



Identifying opportunities for the prevention of harmful use of alcohol, tobacco and other drugs among young Noongars in Albany, Western Australia

COMMUNITY REPORT



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Executive Summary

The National Drug Research Institute at Curtin University and the Southern Aboriginal Corporation (SAC) are working together to identify risk factors and opportunities for the prevention of harmful use of alcohol, tobacco and other drugs by young Noongar people in the Albany area, to assist SAC to respond to the identified needs. The first stage was to conduct a survey of the 221 Aboriginal young people living in Albany.

The survey was conducted by five trained local Aboriginal community members. One hundred and seventeen young Aboriginal people between the ages of 8–17 were surveyed regarding their education and training, after school activities, use and attitudes towards alcohol, tobacco, and other drugs.

Demographics

- Of those surveyed there were 67% in the 8–12 year age group and 56% were male.
- Most of the participants (98%) lived with family and 93% were going to school or TAFE.

Strengths

- The majority (83%) had an interest in Noongar culture and believed that it would be best taught by grandparents and parents.
- Majority of participants were still attending school (91%)
- Great Southern Health and family were the main sources of support and help reported by the participants.
- Twenty-one percent were interesting in more about alcohol and other drugs.
- Most participants had aspirations for their future, planning to: work in mining; learn a trade; being a professional sportsperson (20%); and, seek tertiary qualification profession.
- One third of participants thought that it is difficult for Noongar to get employment in Albany.
- The majority of participants are interested in participating in employment related training courses.

Substance use

- Of those aged 13–17 years, 45% described themselves as non-drinkers, while there were only 18% who reported never having had a drink.
- Half of those that had consumed alcohol, reported having experienced at least one negative effect of harmful alcohol consumption.
- Of those aged 13–17 years, 21% identified as being current smokers.
- Sixty-five percent reported were able to identify drugs that could get people high; and 19% reported having tried at least one of these.
- The most known drugs were: cannabis; amphetamines; inhalants; ecstasy; cocaine; and, painkillers.
- Those that consumed cannabis, have also consumed tobacco and alcohol.

Other risk factors

- Twenty-five percent of participants reported being in trouble with the police; and 19% of this group reported having been in juvenile detention.
- Racism was identified as an issue for getting a job and for disliking school.
- All but one of those not attending school or TAFE, were not engaged in training or employed.
- Just 47% of participants stated that they had received some education on alcohol and other drugs; however of those aged over 12 years, 84% had had at least part of a lesson.

Opportunities for intervention

Education

- Reasons for absences from school, highlights the need to find to ways to encourage and support young people in their education.
- Awareness and accessibility of existing programs needs to be improved and increased.

Recreational Activities

- Even though recreational programs exist; cost and transport can be inhibiting factors.
- Access to existing programs could be improved by: money for fees; access to equipment (gear); and, provision of transport.
- Interest in wider opportunities exists, these include: camping, crafts/visual arts and discos.

Employment and Training

- Employment or an apprenticeship were not reasons for leaving school; rather participants were leaving for other issues.
- Regular attendance and continuity of education is important to prevent students falling behind.
- Directing and facilitating engagement with assistance programs is important
- Many participants have career and employment aspirations, support and direction is necessary for these to be attained.
- Access to opportunities, such as job-related training courses is one area that this can be addressed.

Sources of Support

- Improved and increased community knowledge of existing services.
- Presence in the community and awareness of the programs is needed for young people to be able to access such services when they are in need.

Culture and Identity

- Opportunities to increasing and provide cultural mentoring for young Aboriginal people, this might include:
 - Noongar language classes;
 - bush trips to important places; and
 - connecting young people with their culture.

Police and Crime

- Provide positive experiences and contact with police and the justice system early.
- Programs such as youth noongar patrol and a drop-in centre program, might provide and prevent issues escalating.

Tobacco

- Interventions should be focused on preventing the uptake (by non-smokers) and use of tobacco (by current smokers), and assisting those that are using regularly to stop using.
- Existing programs, brief interventions, and the health service should be targeted at both the parents and young people.

Alcohol

- The level of consumption of alcohol highlights the need for safety when drinking.
- Possible areas for intervention include:
 - health promotion focusing on safe drinking and being safe when drinking;
 - access to alternative activities; and
 - early intervention strategies.

Other Drugs

- Those using some substances, are likely also be using alcohol and tobacco.
- Intervention options to address this could include:
 - health promotion and brief interventions;
 - alternative activities;
 - supply reduction; and
 - ways to reduce the health related harms of using.

Drug and Alcohol Education

- There are many factors involved in the uptake of substances; however early health promotion and brief interventions are needed.

Introduction

Aboriginal people in the Great Southern Region have long been concerned about the harmful use of alcohol, tobacco and other drugs amongst young people. As a result of this concern, in the mid-90's the Albany Aboriginal Corporation sought the assistance of what is now the National Drug Research Institute to conduct a study of use and associated factors among Aboriginal people aged 8–17 years. Despite their efforts, the Albany Aboriginal Corporation received little support for the implementation of the recommendations that arose from this study.

Concerns about alcohol, tobacco and other drug use remain, leading to SAC approaching Curtin University's National Drug Research Institute to identify opportunities for the prevention of harmful use of alcohol, tobacco, and other drugs among Aboriginal children and young people in Albany. The overall goal of this research project is, through using a community consultation process, to develop strategies to intervene in the harmful use of alcohol, tobacco, and other drugs amongst young Aboriginal people in Albany.

This has been done by first surveying the children and young people aged 8–17 years to identify risk and resilience factors and opportunities for intervention to minimise the harmful use of alcohol and drugs. This component of the research replicates with some modification, the survey undertaken in the mid-1990s, including training local Aboriginal community members to directly approach participants in their homes, to invite them to participate.

These data will be complemented by in-depth interviews with parents, primary caregivers, and other community stakeholders. All this information will be used in the development of an Intervention Options Paper and Community Action Plan. The Plan will be designed to assist Southern Aboriginal Corporation and other agencies, in the preparation of strategies to target and minimise the harmful use of alcohol and other drugs among young Aboriginal people in Albany.

In this summary we will present a summary of quantitative results.

Methods

The National Drug Research Institute and Southern Aboriginal Corporation employed a Project Coordinator and Research Officer who are based in the SAC's Albany office. Ethics approvals were received from the Western Australian Aboriginal Health Ethic Committee and Curtin University's Human Research Ethics Committee.

The stakeholder meeting was held on the 12th November, 2013 and the community meeting was held on 11th December, 2013. These meetings were held to explain the aims of the project and to facilitate discussion, ensure wide support and to identify general issues that needed to be considered in the implementation of the project. Advice from the meeting, recommended that it would be culturally appropriate that a combination of non-Aboriginal and Aboriginal male and female be recruited. It was also stated that the use of Aboriginal only interviewers maybe a barrier to the survey. In January four interviewers to were employed and trained to conduct the surveys. There were three Aboriginal interviewers, two females and one male, and one non-Aboriginal female interviewer. Two months into the survey stage, two of the female – an Aboriginal and a non-Aboriginal – interviewers resigned. Two replacements were employed and trained, a young Aboriginal female and a young Aboriginal male. They commenced in early April 2014.

Based on the 2011 ABS census data for the Albany region, the Aboriginal population was estimated to be between 5.5% and 7%, depending on the age group, resulting in an estimated population of 221 Aboriginal young people aged between 8–17 years. Households, in which potential participants resided, were identified based on Southern Aboriginal Corporation's membership list, and then supplemented by the local knowledge of interviewers and referrals. Potential participants needed to identify as Aboriginal; currently live in Albany; and, at the time of the interview aged between eight and 17 years old. At the time of interview the interviewers were instructed not to interview participants who were: drunk/stoned/high; obviously mentally ill; upset / visibly distressed; or, non-Aboriginal.

Parental consent was sought from parents, with parental consent being for either single and/or multiple child households. Parents could consent for their children to participate, but ask for a different interviewer if they wished. Interviewers were required to check that a signed parental consent had been received from the parent/caregiver/guardian before an interview could be conducted.

Participants aged 16 and over, were able to consent to participate without parental consent, however prior parental consent was encouraged. For participants aged 13–15, where the seeking of parental consent may have caused discomfort for the participant, parental/guardianship was not sought, the participant was assessed as a mature minor according to the Gillick Competency. Regardless of parental consent, all participants were asked if they wished to participate. There were occasions when parents gave their consent, however the child declined to participate.

Before the interviewers started the questionnaire, the interviewer explained the process to the young person, outlining the purpose of the project, what participation involved, and respond to any questions they had. Interviews were conducted on a one-on-one basis, in a space where the conversation could not be overheard. To ensure confidentiality, and data security, the survey was created on webpage survey platform, Qualtrix. Each interview accessed the website using an iPad. The participant responded to the questions asked by the interviewer who completed in the survey on the iPad. At the conclusion of the interview, all participants were received a gift voucher as a thank you for their time; 8–12 year old participants received a \$20 gift voucher and the 13–17 year old participants received a \$25 gift voucher.

The direct approach to homes, was not as successful as had been in the 1996 study, as many of the older participants were not at home when interviewers were making contact. Recruitment was expanded to include direct recruitment of participants at Hungry Jacks and the PCYC Strike Night on a Thursday and Friday night. Private rooms were provided at both venue. A total of nine interviews were conducted at these venues.

Results

Demographics

A total of 117 interviews were conducted; 77 (65%) participants were aged 8–12 years and 65 (56%) of the total were male, as presented in Figure 1. Two interviews were excluded as they did not meet the inclusion criteria, further to this another two interviews were only partially completed. Compared to the ABS estimated population of 221 young Aboriginal people in Albany, only 53% of the estimated population was surveyed. Of the estimated 110 aged 8–12 years, we managed to survey 69% (74% of males and 64% of females). Of the estimated 111 aged 13–17 years, just 36% participated in this survey (34% of males and 39% of females).

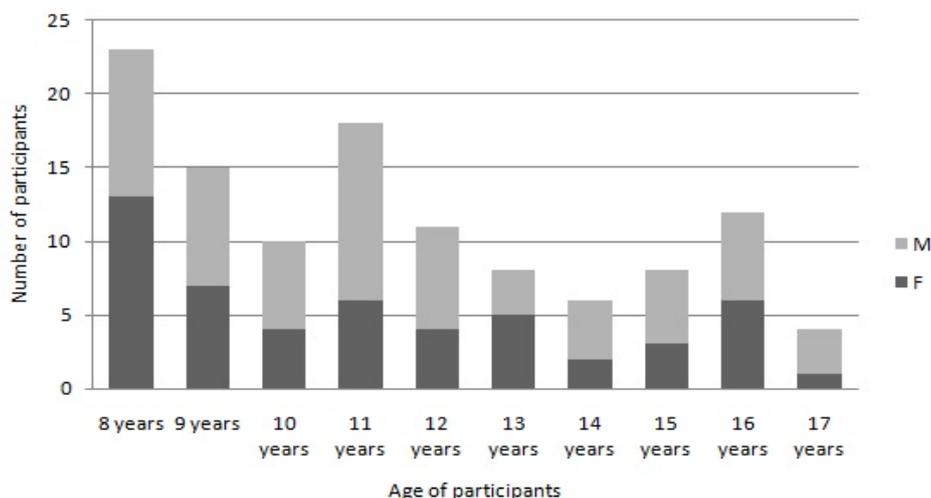
The participants lived all over Albany; with the majority to the north-west of the city in Yakamia, Lockyer, and McKail. The majority of participants lived with their parents and extended family; with a small number residing solely with boyfriend/girlfriend or a guardian. Most of the participants were attending school (105), with 74 still at primary school. In addition to this, of those aged over 15 years: two were going to school as well as TAFE; another two were solely at TAFE; one was employed; and, seven were unemployed.

Of participants aged 8–12 years 80% of the interviews were conducted in private residences; while just 55% of interviews with the older participants were conducted in private residences. The interviewers found it difficult to recruit the 13–17 year olds because they were not home as often the younger participants.

Implications

The majority of our sample are younger primary school aged children. Compared to the estimated population in Albany, a significant proportion of the population declined to participate, or were not approached. This makes it difficult to apply the findings across the population, however there are some elements that are relevant to all young people in Albany.

Figure 1: Age of participants by gender



Resilience Factors

Education

One hundred and five participants were attending school Table 1 presents the number of children by year at school. In the two weeks before the participating in the survey, 54 (51%) participants had missed at least one day of school; an average of two days was missed, with 15% missing the entire two weeks. The main reasons given for these absences were: illness; funeral/ cultural business; and, no money for lunch.

Table 1: Number of children by year at school

Year at school	Number	%
2/3	22	21
4	11	10
5	14	13
6	16	15
7	11	10
8	7	7
9	9	9
10	9	9
11/12	6	6
Total	105	100

Most schools provide additional programs to support and retain Aboriginal students, the majority of students (89%) were aware of a least one of these support programs. Half of those that were not aware of any programs were eight years old. The most used were: breakfast programs, Aboriginal and Islander Education Officers, bus/ transport, homework classes and the Follow The Dream program.

Implications

The majority of the participants are attending school, however there is still a high proportion that are not attending school regularly, highlighting that there are a number that are in limbo, and simply missing important building blocks in their education. Not all participants had knowledge and awareness of available programs support them in their education.

Recreational Activities

A range of questions were asked of the participants regarding their activities, and whether or not they had participated in these activities in the previous two weeks. Table 2 shows the activities participated, the proportion of the 114 participants that have had said that they had ever been involved in the activity, and if they had in the previous two weeks. Majority of participants watch television, played video games, and played sport. Those that played sport stated that the only time they had not played was due to illness or injury. The 13–17 year olds (38) were also asked about pub/nightclub attendance and use of social media; with 87% accessing social media in the last two weeks, and another 5% have used it but not recently.

Table 2: Percentage of participants that have ever done an activity and have done it in the previous two weeks

Activity	Respondents	Ever %	Last two weeks %
Sports	72	17	46
Watching TV	110	4	92
Video games	114	17	63
Playing an instrument	114	7	11
Movies	114	52	32
Disco/ dance	96	57	-
Pub/ nightclub	38	26	-
Social media	38	5	87

Within the Albany area, there are a number of recreational facilities available. The participants were asked if they had ever used any of these facilities. From Table 3 it can be seen the most popular facilities used by the participants are the: aquatic centre; leisure centre; PCYC; ten pin bowling; and, skate park. There were five participants that had not ever used any of these activities.

Table 3: Use of indoor and outdoor recreation centres in Albany

Recreational centres	Number	%
Amusement centres	4	4
Aquatic centre	90	79
Athletics club	4	4
Basketball pit	34	30
Beach	8	7
Go-kart hire	4	4
Horse riding	3	3
Leisure centre	56	49
Noongar Centre	10	9
Police & Citizens Youth Club (77 Sanford)	65	57
Skate park	51	45
Speedway	7	6
Ten pin bowling	49	43
Other: including BMX, canoe hire, minigolf	6	6

Implications

All participants stated that they had participated in at least one of the recreational activities listed; however those activities that are costly, have lower participation rates. Majority of participants had accessed and used existing recreational centres, but we do not know the frequently or how recently this has happened. Given the plethora of options available, considerations should be given to the possible barriers preventing use.

Employment and Training

Employment and training are protective factors, however our cohort have a low participation in employment. The average age participants stopped attending school was 15 years. The main reasons given for leaving school were: didn't get along with the teachers; didn't like school; just stopped going; always in trouble; and, didn't feel safe at school, including bullying.

Of those aged over 12 years, 13% had been employed at least once and were aged 14 years or more when they got their first job. Just one participant was currently working, their family assisted them in getting this job. Just two of the participants had participated in a job-related training course, while another four were currently participating in job-ready courses or school-based traineeships.

Implications

The reasons participants stopped attending school, and the high proportion that had never been employed, highlights a number of issues of concern. Firstly, that leaving school is not a sudden decision, and often not the first choice. Secondly, many of these young people are not leaving school to do something else, rather just leaving school. Providing opportunities and alternative pathways is one way to assist these young people. In addition to exploring this in-depth, further providing more information about the available support programs could also assist.

Sources of Support

As shown in Table 4, participants believed support could be provided by: Great Southern Aboriginal Health Service; family; teachers; and, friends. When asked about places they would recommend to a young friend or family member that needed help or support; the response was similar with participants naming: family; Great Southern Aboriginal Health Service; friends; and, teachers.

Implications

Participants are aware and willing to access some existing services, but their knowledge of other agencies can, and should be expanded. Firstly, this can be done through an increased community presence by many agencies. Secondly, improved accessibility for those accessing and needing assistance. Presence in the community and awareness of the programs is needed for young people to be able to access such services when they are in need.

Table 4: Sources of support, number that are aware and whether they would recommend

Services	Available	Recommend
Aboriginal & Islander Education Officer	21	12
Albany PCYC/ 77 Sanford	20	11
Family	79	79
Friends	36	27
Great Southern Aboriginal Health Service	52	41
Headspace	17	17
Palmerston Association/GSCDST	10	10
Teachers	41	26
Young House	10	9
Youth Focus	10	5
Youth workers	18	13
Other (Doctor, Hospital, Police):	19	11

Culture and Identity

Ninety-three (82%) participants said that they were interested in Aboriginal culture; 95 (84%) stated that they had been taught about their Noongar culture. When asked who would be best to teach Aboriginal culture, participants identified: grandparents; parents; other Aboriginal people, and other relations.

Implications

Most of the respondents are interested in culture, and strengthening culture and identity are important protective factors. Opportunities to increasing and provide cultural mentoring for young Aboriginal people, this might include: Noongar language classes; bush trips to important places; and, connecting young people with their culture. At a community level, cultural networks and a Noongar Resource Centre might improve access to make resources available to the wider community.

Risk factors

Police and Crime

Twenty-five percent of participants reported having been in trouble with the police at some point. Age of first offence ranged from seven to 15 years of age; with 28% of these participants aged 13 years. The majority (39%) stated they had only been in trouble once. The most common reasons for getting into trouble identified were shoplifting and vandalism. A small number of participants reported having spent time in juvenile detention, and equal proportion declined to answer the question.

Implications

It will be difficult to address and prevent negative interactions with the police and justice system, however positive contact with local community police officers may be one way to improve interactions. A youth noongar patrol and a drop-in centre programs that might reduce and prevent negative experiences and interactions with police and the justice system from occurring, or escalating.

Racism

Even though we did not directly ask questions about racism, some participants mentioned it. Racism was identified as a barrier for Aboriginals getting a job in Albany, and for disliking school. However the strengthening of culture and identity, may assist the Noongar youth, and the wider Albany community.

Implications

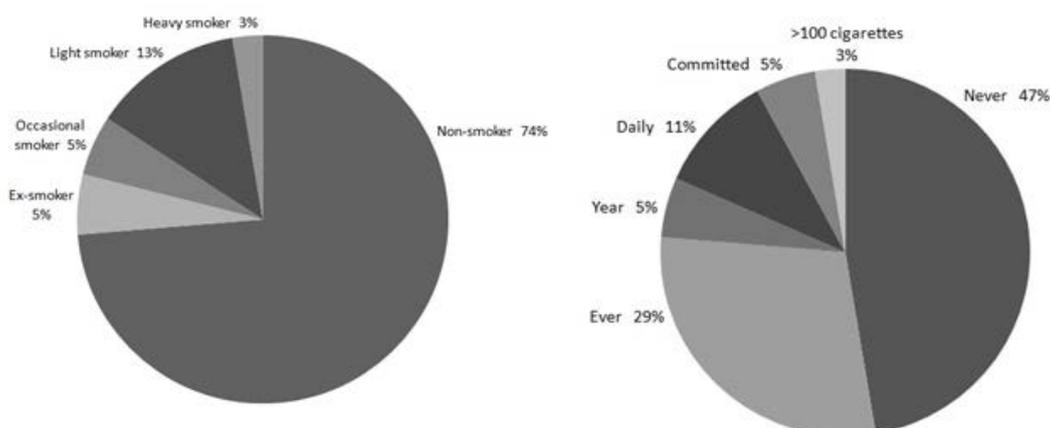
This issue requires more exploration, and should be considered with the context of the report. However, it is not possible to address the racism experienced in Albany.

Tobacco, Alcohol and Other Drug Use

Tobacco

Participants were asked about their attitudes and experience of tobacco smoking. The majority of participants self-identified as non-smokers (104); ten participants identified as current smokers. Of the current smokers, five considered themselves as light, three as occasional, and one as a heavy smoker. However, based on their reported consumption levels: 89 had never smoked, ten have smoked regularly in the past year, and 15 reporting having smoked ever, but not in the previous year. Figure 2 shows those aged 13 years and over, by both the self-identified type of smoker (left) and the type of smoker based on reported consumption levels (right). As can be seen 21% self-identified as current smokers and another 5% ex-smokers; however based on their reported consumption 53% have used tobacco at some time.

Figure 2: Self-identified type of smoker (left) and Type of smoker based on reported consumption (right), 13–17 year olds only



Participants started smoking between seven to 16 years; the average age of smoking their first cigarette was 12 years. The most frequent age of first cigarette was 13 years of age. Of those ten who identified as current smokers, when asked where they sourced their last cigarette; nine participants (90%) got their last cigarette from family or friends. Just one participant stated they bought their last cigarette from a retailer.

When asked about their intention to start, or if they would still be, smoking next year 81% were adamant that they certainly would not be smoking, and a further 13% stated that this was unlikely or very unlikely. Of those who had ever smoked, 72% stated it was unlikely or that they were certain that they would not be smoking next year.

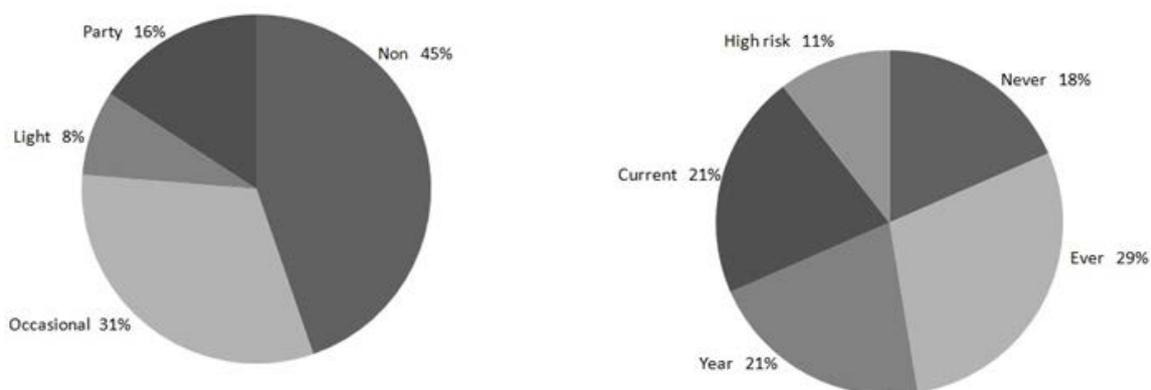
Implications

The majority of participants self-identified as non-smokers; and were aware of the health risks associated with smoking. In line with existing evidence, interventions should be focused on preventing the uptake (by non-smokers) and use of tobacco (by current smokers), and assisting those who are using regularly to stop using. Majority of those that were smoking were not purchasing cigarettes, rather accessing through others, it is likely that this means that those that are smoking are not smoking heavily.

Alcohol

Participants were asked about their alcohol use and their attitudes/ towards alcohol. The majority of participants (92) self-identified as non-drinkers. Of those who had consumed alcohol: 12 identified as occasional drinkers; six party as party drinkers; and, three as light drinkers. However, based on their reported consumption of alcohol 61% stated that they have never had a drink. Figure 3 shows the 38 participants aged 13–17 years; 45% described themselves as non-drinkers; however based on reported consumption, just 18% had never consumed alcohol.

Figure 3: Self-identified type of drinker (left) and type of drinker based on reported consumption (right), 13–17 year olds only



The most common drinks consumed were spirits or pre-mixed spirits. Most participants accessed alcohol through family or friends, with just one stating they had purchased it. The

self-reported age of first drink ranged from seven to 17 years, with 72% of respondents reporting that they consumed their first drink by age 13. Of the 25 participants who responded to the question where did you get your last alcoholic drink, all but one stated that they did not get it from their family or friends. Figure 4 presents the intention of to get drunk when consuming alcohol, of those that reported consuming alcohol, only three said that they never drank to get drunk.

Figure 4: Reported intention to get drunk when consuming alcohol

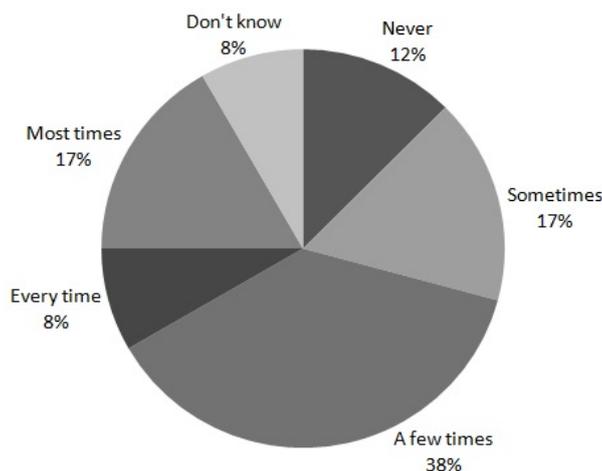


Table 5 identifies some of the negative effects of drinking experienced by the participants who reported drinking. Some of those the effects included: being sick; having an argument; hitting someone; blacking out; yelling at someone; and, having someone close to them suggesting they cut back/down on drinking.

Table 5: Negative effects from alcohol use

Negative effects from alcohol use	Number	%
Been sick	14	50
Yelled at / verbally abused someone	9	32
Had an argument	11	39
Hit someone or had a fight	11	39
Blacked out/ forgotten things that happened	11	39
Someone close to you suggested you cut down your drinking	10	36

Implications

A high proportion of those aged over 12 years, had consumed alcohol and were regular drinkers. Of those that were drinking regularly, they were experiencing high levels of alcohol related harm. The majority of participants did not purchase their last drink, rather they received it a friend or family member; and it was consumed in a private residence. Possible areas for intervention include: health promotion around safe drinking and being safe when drinking; access to alternative activities; and early intervention strategies.

Other Drugs

Sixty-four percent (72) of participants knew of other drugs that can make people high. Table 6 presents the drugs participants knew about and the number of participants who had tried at least one of these substances. Twenty-one participants (29%) stated that they have tried at least one of these substances; and 95% of these had tried cannabis. The use and trialling of other substances was minimal in this cohort. The age participants reported first trying cannabis ranged from seven to 16 years, with majority trying it by age 13; however five children under the age of 12 had tried cannabis.

Table 6: Drugs participants know about

	Known (n=72)		Ever used (n=21)	
	Number	%	Number	%
Amphetamines	43	60	2	10
Cannabis	69	96	20	95
Cocaine	14	19	-	-
Ecstasy	18	25	1	5
Hallucinogens	8	11	1	5
Inhalants	17	24	1	5
Opiates	10	14	-	-
Painkillers	14	19	2	10
Sedatives	9	13	-	-
Synthetic cannabinoids	10	14	2	10

In the last year, alcohol and cannabis were most often used at the same time, with ten participants saying that they used these two substances together. All but three of the cannabis smokers, had also smoked tobacco. The use or experimentation with other drugs appears limited, however this cohort are very resilient. Based on reported consumption of alcohol and tobacco; just three of the current cannabis users (20) reported never having smoked tobacco, and one claimed to have never consumed alcohol. Those that were using synthetic cannabis were also users of cannabis.

Implications

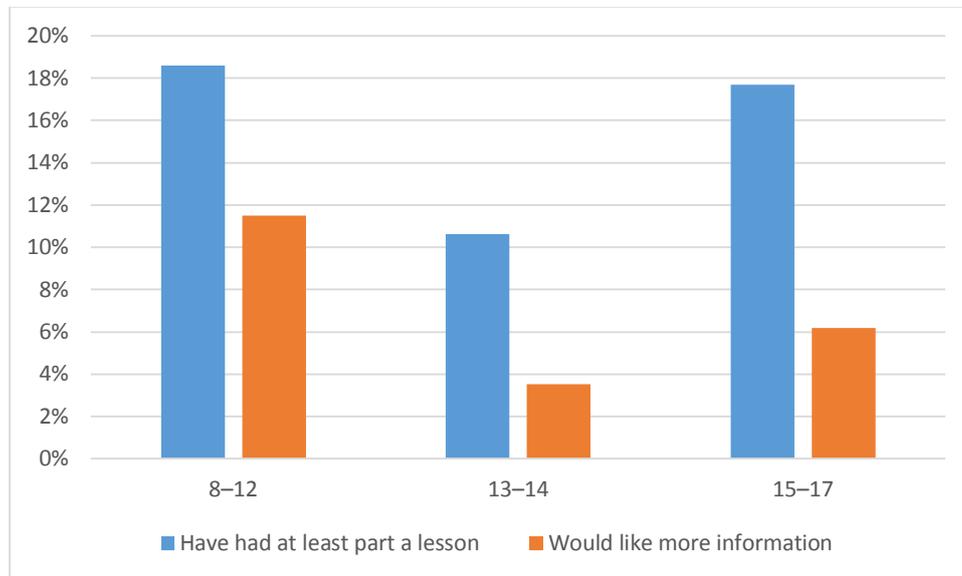
Firstly the limited sample means that this is likely to be an underestimate. The reported level of use of other drugs is relatively low, even the knowledge of such drugs is appears limited, with most only aware of cannabis and amphetamines. Those that were using cannabis were also smoking tobacco and drinking alcohol. The poly-drug use is of concern. Intervention options to address this could include: health promotion, alternative activities, supply reduction; and ways to reduce the health related harms if using substances.

Drug and Alcohol Education

All of the participants were asked whether they had any lessons about alcohol, tobacco and other drugs. As presented in Figure 5, 53 (47%) participants stated that they had received some education on alcohol and other drugs; however of those aged over 12 years, 84% had had at

least part of a lesson. Just 24 (21%) of participants were interesting in more information about the effects of alcohol and drug use; however the majority of these where aged under 12 years. When asked who would be the best people to provide more information participants stated health workers and school teachers.

Figure 5: Percentage of participants that had had a lesson, and would like more information about alcohol and other drug use, by age group



Implications

Even though the lack of knowledge is often assumed to be issue, there are more factors involved in the uptake of substances; however the fact that most of these participants had not received any kind of education to reduce the harms associated with substance use, should be addressed, and responsibility should not lay entirely with the education system.

Future Programs

Future Employment and Training

When asked what kind of job they would like, those not at school (10), wanted to work in mining (18%), or learn a trade (55%). Of those attending school (105) the desires were similar, but more diverse with participants interested in: mining (16%); a trade (15%); being a professional sportsperson (20%); and, tertiary qualified professional such as doctor, veterinarian, or teacher (12%). When asked if they would be prepared to leave Albany for employment, 73% of those aged 13 years and over said that they were, with the majority (67%) of these were prepared to go to Perth. When asked if they thought it was difficult for Noongars to get a job 33% believed that it was difficult to get a job, because: there was not enough training; not many jobs available; and, racism. If job-related training courses were offered, 88% of participants over 13 years of age, would be interested in participating in: structured work place learning (49%); traineeship (17%); pre-apprenticeship (17%); TAFE course (14%); and a job-ready course (3%).

Recreational Activities

Even though 72 participants currently played sport, 89 were interested in being more involved in sporting activities. When asked what sports they would like to play there were a wide variety of responses, as can be seen in Table 7. When asked what is needed to assist in accessing these participants identified: money for fees; access to equipment (gear); and, provision of transport. Only 34% said that they were interested in other activities including: camping, crafts/visual arts and discos.

Table 7: Sporting activities young people are interested in

Sport	Yes	%	Sport	Yes	%
Athletics	23	7	Soccer	34	10
Basketball	50	15	Softball/Baseball	7	3
Cricket	24	7	Surfing	25	8
Football (AFL)	49	15	Swimming	19	6
Gymnastics	14	4	Tee-ball	10	3
Hockey	13	4	Boxing	3	1
Netball	22	7	Volleyball	14	4
Rugby	14	4	Tennis	4	1
Other	4	1			

Summary of Possible Areas for Intervention

Education

- Reasons for absences from school, highlights the need to find to ways to encourage and support young people in their education.
- Awareness and accessibility of existing programs needs to be improved and increased.

Recreational Activities

- Even though recreational programs exist; cost and transport can be inhibiting factors.
- Access to existing programs could be improved by: money for fees; access to equipment (gear); and, provision of transport.
- Interest in wider opportunities exists, these include: camping, crafts/visual arts and discos.

Employment and Training

- Employment or an apprenticeship were not reasons for leaving school; rather participants were leaving for other issues.
- Regular attendance and continuity of education is important to prevent students falling behind.
- Directing and facilitating engagement with assistance programs is important.
- Many participants have career and employment aspirations, support and direction is necessary for these to be attained.
- Access to opportunities, such as job-related training courses is one area that this can be addressed.

Sources of Support

- Improved and increased community knowledge of existing services.
- Presence in the community and awareness of the programs is needed for young people to be able to access such services when they are in need.

Culture and Identity

- Opportunities to increasing and provide cultural mentoring for young Aboriginal people, this might include:
 - Noongar language classes;
 - bush trips to important places; and
 - connecting young people with their culture.

Police and Crime

- Provide positive experiences and contact with police and the justice system early.
- Programs such as youth noongar patrol and a drop-in centre program, might provide and prevent issues escalating.

Tobacco

- Interventions should be focused on preventing the uptake (by non-smokers) and use of tobacco (by current smokers), and assisting those that are using regularly to stop using.
- Existing programs, brief interventions, and the health service should be targeted at both the parents and young people.

Alcohol

- The level of consumption of alcohol highlights the need for safety when drinking.
- Possible areas for intervention include:
 - health promotion focusing on safe drinking and being safe when drinking;
 - access to alternative activities; and
 - early intervention strategies.

Other Drugs

- Those using some substances, are likely also be using alcohol and tobacco.
- Intervention options to address this could include:
 - health promotion and brief interventions;
 - alternative activities;
 - supply reduction; and
 - ways to reduce the health related harms of using.

Drug and Alcohol Education

- There are many factors involved in the uptake of substances; however early health promotion and brief interventions are needed.