

# **Development of resources to prevent methamphetamine ('ice') related harms in the Aboriginal and Torres Strait Islander population: Focus Groups Report**

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**14th August 2018**

## **The research project**

Methamphetamine – especially crystal methamphetamine or ‘ice’ – is a drug of particular concern in Australia. There is evidence that it causes significant harm and distress to many of those who use the drug, their families and their communities. In a major review, the National Ice Task Force stated that ‘Our first priority must be supporting families, workers and communities to better respond to people affected by ice’.<sup>1</sup> To facilitate this, the Australian Government Department of Health (DoH) funded the National Drug and Alcohol Research Centre (NDARC) at the University of New South Wales to develop a web-based information resource. This resource, aimed at the broad Australian community, is titled *Cracks in the Ice* and can be accessed at <https://cracksintheice.org.au/>.

It was recognised that there was a need for a similar resource specifically for Aboriginal and Torres Strait Islander people. To facilitate this, with funds from DoH, NDARC contracted the National Drug Research Centre (NDRI) at Curtin University to conduct this project, the aims of which were:

1. to identify the most important questions Aboriginal communities have regarding ‘ice’ use and its harms; and,
2. to answer those questions through a web-based *Aboriginal ‘Ice’ Toolkit* providing information about ‘ice’, strategies for managing methamphetamine related harms, and links to other resources.

To meet the first of these aims, a research team led by Professor Dennis Gray from NDRI, has conducted focus groups in Adelaide, Perth (including the suburb of Kwinana), Cairns (including the nearby Aboriginal community of Yarrabah), Albany, Alice Springs and Broome. The result of that work is the subject of this report. Work to meet the second aim – development of the *Aboriginal ‘Ice Toolkit*, – will be undertaken by an expert technical team headed by Professor Maree Teeson from NDARC, with the NDRI team continuing as an advisory group.

### **The NDRI research team**

The NDRI team included six Aboriginal and four non-Aboriginal members from the following institutions.

Prof Dennis Gray	National Drug Research Institute, Curtin University
A/Prof Edward Wilkes	National Drug Research Institute, Curtin University
Prof Steve Allsop	National Drug Research Institute, Curtin University
Dr Nyanda McBryde	National Drug Research Institute, Curtin University
A/Prof James Ward	South Australian Health and Medical Research Institute
Mr Andrew Armor	CEO, Milliya Rumurra Aboriginal Corporation
Mr Scott Wilson	Director, Aboriginal Drug and Alcohol Council (SA)
Mr Eddie Fewings	Queensland Aboriginal and Islander Health Council
Prof Neil Drew	Australian Indigenous AOD Knowledge Centre, Edith Cowan University
Dr Mick Adams	Australian Indigenous AOD Knowledge Centre, Edith Cowan University

The project was managed by Dr Kimberly Cartwright. Ms Sandra Taylor, a Murri woman from Queensland with extensive experience in the area and Dr Cartwright conducted the focus groups, with Mr Eddie Fewings assisting with one of the Queensland groups. The project team was supported by an Advisory Group from NDARC: Prof Maree Teeson, Dr Lexine Stapinski, Dr Cath Chapman, Dr Nicola Newton and A/Prof Frances Kay-Lambkin.

### **The focus groups**

Given the limited funding available, the sites in which the focus groups were conducted were selected to cover metropolitan cities, rural regional towns, and regional towns servicing remote Aboriginal communities. Within each of the six sites, local Aboriginal or Aboriginal and Islander community controlled organisations auspiced the project and recruited local participants. These organisations were: the Aboriginal Drug and Alcohol Council (SA) in Adelaide, Wungening Aboriginal Corporation in Perth, Queensland Islander and Health Council in Cairns, Southern Aboriginal Corporation in Albany, Central Australian Aboriginal Congress in Alice Springs, and Milliya Rumurra Aboriginal Corporation in Broome. In addition, data from the focus groups were supplemented by informal discussions with community members and service providers in each location.

The number of focus groups conducted in each location and the number of participants in each varied as a result of local factors at the time of the site visits, including availability of local people, 'sorry business' and, in the case of Broome, a tropical storm. In all, between December 2017 and June 2018, 15 focus groups were conducted and in total were attended by 176 people (77 male and 99 female). However, as one male in Cairns and one in Broome and three females in Cairns and five in Broome participated in two focus groups the actual number of individual participants was 166 (75 male and 91 female).

The aim of the focus groups was to identify information that members of the broad Aboriginal and Islander community wanted from a website. To this end, participants included: those who attended as concerned members of the communities in which the focus groups were held; members of the communities who were ex-users of 'ice' and who, in two groups in Cairns, were clients of service organisations; service providers who attended in their capacity as community members; and community members who attended as representatives of service organisations. In addition, a small

number of non-Indigenous service providers attended some of the groups. As well as the views of the community in general, this mix gave us the views of service providers who had experience responding to community concerns, and the views of ex-users who were concerned that the proposed website provide information that was sensitive to the circumstances and concerns of those still using 'ice'. The composition and numbers of participants in the focus groups is summarised in Table 1.

**Table 1: Location and composition of focus groups by gender**

Location	Composition	Males	Females	Totals
Adelaide		<b>15</b>	<b>6</b>	<b>21</b>
Perth – Kwinana	Community members	6	6	12
Perth – Wungening 1	Service workers & community	3	10	13
Perth – Wungening 2	Service workers & community	4	6	10
		<b>13</b>	<b>22</b>	<b>35</b>
Cairns – Yarrabah	Service workers & community	5	10	15
Cairns – Seville Centre	Service workers & community	4	5	9
Cairns – YETI	Clients & service worker	2	3	5
Cairns – Mission Australia 1	Service workers	2	8	10
Cairns – Mission Australia 2	Clients & service workers	6	4	10
		<b>19</b>	<b>30</b>	<b>49</b>
Albany	Community & service	<b>8</b>	<b>10</b>	<b>18</b>
Alice Springs 1	Service workers	9	6	15
Alice Springs 2	Community members	1	5	6
		<b>10</b>	<b>11</b>	<b>21</b>
Broome 1	Youth service workers	3	2	5
Broome 2	Community & service	3	10	13
Broome 3	Community & service	6	8	14
		<b>12</b>	<b>20</b>	<b>32</b>
Totals		<b>77</b>	<b>99</b>	<b>176</b>

The structure of the focus groups was varied to enable us to collect as wide a range of information as possible given time constraints on their length. Following an introduction to the project and its aims, participants were broken up into sub-groups and asked to consider what was happening in their community or 'backyard' in relation to the use of 'ice'. During their discussions, participants recorded the main points on butchers' paper and then reported these back to the groups as a

whole. The purpose of this exercise was to: get participants thinking broadly about the issues and in subsequent sessions to think about which of these issues could be addressed on a website and how this might be done; and provide additional information for consideration by those developing the website.

In the Adelaide and first of the Alice Springs focus groups, computers were set up so that participants could review the *Cracks in the Ice* website and provide feedback on its strengths and weaknesses for an Aboriginal and Islander audience. Following these early focus groups, upon reflection, the NDRI research team concluded that review of the *Cracks in the Ice* website was compromising the integrity of the focus group process. That is, it strongly influenced the options considered by participants and limited formulation of their own views, opinions and perceptions for contextualised digital content to meet the needs of Aboriginal and Torres Strait Islander communities. For this reason it was decided that in subsequent groups the review of *Cracks in the Ice* would be dropped and it was replaced by a more formal approach based on a variation of the World Café model (<http://www.theworldcafe.com/>).

In the revised approach, in the subsequent focus groups, following the 'My backyard' exercise participants were divide into small groups or 'tables' and each asked to answer one of four sets of questions:

Table 1. Who is our target group/audience? Are there multiple target groups? Which are the key target groups and why? (3 questions)

Table 2. What is the main message/s that needs to be conveyed on the website? What is the best way to tell the message/s? What key information should be a major learning/discovery for the reader? Should the message be different for male and females? Should there be information only for young people using Ice, and/or young people contemplating using Ice? (5 questions)

Table 3. How can we make the website easy to navigate? What would be a good simple site map? What type of information should sit on the Home Page? Should the website have a 'snap shot' information page just for readers, who are browsing and considering further reading later on when time and their circumstances allow? What are the other key pages? Should we link to other web sites? Which are some relevant web sites? (7 questions)

Table 4. Should an app be developed? What key features should sit on an app? Should the website and app be linked? Should the app be free to download? (4 questions)

### ***Human research ethics approvals***

Given the sensitivity of the topic of research and the fact that many Aboriginal and Torres Strait Islander people are affected in one way or another as a result of 'ice' use in their extended families and communities it was essential that that we put in place protocols to assist and refer for support any participants who might be distressed by the discussion. These protocols as well as participant information sheets and consent to participate forms were included in applications to relevant human research ethics committees.

Human research ethics committee approvals were given to conduct the project in:

- Adelaide by the Aboriginal Health Research Ethics Committee of South Australia (AHREC Protocol #: 04-17-724) and by the Curtin University HREC (Approval number: HRE2017-0710);
- Perth, Albany and Broome by the Western Australian Aboriginal Health Ethics Committee (WAAHEC Reference number 820) and Curtin University Human Research Ethics Committee (HREC Approval number: HRE2018-0029), with additional approval from the Kimberley Aboriginal Health Planning Forum (2017–15) in the case of Broome;
- Cairns by the Far North Queensland Human Research Ethics Committee (Reference number: HREC/17/QCH/73–1156) and by the Curtin University HREC (Approval number: HRE2018–0031; and,
- Alice Springs by Central Australian Human Research Ethics Committee (Ref: CA-17-2875) and by the Curtin University HREC (Approval number: HRE2017-0793).

As per the ethics committee approvals, at the end of the first phase of the project, reports on the outcomes of the focus groups were prepared for each site and provided to the community controlled organisations that auspiced the them.<sup>2-7</sup> Audio recordings and transcripts of all focus groups are kept on a secure server at Curtin University. Depending on the wishes of the organisations, copies were provided to them or in other cases access to the materials on the Curtin server is available to the them. With the permission of the community controlled organisations, copies of the materials have been made to the NDARC team developing the website.

### **Community concerns**

Community concerns – as expressed by participants in both the unstructured discussions in the early focus groups and in the 'In My Backyard' exercise in the later groups – centred on four broad issues: supply and consumption of 'ice' and the factors underlying demand for it; the impact of 'ice' on users themselves and their behaviour; the impact of 'ice' use on extended families and communities; and the availability of support and services. Although all focus groups discussed these issues in broad terms, there was some variation in the aspects on which those discussions centred both between and within the sites in which they were conducted. Also, because some issues were not discussed in particular focus groups or in particular sites, given the limited time available for discussion, it should not be assumed that these issues were not of concern in those sites.

### ***Supply and demand***

Participants in Adelaide, Cairns and Albany made the point that use of 'ice' was not just a problem in Aboriginal communities and, in these sites and Alice Springs, they said it occurred in a context of poly-drug use. A participant in one of the Cairns focus groups also made the point that not all 'ice' use was problematic and that there were high-functioning users in the Aboriginal and Islander community. Although service providers in Cairns and Albany noted that it was difficult to get reliable data on prevalence, participants in all sites were generally of the view that supply was plentiful and that consumption was increasing in their communities. In Albany and Alice Springs there was concern about the young age at which it was being used (as young as 12) and in Perth and Albany there was concern about use in prisons with attendant risks associated with the use of shared injecting equipment. The price of 'ice' was raised either directly or indirectly in focus groups in all

sites. In Adelaide ex-users said it was relatively cheap at '\$50 a point' (i.e. 0.1 gram), in Cairns it was said to cost \$100 a point but in the Cape York region could cost \$150 to \$200 a point, and in Alice Springs was said to cost between \$100 and \$150 a point. In all sites this was reported to create problems of its own (as discussed below).

Although a participant in one of the Alice Springs focus groups said there was some local production, in general, participants in the non-metropolitan sites said that 'ice' was brought into their communities from outside and in Cairns and Alice Springs it was alleged that this was controlled by 'bikie' gangs. However, in both Albany and Broome participants said that there were 'dealers' within the Aboriginal communities who were actively promoting use. For example, of concern to Broome participants were stories that they had been told – but not themselves encountered – about the means by which suppliers enticed young people into using 'ice'. These were said to include: disguising it by putting it into water, wrapping it in candy or mixing it with 'gunja'; offering 'a try for free'; and the lure of making money. In both Albany and Broome, participants said dealers in their communities were well known but people were unwilling to 'dob them in' for fear of retaliation.

There was little discussion in the Adelaide, Perth and Cairns groups of factors underlying the demand for 'ice'. However, participants in the other groups identified a number of factors, both explicitly or implicitly, and the need to address them. These factors included: unemployment (Albany and Alice Springs); boredom (Alice Springs and Broome); mental health issues and inter-generational trauma (Alice Springs and Broome); poverty, family breakdown and loss of culture (Broome); over-crowding, homelessness and high rates of imprisonment (Albany); and the fact that for young people who didn't feel safe at home use of 'ice' was said to be 'empowering' (Broome).

### ***'Ice' users and harm***

The most commonly identified harm to users across all sites was the stigma that members of communities attached to users of 'ice' and, reciprocally, the 'shame' that users themselves felt as a result. While participants from all sites discussed this in broad terms, it was explored in some detail by ex-users in the Adelaide focus group. These participants said that this stigma/shame further isolated users from the community and contributed to anxiety and depression among them. They also said that negative judgements by non-users put a stop to any conversation between them and both users and ex-users.

Aggression on the part of users was raised as an issue in Perth, Cairns, Albany and Alice Springs. As well as being a concern when users were intoxicated it was also seen as a concern when users were 'coming down' when they were tired and irritable. 'Ice'-associated aggression and violence was said to occur within and between families and included 'elder abuse' and violence toward children.

As a consequence of the relatively high price of 'ice' and the costs of supporting frequent use, and the debts sometimes incurred, participants in Perth, Cairns, Albany and Alice Springs reported that some users turned to theft both from family members (part of the 'elder abuse') and from retail outlets for money or goods which were exchanged for 'ice'. The exploitation of young women by older men, and girls and young women prostituting themselves either for money to purchase 'ice' or for 'ice' itself, were also raised as issues in Perth (particularly in Kwinana), Albany and Alice

Springs. In Adelaide, ex-users also linked 'ice' use to gambling as a means of trying to win money to purchase the drug, but also incurring greater losses.

The well-being of 'ice' users was among concerns expressed by participants. Mental health issues among users were raised in the Adelaide, Cairns and Albany focus groups including 'ice' use and co-morbid mental health conditions and levels of self-harm and suicide. Ex-users in Adelaide also noted the mental anguish that they had gone through as a result of recognising the harm they caused to their families and loved ones. Ex-users in one of the Cairns focus groups also noted how their use of 'ice' had led to both deterioration of their physical health and to their homelessness.

### ***'Ice' use and families***

In one respect or another, the impact of the use of 'ice' by individuals on their families and communities was a concern among participants across all sites. Foremost among these concerns was the breakdown of families and the impact of 'ice' use on the children of users. Impacts on children were said to include hunger, neglect, trauma and violence resulting in poor coping skills and delayed development in some instances, and to children having to take parental responsibility for their siblings in others. In Broome, participants said that many children felt unsafe in their own homes and roamed the streets at night unsupervised placing them at further risk. The neglect of children posed the risk of their removal by child protection authorities and in the words of one participant from Albany, 'We're creating another stolen generation'. The fear of having their children removed was also said to be a barrier to seeking treatment among some users. Conversely, however, two ex-users in Adelaide and Cairns said the concern about their children was the factor that led them to give-up 'ice'.

Neglect of children by parents who were using 'ice' and the fear of child removal impacted on families more broadly. In Adelaide, Perth and Alice Springs, participants reported that some children were being taken in and cared for by their grandparents or other family members. Although this was seen as an act of compassion, it was also seen as creating a burden for those people.

The aggressive and violent behaviour identified among 'ice' users impacted directly on members of their extended families. The violence that erupted among users who were intoxicated was said to usually occur at night when few services were available and when the parents of users and other family members bore the brunt of it resulting in lack of sleep, fear and psychological distress. In Albany, Alice Springs and Broome, participants said the impact on families was exacerbated by the stigma that attached to them because members of their families were using 'ice'.

Despite the problems for families caused by users of 'ice' something that came through quite clearly – either explicitly or implicitly – in all sites, was that families continued to care about the welfare of users and wanted to help them. As a participant in Alice Springs said, 'As family, we never give up (on those who are using)'. In this, however, they felt frustrated by not having the information or skills to respond to incidents associated with intoxication or to talk to users about their use of 'ice'. As another Alice Springs participant said:

A lot of us care for our loved ones, but it's really challenging to have an open discussion with them and to have a real conversation with our mob.

There was also frustration about the limited availability of, or access to, services.

### **Support and services**

In Adelaide, Perth (particularly Kwinana) and Albany participants highlighted the lack of Aboriginal-specific 'detox' (withdrawal management) and treatment services and in Perth participants said that complex referral processes and long waiting lists for admission to non-Indigenous services served to limit access to Aboriginal people. Other issues raised were: services 'working in silos' (Alice Springs); the lack of support services for users who are attempting to 'come off' (Adelaide and Perth); no services to deal with co-morbid mental health conditions (Albany); and inappropriate group counselling rather than one-to-one counselling for users in prison (Albany).

As indicated above, aggressive behaviour by 'ice' users – generally occurring at night – was identified as an issue by participants in Perth, Cairns, Albany and Alice Springs and the shortage of services to help address this was identified as a problem in Perth (Kwinana) and Alice Springs. In this context, family members were the 'first responders'. In Alice Springs, participants said there is a lack of information to how they can deal with such situations and how they can look after their own safety and that of other family members. Having said this, however, one of them also said that all the onus should not be put upon families – who have enough to deal with – and there is a need for community-wide responses. An added complication also raised by Alice Springs participants was related to calling the police to deal with acute incidents. They said that this could lead to further violence as a result of retaliation by a person the police were called to deal with and/or members of the person's family.

Focus group participants also identified a number of barriers to accessing services. These included: fear by users of the removal of their children if they were reported to child protection authorities (Broome); user concerns about potential breaches of confidentiality when using Aboriginal community controlled services (Perth); and stigmatising of users by service providers (Alice Springs). Additionally, ex-users among participants in Adelaide said that lack of information about what to expect when using services led to a reluctance to utilise them and they also said that 'early hands-on intervention by families' was needed and that 'passive referral' was not effective.

### **Cracks in the Ice: Aboriginal perspectives**

As indicated in the methods section of this report, prior to discussing what they thought an *Aboriginal 'Ice' Toolkit* should include, participants in the Adelaide and the first of the Alice Springs focus groups were asked to review the *Cracks in the Ice* website to identify its strengths and weaknesses from an Aboriginal perspective. Among the strengths, participants in both the Adelaide community and Alice Springs service provider groups cited the amount of information provided, including the fact sheets, and the fact that it was 'straight forward and to the point'. Both groups also highlighted the ease of navigation and the site's interactive nature including the on-line questionnaire and quizzes. In addition the Alice Springs group pointed to: the broad audience at which the site was targeted, including health professionals; and the links to other sites and sources of information, including training resources.

While both groups highlighted the presentation of information as a strength of *Cracks in the Ice*, they qualified this. The Alice Springs group thought that, for some Aboriginal users of the site, the amount of information was potentially overwhelming. The Adelaide group thought that to be



effective, an Aboriginal site needed to go beyond the simple presentation of information and should provide support.

In terms of weaknesses of *Cracks in the Ice*, both groups were critical of the layout and presentation of the site and its suitability for Aboriginal people. In the words of Adelaide participants, the site was too 'mainstream' and 'too clinical' and felt like it was 'written by people who've worked in universities who don't have real life experience'. They also expressed the view that there was 'no real Indigenous content'. These views were reflected in more detail by the Alice Springs participants. Generally, they felt the site was 'too busy and too dull'. They pointed out that in Central Australia English is a second or third language for many Aboriginal people and that literacy levels are low. Thus, the text-based nature of the site was seen a barrier to its accessibility ('Pages and pages of text no one wants to read it'). For this reason, they said that an Aboriginal website needed more visual imagery and while they highlighted interactivity as a plus in *Cracks in the Ice* they felt that it was not sufficiently interactive. Importantly, the Alice Springs group thought a significant weakness of the site was that it did not include local imagery or more information about local services – this again being a barrier to accessibility and the effectiveness of the site. This criticism was reflected in comments from both the Adelaide and Broome groups that Aboriginal people were unlikely to engage in conversation with someone from national non-Indigenous help or chat lines such as those linked to *Cracks in the Ice*.

### **An Aboriginal 'Ice' Toolkit**

As indicated in the methods section, two differing approaches were taken to the exploring what participants thought should go into the make-up of an *Aboriginal 'Ice' Toolkit*. Nevertheless, using both approaches, discussions centred on two broad areas: the content of the website and its presentation. With regard to the former, participants identified four key areas: target groups, information, community-based intervention, and service provision.

#### **Target groups**

At the planning stages of this project, we were aware that the National Centre for Education and Training in Addiction (NCETA) was developing an 'ice' training resource aimed at frontline workers.<sup>8</sup> Also, three of the investigators on this project (Ward, Gray and Wilkes) are members of team conducting a National Health and Medical Research Council funded project to develop *Novel interventions to address methamphetamines in Aboriginal communities*.<sup>9</sup> Based on this, and discussions with advisory groups to the NHMRC project and the *Cracks in the Ice* project, we decided that the *Aboriginal 'Ice' Toolkit* should target members of the general Aboriginal and Islander 'community' – rather than people who are using 'ice' or those providing services to them. As it emerged, however, what this meant to us as researchers was different to what it meant to participants in the focus groups. Participants in Adelaide, Cairns and Albany made it clear that 'ice' users were part of their families and communities and that the *Aboriginal Toolkit* should address their needs as well as those of other groups within their communities. Similarly, in Cairns, Albany and Alice Springs, Aboriginal frontline workers were identified, and identified themselves, first and foremost as members of their communities who had special needs and who were often under significant pressure when trying to support clients as well as members of their own families who might be using 'ice'.

Participants in all sites identified the broad Aboriginal and Islander community and/or the families of people who were using 'ice' as the primary target groups of the proposed website (including users themselves and Aboriginal service providers). Within this broad audience, young people – including primary and secondary students, those who had left school and those who might be estranged from their families – were singled out as being a group of prime importance in five of the six sites. In particular, this group was seen to be a target for prevention and early intervention. As well as young people, participants in Perth and Albany pointed out that 'ice' users and those affected by use among others spanned the whole age range and that messages need to be tailored to accommodate the needs of sub-groups within that age range. While there were dissenting voices in Cairns, participants in Perth, Cairns and Albany were of the view that – given their different roles in families and communities and their different interests and needs – the *Aboriginal 'Ice' Toolkit* should provide different information and support strategies for both males and for females.

### **Information**

In all but the Perth focus groups, participants thought that there was a need for information about 'ice' itself: what it is; substances with which it might be 'cut'; information on the prevalence of use, including the fact that it is not only a problem in Aboriginal and Islander communities; and the reasons for up-take of the drug. Following on from this, participants in the Adelaide, Albany and Broome groups said that there was also a need to provide information on signs and symptoms of use including early warning signs. Also, in discussions about the 'stages of change' model and its Aboriginal adaptation,<sup>10,11</sup> participants in Perth, Cairns and Albany agreed that it would be helpful to family and community members in understanding the behaviour of 'ice' users, but also that the model could be further contextualised to meet the needs of local communities. Given that there are widespread misconceptions about 'ice' in communities (reflected among some participants), participants in Albany stressed that such information should be factual but should also 'bust myths'.

Across all sites there was agreement that the *Aboriginal 'Ice' Toolkit* should include information about the harms or potential harms associated with 'ice' use. As summarised in discussions about what was happening in their communities, these included harms to users as well as the physical, emotional and financial impact on families. However, while there was general agreement about the type of information about harms that should be presented on the website, as in the broader community, there were varying levels of disagreement both within and between focus groups about how such information should be presented. On one hand, there were those who were of the view that this information should be presented in a factual way; on the other, were those who felt that the information should be presented in way that 'scared' and frightened-off potential users.

### **Community-based intervention**

Much discussion of the content of the *Aboriginal 'Ice' Toolkit* centred on provision of information that can enable and support users and family and community members to themselves respond to 'ice' use. Participants in Perth, Cairns, Albany and Broome were particularly concerned that information be provided on strategies to prevent the up-take of 'ice' use among young people and to intervene early among those who had already commenced use. In these same sites, participants also identified the need for information for both users and family and community members on how to minimise the harms associated with 'ice' use and on keeping users safe.

The need for information on how to deal with acute or violent 'ice' related incidents was identified by participants in Adelaide, Perth, Alice Springs and Broome. This include the need for information on how to keep users, 'first responders' and other family members such as children safe. It also was seen to include information on: when to call service providers such as alcohol and other drug (AOD) workers, ambulance services and the police; and the kind of information to provide when calling those workers; and what the workers are able to do. As discussed previously – calling the police, whether to intervene in violent incidents or in relation to 'dealing' within a community – has the potential to result in retaliation and there is a need for advice and tips on how to sensitively address this issue.

As indicated in the section on 'community concerns' the stigmatisation of 'ice' users by members of communities was raised by participants in all sites as was the stigmatisation of the families of users in Albany, Alice Springs and Broome. This and the shame felt by some users were seen as a barrier to conversations between users and member of their families and as a barrier to accessing or engaging with services. In Adelaide, Albany, Alice Springs and Broome focus group participants thought that the *Aboriginal 'Ice' Toolkit* should include information that breaks down this stigmatisation and provides information on strategies to create empathy, and initiate engagement between users, their families and members of their communities.

A key element across the sites in terms of the provision of information to community members was that it should be *practical*. As well as information how they might intervene to prevent or reduce use and harm, this was seen to include information on how to provide support to: those who are currently using 'ice' (Adelaide, Cairns and Alice Springs) or are attempting to quit (Perth and Cairns); and family and community members including where they might obtain respite, and how to establish family and community support groups (Adelaide, Perth, Cairns, Alice Springs and Broome). Importantly, participants in all sites emphasised the need to provide 'success stories'. These should: highlight self-agency, empowerment and determination; acknowledge best practice intervention work being undertaken by individuals, families, communities and service providers within a collegial/collaborative culturally responsive framework; and keep up a narrative of hope.

### ***Service provision***

Service provision was not discussed in as much detail as the other elements of the content of the proposed *Aboriginal 'Ice' Toolkit*. The main issue raised across most sites (Adelaide, Perth, Cairns, Alice Springs and Broome) was the need for information about locally-based services. Other issues raised were the need to provide information on what is involved in negotiating the treatment system (Perth and Albany) – including types of interventions, eligibility, time commitments and issues such as support of family members when in treatment. Participants in Broome also suggested that the site should provide information on 'best practice' interventions and 'best practice' service providers; and Alice Springs participants suggested that, as well as on AOD-specific services, the site should provide information on broader strategies for healing trauma.

### **Presentation**

How information should be presented on the proposed *Aboriginal 'Ice' Toolkit* website was the focus of as much discussion as the type of information to be presented. Reflecting the criticisms of the suitability of the *Cracks in the Ice* website for an Aboriginal and Islander audience, participants

in focus groups in all sites emphasised the need for an essentially visual or pictorial format. They were of the view that Aboriginal users of the site would not engage with a site that was too 'wordy' – especially give low literacy rates among some sections of their communities. Participants from all sites expressed the view that information was best imparted as video clips of personal stories – from users, family members and other community members, but also from high profile Aboriginal people such as sports stars.

Related to the issue of visual/pictorial presentation was that of cultural appropriateness. Participants in all sites but Adelaide highlighted the need for information to be provided in appropriate language – highlighting the fact that it should be provided in Aboriginal English or in *Kriol* and that in remote areas in particular English was not the first language of many Aboriginal people. Participants in Perth and Albany emphasised the need for the site to employ Aboriginal imagery and colours and re-enforcing what was said about visual imagery, participants in Adelaide and Alice Springs highlighted the need for messages to be delivered by 'Aboriginal faces'. Participants in Alice Springs and Broome also emphasised the need to take into account the special needs of remote communities.

Although not addressed directly by participants in most focus groups, those in Perth and Cairns made the point the *Aboriginal 'Ice' Toolkit* site needs to be 'initially engaging'. As well as using appropriate Aboriginal and Islander imagery the homepage needs to: be uncluttered but clear about what the site is and what it can and cannot do (Cairns); and attuned to the target audiences and the questions to which they are seeking answers (Perth).

To maintain engagement, participants made a range of suggestions relating to ease of use of the site. These included: interactivity and the facility for site users to upload their own stories (Cairns and Albany); 'fun' as well as educational for young people (Cairns); a limited number of tabs and buttons and 'effective pictorial signposts' (Cairns and Albany); bold, clear pages (Albany); a question and answer format (Adelaide); and a touch-screen format (Cairns).

Another key element in engagement with the *Aboriginal 'Ice' Toolkit* site was seen to be *localisation*. This was touched upon with regard to information about availability of services but it is a wider issue – directly raised by participants in Perth, Cairns, Alice Springs and Broome and indirectly by those in Adelaide and Albany. It is an issue that reflects the diversity of Aboriginal and Torres Strait Islander communities and cultures. Participants clearly expressed a wish for a website that included an accommodation to local as well as national culture, imagery, language and people.

Participants in the Alice Springs service provider focus group identified links to other sites as a strength of the *Cracks in the Ice* website. This was reflected in discussions about presentation in the *Aboriginal 'Ice' Toolkit*. Participants in focus groups in Perth, Cairns, Albany and Adelaide all highlighted the importance of links to other sites. However, participants from Perth said that there should not be too many such links and participants from Adelaide, Cairns and Alice Springs emphasised the point that they need to be practical and directly relevant. In this regard – and related to the issues of cultural appropriateness and localisation – while participants in Adelaide, Cairns and Alice Springs recommended that there be links to chat lines they said that people in their communities were unlikely to use national services and wanted to speak to someone who had similar experiences.

It has been the first hand observation of several of the research team members that many Aboriginal people do not have access to a computer. This point was reinforced at an advisory group meeting of the *Novel interventions to address methamphetamines in Aboriginal communities* project at which participants expressed the view members of Aboriginal communities were much more likely to have access to mobile phones and that a more effective way of reaching them was by means of phone apps. With this in mind, participants in all focus groups were asked whether the *Aboriginal 'Ice' Toolkit* should be available as a phone app. They made the same point about computer access and were in favour of the *Toolkit* being available as an app. However, two caveats were made. The first was that a phone app should not be viewed as a universal solution and the second was that it should be free and downloadable as people might not have available credit with their service providers at times when they might want to access the app.

Finally, participants in the Yarrabah focus group made the point that it was not enough to simply create a website or phone app. Its availability needs to be promoted at the community level. The importance of this was brought home in that focus group when, among 12 AOD service providers, only one knew of the *Australian Indigenous AOD Knowledge Centre*, despite its wide promotion.

### **Summary and conclusion**

This report has provided an overview of the issues raised and discussed across the focus groups held in all six sites. More detail is provided in the reports prepared for the auspicing Aboriginal and Islander community controlled organisations and communities in each site and we refer readers to them. Although there was some variation within and between focus groups conducted in the various sites, participants identified four broad areas of concern about 'ice' in their communities. These focused on issues of supply and demand for 'ice', the harm to users of the drug, its impact on families and availability and accessibility of services. Discussions about what should be included in an *Aboriginal 'Ice' Toolkit* focused on the content of the site and on the way in which information should be presented in a manner appropriate to an Aboriginal and Torres Strait Islander audience. There was general agreement that the target audience for the website should be the broad community and/or the families of those using 'ice' (including users themselves and service providers), but with special attention to sub-groups including young people (as a target for prevention and early intervention) and both men and women.

Information that participants thought should be on the site included information about: 'ice' itself; the harms or potential harms caused by the drug; community-based strategies to minimise harm to users and family and community members and to breakdown the stigma and shame associated with use (which were seen as a barrier to intervention). Importantly, participants thought that this information should be *practical* and highlight success stories in addressing 'ice'-related problems. With regard to service provision, the focus was on the need to provide information about locally available services and about what was involved in negotiating the treatment system.

In terms presentation, there was agreement that the site be visually or pictorially based and that information be imparted as video clips of personal stories from users, families and other community members. Cultural appropriateness of presentation was also a focus of discussion with attention on the need for appropriate language (including Aboriginal English and *Kriol*) and imagery, and the

need for messages to be delivered by 'Aboriginal faces'. Participants also made various suggestions relating to ease of site navigation and links to other sites.

One of the most important issues raised in the focus groups for the *Aboriginal 'Ice' Toolkit* was that of 'localisation' – in terms of both the information provided and its presentation. Participants were strongly of the view that, to be accessible and effective, the website should provide information on local success stories and local services by local Aboriginal and Islander people and in ways that reflect variations in Aboriginal and Islander cultures and community situations.

There is another dimension that also needs to be considered in relation to localisation and that is the issue of Aboriginal and Islander community empowerment. In the Albany focus group, one of the participants made the point that 'experts' are often seen as external to local communities, when in fact there are service providers and others within communities who are familiar with local issues and social relations and who are best placed to deal with 'ice'-related problems in those communities. Importantly, the website needs to support and not marginalise those people. How to achieve a balance between community concerns for localisation and the broader information requirements of a national website is perhaps the greatest challenge that will be faced by those developing it.

Participants in the focus groups have identified the kinds of questions to which the audience(s) of an *Aboriginal 'Ice' Toolkit* will seek answers. They have not, however, except in the broadest terms, provided answers to these questions. The next phase in the development of the website will be – in consultation between the advisory group (the investigators on this first phase), representatives of the community controlled organisations that have participated in the project, various people with specialist knowledge and the developers – to answer those questions and frame those answers in a way that responds to Aboriginal and Torres Strait Islander community needs as identified in this report.

## References

1. Commonwealth of Australia. *Final Report of the National Ice Taskforce*. Canberra: Department of the Prime Minister and Cabinet, 2015. Available at: [https://www.pmc.gov.au/sites/default/files/publications/national\\_ice\\_taskforce\\_final\\_report.pdf](https://www.pmc.gov.au/sites/default/files/publications/national_ice_taskforce_final_report.pdf)
2. Cartwright K, Taylor S, Gray D. *Aboriginal 'Ice' Toolkit Project: Report on the Adelaide Focus Group*. Perth: National Drug Research Institute, Curtin University, 22nd June 2018.
3. Cartwright K, Taylor S, Gray D. *Aboriginal 'Ice' Toolkit Project: Report on the Alice Springs Focus Groups*. Perth: National Drug Research Institute, Curtin University, 26th June 2018.
4. Cartwright K, Taylor S, Gray D. *Aboriginal 'Ice' Toolkit Project: Report on the Broome Focus Groups*. Perth: National Drug Research Institute, Curtin University, 6th July 2018.
5. Cartwright K, Taylor S, Gray D. *Aboriginal 'Ice' Toolkit Project: Report on the Albany Focus Group*. Perth: National Drug Research Institute, Curtin University, 9th July 2018.
6. Cartwright K, Taylor S, Gray D. *Aboriginal 'Ice' Toolkit Project: Report on the Perth Focus Groups*. Perth: National Drug Research Institute, Curtin University, 17th July 2018.
7. Cartwright K, Taylor S, Gray D. *Aboriginal 'Ice' Toolkit Project: Report on the Cairns Focus Groups*. Perth: National Drug Research Institute, Curtin University, 23rd July 2018.

8. National Centre for Education and Training on Addiction (NCETA). *Ice: Training for Frontline Workers*. Available at: <https://nceta.flinders.edu.au/workforce/training-and-education-1/ice-training-package/>
9. Ward J, McKetin R, Treloar C, *et al.* Novel interventions to address methamphetamines in Aboriginal communities, including a randomised trial of a web based therapeutic tool used to treat dependence in clinical settings. National Health and Medical Research Council Project Funding Grant, APP1100696, 2016.
10. Di Clemente CC, Prochaska JO. (1998). Toward a comprehensive, transtheoretical model of change: Stages of change and addictive behaviors. In Miller WR, Heather N (eds.), *Applied clinical psychology. Treating Addictive Behaviors* (pp. 3–24). New York: Plenum Press. <http://dx.doi.org/10.1007/978-1-4899-1934-2>
11. Aboriginal and Torres Strait Islander Stages of Change Story – NT Gov't (2000). Available at: <https://insight.qld.edu.au/shop/indigenous-stages-of-change-story>