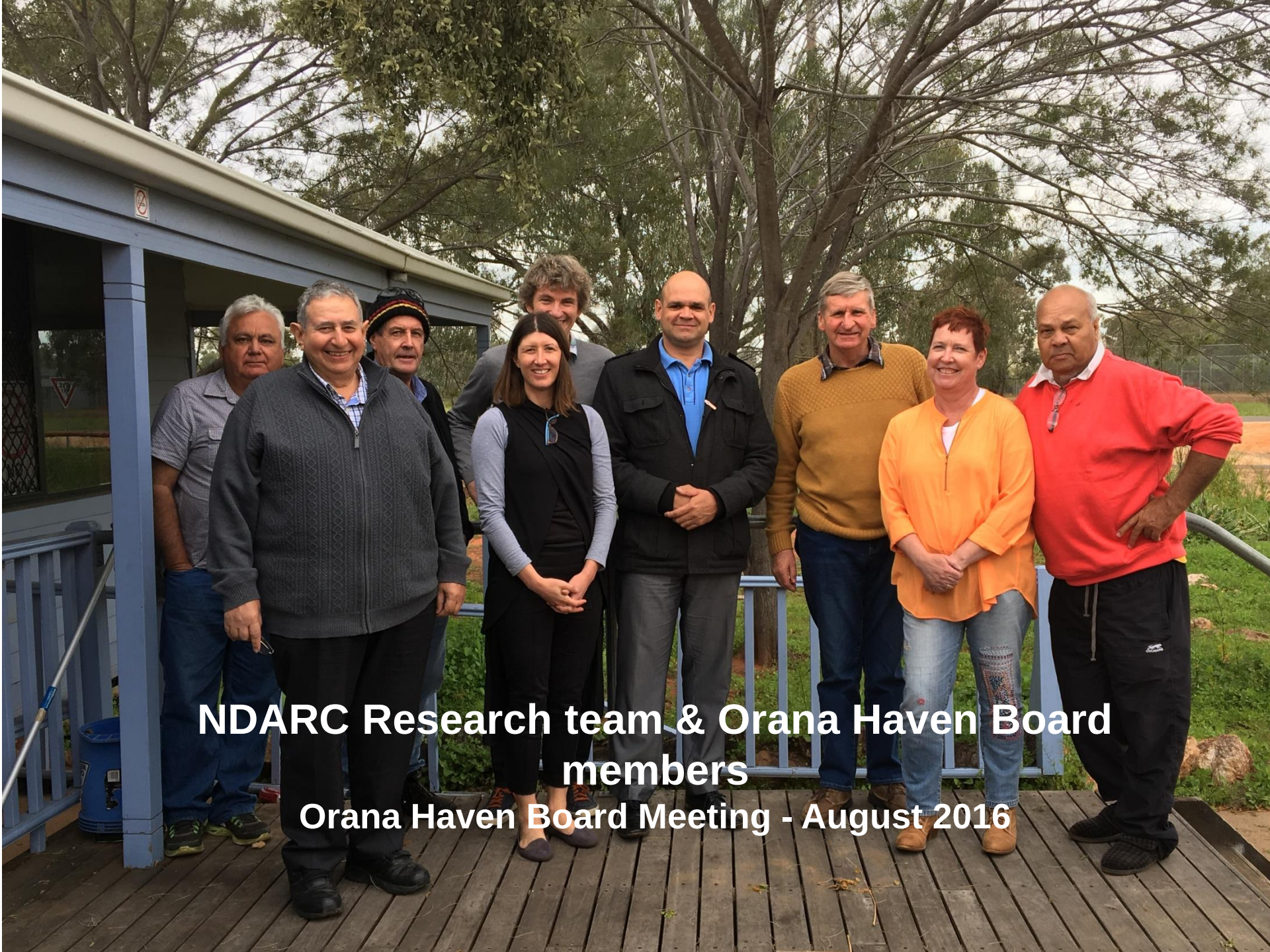
Project 3: About Orana Haven

- Operating for 30+ years
- Aboriginal Community Controlled Health Organisation (ACCHO)
- 3 month voluntary program for Aboriginal males
- Located on traditional healing country of the Ngemba people

Methods – Community-based participatory research

What the methods looked like over 3 years…





NDARC Research team & Orana Haven Board members

Orana Haven Board Meeting - August 2016

Over 5 years from 2011-2016:

- OH provided a service for **329 clients**
- The average age of a client is **34 years old**
- Clients stay on average **56 days** in treatment
- Types of discharge:
  - 33% of clients completed the program
  - 47% of clients self discharged
  - 20% of clients house discharged


77% referred by criminal justice system
84% identified as Aboriginal or Torres Strait Islander

What factors predicted length of stay?

1. **Aboriginal status** not significantly associated with length of time in treatment (t = -1.79, p=0.08)

2. **Referral from corrections:** Clients referred from corrections were significantly associated with staying longer at Orana Haven (t =2.26, p=0.02)

3. **Age:** The age of a client significantly associated with length of time at OH (t = 3.22, p=0.01), with older clients more likely to stay longer in the program

“I just feel comfortable out here, there’s something about the place, once you get settled in, there’s something about it” (C7).

“I love the river. It’s a big relief for me to be on the river – all of a sudden just go for a walk down the river or something and just clear your head, it helps a lot of boys” (C4).

Orana Haven clients in 2015-16

OH's Healing Model of Care

a. Client areas of need	b. Intervention		c. Mechanisms of change	d. Process measures	e. Outcomes*
	Core treatment components	Flexible activities			
Primary client areas of need: • Risky substance use • Poor quality of life • Poor cultural connection ***Secondary client areas of need:*** • Co-occurring mental illness • Criminal justice involvement • Chronic physical health needs • Tobacco use • Unemployed / limited education	**Healing through culture and country**	• Being on country/spiritualty • Developing kinships • Making artefacts, fishing bush medicine	Reconnecting clients to culture and country via activities and strong relationships	No. of clients engaged in regular cultural activities	***Primary outcomes:*** - Reduced substance misuse (AUDIT/DUDIT* / IRIS* clean urines) - Increased quality of life (WHOQoL-BREF*) - Increased connection to culture (GEM*) ***Secondary outcomes:*** - Reduced psychological distress (IRIS* / K10*) - Reduction in recidivism (Pre/post criminal justice data) - Improved physical health (Pre/post Indigenous health check outcomes) - Reduction in smoking (Fagerstrom*) - Improvement in employment and education (3mth follow-up data)
	Case management	• Referrals to local health services and visiting specialists • Working with corrections • File notes / assessments • Client transport	Clients engaged in the program via positive therapeutic alliance between staff and clients Referrals to AMS to external health and other social services	No. of clients staying in the program for 3 or more mths No. of Indigenous Health Checks/other referrals No. of kms of transport	
	Therapeutic activities	• One-on-one counselling • AA, morning, psychoeducational groups • Informal counselling	Improving client quality of life Increased understanding of substance misuse (e.g. triggers) and personal strategies (e.g. motivations, goals, timeout) for reducing misuse	No. of clients maintaining abstinence 3 months post discharge No. of external counselling sessions provided	
	Life skills	• Develop daily routine • Positive role-modelling • Redevelop personal responsibility • Vocational courses • Literacy / communication skills	Reconnecting clients to culture and country Relearning daily routine and structure to maintain a healthy lifestyle after discharge Learning and developing work-ready and communication skills	No. of vocational-related courses completed No. of clients achieving individualised life skills goals	
	Time out from substances	• Improve physical wellbeing (eg. sleep routine / nutrition) • Improve mental / spiritual wellbeing • Smoking cessation	Identify and engage in positive alternative activities to substance use to learn how to take time out from substance substances	No. of clients engaging in regular exercise / cultural activities No. of clients quitting or reducing smoking	
	Aftercare support	• Referrals to services post-discharge (eg. ACCHOs) • Provide a list of support services in client's community (eg. AA) • Ongoing phone contact	Continue to access treatment and care required to maintain improved health and wellbeing post discharge Developing aftercare program post discharge from treatment	No. of clients maintaining abstinence/not involved in crime post discharge No. of clients participating in aftercare (eg. phone calls, assessments, visits)	

Project 3: Implications

Aboriginal Health & Medical Research Council of New South Wales

- Prospective CBPR = meaningful impacts (reconciliation?)
- Scaling up the OH Healing Model of Care to six resi rehab services in partnership with the NSW Aboriginal Residential Healing Drug and Alcohol Network (NARHDAN)
- First phase of this work completed and published in 2017
- Later on: Rigourous MBD with services and a cost benefit analysis
- 3 papers published from this project

NARHDAN


Research
conclusions

Conclusions

1. **Considerable scope** to improve substance-related programs for Indigenous peoples in Australia and internationally
2. Indigenous peoples **should be** key drivers in developing culturally safe ways to reduce substance harms
3. The **application of CBPR** principles can help to do this by strengthening research rigour and empowering Aboriginal services/communities to take greater control
4. **More meaningful research** culture between researchers and Aboriginal communities can build knowledge and capacity with, not for, Aboriginal people, and together, can promote **healing** for families and communities


Any
questions?

THANK YOU ☺

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