

## **Introduction**

The Aboriginal Drug and Alcohol Council (SA) Inc. (ADAC) were approached by the Aboriginal Health Division (AHD) to conduct an investigation into the educational needs of rural Aboriginal communities of South Australia in relation to injecting drug use and blood borne viruses.

The report is based on the following recommendations:

### **The ADAC 'Drug Issues Conference' (October 1996).**

The conference focused on the problems of substance misuse that are faced by the Aboriginal communities throughout South Australia. Presenters at the conference spoke on topics which included prison education, blood borne viruses, needle exchange, methadone rehabilitation, and policing issues.

The Statewide conference was held at Goolwa and was attended by representatives from rural and urban Aboriginal communities and organisations which provide drug and alcohol services to Aboriginal communities of South Australia, South Australian Police, and the South Australian Health Commission.

There were twenty four (24) recommendations made at the conference in relation to substance misuse, and recommendation number eighteen (18) stated that:

ADAC to promote a major Statewide campaign that focuses on the effects of different drugs on different age groups, males and females and urban, rural and remote Aboriginal communities.

**Nunga Users HIV/AIDS Intervention Team (Nu-Hit) Needle Exchange Planning Forum (1996).**

The planning forum was conducted for the purpose of developing an injecting drug use strategic plan for the Nu-Hit needle exchange program based at Nunkuwarrin Yunti (SA) Inc. The forum was represented by representatives from the community, drug and alcohol agencies from across the state, and the South Australian Health Commission.

There were nine (9) unanimously supported recommendations made to the Nunkuwarrin Yunti Chief Executive Officer in relation to Aboriginal injecting drug use issues. The forum recommended that:

Nunkuwarrin Yunti presses ADAC to develop a Statewide Strategy which articulates roles and responsibilities in the framework for Aboriginal Injecting Drug Use programs, in which Nu-Hit is clearly located.

In order to address these recommendations, the project aims and objectives were formulated.

The aim of this project was to:

- conduct a Statewide investigation into the educational needs of rural Aboriginal communities of South Australia in relation to injecting drug use and blood borne viruses.

The objectives of this project were to:

- conduct education sessions to provide the participants with a knowledge of the negative impact that substance misuse/injecting drug use has on Aboriginal communities.
- conduct data collection sessions with the purpose of gathering information pertinent to the individual communities on substance misuse.

## **Methodology**

To compile the necessary information for this report, it was necessary to undertake the following research phases. These phases included:

### **1. Gather regional data on substance misuse.**

Regional information about Aboriginal injecting drug use is scant, and it should be noted that the Nu-Hit Report (1993) is the only recent document available to researchers in South Australia.

A preliminary consultation was conducted in Adelaide six (6) weeks prior to the rural consultations for the purpose of gathering a regional sample of what substance misuse issues the Adelaide community constituted as 'Substance Misuse In Our Community'. The information from this consultation provided an updated research base for the designing of the educational material and proved to be a reliable qualitative data indicator for the remainder of the consultations. A copy of the outcomes from this consultation is included **Appendix A.**

### **2. Correlate selected educational material relating to substance misuse.**

The education activities which were chosen and implemented during this project were selected from original, interactive activities which had been specifically designed for substance misuse education. These activities are based on conversation, and include:

- Interactive narrative exercise.
- Roles and values exercise.

The following objectives were formulated for the educational session to:

- Relax the participants so they can have fun and learn.
- Assist the participants to work together.
- Assist the participants to understand drug seeking behaviour.
- Prepare the participants for the data collection process which is also based on conversation.

The workshop program that was used for this project is included in **Appendix B**.

### **3. Community Consultations.**

The consultations begun with sending letters of introduction to the selected community representatives, asking for an invitation to conduct the research in their communities. Promotional material was sent to all of the communities involved in the research and a copy of the promotional material is included in **Appendix C**.

The educational session was conducted during the first part of the individual consultations, and provided information to the participants on injecting drug use and the behaviour that is associated with this practice.

Qualitative data was gathered from the community consultations by the 'Open Space Technology' method. This method has been chosen because of its non-formal, non-threatening method of data collection and for its acceptability by the communities. A copy of the 'Open Space Technology' method is included in **Appendix D**. The outcomes from the community consultations that utilised 'Open Space technology' are included in **Appendix E**.

The Coober Pedy Area School consultation was surveyed using a questioning method. The questions were designed specifically for this consultation by a mother of a student who attended the school. The quantified data from this consultation provided a regional sample of the issues that concern youth in relation to substance misuse. The outcomes from this consultation are included in **Appendix F**.

Light lunch and refreshments was provided for the participants at most of the consultations. A continuous lunch break was provided after the educational session, and throughout the data collection session, which helped people feel comfortable and relaxed when participating in the process. The success of the informal approach to the process was evidenced by the input from the participants who produced a considerable amount of data at each consultation.

The community consultations were conducted at nine (9) rural locations which included:

1. Pika Wiya Health Service (Port Augusta).
2. Arabunna Peoples Committee (Maree).
3. Umoona Community Council (Coober Pedy).
4. Coober Pedy Area School (Coober Pedy).
5. Lower Murray Nunga's Club (Murray Bridge).
6. Gerard Community (Berri).
7. Ceduna/Koonibba Health Service (Ceduna).
8. Port Lincoln Health Service (Port Lincoln).
9. Plaza Youth Service (Whyalla).

At the completion of the consultations, letters were sent to all of the communities thanking them for their involvement in this project.

## Community Consultations

The consultations revealed a total of sixty (60) recommendations that were made to ADAC. Thirteen (13) key recommendations have been summarised and placed under six (6) priority education categories. The individual recommendations are listed in **Appendix E**.

### **1. Community Education and Awareness Campaigns**

<p style="text-align: center;"><b>Recommendations</b></p>
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<p style="text-align: center;"><i>22, 26, 37 and 46.</i></p>
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<p>ADAC assist the community to develop and implement a needle exchange program which provides substance misusers with clean injecting equipment and condoms, education on blood borne viruses and sexual health, counselling, and referral to a rehabilitation program.</p>
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The Murray Bridge, Gerard, Port Lincoln and Whyalla, consultations indicated that there was a need for a needle exchange program at these rural centres. The Port Lincoln consultation revealed that substance injecting drug users will not access the chemists for their clean injecting equipment because of the fear of being identified. As there are no other needle exchange facilities available to substance misusers in Port Lincoln, this could indicate that the occurrence of users sharing syringes could be high in this community.

These communities mentioned that a needle exchange program could provide the following services to the community:

- Clean injecting equipment and condoms.
- Education about blood borne viruses such as Hepatitis B and C and HIV/AIDS and sexual health.

Referral to the methadone rehabilitation program, drug and alcohol counsellors and crisis care.

**Recommendations**

***1, 16, 21, 35, 36, 44,, 52. 55, 56 and 58.***

ADAC assist the communities to develop health promotion strategies which has a focus on substance misuse, blood borne viruses, and sexual health.

The Adelaide, Umoona Community Council, Murray Bridge, Gerard, Ceduna, Port Lincoln, Whyalla, and the Coober Pedy Area School consultations revealed that community awareness campaigns about substance misuse were required by these communities.

These communities identified a need for health promotion which has a focus on:

- Substance misuse and includes providing information to the community about the transmission factors of Hepatitis B and C, HIV/AIDS, immunisation for Hepatitis B, and post release testing for people recently released from prison.
- The harmful effects of substances on users.
- The easy availability of prescription drugs.
- What services were available in the community centres such as counselling and crisis care.
- Safe sex and sexually transmitted diseases.
- The negative effects of tobacco smoking, which specifically targets youth.

The communities identified the following health promotion strategies:

- The use of 'shock' tactics
- The use of television and other electronic media to implement an ongoing campaign that targets the whole community.
- The use of radio for health promotion that targets youth. This strategy could be implemented through regional radio and is at present being implemented at Coober Pedy through the school radio station, 'Dusty Radio', which broadcasts a kid's help line after school hours

- Utilising Community Council newsletters to encourage community support for people who are affected by the behaviour of family members who are substance misusers.
- Developing pamphlets in collaboration with the community and youth which inform people where to go if they require help, assistance or support for substance misuse issues that affect them directly or in-directly.
- The community in collaboration with the community health services, implement regular health promotion days.

**Recommendation**

**45.**

ADAC to pursue the planning and implementation of community awareness campaigns that target the misuse of prescription drugs, and the General Practitioners that prescribe them.

Issues concerning the misuse of prescription drugs were raised at Port Augusta, Umoona Community Council, and Port Lincoln consultations. These consultations identified the reasons why youth in particular take prescription drugs as boredom, peer pressure, suffered child abuse as children, can't get their own way, for the 'buzz', for the 'hell' of it and to get a bigger 'buzz'. These communities were concerned with the easy access that people have to prescription drugs or 'pills' which were identified as serapax, codeine, and panadiene forte, and the number of doctors who prescribe these drugs freely.

**Recommendations**

**41, 42 and 48.**

ADAC to assist the community to develop substance misuse prevention strategies for a joint community, youth and police campaign containing information about substance misuse and where to go for help.

The Port Lincoln, Whyalla, Umoona Community Council and Coober Pedy consultations commented about the relationship between police and youth. The Port Lincoln and Whyalla communities identified areas of education and understanding that were needed by police in relation to youth affairs. These consultations revealed that youth in these communities were experiencing strained relationships with police. Although the Coober Pedy Area School revealed that police were held in high regard, and students indicated that they would look to police to stop substance misuse in their community.

## **2. Youth Education**

### **Recommendations**

*2,4, 8, 12, 13, 14, 19, 23, 25, 38, 43, 47, 50, 51, 57, 59.*

ADAC to pursue planning and implementation of a youth substance misuse education package that targets specific age groups.

All of the communities who were involved in consultations were concerned about substance misuse and the affects that this practice has on the well being of youth. The communities identified a number of educational needs and services required by youth which include:

- The development of a youth substance misuse education package that focuses on blood borne viruses and safe sexual practices.
- Behavioural management for youth who are affected by substances who are seen by older members of the community as being out of control.
- ‘Survival’ skills or ‘life skills’ which provide cultural activities which teach young people morals, handling peer pressure, parenting skills, birth control, cooking, cleaning, budgeting, looking after their health and prepare them for life in the larger towns and cities.
- A drug and alcohol counselling service specifically for rural youth.
- Ongoing substance misuse education for students at schools.

The communities identified a number of strategies that could be implemented for youth education and these include:

- Training youth peer educators to act as role models and educate youth at risk.
- A youth forum so that youth can speak out about their concerns and consult with youth on what education they require.

**Recommendation**

***9 and 20.***

ADAC conduct research into the impact that marijuana smoking has on the social health of youth.

This issue was raised at the Port Augusta and Murray bridge consultations where the concern was especially with the genetically engineered varieties of marijuana or 'skunk'.

**Recommendation**

***60.***

ADAC to assist the community to lobby local government councils to provide activities for youth in an effort to reduce boredom in rural towns and communities.

The Maree, Gerard and Coober Pedy Area School consultations identified lack of employment opportunities, boredom and the lack of recreational activities as a contributing factor in the misuse of substances by youth. The youth who attended the Gerard consultation revealed that they wanted the support of their parents and wanted to be asked what they need, and indicated that they require a youth forum so that they can speak out about what they want.

The consultations indicated that appropriate employment training was needed in the form of:

- Land management courses and mechanic courses through TAFE.

The communities recommended the following youth activities;

- An after school youth centre.
- A youth festival that is organised and run by youth.
- Weekend activities that focus on having fun.
- Organised sport.

### **3. Family Education**

#### **Recommendations**

*5, 7, 15, 18, 29, 53, and 54*

ADAC to pursue planning and implementation of a family education package that provides parents and family members with knowledge and understanding of substance misuse issues.

The Adelaide, Maree, Umoona Community Council, Gerard and Coober Pedy Area School consultations revealed that family education was a priority educational need and would be required to:

- Address the lack of communication between youth and parents on substance misuse issues.
- Educate families about transmission factors of blood borne viruses such as Hepatitis B and C and HIV/AIDS.
- Provide families with the knowledge and effects of drugs, identifying risk taking behaviour in children and youth, and an understanding of addiction.

Provide families with education about issues which are related to substance misuse which includes the physical and mental well being of the user, which includes: nutrition, addiction/dependence and drug induced psychosis, financial impoverishment, child abuse, violence and crime, neglect of children's education and relationship breakdowns.

- Teach children to have respect for themselves and others.

#### **4. Community Support**

**Recommendations**

*10, and 27.*

ADAC to assist the community to develop support programs for post release prisoners..

The Port Augusta, Gerard and Ceduna consultations were concerned about the spread of blood borne viruses in prison, and the risk to the communities from post release prisoners who have not been tested. The communities called for ADAC to develop support programs, or information packages for post release prisoners who need to access a drug rehabilitation program, need counselling or need to be tested for infection from blood borne viruses such as Hepatitis B and C and HIV/AIDS.

**Recommendations**

*17, 24, 34, 40, and 49.*

ADAC to assist the community to initiate support networks in the community for family members who are affected by the behaviour of substance misusers.

The Murray Bridge, Gerard, Umoona Community Council, Coober Pedy Area School and Port Lincoln consultations indicated that the communities required support centre/programs for parents and families of substance misusers. The communities indicated that the support programs could be operated through a network of people through the communities.

The communities suggested that family support centres/programs could provide families with 'family education' about substance misuse issues. The support centre/program could also provide crisis help for mothers of children who are addicts.

**Recommendation**

**28**

ADAC assist the community with planning and implementation of a neighborhood house program to ensure the safety of children and youth from intoxicated adults.

The people of Gerard considered the safety of their young children a priority, and urgently require a safe house to be located at Gerard. The neighborhood house could be utilised to provide education to families and provide a range of services to youth and families.

**5. Rehabilitation**

**Recommendations**

***11, 30, 31, 32 and 39***

ADAC assist the community with planning and implementation of rehabilitation and/or healing centres.

The Port Augusta, Ceduna, and Port Lincoln consultations indicated that a rehabilitation/healing centre should be established in these communities. The communities were clear that these healing centres should treat the cause of the problem and not the symptoms.

The Ceduna consultation revealed the need for the development of a counselling service that could be incorporated within a rehabilitation/healing centre which could provide unresolved grief and loss counselling, crisis intervention, coping skills and 'life' skills.

**6. Government**

**Recommendation**

**3**

ADAC to lobby the federal government in support of the 'heroin trials' on behalf of Aboriginal injecting drug users who would prefer a heroin maintenance program to the methadone maintenance program.

**Recommendation**

**6**

ADAC to lobby on behalf of heroin addicts under the age of eighteen who are not eligible to be stabilised on the methadone maintenance program and have no option but to use heroin.

## Summary

Throughout the consultations, the communities involved in the research did not differentiate between substance misuse and injecting drug use. The data indicated that the communities were mainly concerned with the impact that all substance misuse had on the family unit.

The loss of family values and the lack of respect for other people by substance misusers, was a prominent issue throughout the consultations. Along with inadequate parenting and the lack of positive role models, the communities were concerned that 'children were taught to hate themselves and other people'. Apart from substance misuse, the communities saw 'squabbling' by people in the community, 'inequality' and the 'destructive lifestyles of people for the past two hundred years' as having a negative impact on the family unit.

The lack of understanding by older members of the family about the misusing of substances by the younger members of the community was seen as a stumbling block to finding a solution to the substance misuse problems in the community.

In relation to heroin addiction, users commented that 'family do not understand the reason for substance misuse, so they turn their back at a time when you need them'. Parents of young people were concerned that they were unable to recognise the signs and symptoms of substance misuse with their children, and felt powerless to help them.

## Conclusion

Many of the communities focused on the urgent need for healing in the communities, and a stronger foundation of self respect for their younger people. The problems facing the communities in relation to substance misuse are easily identified. Idealistically the solutions could be achievable, however, economically it remains to be seen who will be financially responsible for implementing any future strategies.

*'All the money in the world will not solve the problem, this (he picked up a boomerang) means more to me than money because it is part of me'. 'Money was man made and all looks the same, but this little piece of wood was unique because it came from the land'. 'Money is only a bandaid process, and teaching people about love and respect is the only way to solve the problem'.*

*Kevin Buzzacott 1997*

## **Bibliography**

Lane, J. (1993). *The Nu-Hit Report. A report on an Aboriginal Injecting Drug User Project*, AIDS Council of South Australia (SA) Inc.

Quixley, S. (1996). *Nu-Hit Planning Forum Report. Nu-Hit Needle Exchange Strategic Planning Report*, Nunkuwarrin Yunti Inc.

Aboriginal Drug and Alcohol Council (SA) Inc (1996). *Drug Issues Conference Report. A report on the State Drug and Alcohol Conference*, Aboriginal Drug and Alcohol Council (SA) Inc.

## **Appendix A**

*Outcomes from the preliminary consultation in Adelaide.*

## **Adelaide consultation**

*20th April 1997*

*Attendance: Eight (8) people.*

*Methodology: 'Open Space Technology'.*

### **Issues raised by the community.**

- Loss of self, spirit, family and everything good and positive.
- Breaking down of substances and the sharing of needles.
- Self hatred.
- Crime caused by drug use.
- The Hepatitis C problem in the IDU community.
- Methadone for young people.

### **Drugs mentioned by the community.**

- Methadone.
- Marijuana.
- Alcohol.
- Heroin.

### **Comments the community made about drugs.**

- *'Family do not understand the reason for the abuse of substances so they turn their back at a time when you need them'.*
- *'Sometimes we use substances to try and connect with our spirits'.*
- *'Drinking or trying to drink their problems away without talking about them'.*

- *'When people use drugs they become unaware of the affects and problems their addiction causes for those who are close to them'.*
- *'Drugs are a big problem for everyone'.*
- *'Legalisation of drugs in a controlled environment'.*
- *'They cannot stop the drugs, and the money spent trying to prevent them using, should be used to help the addicts'.*
- *'We need a methadone program for young people'.*

### **Comments the community made about education.**

- *'Use the media to educate'.*
- *'Young education educates'.*
- *'Go to schools and teach the young before they go out and start abusing and using IV drugs'.*
- *'Lack of knowledge about how disease is spread'.*
- *'Kids are taught to hate themselves and other people, so who takes responsibility when they learn so well'?*
- *'The first word a child learns is no'.*
- *'We need to find ways of teaching kids to like and respect themselves'.*

### **Discussion.**

This preliminary consultation was conducted in Adelaide six (6) weeks prior to the rural consultations for the purpose of gathering a regional sample of what issues constituted 'Substance Misuse In Our Community'. The consultation highlighted the concern in the community about the destruction of the family unit and the lack of communication and understanding between family members in relation to substance misuse. There was interest and support for rehabilitation of addicts in the form of the Canberra 'heroin trials', and methadone for young addicts, and the availability of methadone to young addicts who are under the age of eighteen.

**Recommendations.**

1. ADAC to assist the community to develop prevention strategies for health promotion that has a focus on substance misuse, blood borne viruses, sexual health and where to go for help in Adelaide, using the media.
2. ADAC to design an education package to specifically train youth peer educators on the subject of substance misuse and related issues.
3. ADAC to lobby the federal government in support of the 'heroin trials' on behalf of Aboriginal injecting drug users who would prefer a heroin maintenance program in preference to the methadone maintenance program.
4. ADAC design an education package about substance abuse and in particular injecting drug use, that can be implemented by educators at primary and secondary schools.
5. ADAC design a family education package that provides knowledge and understanding for parents on substance misuse, addiction, risk taking behaviour and blood borne viruses.
6. ADAC to lobby on behalf of heroin addicts under the age of eighteen who are not eligible to be stabilised on the methadone maintenance program and have no option but to use heroin.

**Appendix B**  
*Workshop Program.*

**Appendix C**  
*Promotional Material.*

**Appendix D**  
*'Open Space Technology' method.*

## **Appendix E**

*Outcomes from the 'Open Space Technology' method*

## **Port Augusta Consultation**

*2nd June 1997*

*Attendance: Thirty one (31) people*

*Methodology: 'Open Space technology'*

### **Issues raised by the community.**

- Drug induced psychosis.
- 'Reconciliation'.
- Parenting of young drug abusers.
- The lack of screening (disease) for inmates on release from prison, and follow up treatment.
- Destruction of family values.
- The young, drugs and pills.
- Sex and drugs, do they go together?
- Raise awareness of substance misuse in the community.
- Remote and rural substance misuse.
- Child abuse by substance abusing adults.
- 'Rehabs', healing centres and holistic issues that need to be addressed.
- Drug and alcohol abuse.
- What are hard and soft drugs?

### **Drugs mentioned by the community.**

- Alcohol.
- Pills.
- Marijuana.

**Comments the community made about drugs.**

- *'Alcohol abuse tends to be physical and emotional'.*
- *'Drug abusers tend to lack caring and providing for children'.*
- *'Dislocation of children from their families due to substance abuse'.*
- *'Alcohol equals violence, sexual abuse and law breaking'.*
- *'Children copy parents'.*
- *'Increase of psychosis in young marijuana smokers (especially skunk)'.*
- *'Inability of parents to deal with their child's addictions'.*
- *'Peer group pressure'.*
- *'Why do young people take pills'?*
  - a) *'Boredom'.*
  - b) *'Violence within the community'.*
  - c) *'Peer pressure'.*
  - d) *'Abused as kids'.*
  - e) *'Don't get their own way'.*
  - f) *'For the 'buzz' of it or for the 'hell' of it'.*
  - g) *'Use pills on top of other drugs for a bigger buzz'.*
  - h) *'Easy access'.*

**Comments the community made about education.**

- *'The need for more resources to educate and help the community'.*
- *'Teach kids more family values.*
- *'The need for men and women's groups.*
- *'Teach children respect early.*
- *'Negative role modelling through';*
  - a) *'lack of awareness'.*
  - b) *'lack of education'.*
  - c) *'lack of support groups'.*
- *'Education within the prison system'.*

- *'Education for parents so that they can identify the problem'*.
- *'No knowledge of places where you can get help'*.
- *'Educating school children'*.

### **Discussion.**

The discussion on substance misuse from this consultation focused attention on the importance of family values and respect within the family units. The issue of parenting of children by substance misusers raised strong concerns from the community, along with sexual abuse and 'law breaking'.

The issue of 'psychosis' was raised by the community and the possible link with the genetically engineered varieties of marijuana (skunk) available to smokers of the drug in Port Augusta.

There was a strong need for the community to understand the concept of addiction, and to have access to resources which were lacking in the community to deal with substance misuse. The community mentioned the distinct lack of places where they could go if they required help or support for substance misuse related issues that affected their families.

The issues of boredom and negative role modelling for youth were seen by the community as directly attributed to the substance misuse problem.

### **Recommendations.**

7. ADAC design a family education package that provides knowledge and understanding for parents on substance misuse, addiction, risk taking behaviour and blood borne viruses.
8. ADAC design an education package about substance abuse and in particular injecting drug use, that can be implemented by educators at primary and secondary schools.

9. ADAC conduct research into the impact that marijuana smoking (especially skunk) has on the social health of the Port Augusta youth community.

10. ADAC also assist the community to develop support programmes or information packages for people in the community who have recently been released from prison and need to get on a drug rehabilitation program, need to be encouraged to get tested for infection from HIV/AIDS and/or Hepatitis C or need counselling.

11. ADAC pursue the planning and implementation of a rehabilitation and healing centre that addresses the cause and not the symptoms of substance misuse.

## **Maree consultation**

*3rd June 1997*

*Attendance: Fourteen (14) people*

*Methodology: 'Open Space Technology'*

### **Issues raised by the community.**

- The boredom in Maree, especially with young people and the lack of recreational activities.
- Lack of educational facilities.
- Education system needs to be overhauled.
- Destructive lifestyles of people for the past 200 years, injustice and inequality.
- Squabbling in the community.
- Can't tell kids anything.

### **Drugs mentioned by the community.**

- Alcohol.
- Marijuana.

### **Comments the community about drugs.**

- *'Ban alcohol and drugs in Maree'.*
- *'Pressure of the politics (all) makes you feel like going back on the grog'.*
- *'The drugs come through the mining companies'.*
- *'People go to Leigh Creek and Port Augusta to score'.*

**Comments the community made about education.**

- *'Target programs at particular age groups'.*
- *'Long term job training, twelve (12) months to two (2) years'.*
- *'More cultural activities'.*
- *'Need more educational facilities at Maree (TAFE), with mechanics and land management courses'.*

**Discussion.**

There was a major focus on youth, boredom and unemployment in Maree, and people agreed that this was the reason that people, especially the youth were misusing substances. The community mentioned possible ways of addressing the unemployment problem and the lack of recreational activities in Maree.

It was also mentioned that many of the youth leave Maree and go to towns including Adelaide and Port Augusta, and are not prepared for the change in their lifestyle that takes place, and consequently become involved in substance misuse and crime. Many people had feelings of helplessness towards the lack of respect the young people had toward the older people, and commented that, 'you can't tell kids anything'.

The community identified the source of the marijuana that came into the community, when they mentioned the mining companies, and people in the community driving to Leigh Creek and Port Augusta to 'score'. This was a concern to the community as the possibility of vehicle accidents while people were driving long distances to acquire the substances.

**Recommendations.**

12. ADAC to assist the community to establish youth education programs that focus on cultural activities, behavioural management, handling peer pressure and substance misuse.

13. ADAC to design an education package for an ongoing youth education program on substance misuse for schools, with separate components that aim at three separate age groups.

14. ADAC to assist the communities to establish programs that teach the youth parenting and 'survival' skills to prepare them for life in the city.

15. ADAC to assist the communities to develop programs for parents and family members on addiction, knowledge of the effects of drugs on individuals, understanding risk taking behaviour, identifying when youth are at risk of substance misuse.

## **Umoona Community Council Consultation**

*5th June 1997*

*Attendance: Nine (9) people*

*Methodology: 'Open Space Technology'*

### **Issues raised by the community.**

- 'Dope' (marijuana), serepax/tranquilizers, and problems with abuse in our community.
- Community awareness.
- Prevention programs for drug and alcohol which include; smoking, communication, education and how to identify symptoms of abuse.

### **Drugs mentioned by the community.**

- Marijuana.
- Prescription drugs such as serapax, codeine and panadeine forte.
- Petrol.
- Alcohol.
- Speed (amphetamines).
- Glue.

### **Comments the community made about drugs.**

- *'The problem is escalating'.*
- *'The police are ineffectual when it comes to drugs in Coober Pedy'.*
- *'Concerns for parents when recognising if their children are on drugs'.*

**Comments the community made about education.**

- *'Set up substance misuse prevention and support programs'*.
- *'We need community education about family values'*.
- *'Interagency communication about drug abuse'*.
- *'Health promotion days-drug and alcohol free days'*.

**Discussion**

This consultation focused on the youth, young parents and the need for the return of traditional family values. The community mentioned that, 'the problem is escalating', and highlighted the fact that prescription drugs are a problem in the town, and the easy availability of these drugs to youth. The community were concerned with the isolation from other agencies and the effects that this had in establishing successful programs.

**Recommendations**

16. ADAC to assist the community to develop prevention strategies for health promotion which has a focus on substance misuse , blood borne viruses, sexual health and where to go for help in Coober Pedy, using the media.

17. ADAC to assist the community to initiate a support network in relation to substance misuse in Coober Pedy.

18. ADAC design a family education package that provides knowledge and understanding for parents on substance misuse, addiction, risk taking behaviour and blood borne viruses.

19. ADAC peruse planning and implementation in conjunction with Umoona Community Council of a 'survival' or basic life skills program for young people which could include cultural activities and teaching young people morals, parenting skills, cooking and cleaning skills, household budgeting skills, and looking after your health etc.

## **Murray Bridge Consultation**

*30th June 1997*

*Attendance: Eleven (11) people*

*Methodology: 'Open Space Technology'*

### **Issues raised by the community.**

- Impact of drug use in Murray Bridge on the family unit.
- Support for parents of users.
- What do you do when your mates have got a mix in front of them and they tell you to get fucked.
- What consists abuse(how is it measured)?
- Ongoing programs for adults and children.

### **Drugs mentioned by the community.**

- Alcohol.
- Methadone.
- Smoke (marijuana).

### **Comments the community made about drugs.**

- *(we need) 'A methadone program'.*
- *'Four bongos of skunk and you're hooked'.*
- *'Bongos and work, when they are stoned they don't work'.*
- *'Skunk (marijuana) lays you out'.*

- *‘Support for yarndi (marijuana) smokers and their families’.*
- *‘Rehabilitation should be the same for all drugs’.*
- *‘How do children of drug abusers cope in older life’?*
- *‘Three deaths in the past couple of weeks. All drug related (these were young kids)’.*

### **Comments the community made about education**

- *‘The next generation of elders, how will they be able to teach morals and ways to live’?*
- *(we need) ‘Education about injecting drug use’.*
- *(we need) ‘Education (substance misuse) and community awareness programs’.*

### **Discussion**

One of the main concerns with the Murray Bridge community is the closure of the Lower Murray Nunga’s Club. Before the funding cutbacks this agency had forty four programmes which provided necessary services to the community, but now survives with seven programmes. The community mentioned that, ‘people are down now’ because they do not have a place ‘where people can listen to them’ and there is ‘no support for families’.

The community was concerned with the recent deaths due to substance misuse and the lack of educational resources to prevent and cope with the deaths.

The community identified the loan sharks or money lenders that drug users hock (pawn) other peoples and their own possessions to cash converters so they can buy drugs. The community mentioned a strategy to help stop this practice by ‘giving cash converters photo’s of family members who are known to hock their families and their own possessions’.

A person mentioned that ‘when there is no money, people go rooking (stealing) for more drugs or for the weekend’. The same person mentioned that people are getting killed because they are ‘doing rips (stealing marijuana plants from other peoples properties)’. This only emphasises the poverty cycle that substance misusers are enmeshed within, and the impact which this has on their families. The community mentioned, ‘what happens to the children of drug abusers’ and what impact on the family does the ‘separation of the siblings through drug use’. The community commented that substance misusers are ‘neglecting their children’ and are ‘picking up bad habits from their parents’.

There has been some concern in Murray Bridge and other communities about the varieties of genetically engineered marijuana (skunk) that is readily available to youth and the connection with the increase in youth drug induced psychosis. The community commented that there should be ‘support for yarndi smokers and their families’ as ‘they are only interested in what they are doing’, and the drugs are ‘consuming their life’.

The ‘story time changes from stories of life and land to fighting and violence’ and is no more evident within the lives of substance misusers. A person commented that, ‘childhood memories of scoring and drinking are replaced with memories of family elders’.

The community commented that, ‘the next generation of elders, how will they be able to teach morals and ways to live’?

### **Recommendations**

20. ADAC conduct research into the impact that marijuana smoking has on the social health of the Murray Bridge youth community.

21. ADAC assist the community with a community awareness campaign about substance misuse, in particular injecting drug use.

22. ADAC assist the Lower Murray Nunga's Club to develop and implement a needle exchange program that provides clean injecting equipment and condoms to the community, and provide education and information about intravenous drug use, blood borne viruses such as HIV/AIDS and Hepatitis C, sexual health, methadone referral and where to go for counselling.

23. ADAC pursue planning and implementation in conjunction with the Lower Murray Nunga's Club of a 'survival' or basic life skills program for young people which could include cultural activities and teaching young people morals, parenting skills, cooking and cleaning skills, household budgeting skills, and looking after your health etc.

24. ADAC pursue planning and implementation of a support group for families of substance misusers.

## **Gerard Community Consultation**

*1st July 1997*

*Attendance: Eighteen (18) people*

*Methodology: 'Open Space Technology'*

### **Issues raised by the community.**

- People getting out of gaol and bringing back blood borne viruses.
- Youth recreation.
- Alcohol affects the community.
- How does drug abuse affect this community and it's families?
- I would like to see people of Gerard off drugs, men and women.

### **Drugs mentioned by the community.**

- Alcohol.
- Nunta (marijuana).
- Methadone.

### **Comments the community made about drugs.**

- *'About the same amount of drugs and alcohol'.*
- *'Drugs more used by young fella's'.*
- *'Families in their thirties smoking nunta (marijuana) and young kids are getting younger'.*
- *'No help from the council, no control of the drug use'.*

- *'Getting drugs from the schools and bringing them back to the lands'.*
- *'Too much drugs and alcohol for footy and other sports, too stoned to care'.*
- *'Increase in the crime rate due to addiction (or dependence)'.*
- *'Personal hygiene of the drinker fails'.*

### **Comments the community made about education.**

- *'Children's education is neglected'.*
- *'Train peer educators to take over adult roles and provide good role models'.*
- *'Education (in relation to blood borne viruses) needs to be talked about and it could save lives'.*
- *'Trained peer educators from gaol need to be a support for other people coming from gaol back into the community'.*

### **Discussion**

Methadone was mentioned by the community as a need 'in prison for intravenous drug users', and the community indicated that users on release may require services such as a needle exchange or methadone program. People commented that they 'would like to see testing (of prisoners) on the way into jail and on the way out of gaol, with a three month check up after release', and suggested that 'this could be done by the community health worker'.

The community made the recommendation that, 'this (testing for blood borne viruses) could be law or part of release that the prisoner agrees to have three monthly check ups'. 'The community needs to be made aware of the possible infection of other community members by people returning from gaol'. Whilst the notification of a person's HIV/AIDS and/or Hepatitis C status should be known by the community health services and health workers, it should remain confidential to avoid the person being ostracised and/or vilified by the community.



The community mentioned that substance misusers do 'not enough money for food' and their 'kids are abandoned to take care of themselves' and 'young people are loosing their morals and 'the next generation may not be able to be the next elders (teachers)'

The community mentioned 'fairer council elections', and that there was 'no help from the council who had no control of the use of substances in the community. It would seem as if the council may need to have urgent talks with the community that they represent in order to find out what the community require in relation to substance misuse in Gerard.

Recommendations were made that the community 'start up a safety house for the kids of substance misusers, who don't need or want the drunken parents coming to get them', a place that is respected in the community', and identified Family and Community Services and the Housing Trust as agencies that could support the community with this project.

The community also identified the affects on the community through alcohol abuse as; 'high accident rate' and 'increased deaths'. Youth recreation was discussed by the community and will appear in this consultation as recommendations to ADAC form the community.

One of the older members of the community commented that, 'I support Mark's issue of youth recreation because our community young people have too much idle time, that is why they turn to drink and other bad habits'.

## **Recommendations**

25. ADAC assist the Riverland Aboriginal Alcohol Program to implement the following strategies and recommendations mentioned by people on behalf of the youth who live at Gerard.

- *‘parents support the issue and ask youth what they need’.*
- *‘organise a youth forum so that they can speak out’.*
- *‘help youth to resource services that can provide some of the needs’.*
- *‘fun weekend activities that youth can attend at minimum costs’.*
- *‘train peer educators to take over adult roles and provide good role models’.*
- *‘designate a safe house in the community supported by local services’.*
- *‘organised sport’.*
- *‘youth group for after school’.*
- *‘youth festival run by youth so that they have a goal-produce art and craft’.*
- *‘CDEP and the council to work together to develop safe play areas’.*
- *‘Like minded people get together and work on projects, attract funding, or just organise some fun’.*
- *‘council newsletter to inform the community’.*
- *‘show youth the light at the end of the tunnel’.*
- *‘restrict take away alcohol from hotels’.*

26. ADAC assist the Riverland Aboriginal Alcohol Program to develop and implement a needle exchange program that provides clean injecting equipment and condoms to the community, and provides education and information about intravenous drug use, blood borne viruses such as HIV/AIDS and Hepatitis C, sexual health and where to go for counselling.

27. ADAC to assist the community to develop support programmes or information packages for people in the community who have recently been released from prison and need to get on a drug rehabilitation program, need to be encouraged to get tested for infection from HIV/AIDS and/or Hepatitis C or need counselling.

28. ADAC to assist the community in the planning and implementation of a neighbourhood house program in Gerard that ensured the safety of children and youth from intoxicated adults. Substance misuse and sexual health programmes could be implemented from the neighbourhood house along with boredom relieving activities for youth.

29. ADAC to pursue planning and implementation of family education on substance misuse for the following issues that are related to this behaviour which includes;

- physical and mental well being of the user; e.g. nutrition, addiction/dependence and drug induced psychosis.
- financial impoverishment.
- the suffering of the community as a whole.
- child abuse.
- violence and crime.
- children's education is neglected.
- Relationship breakdown.

## **Ceduna Consultation**

*4th August 1997*

*Attendance: Thirty five (35) people*

*Methodology: 'Open Space Technology'*

### **Issues raised by the community.**

- Fella's can't find any help.
- Unemployment.
- Contracting Hepatitis B through 'drinking'.
- Alcohol abuse in the community.
- Substance misuse in our community
- Hepatitis C and HIV/AIDS
- Abuse of alcohol and drugs

### **Drugs mentioned by the community.**

- Alcohol.
- Yarni (marijuana).
- Speed.

### **Comments the community made about drugs.**

- *'The unemployment is the major reason for drug usage in the community'.*
- *'Drugs are bad for young people'.*
- *'Drugs and alcohol affects the body and it's bad for the hormones (health)'.*

- *'A lot of deaths because of drugs and alcohol'.*
- *'Twenty five dollars for a little speed bag and it cuts you down on money and leaves the family with no food'.*
- *'They don't care about when they get drunk or stoned'.*
- *'If they are influenced or intoxicated they misbehave e.g. fighting'.*
- *'When they get drunk a lot of deaths in custody occur e.g. offences or crime happen'.*
- *'I.V drug users (ref: Hepatitis C and HIV/AIDS issue)'.*
- *'I.V. drug users-prison info kits, forget the people from prisons and get them tested'.*
- *'Drug and alcohol free day (family day)'.*
- *'Moderate your drinking'.*
- *(need a) 'Committee about doing a drug and alcohol program, taking them out on excursions etc'.*
- *'Counselling for alcohol abuse'.*

#### **Comments the community made about education.**

- *'Education campaigns on Hepatitis B and C, community awareness and to encourage immunisation for Hepatitis B'.*
- *'Health workers to get out into the community to educate-they should document all the work they do, in schools, in parks and where the people are'.*
- *'Information kits for I.V. users targeting people from prison and getting them tested'.*
- *'More educational material on alcohol and drug abuse'.*

#### **Discussion**

Unemployment was considered by the community as the major reason for substance misuse in the community and commented that, 'there is minimum youth employment' and that 'existing employment is like working for the dole'. Ceduna people, like other rural communities attribute the substance misuse problem to boredom and lack of employment opportunities. There was much discussion around the idea that people like to be

productive and would like to see 'more women making clothes to sell' and 'more traditional culture for the community'.

The community identified HIV/AIDS and Hepatitis B and C as a major concern to the community and educators alike, and indicated that there was a need for educational material and community awareness campaigns targeting the transmission of blood borne diseases. The community suggested that substance misuse educators should document all of their work, as this keeps the program in forward motion and in the case of an educator leaving the program, the information remains available to the health service.

The community recommended that a drug and alcohol, rehabilitation or a healing centre is needed in Ceduna, and a recommendation for the drug and alcohol MAP program worker is to 'do his job and pick the old fella's up' (understanding the fact that the MAP program needs the back up of the sobering-up centre).

### **Recommendations**

30. ADAC pursue the planning and implementation of a rehabilitation and healing centre that addresses the cause and not the symptoms of substance misuse.

31. ADAC assist Ceduna Health Service with the development of a counselling service in collaboration with the sobering up centre. The service could provide; unresolved grief and loss counselling, crisis intervention, coping skills and life skills.

32. ADAC to assist the M.A.P. program and sobering up centre to, 'stop the revolving door'.

33. ADAC to ensure that Ceduna Health Service and Dinah Line receive a copy of this report.

34. ADAC peruse the planning and implementation of peer support and self help women's groups.

35. ADAC assist the Ceduna Health Service to develop a community awareness campaign and education package concerning risk taking behaviour, HIV/AIDS, Hepatitis C, and encouraging immunisation for Hepatitis B. A poster campaign is recommended by the community to provide information around these issues.

36. ADAC to peruse the development of a Hepatitis C information brochure/pamphlet aimed at fisherman, injecting drug users and prisoners.

## **Port Lincoln Consultation**

*2nd August 1997*

*Attendance: Ten (10) people*

*Methodology: 'Open Space technology'*

### **Issues raised by the community.**

- Education for children.
- Support centre for children: children with siblings who smoke grass.
- Mobile education unit (needle exchange program).
- How to solve the problem.
- What drugs are in Port Lincoln.

### **Drugs mentioned by the community.**

- Grass (marijuana).
- Alcohol.
- Prescription drugs.
- Heroin.
- Datura.
- Speed.
- Petrol.
- Glue.

### **Comments the community made about drugs.**

- *'Decriminalisation-take away the need to push drugs'.*
- *'Show children all the steps in drug use and lifestyle'.*
- *'Where do prescription drugs come from'?*
- *'Marijuana is growing wild, and people are being killed by getting too close to crops'.*
- *'Datura is legal only by a council by-law'.*
- *'Speed and smack; tuna and international boats bring it in'.*
- *'Dope (marijuana) from the gaols; buy it from gaol'.*
- *'A dealer is selling drugs from a Mr Whippy van'.*
- *'Joint campaigns with police, dobbing in drug dealers'.*
- *'Identifying drug seeking behaviour through a series of programs'.*

### **Comments the community made about education.**

- *'Educate people about the harmful affects of drugs'.*
- *'There is a need for Hepatitis C education'.*
- *'A need for shock tactics for health campaigns, e.g. petrol, glue and other drug use'.*
- *'Youth peer educators-education for them-encourage the young ones'.*
- *'Getting over shame to teach others'.*
- *'Teach people to still love the user, but show their concern'.*

### **Discussion**

A major concern in Port Lincoln was the lack of appropriate needle exchange facilities for Aboriginal injecting drug users, and a person commented that, 'People don't feel safe getting needles from the chemist here' This highlights the urgent need for a confidential Aboriginal needle exchange program to be established in Port Lincoln, that is adequately funded and resourced, and has community support.

The ingestion of datura (angel trumpet), and the easy access to this 'natural' high was a concern to the community, who commented that, 'it (datura) is growing wild'. It would seem that the community could approach the council to discuss the feasibility of the eradication of the noxious weed from around the Port Lincoln area.

The community identified the need for 'family support centres where people can get help in crisis and mothers of children who are addicts' can also get advice and help. The establishment of a healing centre was mentioned 'where people can get hooked back into life' and could offer 'counselling for the hurts that got them into drugs'. The concept of a healing centre as a rehabilitation/re-education/counselling facility is considered by the Port Lincoln and other communities as a realistic strategy to address the issues of substance misuse and the 'hurts' that are inflicted on the community by drug seeking behaviour.

The idea of strategies then action were mentioned more than once, and people commented that, 'we need more strategies', and 'less talk more action when implementing strategies'.

The concern for the children of the community was obvious with comments like, 'kids are torn between two cultures', and the community recommended that the children and youth be involved in the planning and implementation of any substance misuse education programs. It should be noted that it is school children and youth who are using the datura.

There was a concern for community entity, with discussion about unresolved grief, disharmony, need for family problem solving, direct relationships with people, 'home grown' reconciliation that removes divisions between black and white people, less fighting over money. The people of Port Lincoln recommended that the community representatives act as part of the community, and for the community to be a community.

**Recommendations**

37. ADAC assist Port Lincoln Health Service to develop and implement a needle exchange program that provides clean injecting equipment and condoms to the community, and provide education about intravenous drug use, blood borne viruses such as HIV/AIDS and Hepatitis C, sexual health and where to go for counselling and crisis care.

38. ADAC to pursue the planning and implementation of an education package for youth in relation to substance misuse. The community recommended targeting education at three specific age groups, e.g. nine to twelve years old, twelve to fifteen years old and sixteen to nineteen years old.

39. ADAC pursue the planning and implementation of a rehabilitation and healing centre that addresses the cause and not the symptoms of substance misuse.

40. ADAC to pursue the planning and implementation of a family support centre/program where mothers of children who are addicts can get help in crisis.

41. ADAC to assist the community with liaison with police in relation to youth affairs.

## **Whyalla Consultation**

*6th August 1997*

*Attendance: Twenty (20) people*

*Methodology: 'Open Space Technology'*

### **Issues raised by the community.**

- Shit-faced and stealing.
- Whyalla is boring.
- Legalise T.H.C. (Marijuana).
- Raise community awareness through needle exchange program.

### **Drugs mentioned by the community.**

- Yarndi (Marijuana).
- Heroin.
- Prescription drugs

### **Comments the community made about drugs.**

- *'Parents using with their kids, it's the norm'.*
- *'Parents pay their kids in yarndi (marijuana) instead of pocket money'.*
- *'General Practitioners too free with prescription drugs'.*

**Comments the community made about education.**

- *'Need for HIV/AIDS and Hepatitis C education and educators'.*
- *'No T.A.F.E. openings or opportunities'.*
- *'Education should come through the youth club'.*

**Discussion**

This consultation was attended by youth and youth workers from the Plaza Youth Club.

The participants, identified the poor relationship between youth and police as 'not helping the problem'. People commented that police harass youth for little or no reason, and mentioned; 'loitering, warrant checks or don't like the look of our heads' as probable reasons for harassment. People mentioned that, 'police are non-discriminatory between Aboriginal and non-Aboriginal kids' and that there was a distinct need for 'community liaison with police, who should take a 'less authoritarian role' in the community. The participants made a recommendation to police that 'harassment of dealers rather than users' would be desired by the youth of Whyalla.

There were a number of factors that people identified as contributing to the loitering and youth/police breakdown which include; 'no entertainment' and 'no bus service in Whyalla after seven p.m. on week nights, twelve p.m. on weekends and none on Sunday'.

Considering that many youth are unemployed in Whyalla, and probably cannot afford to own a car, or are too young to possess a licence, buses and walking are the only transport options that are available to them. This may account for the alleged 'loitering' that occurs in Whyalla.

Participants identified 'live music' as 'entertainment', and commented that there are 'plenty of musicians but no where to play'. Maybe these musicians are amongst the alleged loiterers who have a strained relationship with Whyalla police.

There are some concerns with the mention of youth being paid in yarndi (marijuana) instead of pocket money, and not forgetting that the parents are supposed to be the role models for today's youth, a participant commented that, 'kids look to role models'. Knowing that South Australia has relaxed drug laws concerning the possession and cultivation of marijuana, maybe some families in Whyalla have more 'home grown' (marijuana) than hard cash.

The youth community of Whyalla said that they had need of a needle exchange program and counselling, rehabilitation and support services for youth and their parents. A person mentioned that, 'in order to get condoms, I have to go vending machines in toilet blocks, which would indicate that a safe sex program is needed or further developed and sexual health educators be trained or employed.

The community also mentioned in relation to country and rural youth agencies that, they 'need to be serviced with training if they are able to provide outreach services, the state body, Second Storey is supposed to service the state'.

### **Recommendations**

42. ADAC to assist the Plaza Youth Service with community liaison with police in relation to youth affairs.

43. ADAC to pursue the planning and implementation of an education package for young children in relation to substance misuse.

44. ADAC to assist the Plaza Youth Service to develop a community awareness campaign around intravenous drug use.

45. ADAC to peruse the planning and implementation of community awareness campaigns to target the abuse of prescription drugs by youth, and General Practitioners who prescribe them.

46. ADAC assist the Plaza Youth Club to develop and implement a needle exchange program that provides clean injecting equipment and condoms to youth and the community, and provides education about intravenous drug use, blood borne viruses such as HIV/AIDS and Hepatitis C, sexual health and where to go for counselling and crisis care agencies.

## **Appendix F**

*Outcomes from the questioning method (Cooper Pedy Area School)*

## Coober Pedy Area School Consultation

5th June 1997

Attendance: Ninety (90) students (year 6-11), ten (10) teachers and eight (8) parents

Methodology: Questioning

### Outcomes from question 1

How do you stop substance abuse within your community?

**Figure 1.**

<b>Student response to question 1</b>	<b>Percentage of the total respondents</b>
Did not know	29.8%
Tell the police	14.9%
Youth centre	11.9%
Encourage them to stop	8.9%
Preventative education	8.9%
Rehabilitation centre	5.9%
Keeping people busy	4.5%
Media advertising	4.5%
Counselling	4.5%
Community to deal with them	3.0%
Bashing them	3.0%

### **Comments from students**

- *'Give people something to do for all age groups and different races'.*
- *'The person needs support from the family'.*
- *'I can stop through buying less drugs from other cities or towns'.*
- *'You can stop substance abuse by influencing others that it is not right or by not taking it yourself'.*
- *'I have never seen anyone with drugs'.*
- *'Encourage them to stop because if you do you will live a better lifestyle'.*
- *'keep people busy'.*

### **Discussion**

The majority of students did not know how to stop substance misuse, and this reinforces findings from other community consultations, where the community identified a need for substance misuse education in schools.

The data would indicate a strong commitment to the police from young people in relation to notifying the police about substance misuse behaviour in their community. The elevated profile of the police in the eyes of young people would suggest that the youth consider the police as respectable role models.

The students believed that a youth centre should be established and provide appropriate programs, including substance misuse programs for youth. A teacher commented that 'activities for the youth that encourage participation and self esteem' would help stop substance misuse. Preventative education was mentioned by the students as a means to stop substance misuse. Media advertising was mentioned by the students as a community awareness strategy to promote an anti-substance misuse message in the community, and a student commented that, 'we need pamphlets around town'.

There are however some concerns for a minority of students who had the opinion that they would 'bash them', when referring to substance misusers. This could require a community awareness programs that assures that substance misusers are not vilified by the community, and could be incorporated within a media campaign or a preventative education campaign.

Counselling was also mentioned by the students for those affected by substance misuse was mentioned by the students and could possibly be incorporated within the framework of a rehabilitation centre/program that was also mentioned.

### **Recommendations**

47. ADAC to design and develop education packages for an ongoing school education program which is implemented at the school and addresses substance misuse.

48. ADAC to assist the community to develop substance misuse prevention strategies for a joint community, youth and police campaign containing information about substance misuse and where to go for help.

49. ADAC to assess the need in the community for a drug and alcohol counselling/support service for individuals who need assistance and advice about substance misuse, or family members who need support. This could be jointly coordinated by the health service, the Multicultural centre and Family and Community Services.

**Outcomes from question 2**

*How do you handle peer pressure?*

**Figure 2.**

<b>Student response to question 2</b>	<b>Percentage of the total respondents</b>
Walk away	29.2%
Tell them to get stuffed	21.5%
Say no	18.4%
Did not know	12.3%
How do you say no?	7.6%
Make new friends	6.1%
Encourage them to stop	4.6%

**Comments from students**

- *'I can say no if I don't feel safe'.*
- *'I really don't want anything to do with that stuff'.*
- *'It is easy to say what I think, I would never use drugs.'*
- *'I don't care if the people who pressured me would then hate me'.*
- *'I would tell them that my dad will be waiting for me'.*
- *'I would make up an excuse'.*
- *'I would say it with courage and would not bend'.*

## **Discussion**

The majority of students indicated that if they were pressured by their peers to misuse a substance, they would, 'walk away', 'make new friends', 'tell them to get stuffed', or 'say no'. This indicates that the majority of students would not be influenced by peer pressure, but factors such as unemployment and boredom, have been identified as catalysts for risk taking behaviour with youth. Some students commented, 'I say, you guys can, but that doesn't mean that I have to, and why don't you get off my back', and another student commented, 'I've got better things to do than get stoned'.

On the other hand students mentioned, 'how do you say no' or 'did not know' how to deal with peer pressure, or commented that 'they had not been in this situation'. This suggests these students could be at risk of substance misuse through peer pressure.

This comment, 'I can handle peer pressure as in, I don't always have to say yes, but sometimes it gets a bit much', suggests that peer pressure to use substances in Coober Pedy could be too much for even relatively seasoned users.

The response, 'I would encouraging them to stop', would again indicate that youth possess the desire to help reverse the effects of peer pressure on individuals who misuse substances.

## **Recommendations**

50. ADAC to assist in the planning of a youth package/program that has a specific component that addresses peer pressure and is designed in collaboration with youth.

51. ADAC assist the community with the planning and implementation of a youth friendship club that could be implemented through the school and/or a youth centre.

### **Outcomes from question 3**

*What do you do when you see your best friend, boy or girl friend, brother or sister or family member using drugs or drink or whatever?*

**Figure 3.**

<b>Students response to question 3</b>	<b>Percentage of the total respondents</b>
Encourage them to stop	68.4%
Let them do their own thing	15.7%
Get help for them	5.3%
Did not know	3.5%
Join in	3.5%
Tell their parents	3.5%

### **Comments from students**

- *‘I would tell them that they are dickheads to do that, and it will wreck their lives’.*
- *‘I have never seen anyone with any drugs’.*

### **Discussion**

In response to this question, students commented that they ‘did not know’ what they would do. However, some students said that they ‘would encourage them to stop’, and one student said, ‘I would tell them to stop hurting themselves and others’.

This indicates that the students were clear about the negative impact that substance misuse has on individuals, and some students were prepared to ‘get help for them’. One student commented with empathy, ‘when I see my friends or people taking drugs, I feel sorry for them because I know what’s going to happen, but I **do** try’. This statement indicates that



some students may be taking on some very mature responsibilities that should be shouldered by parents or health care professionals in Coober Pedy. A small percentage of students indicated that they would 'tell their parents', which could indicate that most students, for various reasons, did not see any need to involve their parents, or possibly thought that they would not understand.

Students mentioned that they would 'let them do their own thing', and a student commented that, 'you can't do much for them really, just encourage them to stop using the drugs, but I haven't been in this situation yet'. This could suggest a lack of knowledge about what help or services are available, in Coober Pedy.

A small percentage of students mentioned in relation to substance misuse, that they would 'join in' with their friends and family. A student made this alarming statement, 'well it's kind of different with my mum, I would tell her to stop, but if it was my best friend I would probably join in and get ripped off my brains'.

### **Recommendations**

52. ADAC assist the community in the development of a substance misuse campaign using the artistic and literary talents of the youth to design information pamphlets on where to go for assistance in Coober Pedy and what services are available.

53. ADAC to assist the communities to develop programs for parents and family members about the effects of drugs on individuals, understanding risk taking behaviour, and identifying when youth are at risk.

**Outcomes from Question 4**

*Who would you talk to, if you needed assistance, or you needed help or advice to get off drugs?*

**Figure 4.**

<b>Student response to question 4</b>	<b>Percentage of the total respondents</b>
Parents and relatives	33.8%
Friends	28.4%
A Counselor	10.8%
Health service	8.1%
School teacher	5.4%
Family and community services	5.4%
Multicultural centre	2.7%
Nobody	2.7%
Kids help line	1.4%
Did not know	1.4%

**Comments from students**

- *‘I would go to a good friend who did not use drugs’.*
- *‘If I seen someone taking drugs I would probably try to help him to forget about it’.*

## **Discussion**

In response to this question students indicated that they would approach 'parents and relatives' if they required assistance to get off drugs. This is in contrast to the previous question, where only two students indicated that they would 'tell parents' if a friend or family member was using substances.

The findings show that generally, the majority of the youth in Coober Pedy would prefer to seek assistance from parents, relatives and friends to get off drugs.

Students also indicated that they would go to a counsellor to get off drugs, while other students mentioned the health services located in Coober Pedy.

The remaining students indicated that they would go to F.A.C.S (Family and Community Services), and the Multicultural centre if they needed assistance with getting off drugs, and a student commented that, 'the Multicultural Centre helped a friend of mine'. As these services were identified by the students, they could possibly be encouraged to develop and implement youth substance misuse programs. One student mentioned that they would talk to the 'kids help line' for advice, and this would seem a service that could be developed by the community to provide a service to youth.

The concern with the findings is that some students would go to nobody for help to get off drugs and could suggest that these students could be considered as youth at risk.

## **Recommendations**

54. ADAC to assist the communities to develop programs for parents and family members about the effects of drugs on individuals, understanding risk taking behaviour, and identifying when youth are at risk.

55. ADAC assist the community in the development of a substance misuse campaign using the artistic and literary talents of the youth to design information pamphlets.

56. ADAC assist the Coober Pedy Area School to launch an substance misuse campaign on the school radio station (Dusty Radio).

57. ADAC to design and develop education packages for an ongoing youth education program which is implemented at the school and addresses substance misuse, handling peer pressure, and parenting skills.

**Outcomes from Question 5**

*What do you do in Coober Pedy when you are bored?*

**Figure 5.**

<b>Student response to question 5</b>	<b>Percentage of the total respondents</b>
Watch TV and videos	18.0%
Walk down the street	18.0%
Listen to music, paint and draw	12.8%
Go rollerblading	10.2%
Visit friends	10.2%
Play sport	7.7%
Go horse riding	5.1%
Smoke cigarettes	5.1%
Ride push bikes	2.6%
Go make trouble	2.6%
Go to the drive in	2.6%
Ride motor bikes	2.6%
Go noodling for opal	2.6%

**Comments from students**

- *'I would probably go to my friends house'.*
- *'We need activities that can be recognised by the outside world' (teachers input).*

## **Discussion**

Apart from peer pressure and unemployment, the communities involved in the research identified boredom, and lack of activities as a factor in substance misuse by youth in rural communities. There was a diverse response to this question and the response shows the need for youth activities in Coober Pedy.

The majority of students indicated that they would, 'watch television and videos' and 'walk down the street'. The latter in particular would suggest that the main street is considered a meeting place for youth in Coober Pedy. It should be noted that the Coober Pedy hotel is in the main street and has been identified as a place where youth sell and buy marijuana.

Students indicated that rollerblading is a popular sport with youth in Coober Pedy, but there is a distinct lack of 'rinks'. A student commented that, 'I would like to go rollerblading at the school, but they kick us out and there is nowhere to go'. This could indicate that the youth and parents seek to approach the school to allow youth to rollerblade at the school under supervision.

Painting, drawing and listening to music was a popular recreation by students in Coober Pedy, and painting would seem to be an appropriate cultural activity for Aboriginal youth in particular, and has been mentioned at previous consultations by other rural communities.

Students mentioned that they went to visit friends when they were bored, and students commented that, 'I would go to my friends or boyfriends house and get wasted, then just hang out totally tripping'. Another student commented that, 'I go to a friends house and party and we have a really good time without drugs or booze'.

The students identified playing sport as a boredom relieving activity, but students indicated that there is not enough diverse sports played in Coober Pedy. The students identified the diverse sports as, horse riding, riding pushbikes, riding motor bikes, going to the drive-in and noodling. The concerns for youth are highlighted by the students who said that they smoked cigarettes and go make trouble when they are bored. These students are possibly linked to the group that 'walk down the street'.

### **Recommendations**

58. ADAC pursue planning and implement an anti smoking campaign targeting youth and possibly incorporated within a substance misuse education package.

59. ADAC assist the community in establishing youth programs that include substance misuse programs, programs such as painting, drawing and a youth friendship club.

## **Outcomes from question 6**

*What activities would you like to see in Coober Pedy to stop boredom?*

**Figure 6.**

<b>Students response to question 6</b>	<b>Percentage of the total respondents</b>
A place where kids can hang out	16.6%
A youth centre or programs	16.6%
A rollerblading rink	16.6%
BMX or motor bike track	16.6%
Arcade and amusements	10.0%
Cinema	10.0%
Shopping mall	6.7%
More sport	6.7%

## **Comments from students**

- *I would install a rollerblading rink or something, where lots of people go and there are no drugs’.*
- *‘I like it here just the way that it is, but if we had more sports clubs, I think that it would be good’.*

## **Discussion**

In response to this question, the students clearly stated what recreational activities they wanted in Coober Pedy. In response to this question, students indicated that they ‘would like a place where kids can hang out’, and ‘I want to ask the council to put up more

facilities’, and ‘we need more money from the government for hang out places and a youth centre’.

The students also mentioned that they would like to see ‘more sports’ in Coober Pedy. A rollerblading rink and a BMX or motor bike track were identified by the students as venues that are needed for youth to participate in their chosen sports. A student commented that, ‘I would install a rollerblading rink or something, where lots of people go and there are no drugs’, but another said ‘I like it here just the way that it is, but if we had more sports clubs, I think that it would be good’.

The students were quite clear on what activities that they would like to see in Coober Pedy, and by the students comments, it is obvious that the lack of funds are the problem.

### **Recommendations**

60. ADAC to assist youth, parents and the community to lobby the Coober Pedy council, for monetary support for a rollerblading rink, a BMX and motorbike riding track and youth art programs, as a youth strategy against substance misuse