

# Curtin

UNIVERSITY OF TECHNOLOGY

## National Drug Research Institute

Preventing harmful drug use in Australia

**Port Hedland and Roebourne  
substance misuse services review**

Formerly National Centre for Research into the Prevention of Drug Abuse

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**National Drug Research Institute  
Curtin University of Technology**

**Port Hedland and Roebourne  
substance misuse services review**

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## 1. INTRODUCTION AND TERMS OF REFERENCE

Alcohol and other substance misuse is an acknowledged health and social problem, not only in the Pilbara region, but throughout Aboriginal Australia. However, until recently, there has been little research to identify methods of best practice in the prevention of substance misuse among Aboriginal communities (Unwin & Serafina 1995; Pilbara Public Health Unit 1999; Duquemin, d'Abbs and Chambers 1997). Reasons for this are various, but include the cost of such research, the heterogeneity of Aboriginal communities and the methodological difficulties of conducting valid research among Aboriginal peoples (Morfitt 1997; Gray & Morfitt 1996; McKenzie 1996). This research was initiated by an incorporated Aboriginal organisation formed to provide services for the homeless and alcohol-affected people, and with the support of the Office of Aboriginal and Torres Strait Islander Health. While there are a range of services in the Pilbara region designed for Aboriginal people with substance misuse problems, there has not been any systematic examination of the extent to which these services meet the needs of the region. This project was designed to provide such an assessment.

The project was initiated in February 2000 when Mr Bob Neville, Coordinator of Bloodwood Tree Association Inc. in South Hedland invited members of the Aboriginal Research Team at the National Drug Research Institute (NDRI) to review substance misuse services in the Pilbara region, and asked the team to liaise with the Office of Aboriginal and Torres Strait Islander Health (OATSIH) to instigate this. Subsequently Mr Keith Lethbridge of OATSIH wrote to Bloodwood Tree Association in May to outline the broad objectives of the review, the details of which were to be worked out between Bloodwood Tree in Port Hedland and Mawarnkarra Health Service in Roebourne. These broad objectives were to:

- evaluate and report on substance misuse in the Pilbara region;
- evaluate and report on substance misuse services in the region;
- recommend where necessary better coordination of existing services for substance misuse; and
- assess the need for and recommend where necessary additional services for substance misuse.

Subsequently, after negotiations between NDRI and OATSIH it was agreed—because of time and cost limitations—that the review would focus on Roebourne and Port Hedland. While the needs of each town should be considered separately,

recommendations on any possible benefits of linkages and coordination were to be considered.

## 2. METHODS

It was proposed that a four-stage process similar to that used by the Team to evaluate Waringarri Aboriginal Corporation and Ngnowar-Aerwah Treatment Program in Kununurra, and Jungarni-Jutiya Alcohol Action Council Aboriginal Corporation and Community Needs Assessment in Hall's Creek be used (see Figure 1). Stage one of this process involved planning and setting of detailed objectives with Bloodwood Tree Association and Mawarnkarra Health Service. Importantly, this stage required negotiations regarding the way in which researchers divided their time between the towns of Port Hedland and Roebourne, with the understanding that equal time needed to be spent in each centre. Stage 2a aimed to establish the extent of substance misuse in the Port Hedland and Roebourne areas; in Stage 2b existing substance misuse services were reviewed; and, in Stage 2c an assessment was made of community needs for substance misuse services. Stage 3 involved a comparison of existing services and expressed community needs; and the final Stage 4 recommendations for a Port Hedland and Roebourne Substance Misuse Services Plan were developed. Research methods included: interviews with key stakeholders and community members; and observations of substance misuse and related services in the Port Hedland and Roebourne areas; and documentary analysis. It was planned to complete the data collection and fieldwork by the end of 2000, and to submit the final report by the end of June 2001.

### Research Plan

#### **Stage 1: Planning and objective setting with Bloodwood Tree Association and Mawarnkarra Health Service (Weeks 1-3)**

This stage commenced with a discussion of the objectives of the project with Bloodwood Tree Association and OATSIH. The process was then repeated with representatives of Mawarnkarra Health Service to ensure that they were in agreement with the stated research objectives. This occurred initially by telephone, with a follow up visit in person. Representatives of both Bloodwood and Mawarnkarra were regularly consulted throughout the research to keep them aware of its progression and to allow them opportunity to make suggestions.

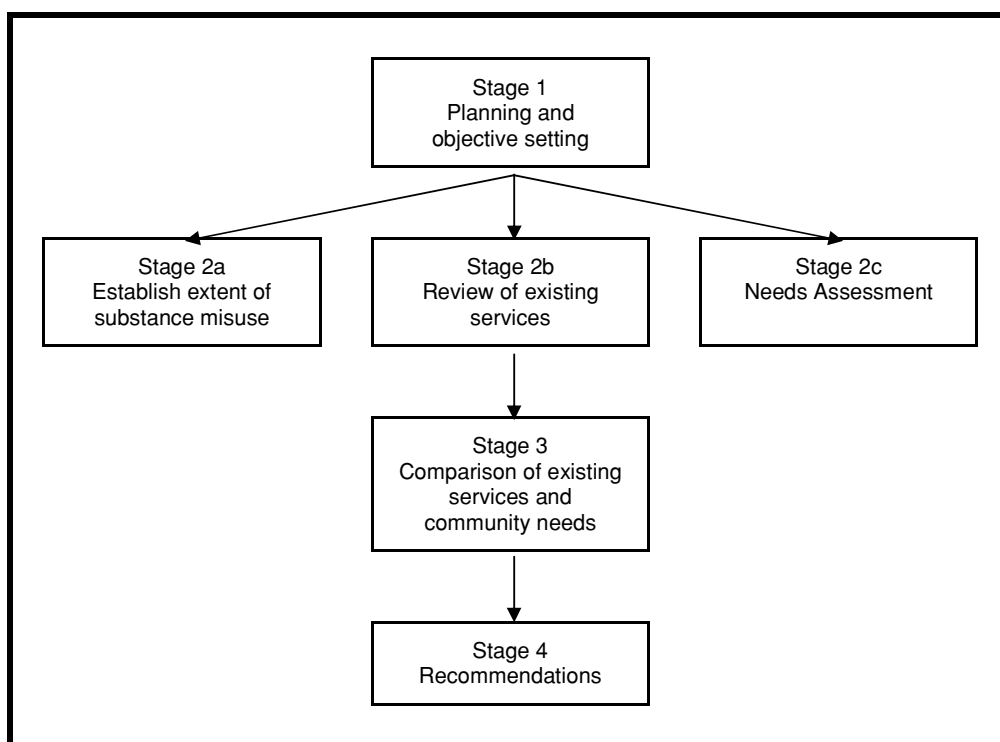


Figure 1: Stages of proposed Pilbara Substance Misuse Services Review

#### **Stage 2a: Establish extent of substance misuse in the Pilbara region (Weeks 4-26)**

Stage 2a involved an analysis of existing health and social statistical data on substance use and related harms from the Pilbara Public Health Unit, WA Drug Abuse Strategy Office, and the National Drug Research Institute. In addition, interviews with Aboriginal and non-Aboriginal people from government and non-government agencies, and Aboriginal community members explored what was known of substance use. The questions related to the types of substances used and their effects; the contexts in which they are used; the people commonly using them (age, sex, community location etc); how they are used; why they are used; and the consequences of that use for the community.

In addition to structured and semi-structured interviews, we also mapped the liquor outlets in each town and conducted limited observations of drinking in and around licensed premises. By accompanying the night patrols in both towns we were able to document common drinking spots—in both public and residential areas—and the range of people making use of the patrols.

**Stage 2b: Review of existing services (Weeks 8-26)**

Structured and semi-structured interviews were conducted with representatives of all relevant government and Aboriginal community controlled agencies and community representatives to determine what was known of existing services, the objectives of those services, and the extent to which those objectives were being met.

This stage elicited information on a range of services about which we were unaware. Agency staff were asked to rate their own services and that of other service providers. While some were happy to do this, others were reluctant to make such judgements for a variety of reasons, some to do with the need to maintain harmonious relationships in small communities.

Limited observations of some services were possible. For instance, in both Roebourne and Port Hedland we were able to go out on the night patrols to witness how they function. This enabled us to observe protocols in operation. In addition, we were able to go out with the St John's Ambulance in Port Hedland on one evening. This involved a trip to an Aboriginal community to transport a man to hospital, and then to convey two patients to the airport for transport by the Royal Flying Doctor Service.

**Stage 2c: Needs Assessment (Weeks 8-26)**

In exploring the substance misuse needs of each community, researchers interviewed agency staff and community members and asked: what they perceived still needed to be done to address substance issues; who should be assuming responsibility for substance issues in the community; and, how community members could be encouraged to participate in decisions about substance misuse. In these interviews we were keen to explore a wide range of options, not only specific substance misuse services, and this is how many people also responded. That is, many of the suggestions about what should be done were directed to liquor licensing, policing or other matters.

**Stage 3: Comparison of existing services and community needs (Weeks 27-35)**

This stage of research involved the analysis of all qualitative and quantitative data (documentary and statistical material, interviews, community consultations, and observations) to determine the match between the expressed needs for substance misuse services in the region, and the existing range of services. One of the difficulty issues here is determining what level of services any community has the right to

expect. Here reference was made to regional, state and national health plans and reviews, in order to place community expectations for services in this broader context.

#### **Stage 4: Recommendations and reporting (Weeks 36-52)**

During this stage of the project researchers presented a draft Executive Summary and Recommendations to Bloodwood Tree Association (in person) and Mawarnkarra Health Service and some key stakeholders. This enabled amendments and updating of information before the submission of the final report.

### **Interviews**

As indicated above, interviews were conducted with representatives of all relevant government and Aboriginal community controlled organisations and with as many community members and representatives of family groups as possible. Although the Roebourne interviews included good coverage of agencies, this was not the case for the community generally. Attempts to interview community members in Roebourne were frustrated by the absence of a local Aboriginal research assistant. Mawarnkarra Health Service Aboriginal Corporation did attempt to recruit a person for this position, but this was not successful. In an effort to compensate for this a community meeting was scheduled on November 6th, 2000 in the Roebourne Community Hall. Notices about the meeting were sent to all Aboriginal and non-Aboriginal organisations and listed Aboriginal communities, as well as a wide range of Aboriginal individuals in the town. Notices were also posted in the local library, and in the School newsletter. However, the community meeting attracted only eight people. In Roebourne 20 of the 41 people interviewed were Aboriginal.

The Port Hedland interviews included good agency coverage, and a reasonable range of community interviews. The latter include interviews with members of Aboriginal communities within easy travelling distance of the town (Tjalka Boorda, Tjalka Warra, Punju Njamal), some itinerant people living in the flats near the shopping centre, and people living in town. Of the 108 people interviewed in Port Hedland, 85 were Aboriginal.

Thirty-four of the interviews were with groups of people rather than individuals. For this reason, when reporting the results of the interview we report on the number of interviews in which particular topics were raised rather than the number of individuals raising those topics.



Table 1: Number of interviews conducted and number of people interviewed in Roebourne and Port Hedland

| Town                 | Health/substance misuse agencies | General agencies | Community members | Total |
|----------------------|----------------------------------|------------------|-------------------|-------|
| Roebourne            |                                  |                  |                   |       |
| Number of interviews | 6                                | 9                | 7                 | 22    |
| People interviewed   | 11                               | 13               | 17                | 41    |
| Port Hedland         |                                  |                  |                   |       |
| Number of interviews | 9                                | 17               | 28                | 54    |
| People interviewed   | 15                               | 21               | 72                | 108   |

### **Ethical Issues**

This project has been conducted in accordance with the National Health & Medical Research Council's *Guidelines on Ethical Matters in Aboriginal and Torres Strait Islander Health Research* (1991). The project was initiated by Bloodwood Tree Association with the support of the Office of Aboriginal and Torres Strait Islander Health (OATSIH) and the project proposal was developed in close consultation with Bloodwood Tree Association, Mawarnkarra Health Service and OATSIH.

The purpose of the project, the data collection procedures, and arrangements to protect confidentiality were explained to all participants. People who were approached by the research team were informed of their right to decline participation in the research and informed that they could withdraw part or all of their statements at any time during the research. Due to the literacy level of many of the participants, verbal consent, rather than written consent, was obtained. No confidential data was obtained from service agencies.

All costs associated with the project were covered by a grant from OATSIH. The grant included funds for the employment of a local Aboriginal person, and administrative costs borne by Bloodwood Tree Association. While it was possible to employ a local Aboriginal person in Port Hedland, this did not happen in Roebourne as Mawarnkarra Health Service was unable to engage a suitable person. The absence of a research assistant in Roebourne meant that community interviews there were less extensive than in Port Hedland.

### **3. CONTEXTUALISING ABORIGINAL HEALTH IN THE PILBARA**

#### **Population and health profile**

In 1996 the population of the Pilbara region was 44,812 persons. The Aboriginal population of 5,519 (2,689 males and 2,470 females) made up 11.5 per cent of the total. The population in the Pilbara is relatively young with 38% of Aboriginal people being aged between 0–14 years, compared to 24% of the non-Aboriginal population in this age group. People aged 65 years or older comprise 4.0 per cent of the Aboriginal people, and only slightly more (4.4 per cent) of the non-Aboriginal population (Pilbara Public Health Unit 1999).

Aboriginal births in the Pilbara represent 18 per cent of total births. However, at birth, Aboriginal males in the East Pilbara can expect to live just 52, and Aboriginal females 66 years of age, compared to life expectancies of 73 and 77 years among non-Aboriginal males and females in the region. For Aboriginal males life expectancy in the West Pilbara is 10 years greater than that in the East Pilbara. No such difference exists for non-Aboriginal people. State based life expectancies are 62 and 67 years for Aboriginal males and females and 75 and 76 for non-Aboriginal males and females (Pilbara Public Health Unit 1999:5).

The rate of Aboriginal deaths is 5 to 6.5 times that of the non-Aboriginal population. For Aboriginal males the three most common causes of death were circulatory diseases (30.8 per cent), injury and poisoning (20.3 per cent) and neoplasms (13.5 per cent). Among non-Aboriginal males the most common causes of death were injury and poisoning (31.7 per cent), circulatory diseases (22.5 per cent) and neoplasms (20.9 per cent). For Aboriginal females the most common causes of death were circulatory diseases (29.6 per cent), followed by neoplasms (14.8 per cent) and injury and poisoning (11.2 per cent). Among non-Aboriginal females the most common causes of death were neoplasms (35.6 per cent), circulatory diseases (21.8 per cent) and injury and poisoning (17.2 per cent) (Pilbara Public Health Unit 1999:6).

Aboriginal males were 3.7 times more likely and Aboriginal females 3.2 times more likely to be admitted to a hospital, than non-Aboriginal males and females. The conditions for which Aboriginal males were most commonly admitted were infectious, haematological and other (19.8 per cent), respiratory (18.1 per cent), and digestive, endocrine and immunity disorders (16.0 per cent). For non-Aboriginal males most common admission conditions were injury and poisoning (17.3 per cent), infectious, haematological and other (16.5 per cent) and digestive, endocrine and immunity

disorders (14.8 per cent). For Aboriginal females, the most common hospital admission categories were infectious, haematological and other (36.5 per cent), pregnancy and the newborn (15.1 per cent) and respiratory (12.6 per cent). For non-Aboriginal women the most common categories were pregnancy and the newborn (31.8 per cent), infectious, haematological and other (19.8 per cent), and genitourinary (9.4 per cent) (Pilbara Public Health Unit 1999:13).

### **Substance misuse, related harm and community action**

The Pilbara, generally, and Port Hedland and Roebourne, in particular, have been the focus of a number of studies of substance misuse and its consequences (Skowron & Smith 1986; Unwin & Serafina 1995; Midford 1995; Philp, Cutler & Zilko 1996; Enhancement of facilities for Aboriginal People Taskforce 1997). These have demonstrated relatively high levels of alcohol consumption, and a range of health and social harms related to misuse, particularly, but not exclusively, among Aboriginal people.

The study most relevant to this current project was the Hedland Community Alcohol Intervention Project conducted by Philp, Cutler & Zilko (1996) for the Pilbara Public Health Unit. The report presents a range of data on alcohol consumption and alcohol harm indicators for Port Hedland as a precursor to development of a Community Alcohol Intervention Project. The authors linked the predominance of young, heavy drinking males, high disposable income and lack of alternative entertainment, and high unemployment among Aboriginal males and environmental factors such as climate and the cultural context of North West life, to high alcohol consumption and related harms in the region (Philp, Cutler & Zilko 1996:9).

Describing the social environment as 'wet', in which excessive drinking is normalised, the authors identified a significant proportion of Pilbara males and females as drinking at high-risk levels. This included Aboriginal people, and although there was little detailed information available on the drinking pattern of Aboriginal people in the Pilbara, what evidence there was suggests a pattern similar to that demonstrated elsewhere in Australia (Philp, Cutler & Zilko 1996; Skowron & Smith 1986; Siggers & Gray 1998). While the proportion of Aboriginal people who drink is less than that among non-Aboriginal people, Aboriginal drinkers are more likely to be drinking at harmful levels. Aboriginal women are more likely to be abstainers or to drink less than Aboriginal men.

The report also included a brief discussion of attempts to control alcohol consumption among Aboriginal people in other parts of Australia and mentions controls on alcohol

availability (through amendments to liquor licensing legislation), rehabilitation programs such as Milliya Rumarra in Broome, and attempts to modify anti-social behaviour among fringe-dwellers in Alice Springs. With respect to rehabilitation programs, the authors cite the Task Force on Drug Abuse (1995) suggestion that the sobering-up centre in South Hedland be extended to include a similar treatment program to that of Milliya Rumarra (Philp, Cutler & Zilko 1996:30).

The report also includes a useful history of recent community action to address excessive drinking in the Hedland area, dating from public meetings in 1986 and focused on attempts to control the supply of alcohol. The Port Hedland Town Council asked Liquorland (South Hedland) to agree to a number of changes in staff, structures, selling practices and alcohol sold. After lengthy negotiations Liquorland agreed only not to sell bottled beer and to change their rubbish policy (so as to discourage scavenging outside the store) (Philp, Cutler & Zilko 1996:49).

In 1995 after pressure from government and non-government agencies the Port Hedland Town Council held a public meeting at which Port Hedland liquor outlets agreed to restrict their trading hours, with no sales of alcohol before 10.00 am. The effects of the restrictions were not formally evaluated and they ceased later in the year (Philp, Cutler & Zilko 1996, pp49-50).

Currently there is a Pilbara Accord for the Town of Port Hedland which sets out in writing the responsibilities of licensees, crowd controllers, police, and local government with respect to the supply and sale of alcohol. It also outlines best practices, the role of the Accord committee, training requirements for all relevant staff, complaint procedures, and evaluation of the Accord. However, to our knowledge, no evaluation has yet been made. In 2001, after continued community concern, an amendment to the Accord was agreed to by all licensees in Port Hedland. Under this amendment licensees have agreed to the following:

- no sales of packaged liquor before 10.30am any day;
- no sales of packaged liquor after 8.30pm Monday to Thursday;
- bottle shops will trade between 10.30am and 9.00pm Friday and Saturday; and,
- bottle shops will trade between 11.00am and 8.00 pm on Sunday.

As at 25th June, the amendments had been in force for ten weeks, and are being evaluated by the police every two weeks. According to the local police officer involved, alcohol-related police incidents had decreased remarkably since the trial and he was hopeful that the restrictions in trading would be permanent.

In a related development, the Port Hedland Town Council is working on guidelines to regulate alcohol consumption in Council facilities and on Council grounds.

In 1997 a Taskforce to advise the South Hedland Enhancement Scheme on the 'Enhancement of facilities for Aboriginal people' organised a study tour of Alice Springs, Tennant Creek and Darwin to view options available for the operation of town camps. Recommendations stemming from this tour included better coordination of programs and services (including a peak body to drive change, and the formalisation of intersectoral processes); more culturally appropriate accommodation; reduction in the outcomes of alcohol abuse (including the introduction of alcohol restrictions, the trailing of 'wet' canteens in outlying communities, and the introduction of a levy on wine casks to fund 'living with alcohol' and 'return to country' programs); improvement in the health and well being of itinerant Aboriginal people (including the establishment of an Aboriginal Medical Service); reduction in anti-social behaviours (including the establishment of protocols for visiting Aboriginal people); encouragement of itinerant Aboriginal people back to their communities (including the provision of transport to assist returns); and other strategies to develop education, training and employment for Aboriginal people (Enhancement of facilities for Aboriginal people taskforce 1997:iv-vii).

There has been considerable community action over several years directed at the harmful effects of excessive drinking, not just among Aboriginal people, but in the Pilbara generally. Some of this action has had positive results, such as the establishment of Aboriginal health services in Roebourne and Port Hedland, and various restrictions on alcohol at different times. However, it is clear that in both communities there is now a general consensus—at least among those people most directly affected—that some broad-based interventions, targeting alcohol in particular, need to be implemented.

### **State and regional health plans**

In recent years the Western Australian Health Department has coordinated Aboriginal health planning at the regional, inter-regional and state-wide levels. Of direct relevance to this project are the Pilbara Regional Health Plan, *Norhealth 2020*, and the Western Australian Aboriginal Health Strategy.

#### **Pilbara Regional Aboriginal Health Plan**

The Pilbara Regional Aboriginal Health Plan was based on consultations with more than 108 Aboriginal people in 11 Aboriginal communities throughout the Pilbara. The Plan includes 35 recommendations covering a wide spectrum of Aboriginal health concerns. Those of relevance to this project are proposals to:

- establish a Pilbara Regional Aboriginal Health Forum to monitor the implementation of the Pilbara Aboriginal Health Plan;
- develop whole family programs on family violence;
- establish parenting education and support services, particularly for young parents and parents of teenagers;
- establish an Emotional and Social Wellbeing Regional Centre in the Pilbara;
- provide training and employment opportunities for Aboriginal people to specialise in spiritual and emotional wellbeing in the Pilbara;
- provide additional funding for longer, more frequent specialist visits to more communities;
- fund 'community activators' and necessary resources to promote healthy activities in communities;
- fund more Aboriginal Health Workers so that all communities have access to basic health services;
- encourage each Pilbara Aboriginal Medical Service to review its structure and service delivery to ensure good, culturally appropriate service delivery.

Recommendations specific to substance misuse include a proposal to establish drug and alcohol detoxification and rehabilitation facilities in the Pilbara, and provision of training in addiction skills and issues for Aboriginal Health Workers.

### **Norhealth 2020**

*Norhealth 2020* identifies three major risk factors for substance misuse in the northwest of the state: high levels of alcohol consumption which are seen as both a symptom and a cause; high levels of supply; and social, cultural and economic isolation. Actions the health system is to take include:

- increased education and treatment related to alcohol, tobacco and drug abuse;
- consistent health promotion message from all health practitioners regarding risks and management of dependency;
- establishment of Community based programs and services, including rehabilitation and outreach from sobering-up shelters;
- integration of preventative and acute care programs;
- development of a case management approach; and,
- structural solutions, such as alcohol restrictions and accords.

At the hospital/health service level *Norhealth 2020* specifies that appropriate detoxification, rehabilitation and respite care services will be provided (*Norhealth 2020* 2000:7).

To coordinate health planning in the northwest, *Norhealth 2020* states that a Norhealth Planning Forum will be established, comprising community members, the Western Aboriginal Community Controlled Health Organisation, health purchasers, the Health Department of Western Australia and the Norhealth support team, including an Aboriginal Liaison Manager. This group will have no decision-making powers, but its functions will include collaboration, leadership, consultation, planning, review, and informing stakeholders about health planning and developments.

### **Western Australian Aboriginal Health Strategy**

The current Western Australian Aboriginal Health Strategy was formed in 2000 from the six Regional Aboriginal Health Plans. The Strategy establishes policy specifications for health service delivery to Aboriginal people, which include:

- health from a holistic perspective;
- self-determination—Aboriginal people involved in planning and development, implementation and evaluation;
- the right of Aboriginal people to choose to be different and chose different models of health care;
- health care services to be appropriate and accessible;
- health services to be provided in a culturally secure environment and manner;
- a coordinated and collaborative intersectoral approach; and,
- improved guaranteed funding and political willingness and commitment, and equitable allocation of resources based on need.

The Strategy identifies six strategic domains of action:

- Increasing access to health services (includes need to decrease risk factors for smoking and harmful consumption of alcohol, supporting healthy public initiatives such as 'dry' communities and reducing trading hours);
- Reforming the health system (includes increasing numbers of qualified and specialist Aboriginal Health Workers, develop community empowerment and self-sufficiency, develop sustainable consultative mechanisms);
- Reconciling community control and empowerment (includes Aboriginal Cultural Security Policy and partnerships for protocols in health service delivery);
- Improving health information management;
- Strengthening intersectoral collaboration on health; and
- Improving health financing.

Urgent priorities identified by the Strategy include the need to secure better outcomes for the major health problems, including drug, tobacco and alcohol abuse; strengthening and supporting health services infrastructure for Aboriginal people; and

achieving health workforce reforms, particularly increasing the number of Aboriginal Health Workers.

### **National substance misuse services reviews**

The strategies outlined in *Norhealth 2020* for substance misuse issues are generally in line with recommendations made in the *Review of the Commonwealth's Aboriginal and Torres Strait Islander Substance Misuse Program* (Commonwealth Department of Health and Aged Care 1999), particularly with regard to the need for much closer collaboration between health and substance misuse agencies, and strong regional health planning. In addition, this report makes a number of specific recommendations about substance misuse and related services which focus on the need for: more attention to questions of supply and diversionary activities; a comprehensive and coordinated approach to prevention and intervention; a strategy to upgrade residential rehabilitation services, and—in the long term—transferring funding responsibility for them from OATSIH to the States and Territories; case management practices within all services; and strategies to incorporate both Aboriginal cultural knowledge and national drug and alcohol competency standards in all services and programs (1999:5–14).

The House of Representatives Standing Committee on Family and Community Affairs Report on the Inquiry into Aboriginal Health (*Health is life*, 2000) included recommendations that the Commonwealth Department of Health and Aged Care ensure that Commonwealth, State and Territory substance misuse programs incorporate:

- early and opportunistic intervention programs by health professionals;
- diversionary and sobering-up shelters, including night patrols;
- detoxification programs; and
- rehabilitation programs, including residential and family rehabilitation, and follow up after care programs.

The Report also recommended that:

The program should be coordinated at the national level and funded separately. It must form part of the overall Commonwealth State agreements on health with appropriate mechanisms for quality control, monitoring, developing of national standards and reporting arrangements (Australia, House of Representatives Standing Committee on Family and Community Affairs 2000:17).

These reports, in addition to other reviews of services relating to alcohol in Aboriginal communities (Hunter, Brady & Hall 1998) have provided the framework within which this research has been conducted, and in particular, the way in which the recommendations have been framed.



## 4. SUBSTANCE USE

There is no statistical data available on substance use among Aboriginal people in the Pilbara. In the following section, we present data on alcohol consumption among all residents in the Pilbara to provide a broad context; and, in the section following that, we describe patterns of use based on the unstructured interview data.

### Alcohol consumption

In Table 2 and Figure 2, we present the total volume of sales of all alcoholic beverages (converted to litres of pure alcohol) in the Port Hedland and Roebourne Statistical Local Areas (SLAs), in the period 1991–92 to 1998–99. These sales data are generally regarded as the best estimate of consumption. The raw data were provided to the National Drug Research Institute by the Western Australian Office of Racing, Gaming and Liquor and converted to litres of alcohol using the conversion factors developed by Catalano and others (Catalano *et al.* 2001). Also in Table 2 and in Figure 3, we present an estimate of annual per capita alcohol consumption by persons aged 15 years and over in these SLAs. The per capita figures were derived by dividing annual consumption of alcohol by the total populations of each SLA at the 1991 and 1996 Census of Population and Housing with projections for the inter-censal years. Consumption by tourists is accounted for by this method as the total population count includes visitors.

Table 2: Total alcohol consumption and estimated per capita consumption of alcohol (litres), Port Hedland and Roebourne SLAs, 1990–91 to 1998–99

| Statistical local area | 1991–92 | 1992–93 | 1993–94 | 1994–95 | 1995–96 | 1996–97 | 1997–98 | 1998–99 |
|------------------------|---------|---------|---------|---------|---------|---------|---------|---------|
| Port Hedland           |         |         |         |         |         |         |         |         |
| Total                  | 172,889 | 164,172 | 158,530 | 163,977 | 171,641 | 199,882 | 234,436 | 194,642 |
| Per capita             | 17.7    | 16.8    | 16.2    | 16.8    | 17.5    | 20.4    | 23.9    | 19.9    |
| Roebourne              |         |         |         |         |         |         |         |         |
| Total                  | 224,032 | 203,192 | 192,601 | 200,998 | 199,575 | 195,888 | 219,269 | 229,166 |
|                        | 18.8    | 17.7    | 16.8    | 17.0    | 17.5    | 20.1    | 23.2    | 18.9    |

In the period 1991–92 to 1998–99 per capita consumption of pure alcohol increased at a rate of 3.4 per cent per year among persons aged 15 years and over in the Roebourne SLA and 0.6 per cent in the Port Hedland SLA. Over this period annual per capita consumption of pure alcohol among those aged 15 years and over was approximately 18.8 litres per person in the Roebourne SLA and approximately 18.7 litres per person in the Port Hedland SLA. While there may be a small margin of error in these estimates, the key point is that consumption is rising and that it is over twice the national per capita consumption of approximately 9.6 litres per person aged 15 years and over.

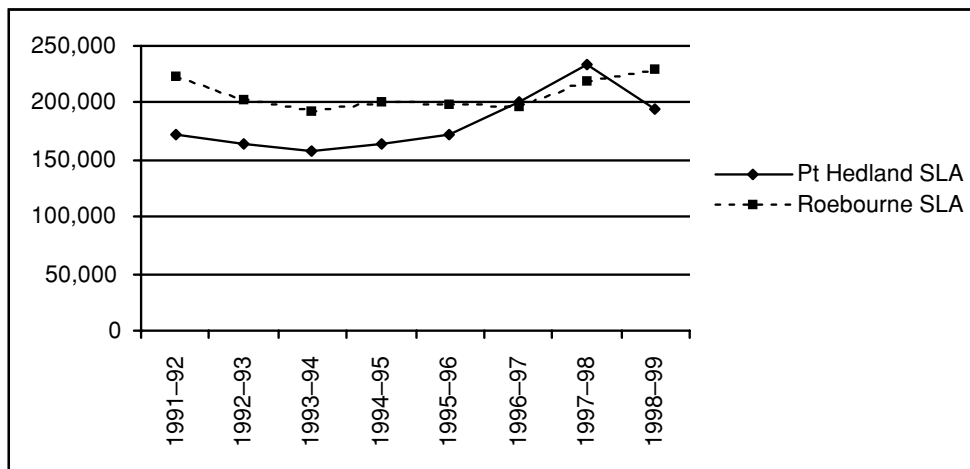


Figure 2: Total consumption of pure alcohol (litres), Port Hedland and Roebourne SLAs, 1991–92 to 1998–99

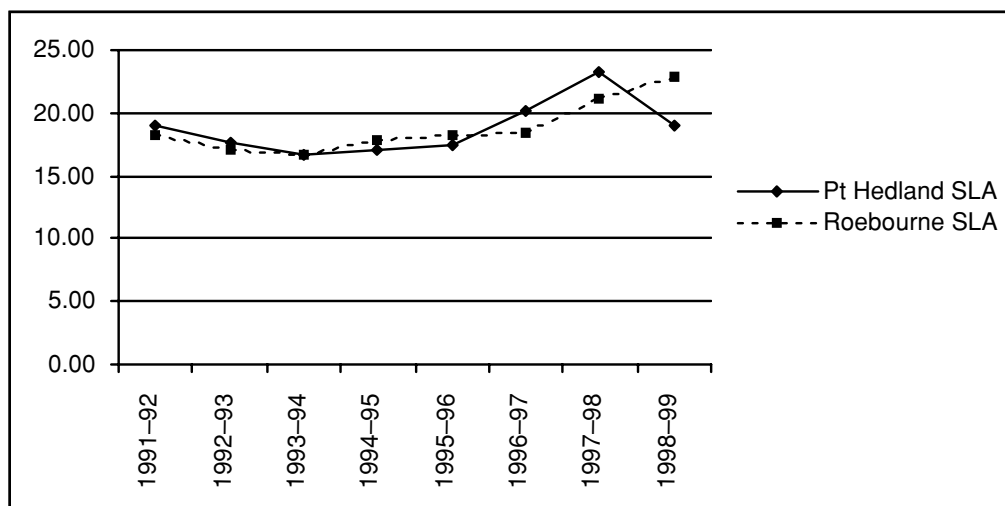


Figure 3: Estimated per capita consumption (persons aged 15 years) of pure alcohol (litres), Port Hedland and Roebourne SLAs, 1991–92 to 1998–99

### **Community perceptions of alcohol and other drug use**

In the interviews with agency and community representatives they were asked to identify types of substances used; their effects; the contexts in which they were used; the people commonly using them (age, sex, community location etc); how they are used; why they are used; and the consequences of that use for the community.

### **Range of alcohol and other drugs used in community**

Interviewees were asked to identify the drugs which they were aware of that were used in their communities. In Roebourne, alcohol and cannabis were by far the most frequently cited drugs, with all respondents identifying their widespread use in the town. There was less agreement about volatile substances, with some claiming sniffing did not happen, others that the only sniffing was by outsiders. Fewer people identified 'hard' drugs such as heroin or speed, though those who did claimed these drugs were beginning to become more important. Some people had either not heard of these drugs, and/or were unwilling to even talk about them. Most respondents did not identify smoking as a substance issue until prompted. The eight listed are those who, unprompted, listed tobacco. All respondents, when prompted said tobacco smoking was widespread and not regarded as a health issue by most people.

Table 3: Number of interviews in which various substance were identified as being used in Roebourne and Port Hedland

| Substance            | Town      |              |
|----------------------|-----------|--------------|
|                      | Roebourne | Port Hedland |
| Alcohol              | 22        | 54           |
| Cannabis             | 22        | 41           |
| Heroin               | 8         | 44           |
| Speed                | 8         | 33           |
| Tobacco              | 8         | 33           |
| Volatile substances  | 11        | 30           |
| Ecstasy              | 1         | 8            |
| Prescription tablets | 1         | 4            |
| Other                | 1         | 6            |

All respondents in Port Hedland identified alcohol as the drug most frequently used. The higher proportion of interviews in which tobacco was identified is a consequence of differences in interview technique between the NDRI team and the local Aboriginal

researcher, who prompted all informants on tobacco use. What is most striking in comparison to the Roebourne sample is the identification of illicit drugs, specifically heroin and 'speed' (amphetamines) by large numbers of informants. This result was possibly affected by the death of an Aboriginal person, allegedly by a heroin over-dose, two weeks previously. A number of people also talked about other Aboriginal deaths in the area from heroin overdose.

### People misusing substances

The informants in Roebourne identified males and females as equally misusing alcohol and cannabis. However, while the main age groups identified as misusing alcohol were teenagers and older, eight informants were concerned about younger, primary school children drinking alcohol and smoking cannabis. Heavier users of cannabis were more likely to be identified as teenagers or young adults less than thirty. Those informants who mentioned smoking stated that both sexes and all age groups smoked.

Table 4: Number of interviews in which different categories of people were identified as misusing drugs, Roebourne

| Substance           | Male | Female | Sub-teen | Teen | 20–30 | 31+ |
|---------------------|------|--------|----------|------|-------|-----|
| Alcohol             | 15   | 13     | 8        | 17   | 17    | 18  |
| Volatile substances |      | 1      | 2        | 4    | 3     |     |
| Cannabis            | 5    | 5      | 6        | 15   | 14    | 10  |
| Other illicit drugs | 1    |        | 1        | 2    | 2     |     |
| Other               |      |        |          |      |       |     |

As in Roebourne, informants in Port Hedland believed alcohol was misused equally by males and females. While more people identified those in their teens or older as most likely to misuse alcohol, a substantial proportion also identified drinking among sub-teens as a problem. People's perceptions of cannabis misuse showed a similar distribution. Other illicit users were identified as being more likely to be aged in their late teens or older. One somewhat encouraging sign is that in spite of the apparent prevalence of injecting drug use among the Aboriginal population, no-one mentioned children misusing illicit drugs such as speed or heroin—some attributing this to the higher costs of these drugs. Smoking, when mentioned, was identified as common among both sexes and in all age groups.

Table 5: Number of interviews in which different categories of people were identified as misusing drugs, Port Hedland

| Substance           | Male | Female | Sub-teen | Teen | 20–30 | 31+ |
|---------------------|------|--------|----------|------|-------|-----|
| Alcohol             | 41   | 40     | 31       | 44   | 44    | 41  |
| Volatile substances | 16   | 13     | 14       | 19   | 3     |     |
| Cannabis            | 28   | 26     | 18       | 31   | 30    | 27  |
| Other illicit drugs | 20   | 16     |          | 22   | 28    | 20  |
| Other               |      |        |          |      |       |     |

### **Location and times of use**

#### ***Roebourne***

##### *Alcohol*

Informants were asked when and where people used particular substances. In Roebourne virtually everyone claimed that drinking was dependent upon the pension cycle. Some social security payments are now received each week, rather than concentrated in one week in a fortnightly cycle. As one concerned informant said drinking takes place on ‘pay day, mother’s day, pension day, everyday’! For serious drinkers this means that drinking is likely to be concentrated from Wednesday to Saturday, depending upon the actual day of payment. Our observations while in Roebourne supported these claims, at least with respect to public drinking. The town appeared very quiet from Sunday through to Tuesday, with few people on the streets. Our observation on a Wednesday, pension week revealed more people in town from about 9.00 am. By 10.00 am there was a taxi at the hotel with people picking up alcohol, and about two dozen people outside the hotel.

When asked where people drank informants differentiated between public drinkers and those people who largely drank at home, or inside. Public drinking places identified included the park (a small, shaded grassed area alongside the main street), by the river, and outside the hotel, the Supply Mart (another liquor outlet), and in the main street. Another public area was a large vacant block adjacent to the hotel, identified by the old stone building on the site. ‘Inside’ drinking takes place in the hotel (including the disco), people’s homes, identified ‘party’ houses (that is, houses whose occupants are known heavy drinkers), and the ‘casino’ (a house where gambling frequently takes place).

##### *Illicit drugs*

Like alcohol, cannabis use was said to be socially acceptable and informants claimed that use occurs ‘all day, everyday’ in some homes, is seen in the pub, and at many

outdoor settings and events. Many people said that use was so widespread in the town and nearby Wickham and Point Sansom that there is little enforcement of the law. Injecting drug use, on the other hand, is reported to be much less socially sanctioned and occurs almost exclusively in people's homes (although there were isolated reports of needles found outside Aboriginal agencies in town).

### **Port Hedland**

#### *Alcohol*

When asked when people drank in Port Hedland one informant said, 'you're in the Pilbara – seven days a week!' Most other people—who claimed that many people would drink everyday if they had the money—supported his response. While Sundays through Tuesdays were somewhat quieter than the rest of the week, there was not the more defined off-pension/on-pension-drinking schedule that was apparent for public drinking in Roebourne. A few informants also mentioned that people who work usually confine their heavy drinking to Fridays and weekends. Our observations of public drinking supported these views.

In terms of where people drink, again there was the public/private distinction. Public drinking takes place most visibly in the South Hedland area, in the so-called 'flats' surrounding the shopping centre, sometimes at Centenary Park opposite the Liquorland store, in any shady areas adjacent to public buildings such as the Homeswest or Post Office buildings, and in the ditches. In the Port, most public drinking occurs on the waterfront and beaches, and outside the Wedge Street bottle shop. Apart from these locations, which were mentioned many times, other locations for public drinking cited were at various parks, at Two Mile camp, and at the back of TAFE College in South Hedland. However, a number of informants reminded us that public drinking represented a small proportion of all drinking in Port Hedland.

There are popular licensed premises, such as the Red Plains Tavern and Last Chance disco in South Hedland and the Pier and Esplanade Hotels in the Port. However, the difference in prices between alcohol for consumption on- and off-licensed premises means that many people prefer to buy their alcohol at take-away outlets and drink in their own homes or the homes of known drinkers.

#### *Volatile substances*

Most informants claimed that use of volatile substances was largely opportunistic, it could occur anywhere at anytime. Locations specifically mentioned for sniffing were the ditches and under bridges, in public toilets, at the back of the swimming pool and Community Health Centre, all in the South Hedland area. However, some people

mentioned that some young people were quite open in their use and could be seen simply walking down the street obviously sniffing.

#### *Illicit drugs*

As in Roebourne, cannabis use was claimed to be quite open. One informant stated 'It's just as common as smoking tobacco'. People were said to smoke openly at social functions, recreational events, sports clubs, in pubs and at discos, and in their own and other people's homes. Many people were described as smoking 'all the time'. However, whereas alcohol and cannabis use was described as occurring 'anywhere and everywhere', speed and heroin use was described as much more dependent upon available money, and in particular, more private settings. Speed, like Ecstasy and other pills, was identified as a 'party' drug which people would use either before going out, or while at the disco or parties. Heroin was confined to more private use, usually in people's homes, although some informants claim users may occasionally frequent parks, public toilets and open spaces.

#### **Patterns of use**

Respondents were asked for their perceptions about what substances they used and how they were used. We wanted to try and establish, for instance, the brands and types of alcohol consumed in order to determine whether there were particular harm reduction strategies worth pursuing.

#### **Roebourne**

##### *Alcohol*

Full strength canned beer (Emu Export was frequently cited), cask wine (so-called 'water bags') and cask port (Tawny Port) were identified as the most popular drinks in Roebourne. Some people also mentioned UDLs and spirits such as Jack Daniels and Jim Beam as popular with young people, in particular. A visit to the hotel bottle shop and Supply Mart liquor section confirmed their importance, with very few other drinks displayed for sale. According to some informants most people preferred to drink beer and when they had enough money, for instance, when paid, they would buy blocks of Emu Export. As the week drew on and the money ran out, people would switch to the much cheaper cask wine.

##### *Tobacco*

With respect to tobacco smoking, informants identified Marlborough and Winfield Reds as the 'tailor-mades' of first choice of younger smokers, with older people also smoking rolled cigarettes. When asked why these were popular, most people simply

referred to the fact that they were the 'strongest' available. A number of the elderly people continue to chew tobacco.

#### *Volatile substances*

Descriptions of sniffing use included the inhalation of spray paint which was simply sprayed into the lid, petrol from cans or cardboard cartons, and glue sniffed from the tube.

#### *Illicit drugs*

It was clear from the accounts of cannabis use that many people of different age groups had observed a wide range of use. This included a variety of bongos ('bucket' bongos for large groups and 'rocket' [two litre bottle] for smaller numbers), pipes and rolled joints. No one in Roebourne admitted to knowing anything specifically about injecting drug use. Although a few people claimed they had heard second-hand of speed and heroin use, they could not or would not give any specific details of its use.

### **Port Hedland**

#### *Alcohol*

The patterns of alcohol use described for Port Hedland were considerably more diverse than those described for Roebourne. Given the larger size and greater diversity of the Aboriginal population, this is not surprising. Full strength beer was identified as the drink of choice for those with sufficient money, with Emu Export cited most frequently. Next in importance was cask wine, variously described as 'moselle', 'yellow cask wine' (referring to the colour of the cask), and 'water bags'. The term water bag refers to the inner bladder of the wine cask which is frequently seen passed among public drinkers, and discarded in public places. Many people also referred to the decanting of cask wine into cool drink bottles, sometimes diluted with water. This occurs when money is scarce and alcohol needs to be shared more sparingly. Like the water bags, cool drink bottles are ubiquitous among Port Hedland's public drinkers. Spirits such as Jim Beam and UDLs (mixed spirit drinks in cans) were cited as popular, especially among young people. Also identified was the drinking of port or 'tawny port', especially by heavy drinkers.

#### *Tobacco*

Winfield Red followed by Winfield Blue were identified as the most popular cigarettes in Port Hedland. Other brands cited were Holiday, Horizon, Peter Jackson and Marlborough. A number of people mentioned the importance of loose tobacco such as Log Cabin for roll-your-own smokers, and chewing tobacco was mentioned as still popular among a number of old people. For smokers, it was claimed, the important



criteria are price and strength. 'You won't see any menthol smokers', said one informant.

#### *Volatile substances*

Informants identified glue as the volatile substance most frequently sniffed. Next in popularity came chrome based paints and petrol. While the former was described as common among young town dwellers, petrol was seen as the drug of choice for young people from outlying communities. Users of chrome paints simply spray the substance into a plastic bag and hold it to their faces. Some informants talked about the tell-tale signs of 'chroming', paint smeared faces. Petrol sniffers would either sniff from a can, or from a petrol-soaked rag. Other substances identified included 'art stuff', deodorant, 'hard as nails', and 'aerosol sprays' (unspecified).

#### *Illicit drugs*

Like the Roebourne informants, those in Port Hedland easily identified a number of ways in which cannabis was used. Bongs, usually homemade, were described as the most popular method, followed by rolled joints and pipes. Bongs included the so-called 'bucket bongs', and smaller improvised bongs made from cool drink bottles or even cans. When asked why bongs were preferred, most people said this was the cheapest way for many people to smoke as it allowed more people to enjoy the effects of the drug than either joints or pipes.

According to most informants, both speed and heroin were more likely to be injected than taken in other ways. This was particularly the case with heroin, which is 'always injected'. However, people were able to identify a number of ways in which speed was used, including snorting, swallowing, and mixing with water and drinking. One apparently knowledgeable Aboriginal informant talked about the progression of speed use from sniffing, drinking with water, swallowing, and finally injecting. He mentioned that most people saw injecting as synonymous with hard drug use, and many sought to avoid or at least delay the practice for this reason.

#### **Reasons for substance misuse**

Respondents were asked to identify the reasons they thought substance misuse occurred in their community. The purpose here was to determine what commonalities, if any, there were in people's understandings of the underlying causes of misuse.

#### ***Roebourne***

The single reason most frequently identified as contributing to misuse of alcohol and other drugs in Roebourne was the lack of employment, with resulting boredom. Many

people said that there was nothing else to do in Roebourne than drink and take drugs. There was no suitable work, particularly for men, and children were leaving school but unable to work unless they went away from their family and friends. One informant was critical of the Roebourne Shire because of its alleged neglect of the town, compared to Karratha which had much more money spent on it, and hence there was more employment available there on Shire activities.

Next in importance were family reasons. These were quite varied, but many focused on the very poor role models provided by some parents. The large number of drinking parents meant that children in those households grew up seeing drinking and other drug taking as normal. Their parents were frequently unsupportive and lacking in encouragement. One woman described the lives of a number of young children she knew who 'can't sleep because of drinking, fighting. They (the kids) might as well join them'. Other family reasons cited included the impact of deaths (often substance related) on people, who turned to drinking or other substances in their grief and loss.

Pressure to drink by peers was mentioned by many people. This was identified in a mostly negative way – 'there's lots of peer pressure to drink, and people who give up get intense pressure'. Negative peer pressure was more likely to be associated with comments about young people's substance misuse. One Aboriginal woman saw this pressure as also cultural. She said that Aboriginal people respected each other's rights to act how they chose, even when that behaviour was destructive. A few people saw drinking among peers more positively, as a way to enjoy companionship, particularly among the elderly. For others, the fact that one's peers drank or took other drugs simply reinforced the social normalcy of drinking and drug taking, 'it's socially acceptable', and 'it's the social norm'. Often comments about peer pressure were grouped with those to do with family modelling of substance misuse. There was a clear notion that in this community drinking and drug taking (although not injecting) were the norm, and those who didn't do it were considered unusual, Christian or deviant.

While we anticipated that people would cite history and racism as reasons for substance misuse, this was very largely not the case. No one identified racism, either directly or indirectly, and only three people cited historical reasons for misuse. One Aboriginal woman mentioned the unfortunate coincidence of the benefits of citizenship and the removal of drinking prohibitions, 'Now that we're giving you the pension, we'll let you drink at the pub!'. Another saw the period since prohibition was removed as still too recent for many people to control their drinking. The same man spoke of Roebourne's more recent mining development, with large numbers of young, single males with money taking women from the community and abusing them, leading, in his view, to substance misuse among both men and women.

There were diverse responses in the 'other' category. These covered structural and institutional factors, psychological factors, and social conditions. Availability of alcohol and other drugs were cited as contributory factors, 'more than anything else, it's (alcohol) readily available'. As will be discussed elsewhere, liquor-licensing issues were raised by a number of people, although not necessarily in response to the question about why people drink/take drugs. Two people identified the lack of education and training about alcohol and other drugs as an issue. For one woman this meant that Aboriginal people were disempowered, and unable to take control of their lives.

Lack of self-esteem and depression were seen as important in many cases. Children and young people were described as unable 'to see a future for themselves', in a 'never-ending cycle'. For these people, alcohol and other drugs made them 'forget about everything else, and feel good for a while'. These feelings were exacerbated by broken and inadequate education which meant that people were unlikely to find employment or any other way to break out of this cycle.

Table 6: Number of interviews in which particular reasons for substance misuse were given, Roebourne and Port Hedland

| Reason     | Roebourne | Port Hedland |
|------------|-----------|--------------|
| Employment | 18        | 39           |
| Family     | 16        | 20           |
| Peers      | 15        | 20           |
| History    | 3         | 9            |
| Racism     |           | 5            |
| Other      | 22        | 56           |

### ***Port Hedland***

As in Roebourne, Port Hedland informants identified boredom from the lack of employment opportunities as the biggest contributing factor to substance misuse. Some indicated that older, heavy drinkers were particularly vulnerable as they were considered virtually unemployable. Many of these people had on-going alcohol-related illness which further inhibited their employability. Lack of meaningful activities for all age groups, however, resulted in a lack of motivation and substance misuse to drown out feelings of hopelessness. According to one informant, drug dealing was one of the

few opportunities for earning money, and the ubiquitousness of drug taking meant that this was a socially sanctioned form of income support.

Pressure from family and peers were equally acknowledged as reasons for misuse. More than half of these respondents talked about the way in which drinking and drug taking has become the norm for many families – ‘that’s just the way it is’, ‘it’s been around since they were very small, and it’s now part of normal family life’, most kids ‘don’t know any better’. People talked about the difficulties of children receiving an adequate education in these circumstances, the lack of parental supervision or participation in non-drinking activities with their children, and the absence of any positive role models. In these families, problems such as deaths or illness just exacerbate drinking and drug taking.

Peer pressure to drink and take drugs takes place among all age groups, according to informants. For many transients from outlying communities, in town ‘on holiday’ and expressly to drink, non-drinkers are seen as anti-social. For people on communities or in town, quitting drinking is seen by many as an attempt to put oneself above one’s family and friends, ‘you’re trying to be better than us’. To be accepted, one needs to drink, and supplying alcohol or other drugs is a reliable way to keep friends.

Compared to those Roebourne, more Port Hedland informants identified history and racism as factors influencing substance misuse. This is probably due both to the larger number of Aboriginal informants in Port Hedland, and the higher levels of education among this group. Some Aboriginal people were eloquent about the impact of colonisation, describing it as ‘...a brutal process, associated with grief and loss, and dispossession is not addressed sufficiently’. Another saw a more direct connection to alcohol problems – ‘pastoralists have moved people off their country into the towns where they are exposed to alcohol’. People mentioned the importance of drinking ‘rights’, the impact of past government policy (including the ‘welfare society’), and unresolved anger and grief about the stolen generations and loss of identity.

Those citing racism referred to Aboriginal people as ‘second class citizens’, ‘disempowered’ and ‘disenfranchised from opportunity’, with a ‘sense of deprivation’, who ‘can only defend themselves when drunk’. Among this group there was a clear recognition of the link between racism and substance misuse:

... if you shift people from being able to do everything and replace this with a lifestyle where they’re comparatively disabled, this will lead to alcohol abuse and addiction.

Among reasons cited in the ‘other’ category, those relating to depression, poor self-esteem and simply attempting to cope with many serious problems, predominated. Next in importance were those linking substance misuse with learned behaviour, this

is just what people do, 'they don't know any different'. Others mentioned the lack of education and training, and the addictive nature of alcohol and other drugs. Six people cited the climate as a problem.

## 5. SUBSTANCE RELATED HARM

For some time there has been a growing literature which documents both qualitatively and quantitatively, the various harms associated with substance misuse. These include a wide range of acute and chronic health effects, disruption to family life and schooling, violence and crime, and threats to culture and tradition (Saggers & Gray 1998). We wanted to determine for Roebourne and Port Hedland what is known, empirically, of the consequences of substance misuse, and to record the experiences of our informants of these harms.

### Alcohol-related harm

Estimates of alcohol-related hospital admissions for the period 1990-91 to 1997-98 were obtained from the Health Department of Western Australia. These estimates are based on the aetiologic fraction method (English *et al.* 1995). These are presented in Figure 4 and Table 7.

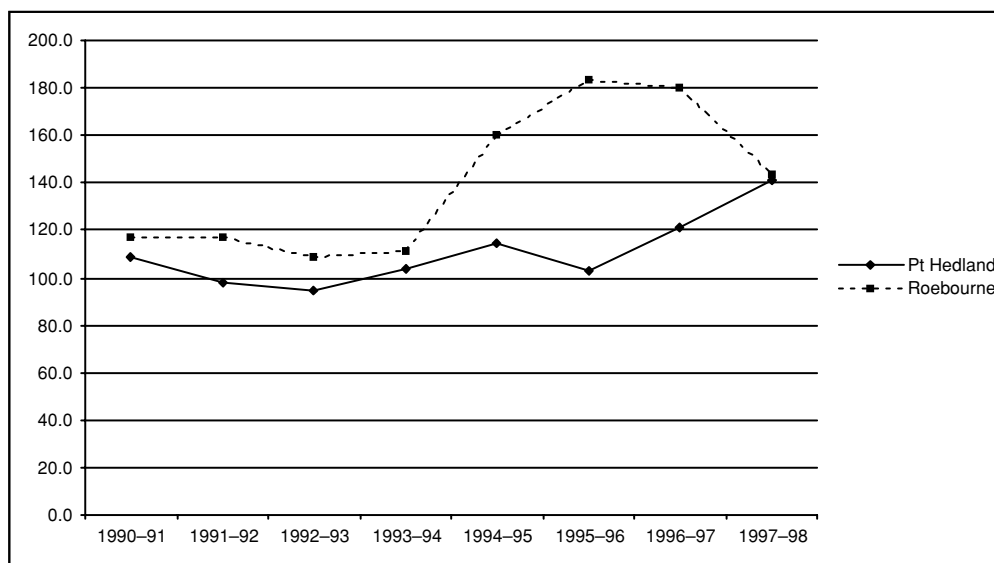


Figure 4: Estimated alcohol-related hospital admissions, Port Hedland and Roebourne, 1990-91 to 1997-98

Table 7: Indigenous and non-Indigenous hospital admissions for alcohol related conditions by gender, Port Hedland and Roebourne, 1990–91 to 1997–98

|               | Indigenous<br>males | Non-indig<br>males | Total<br>males | Indigenous<br>females | Non-Indig<br>females | Total<br>Females |
|---------------|---------------------|--------------------|----------------|-----------------------|----------------------|------------------|
| Port Hedland  |                     |                    |                |                       |                      |                  |
| 1990–91       | 29.5                | 39.3               | 68.8           | 29.7                  | 10.1                 | 39.8             |
| 1991–92       | 33.5                | 29.4               | 62.9           | 21.9                  | 13.3                 | 35.3             |
| 1992–93       | 31.6                | 27.9               | 59.5           | 27.1                  | 8.3                  | 35.3             |
| 1993–94       | 31.2                | 32.3               | 63.4           | 25.9                  | 14.7                 | 40.6             |
| 1994–95       | 34.8                | 26.7               | 61.5           | 47.0                  | 6.0                  | 53.1             |
| 1995–96       | 33.5                | 31.6               | 65.1           | 28.0                  | 10.0                 | 38.0             |
| 1996–97       | 35.3                | 49.0               | 84.3           | 25.8                  | 10.8                 | 36.6             |
| 1997–98       | 37.2                | 53.1               | 90.3           | 36.3                  | 14.1                 | 50.5             |
| Total 1990–98 | 266.5               | 289.2              | 555.7          | 241.8                 | 87.3                 | 329.1            |
| Percentage    | 48.0                | 52.0               | 100.0          | 73.5                  | 26.5                 | 100.0            |
| Roebourne     |                     |                    |                |                       |                      |                  |
| 1990–91       | 31.2                | 38.6               | 69.8           | 22.2                  | 25.1                 | 47.3             |
| 1991–92       | 28.0                | 45.0               | 73.0           | 29.2                  | 14.7                 | 43.9             |
| 1992–93       | 36.3                | 36.6               | 72.9           | 21.2                  | 14.2                 | 35.4             |
| 1993–94       | 37.7                | 34.4               | 72.1           | 29.6                  | 9.1                  | 38.7             |
| 1994–95       | 61.9                | 43.5               | 105.4          | 36.8                  | 18.0                 | 54.7             |
| 1995–96       | 65.3                | 52.9               | 118.2          | 51.8                  | 13.4                 | 65.2             |
| 1996–97       | 64.3                | 45.9               | 110.2          | 47.7                  | 22.0                 | 69.6             |
| 1997–98       | 55.8                | 41.3               | 97.1           | 24.0                  | 22.1                 | 46.0             |
|               |                     |                    | 0.0            |                       |                      |                  |
| Total 1990–98 | 380.5               | 338.3              | 718.7          | 262.3                 | 138.5                | 400.8            |
| Percentage    | 52.9                | 47.1               | 100.0          | 65.4                  | 34.6                 | 100.0            |

Source: Health Department of Western Australia

Over the period 1990-91 to 1997-98 total hospital admissions for alcohol related conditions increased by about 4.4 per cent in the Port Hedland SLA and about 4.5 per cent in the Roebourne SLA. The average number of admissions per year was 110.6 in Port Hedland and 139.9 in Roebourne. Although Aboriginal people comprised about 11.4 per cent of the Pilbara population, they accounted for about 57 per cent of alcohol-related admissions in both locations—an important factor in this is the high number of admissions of Aboriginal women.

### **Community perceptions of the effects of substance use**

Respondents in both Roebourne and Port Hedland were asked about the effects substance misuse had had on them, their families and communities.

### Roebourne

Most informants in Roebourne identified the adverse health effects of substance misuse. People named many complaints, including premature deaths and aging. One agency employee said he was aware of 53 deaths in the past 8 years, most of which he believed were alcohol-related. One Aboriginal woman said she knew of 4 alcohol-related deaths in the past month. Expressions like 'people are drinking their lives away' were common. Physical conditions cited were diabetes, fitting, pancreatitis, gastritis, brain disorders, liver damage, foetal alcohol syndrome babies, renal failure, pneumonia, and strokes. Others mentioned self-harm and mutilation, depression and other mental health problems. There was a clear recognition of the links between heavy drinking, in particular, and poor health and premature death. In this small community most people know someone who has lost their life in this way.

Table 8: Number of interviews in which particular effects on community of substance misuse were identified, Roebourne

| Effect   | Number |
|----------|--------|
| Health   | 20     |
| Family   | 16     |
| Violence | 15     |
| Crime    | 6      |
| Culture  | 6      |
| Economic | 6      |
| Other    | 6      |

The effects on families of substance misuse were also widely cited. Family breakdown was commonly seen as alcohol-related, and many people saw children as the worst victims. People described dysfunctional families where children are left to fend for themselves and their younger siblings, with little incentive to attend school. Lack of proper meals and adequate sleep because of drinking parties meant they were unable to perform well at school. Others talked about children who were ashamed to go out with their drunken parents. Lack of discipline for children was linked to lack of respect for elders. Adult family relationships are also vulnerable in these families, with fighting between relatives, sometimes escalating into feuds. One Aboriginal woman talked about the way the operation of family life was affected altogether, with 'sharing and caring all gone out the bloody window'.



Although a few people mentioned crime, generally, as one of the adverse effects of substance misuse, most people (and virtually all Aboriginal people) were more specifically concerned about the levels of violence in the community. Domestic or family violence was identified by most of these people as a 'big problem', indicating perhaps both the level of violence and people's awareness of it as an issue. Some Aboriginal people explicitly linked heavy drinking with domestic violence, stating 'men can't communicate when they're sober', and 'alcohol has a completely different effect on Aboriginal men – they become aggressive, jealous. When they're sober, they're okay'. Sexual jealousy was said to be heightened when people were drinking. Other physical abuse in the family, and sexual abuse of children were seen as issues. Among the range of crimes about which people were concerned were murders, assaults, burglary, traffic offences, public drunkenness and unruly behaviour. Two different sources gave anecdotal estimates that 80–90 percent of all crime in the town was alcohol-related.

Comparatively fewer people mentioned the adverse effect of substance use on Aboriginal culture, with only three Aboriginal people seeing this as an issue. Non-Aboriginal people spoke of the 'loss of respect for themselves and their culture' and lack of trans-generational transmission of culture. One Aboriginal person spoke about the 'dignity taken away' and the fact that in his view 'the marriage line has been broken' (that is, people were marrying outside of their correct groups).

There were also comparatively few comments about the economic impact of substance misuse. Those who did make such comments mentioned the lack of commitment to employment by heavy drinkers and drug takers. Others were concerned about the lack of proper food for children, with one woman describing how people would spend \$50 on food and \$50 on alcohol, as though they were of equal importance.

Responses in the 'other' category had to do with the 'shame' people felt. For non-Aboriginal people it was shame about the image of the town with drunks fighting, and alcohol-related rubbish littering the community. These people saw this type of behaviour feeding prejudice in the town. For Aboriginal people the shame was felt more personally. 'It makes me feel shamed' said one woman. Another talked of the impression it gave others:

Shameful, families see them hanging around in town, sleeping in the street, just like they got no one.

In most cases, according to this woman, these people did have family, but their drinking made it difficult for their families to look after them and their other responsibilities.

### Port Hedland

Like the Roebourne informants, people in Port Hedland could easily identify the health effects of substance misuse. In the words of one Aboriginal person, 'people die, some quick, some slow'. In this town deaths from both alcohol and heroin were fairly well known. Two Aboriginal informants claimed they had recently lost a child each to heroin overdose, and many others referred to five or six Aboriginal deaths in the past three to five years. Deaths of people under forty were common knowledge. One man who had worked in Port Hedland for many years said he 'couldn't remember the number of people who've passed away because of grog'. Physical ailments mentioned included liver damage, severe vomiting, heart disease, diabetes, renal failure, pancreatitis, kidney disease, chronic ulcers, foetal alcohol syndrome, and lung cancer. Accidents and injuries were also cited, with one woman saying 'Aboriginal women carry a lot of body scars, from assaults, falls, fires, and self-mutilation'. Mental health conditions were also mentioned by some, including depression and mood swings.

Table 9: Number of interviews in which particular effects on community of substance misuse were identified, Port Hedland

| Effect   | Number |
|----------|--------|
| Health   | 40     |
| Family   | 33     |
| Violence | 29     |
| Crime    | 25     |
| Economic | 15     |
| Culture  | 5      |
| Other    | 21     |

Family problems arising from substance misuse were also widely acknowledged. Marriage and family breakdowns were attributed to misuse, and people were uniformly concerned about the impact of dysfunctional families on children. Many talked about the struggles for children to attend school while tired, hungry and with unwashed clothes. Lack of discipline at home was coupled with growing disrespect for inebriated relatives and all other adults. One woman spoke of the hardships many older Aboriginal women experienced, trying to hold onto Homeswest housing when their drunken relatives would move in on them for money and accommodation.

Informants in Port Hedland recognised violence and other crimes as problems in their community. It is true that more of the reported concern about crime was from non-Aboriginal people who were largely concerned about property crime—breaking and entering, car theft, and destruction of property. However some Aboriginal people expressed their concerns about property and damage to people. According to one man, 'it's getting that bad, breaking in on old people' in order to steal to pay for alcohol and other drugs. A couple of people talked about the growth of prostitution to pay for drugs. The growth of speed and heroin use was linked to much of this crime.

While many informants cited domestic or family violence, child sexual abuse was specifically mentioned as a growing problem in the community. When asked about the type of violence in the community one Aboriginal person replied 'Everything—young kids fighting, humbugging old people, homicides, sexual abuse is huge'. As in Roebourne, virtually all of the domestic violence was attributed to alcohol and other drugs.

A similar proportion of informants in Port Hedland as that in Roebourne, identified the negative economic impact of substance misuse. These concerns included the loss of jobs, employment skills and motivation to work. The financial impact on the family led to the loss of houses, and inadequate nutrition for families. One non-Aboriginal man spoke of the industry feeding on Aboriginal poverty in these circumstances:

...it's a revolving door situation, seagull taxi drivers hanging around banks, people paying back credit, other people preying on them (Aboriginal people), trying to sell them cars

As in Roebourne, non-Aboriginal people expressed most of the concern about the 'loss' of culture. Even among this group, however, there were few comments compared to other issues identified.

Most of the comments in the 'other' category came from non-Aboriginal people and many of them had to do with the negative public image Aboriginal substance misuse created for the community and Aboriginal people generally. Some people were concerned about public drinking and the rubbish generated by their camps, others thought their presence frightened townspeople who were too afraid to go to certain places in town. Some spoke of the way in which drinking, drug taking and its consequences fed racist attitudes in the town towards the so-called 'typical Aboriginal person'. Others with experience of outlying Aboriginal communities talked of the changed focus to alcohol and the breakdown of self-determination and empowerment when people were focused largely on alcohol. One Aboriginal person spoke of the shame he felt about excessive drinking, and another said 'you lose your pride, and when that's gone, everything's gone'.

## **6. SUBSTANCE MISUSE SERVICES**

### **Background**

#### **Mawarnkarra Health Services Aboriginal Corporation**

At the time this project was undertaken (June 2000–June 2001) there was only one targeted alcohol and other drug service provided by Mawarnkarra Health Service Aboriginal Corporation in Roebourne (the ‘meal program’), and none at Wirraka Maya Health Services Aboriginal Corporation in Port Hedland. However, between 1995–99 Mawarnkarra had been funded to run a number of other substance-related programs; an Alcohol Diversion Program, a Community Based Substance Abuse Family Support and Counselling Service, and Dry Bush Camps. Details on these programs have been taken from the National Drug Research Institute’s Database on Aboriginal Australian Alcohol and Other Drug Projects, which is based on information provided by agencies on their programs (<http://www.db.ndri.curtin.edu.au/php/php.exe/projres.html>).

The Alcohol Diversion Program was funded by OATSIH and its objectives were to reduce domestic violence, improve family relationships, reduce the number of Aboriginal people in custody, and to reduce alcohol related harm. Mawarnkarra negotiated with a local Aboriginal group, Ieramugadu Group Incorporated to provide the program which consisted of group education sessions in which clients were helped to identify the detrimental effects alcohol misuse was having on their lives. However, Ieramugadu was unable to conduct the program and the funds were transferred back to Mawarnkarra which, at that time, had drug and alcohol workers. However the program was closed in 1999.

The Community Based Substance Abuse Family Support and Counselling Service was funded by the (then) Commonwealth Department of Health and Family Services, and the Health Department of Western Australia. Its objectives were to increase awareness of substance related harm, encourage positive alternatives to substance misuse, reduce self and family abuse, reduce child neglect, reduce imprisonment, reduce the number of alcohol-induced assaults, and increase involvement in sports and cultural events. Services offered included counselling for individuals, families and groups; transport and referrals for clients; activities to encourage self-help projects; anger management training in prison or through court-diversion processes; school and prison education workshops; the establishment of a women’s group to provide meals for itinerant/homeless drinkers (this subsequently became the Nutrition Liquid Replacement Program, or ‘meal’ program); fishing and hunting activities; recreational

youth activities; and visits to communities by the sexually transmitted diseases field worker to provide education about safe sex practices.

The Dry Bush Camp was designed to detoxify substance dependent people and to provide an environment which would lead to a reduction in alcohol misuse and alcohol-related problems, such as poor health and lifestyle, violence and community disruption. Ngurawaana, an outlying Aboriginal community, had previously operated dry bush Camps for Aboriginal people, and the strategy of the new project was to have prospective clients jointly assessed by Mawarnkarra and Ngurawaana before referral. Clients were then taken out to the camp by experienced Aboriginal people to participate in alcohol-free camping activities and tasks. Young people were also provided with recreational activities and self-esteem programs were conducted for them. There were quite different descriptions given by Roebourne informants about this program, and it was not possible to reliably determine how long the program had been running or how many people had actually been referred to the camp before it was closed down.

In addition to the above, now defunct programs, Mawarnkarra currently employs a Stolen Generation counsellor to address health, emotional and social issues arising from removal from family in the past. This person has also taken an interest in substance misuse and related issues—having initiated a Local Drug Action Group and contributed to a submission for funding for a pilot program for perpetrators of family violence in the community. The nine month project, to be coordinated by the Pilbara Regional Domestic Violence Council, will provide a holistic program for men (while in prison and when released into the community) and their families in Roebourne, and include counselling on alcohol and other drugs.

### **Bloodwood Tree Association**

Bloodwood Tree Association is an Aboriginal, non-government organisation which is funded from a variety of sources, including the Aboriginal and Torres Strait Islander Commission (for NAIDOC and sports and recreation activities), the Western Australian Department of Training (for an Aboriginal Economic Employment Development Officer), Aboriginal Hostels Limited and Homeswest (for hostel accommodation), and OATSIH (for substance related activities). A new 20-bed hostel has been constructed in South Hedland and will offer short-term accommodation to itinerant travellers and residents living in overcrowded housing. It will be managed by Bloodwood Tree, and is due to open in July 2001.

Bloodwood's substance misuse service is focused on community development and advocacy, rather than the provision of specific services. The coordinator and other

committee members have taken an active role in the Local Drug Action Group, the sobering-up centre, and general community action on liquor licensing issues. The association has lobbied for the establishment of an alcohol and drug rehabilitation centre for the Pilbara.

### **Community awareness of current substance misuse services**

In both towns informants were asked to identify any organisation they knew which delivered alcohol and other drug services. They were then prompted with a list of services, and asked if they were aware of them. While some responses were simple to categorise, others, especially those to do with counselling, were quite diverse and referred to many different services.

#### **Roebourne**

All respondents in Roebourne identified the night patrol and sobering-up shelter, and all but two knew of the women's refuge, known as the safe house. It is clear that these services enjoy a high profile in the community. Often they were the only services known to informants.

Table 10: Number of interviews in which particular substance misuse services were identified, Roebourne

| Service                       | Number |
|-------------------------------|--------|
| Counselling                   | 23     |
| Night patrol                  | 22     |
| Sobering-up shelter           | 22     |
| Women's refuge                | 20     |
| Meal program                  | 14     |
| Rehabilitation/detoxification | 4      |
| Needle exchange               | 4      |
| Education & awareness         | 0      |
| Aftercare                     | 0      |
| Other                         | 7      |

Although there were 23 references to counselling services, very few could identify a single service. Six people mentioned the 'AMS' (Aboriginal Medical Service), although no alcohol or other drug service has been offered there for some time. Other services

mentioned were the Community Drug Service Team (6); the hospital (3); the Stolen Generation counsellor at Mawarnkarra Health Service (3), and the 'Strong Men, Strong Family Program', the Ministry of Justice service at the regional prison, Kinway Services, and the Community Health Services (1 each).

No one could identify any service offering education and awareness on alcohol and other drug services, nor was anyone aware of any aftercare services available for people returning from treatment for their alcohol or other drug problems. Only four people were aware that detoxification was available at the local hospital, most indicating that people went to Broome or Perth if they wanted to detoxify and/or seek rehabilitation treatment.

Perhaps not surprising due to the lack of knowledge about injecting drug use indicated above, only four people identified sources of needles. These included the Roebourne and Wickham hospitals and the Community Health Service. One Aboriginal informant said, 'Aboriginal people know better than to ask for needles at the AMS', indicating that they wouldn't get them.

The Nutrition Liquid Intake Program was identified by fourteen people, although most of these believed it no longer ran, or were unclear as to its status. Services in the 'other' category included an alcohol audit, short intervention at the hospital; the Pilbara Aboriginal Church; the Police and Citizen's Youth Club; the Youth Centre; and a sports group.

### **Port Hedland**

As in Roebourne the night patrol, sobering-up shelter and women's refuge were identified by the largest number of informants. Many people had seen the patrol operating, and/or knew of people who had used the sobering-up shelter and the women's refuge.

A wide range of counselling options was also mentioned. These included the Community Drug Service Team (20), the hospital (7), mental health service (3), private practitioners (3), Alcoholics Anonymous (3), Well Women's Centre (3), the Aboriginal Medical Service (2), Relationships Australia (2) and single references to Bloodwood Tree, Community Health Service, Family Futures, Domestic Violence Alcohol counselling, Acacia Centre, Youth Involvement Council, Salvation Army, and Family and Children's Services.

Education and Awareness programs were cited as operating at the High School (7), through the Community Drug Service Team (7), the Youth Involvement Council (2), the hospital (1), TAFE (1) and St Cecilia's School (1).

Table 11: Number of interviews in which particular substance misuse services were identified, Port Hedland

| Service                       | Numbers |
|-------------------------------|---------|
| Counselling                   | 54      |
| Night patrol                  | 52      |
| Sobering-up shelter           | 46      |
| Women's refuge                | 46      |
| Needle exchange               | 28      |
| Rehabilitation/detoxification | 22      |
| Education & awareness         | 21      |
| Aftercare                     | 10      |
| Meal program                  | 4       |
| Other                         | 19      |

Twenty-two people were aware of detoxification services that could be accessed by Port Hedland people, with Broome, Perth and the hospital being referred to most frequently. Interestingly, one informant identified the women's refuge as the place for some women to dry out, and Roebourne Regional Prison was mentioned as a place for the men.

Ten people referred to aftercare services provided by mental health, the Community Drug Service Team, Alcoholics Anonymous, and social workers at the hospital.

As would be expected with the wider knowledge of injecting drug use, more people in Port Hedland were able to identify sources of needles. These included the hospital, Pilbara Public Health Unit, Community Health Service, Well Women's Centre, and chemists.

Only four people were aware of the meal program offered by the sobering-up shelter. Unlike the program in Roebourne where meals were taken out to people in public spaces around the town, the program in Port Hedland is located at the sobering-up centre and is therefore less visible.



The nineteen responses in the 'other' category are listed here because people could not specify what these organisations provided, they simply had an idea that they offered some alcohol or other drug service. These included the Aboriginal Medical Service (7), police (5), Bloodwood Tree (2), hospital (2); and Well Women's Centre, social workers at hospital, and GPs (1 each).

## **7. THE EFFECTIVENESS OF SUBSTANCE MISUSE SERVICES**

An attempt was made to assess agency and community views of the effectiveness of substance misuse services in both Roebourne and Port Hedland and a detailed set of questions explored; reasons for the establishment of the services, other service models considered, the target population, effects on alcohol and drug related problems in the community, the necessity to provide other services, suitability of location, strengths and weaknesses of the services, ratings of the services, links to other agencies, community participation, and staff training.

Not surprisingly, those services which were more visible in the community—the night patrols, sobering-up shelters, and women’s refuges—were much easier for people to discuss and the data on these is more complete. Services with less visibility produced more variable results, and it was clear that in many cases people were referring to various agencies when they were discussing, for instance, counselling services.

Another limitation was the reluctance of some people to rate the services. In some cases this was simply because they did not know enough about the service. In other cases, however, respondents were unwilling to rate services they regarded as competitors, or disclose negative opinions in such small communities. These limitations mean the following comments should be interpreted cautiously.

### **Acute Interventions**

#### **Roebourne Night Patrol**

The night patrol is managed by Roebourne Sobering-up Shelter Incorporated, a non-government, church-based group, and operates from the shelter at 11 Queen Street in Roebourne. The objectives of the patrol are to:

- prevent injuries and violence caused by excessive use of alcohol;
- reduce disturbance to families and other community members;
- minimise the number of alcohol-related arrests made by police; and
- slow down the time in which people become intoxicated.

The patrol operates from Tuesday to Friday from 4.00 pm to 12.00 am, with patrollers conducting hourly checks of the town streets and campsites to monitor people drinking in public places. Drinkers are asked if they want transport to the sobering-up shelter or to their homes. During patrols the patrollers respond to calls from family and community members who want an intoxicated person removed from a house or

other location. Clients can request transport to the sobering-up shelter. Those not wanting to go to the shelter are taken home or to other safe places. Those requiring immediate medical attention are taken to the hospital. At times the patrol may be called upon to assist emergency services such as the police, ambulance, hospital and fire brigade.

Patrollers maintain records on client pick-ups which include the client's gender, whether the client is drunk or sober, the location of pick-up and drop-off, and the date of pick-up. These records indicate that in 1998, over 15,000 client pick-ups were carried out.

The patrol is funded by the Western Australian Aboriginal Affairs Department and the Roebourne Shire Council, which has agreed to assist by annually donating an amount of \$5000. The patrol has four regular patrollers.

Table 12: Ratings of the effectiveness of the night patrol, Roebourne

| Rating    | Number |
|-----------|--------|
| Poor      | 0      |
| Fair      | 0      |
| Good      | 4      |
| Very good | 5      |
| Excellent | 4      |
| Not rated | 9      |
| Total     | 22     |

When asked to identify the strengths of the night patrol people talked about the way it saved people from harming themselves and others, avoiding potentially dangerous situations between couples and drinking groups. It was said that arrival of the patrol allows things to cool down. Some also said that it provided protection for older women who are vulnerable to abuse when drinking. Others spoke of the quick response of the patrol to phone calls about alcohol-related behaviour. There was also recognition of the civic role of the patrol. By removing intoxicated people from the streets Roebourne did not attract unwanted attention to its alcohol problems.

While not all respondents spoke favourably of the patrollers, most acknowledged the long and dedicated service of some staff. There was a general recognition that this was a difficult job which most people were happy to have done by someone else.

A more general complaint was that the patrol was doing nothing to limit drinking, it 'just carts drunks away – it's not changing lives'.

Many of the suggestions for improvement of the patrol had to do with concerns about the hours and limited scope of the patrol—with people wanting the patrol to operate every day. One person suggested it should start at 10am when the liquor outlets open. Another wanted the patrol to tackle problems associated with truancy and anti-social behaviour. Others mentioned the funding uncertainties facing the patrol and wanted more secure funding for a longer, more continuous service. Others thought a better, bigger bus was warranted for both better service for clients, and more comfortable conditions for workers.

A number of people suggested that more involvement by community members and other agencies was important so that the patrol was seen to be representing a broader section of the community. The question of greater collaboration with other agencies will be discussed later in the report, but the issue of community involvement is more problematic in a very small community with a large proportion of Aboriginal people. As in similar communities elsewhere, there appears to be a number of over-committed individuals who are hard-pressed to meet their civic commitments, and a large number of marginalised people who are unable or unwilling to take on voluntary work of any kind.

### **Pakala Patrol**

The Pakala Patrol is managed by an Aboriginal non-government organisation located in South Hedland, and is funded by the Aboriginal Affairs Department. Patrollers are employed under the Community Employment Development Program through the Ngallkuru Ngukumarnta Aboriginal Corporation (NNAC). According to its constitution, the objectives of the patrol are to:

- provide a community based approach, by local people, to deal with anti-social behaviour throughout the community;
- discourage anti-social behaviour in private and public places, and encourage standards acceptable to all;
- assist other agencies in dealing with youth and school truants and monitor those at risk;
- develop culturally acceptable lifestyles and responsible referrals; and,
- encourage active participation of clients in all organised programs.

A brochure on the patrol includes the following aims, which are to:

- assist alcohol affected people by removing them from public places and conveying them to their residence or other safe place where they can be adequately cared for;
- create a safe environment for the community, particularly in the central business districts of both South and Port Hedland; and,
- provide a clean environment for community members.

The patrol operates in the Port and South Hedland areas, concentrating on areas such as the South Hedland Shopping Centre, Liquorland in South Hedland, the Central Business District and the Boulevard Shopping Centre in Port Hedland.

Table 13: Ratings of the effectiveness of the night patrol, Port Hedland

| Rating    | Number |
|-----------|--------|
| Poor      | 5      |
| Fair      | 9      |
| Good      | 13     |
| Very good | 4      |
| Excellent | 1      |
| Not rated | 26     |
| Total     | 58     |

\* Some gave more than one rating, for instance citing that the patrol was 'fair to good'

It was clear that, among those who were willing to assess Pakala Patrol, most people regarded the service as struggling in a number of respects. Those who spoke of its strengths cited the fact that this was 'Aboriginal people looking out for our own', protecting vulnerable, intoxicated people and 'treating them as human', while 'keeping people off the street'. One person mentioned the importance of having a senior man on staff who spoke in language to people.

More people spoke of the need for improvement of the patrol. Most frequently cited was the need to better resource the service to provide for: the employment of more staff, including a coordinator; the training of patrol staff; longer and more reliable hours; proper uniforms; another bus to service both Port and South Hedland; and a radio-controlled base for contact with patrollers.

Some spoke of the loss of focus of the patrol and the need for it to be re-invigorated, both in terms of leadership and the application of staff. Many spoke of the unpredictability of the service in terms of its hours of operation. Others were critical of what they perceived to be a misuse of the service by staff with some allegations that the patrol bus was used for personal business by staff.

A number of people mentioned the need for clearer policies and protocols so that all in the town would know how and when the patrol was operating. This should include guidelines on how the patrol bus could be used so that allegations that it was being used as a taxi service by some people could be avoided. Others believed the patrol should be linked more formally to the sobering-up shelter so that services provided by both organisations were consistent and mutually supportive.

### **Roebourne Sobering-up Shelter**

The shelter is based at 11 Queens Street in Roebourne, and is operated by a non-Aboriginal, non-government, church-based group. Its objectives are the same as those of the night patrol. The shelter provides a residential 18-bed facility for intoxicated male and female clients, staffed by 10 employees in two shifts. It is open from 3.00 pm to 8.00 am Tuesday to Friday. Clients may be referred by the hospital, police, local store and community members, and self-referrals are also accepted.

On arrival clients are assessed, and if intoxicated but cooperative, they can be admitted. Priority is given to police referrals to minimise the number of people placed in custody. Clients are required to remain under the care of the shelter for a minimum of four hours. Each client has access to washing facilities, a bed and a meal. They are provided with clean clothes while their own clothes are washed. Personal grooming such as hair cuts, treatment of skin or eye infections, and wound dressing are provided by shelter staff. Anyone requiring medical treatment is taken to the hospital. In the morning clients are discharged with a bottle of frozen water and an orange.

The shelter maintains records of the number of clients admitted, how they were referred, where they were picked up, how many hours they stayed, and the sex and age of each client. Figure 5 shows annual admissions to the sobering-up shelter and detentions in the Roebourne police lock up over the period 1992-2000. Admissions to the sobering-up shelter have grown from 474 in 1993 to 2043 in 2000. There has been a corresponding decrease in police detentions, from a high 1130 in 1992, to 19 in 2000 (Western Australian Drug Abuse Strategy Office 2001). It appears clear from these figures that the shelter is meeting one of its primary objectives, the diversion of intoxicated people from police custody.

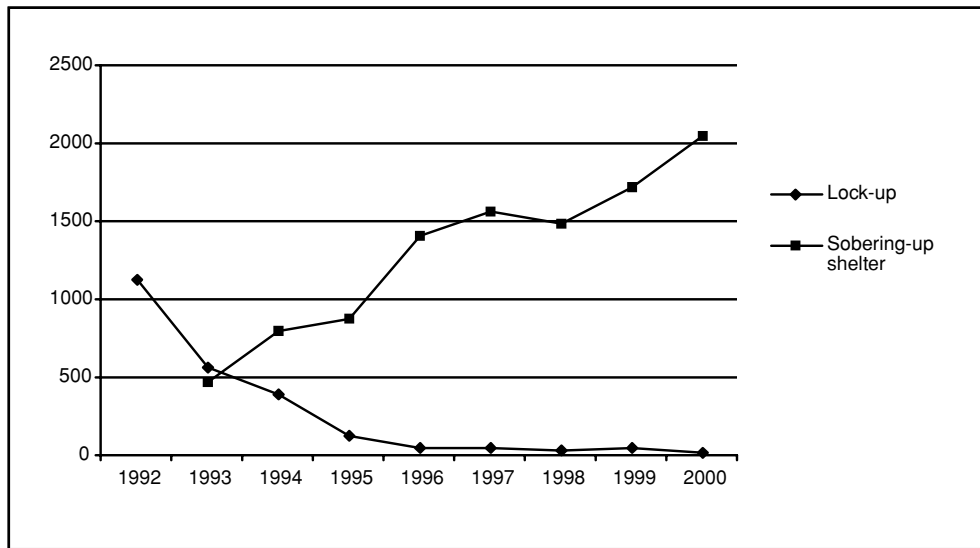


Figure 5: Police lock-up detentions and sobering-up shelter admissions, Roebourne, 1992–2000 (Source Western Australian Drug Strategy Office)

Table 14: Ratings of the effectiveness of the sobering-up shelter, Roebourne

| Rating    | Number |
|-----------|--------|
| Poor      | 0      |
| Fair      | 3      |
| Good      | 6      |
| Very good | 2      |
| Excellent | 4      |
| Not rated | 7      |
| Total     | 22     |

For most people the strengths of the shelter were that it was well known in the community as a safe place to go where a person could get a decent meal, clean clothes and a good night’s sleep. Its presence meant family and community members could be protected from alcohol-related violence. The staff and management of the shelter were generally seen as doing a good job, with one person (not shelter staff!) claiming that the shelter ‘was the best run in WA’.

Suggestions for improvement were dominated by the perceived need for counselling and other on-going activities and programs (including long-term rehabilitation) which tackled substance misuse, at the shelter. Included here were comments that the shelter should be open every day.

Some thought that existing staff needed more training to take on these broader roles, and to provide more confident care of sick people using the shelter. Having more Aboriginal staff was seen as one way to make the shelter more available to the community. Others felt that better coordination with other agencies in the community would also help achieve this aim.

### **Hedland Sobering-up Centre/Hedland Homeless Support Service**

The Hedland Sobering-up Centre is a non-Aboriginal, non-government facility in South Hedland, offering both residential and non-residential services, and funded by the Western Australian Drug and Alcohol Strategy Office. The objectives of the centre are to:

- reduce alcohol-related injury and harm caused while intoxicated;
- reduce the number of clients being taken into custody for alcohol-related offences;
- minimise the spread of communicable diseases and infections;
- increase contact between family members from town and outlying communities;
- and,
- increase the number of Aboriginal people accessing other services.

The Sobering-up Centre has 16 beds and operates five days a week, Monday to Friday from 2.00 pm–6.00 am. It is funded for one manager, five carers and one outreach worker (WADASO 2001:8). All Intoxicated clients refer themselves or are referred by the police or other agencies. Unlike the situation in Roebourne, there is no regular drop-off of night patrol clients at the Centre. Clients are provided with first aid, washing facilities, a meal and a bed for the night.

The Hedland Homeless Support Service, co-located with the sobering-up centre, is funded by the Department of Family and Children's Services. It operates Monday to Friday, 8.00 am–4.30 pm and is staffed by two people, one of whom is Aboriginal. This service provides a breakfast program Monday to Wednesday, 8.00 am–11.00 am. Clients have access to showers and laundry facilities and are provide with a cooked meal. Crisis accommodation is available Monday to Friday. Case management provides clients with practical support and assistance, including advocacy with other agencies. Education and information sessions are conducted during the breakfast program. When funded, outreach is conducted daily in the South Hedland area with



weekly trips to Port Hedland. Outreach workers can arrange further referrals. Currently, however, outreach workers are not funded.

Table 15: Ratings of the effectiveness of the sobering-up shelter, Port Hedland

| Rating    | Number |
|-----------|--------|
| Poor      | 0      |
| Fair      | 5      |
| Good      | 22     |
| Very good | 5      |
| Excellent | 2      |
| Not rated | 23     |
| Total     | 57     |

All those who were prepared to speak about the sobering-up shelter acknowledged the positive impact it had made in removing intoxicated people from the streets, and away from the attention of the police and the risks of incarceration. For those who remember what life was like for Aboriginal public drinkers prior to the establishment of the shelter, it was clear that, whatever its limitations, the fact that the service existed meant that 'people were not dying in their own vomit, out in the elements, or taken to a cell'. Some believed alcohol-related assault incidents were reduced because people were removed to the shelter.

Some spoke of the attempt by shelter staff to make the service as non-threatening as possible, with the employment of Aboriginal staff. Others described staff as competent and dedicated people who treated clients humanely. The shelter itself was described as well equipped, providing basic, but nutritious meals.

Like most other services, informants could identify a number of areas which they saw as requiring attention and, largely, these suggestions centred on the need for greater resources so that the shelter provided more than a 'revolving door' for clients. As one non-Aboriginal informant said, the shelter provided a 'bandaid, the problem's still there, people get kicked out, it's (the shelter) just a place to crash'. An Aboriginal informant from one of the outlying communities reinforced this, albeit from a rather different perspective, '...sometimes our mob goes there for a sleep and a feed'.

Other suggestions for improvement included staff and management issues, new services, and additional facilities. There were a number of suggestions about the

staffing and management of the shelter. While recognising the dedication of existing staff, concern was expressed about the need for mature people with special education and culturally appropriate training in substance issues. More staff—including someone capable of dealing with health issues—were seen as necessary to provide a proper level of support, and relief for existing staff.

Some Aboriginal informants suggested there was a need to open up the management committee of the shelter to more Aboriginal people, so that the shelter was seen as Aboriginal controlled. As with the Pakala Patrol, some people wanted to see a combined management committee which would better coordinate the services of the patrol and shelter, and have a closer relationship with Wirraka Maya, the local Aboriginal health service. It was apparent that there had been a history of tension between the management committees of both organisations (Pakala and the shelter) and, at the time of this fieldwork, that tension had not been resolved. Given the limited number of Aboriginal substance misuse services in the town, it was suggested that a combined, strengthened management committee could be playing a stronger leadership role in the community by profiling Aboriginal substance misuse issues more prominently. This should include tackling the problem of alcohol availability.

Many people spoke of the need to expand the services available at the shelter so that both prevention and treatment of substance issues were addressed. They wanted drug and alcohol counsellors accessible to clients so that people could be encouraged to think about their substance use, rather than simply returning again and again. Related to this was the need for more general preventative services (either at the shelter or by referral), offering life skills training, for example, so that problem drinkers coming to the shelter could be offered the opportunity to upgrade their skills and spend time on something other than drinking.

Others thought the shelter could be taking on a greater outreach role to people in the community, in particular, the public drinkers, talking to people about their drinking and options to improve their lives. Rather than the shelter being seen as simply a safe place for temporary respite, it should be the focus of positive interventions.

Related to these suggested services was the expressed need for a detoxification/rehabilitation centre, similar to the one in Broome (Milliya Rumarra). With drug and alcohol counselling, this was the additional service most frequently requested through the shelter. People spoke of the need to tackle the 'revolving door syndrome' where clients regularly returned to the shelter for a meal and a sleep, while their problematic drinking and its consequences remained un-addressed.

In terms of facilities, it was suggested that the shelter required a secure area in which aggressive clients could be accommodated safely. More accommodation for other clients, and a separate wing to accommodate under-age clients with substance problems were seen as necessary to provide a more inclusive service. Some suggested that the furnishings and amenities of the shelter itself could be upgraded, to provide a less sterile environment.

Figure 6 shows annual admissions to the Hedland Sobering-up Centre and detentions at the South Hedland police lock up, respectively, for 1991 to 2000 calendar years. The figure shows a more variable pattern than that for Roebourne. There opening of the shelter appear to have led to a reduction in police detentions, However, between 1993 and 1997 there was a decline in admissions to the centre and a corresponding increase in detentions. This has since been reversed and with an increase in shelter admissions since 1997 there has been a significant decline in police detentions. The latter have declined from a peak of 851 in 1996 to a low of 114 in 2000. Admissions to the sobering-up centre have grown from 429 in 1991 to 1902 in 2000 (WADASO 2001).

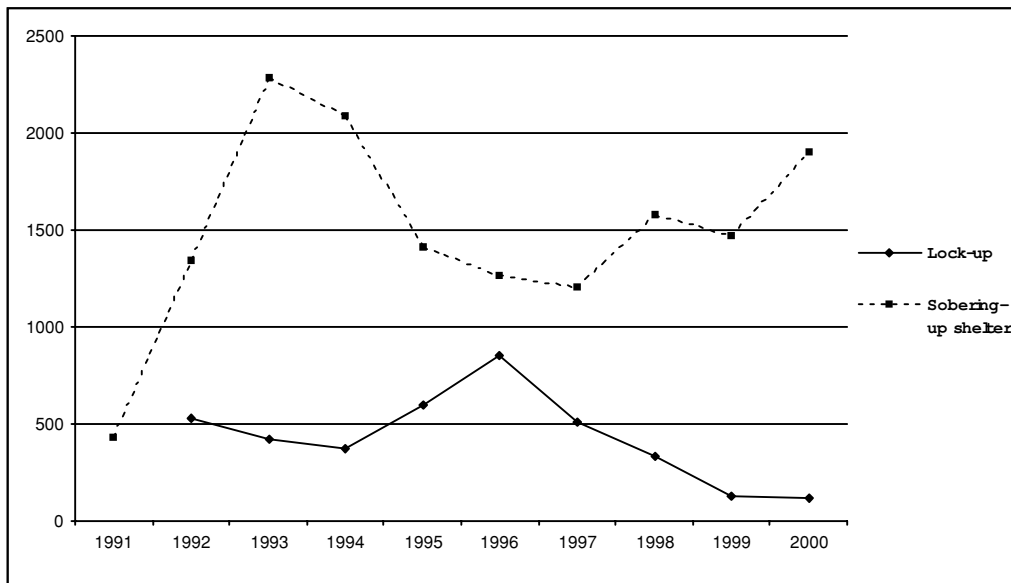


Figure 6: Police lock-up detentions and sobering-up shelter admissions, Port Hedland, 1991–2000 (Source: Western Australian Drug Strategy Office)

## **Counselling**

### **Roebourne**

In spite of the 23 responses on this question, not one person claimed to have sufficient knowledge of any particular counselling service available in Roebourne to be able offer an assessment of its effectiveness.

### **Port Hedland**

Although 54 people in Port Hedland identified a counselling service of some kind, only the Community Drug Service Team (CDST) had sufficient recognition for people to assess its service. As the CDST is a mainstream, rather than Aboriginal service, it was not intended to include it in this review. However, as it was mentioned by Aboriginal and non-Aboriginal informants as providing a service to the Aboriginal community, it has been included.

The Community Drug Service Team (now called Pilbara Community Drug Services) is operated by the Pilbara Public Health Unit in South Hedland. It aims to improve the extent of alcohol and drug prevention and treatment services available to the community. The service provides an Alcohol and other Drug Education and Counselling program to Port Hedland, South Hedland and surrounding communities and towns (including Roebourne). Staff are located in South Hedland, Tom Price, Karratha and Newman. The service has a particular focus on:

- early intervention and family support;
- support for schools dealing with drug abuse incidents;
- outreach counselling;
- attention to specific local problems;
- support for local drug action groups; and,
- support for regional coordination.

The CDST provides individual and group counselling, support counselling for families and friends, support for community groups to minimise harm from alcohol and drugs, and provides formal Alcohol and Other Drugs Programs to community, industry, health and human service providers and schools. It is not a crisis centre but will refer clients to appropriate crisis care.

Positive comments about the CDST focused on the way in which the service was doing the best it could under difficult circumstances, 'they're doing the best they can, it's a big job in a big region'. Availability and accessibility were important, with a counsellor 'only a phone call away'. Three people had personally witnessed positive changes in

clients of the service. Some staff were described as wise, community-based, attracting respect and trust.

Table 16: Ratings of the effectiveness of the Community Drug Service Team, Port Hedland

| Rating    | Number |
|-----------|--------|
| Poor      | 2      |
| Fair      | 1      |
| Good      | 6      |
| Very good | 4      |
| Excellent | 0      |
| Not rated | 7      |
| Total     | 20     |

Areas identified for improvement related to staff selection, and education and training, as well as the level and appropriateness of the service. While most people believed existing staff were sincere and hard-working, some thought more Aboriginal and non-Aboriginal people who were highly trained alcohol and other drug counsellors, and who had grass roots community support, needed to be employed. Three people cited personal knowledge of alleged breaches of confidentiality, and indicated that they could not confidently use the service because of this. Others were concerned about a so-called old-fashioned, evangelical approach to substance issues, which they believed was inappropriate, especially for younger people.

Concerns were also expressed about the poor resourcing of the CDST, one informant stating that they needed at least 6 more workers to offer a more effective service. As it is, it was claimed that currently, the service was 'ineffective. Just scratching the surface'. Some wanted more health education and promotion, with higher visibility of the service, especially among other service providers in the community. Others cited the need for more outreach to Aboriginal communities elsewhere in the Pilbara.

## **Education and awareness**

### **Roebourne**

Even less was known in Roebourne about any education and awareness programs than about counselling services, with no informants volunteering any information in this area.

**Port Hedland**

Although education and awareness programs in the community were identified in 21 interviews, insufficient details were provided of any one service to make any realistic assessment. Most of the comments were mildly positive, indicating the importance of having some profile for alcohol and other drug issues in the community.

**Rehabilitation/detoxification****Roebourne**

In Roebourne, four people identified current rehabilitation/detoxification programs in Perth and Broome. However, they stated that the distance and the lack of familiarity people had with the staff and available treatments was a disadvantage of these centres. A number of people referred to 'country'-based programs which had been offered by Mawarnkarra Health Service in the past, but the information portrayed about the programs and their strengths and weaknesses was sketchy and inconclusive. For some Aboriginal informants taking people out bush where they could be free from the drinking environment and become involved with cultural activities was seen as important.

**Port Hedland**

Only seven people identified local detoxification services available at the Port Hedland hospital, and none were able to assess its effectiveness. Another health professional gave a very detailed description of hospital and home-based detoxification services, but noted that—for a number of reasons—the latter were not used much by Aboriginal people. Others mentioned the problem for people in having to go to detoxification/rehabilitation in Broome (12) or Perth (9). Particularly for Aboriginal people, the need for people to go away was seen as undesirable. According to one man, 'What's good for Broome is not necessarily good for us. We need to be trained in our own environment'. Another asked 'What do we need to go to another people's country? We need a local Pilbara facility'.

**Aftercare**

As with education and awareness programs, not one of the Roebourne respondents knew of any aftercare service for people with substance misuse problems. Although ten people in Port Hedland thought there might be some aftercare service available to people there, too few able to identify what those services were and their effectiveness.

## Needle exchange

Although four people in Roebourne could identify where needles might be available, no one was prepared to speak about the strengths or weaknesses of needle availability. Far more people (28) in Port Hedland were aware of places to obtain needles, but few were prepared to comment on these services. Some implied that needles were too readily available ('the hospital hands them over hand over foot') and that users were not shy in accessing these supplies. In spite of the apparent greater level of injecting use in Port Hedland, people were still less open about discussing services for illicit drug users than those available for users of licit drugs.

## Women's refuges

### Roebourne

The Women's Safe House (Munga Tharnu Maya) is a new, purpose-built facility managed by Mawarnkarra Health Service Aboriginal Corporation and located in Roebourne. Its objectives are to provide a safe environment for women and children who are at risk of experiencing family violence. It offers accommodation for up to five women. Clients have access to kitchen, laundry and ablution facilities, and referrals to other agencies.

Table 17: Ratings of the effectiveness of the women's safe house, Roebourne

| Rating    | Number |
|-----------|--------|
| Poor      | 0      |
| Fair      | 0      |
| Good      | 2      |
| Very good | 5      |
| Excellent | 3      |
| Not rated | 12     |
| Total     | 22     |

Those who were prepared to assess the safe house cited its strengths as its safety, location (opposite the police station), design and levels of comfort, and the fact that it had all local staff who were both familiar to, and welcoming of, clients. In the words of one informant, the refuge 'gives men the feeling that women are not helpless, someone will stand up for them'.

Although people acknowledged the positive aspects of the safe house there were also a number of suggestions for improvement. These primarily focused on the need to have more trained staff and programs dealing with men and domestic violence, substance misuse, and support for younger women and children. There was clearly a concern that, apart from the intermittent 'Strong Men, Strong Culture Program', there were no staff or services which dealt with the male partners, and the wider family settings, of women in the safe house. Most people identified alcohol misuse as the most significant contributing factor in domestic violence and wanted trained counsellors available to the women and their partners.

There was also concern about the lack of facilities and counselling for children who were allegedly out at all hours of the night because of their drinking families, and young girls aged around 15 to 17 years who were in relationships, and were effectively living adult lives without the supports, such as the safe house, available to their adult female relatives.

### **Port Hedland**

The women's refuge is located in Port (rather than South) Hedland, in an aging building with basic facilities for women and children escaping domestic violence. There are four bedrooms and but only one bathroom (with two toilets and two showers), a small lounge room, and limited grounds with some play equipment. It can accommodate five women and 13 children. The refuge is funded by the Department of Family and Children's Services (now incorporated into the Department of Community Development). It is managed by a committee with representatives from government and non-government agencies, which includes one Aboriginal person. Family and Children's Services supply taxi vouchers to all clients who require transport to the refuge. The refuge also administers two, three-bedroom houses in South Hedland, to which women escaping domestic violence have access, so long as administering agencies agree to case management. The refuge committee is currently negotiating plans for a new refuge with the Ministry of Housing (now Department of Housing and Works), to be located on the same site. This will include facilities which will enable it to accommodate older male children.

All informants who knew of the women's refuge cited its main strength as providing a safe and secure haven for women and children escaping domestic violence. In the words of one Aboriginal man, the refuge:

...don't compromise nothing, don't let husbands talk to women, lock the doors and that's it.  
Fort Knox.

For him and others, this uncompromising attitude to the protection of women was a very positive feature of the refuge. Related to this was the accessibility of the refuge,



and some informants spoke of women they knew who were accepted back into the refuge again and again. One Aboriginal woman spoke of her niece who ‘...goes there nearly every pay day—her husband flogs her’. Other positive attributes mentioned included the appointment of a new coordinator, and committed workers who offer a lot of support for women and children.

Table 18: Ratings of the effectiveness of the women’s refuge, Port Hedland

| Rating    | Number |
|-----------|--------|
| Poor      | 2      |
| Fair      | 4      |
| Good      | 22     |
| Very good | 4      |
| Excellent | 0      |
| Not rated | 25     |
| Total     | 57     |

Many people suggested a range of improvements which they believed were required to upgrade the refuge. These included staff and management issues, the range of services offered, and the adequacy of the facilities. Staff training, which was culturally aware and included more specialised knowledge of women’s issues (particularly the cycle of domestic violence), and drug and alcohol issues, was seen as necessary by some people. One informant spoke of the need to open the management committee of the refuge up to more community participation. Another suggested there should be more interaction between refuge staff members and those of other agencies in the community, in particular agencies such as the Aboriginal Women’s Legal Service.

Many identified a range of services they believed should be available at the refuge. These included: better child care and a crèche; education programs dealing with self-esteem, parenting, pregnancy and the cycle of violence; alcohol and drug counselling; and services addressing the needs of men. With respect to the last item, a number of Aboriginal men and some women, spoke of the need to address the relationships between women, their children and male partners. One man talked about a culture of men versus women, where no one wanted to examine how men feel, saying ‘...men are parents, but are seen only as perpetrators—we deal only with one aspect of domestic violence’.

The location and physical condition of the refuge were seen as a problem by some. A number of people thought that the refuge's location in the Port made it far less accessible to most of its clients who come from South Hedland (although it should be noted that others thought this was an advantage). According to one informant, the lack of regular transport meant that women had to pay expensive taxi fares to reach the refuge. One Aboriginal man suggested that the refuge needed to have more formal links with refuges in other towns so that some women could escape completely from their circumstances.

Others were concerned about the vulnerable, insecure and public location of the refuge, comparing it unfavourably with Roebourne's safe house, located opposite the police station. The cramped and run-down condition of the refuge was also mentioned. A number of Aboriginal people were concerned about the lack of facilities for accommodating older male children, claiming that boys over 12 were not permitted in the refuge. According to them, this meant that these boys were expected to fend for themselves while their mothers and younger siblings went into the refuge.

## **Meal programs**

### **Roebourne**

The Nutrition Liquid Intake Program ('meal program') is managed by Mawarnkarra Health Service Aboriginal Corporation and is now its only substance specific program in Roebourne. It is designed to improve the health of substance dependent people by offering a free meal to homeless people or itinerant drinkers. Food is prepared on one of Mawarnkarra's premises and, five days a week, workers deliver free meals to public drinking areas and distribute them to clients. It was not operating during our fieldwork in 2000, due to staffing difficulties, but is evidently currently in action.

The meal program elicited a number of strongly held views. Most of the positive comments about the program came from people who were either Mawarnkarra staff or had more detailed knowledge of the rationale for the program. For these people, the harm reduction orientation was of uppermost importance. Thus, comments such as least providing one decent meal a day and keeping people alive longer, predominated. There was also recognition that the program was directed at some of the town's most marginalised population. According to one Aboriginal informant, the meal:

... helped people take their mind off alcohol and think of their stomachs. It made them feel special...this is a good thing.

The majority of comments, however, from both Aboriginal and non-Aboriginal informants were negative. Instead of harm reduction, these people saw the

maintenance of dependency and hopelessness. For an Aboriginal woman the program was seen as validating excessive drinking, 'if you're one of the drunks in the park, they'll feed you'. In the words of an Aboriginal man, the program was 'no good. It takes away people's independence and gives them more money for booze'. Others also stated that the money saved by drinkers on meals was going straight into alcohol, and some wanted the meals to be paid for, even if it was only a small amount. Others said that instead of 'wasting' money on this program, it could be spent on a range of prevention activities such as taking people out bush, away from the alcohol and closer to cultural pursuits.

Many people were unclear about when the program was operating, as when we were interviewing the program was not operating. We were not able to obtain a clear notion of how long this had been the case, but certainly many informants believed it had been some months since they had seen any evidence of the program.

**Port Hedland**

There were insufficient responses about the meal program offered by the Hedland Homeless Support Service to assess the effectiveness of this program.

## **8. COORDINATION OF EXISTING SUBSTANCE MISUSE SERVICES**

### **Roebourne**

Agencies offering some form of substance misuse services to the Aboriginal population in Roebourne include the Community Drug Service Team (weekly visits from Port Hedland based worker, through Pilbara Public Health Unit), Roebourne Hospital (alcohol audit of every admission), the Roebourne night patrol and the sobering-up shelter. General medical practitioner's employed by Mawarnkarra Health Service and privately also provide counselling and referral services to patients.

The night patrol reported regular contact with the hospital, Community-based Corrections (Ministry of Justice), CDEP, Community Health Service, Family and Children Services, Aboriginal Affairs Department (funding agency), and the 'Alcohol & Drug Agency' (WADASO). The sobering-up shelter (under the same management as the night patrol) listed the hospital, Family and Children's Services, Community-based corrections, Community Health Services, police, and the Church (Pilbara Aboriginal Church) youth club as agencies with which they had some contact.

At the time of our field work there was no formal, regular communication between all substance misuse services, and interviews with service providers indicated a generally low level of knowledge about current services and activities of other providers in the town. Even among the health providers (hospital, Community Health Service, and Mawarnkarra Health Service) there appeared to be minimal contact relating to Aboriginal substance issues.

With respect to coordination between other service providers most respondents believed that there was currently too little happening. There were wildly different estimates of the numbers of services available to Roebourne residents, with 51 being the upper limit. In the eyes of one respondent Roebourne was the ideal candidate for a multipurpose facility which brought together under the one roof a number of agencies, thereby cutting down on administrative costs. Certainly the visitor to Roebourne is struck by the number of government and other organisations in the town, and also by the commuting of many government workers back to their homes in Wickham or Karratha at 4.30 pm. It can be argued that this type of workforce will have a rather different commitment to civic development in Roebourne, when they spend only a portion of their lives in their town.

There was a strong sense of community frustration and lack of energy, with one Aboriginal informant explaining 'people are not involved because too many things have failed'. In particular, a number of people talked about what Mawarnkarra used to provide in the way of health services in general and alcohol services in particular, and many expressed anger and frustration that these were no longer available.

### **Port Hedland**

As in Roebourne, agencies offering some form of substance misuse services to the Aboriginal population in Port Hedland include the Community Drug Service Team (through Pilbara Public Health Unit), Pakala night patrol and the sobering-up centre. GP's employed by Port Hedland hospital, Wirraka Maya Aboriginal Health Service and privately also provide counselling and referral services to patients.

The Community Drug Service Team reported regular contact with Family and Children's Services, the Ministry of Justice, the women's refuge, Aboriginal Affairs Department, TAFE, Youth Involvement Council, and the Local Drug Action Group. The sobering-up shelter nominated the police, women's refuge, Family and Children's Services, the Community Drug Service Team, Acacia Support Service, Well Women's Centre, Centrelink, and Homeswest as routine contacts. Most marked was the lack of any formal contact between the night patrol and the sobering-up shelter, and it was clear from both interviews and observations that relations between the two agencies were fragile.

Those who spoke about coordination issues mentioned fragmentation and lack of cohesiveness between the many agencies in the town. Although some people occasionally attended inter-agency meetings, there appeared to be no regular, formal communication between agencies. A number of prominent Aboriginal people expressed their concern about what they described as cliques of people running the committees of agencies such as Bloodwood Tree, Youth Involvement Council, the refuge, and the sobering-up shelter. Some wanted joint membership between Pakala Patrol and the sobering-up shelter as they saw these two agencies as needing far greater collaboration.

One of the representatives of an umbrella Aboriginal government organisation stated that there were current attempts to build a more collaborative network of agencies to include, for instance, the Hedland Enhancement Scheme, Community Drug Service Team, ATSIC, AAD, Pilbara Development Corporation, Pilbara Shire Council, the Commission of Elders, and the Police. However, none of our interviews with those agencies revealed any involvement of that type at this stage.

**Discussion**

Given the demonstrated lack of formal intersectoral collaboration above, and the prominence directed to coordination, collaboration and partnerships in Norhealth 2020 and the Review of the Commonwealth's Aboriginal and Torres Strait Islander Substance Misuse Program (1999), there is an urgent need to bring together the efforts of mainstream and Aboriginal agencies in order to make better use of limited funding and staffing in the region. At present rather than collaboration there appears to be competition between services for funding and staff, and this competition is exacerbated by tensions between Aboriginal and non-Aboriginal people and agencies, and within the Aboriginal community.

## 9. UNMET NEEDS FOR SUBSTANCE MISUSE SERVICES

All respondents in both towns were asked open-ended questions about what alcohol and other drug issues required more attention, in their view. Not surprisingly, there were more specific and detailed comments from those people employed by government agencies or community-based organisations. These responses were categorised into treatment services (dry-out/rehabilitation, counselling), prevention-based support services (including supply reduction, health promotion, alternatives to use, cultural initiatives, and broad-based socio-economic initiatives), and 'other' (anything that did not fit into the above categories). A number of people suggested more than one intervention. There was no association between the reasons given for substance misuse (unemployment, inadequate family models, and peer pressure) and people's identification of unmet needs. This will be taken up later.

### Roebourne

High priority was placed on prevention needs by Roebourne respondents—with supply reduction and health promotion cited as being particularly important. Comments relating to supply reduction centred on the Victoria Hotel. There were complaints about alleged under-age drinking, the irregular trading hours, serving of intoxicated people, the sale of glass stubbies which were subsequently smashed, and the poor condition of the hotel. Some people could remember, many years ago, when the hotel was well maintained, and employed Aboriginal people in the kitchen and laundry. Now, they claimed, few respectable people drank there, the conditions were unhygienic, especially with respect to the areas where most Aboriginal people drank, and 'the pub is just one big mess'. Some referred to the 'monkey's cage', a 'beer garden' which consisted of a concrete breezeway enclosed by heavy iron gates on the hotel grounds where Aboriginal drinkers were most likely to congregate. When we visited, furniture here consisted of a dilapidated wooden outdoor table and a few chairs on the bare concrete floor. There had been no attempts made to improve the appearance with plants, furniture, or other features.

A number of people were also concerned about the attendance of under-age patrons at the discos run by the hotel. There were allegations that members of the Roebourne night patrol had been forbidden to enter the premises to check for underage drinkers, and that, on one occasion, the licensee demanded they pay an entrance fee.

Table 19: Perceptions of unmet needs for substance misuse services Roebourne

| Service                                | Number |
|--|--------|
| Treatment                              |        |
| Detoxification                         | 2      |
| Dry-out/rehabilitation                 | 8      |
| Counselling                            | 4      |
| Prevention                             |        |
| Supply reduction                       | 10     |
| Health promotion                       | 10     |
| Alternatives to use                    | 1      |
| Cultural initiatives                   | 8      |
| Broad-based socio-economic initiatives | 4      |
| Other                                  | 7      |
| Total                                  | 54     |

Besides wanting stricter controls over the hotel, and a considerable upgrading of its facilities, there were some suggestions for a broader range of restrictions. These included reducing trading hours, restricting the sale of high alcohol content drinks, and banning known problem drinkers and sending them to dry communities. One Aboriginal woman suggested 'we should do the same as Tennant Creek', referring to the restrictions on sales of wine casks and the ban on take-away sales on Thursdays.

With respect to health promotion, people wanted to see greater emphasis on the links between alcohol and health in the schools, starting at primary school level. By the time children got to high school, many of them had extensive experience of alcohol and other drug use, either personally or within their families, according to informants.

A number of respondents talked about the importance of cultural initiatives for Aboriginal people generally, and drinkers in particular. Some cited the bush trips which were previously undertaken by Mawarnkarra and thought these should be reinstated, as they helped chronic drinkers, and helped to 'bring back culture'. Others mentioned the 'Strong Families, Strong Culture Program' which had been run by a respected local Aboriginal man, but with uncertain funding. This was seen as an important initiative, especially for Aboriginal men. One respondent also mentioned the Strong Women's program operating in the town.



Relatively fewer people mentioned broad-based socio-economic initiatives, and this was consistent with the responses given for the reasons for substance misuse. Those who did, however, cited the need for jobs and more housing to relieve overcrowding. The one response categorised as alternatives to use identified the need for more youth activities.

Treatment strategies were also seen as important. Most people were aware of attempts to establish what they referred to as a 'dry-out camp', and in spite of previous problems in maintaining such centres, believed this was still important. Some were aware of such a centre at Broome, but this was seen as undesirable (too far away and culturally inappropriate) and hard to get into. While some people spoke passionately about this option, most were unclear about how it might work, how people might be referred there, and how successful it might be. For most people having an alcohol-free place in their country where people could hunt and fish, and think about things other than alcohol was important. There was no agreement about who should operate such a centre, with most people not nominating any particular organisation. In spite of the mostly positive comments about this, there was one person who spoke against the idea of such a centre, stating that they 'don't seem to work'.

Roebourne informants also wanted trained drug and alcohol counsellors working in the community and in the prison. Most Aboriginal people thought Mawarnkarra Health Service should provide this service, and many were critical of the fact that there were no Roebourne-based Aboriginal alcohol and drug interventions. Non-Aboriginal people were more likely to be critical of Mawarnkarra's performance (both in the past and currently) and less likely to see them as a preferred provider.

Two respondents mentioned the possibility of using naltrexone as an acute intervention for Aboriginal drinkers in the town. This was seen as a potentially valuable way to reduce cravings for alcohol and provide a starting point for people's rehabilitation.

Those responses in the 'other' category included facilities, services and better coordination of existing programs. In the first category safe houses for children with drinking parents, a men's shelter (similar to the women's safe house), and designated drinking areas in the creek with appropriate shade and bins, were included. In the services category it was argued that all programs available to people in Perth—including mental health services—should be available in Roebourne. There was concern about the need for better coordination of existing services, and a community patrol operating during the day, rather than simply a night patrol.

## Port Hedland

As in Roebourne, people in Port Hedland saw prevention strategies as the most important need. By far the most common concern was for young people, with respondents citing the need for much more school-based and community-based alcohol and other drug education and promotional activities. There was concern about the growing use of illicit drugs and a perceived need to inform young people of their dangers. A number of people wanted community-based youth workers (up to four workers were cited as required) trained in alcohol and other drug issues. These workers could be based at organisations such as the Youth Involvement Council, which was seen as a visible presence among local Aboriginal youth with an outreach service. There was also a suggestion that the Community Drug Service Team could employ more workers specifically trained for substance work among young people. Most Aboriginal people and many non-Aboriginal people thought these workers should be Aboriginal. Others mentioned the need for a greater role for the Local Drug Action Group, with one person claiming what was required was a 'state wide approach, from the top, not left to little regional, non-profit groups—it needs to be resourced properly'.

Table 20: Perceptions of unmet needs for substance misuse services, Port Hedland

| Service                                | Number |
|--|--------|
| Treatment                              |        |
| Dry-out/rehabilitation                 | 21     |
| Counselling                            | 13     |
| Prevention                             |        |
| Supply reduction                       | 23     |
| Health promotion                       | 30     |
| Alternatives to use                    | 8      |
| Cultural initiatives                   | 16     |
| Broad-based socio-economic initiatives | 16     |
| Other                                  | 20     |
| Total                                  | 143    |

In Port Hedland, unlike Roebourne, there was widespread concern about the so-called 'hard' drugs, especially heroin and 'speed'. Along with this was the recognition that health promotion generally had to address the illicit drug use, particularly among

young people. Other health promotional strategies suggested ranged from the provision of camps for 'good' kids (not just those 'at risk' or who have already offended), through to use of Aboriginal film and theatre.

Next in frequency to health promotion strategies was the need for supply reduction strategies. With regard to alcohol, people cited the need to reduce the number of liquor outlets, enforce responsible serving practices (particularly the serving of intoxicated people, and, to a lesser extent, minors), and limit the trading hours of liquor outlets. They drew our attention to the number of apparently intoxicated people around the vicinity of outlets such as the Red Plains tavern and Coles. According to one person, the 'distributors of alcohol should take more responsibility'. This should include a changed culture within hotels and bottle shops, with more provision of food and emphasis on the licensee's duty of care. For another, knowledge of the Liquor Licensing Act needed to be explained more broadly, '... curb the alcohol, that's the source. They (Liquor Licensing Commission) don't care'.

Others wanted warnings on wine casks, restricted sales of high-alcohol drinks such as fortified wines and packaged wines, and the enforcement of no sales to itinerant people. Many people spoke about the impact of public drinking in terms of both the general image of the town, and the way in which it reinforced negative stereotypes of Aboriginal people. Certainly during our fieldwork in Port Hedland public drinkers in the 'flats' adjacent to the South Hedland shopping centre and the Red Plains tavern were obvious, as were the ubiquitous wine bladders or casks surrounding them.

When the topic changed to illicit drugs, particularly heroin and speed, some people's responses were more extreme, from suggestions that dealers should be run out of town to shooting them. One Aboriginal informant said:

... stop the selling and dealing of heroin, get rid of the dealers. It's killing our people quicker than anything else.

While this reflects the obvious and understandable concern of Aboriginal people confronted with a relatively new and little understood threat, it also reflects a deflection away from the far greater source of health and social harms—that of alcohol. In a sense, as in the wider community, illicit drugs are starting to attract disproportionate attention within the Aboriginal community. This is perhaps not surprising, given the allegations of five or six heroin related-deaths of Aboriginal people in the past three years; but it does indicate the need for widespread provision of information on the relative harms of licit and illicit drugs within the Aboriginal population.

Cultural initiatives suggested covered a diverse range of activities, but most frequently cited was the need to include respected community members, particularly elders in

new programs. This included programs aimed specifically at alcohol and other drug issues, as well as community development type activities. In the words of one informant:

Elders should be doing more – because young people will listen to them, this would settle them down.

For non-Aboriginal organisations this means 'letting go, doing it the Aboriginal way'. Even with the latest emphasis at government level on partnerships, it was suggested that too often the partnership is one way, with non-Aboriginal ways of doing things privileged over Aboriginal ways. For example, it was suggested that Aboriginal community members could be more involved in the monitoring and prevention of truancy, through a process of mentoring.

There were some strong suggestions by Aboriginal informants about removing Aboriginal 'troublemakers' back to country, to places such as Well 31, where they could become involved in cultural activities. The '20 men, 20 women program' was described approvingly as one such program which was based on Aboriginal customary law and involved the sometimes forced removal of Aboriginal people from town out to 'country'.

Artistic cultural initiatives were also seen as an important source of Aboriginal self-esteem, and hence potentially beneficial in preventing substance misuse. It was claimed that although some Aboriginal people knew of the success of Aboriginal artists in other parts of Australia, most were unaware of the potential market for this type of art or could not believe that they could successfully compete in this market. An Aboriginal art and craft store has opened in Port Hedland, and work created by local people is now being exposed to a wider audience. At the time of our fieldwork there was a women's art class operating with women creating fabric, clothing and other items in various media which were sold in the shop. Another successful artistic venture was the alcohol and drug free Nindji Nindji festival, featuring Aboriginal music and other cultural activities, and attracting both Aboriginal and non-Aboriginal people. There are obviously a significant number of talented Aboriginal artists in the community and a great deal of interest in pursuits of this kind.

Unlike those in Roebourne, Port Hedland respondents more strongly connected substance misuse with economic marginalisation, and hence were more likely to suggest broad based socio-economic initiatives. Suggestions in this category included the need for regional and community planning of economic development projects, including more business and enterprise based initiatives. These plans should include within them alcohol and other drug services.

Informants spoke also of the need to invest in the development of local people, 'training more Aboriginal people to look after their own'. Rather than rely on what was described as 'make work' under the CDEP scheme—people wanted 'real' jobs. One non-Aboriginal person suggested, for instance, that for every non-Aboriginal person employed by government departments there should be five Aboriginal people employed. Others were critical of what they saw as the lost opportunities for training for far more Aboriginal people in local and regional mining companies. The development of fly-in fly-out staffing policies had exacerbated the lack of employment, and was seen as contributing to the loss of community control. Another potential Aboriginal workforce, it was suggested, was that of Aboriginal women at home, who could be interested in working for a couple of hours each day, rather than in full-time employment. As well as contributing to the local economy, this would make them more aware of wider community issues, such as substance misuse and ways to deal with it.

Education and employment opportunities for young people were seen as critical to the viability of the whole community. Poor schooling meant that many young people were not learning to read and write adequately, which meant that they 'have no confidence, they're only good enough to drink, or sell for dealers'. Many people felt the potential of young people was not realised, one Aboriginal man saying 'our kids are smart kids if they're given the opportunity'.

Treatment was also identified as an unmet need in the Port Hedland area. As in Roebourne, a detoxification/rehabilitation centre was seen as a high priority by a significant proportion of respondents. Many people were aware of the Broome facility but saw this as unsuitable in that it was too far away and not culturally appropriate. For one Aboriginal person, 'what's good for Broome isn't necessarily good for us—we need to be trained in our own environment'. It was not enough to have a sobering-up centre; as one informant said it '... just sobers up, it doesn't help people to get off the grog'.

Some people thought that a detoxification/rehabilitation centre should be attached to the sobering-up centre and should include different facilities for adults and young people. Apart from this there were no views from disinterested people about which organisation should run the centre. Unlike Roebourne respondents there were fewer people in Port Hedland who linked the need for a centre of this sort with cultural initiatives in 'country' (although there were a number who separately mentioned the need for cultural activities, discussed below). Like Roebourne few knew much about how such a centre would work, in terms of how people would be referred, what they would do, or how successful such treatment might be. It should be noted that, among

those who talked about such a centre, the only person who was cautious about its possible efficacy was one of the best informed of the operation of such centres.

Having suitable, trained Aboriginal counsellors for the adult population was also seen as vital, with a particular focus on the needs of outlying communities, whose members comprise a significant proportion of public drinkers in Port Hedland. These communities required more attention than they have received, with one informant saying 'people (government employees) come for a few hours, give out pamphlets and then go'. Adult drinkers in communities and in the town needed counselling on appropriate drinking behaviours, and there was a need also for family-based services, and a confidential, after-hours service. Organisations thought suitable as employers of these counsellors included Wirraka Maya Aboriginal Health Service and the Community Drug Service Team.

Informants also suggested a range of other initiatives. Better coordination of existing services, and more active policing were most frequently mentioned. These were followed by greater support for women and families, and the monitoring and evaluation of government performance in service delivery. Two people suggested that wet canteens, managed by non-drinking women, in dry communities would reduce the number of remote community members coming to Port Hedland to drink.

Other single suggestions included the need for more medical staff at the sobering-up shelter, more money for the ambulance system, Aboriginal advocates in all government departments, leadership and management training, and the reintroduction of the 'homemakers' program (but staffed by culturally sensitive Aboriginal and non-Aboriginal women).

## **Discussion**

It is clear from this and other research that plans for substance misuse services in any area need to take account of a number of sometimes competing factors; including community demand for particular services; recommendations from reviews and broad-based health plans; current expenditure in the area; and evidence on the effectiveness of particular services.

### **Community demand**

People in both Roebourne and Port Hedland want greater access to both broad-based preventative programs on alcohol and other drugs, and better access to treatment for substance dependent people—both specialist counselling, and residential

rehabilitation/detoxification. Most Aboriginal people want these services run by Aboriginal organisations, or at least employing well trained, competent Aboriginal people.

They believe much more needs to be done with children and young people, both in terms of alerting them to the dangers of alcohol and other drugs, but also providing healthy alternatives to substance use. This needs to happen in the schools and in the communities where young people live and play. Illicit drugs are of increasing concern, especially cannabis and the injecting of drugs such as heroin and speed.

People also want stronger action taken to restrict the supply of alcohol in both towns—along the lines of action taken in towns such as Tennant Creek. Some are dispirited by the discontinuous and generally weak Accords which have operated from time to time, and want changes which will have a real impact on sales and promotion of alcohol.

Most people identified a link between unemployment and substance misuse and believe that participating in education, employment and cultural activities will reduce both misuse and related harms. They want to see more opportunities for Aboriginal people in their own region.

### **Recommendations from reviews and health plans**

As discussed in Chapter 3, there are some commonalities in the recommendations of recent reviews of substance misuse programs and regional and state health plans. All locate substance misuse among Aboriginal people in a complex association of social, psychological and physical causes and cite the need for a multi-pronged strategy which includes acute intervention (detoxification, sobering-up shelters and patrols), prevention (supply reduction, health promotion, and alternatives to use) and treatment (specialist counselling and rehabilitation). All cite the need for collaborative, coordinated partnerships between Aboriginal and non-Aboriginal health and substance misuse providers.

In the light of these recommendations, in Roebourne only the acute interventions of detoxification, night patrol and sobering-up shelter are currently provided at appropriate levels. In Port Hedland the same acute interventions are available, with additional specialist counselling available through the Pilbara Drug Services Team. Broad ranging prevention activities including supply reduction are very limited in both towns, and there is no residential rehabilitation service available in the region. In neither town is there evidence of collaborative, coordinated partnerships.

**Current substance misuse expenditure in the Pilbara**

A recurrent theme in the evaluation of alcohol and other drug misuse intervention projects for Aboriginal people is the inadequacy of both financial resources and the level of trained staff (Gray, Saggars, Sputore and Bourbon 2000). This is exacerbated by the fact that there is no association between the allocation of financial resources and either population levels or service delivery considerations such as the additional cost of providing services in remote areas (Gray, Sputore, Stearne *et al.* in press). In the 1999–2000 financial year, in the Ngarda-Ngarli-Yarndu ATSIC region—in which Port Hedland and Roebourne are the major Aboriginal population centres—a total of \$800,331 was expended on alcohol and other drug intervention projects. On a per capita basis, this amounts to \$196.53 per person. While this level of per capita expenditure is above the national average of \$91.77 per person, it is considerably lower than the level of expenditure in the Kullarri (Broome) and Wunan (East Kimberley) regions where—although per capita expenditure on alcohol and other drug projects is in excess of \$300—a case could be put that services are still under-resourced.

**Effectiveness of services**

The most effective way to improve Aboriginal health generally, and to reduce substance misuse in particular, is to lift the living standards of Aboriginal people through education, employment and other opportunities which will lessen the gap between the life chances of Aboriginal and non-Aboriginal people (Saggars & Gray 1998). With respect to substance misuse services in Australia, too few have been evaluated, or the methodologies used to evaluate not sufficiently robust, to generalize the findings. However, the available evaluations provide some useful guidelines to what works (Gray, Saggars, Sputore and Bourbon 2000).

**Treatment**

Treatment remains the most common form of intervention and across Australia the *NDRI Data Base on Aboriginal and Torres Strait Islander Alcohol and Other Drug Projects* identifies 79 treatment services, consisting of a range of counselling options in both residential and community settings. Most are based on Alcoholics Anonymous or abstinence principles. Three evaluations covering 18 treatment programs produced findings which were either inconclusive or which suggested only modest gains – such as giving clients ‘time out’ from drinking and allowing people to at least temporarily improve their health (Gray, Saggars, Sputore and Bourbon 2000).

It has been suggested that one reason for this has been the relatively narrow range of treatment models offered, leading to calls for a broader range of treatment strategies. Controlled drinking, rather than abstinence has been advocated, but is resisted by



many Aboriginal groups who see this as an unrealistic option in heavy drinking communities. Brief intervention strategies have been suggested in lieu of the comparatively high cost and apparently slight gains offered by residential treatment programs. However, there are still no evaluations of this strategy among Aboriginal people. Other limitations to the effectiveness of treatment are administrative deficiencies and lack of experienced, qualified staff (Gray, Saggars, Sputore and Bourbon 2000).

### ***Acute interventions***

Acute interventions such as night patrols, sobering-up shelters and personal injury prevention strategies have been developed by a number of Aboriginal and non-Aboriginal organisations over the past decade or so. Of these only some sobering-up shelters have been formally evaluated. Findings indicate that the shelters are seen as an acceptable intervention strategy by both Aboriginal community members and police, and they appear to offer a cost-effective means of keeping intoxicated Aboriginal people out of police detention. We do not know, however, if these interventions have reduced alcohol-related harm (Gray, Saggars, Sputore and Bourbon 2000).

### ***Health promotion***

Health promotion programs are the most common intervention after treatment and vary from those based on the assumption that people require adequate knowledge about substance misuse in order to change their own behaviour, to those aimed at modifying existing substance use patterns. Evaluations have tended to concentrate on program processes or short-term outcomes. Perhaps not surprisingly, given the methodological difficulties, none have rigorously assessed longer-term impact on consumption patterns and related harms. However, even given these limited objectives, the results of the evaluated health promotion programs have been slight. This finding is supported by more general literature which demonstrates that health promotion is most successful among well-educated, middle class populations. As with the evaluated treatment programs, deficiencies limiting the success of health promotion programs include staff and resourcing issues (Gray, Saggars, Sputore and Bourbon 2000).

### ***Supply reduction***

In Australia and elsewhere, of all interventions evaluated, restrictions on the supply of alcohol have been most successful in terms of reducing consumption and related harms. These restrictions range from the declaration of 'dry' (alcohol-free) Aboriginal communities in northern Australia, to more limited restrictions on the sale and supply of alcohol in other communities such as in Tennant Creek. An evaluation of the Tennant Creek restrictions found a steady decline in alcohol consumption since

the introduction of restrictions, a reduction in alcohol related hospital admissions and a continuing effect of the restrictions in reducing criminal behaviour—at least on Thursdays when public bars and associated takeaway outlets are closed (Gray *et al a*).

Although such restrictions on the supply of alcohol are frequently not supported by police or the general community when initially suggested, our research indicates that communities may become more supportive through time. In a survey of community attitudes to the Tennant Creek restrictions two years after their introduction, less than 30 per cent of the population claimed to have been adversely affected by any one restriction, and the majority was in favour of retaining or strengthening all current restrictions (Gray, Siggers, Sputore and Bourbon 2000).

### **General**

This research indicates that reducing substance use and related harms within the Aboriginal population requires a broad-based intervention strategy, rather than the 'magic bullet' of a single service. The success of all programs is dependent upon adequate resourcing and qualified and skilled staff. Coordinated, genuinely collaborative partnerships between Aboriginal and non-Aboriginal stakeholders will also make better use of limited health and substance misuse resources. Attention to the broader social, economic and political context in which Aboriginal substance misuse takes place is also necessary.

## 10. SUMMARY AND RECOMMENDATIONS

### Introduction, terms of reference and methods

The Office of Aboriginal and Torres Strait Islander Health (OATSIH) through Bloodwood Tree Association and Mawarnkarra Health Service contracted this review in June 2000, to be completed by June 30, 2001.

#### Terms of Reference were to:

- Evaluate and report on substance misuse in Roebourne and Port Hedland;
- Evaluate and report on substance misuse services in Roebourne and Port Hedland;
- Recommend where necessary better coordination of existing services for substance misuse; and
- Assess need for and recommend where necessary additional services for substance misuse.

#### Methods of data collection included:

- Documentary analysis, including statistical data on alcohol sales and alcohol-related harm provided by the National Drug Research Institute, and references to the health and substance misuse needs of Aboriginal people in the Pilbara region.
- Interviews with key stakeholders, health and substance misuse agencies, government departments, Aboriginal organisations and community members, and included a total of 41 people in Roebourne and 108 people in Port Hedland.
- Observations of Aboriginal drinking and related services were carried out with the Roebourne Night Patrol, Pakala Patrol, Port Hedland Ambulance Service, in various hotels and public drinking locations in Roebourne and Port Hedland.

The project was conducted within the framework of the National Health and Medical Research Council's *Guidelines on Ethical matters in Aboriginal and Torres Strait Islander Health Research*. Detailed consultations were conducted with Bloodwood Tree Association and Mawarnkarra Health Service to refine the terms of reference, and a local Aboriginal research assistant was employed in Port Hedland.

### Contextualising Aboriginal health in the Pilbara

Aboriginal people comprise 11.5% (5159) of the Pilbara's population, with 38% (1938) being aged between 0 and 14 years, compared to 24% in the general population.

This comparatively young population requires targeted health and substance misuse strategies.

The health of Aboriginal people in the Pilbara is significantly worse than that of the non-Aboriginal population. Aboriginal life expectancy at birth is considerably less for both Aboriginal men and women than it is for non-Aboriginal men and women. Death rates are 5 and 6.5 times higher for Aboriginal men and women, and hospitalisation rates 3.5 times higher among Aboriginal people, than among non-Aboriginal people in the region.

Many previous studies have documented poor Aboriginal health, and the contribution that substance misuse, particularly alcohol, makes to poor health outcomes in the Pilbara. Community action around substance misuse has a long history in the region, but has met with limited success for a number of reasons.

Recent State reviews have included the Pilbara Regional Aboriginal Health Plan, which, among broader health initiatives, recommends the establishment of a detoxification/rehabilitation facility in the Pilbara, and addictions training for Aboriginal Health Workers. The Western Australian Aboriginal Health Strategy includes recommendations for increasing access to health services, reforming the health system, reconciling community control and empowerment, improving health information management, strengthening intersectoral collaboration on health, and improving health financing throughout the State.

### **Substance use**

Alcohol consumption in both Port Hedland and Roebourne is rising, and is more than twice the national per capita level of consumption. In the period 1991–92 to 1998–99 per capita consumption of pure alcohol increased at a rate of 3.4 per cent per year among persons aged 15 years and over in the Roebourne SLA and 0.6 per cent in the Port Hedland SLA. Over this period annual per capita consumption of pure alcohol among those aged 15 years and over was approximately 18.8 litres per person in the Roebourne SLA and approximately 18.7 litres per person in the Port Hedland SLA, compared to approximately 9.6 litres per person aged 15 years and over in Australia as a whole.

Survey data and observations revealed widespread interest in, and concern about, substance misuse in both towns. Among key findings in this area here are the following:

- alcohol is the substance of primary concern in both Roebourne and Port Hedland;
- widespread cannabis use—which some sections of the community perceive to be socially acceptable—is of concern to significant numbers of people in both towns;
- injection of illicit drugs—specifically heroin and ‘speed’—has become a growing concern to many people in Port Hedland, with reports of Aboriginal deaths from overdose;
- tobacco use is widespread, but considered relatively harmless compared to the social consequences of alcohol and illicit drug misuse;
- substance misuse does not appear to be confined to any particular group—it was reported among both women and men, and all age groups, including primary school aged children.

Location, times and patterns of use were reported as follows:

- patterns of use are related to payment cycles, employment status, and private/public drinking styles;
- full strength beer and cask wines are most popular among drinkers;
- alcohol is consumed in homes, at social gatherings, and in public places in both Roebourne and Port Hedland;
- cannabis use occurs ‘all day, everyday’ among many and may occur in both private homes, social gatherings and public spaces;
- other illicit drugs are less socially acceptable, and are more frequently used in peoples’ homes—although there were some allegations of use in public places.

Reasons given by respondents for use in both towns highlight the lack of employment for Aboriginal people, inadequate parenting and family models, and pressure from peers to commence and maintain substance use.

### **Substance related harm**

Informants reported that the effects of substance misuse in Roebourne included acute and chronic health problems, the breakdown of adequate family life, and violence between drinkers and non-drinkers. In Port Hedland, as well as these effects, crimes against Aboriginal and non-Aboriginal people, and the economic impacts of drinking on education and employment opportunities were reported.

Over the period 1990-91 to 1997-98 total hospital admissions for alcohol related conditions increased by about 4.4 per cent in the Port Hedland SLA and about 4.5 per cent in the Roebourne SLA. The average number of admissions per year was 110.6 in Port Hedland and 139.9 in Roebourne. Although Aboriginal people comprised about

11.4 per cent of the Pilbara population, they accounted for about 57 per cent of alcohol-related admissions in both locations.

### **Substance misuse services**

Substance misuse services identified by informants in Roebourne included the night patrol, sobering-up shelter, the Nutrition Liquid Replacement Program or 'meal program', women's safe house, general practitioners, the hospital, and the visiting Community Drug Service Team from Port Hedland. Of these, only the night patrol, sobering-up shelter, women's safe house and meal program were widely identified by respondents.

The range of substance misuse services identified in Port Hedland included the Pakala Patrol, sobering-up centre, Hedland Homeless Support, women's refuge, Community Drug Service Team, general practitioners, and the hospital. Again the night patrol, sobering-up centre, and women's refuge were the most widely known, as was the Community Drug Service Team.

Respondents noted that people seeking residential detoxification/rehabilitation services had to travel to Perth or to Broome.

### **The effectiveness of substance misuse services**

Assessing the effectiveness of services was limited by the degree of visibility of some services in the community, and reluctance by some to rate services.

#### **Acute interventions**

Roebourne's night patrol was rated between good to excellent, with most assessments being positive. Strengths of the service included protection for drinkers and others, their quick response by staff to calls, the civic role of the patrol in removing intoxicated people from the streets, and the dedication of staff. Improvements respondents wanted to see included extended hours and days of operation to deal with truancy and anti-social behaviour, more secure funding, and greater community involvement, particularly by Aboriginal people.

Pakala Patrol was rated between poor to excellent, with more assessments indicating the service was struggling. Strengths of the service included 'Aboriginal people looking out for our own', protecting vulnerable people, and having someone who could speak in 'language'. Improvements suggested included increased resources to employ more staff and provide longer and more reliable hours of employment, proper uniforms,

another bus, radio control between bus and base, re-invigorated staff and leadership, and clearer policies and protocols.

The Roebourne Sobering-up Shelter was rated between fair and excellent, with most assessing it as performing well. Admissions have grown from 474 in 1993 to 2043 in 2000. There has been a corresponding decrease in the annual number of police detentions—from 1130 in 1992 to 19 in 2000. Identified strengths of the shelter included being a safe haven from alcohol-related violence, provision of a decent meal and clean clothes, and staff who were doing a good job. Suggested improvements included a need for counselling and other on-going activities, longer hours, more Aboriginal staff, and better coordination with other agencies in town.

The Hedland Sobering-up Centre was rated between fair and excellent, with more assessing it as performing creditably. Admissions were more variable than Roebourne, with a decline during the years 1994-1997, but overall growth from 429 in 1992 to 1902 in 2000. Correspondingly, police detentions declined from 851 in 1996 to 114 in 2000. Identified strengths of the centre included its role in the protection of vulnerable people from incarceration, competent and dedicated staff, and being well equipped. Suggested improvements included more resources for culturally appropriate staff training in substance issues, more Aboriginal people on the management committee, better collaboration with Pakala Patrol and Wirraka Maya Health Services Aboriginal Corporation, upgrading of facilities, and expansion of prevention and treatment services—including more outreach to public drinkers, and a residential treatment centre.

### **Counselling**

There was insufficient recognition of any of the services in Roebourne to rate them. In Port Hedland, only the Community Drug Service Team was specifically identified. Its services were rated between poor and very good, with more rating it as performing well. Strengths of the service included its availability and accessibility, observations of some positive change in clients, and the commendation of some staff. Improvements people wanted included more highly trained Aboriginal and non-Aboriginal counsellors with community support, attention to confidentiality, more appropriate approaches to substance issues, and better resourcing to employ more workers

The Women's Safe House in Roebourne was rated between good and excellent, with the vast majority rating it above average. Strengths of the Safe House were its safety, location opposite the police station, excellent facilities, and local staff who were welcoming to clients. Suggested improvements included more trained staff, and

programs for men about domestic violence and relationships, substance misuse, and a service for younger women and children.

The Port Hedland women's refuge was rated between poor and very good, with more rating it below average. Strengths included the safety for women and children, the new coordinator, and committed workers. Improvements suggested included staff training in women's issues, cultural awareness, substance issues; more community participation on the committee; better coordination with other agencies; a wider range of services—including child care, and programs for clients and their men and children; better location; upgrading of facilities; and accommodation for older male children.

The status of Nutritional Liquid Replacement Program (known as the 'meal program') in Roebourne was unclear to most informants, and its primary harm reduction focus is not well understood or supported.

### **Coordination of existing substance misuse services**

In Roebourne concerns about coordination included the following:

- lack of formal, regular communication between health/substance misuse services and a generally low level of knowledge among staff of current services;
- commuting of many service providers from Wickham and Karratha, and a perception of little commitment on their part to the Roebourne community; and
- community frustration and lack of involvement because of the perceived failures of the past.

In Port Hedland concerns about coordination included:

- a marked lack of contact between the night patrol and sobering-up centre;
- absence of formal, regular communication between health/substance misuse agencies; and
- a perception that committees of prominent agencies are controlled by too few, non-Aboriginal people.

### **Unmet needs for substance misuse services**

Organisational representatives provided more detailed comments about unmet needs than did community members—with the latter less able to articulate needs. Among all informants, there was little association between the reasons given for substance misuse (unemployment, inadequate family models, and peer pressure) and perceived unmet needs in both towns. Not surprisingly, with very few exceptions, people were



not aware of the research evidence of effectiveness of services, so were not able to talk about what works. Socio-economic initiatives and supply reduction are most strongly associated with reduced substance use and related harms, in the research literature. Far less effective have been health education programs. Residential rehabilitation centres have also produced relatively few gains for the investment they require.

Analysis of unmet needs was categorised in terms of acute interventions (eg. patrols, sobering-up shelters); treatment (eg. residential rehabilitation, and drug and alcohol counselling); prevention and supply reduction (eg. alcohol restrictions); health promotion (eg. Strong Families, Strong Culture programs); alternatives to use (eg. youth activities); cultural initiatives (eg. 'bush trips'); and socio-economic initiatives (eg. creation of employment). The priorities of informants in Roebourne health promotion, supply reduction, a treatment centre, cultural initiatives and counselling. In Port Hedland the priorities of informants were health promotion, supply reduction, a treatment centre, cultural initiatives, socio-economic initiatives and counselling.

## **Recommendations**

### **Socio-economic initiatives**

Relevant Aboriginal and non-Aboriginal health, education, training and employment agencies should initiate formal collaboration between the proposed regional health planning forum and regional development forum, in order to promote long-term employment and business opportunities for Aboriginal people in the Pilbara region.

Relevant Aboriginal and non-Aboriginal agencies should initiate leadership training and mentoring of Aboriginal people for committee work on Aboriginal health and other agencies.

### **Cultural initiatives**

Funds should be sought for Aboriginal organisations (the Aboriginal health services and local youth agencies) to provide cultural initiatives such as bush trips and community-based activities in town and outlying communities, focusing on healthy life styles and including young people.

Relevant Aboriginal organisations (Aboriginal and Torres Strait Islander Commission, Aboriginal Affairs Department) should investigate support for Aboriginal customary law in the Pilbara as a means to tackle substance misuse and related harms.

**Coordination**

The Hedland Sobering-up Centre and Pakala Patrol should be jointly managed with significant Aboriginal participation.

Formal intersectoral collaboration should be instituted between all agencies dealing with substance misuse issues—Aboriginal health services, mainstream health agencies, refuges, patrols, sobering-up shelters, youth organisations, Aboriginal organisations—feeding into the proposed regional health planning forum. This forum should produce some clear targets for substance misuse issues, identify relevant agencies to monitor these targets, and evaluate the effectiveness of the forum.

**Supply reduction**

The issue of alcohol consumption and alcohol-related harm in the Pilbara should be addressed by all levels of government, and Aboriginal and non-Aboriginal community groups (including sporting groups) with a view to the promotion of healthy life-styles in which alcohol and other drugs are not a central feature. Specific measures to reduce supply could include:

- a reduction in the number of liquor outlets in Port Hedland;
- a reduction in the trading hours of liquor outlets in both Roebourne and Port Hedland; and,
- banning of sales of packaged wine in containers of more than 2 litres in Roebourne and Port Hedland.

In addition:

- policing should be increased in both Port Hedland and Roebourne to limit sales of alcohol to minors and intoxicated persons; and,
- the level of amenity at the Victoria Hotel, Roebourne should be upgraded.

**Health promotion**

Program funds and positions for a coordinator and Aboriginal Health Workers with specialist drug and alcohol training should be established at Aboriginal health services in Roebourne and Port Hedland, to provide a focus for community-based programs such as the Strong Families, Strong Culture programs.

Program funds and positions for community youth workers with specialist drug and alcohol training should be sought for the Roebourne Youth Club and Youth Involvement Council in South Hedland, to enable development of broad-based social and cultural youth initiatives.

Program funds and positions for community project workers with specialist drug and alcohol training should be sought through the Women's Safe House, Roebourne and the Women's Refuge in Port Hedland, to enable development of programs on domestic violence and other issues for both women and men.

All new positions and programs should have clear objectives and be monitored and evaluated on at least an annual basis.

**Treatment**

An additional position for an Aboriginal Health Worker with specialist drug and alcohol training should be established with Pilbara Community Drug Services, having primary responsibility for the Roebourne community. This position should preferentially be located in Roebourne, with sufficient professional support. In lieu of this option, the position could be located in Karratha and include responsibility for Onslow.

As indicated in Norhealth 2020, appropriate detoxification, rehabilitation and respite services should be provided in the Pilbara. For Aboriginal people this means a residential detoxification and rehabilitation treatment centre, managed by an Aboriginal controlled committee including representatives from Aboriginal health services and sobering-up shelters in Port Hedland and Roebourne. It should comprise a significant cultural component in both staff and programs, and include visits to and activities in traditional country. Once established the service should be evaluated regularly.

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