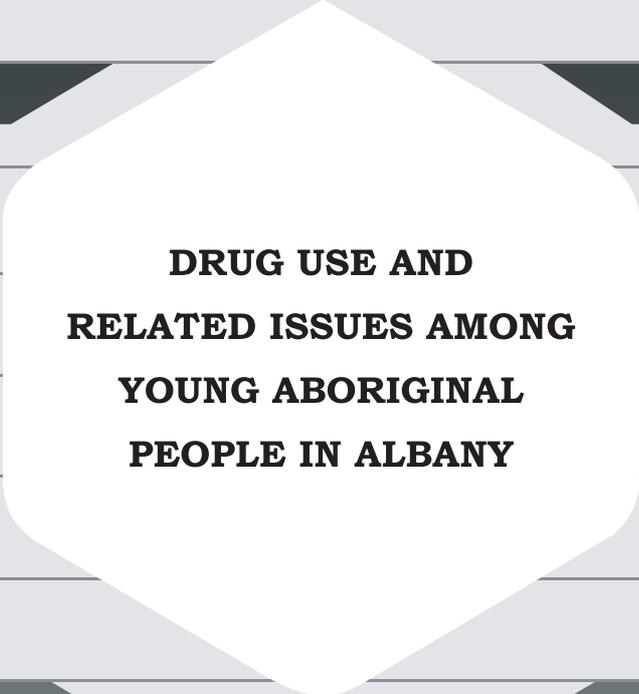


**NATIONAL CENTRE FOR RESEARCH  
INTO THE PREVENTION OF DRUG ABUSE**



**DRUG USE AND  
RELATED ISSUES AMONG  
YOUNG ABORIGINAL  
PEOPLE IN ALBANY**



**National Centre for Research into the Prevention of Drug Abuse  
Curtin University of Technology  
and  
Albany Aboriginal Corporation**

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## **PROJECT SUMMARY**

This project summary is quite detailed as it is also being circulated as a comprehensive non-technical report on the project to all Noongar households in Albany. Any person who wants a brief overview of the results is advised to consult the summary of the chapter entitled "Drug use, its correlates, and intervention" on pages xiii-xiv.

### **Introduction**

- This was a joint project conducted by the Albany Aboriginal Corporation (AAC) and the National Centre for Research into the Prevention of Drug Abuse (NCRPDA).
- The project grew out of concerns by members of the AAC about the use of various drugs by Noongar kids in Albany.
- The objectives of the project were to describe:
  - patterns of alcohol, tobacco and other drug use;
  - knowledge and beliefs about drug use;
  - current employment, educational and recreational involvement; and
  - the needs of young Noongars, as seen both by themselves and by their parents.

### **Research methods**

- The research was undertaken in the town of Albany in 1995.
- Data were collected by two Aboriginal research officers using standardised interview schedules.
- Data were analysed using the statistical package "SPSS for the Macintosh" Version 4.
- Indices of drug use were constructed and the relationship between these and other variables analysed using simple cross-tabulations or rank order correlations and appropriate tests of significance.
- Logistic regression analysis was used to assess the combined impact of variables on level of drug use.

### **Albany Noongars**

- At the time of the survey, 426 Noongars were identified as living in the town of Albany.
- Albany Noongars lived in a total of 106 households—ranging in size from 1 to 14 people.

- 105 of the 110 Noongar kids aged between 8-17 years who were living in the town at the time were interviewed.
- 37 parents selected at random were also interviewed.

### **Tobacco, alcohol and other drug use**

- The majority (57%) of Albany Noongar kids between the ages of 8 and 17 years had not used any drugs.
- The drugs most commonly used by Noongar kids in Albany were tobacco, alcohol and cannabis (ganja).
- The use of volatile substances and other drugs (most commonly amphetamines) was largely experimental.
- The average age at which kids first smoked was 9.7 years.
- First use of alcohol, cannabis and volatile substances most commonly occurred at about the age of 13 years. The use of other drugs does not usually take place until the age of fifteen or later.
- Among users, few used one drug exclusively.
- On the basis of the type of drugs used and the frequency of use, the kids fall in to four groups:
  - *non-users* (57%);
  - *occasional users of tobacco and/or alcohol* (13%);
  - *poly-drug users* (15%) included: kids who were generally occasional users of some combination of tobacco, alcohol, and cannabis; and some kids who were frequent users of one, but not more, of those drugs;
  - *frequent poly-drug users* (14%) included kids who were frequent users of two, and occasional users of another, of the three commonly used drugs and who had used volatile substances and/or other drugs.
- The proportion of users of all drugs increased with age. Among 15-17 year olds, 33% were poly drug users and 48% were frequent poly drug users.
- Noongar kids aged 12-17 years were likely to smoke more frequently than WA school kids of the same age.
- Noongar kids aged 12-14 years were less likely to consume alcohol than non-Aboriginal kids of the same age; but, among 15-17 year olds, levels of consumption were similar.
- The greatest risk to the future health of Noongar kids is from tobacco and alcohol.

### **Knowledge of, and attitudes to, drug use**

- 98% of kids were aware that smoking could affect their health, 93% were aware of the effects of passive smoking, and 90% knew that it can effect sporting ability.
- Although many kids were aware of the health effects of smoking, this did not prevent them from smoking cigarettes.

- Few kids thought that smokers either looked more attractive than non-smokers, or that smokers were usually more popular than non-smokers. However, 35% (mostly younger kids) thought that kids who smoked seemed more grown up than non-smokers.
- Views about the attractiveness, or otherwise, of smoking were not related to whether or not kids smoked.
- 57% of kids knew the number of standard drinks required to raise the blood alcohol levels in adult males and females to 0.05 %, but only 10% were able to correctly identify what a standard drink is, and only one kid knew the maximum number of drinks that either a man or woman can consume per day without seriously endangering health.
- 93% of kids were aware that drinking can be harmful to health and many were able to identify specific alcohol related health problems.
- Knowledge of the harmful effects of drinking on health was not a deterrent to the misuse of alcohol.
- Only a small percentage of the kids saw having a few drinks as either one of the best ways to relax (17%) or as one of the best ways to get to know people (12%). Those who thought so, however, were twice as likely to be users of alcohol.
- Kids who perceived using tobacco, alcohol or cannabis as being relatively dangerous were more likely to be non-users or occasional users of those drugs and were less likely to use other drugs.
- Almost all kids, no matter which category of drug users they were in, saw the use of drugs such as amphetamines and opiates as very dangerous; but those who saw the *experimental* use of those drugs as dangerous were much more likely to be non-users.
- There were only three kids who did not see either sniffing glue or petrol as fairly or very dangerous, but 14 kids had nevertheless sniffed volatile substances.
- With the exception of volatile substances, general perceptions of drug use as “dangerous” appear to exercise some constraint on such use; and were more likely to be associated with non or occasional use of drugs than was knowledge about the particular health effects of their use.
- 65% of kids reported having had lessons at school on smoking, 40% on drinking and 32% on other drugs. 41% also reported having read the warning labels on cigarette packs.
- Much of the health information that kids had about tobacco and alcohol came from sources other than lessons at school.
- While both lessons about smoking and the health information on cigarette packs made a contribution to the knowledge kids have about the health effects of smoking, neither have a direct affect on whether or not kids actually smoked cigarettes.
- Neither having had lessons at school about drinking or knowledge of the health effects of drinking had any direct effect on alcohol consumption by the kids.
- Whether or not the kids had lessons about the use of other drugs was not associated with use of either cannabis, volatile substances or other drugs.

- 61% of the kids wanted more information about alcohol and other drugs. Primary school kids thought that teachers and Aboriginal health workers were the best people to provide information, while older kids favoured Aboriginal health workers or someone from an Aboriginal organisation.
- While there is a need to maintain and enhance present health promotional strategies, the immediate impact on drug use is likely to be limited because knowledge of the health effects of tobacco and alcohol was not directly associated with lower levels of consumption.

### **Employment, training and education**

- Only 41% of kids in the 15-17 year age group were still at school.
- Of the 16 kids who had left school 2 were in training, 3 in employment and the other 11 were unemployed.
- Of the unemployed—with the exception of one young mother—all were seeking work.
- Of the 89 kids still attending school, 34 were high school and 55 were primary school students.
- Many kids, particularly primary school students, had positive attitudes to school. In particular, they enjoyed the social and sporting aspects of school and to a lesser extent school work in general.
- 38% reported there was nothing about school that they disliked. The most commonly expressed dislikes were teachers, the amount of work involved, and particular subjects.
- Thirteen of the 18 kids who indicated a dislike for teachers were high school students.
- In the two weeks prior to interview, 44% of high school and 20% of primary school students were absent from school because of reported illness.
- In the two weeks prior to interview, 2% of primary school and 24% of high school students reported truanting (“wagging school”).
- Primary school students who disliked teachers were more likely to be absent due to reported illness, and high school students who disliked teachers were more likely to be truant.
- At primary schools where they were available, 84% of 8-12 year olds attended homework classes. Among 13-14 year olds the percentage attending was 22%, and among 15-17 year olds was 64%.
- The majority of the students appreciated the assistance given at homework classes and, in the case of the primary students, most enjoy the work.
- Among the 29 students who did not attend homework classes, the most common reasons given for not doing so were other priorities and no interest.
- Poly drug use and frequent poly drug use were greater among those who were not employed than among those who were still at school or in training or employment.
- Among kids aged 8-14 years, dislike of teachers is associated with drug use.

- Among 15-17 year olds, while the proportion of kids who dislike teachers is highest, the higher level of drug use among them is a function of other factors associated with their age.
- Kids who “wag” school are more likely to be poly or frequent poly drug users.
- Among high school kids, there was no difference in patterns of alcohol and other drug use between those who attended homework classes and those who did not.
- Among 8-12 year olds, those who did not attend homework classes were more likely to have used alcohol or other drugs.

### Recreation

- The most common recreational activities were: watching TV or videotapes, listening to the radio or tapes, playing video games, or playing sport.
- 68% of males and 44% of females reported playing some sport, and 46% of all kids reported playing sport in the fortnight prior to being interviewed.
- The most popular sport was basketball, which was played by 53% of males and 42% of females.
- Other popular sports were football, cricket, and soccer among males, and netball among females.
- 54% of the kids reported playing two or three sports, and 19% four or more.
- Kids aged between 13 and 17 estimated that they had spent between 1 and 25 hours playing sport in the previous fortnight.
- Less common recreational activities included playing musical instruments, going to the movies, and discos.
- The kids each reported having used between 1 and 12 of the various recreational facilities available in the town.
- The aquatic, leisure and recreational centres, mini-golf, ten-pin bowling and go-kart hire had each been used by over 50% of the kids
- Other recreational facilities that the kids had used included the speedway, horse riding, the Noongar Centre and the basketball pit in Mt Lockyer.
- All but one kid reported having *wadjela* friends.
- Most kids (57%) reported being involved in one or two activities with *wadjela* kids—usually “just hanging out” and playing sport.
- Most activities with *wadjelas* are those that take place away from the kids’ homes.
- There was no relationship between drug use and any of the measures of participation in recreational activities—including participation in individual activities, the total number of activities, the number of activities in the previous two weeks, the use of particular recreational facilities, the number of these facilities used, or the number of *wadjela* friends.

**Factors associated with drug use**

- To assess their combined impact, all the variables that were found to be associated with the “patterns of use of all drugs” were included in a logistic regression analysis.
- Age is an important factor in the level of drug consumption. The greatest age related difference is between kids aged 8-14 years and 15-17 year olds. The difference in the level of use by age is probably best explained as a result of greater ease of access, a desire to experiment, peer pressure, and other factors not examined as part of this study.
- Among kids aged 8-14 years:
  - kids who dislike school teachers (proportionately more of whom are 13-14 year old high school students) are 23 times more likely to be poly drug users than those who do not; and,
  - kids who do not attend homework classes are 11 times more likely to be poly drug users than those who do not.
- Among kids aged 15-17 years, those who are unemployed are 13.5 times more likely to be frequent poly drug users than are kids who are in school, training or employment.
- Most kids are generally aware of the health effects of both tobacco and alcohol, and have a reasonable appreciation of the dangers associated with drug use. However, such knowledge was not a deterrent to the use of these drugs.
- Importantly, and contrary to what had initially been assumed, no relationship was found between levels of recreational activity and drug use. That is, no evidence was found to support the view that among these kids, those who played more sport or participated in other recreational pursuits were less likely to use tobacco, alcohol or other drugs.

**Problems and needs**

- Parents identified a number of problems facing Noongar kids. The most common of these were: “nothing for kids to do” (76%), lack of employment opportunities (57%), use of alcohol (60%), and use of other drugs (54%), particularly cannabis.
- Noongar parents identified three groups of problems facing their kids:
  - those relating to recreation, employment, and educational activities;
  - those to do with the use of alcohol and other drugs; and,
  - a more loosely related group, including problems with the police, racism and discrimination, and a small number of problems to do with interpersonal relationships and self-esteem.
- The problem most commonly identified by parents (76%) was that there is “nothing for kids to do” in Albany. For most, this related to both employment and recreational activities.
- The majority of both parents and kids thought kids should be involved in more sport.
- The potential exists to involve a significant proportion of kids—especially girls—in more sporting activity. Sports with the greatest potential for

attracting new players are surfing, swimming, cricket, softball, T-ball, volley ball, and netball.

- Almost 90% of parents thought there should be Noongar teams for kids. Other suggestions for increasing the involvement of kids in sporting activities included more parental support (49%), provision of more facilities and equipment (14%), and establishment of Noongar sporting competitions (11%).
- Kids also made various suggestions about what could be done to make it easier for them to play more sport. The most common was the establishment of Noongar teams. Others included establishment of mixed teams; efforts by sporting organisations and venues to make Noongars feel welcome; more support from parents, the community and the AAC; and provision of information on what activities are available and how to get involved.
- 58% of kids expressed an interest in a range of other recreational activities, including camping and excursions, motorbike riding or driving other vehicles, hunting and fishing, and indoor activities including games and arts and crafts.
- School kids aspired to a wide range of occupations in professional and managerial positions, as well as in the trade, commerce and service sectors.
- 57% of parents identified lack of jobs as the biggest problem facing Noongar kids. Other factors that made it difficult for kids to find work included lack of education (45%), lack of self-esteem (22%) and racism (21%). These concerns were also echoed by the kids who had left school and had sought employment.
- Almost 25% of parents suggested that training and assistance programs could be made more effective by tailoring them to the needs of the kids. They also suggested that employment prospects could be enhanced by providing kids with more support to stay at school, career counselling, personal development courses, involving Aboriginal organisations in training, and obtaining support from small business.
- 41% of parents identified problems to do with schooling among those faced by kids. These included: lack of understanding of Noongar kids by teachers, the racism of non-Aboriginal kids, and difficulty in settling into the school environment.
- 60% of parents thought that the help provided to kids by Aboriginal Education Workers, the work of the Aboriginal Student Support and Parent Association, and homework classes was not sufficient.
- Parents suggested the need for more one-to-one tutoring of Noongar kids, the need for greater understanding by teachers of cultural differences, and recognition of the problems faced by Noongar kids. Some also emphasised the need for more parental participation in the schools and support for kids.
- Parents believed that most kids do not go on to Year 12 because of lack of parental support (49%), and insufficient support at school and lack of understanding by teachers (43%). Other reasons given included: lack of Noongar peer support in Years 11 and 12; peer pressure to leave; rebellion against parents and against white stereotypes of Noongars; and, lack of opportunities on completion of school.
- 89% of parents wanted more opportunity to have a say in their kids' schooling. Suggestions as to how this could be done included: facilitating greater interaction between AEW's, teachers and parents; workshops for

parents and teachers regarding the needs of students; and, providing the opportunity for more parents to work in classrooms, especially through cultural activities.

- 34% of the kids considered the help they were aware of insufficient, and they made suggestions for improvement that focused on the provision of individual tutoring and more in-class assistance.
- Without prompting, 60% of parents identified alcohol use, 54% other drugs, and 32% glue sniffing as problems for kids. In addition, when specifically asked, significant proportions of parents identified cannabis (89%), tobacco (65%), and alcohol (59%) use among kids as “a big problem”.
- 60% of parents thought there was a need for additional treatment, education and support for kids with alcohol and drug problems.
- Parents who identified alcohol and other drug use/misuse as a problem for kids, always linked it with other problems such as lack of things to do. For these parents, attention to those other problems is essential for both the prevention and treatment of alcohol and other drug problems.
- The majority of parents wanted more information provided about alcohol and other drugs both for their kids (89%) and themselves (76%).
- Without prompting, 24% of parents identified racism or discrimination among the major problems faced by kids. In addition, when specifically asked if they thought Noongar kids experienced discrimination in Albany, 60% of parents answered affirmatively, and 49% provided specific examples of it.
- As with alcohol and other drug use, parents did not view racism and discrimination in isolation from other problems faced by kids.
- Suggestions made by parents to reduce discrimination included encouraging kids to be proud of their Aboriginality and giving them the self-confidence to deal with it; education and greater cultural awareness for non-Aboriginal people including the opportunity for Noongars and whites to mix socially; and the provision of opportunities for Noongar youth to show they can excel.
- 11% of parents cited trouble with the police as a problem for kids, and 57% said there was not a good relationship between kids and the police. Reasons given for this included stereotyping of, and prejudice towards, Noongar kids by the police and lack of understanding of each other by both sides.
- Among suggestions made to improve the relationship between the kids and police were education about Noongars for the police, providing situations in which the kids and police could socialise, and employment of more Noongars by the Police Department.
- Among the positive aspects of the school holiday activities conducted by the AAC, parents identified: the fact that they occupied the time of the kids (35%); the activities themselves, including excursions (32%); and the opportunity for the kids to socialise (19%).
- Among both parents and kids there was a strong feeling that the AAC should be more active in providing recreational activities for kids.
- Almost all the parents thought that the Noongar Centre should: employ a youth recreation officer (97%); conduct family oriented activities for both parents and kids (97%); provide sporting and recreational activities specifically for teenagers (95%); and operate a drop-in centre (95%).

- 90% of the kids thought that the Noongar Centre should provide more activities for them including: indoor and outdoor activities; sports; and either a drop-in centre, youth club or youth nights.
- 81% of parents and 79% of kids expressed a personal interest in Noongar culture, and 89% of adults and 91% of kids thought kids should be taught about Noongar culture.
- The majority of both adults (35%) and kids (39%) thought that the best location to teach Noongar culture was the Noongar Centre. However, 20% of parents and 28% of kids (mostly 8-12 year olds) thought the best place to teach it was in school; and 20% of adults and 22% of kids thought it would best be taught in the bush with Noongar elders.
- 87% of parents thought that Aboriginal history should be taught in schools. Many expressed the opinion that this would build the self-esteem of Noongar kids themselves, give teachers and others a better understanding of Noongar people, and create respect between Noongars and *wadjelas*.
- Both parents and kids have put forward a number of suggestions to address this range of problems. Not all of these suggestions will directly impact on the level of drug consumption by Noongar kids in Albany. Nevertheless, they do address other areas of social need and warrant attention.

#### **Drug use, its correlates, and intervention**

- The results of this study clearly show that most Noongar kids of primary school age have used no drugs at all; but, with increases in age, there is increasing use of tobacco, alcohol, and cannabis, as well as some experimental use of other drugs.
- Importantly, most kids who use drugs use more than one type. Among the 36 kids aged 14 or over who used any drugs, only three confined that use to one drug (alcohol in all cases). The others generally used some combination of tobacco, alcohol, and/or cannabis, or used these drugs and experimented with others.
- The proportions of kids aged 15-17 in Albany who smoke tobacco and drink alcohol are larger than the proportions of smokers and drinkers among Noongars aged 15-29 in the Great Southern region.
- Among older Noongars in the region, fewer women than men consume alcohol; but, among the kids in this study, the proportion of females consuming alcohol was almost the same as that among males.
- Already, there are high levels of tobacco and alcohol related illness and death among Aboriginal people in the Great Southern region and, with increasing use of these drugs, the levels are likely to rise—as are other social problems associated with alcohol misuse.
- The effect of age on levels of drug consumption is most evident in comparing patterns of use between 8-14 and 15-17 year olds. Among 15-17 year olds, increased use of all drugs occurs at an important time of transition; a time when many young Noongars regard themselves as adult, and when many leave school. The difference in the level of use by kids in these groups is probably best explained by this, as well as the pleasures of use, greater ease of access, a desire to experiment, peer pressure, and other factors not examined as part of this study.

- Within the 15-17 year age group, employment status was found to be more strongly associated with higher levels of consumption than any other—with those kids who were unemployed being 13.5 times more likely to be frequent poly drug users than those kids who had a job or who were still at school or in training.
- Among 8-14 year olds, dislike of school teachers and non-attendance at homework classes were the variables most strongly associated with higher levels of drug consumption. It is important that these variables are not viewed simplistically in isolation. Dislike of school teachers was associated with other variables such as absence due to truancy and illness, dislike of particular subjects at school, and the view that Noongar kids are not given enough help at school. This pattern suggests a general dissatisfaction or disaffection with some, though not all, aspects of school (particularly among junior high school students)—of which dislike of teachers or failure to attend homework classes are key indicators.
- Although not examined in this study, there is a temporal link between disaffection from school and unemployment. Those kids who are most disaffected with school are those least likely to do well there, and thus be those who are least likely to find employment or enter training programs.
- Given that most of the kids who use drugs are poly or frequent poly drug users, any intervention should address all drug use, rather than singling out individual drugs.
- The lack of association between knowledge about drugs and their use indicates that focusing upon educational strategies is unlikely to lead to significant reductions in levels of consumption among these kids.
- While they are important for other health and social reasons, provision of additional recreational activities is a strategy which is unlikely to achieve significant reduction in levels of consumption.
- The results of the research undertaken for this project clearly indicate that any strategy to delay the uptake of drug use and/or limit its consumption must focus upon enriching the experience of kids at school and providing them with the opportunity to obtain meaningful employment. In doing so, not only will the specific issue of drug use be addressed, but so too will broader problems which are of even greater concern to Noongar parents.
- What is now required is active support and resourcing from the various government agencies with responsibility in the area, and their co-operation with the AAC and the parents in developing strategies which will improve the health and social well-being of Noongar kids in Albany.

## 1.0 INTRODUCTION

This report documents the patterns of tobacco, alcohol, and other drug use; knowledge about, and attitudes towards, drugs; and educational, vocational and recreational activities and aspirations among young Aboriginal people aged between eight and seventeen years in the town of Albany, Western Australia. Hereafter, following local Aboriginal usage these young people will be referred to as "Noongar kids".

Although it had not been systematically documented, alcohol, cigarette, and cannabis use among Noongar kids in Albany was believed to be common; there had been periodic outbreaks of volatile substance use, and some kids were reputed to have experimented with "speed" (amphetamines). To address this problem, the Albany Aboriginal Corporation (AAC) has been working to develop a community-based primary prevention program aimed at effecting a significant improvement in the health and well-being of young Aboriginal people. This already involves, or is planned to involve, a variety of strategies including: the development of employment and recreational opportunities; and health promotion activities that provide information about, and alternatives to, the harmful use of alcohol and other drugs. The present project grew directly out of those concerns.

The study was designed to provide the base-line knowledge essential for both the planning and development of appropriate local-level strategies, and evaluation of their effectiveness. As such it accorded with the National Drug Strategy target of reducing excessive drinking among Aboriginal and Torres Strait Islander youth and was also aimed at addressing the absence of systematic studies of drug use among young urban Aboriginal people identified by the Royal Commission into Aboriginal Deaths in Custody and by Brady in a review of the health of young Aboriginal people.<sup>1, 2, 3</sup> It was also designed to provide basic, accredited research training to some members of the Albany Aboriginal community.

The specific objectives of the project were to describe:

- patterns of alcohol, tobacco and other drug use;
- knowledge and beliefs about drug use;
- current employment, educational, and recreational involvement; and
- the needs of young Noongars, as seen both by themselves and by their parents.

### 1.1 Literature Review

Extensive concern has been voiced—both by Aboriginal and non-Aboriginal people—about the extent and consequences of the use and misuse of alcohol and other drugs by Aboriginal people. Despite extensive media coverage and non-Aboriginal prejudice, however, it is extremely difficult to accurately assess the extent of use of alcohol and other drugs among Aboriginal people. The reasons for this are twofold. First, Aboriginal people are not a homogeneous group—they are culturally diverse and live in a broad range of social settings. Second, as the report of the Royal Commission into Aboriginal Deaths in Custody and other reviews indicate there have been few community-based studies quantifying the extent and patterns of alcohol and other drug use among Aboriginal people.<sup>2, 4, 5, 6</sup> Particularly conspicuous by their absence are studies of urban dwelling Aboriginal people, young Aboriginal people, and well-designed longitudinal studies that would enable assessment of changes in consumption patterns through time. Again, the Royal Commission into Aboriginal Deaths in Custody and other reviewers have expressed concern about this state of affairs and have called for research that addresses these issues.<sup>2, 7</sup>

One of the most comprehensive population studies of Aboriginal drug use is that by Watson *et al.* conducted among 1764 non-urban dwelling Aboriginal people aged 15 or more years in the Northern Territory.<sup>8</sup> Among the key findings of this study were that, although there was considerable inter-community variation, 79.9% of women and 35.3% of men were abstinent or had never drunk alcohol. However, it was found that:

Two thirds of both male and female drinkers are estimated to have consumed alcohol at harmful levels as established by the National Health & Medical Research Council.

Although Watson's sample was not randomly selected, in broad outline the results are similar to that of a regional survey of Aboriginal drinking in the Kimberley region of Western Australia. Hunter *et al.* interviewed a stratified random sample of 516 people aged 15 years and over.<sup>9</sup> As in the Northern Territory survey, it was found that 62% of women and 33% of men were non-drinkers. Again, it was reported that a large proportion (82%) of those who consumed alcohol did so at harmful levels and that this was particularly so among young males. Of those males in the 15–19 year age category more than 80% were drinkers.

In a random sample survey conducted among 265 Aboriginal people aged 15 years or more in the Great Southern Health Region of Western Australia—the region in which Albany is the major urban centre—Knowles and Wood found that

alcohol was consumed by: 64.7% of males aged 15–29 years, 57.8% of males aged 30 or more years, 45.9% of females aged 15–29 years, and 33.3% of females aged 30 or more years.<sup>10</sup> Of 90% of drinkers who answered questions about the amount of alcohol consumed, 30% of males and 20% of females drank at harmful levels. This is considerably less than the proportions of harmful drinkers identified in the Northern Territory and the Kimberley studies. However, the finding appears somewhat anomalous given that age standardised hospital admission rates for conditions wholly attributable to alcohol use are five times higher for both Aboriginal men and women in the Great Southern than in the Kimberley.<sup>11</sup>

Population based studies of tobacco smoking among Aboriginal people are also limited. However, the research that has been undertaken—along with clinical reports such as that by Lake—has given cause for serious concern.<sup>12</sup> In their study of patterns of drug use in the Northern Territory, Watson *et al.* found that, while there was inter-regional variation, 42.6% of females and 70.5% of males smoked tobacco.<sup>8</sup> In a study in two country towns in south-eastern Australia, Guest *et al.* found similarly high proportions of smokers among Aboriginal people: 66.9% of males and 63.1% of females smoked cigarettes.<sup>13</sup> This was 2.7 and 3.0 times that among non-Aborigines in the same towns. In the Great Southern, Knowles and Wood found that over 60% of both males and females aged 15–29 years smoked and that almost 50% of those aged 30 years or more did so.<sup>10</sup>

While there has been limited research into Aboriginal use of alcohol and tobacco, there has been even less into the use of other drugs—the most notable being the excellent study by Brady of petrol inhalation among Aboriginal youths in central and northern Australia.<sup>14</sup> Research conducted by Baines in the north-eastern suburbs of Perth demonstrates the difficulty of establishing the prevalence of chronic abuse of volatile substances. However, extrapolation from her data suggests that, in that area, it might be 20 times higher among young Aboriginal people than among non-Aborigines.<sup>15</sup> Both the Royal Commission into Aboriginal Deaths in Custody and the National Aboriginal Health Strategy Working Party reported on anecdotal evidence of illicit drug use.<sup>2,16</sup> Similarly, Sandy Davies of the Geraldton Region Aboriginal Medical Service and Michael Mitchell of the Carnarvon Aboriginal Medical Service have reported that cannabis use is now widespread among Aboriginal youths in those towns (personal communications).

As indicated above, Aboriginal parents in Albany were concerned about the early age at which some young people commence the use of alcohol and other drugs. The results of the studies by Watson *et al.* and Hunter *et al.* suggest that in some communities alcohol consumption by males aged 15–19 is well established and probably commenced at a somewhat younger age.<sup>8, 9</sup> The only reported survey of alcohol and drug use by Aboriginal school children was conducted in NSW by Williams.<sup>17</sup> The results of this indicate that at least some young Aboriginal people commence the consumption of alcohol while at school. However, the indirect method of elicitation employed in the study makes it impossible to estimate the proportion. In a small study of eleven young Aboriginal people in his own kin network in Perth, Collard found that ten of them had commenced using alcohol and/or other drugs before the age of 16—one as young as eleven.<sup>18</sup> Similarly, Knowles and Wood reported that some Aboriginal people had commenced smoking tobacco as young as eight years of age.<sup>10</sup> However, as with the study by Williams, it is not possible to make any estimate of prevalence or to make any generalisations from these studies.

Although the results of surveys conducted among non-Aboriginal children cannot be generalised and applied to Aboriginal populations, they are suggestive of similar patterns among Aboriginal children. In a national sample survey, Hill *et al.* found that among 12 year olds, 13% of males and 8% of females were current drinkers of alcohol and 6% of males and 5% of females were regular smokers.<sup>19</sup> Among 17 year olds the proportion of current drinkers was 51% of males and 46% of females, and 24% of males and 28% of females were regular smokers. In a New South Wales pilot study of 365 male and 328 female school children aged 10–12 years in grades 5 and 6, Thomson *et al.* found that 28% of males and 21% of females consumed alcohol on a regular or daily basis, and 6% of males and 3% of females smoked on a regular or daily basis.<sup>20</sup> The reason for the difference found in the proportion of drinkers in these two studies is not clear—although it is quite possibly a methodological artefact. Nonetheless, these studies confirm the conclusions from a Western Australian study by Clarke *et al.* that both alcohol and tobacco consumption often begins in early adolescence.<sup>21</sup>

Theories about why some Aboriginal people consume alcohol and other drugs at harmful levels have been reviewed in various publications.<sup>2, 4, 6, 22</sup> These reviews, and the research upon which they are based, indicate that there is no single cause for alcohol and other drug misuse. Rather, such misuse is the result of the complex interaction of a variety of factors including the nature and availability of the substances themselves, the personal characteristics and life-

histories of individuals, and a range of social, economic and historical factors including the dispossession and marginalisation of Aboriginal people within Australian society. The consequences of, and problems associated with, this misuse—which have been documented most thoroughly by the Royal Commission into Aboriginal Deaths in Custody—are as diverse as the aetiological factors. They include diversion of limited income, domestic violence, child neglect, crime, motor vehicle and other accidents, and high levels of morbidity and mortality.<sup>2</sup>

Of particular concern to members of the AAC is the fact that the health of Aboriginal people in the Great Southern Region is arguably the worst in Western Australia. During the period 1983–1989 the age standardised mortality rates per 100 000 person years in the Great Southern were 2714.8 (s.e. 552.85) for Aboriginal males and 1522.1 (s.e. 234.73) for females.<sup>23</sup> Conservatively (that is, assuming that the lower end of the confidence interval is closer to the actual rate), these rates are 20% and 60% higher than for Aborigines throughout the State. They are between three and four times the mortality rates for non-Aborigines in the Great Southern, and are between six and seven times the rates for non-Aboriginal men and twice the rate for non-Aboriginal women in the State as a whole.

Alcohol and tobacco use contribute significantly to these levels of mortality. While figures for the Great Southern Region have not been published, in Western Australia for the period 1989–1991, Unwin *et al.* estimate that Aboriginal men died 2.4 times more frequently from tobacco-caused conditions and 5.2 times more frequently from alcohol-caused conditions than non-Aboriginal men; and that Aboriginal women died 3.7 times more frequently from both tobacco-caused conditions and alcohol-caused conditions than non-Aboriginal women.<sup>24</sup>

The mortality statistics are reflected in hospital admissions for conditions wholly attributable to the use of alcohol. For both males and females, the Great Southern Region has the highest age standardised admission rates for alcohol caused conditions in WA.<sup>25</sup> They are 3.2 and 2.7 times the age standardised rates for all Aborigines in WA, and 40 and 56 times that of non-Aborigines in the region. Some of this difference might be accounted for by coding biases, hidden morbidity in non-Aboriginal people, and over-reporting for Aboriginal people. Nevertheless, the real differences are still likely to be significant and a cause for great concern.

Despite recognition of the multiplicity of factors underlying alcohol and other drug misuse and its consequences, a relatively small proportion of resources

earmarked to address the problem have been used to tackle the broad under-lying issues. For example, in 1993 staff of the National Centre for Research into the Prevention of Drug Abuse and ATSI's Substance Abuse Section conducted an informal review of alcohol and other drug projects conducted by 127 Aboriginal community controlled organisations throughout Australia, and found that the majority provided general and health and welfare services (73), counselling (41), assessment and referral (30), and/or treatment and rehabilitative services (29). The major preventive strategy was the provision of education and information. Only five projects were specifically concerned with community development issues and only five had a specific component addressed to youth.

Youth issues have been more widely recognised in non-Aboriginal populations where there has been an emphasis on education as a preventive strategy. These strategies have recognised that up-take of alcohol and tobacco use occurs in adolescence, and have taken as a premise that to be effective, health education interventions need to occur prior to the age at which young people initiate experimentation with and/or use of alcohol or other drugs. In both Australia and the USA educational programs for primary school students have been introduced.<sup>26, 27</sup> These are most frequently aimed at students in the last years of primary school, but Carlson reports on a comprehensive educational program for children from kindergarten through to high school, and Blinn-Pike *et al.* have reported on a study of the effects of an educational program for children aged between three and eight years of age.<sup>28, 29</sup> Such educational programs have aimed to prevent or delay up-take of drug use by: providing young people with basic knowledge about drugs and the health consequences of their use; providing them with the skills to make decisions about their health; and building the self-esteem necessary to resist peer group pressure to use drugs. Evaluations of such drug education programs have produced varying reports of their efficacy.<sup>30, 31</sup> However, it is generally agreed that, to be optimally effective, they need to be conducted in conjunction with other supportive activities that address both micro- and macro-social factors.

In a critical review of drug education programs, O'Connor and Saunders have written:

the most unspeakable truth for open and honest drug education is that drug use is often fun, exciting, rewarding, pleasurable, unusual, risky, "deviant," social, tough, status-full, and naughty.<sup>31</sup>

That this is so is reflected in Brady's findings regarding petrol sniffing among young Aboriginal people.<sup>14</sup> It is also evident from comments elicited in Collard's small study in which seven of the ten young people who consumed alcohol said

that it made them feel happy and helped them to have a good time, or that it gave them more self confidence.<sup>18</sup> Among the Aboriginal adults in the study by Watson *et al.*, the most common reasons given by Aboriginal respondents for why they drank were: they liked the feeling; it made them forget worries or problems; and because they were bored.<sup>8</sup> When developing strategies that facilitate safe and sensible attitudes toward alcohol and drug use, it is important to recognise that alcohol and other drug taking are pleasurable experiences—especially among the young. For many young Aboriginal people, there are few meaningful or enjoyable alternatives to the use of alcohol or other drugs which enable them to express themselves either as individuals or as groups. The Royal Commission into Aboriginal Deaths in Custody observed that when enjoyable recreational pursuits are available Aboriginal youths drink far less.<sup>2</sup> Furthermore, Brady suggests that social or sporting activities provide a useful educational lever.<sup>3</sup>

It is against this background, and the experience of Aboriginal people in Albany that this project and the AAC's broader strategy to delay and/or prevent the up-take of alcohol and other drug use and to promote safe use of these substances by young people was developed.

## 2.0 RESEARCH METHODS

The project grew out of the perception by members of the AAC that drug use, and associated harm, was increasing among Noongar kids. While they acknowledged the complexity of the problem, and that part of the cause lay in structural factors beyond their control, the AAC executive committee believed that there is action that can be taken at the local level to address the problem.

To this end, the AAC aimed to develop a program to delay or prevent the up-take of alcohol and other drugs, minimise the harm caused by them, and promote a healthy life-style among Noongar kids. A key element in this is the provision of alternatives to the use and misuse of alcohol and other drugs. Existing components of this program include the provision of recreational facilities and school holiday activities. Components to be developed include increasing Noongar access to existing community facilities, encouraging pride in Aboriginality, health education activities, and increasing opportunities for the employment of young Noongars.

To facilitate its efforts, the AAC needed base-line data on patterns of alcohol and other drug use to develop sound and culturally appropriate intervention strategies, and to evaluate the effectiveness of its program. This project was aimed at obtaining that information. Specific research questions fell into four categories:

1. Current patterns of use.  
What is the prevalence of alcohol and/or other drug use and misuse among Noongar kids? Questions in this category include age drug use commenced, frequency of consumption, amounts consumed, and the social contexts in which alcohol and other drug use takes place.
2. Indicators of risk.  
What factors place Noongar kids at risk of alcohol or other drug use and misuse?
3. The views of Noongar kids.  
What knowledge do Noongar kids have about the use and misuse of alcohol and other drugs? In what daily activities are they involved? To what extent

do young Noongars make use of existing facilities and resources? What are the perceived needs of young people for recreational and other activities?

4. Existing facilities and resources.

What facilities and resources currently exist in Albany to provide Noongar kids with alternatives to the use and misuse of alcohol and other drugs? Are there any barriers to the use of these by young Aboriginal people?

To obtain this information a descriptive cross-sectional survey of Noongar kids was developed. This was supplemented by a survey of one parent from half of the households in which the kids lived, and by unstructured interviews with key informants. Data were collected over a six month period from January to July 1995.

### **2.1 Study population**

The study was conducted within the Albany local statistical area, in the King subdivision of the Lower Great Southern statistical division. This includes the town of Albany, but not the surrounding Albany Shire. At the 1991 Census the Aboriginal population of King totalled 622 individuals of whom 33.8% were aged between 5 and 19 years of age.<sup>32</sup> It was estimated that approximately 480 of these people resided in the town of Albany itself.

In planning the project, members of the AAC decided that the survey should include all Noongar kids aged between 8 and 17 years. Eight was chosen as the lower end of the range because, in the past, children as young as this had been observed sniffing volatile substances. Seventeen was chosen as the upper limit because after that age individuals are legally entitled to purchase tobacco and alcohol. On the basis of the census data, it was estimated that there were approximately 110 kids in that age range—an estimate which proved to be surprisingly accurate.

At the commencement of the study, local Aboriginal research assistants identified all Aboriginal households in Albany on a street by street basis, and developed a list of all members of those households including their age and sex. This list was then circulated among other members of the AAC for cross-checking and the addition or deletion of individuals who might have changed residence or who might have been missed. From this sampling frame, all households with young people aged between 8 and 17 years were selected, and an attempt made to recruit to the study all Noongar kids in that age range.

Consent of the kids to participate in the study was obtained in a two-step process. First the parents/guardians of the young people were contacted. The aims of the project were explained to them and they were given a simply worded sheet describing the project. They were asked to sign a form giving consent for their children to participate. Second the young people themselves were contacted, the study explained to them, and their consent to participate also sought.

While there is some movement between Albany and neighbouring towns, the Aboriginal population of Albany is relatively stable, and the area of the town is quite circumscribed. These factors, plus the fact that primary school children were given \$10 and older children \$20 to compensate them for the time they gave to the project, ensured that 95% of eligible kids were recruited.

The precedent for payment of participants has been established, and many Aboriginal people believe that participants in research projects should be reimbursed at a *realistic*, not a token, level for the time they contribute to such projects. The amount being offered was not regarded by the research team as a significant inducement and was not offered to the Noongar kids without the approval of their parents or guardians.

From among the 62 households identified as having kids in the 8-17 year age range, 35 (56%) were selected at random. From these, a total of 37 parents/guardians were interviewed: one from each of 33 households, and two from each of 2 households in which there were two nuclear families residing as part of extended families. It was believed that a sample of that size would be sufficiently large and representative to identify both the range of aspirations parents have for their children, and their views on appropriate programs and the way in which they should be conducted.

As well as the kids and the sample of parents/guardians, unstructured interviews were also conducted with fifteen key informants who had worked with young Aboriginal people in the town. These informants included individuals from the Western Australian Alcohol and Drug Authority, the Ministry of Education, Police Department, Department of Sport and Recreation, Commonwealth Employment Service, and the Great Southern Health Authority.

## **2.2 Data collection**

Given the wide age range of the kids to be included in the study, it was not appropriate to conduct the same standardised interview with all of them, nor was

it appropriate to ask younger children directly about drug use. Accordingly, they were divided into three age categories  $\leq 12$ , 13-14, and  $\geq 15$ ; and two interview schedules were developed, one for the 8-12 year olds and the other for the 13-14 and 15-17 year olds.

Some topics and questions were common to both interview schedules. Others, such as those dealing with employment needs and aspirations, were only included in the schedule for the older age categories. The interview schedules contained questions about:

- basic demographic data;
- education, training and employment;
- sporting and other recreational activities;
- aspirations for the future;
- use of alcohol, tobacco, other substances; and,
- perceptions of the use and effects of alcohol and other drugs.

Questions for inclusion in the interview schedules and their wording were developed by the chief investigator and the Aboriginal research officers. Questions were included in the schedules which reflect the guidelines for ensuring comparability between studies of alcohol and other drug use developed by Drew *et al.* and Jones and Mugford.<sup>33,34</sup> However, these were modified because of the constraints imposed by the age differences in the population, the cultural context of the study and the different data collection technique. (Copies of the interview schedules are available from the National Centre for Research into the Prevention of Drug Abuse.)

The central and most difficult aspect of the data collection strategy concerned the collection of data on the use of alcohol and other drugs. Importantly, the project was not presented to the participants as a study of drug use. The emphasis was upon the broader educational, recreational, and employment context of the project.

With regard to drug use, there were two main differences between the schedules. First, those in the older age categories were asked questions specifically about the use of particular drugs, whereas the 8-12 year olds were asked only about those they could identify without prompting. This was done so as not to draw the attention of younger kids to drugs about which they might not otherwise have known. Second, those in the younger age group were not asked to recall the amounts of particular drugs they had consumed as it was believed that such recall was likely to be of questionable accuracy.

It was desirable not to lose any of the relatively small number of Albany Noongar kids from the study by pre-testing the interview schedules on them. For this reason, they were pre-tested on Noongar kids from the neighbouring town of Mt Barker. Consent for participation of these young people in the pre-test was obtained in the same way as for those in the main study, and they were also paid for their participation.

Interview schedules for the parents/guardians were developed in the same way as those for the kids. They included questions about:

- basic demographic data;
- problems faced by Noongar kids;
- education, training and employment for Noongar kids;
- sporting and other recreational activities for kids;
- their perceptions of alcohol and other drug use by Noongar kids; and,
- perceptions of the use and effects of alcohol and other drugs.

Interviews with the kids and parents/guardians were conducted by two of the research officers (Kathleen Ryan and Lynette Coyne) under the supervision of the chief investigator. The project team was of the view that participation would be maximised and more valid data obtained if interviewers were from the same broad family/kinship network as those to be interviewed. Accordingly, to the extent it was possible, interviewees were assigned to the interviewers on this basis. Once consent had been obtained, arrangements were made to interview participants at times and locations convenient to them. Generally, interviews were conducted at the homes of the kids or at the AAC's Noongar Centre.

On the basis of their knowledge of the community, the research officers categorised the kids as probable non-users, possible users, or probable users of particular drugs. These assessments were used to guide the interviews and the extent to which the interviewers asked probing questions about drug use.

Interviews with key informants were unstructured and were conducted by the chief investigator and, on occasion, one of the Aboriginal research officers (Kathleen Ryan). The interviews covered similar topics to those with the parents/guardians, but focused on the area of expertise of the particular persons being interviewed. Brief notes were taken during these interviews and more detailed notes made from these and entered onto a computer soon after the interviews were conducted.

### 2.3 Data management and analysis

To ensure participant confidentiality, when completed interview schedules had been logged, personally identifying information was removed from them and stored separately in a secure location.

Answers to most questions were coded by the interviewers at entry. Completed interview schedules were couriered in batches to the NCRPDA where they were independently cross-checked by another research officer (Brooke Morfitt). This officer checked apparently discrepant coding with the interviewers and sought to obtain any missing data. With assistance from the chief investigator, the officer compared the responses to open-ended or semi-structured questions on completion of the survey and developed appropriate codes. Once they had been checked and coded, the interview schedules were entered and verified by a professional key-punch operator.

The data were analysed using "SPSS for the Macintosh" Version 4. The purpose of the analysis was primarily descriptive. Responses to questions about the use of various drugs were combined to create indices of frequency of use. In the case of the commonly used drugs these included three categories, non, occasional and frequent use; in the case of the less commonly used drugs, two categories, non-use or use, were employed. Bearing in mind the limitations imposed by the relatively small size of the study population, relationships between these indices of use and other variables were analysed using simple cross-tabulations and either the chi-square test of significance or Fisher's exact test; or, where appropriate, calculating Kendall's tau-*b* rank order correlation coefficients.

In order to assess their combined impact, a decision was made to include all variables which were unlikely to be associated with drug use by chance, no matter how weak the relationships, in a logistic regression analysis—a statistical procedure which examines the relationship of a set of independent variables to a dichotomous dependent variable.<sup>35</sup> The SPSS backward stepwise procedure was used.

On the first step, all variables ... are entered into the model. The variable with largest significance level ... is then removed. The model is reestimated without the variable, and again the variable with the largest significance level ... is removed. This continues until no more variables meet removal criteria. Variables not in the model are then considered for entry ... After each entry, variables are again considered for removal. Model building stops when no more variables meet entry and removal criteria ...<sup>36</sup>

## **2.4 Reliability and validity**

The fact that the participants were paid was an important, though not the only, factor in ensuring the high response rate. The familiar surroundings in which the interviews were conducted, and the fact that the interviewers were known and trusted, facilitated frank discussion. The latter consideration also enabled the interviewers to compare the answers given with behaviour they had previously observed, and to probe with respect to apparent discrepancies. As a further check on the validity of the answers given about drug use, the older participants were asked if they had ever used "elixanol" (a dummy drug). None answered affirmatively. Together, these factors lead us to believe that the responses are a fairly accurate reflection of the knowledge and behaviours of the participants and, given the high response rate, the results closely represent the pattern of drug use among Noongar kids in Albany.

## **2.5 Research personnel and training**

Personnel actively involved in the study included the chief investigator (Dennis Gray) and a non-Aboriginal research officer employed by the NCRPDA (Brooke Morfitt), and three Aboriginal research officers from the AAC. One of the Aboriginal research officers, Sam Williams, was the chairperson of the AAC at the time of the study and is also employed by the Western Australian Alcohol and Drug Authority. The Alcohol and Drug Authority allowed Mr Williams to work on the project up to two days per week as part of his duties as a community development officer. Mr Williams played a major role in the conceptualisation and planning of the project. During its course, he facilitated various administrative aspects of the project, undertook a community liaison role, and contributed to writing the final report.

Kathleen Ryan and Lynette Coyne were recruited as research officers from within the Albany Aboriginal community. Each was employed for three days per week between January and June 1995. They played a major role in the development of the interview schedules, conducted the interviews with the kids and their parents, and undertook some preliminary analyses of the data. Kathleen Ryan also contributed to the writing of this report.

Brooke Morfitt laboriously checked all of the completed interview schedules, and coded all the open ended and semi-structured questions. She also conducted some of the data analysis and prepared drafts of sections of the final report.

An important component of the project was the training provided to Aboriginal team members. All of the Aboriginal research staff undertook courses in “Drug Use and Addictive Behaviour” and “Welfare Research”. These were accredited through TAFE and taught by the chief investigator. They were conducted in intensive sessions at the commencement of the project and, in the case of the research methods course, practical elements were linked to the project itself. In addition, for two days per week, Kathleen Ryan and Lynette Coyne also undertook additional coursework at TAFE and bridging coursework with the Albany campus of Edith Cowan University. This coursework included computer training and report writing. This component of the training was funded by the Commonwealth Employment Service.

### 3.0 ALBANY NOONGARS

For the purpose of the study, in accord with what is now both official and common usage, an Aboriginal person was defined as one who identifies himself or herself as Aboriginal, and is accepted as such by the Aboriginal community. Using this definition, we identified a total of 426 Aboriginal people residing in the Town of Albany. Two young children, each of whom had one Aboriginal parent, but who lived with their non-Aboriginal families and did not identify as Aboriginal, were not included in the survey total. By age and sex, the Noongar population was distributed as in Table 1.

Table 1: Albany Aboriginal population by age and sex

Age category	Male	Female	Total
0 - 7	48	40	88
8 -12	30	27	57
13 -14	11	13	24
15 -17	15	14	29
≥18	100	128	228
Total	204	222	426

#### 3.1 Noongar households

At the time of the survey, the Albany Noongars were living in a total of 106 households. Geographically, these were distributed between two clusters of small suburbs, centring on Spencer Park and Miramar (44% of households) to the north-east, and Mt Lockyer and Orana (40% of households) to the north-west of the town. The remainder of households were dispersed throughout the town.

The 106 Noongar households ranged in size from one to 14 members. Twenty percent of these households included a non-Aboriginal partner (12 males and 10 females) of one of the household members. These non-Aboriginal people were included in the household totals, but not the Noongar population. The mean

number of people in each of these households was 4.2 persons (median 4), and within them there was a variety of family arrangements.

The largest proportion of Noongars (42%) lived in a total of 29 extended families. These extended families were made up of people in various relationships to each other. For example, middle-aged couples with their adult children and grandchildren, or couples with their children and siblings of either partner. These families ranged in size from 3 to 14 individuals.

Nuclear families were the most common family type—there being 48 of these. They included families consisting of adult partners only (12 or 25%) or adult partners and their children (36 or 75%). Most people in two-person families were middle-aged or older, there being only three two-person families in which the partners were in their twenties or less. In the families comprised of partners and children, not all the children were children of both partners, and the children ranged in age from infants to adults. All but two of the 22 non-Aboriginal partners lived in nuclear families with their Noongar partners.

The third family type was lone parent families. There were 22 of these ranging in size from 2 to 6 individuals. All but one of these was headed by a woman and again, children in these families ranged from infants to adults. Finally, there were 7 households in which individuals lived alone.

Table 2: Household size by family type

Persons per household	Extended	Nuclear	Lone parent	Single person	Total
1	-	-	-	7	7
2	-	12	6	-	18
3	4	11	7	-	22
4	4	9	6	-	19
5	3	11	2	-	16
6	6	2	1	-	9
7	6	1	-	-	7
≥8	6	2	-	-	8
Total	29	48	22	7	106

These family types should not be regarded as discrete types. Rather, families are likely to expand or contract depending on the life stages of individual family members, movement of family members, and availability of accommodation. The fact that such a large proportion of Noongars live in extended families represents a significant difference between Noongars and their non-Aboriginal neighbours.

### 3.2 The kids

The aim of the project was to interview all Noongar kids between the ages of 8 and 17 years. As indicated in Table 1, there was a total of 110 kids in this age range. These kids lived in 62 households, most of which were in the Spencer Park (50%) and Mt Lockyer (40%) areas of town. As would be expected of households in which children reside, these were larger than those of other Noongar households in the town—having both mean and median sizes of 5 persons. Of these 110 kids, 39 lived in 23 extended families, 41 in 22 nuclear families, and 30 in 17 lone parent families. All but five of these Noongar kids were interviewed. One family refused to allow their children (two males aged 8 and 10, and one female aged 16) to participate, one female (aged 16) declined to be interviewed, and one male (aged 14) was in juvenile detention.

The kids were divided into three categories based upon age and school attendance:

- 8-12 years—those still at primary school;
- 13-14 years—those in the junior years of high school; and ,
- 15-17 years—those who are legally able to leave school, but who cannot legally purchase tobacco or alcohol.

By age category and sex these kids were broken down as in Table 3.

Table 3: Participating kids by age and sex

Age category	Male	Female	Total
8 -12	28	27	55
13 -14	10	13	23
15 -17	15	12	27
Total	53	52	105

### **3.3 The parents**

From among the 62 households identified as having kids in the 8-17 year age range, 35 (56%) were selected at random. As indicated previously, from these, a total of 37 parents/guardians were interviewed: one from each of 33 households, and two from each of 2 households in which there were two nuclear families residing as part of extended families. There were no statistically significant differences between these households and other households with children in the target age group with regard to their location within the town, the size of the households, family type, or the proportion of families in which there was a non-Aboriginal spouse.

None of the households selected refused to participate in the study. However, while an attempt was made to interview equal numbers of males and females, several males stated that responsibility for children rested with their partners and that the interviews were more appropriately conducted with them. Thus, of the parents/guardians interviewed, 14 were male and 23 female. The age of these people ranged from 24 to 61 years with a mean of 36 years (median 33).

The parents/guardians interviewed, therefore, are a fairly representative sample of those Noongar people in Albany with a responsibility for the care of those kids who made up the target population.

## **4.0 TOBACCO, ALCOHOL AND OTHER DRUG USE**

As indicated in Chapter 2, the kids were asked questions about drug use based upon those recommended by Jones and Mugford.<sup>34</sup> These questions were modified for verbal presentation and, where appropriate, terms that were more commonly used by the kids themselves were used in the questions (e.g. "ganja" rather than marijuana).

Essentially, the kids were asked whether they had ever used tobacco, alcohol, cannabis, volatile substances, or other drugs including analgesics, minor tranquillisers, amphetamines or other stimulants, opiates, and hallucinogens (as well as a dummy drug "elixanol"). If they replied "yes" to questions about tobacco and alcohol, they were then asked whether they had used them in the previous 12 months, and if so, how many times they had used them in the previous seven days and four weeks. With regard to the other drugs, they were asked how many times they had used them in the previous seven days and/or the previous four weeks, and how many times in their lifetime they had used them. As explained in the following sections, responses to these questions were combined and the kids categorised as:

- either non, occasional, or frequent users of tobacco, alcohol and cannabis;
- either non-users or users of volatile substances and other drugs; and,
- those who used no drugs, those who made some use of tobacco and alcohol, or those were poly-drug users or frequent poly-drug users.

### **4.1 Tobacco use**

The three drugs most commonly consumed by Noongar kids in Albany are tobacco, alcohol and cannabis. Of these, tobacco is the one that is usually the first used. On the basis of both the number of cigarettes they estimated having smoked and time periods in which those cigarettes had been smoked, the kids were classified by whether they had never smoked tobacco, or whether they were occasional or frequent smokers. The majority (64%) had never smoked tobacco.

The 21 occasional smokers (20%) included those who had ever smoked a cigarette or part of a cigarette and had done so infrequently. The majority (16) estimated that they had smoked less than 10 cigarettes in their lifetime, and only 8 had smoked at any time in the previous 12 months. Of the five who had smoked

in the four weeks prior to interview, all estimated they had smoked less than 20 cigarettes in that period.

Frequent smokers were those who had smoked on the day prior to interview, and at other times in the previous week and previous four weeks. There was a total of 17 kids (16%) in this category, 15 of whom were aged 13-17 years. Of kids in this latter age group, 6 estimated they had smoked ten or more cigarettes on the day prior to interview and 11 that they had smoked 40 or more cigarettes in the previous week.

There was no difference in the proportions of males and females in each of these categories. However, the frequency with which tobacco is used is correlated with age (Kendall's tau- $b$  = 0.50  $p$  = 0.000). Among those aged 8-12 years, 85% were non-smokers, 11% occasional, and 4% frequent smokers. Among 13-14 year olds the respective proportions were 57%, 30%, and 13%; and among 15-17 year olds were 26%, 30% and 44%.

While frequent smokers were concentrated in the 15-17 year age category, the majority had their first cigarette at a much younger age. The mean age at reported first use was 9.7 years, with 24% reporting first smoking before the age of eight, and 71% before the age of 13.

Table 4: Tobacco use by age

Tobacco use	8-12	13-14	15-17	Total
None	47	13	7	67
Occasional	6	7	8	21
Frequent	2	3	12	17
Total	55	23	27	105

#### 4.2 Alcohol use

The kids were classified by whether they had never drunk alcohol (apart from an occasional sip), or whether they were occasional or frequent drinkers. As with tobacco, the majority (61%) had never consumed alcohol.

Occasional drinkers included those who had ever consumed alcohol but did so infrequently. There were 25 kids (24%) in this category. However, of these, 13 had not had a drink in the previous year; and another two, although having had a drink in that period, did not consider themselves to be drinkers. Furthermore, none of the 25 had consumed alcohol in the week prior to interview.

The 16 (15%) frequent users were those who drank on at least one occasion in the week prior to interview, more than once in the month prior to interview, and on other occasions in the previous year. Of these 16 kids, 9 had consumed alcohol on one or two occasions in the previous week and 7 on three or four occasions. In the previous month, 5 reported drinking on two occasions, 8 on four or more occasions, and 3 could not recall the number of occasions—although the occasions on which they consumed alcohol in the week prior to interview were in excess of two or three.

Frequency of alcohol consumption was not associated with sex but was correlated with age (Kendall's tau- $b$  = 0.64  $p$  = 0.000). Of the kids aged 12 years or less, 89% had not consumed alcohol at all, and a further 5% had not consumed alcohol in the previous 12 months. Among those aged 13-14, 52% had never consumed alcohol, and 26% had not done so in the last year. In the 15-17 year age group, 48% consumed alcohol frequently and only 11% had never consumed alcohol.

Table 5: Alcohol use by age

Alcohol use	8-12	13-14	15-17	Total
None	49	12	3	64
Occasional	6	8	11	25
Frequent	0	3	13	16
Total	55	23	27	105

Frequent drinking is not common among younger Noongar kids in Albany. Up to the age of 14, apart from an occasional sip, most have not consumed any alcohol. Among those who have, use is largely experimental. By the age of 15, however, there is an important shift and more consume alcohol frequently. This

is reflected in data on the age at which the kids first drank. Ten had their first drink (not counting sips) as young as 6 to 9 years of age, and the majority (54%) first drank between the ages of 12 and 14.

The classification of kids as non, occasional and frequent users does not indicate the amounts consumed. The 11 males and 8 females aged 13 to 17 who had consumed alcohol in the past month and considered themselves to be drinkers were asked:

- what they usually drank;
- how many drinks they usually had on a day on which they drank;
- how many days they had a drink in each of the past week and the past four weeks; and,
- on how many days in the last two weeks they had consumed more than five drinks in a row in one drinking session.

All 19 reported that whisky was their usual drink. Eight (7 males and 1 female) of the 19 reported that they also usually drank full-strength beer, two females low alcohol beer, and four females wine cooler. Of the kids who consumed beverages in addition to whisky, all but one were in the frequent drinker category. Those who drank beer said they only did so if there was not enough money to buy whisky.

The preferred way of drinking made it difficult to make a precise estimation of the usual number of drinks consumed. Three kids estimated that they consumed 10-12 drinks per session but the other sixteen said they did not know, or pointed out that they usually share a 700 ml bottle of whisky (approx. 37% alcohol by volume) with three or four friends. However, on this basis, it is reasonable to estimate that they consume between approximately 6.5 and 9 standard drinks each per session. Of these 19 kids, six estimated that they had consumed alcohol at least once, and ten twice per week in the previous month. Three of the 19 had not had a drink in the previous week. However, of the remaining 16, six said they had a drink on one occasion and 10 that they had a drink on two to four occasions during that week.

Of the latter 16, two reported that they had not consumed more than five drinks in any one session in the past two weeks, and eleven that they had consumed more than five drinks on between one and six occasions in the past two weeks. The other three said they did not know on how many occasions in the past two weeks they had consumed more than five drinks in a row. However, given that these three kids also indicated they usually shared a bottle of whisky at a drinking session, it is probable that in each of the drinking sessions in the

previous two weeks they also consumed more than five standard drinks. This indicates what informal discussion with them also revealed; that is, among the frequent drinkers, most drinking is done to get intoxicated.

### 4.3 Cannabis use

After tobacco and alcohol, cannabis—known as “ganja” to the kids—was the most frequently used drug. The kids who had used cannabis eight or more times in the previous month, and twice or more in the previous week, were arbitrarily classified as frequent users; and those who had used it less frequently as occasional users. On this basis, there were 16 occasional and 15 frequent users. Among the 15 frequent users, 5 had used cannabis on four to six occasions in the week prior to interview, and 9 had used it on seven to fifteen occasions during the same period.

There was no significant difference in the proportions of male and female users of cannabis, but again there is a strong correlation between cannabis use and age (Kendall's tau-*b* = 0.61 *p* = 0.000). Among the 8-12 year olds, 95% had never used cannabis and the remaining 5% had used it on less than ten occasions. In the 13-14 year age group, the number of occasional users had risen to 13% and another 13% were using it frequently. Among 15-17 year olds, 44% were frequent and 37% occasional users. The mean age at which cannabis was first used was 12.4 years, and as with alcohol and tobacco the modal age of first use was 13.

Table 6: Cannabis use by age

Cannabis use	8-12	13-14	15-17	Total
None	52	17	5	74
Occasional	3	3	10	16
Frequent	0	3	12	15
Total	55	23	27	105

#### 4.4 Volatile substance use

With regard to volatile substances, the kids were divided simply into those who had never or ever used (or “sniffed”) them. Seventeen kids (16%) reported having “sniffed” a variety of substances. In order of frequency of use these were glue (10), toluene (8), spray cans (7), petrol (6), correction fluid (5), and paint thinners (2). As with the use of tobacco, alcohol, and cannabis, use of volatile substances was not associated with sex but was with age. Only one person (2%) in the 8-12 age group reported having used volatile substances. Among those currently in the 13-14 age category the percentage who had ever “sniffed” rose to 13%; and, again, more than trebles (48%) among the 15-17 year olds.

Table 7: Volatile substance use by age

Substance use	8-12	13-14	15-17	Total
No	54	20	14	88
Yes	1	3	13	17
Total	55	23	27	105

The majority (11) of kids who had ever “sniffed” first did so between the ages of 12 and 14. However, the age range was between 8 and 16 years, with four of those in the 15-17 year age group not having sniffed until they were at least 15. Only five kids had sniffed in the month prior to being interviewed and only three of these in the week prior to interview. Of these kids, three were in the 13-14 age category.

During the six month study period it was observed that “sniffing” among Noongar kids ceased altogether. This reflects previous observations—by both members of the Noongar community and people working within it—that in Albany “sniffing” is a cyclical phenomenon. An outbreak occurs when it is introduced to a small group of novices either by a visitor from another town or by someone who was at the tail-end of a previous outbreak who takes it up again. The outbreak runs for two weeks or so and then dies down. In unstructured interviews some kids said that their “sniffing” had been a “passing phase”; and others that, when money was scarce, they had sniffed as an alternative to using cannabis.

#### 4.5 Use of other drugs

In addition to alcohol, tobacco, cannabis, and volatile substances, 15 kids reported using a number of other drugs. Again, use of other drugs was not associated with sex but was with age. However, in this case—with one exception—use was confined to kids in the 15-17 year age group.

Amphetamines were the most commonly used of these other drugs—a total of 10 kids (10%) reporting their use. Amphetamines were the only other drugs used by anyone from the 13-14 year age group (one person), and were the only drugs injected (by four males and three females). However, they are not frequently used. Only three kids reported using them more than 10 times and only one in the month prior to being interviewed.

Eight kids reported using pharmaceutical drugs for recreational purposes—seven using analgesics and six using central nervous system depressants. Most said that they had used them only once, and some had added them to alcoholic drinks “to give them a boot”. Use of hallucinogens was reported by six kids, only one of whom reported having used them more than once or twice. Four kids reported using opiates—in this case morphine. This had been obtained from a seriously ill relative for whom it had been prescribed, and it had been used on just one occasion at a party. Similarly, the one kid who reported having used “cocaine” had done so only once when visiting Perth. (We believe it unlikely that this kid actually used cocaine. It is more likely that he was given amphetamine, but was either told or thought it was cocaine.)

Table 8: Use of other drugs by age

Use	8-12	13-14	15-17	Total
No	55	22	13	90
Yes	0	1	14	15
Total	55	23	27	105

#### 4.6 Patterns of drug use

The most commonly used drugs were tobacco, alcohol, and cannabis with smaller numbers of kids having used volatile substances or other drugs. With regard to each of these categories of drugs, there was a substantial proportion of kids who had not used them at all. Overall, apart from an occasional sip of alcohol, a total of 60 (57%) kids had not used any drugs. Among another 14 kids (13%) drug use was limited, being confined to experimentation with, or occasional use of, alcohol and/or tobacco.

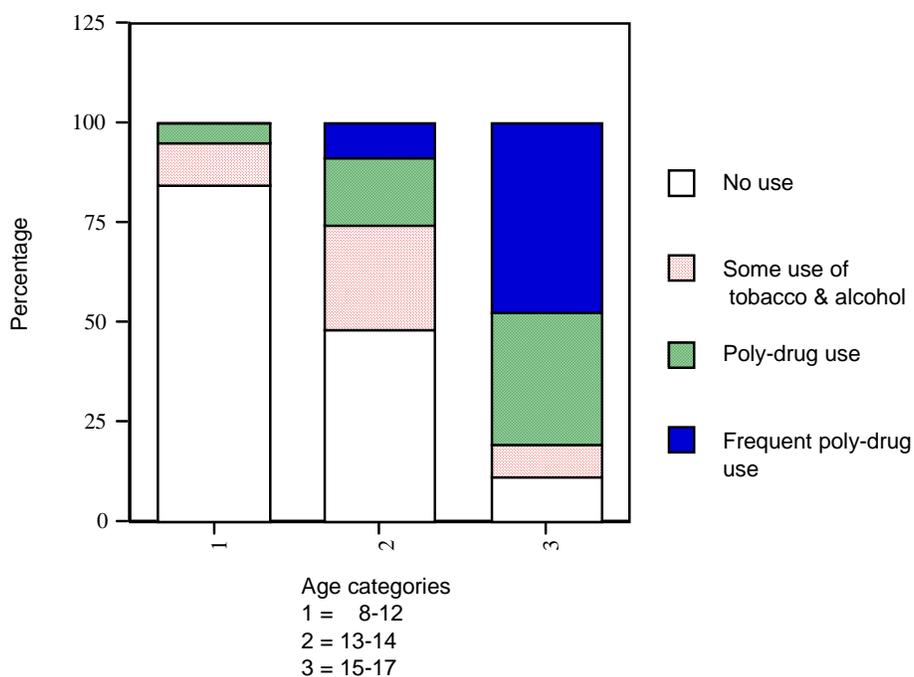
The other 31 kids (30%) fell into two categories. "Poly-drug users" were generally occasional users of some combination of tobacco, alcohol and cannabis. Included in this group of 16 kids were three who had not used tobacco and one who had not used alcohol. The group also included some kids who were frequent users of one, but not more, of tobacco, alcohol, or cannabis. In addition, five kids had experimented with volatile substance use and two with the use of other drugs.

The fourth category—"frequent poly-drug users"—consisted of 15 kids who were frequent users of two, and occasional users of another, of the three commonly used drugs. Additionally, all but one of them had used volatile substances or other drugs, and most (11) had used both of these categories of drugs. In the week prior to interview, nine had smoked 40 or more cigarettes, consumed alcohol at least once, and used cannabis on four or more occasions. While this group is not a large proportion (14%) of the population as a whole, it comprises 48% of those kids aged 15-17 years.

Table 9: Patterns of all drug use by age

Drug use	8-12	13-14	15-17	Total
None	46	11	3	60
Some use of tobacco and/or alcohol	6	6	2	14
Poly-drug use	3	4	9	16
Frequent poly-drug use	0	2	13	15
Total	55	23	27	105

Figure 1: Percentage of kids using all drugs by age



#### 4.7 Comparative proportions of users

There are no studies of non-Aboriginal people that are directly comparable with this project. In 1990, Clark *et al* conducted a survey of tobacco and alcohol consumption among secondary school children in Western Australia.<sup>21</sup> That study probably underestimates consumption among 12-17 year olds because it excludes those who have left school, among whom consumption levels are thought to be higher. To place tobacco and alcohol use in Albany in broader perspective, however, all those who were in secondary school or who had left school were compared to the secondary school children in the study by Clark *et al*.

As indicated in Table 10, although similar proportions of Noongar kids (42%) and secondary students (41%) reported having smoked in the previous year, a higher proportion of Albany kids reported smoking in the previous month (38% vs. 25%) and in the previous week (36% vs. 21%). This indicates that Noongar kids from Albany were more likely to smoke on a frequent basis than their non-Aboriginal counterparts.

Table 10: Percentages of kids from Albany and WA secondary school children using tobacco and alcohol

Period in which used	Tobacco		Alcohol	
	Albany	WA <sup>a</sup>	Albany	WA
Not in the last year	58	59	50	26
In the last year	42	41	50	74
In the last month	38	25	38	47
In the last week	36	21	32	35

Note: (a) Derived from tables in Clark *et al.* <sup>7</sup>

With regard to alcohol this situation is reversed. A smaller proportion of Noongar kids (50%) than secondary school students (74%) claimed to have consumed alcohol in the previous year. However, the proportions consuming alcohol in the previous month (38% vs. 47%) and previous week (32% vs. 35%) were closer. While, overall, higher proportions of secondary school students reported more frequent alcohol consumption than the Noongar kids, this was largely the result of lower levels of consumption among 13 to 14 year olds in Albany. Among those in the 15 to 17 year age category, the proportions of users were closer. Ninety-six percent of secondary students aged 15-17 years reported consuming alcohol in the previous year compared to 87% of Noongar kids in the same age range. Comparative proportions for the previous month and week were, 59% to 63% and 48% to 47%.

### Discussion

The majority of Noongar kids from Albany had not used any drugs. However, with age, use increases rapidly—particularly use of tobacco and alcohol. Among those of comparable age to Western Australian secondary school children, it was found they consumed tobacco more frequently but, overall, frequency of alcohol consumption was less (and among those aged 15 to 17 was no greater).

Among those kids using drugs, few use one type exclusively. Most are “poly-drug” users. This is true whether use is occasional or frequent. Among those aged 8 to 14 this is largely confined to tobacco and alcohol. With an increase in age, however, many also use cannabis and others also make use of volatile substances

and/or other drugs. Typically, tobacco is the first drug to be tried, often while kids are still of primary school age. The modal age for first use of alcohol, cannabis and volatile substances is thirteen, which is also the age at which most first attend high school. The use of other drugs does not usually take place until the age of fifteen or later.

It is important to stress that most use of volatile substances and other drugs, such as amphetamines, among Noongar kids in Albany is “experimental”. Most use them on one or two occasions or, in the case of volatile substances over a short period of time. Use of these drugs is, however, of particular concern to parents and other members of the community. The long term health risks to these experimental users are not great; but, in the short term, often they are observed to behave in ways that disrupt family activities, heighten the risk of accidents or violence, and bring them into contact with the police.

In the long term, the greatest risk to the future health of these kids is from tobacco and alcohol. The proportions of 15 to 17 year olds who use tobacco and alcohol are greater than among 15 to 29 year old Aboriginal people in the Great Southern Region as a whole.<sup>10</sup> This suggests that in the immediate future there is likely to be a rise in the number of adult Aboriginal smokers and drinkers in the region, with associated longer term implications for tobacco and alcohol related morbidity and mortality.

## 5.0 KNOWLEDGE OF, AND ATTITUDES TO, DRUG USE

The kids were asked a number of questions regarding their knowledge of, and attitudes to, tobacco, alcohol, and other drug use. Many of these questions were based on those recommended by Jones and Mugford.<sup>34</sup> However, as indicated in Chapter 2 of this report, because of the method of elicitation, these had to be modified. In the Jones and Mugford methodology, students are presented with statements about the “health” and “image” effects of cigarette smoking and the “socialising” effects of drinking, and they are asked to mark boxes indicating whether they “strongly disagree”, “disagree”, “agree”, or “strongly agree” with those statements or “don’t know”. Because of the awkwardness of presenting these statements and obtaining responses in an interview situation from kids as young as eight years of age, the statements were re-phrased as questions to which the kids could simply respond “yes” or “no” or indicate that they “don’t know”.

Summary indices of these effects were computed by: scoring each individual's “yes” answers as one, and “no” or “don’t know” answers as two; summing the scores for each of the questions; and dividing the sum by the number of questions and subtracting 1. This procedure resulted in individuals being scored on three scales of between 0 and 1. At the extremes, those who answered “yes” to all questions in a particular group had a score of 0, and those who answered “no” or “don't know” to all questions in a group had a score of 1. In the case of “health effects”, those with the greatest knowledge had the lowest scores; in the case of the “image effects” of smoking and the “socialising effects” of alcohol, those with the lowest score were those who viewed cigarette and alcohol use in a positive light.

The Jones and Mugford methodology also includes a number of statements about the use of various drugs, and students are required to tick boxes indicating whether they think such use is “not dangerous”, “a little dangerous”, “fairly dangerous”, “very dangerous” or “don’t know”. For the purpose of the Albany survey, each of these statements was re-phrased as a question which included the alternative responses. The questions were not asked of primary school kids so as not to suggest to them the use of drugs about which they might not otherwise have known. Again, as in the Jones and Mugford methodology, indices were constructed of what they called “risk” for use, but which we believe are more appropriately referred to as “perceptions of danger” of use of various drugs.

In addition to questions from the Jones and Mugford methodology, the kids were also asked questions about: the source of information they had about tobacco, alcohol, and other drugs; what a standard drink is; the numbers of standard drinks required to raise blood alcohol levels to 0.5 percent for both men and women; and the numbers of standard drinks that can be consumed per day without endangering health. Association between these various measures and the use of particular drugs or categories of drugs was then explored.

## 5.1 Cigarette smoking

### 5.1.1 Health effects of smoking

All kids were asked the following questions about what Jones and Mugford call the “health effects of smoking”:

- Do you think that smoking affects your sporting ability?
- Do you think that it’s not very smart to smoke?
- Do you think that people who smoke are usually less concerned about their health?
- Do you think that the health of non-smokers can be affected by breathing other people’s cigarette smoke?
- Do you think that smoking can harm your health?

Their responses to these questions are presented in Table 11.

Table 11 : Perceptions of health effects of smoking

Health effect	Yes	No	Don't Know
Can affect sporting ability	94	9	2
Not smart to smoke	70	27	8
Smokers less concerned about health	85	13	7
Can be affected by breathing other’s smoke	98	4	3
Can harm health	103	1	1

Ninety-eight percent of kids were aware that smoking could affect their health, 93% were aware of the effects of passive smoking, and 90% that it can

affect sporting ability. Those kids who thought that smoking could harm their health were also asked what effects it had. Eighty-two (78%) identified lung cancer, 54 (51%) respiratory diseases such as “bronchitis”, 33 (31%) circulatory diseases such as “heart attack” or “stroke”, and 10 (10%) other problems such as “addiction” and “death”. Clearly, the kids are generally well informed about the health effects of smoking. This is most evident in responses to those questions about the direct health effects of smoking, and a little less so in those two questions that ask about attitude (i.e. about whether it is smart to smoke and whether smokers are less concerned about their health).

As indicated previously, an index of the “health effects of smoking” combining responses to each of these questions was computed. Those answering “yes” to each of the questions, that is demonstrating greater knowledge of the health effects have a score of 0.0, and those answering “no” to each of the questions have a score of 1.0. These scores were distributed as in Table 12. A rank order correlation coefficient between scores on this index and age was computed but no statistically significant relationship between them was found (Kendall’s tau- $b$  = 0.06  $p$  = 0.257). That is, contrary to what might be expected, there was no difference in knowledge of the health effects of smoking among kids of different ages.

Table 12: Score on the index of health effects of smoking by age.

Score	8-12	13-14	15-17	Total
0.0 (greatest knowledge)	31	13	8	52
0.2	26	8	6	40
0.4	7	-	1	8
0.6	1	-	2	3
1.0 (least knowledge)	2	-	-	2

As Table 13 shows, there was little difference between non-smokers and smokers with regard to their knowledge of the health effects of smoking. This suggests that, although from a young age many kids are aware of its health effects, this does not prevent them from smoking cigarettes.

Table 13: Tobacco use by score on the index of health effects of smoking.

Tobacco use	Score			Total
	0.0 (greatest knowledge)	0.2	≥0.4 (least knowledge)	
None	31	26	10	67
Occasional	13	8	-	21
Frequent	8	6	3	17
Total	52	40	13	105

$$\chi^2_{(df2)} = 4.19 \quad p = 0.381$$

### 5.1.2 Image effects of smoking

The kids were asked three questions, derived from the Jones and Mugford methodology about the “image effects” of smoking. These were:

- Do you think that kids who smoke seem more grown up than non-smokers?
- Do you think that people who smoke usually look more attractive than non-smokers?
- Do you think that smokers are usually more popular than non-smokers?

Responses to these questions are set out in Table 14.

Table 14: Image effects of smoking

Image effect	Yes	No	Don't Know
Smokers seem more grown up	37	59	9
Smokers look more attractive	3	99	3
Smokers more popular	15	82	8

Despite the glamorous images of smoking sometimes presented in movies or TV shows, only three kids (3%) thought that smokers looked more attractive than non-smokers, and only 15 (14%) that smokers are usually more popular than non-smokers. As can be seen in Table 15, however, 37 (35%) thought that kids who smoked seemed more grown up than non-smokers. This was related to age,

and was statistically significant; 42% of those aged 8 to 14 years expressed that view, compared to only 15% of 15-17 year olds. Among 8-14 year olds, a larger proportion of those who thought kids who smoked looked more grown up themselves smoked (30%), than those who did not (18%)—although at the 0.05 level this difference was not statistically significant.

Table 15: Think that smokers seem more grown up by age

Use	8-12	13-14	15-17	Total
Yes	23	10	4	37
No/don't know	32	13	23	68
Total	55	23	27	105

$$\chi^2_{(df2)} = 6.66 \text{ p} = 0.036$$

An index of the image effects of smoking was constructed using the same procedure as that to construct the index of health effects. In this case, any kids who answered “yes” to each of the three questions (thus viewing smoking positively, or as “good”) scored 0.0 and those who answered “no” or “don't know” to each of the questions scored 1.0. Scores on the index of image effects of smoking were distributed as in Table 16. As with the index of health effects, there was no correlation between score on the index of image effects of smoking and age (Kendall's tau-*b* = 0.01 p = 0.140).

Table 16: Score on the index of image effects of smoking by age.

Score	8-12	13-14	15-17	Total
0.0 (positive view of smoking))	0	0	0	0
0.33	7	2	1	10
0.67	18	9	8	35
1.0 (negative view of smoking)	30	12	18	60
Total	55	23	27	105

Given the difference in responses to the questions making up the index of image effects and the higher proportion of younger kids who thought that smokers appeared more grown up, the relationship between whether kids thought smokers appear more grown up to their use of tobacco was analysed separately, controlling for age. As Table 17 indicates, a larger proportion of 8-14 year olds than 15-17 year olds think that smokers appear more grown up, but this has little effect on their smoking behaviour.

Table 17: Tobacco use by thinking smokers appear more grown up by age

Age	Tobacco use	Think smokers more grown up		Total
		Yes	No	
8 - 14	No	23	37	60
	Occasional/frequent	10	8	18
	Total	33	45	78
$\chi^2_{(df1)} = 1.68$ p = 0.195				
15 -17	No	2	5	7
	Occasional/frequent	2	18	20
	Total	4	23	27
Fisher's exact test p = 0.269				

## 5.2 Alcohol use

When asked, 60 kids (57%) indicated that it took 2-3 standard drinks in an hour to raise a man's blood alcohol level to 0.05% and 63 (60%) that it took 2 drinks to raise a woman's blood alcohol to that level. Responses to these questions were related to age with about 40% of 8-12 year olds, but over 85% of 15-17 year olds, providing correct answers. Responses to other questions, however, indicate that only part of the message about standard drinks is getting through. Only 10 kids were able to correctly identify what a standard drink is, and only one knew the maximum number of drinks that either a man or woman can consume per day without seriously endangering health.

Table 18: Identification of a standard drink by age

Identification	8-12	13-14	15-17	Total
Correct answer	2	1	7	10
Incorrect answer	6	5	7	18
Don't know	47	17	11	75
Total	55	23	25	103

Although the Jones and Mugford methodology included no questions about the health effects of alcohol, the kids in this study were asked “Do you think that drinking can harm your health?” and, if they replied “yes”, they were asked what effects it can have. Ninety-five percent of both of 8-12 and 13-14 year olds, and all 15-17 year olds, knew that drinking can be harmful to health. Among specific health problems identified by the kids were liver disease (37%), brain damage (37%), diseases of the circulatory system (24%), and other health effects such as kidney damage (34%). Clearly then, given the pattern of alcohol consumption identified in Chapter 4, knowledge that drinking can be harmful is not a deterrent to doing so among these kids.

### 5.2.1 Socialising effects of alcohol use

Again, deriving from the Jones and Mugford methodology, kids were asked three questions about the “socialising effects” of drinking alcohol. These questions were:

- Do you think that getting drunk every now and then is not a problem?
- Do you think that having a few drinks is one of the best ways of relaxing?
- Do you think that having a few drinks is one of the best ways of getting to know people?

A summary of the responses to these questions is set out in Table 19. Responses to the second question were age related, with 35% of those in the 15-17 age category, compared to 12% of 8-14 year olds, agreeing that “having a few drinks is one of the best ways of relaxing.

Table 19: Socialising effects of alcohol

Socialising effect	Yes	No	Don't Know
Getting drunk now and then not a problem	35	50	20
Few drinks one of best ways to relax	18	69	17
Few drinks one of best ways to get to know people	12	78	1

Construction of a simple index of the “socialising effects of alcohol”, as in the Jones and Mugford methodology, proved to be problematic among the Noongar kids because (as Table 20 illustrates) responses to the questions were not consistent. Only a small percentage of the kids saw having a few drinks as either one of the best ways to relax (17%) or as one of the best ways to get to know people (12%). Those who thought so, however, were twice as likely to be users of alcohol; with 30% of drinkers regarding having a few drinks as one of the best ways to relax, and 20% regarding it as one of the best ways to meet people. On the other hand, while the majority of kids (50) thought that getting drunk now and then was a problem, the number (35) who thought it was not was almost twice that of those who saw a few drinks as one of the best ways to relax. Also, unlike the respondents to the other two questions, the majority (74%) who saw it in this way were non-drinkers. The main reason for this inconsistency appears to be that the younger kids were confused by the wording of the question.

When an index of the “socialising effects” of drinking was constructed by the same procedures as for the smoking indices, using all three questions, there was no correlation between scores on the index and either age (Kendall's tau-*b* = -0.02 *p* = 0.402) or use of alcohol (Kendall's tau-*b* = -0.02 *p* = 0.390). When an index using only the questions about relaxing and getting to know people was constructed, slightly larger, but statistically significant, correlations with both age (Kendall's tau-*b* = -0.17 *p* = 0.031) and alcohol use (Kendall's tau-*b* = -0.24 *p* = 0.005) were found. These latter results indicate that, although they are in the minority, those with low scores on the index (that is, those who view the use of alcohol as a means of socialising) were marginally more likely to be older and users of alcohol than were those who did not view alcohol in this way. These correlations do not indicate direction of causality, but they indicate that, for a small proportion of the kids, alcohol consumption is viewed as facilitating social interaction.

Table 20: Socialising effects of alcohol by alcohol use

Social dimension	Alcohol use		Total
	No use	Occasional /frequent	
Getting drunk now and then not a problem			
Yes	26	9	35
No/don't know	38	32	70
Total	64	41	105
$\chi^2_{(df1)} = 3.92$ p = 0.048			
Few drinks one of best ways to relax			
Yes	6	12	18
No/don't know	58	28	86
Total	64	40	104
$\chi^2_{(df1)} = 7.32$ p = 0.007			
Few drinks one of best ways to get to know people			
Yes	4	8	12
No/don't know	60	32	92
Total	64	40	104
$\chi^2_{(df1)} = 4.56$ p = 0.032			

### 5.3 Perceived dangers of drug use

As indicated in the introductory section of this chapter, questions about the perceived dangers of the use of various drugs were asked only of the 50 kids in the 13-14 and 15-17 year age categories. Responses to these questions are presented in Table 21.

Table 21: Perceived dangers of use of various drugs

Drug use	Not dangerous	A little dangerous	Fairly dangerous	Very dangerous	Don't know
Smoking 1 or 2 cigarettes occasionally	18	25	5	2	-
Smoking <10 cigarettes daily	3	9	26	12	-
Smoking >20 cigarettes daily	-	1	8	41	-
Having 1 or 2 drinks	13	25	9	3	-
Having 4 or 5 drinks nearly every day	-	3	14	33	-
Smoking cannabis occasionally	3	9	26	12	-
Smoking cannabis regularly	4	6	14	26	-
Sniffing glue	-	-	11	38	1
Sniffing petrol	-	2	6	42	-
Trying opiates once or twice	4	2	15	28	1
Trying amphetamines once or twice	2	10	14	22	2
Trying hallucinogens once or twice	2	9	12	26	1
Using opiates regularly	-	-	2	46	1
Using amphetamines daily	-	-	3	46	-
Using hallucinogens regularly	-	-	5	44	1
Using cocaine	-	-	1	48	-

The majority of kids saw most drug use as either fairly or very dangerous. Behaviours seen in this way by over three quarters of the kids were: regular (96%) or occasional (86%) use of opiates; daily use of amphetamines (98%) or hallucinogens (98%); use of cocaine (98%); sniffing either glue (98%) or petrol (96%); having 4 or 5 drinks every day (94%); smoking more than 20 cigarettes per day (98%) or less than 10 cigarettes per day (76%); and smoking cannabis either regularly (80%) or occasionally (76%). The most notable exceptions to this pattern of perception were the smoking of one or two cigarettes occasionally and having one or two drinks; which were seen as not dangerous by 18 (36%) and 13 (26%) kids respectively. Thus (with the possible exception of the kids who saw no danger in occasionally smoking a cigarette), in relation to the most commonly

consumed drugs, the kids appear to have a relatively accurate perception of the dangers associated with their use, and to have at least a wariness of the others.

In the Jones and Mugford methodology, responses to these questions are combined to form five scales that they interpret as indicating “risk” of alcohol and tobacco use, marijuana use, inhalant use, experimenting with hard drugs, and regular hard drug use. As indicated previously, however, we believe it is more appropriate to refer to these as “perceptions of danger” associated with drug use. The scales are constructed as follows.

Responses to each of the items are ... scored from 1 for “Not dangerous” to 4 for “Very dangerous” respectively, with “Don’t know” responses coded to the mean score on the item. The scores on items within each of the ... groups are then averaged to form the five scale scores.

As well as constructing the five scales recommended by Jones and Mugford, we also constructed separate scales for perception of the dangers of smoking and drinking.

The rank order correlation coefficients between scores on these scales and the use of various drugs, presented in Table 22, indicate that those kids who perceived using tobacco, alcohol, or cannabis as being relatively dangerous were slightly more likely to be non-users or occasional users of those drugs. Furthermore, perception of the use of those particular drugs as relatively dangerous was negatively correlated with the use of all drugs. That the correlation coefficients are small (i.e. close to 0), however, indicates that the influence of such perceptions on drug use among these kids is small, and that other factors have greater influence.

With regard to the regular use of what Jones and Mugford call “hard” drugs (that is opiates, amphetamines, etc.), the kids were almost unanimous in their perception that such use was very dangerous, and thus the perception was not associated with the use of other drugs or all drugs. On the other hand those who viewed the experimental use of such drugs as dangerous were a little more likely to be non-users.

That factors other than the perceived danger of use are at work is most clearly evidenced in the case of perceptions about the use of volatile substances. There were only three kids who did not see either sniffing glue or petrol as fairly or very dangerous. Of these three, one had not been a sniffer; however, there were 14 other kids who regarded sniffing as either fairly or very dangerous but nevertheless had sniffed volatile substances.

Table 22: Rank order correlations between perceptions of danger and drug use

	Use of tobacco	Use of alcohol	Use of all drugs
Danger of smoking and drinking	-0.27 p = 0.010	-0.31 p = 0.004	-0.28 p = 0.007
Danger of smoking	-0.31 p = 0.005		
Danger of drinking		-0.25 p = 0.022	
	Use of cannabis	Use of all drugs	
Danger of cannabis use	-0.21 p = 0.045	-0.22 p = 0.028	
	Use of volatile substances	Use of all drugs	
Danger of volatile substance use	-0.09 p = 0.268	-0.05 p = 0.349	
	Use of other drugs	Use of all drugs	
Danger of experimental hard drug use	-0.32 p = 0.006	-0.24 p = 0.018	
	Use of other drugs	Use of all drugs	
Danger of regular hard drug use	0.03 p = 0.418	0.01 p = 0.478	

Rank order correlation coefficients were also calculated between scores on the scales themselves, and it was found that to varying degrees they were inter-correlated—the strongest relationships being between perceptions of “danger of smoking and drinking”, “danger of cannabis use” and “danger of experimental hard drug use”. These inter-correlations mean that, in attempts to predict patterns of drug use from them, most are redundant. As can be seen in Table 22, the best predictor of the use of all drugs was the perceived “danger of smoking and drinking”.

#### 5.4 Sources of information

All kids were asked whether they had lessons or parts of lessons at school that were about smoking, drinking or other drugs; and whether or not they had read the health warnings on cigarette packs. Responses to these questions were then analysed to ascertain: whether they had any impact on either the kids' knowledge or their drug use behaviour.

Table 23: Had lessons on drug use by age

Lessons	8-12	13-14	15-17	Total
<b>Smoking</b>				
Yes	23	14	22	59
No/don't know	32	9	5	46
Total	55	23	27	105
$\chi^2_{(df1)} = 11.84$ p = 0.003				
<b>Drinking</b>				
Yes	12	10	20	42
No/don't know	43	13	7	63
Total	55	23	27	105
$\chi^2_{(df1)} = 20.75$ p = 0.000				
<b>Other drugs</b>				
Yes	10	6	17	33
No/don't know	44	16	10	70
Total	54	22	27	103
$\chi^2_{(df1)} = 16.62$ p = 0.000				

As Table 23 demonstrates, larger proportions of kids had lessons on smoking (56%) and drinking (40%) than on other drugs (32%); and, as to be expected, the proportion of kids who had lessons on these categories of drugs increased with age. Similarly, the proportion of kids who claimed to have read and thought

about the health information on cigarette packs increased with age; there being 12 of these kids (22%) among 8-12 year olds, 10 (44%) among 13-14 year olds, and 21 (49%) among 15-17 year olds.

Tables 24 and 25 show that larger proportions of those who had lessons on smoking or who had read the health warnings on cigarette packs had greater awareness of the health effects of smoking. However, the fact that many of those who demonstrated greater awareness of the health effects of smoking (i.e., those with a score of 0.0 or 0.2) had not had lessons at school or read the health information on cigarette packs, indicates that many kids are getting health information from other sources such as the media.

Table 24: Score on the index of health effects by lessons about smoking

Score	Had lessons		Total
	Yes	No	
0.0 (Most aware)	27	25	52
0.2	28	12	40
≥ 0.4 (Least aware)	4	9	13
Total	59	46	105

$$\chi^2_{(df2)} = 6.90 \text{ p} = 0.032$$

Table 25: Score on the index of health effects by read health information on cigarette pack

Score	Read information		Total
	Yes	No	
0.0 (Most aware)	27	25	52
0.2	17	23	40
≥0.4 (Least aware)	1	12	13
Total	43	62	105

$$\chi^2_{(df2)} = 7.08 \text{ p} = 0.029$$

When controlling for age, there was no association between whether or not kids either had lessons about smoking or whether they had read the warnings on cigarette pack labels, and whether or not they smoked. That is, while both lessons about smoking and the health information on cigarette packs make a contribution to the knowledge kids have about the health effects of smoking, neither appear to have a direct affect on whether or not kids actually smoke cigarettes.

As indicated in Table 23, only 40% of kids reported having had lessons about drinking at school. However, 96% were aware that health can be affected by alcohol consumption. Of those who were not, three kids were in the 8-12, and one in the 13-14 age categories. When controlling for age, there was no difference in the ability of kids who had lessons about drinking and those who had not to: identify the numbers of standard drinks to raise the blood alcohol levels of males and females to 0.05%; to correctly identify a standard drink; or to identify the maximum number of drinks both males and females can consume daily without endangering health. These results indicate two things. First, that the kids are not obtaining information about standard drinks and safe levels of consumption from lessons at school; and, second, that much of their knowledge of the health effects of drinking comes from other sources. In the case of alcohol consumption and blood alcohol levels, discussion with the kids indicates this source is usually media campaigns against drink driving. Again, as with cigarette smoking, when controlling for age, neither having had lessons at school about drinking nor knowledge of the health effects of drinking had any direct effect on level of alcohol consumption by the kids. Similarly, when controlling for age, whether or not the kids had lessons about the use of other drugs was not associated with use of either cannabis, volatile substances or other drugs.

As well as questions on some sources of information about drugs, the kids were asked whether they would like more information about the effects of alcohol and other drugs, and if so who would be the best people to provide such information. Sixty-four (61%) of the kids said that they would like more information. There was no relationship between the desire for more information about drugs and either age or the overall pattern of drug use among kids. However, there were age related differences in who the kids thought could best provide that information. Among primary school kids, teachers and Aboriginal health workers were identified as the best people to provide information; while, among kids in the older age categories, Aboriginal health workers or someone from an Aboriginal

organisation were favoured. Other suggestions included the Alcohol and Drug Authority worker (2), and the police (2).

Table 26: Best people to provide drug information by age

Providers	8-12	13-17	Total
Aboriginal Health Workers	11	12	23
Teachers	14	2	16
Aboriginal organisation	3	8	11
Other or don't know	9	5	14

## 5.5 Discussion

The kids are well aware of the general health effects of both smoking tobacco and drinking alcohol. In the case of smoking, lessons at school and the health warnings on cigarette packs make some contribution to that knowledge. In the case of alcohol, health knowledge was widespread despite the fact that only 40% of kids reported having had lessons on alcohol. Thus, much health information about tobacco and alcohol comes from other sources such as the media. The best example of this is the relatively high proportion of kids who were able to identify the number of standard drinks required to raise blood alcohol levels to 0.05% as a consequence of media campaigns against drink driving. The limitations of such sources, though, are highlighted by the fact that few could actually identify what a standard drink is, or the maximum safe daily levels of consumption.

Clearly, with regard to alcohol use, there are gaps in the knowledge kids have. Furthermore, the majority of kids wanted more information about all kinds of drugs. There is a need to maintain and enhance present health promotional strategies. The immediate impact of these on drug use, however, is likely to be limited because knowledge of the health effects of tobacco and alcohol was not associated directly with lower levels of consumption.

General perceptions of drug use as “dangerous” appear to exercise a little constraint on such use; and were more likely to be associated with non or occasional use of drugs than was knowledge about the particular health effects of their use. The use of volatile substances, however, was an exception to this.

Perceptions of danger were not related to having had lessons about drug use at school. Informal discussion with the kids indicates that television programs—particularly crime shows—are a major source of such information.

Other factors examined in this chapter exert a minor influence on drug use among these kids. They include the socialising effects of alcohol use for some older kids, and for some younger kids the perception that smokers appear more grown up. Obviously, however, other factors are at work.

## 6.0 EMPLOYMENT, TRAINING AND EDUCATION

To ascertain whether there were any differences in patterns of drug use that were associated with them, the kids were asked a number of open-ended questions about their employment status, and attendance at and attitudes to school and homework classes.

### 6.1 Employment and educational status

At the time the study was conducted, all of the kids aged 8 to 14 years were attending school. Once they had turned 15, however, there was a rapid decline in attendance, with only 11 kids (41%) in the 15-17 year age group still at school. Of the other 16 in the 15-17 year age group: two females were attending TAFE, where one was doing an Aboriginal Access Course and the other a secretarial course; and three males were employed, one as a panel beater and two on traineeships through the Community Development Employment Program (CDEP). The other eleven—7 males and 4 females—were unemployed at the time they were interviewed.

Table 27: Noongar kids employment status by age

Use	8-12	13-14	15-17	Total
At school	55	23	11	89
Training	-	-	2	2
Employed	-	-	3	3
Not employed	-	-	11	11

Of the unemployed males, three had previously had some kind of work through either the LEAP (Landcare and Environmental Action Program) or CDEP programs and all but one wanted work in trades such as motor mechanics, welding, and brick-laying. One of the females was a young mother and was not actively seeking work. Of the others, one wanted some kind of clerical work and

the other two were unsure about what they wanted to do. All, however, expressed an interest in undertaking some kind of job training.

## 6.2 Education

Of the 89 Noongar kids still attending school, 34 were high school and 55 were primary school students. Of the high school students, 22 attended Albany and 12 North Albany Senior High Schools. The majority of the primary school students attended either Spencer Park (25) or Mt Lockyer (18) primary schools, and small numbers of primary school students attended each of the other three state and two religious schools in town. (It is important to note that, particularly in the case of the high schools, this does not represent total Aboriginal enrolments at these schools as some Aboriginal students come from outside the town.)

Many, kids—especially those of primary school age—had positive attitudes to school. Those attending school were asked what aspects of school they liked. Their responses are set out, in order of frequency, in Table 28. In particular, the kids enjoyed the social and sporting aspects of school and to a lesser extent school work in general. Only 7 (8%) kids said that there was nothing about school that they liked. With one exception, there was no difference between high school and primary school students in terms of what they liked about school. Primary school students were much more likely than high school students to identify a like of a particular subject. Although the most popular subjects among primary school students were art and mathematics, the range of subjects identified was broad and spread across the curriculum.

Table 28: Aspects of school liked by students

Item	Number	Percent
Social aspects	64	72
Sport	49	55
School work in general	40	45
Particular subjects	29	33
Other aspects	5	6
Didn't know	6	7
Nothing	7	8

Responses to questions about what students disliked about school are presented in Table 29. A large proportion (38%) reported that there was nothing about school that they disliked. The most commonly expressed dislikes about school were teachers, the amount of work involved, and particular subjects. The only difference in response between high school and primary school students related to the dislike of teachers. Thirteen of the 18 who indicated a dislike for teachers were high school students. In part, this is a consequence of the system by which students rotate between teachers for different subjects. This does not facilitate the building of close social relationships between teachers and students that is found in the primary schools and that is important for Noongar students. As will be seen, this dislike of teachers is also related to a general disaffection with school which is expressed in other ways.

Table 29: Aspects of school disliked by students

Item	Number	Percent
Nothing	34	38
Teachers	18	20
Amount of work	15	17
Particular subjects	14	16
Racism	6	7
School work in general	5	6

### 6.3 Absence from school

In the two weeks prior to interview, 15 (44%) high school students and 11 (20%) primary school students were absent from school because of reported illness. The number of days each student was absent ranged between 1 and 7 and the average was 2.6 days. (It is important to note that these absences did not occur in the same two week period, and hence cannot be used for the calculation of rates of absence.) In addition, one (2%) primary school and eight (24%) high school students reported truanting ("wagging school") in the two weeks prior to being interviewed. The range of absences due to truanting was 1 to 5 days and the mean 2.3 days. Of the 26 who were absent from school because of self-reported illness, five had also truanted during the same period.

Table 30: Absence due to illness by dislike of teachers by age

Age	Absence	Dislike teachers		Total
		No	Yes	
8 - 12	No	43	1	44
	Yes	7	4	11
	Total	50	5	55
Fisher's exact test p = 0.004				
13 -17	No	12	7	19
	Yes	9	6	15
	Total	21	13	34
$\chi^2_{(df1)} = 0.04$ p = 0.851				

Table 31: Absence due to truanting by dislike of teachers by age

Age	Absence	Dislike teachers		Total
		No	Yes	
8 - 12	No	49	5	54
	Yes	1	-	1
	Total	50	5	55
Fisher's exact test p = 0.909				
13 -17	No	19	7	26
	Yes	2	6	8
	Total	21	13	34
Fisher's exact test p = 0.022				

Absence from school due to truancy is one indication of either disaffection with school, more exciting alternatives, or both. To a lesser extent, absence from school due to self-reported illness can be interpreted in the same way. Accordingly, examination was made of the relationships between both types of absence, and those aspects of school that the kids both liked and disliked. When controlling for the higher frequency of absences among the kids of high school age, there was no increased likelihood of attendance among those who liked various aspects of school. There were significant relationships, however, between absences due to both illness and truanting, and dislike of teachers. Primary school aged kids who disliked teachers were more likely to be absent due to reported illness, and high school kids who disliked teachers were more likely to be truant.

#### 6.4 Homework classes

At the time of the study, homework classes were conducted at both government high schools, at Spencer Park and Mt Lockyer primary schools, and at one of the religious schools (the latter being attended by only one Noongar kid). However, they were not available at other primary schools attended by 11 Noongar kids.

There were significant differences in attendance at homework classes associated with age. At schools where they were available, 84% of 8-12 year olds attended. Among 13-14 year olds the percentage was only 22%, and among 15-17 year olds it was 64%. That there is a higher proportion of kids in the 15-17 year age group attending than among 13-14 year olds is possibly due to the fact that kids who stay on beyond the age of 15 are more committed to doing so and hence more likely to take advantage of homework classes.

Table 32: Attendance at homework classes by age

Attend homework classes	8-12	13-14	15-17	Total
Yes	37	5	7	49
No	7	18	4	29

Among the 29 students who did not attend homework classes, the most common reasons given for not doing so were other priorities and no interest. There was no difference between high school and primary students in this regard. Although not mentioned by the kids themselves, one of the primary school teachers commented that, in contrast to the informal approach in primary schools, homework classes at high school were conducted like an extension of school itself, and this diminished the interest of kids in attending.

Table 33: Reasons for not attending homework classes

Item	Number	Percent
Other priorities	13	45
No interest	7	24
No time	2	7
Too few Noongars	2	7
Other	9	31
Didn't know	4	14

The 49 students who attended homework classes reported a variety of aspects that they liked. The majority (76%) liked the help they were given, and a large proportion of all students liked the social aspects of homework classes. There were, however, two differences between primary school and high school students. Although 28 students liked the work at homework classes, 25 of these were primary school students. Twenty primary students also said they liked afternoon tea—something that is not provided at the high school homework classes. Only one (high school) student, said that there was nothing she liked about homework classes. The most striking thing about this is the fact that, among those who attend, the majority of the students appreciate the assistance given at homework classes and, in the case of the primary students, most enjoy the work.

Table 34: Aspects of homework classes liked by students

Item	Number	Percent
Help given	37	76
Work	28	57
Social aspects	22	45
Afternoon tea	20	41
Particular subjects	4	8
Other	5	10
Didn't know	1	2
Nothing	1	2

The majority of students attending homework classes (78%) said that there was nothing about them that they disliked and another two said they did not know if there was anything they disliked about them. Those who did dislike aspects of homework classes cited particular subjects (3) or teachers (2), or said that they were boring or uninteresting (3). Again, this highlights the satisfaction with homework classes among those who attend.

Table 35: Aspects of homework classes disliked by students

Item	Number	Percent
Particular subjects	3	6
Boring, uninteresting	3	6
Teachers	2	4
Didn't know	2	4
Nothing	38	78

### 6.5 Employment, education and drug use

Among kids in the 15-17 year age group, comparison of drug use patterns was made between those who were at school, or in training or employment, and those who were unemployed. For purposes of statistical comparison, kids who had used

no drugs were grouped with occasional users of tobacco and/or alcohol, and poly drug users and frequent poly drug users were grouped together. As Table 36 demonstrates, poly and frequent poly drug use was greater among those who were unemployed than among those who were still at school or in training or employment. When frequent poly drug users were compared to all others with regard to employment status, the relationship was even more marked with 82% of the unemployed being frequent poly drug users compared to 25% of those at school or in employment or training ( $\chi^2_{(df2)} = 8.43$   $p = 0.004$ ). That is, kids who are unemployed are over 13 times more likely to be frequent poly drug users (odds ratio 13.5  $p = 0.012$ ). Alone, these results do not indicate whether these kids are unemployed because of their use of drugs, or whether they use drugs because they are unemployed. However, the fact that the majority would like work suggests that their drug use is not due to lack of motivation.

Table 36: Employment status by drug use among 15-17 year olds

Employment status	None or occasional use	Poly & freq drug use	Total
School, training or employed	5	11	16
Not employed	0	11	11
Total	5	22	27

Fisher's exact test  $p = 0.054$

It was postulated that those who had positive attitudes to school would be less likely to consume alcohol or other drugs, and that those with negative attitudes would be more likely to do so. No significant differences were found in expression of like for particular aspects of school between those who used alcohol or other drugs and those who did not. Of the dislikes about school expressed by the kids, the only one associated with alcohol and other drug use was dislike of teachers. Controlling for age, which was previously shown to influence drug use, the relationship between dislike of teachers and drug use is shown in Table 37. The table indicates that it is among the 8-12 and 13-14 year olds that this factor is most strongly associated with drug use. Among the kids who are still in primary school, however, both the proportions who dislike teachers (9%) and who have used any drugs (16%) are relatively small. Among the 15-17 year olds, while the

proportion of kids who dislike teachers is highest (55%), the high proportion of poly and frequent poly drug users among all kids in that age group (81%) is a function of other factors associated with their age.

Table 37: Dislike of teachers among school students by drug use by age

Age	Dislike teachers	Drug use		Total
		None or occasional	Poly & freq drug use	
8 - 12	Yes	3	2	5
	No	49	1	50
	Total	52	3	55
Fisher's exact test p = 0.019				
13-14	Yes	3	4	7
	No	14	2	16
	Total	17	6	23
Fisher's exact test p = 0.045				
15-17	Yes	2	4	6
	No	3	2	5
	Total	5	6	11
Fisher's exact test p = 0.392				

Both absence from school due to reported illness and to truanting were associated with poly and frequent poly drug use. As indicated previously, however, both types of absence were themselves associated with dislike of school teachers. When this latter factor was controlled, there was no difference in the absences between none or occasional drug users and poly and frequent poly drug users. However, among those who disliked school teachers, there was a significantly greater proportion of poly and frequent poly drug users among those who had truanted (100%) compared to those who had not (33%). This indicates

that, above the increased risk of poly and frequent poly drug use among those who dislike teachers, the act of truanting itself poses an additional risk for greater consumption.

Homework classes were seen as providing an out of school activity that might divert kids from alcohol and other drug use. Among 13-14 and 15-17 year olds, there was no difference in patterns of alcohol and other drug use between those who attended homework classes and those who did not. However, among 8-12 year olds, those who did not attend homework classes were more likely to have used alcohol or other drugs. Among those attending homework classes only 8% reported any drug use compared to 27% among kids for whom homework classes were not available, and 43% among those for whom homework classes were available but who did not attend.

Table 38: Homework class attendance by drug use among 8-12 year olds

Homework class attendance	Drug use		Total
	No use	Any use	
Yes	34	3	37
No	12	6	18
Total	46	9	55

Fisher's exact test  $p = 0.025$

## 7.0 RECREATION

As with educational and employment activities, it was hypothesised that the more recreational activities in which kids were involved, the lower would be their level of drug use. It is difficult to establish a single measure that captures the diversity of recreational activities in which the kids are involved. Accordingly, a variety of sometimes overlapping measures were used. These included: participation in particular recreational activities; whether or not the kids had participated in those activities in the two weeks prior to interview; and, for older kids, the number of hours they had spent in those activities in that time. Another measure included use of various recreational facilities available in the town.

### 7.1 Recreational activities

On the basis of knowledge of the community and observation by the Aboriginal team members, a list of common activities in which the kids were involved was developed. In interviews, the kids were asked: whether or not they participate in those activities; whether they had done so in the two weeks prior to interview; and, in the case of 13-17 year olds, the number of hours they had spent in those activities in the previous two weeks. Table 39 sets out both the numbers of kids who ever participate in those activities, and the numbers who had participated in those activities in the two weeks prior to interview.

Table 39: Participation in recreational activities ever and in the two weeks prior to interview by sex

Activity	Male		Female		Total	
	Ever	2 wks	Ever	2 wks	Ever	2 wks
Watching TV or videos	53	51	52	50	105	101
Listen to radio and tapes	41	39	47	42	88	81
Video games	43	42	36	20	89	62
Sport	36	31	23	17	59	48
Play musical instrument	18	10	21	12	39	22
Movies	42	5	42	9	84	14
Hotel	10	2	13	3	23	5
Disco	43	1	46	3	89	4

### 7.1.1 Television and video tapes

The most common recreational activity among the kids was watching television or video tapes. All said that they watched TV and videos, and 96% had done so in the two weeks prior to interview. The most popular types of programs were movies, which were watched by 86% of the kids. These were followed closely by “soaps”, which were more popular among females. The other popular category of show was cartoons. Overall 62% of the kids reported watching cartoons, but they were most popular among primary school aged kids, with the proportion that reported watching them decreasing with age. Sporting shows, news and current affairs were watched by older kids with sports programs being more popular with males.

Table 40: Type of TV programs viewed by sex

Play sport	Male	Female	Totals
Movies	45	45	90
Soaps30	49	79	
Cartoons	32	34	66
Sport	24	6	30
News	14	6	20
Documentaries	5	3	8

Thirty six of the 13-17 year olds estimated watching TV and videos for between 1 and 50 hours with a mean of 15.5 hours in the two weeks prior to interview (median 13). Of the other 14 kids in this age group, 11 were not able to estimate their viewing time and three had not watched any TV or videos in the period.

### 7.1.2 Radio, tapes, CDs

Listening to the radio and tapes or, less frequently, CDs, was also a common recreational activity; with 77% of males and 90% of females doing so, and 74% of males and 81% of females having done so in the two weeks prior to interview. These activities were more popular among 13-17 year olds, with 94% of them reporting listening to these media compared to 75% of 8-12 year olds.

Of these media, radio was the most popular, with 44 (94%) of 13-17 year olds reporting listening to it. The most popular radio shows were music (42), talk shows (18), news (21) and sport (18). The kids in this age range reported spending between 1 and 70 hours listening to these media in the previous two weeks, with a mean listening time of 11 hours (median 7).

### 7.1.3 Video games

The number of kids (89) who reported playing video games was similar to that listening to the radio, tapes or CDs. However, while 42 (79%) males reported playing in the two weeks prior to interview, only 20 (38%) females did so. Again, the 13-17 year olds who had played video games in the fortnight prior to interview were asked to estimate how many hours they had spent doing so. The mean number of hours was five (median 2).

### 7.1.4 Sporting activities

Fifty-nine (56%) of the kids interviewed said that they currently play sport—including at school, informally, or for a team—and 48 (46%) reported playing sport in the fortnight prior to interview. Although it was not significant at the 0.05 level, there was a decrease in sporting participation with age, with 64% of 8-12 year olds, 57% of 13-14 year olds, and 41% of 15-17 year olds reporting that they played some sport. There was, however, a significant difference in sporting participation by sex. While 68% of males played sport, only 44% of females did so.

Table 41: Sporting activity by sex

Play sport	Male	Female	Totals
Yes	36	23	59
No	17	29	46
Total	53	52	105

$$\chi^2_{(df=2)} = 5.986 \text{ p} = 0.014$$

As well as the overall difference in participation on the basis of sex, as would be expected, there were also differences based on both age and sex with regard to participation in particular sports. By far the most popular sport was basketball, with 28 males and 22 females reporting playing. Among males other popular sports were football, cricket, and soccer. Of the twelve boys that play soccer, all are in the 8-12 age category and all but one attend Spencer Park Primary School. Similarly, all t-ball players are in the same age group, all but one are male, and six of the eight also attend Spencer Park Primary School. Among females, basketball was followed in popularity by netball, but only small numbers participated in each of the other sports.

Table 42: Sports played by sex

Play sport	Male	Female	Total
Basketball	28	22	50
Football	25	0	25
Cricket	10	2	12
Soccer	10	2	12
Softball	7	2	9
T-ball	7	1	8
Netball	1	7	8
Swimming	4	4	8
Athletics	2	3	5
Hockey	3	1	4
Volley ball	1	1	2
Other1	5	6	

Among the 59 kids who reported playing sport, 16 (27%) reported playing only one—the most common being basketball (10 kids) or football (3 kids). Over half the kids (54%) reported playing two or three sports. In the case of males, this was usually basketball and football and/or cricket. Among females, this was usually basketball and netball. Another 11 kids (19%) reported playing four or more sports. Sports such as swimming and athletics were not sports of first choice, and were usually played by kids who reported playing four or more sports.

Those kids in the older age categories who reported playing sport were also asked to estimate the amount of time spent playing in the previous fortnight. Nineteen did so and the range of their estimates was from 1 to 25 hours with a mean of 7 hours per fortnight (median 6 hours). The time spent playing sport is, in part, a function of the number of sports played—with those playing the most different sports spending the most time playing.

#### *7.1.5 Musical instruments*

Thirty-nine of the kids (37%) played a musical instrument and, of these, over half (56%) had played in the two weeks prior to interview. The most commonly played instruments were the recorder (13), guitar (12) and various percussion instruments (14) such as tapping sticks and the xylophone. The majority of those who reported playing an instrument did so at primary school, and hence both playing and the type of instrument played were associated with age. All of those who played the recorder, and 86% of those who played percussion instruments were in the 8-12 age category.

There was also a sex-related difference in the type of instrument played, with 83% of the guitar players being male but 77% of the recorder players and 64% of the percussionists being female. Males (58%) were more likely than females (17%) to own their instruments and this was related to the type of instrument played, with 75% of guitar players owning their own instrument compared to 23% of recorder players and 21% of percussion players.

#### *7.1.6 Other recreational activities*

Participation was infrequent in the three other recreational activities about which the kids were asked. The majority of kids (84 or 80%) reported going to the movies. However, only 14 had been in the two weeks prior to interview. Similarly, discos and dances were popular among all age groups, with 89 kids (85%) reporting participation in these events; but only four, from the 15-17 year age category, having been to one in the two weeks prior to interview.

As discussed in the section on drug use, the older kids were asked whether they had been to a “pub” or night-club. While there were no differences by sex, 30% of 13-14 year olds and 70% of 15-17 year olds said they had done so. Again, this was not a frequent activity—with only five individuals reporting having been in the

two weeks prior to interview. It should be noted that some of these kids visited pubs with their parents.

## 7.2 Use of recreational facilities

Within Albany, there are a number of recreational facilities that were identified as being used by Noongar kids. Whether the kids had ever used any of these facilities was employed as another measure of recreational activity. These facilities and the numbers using them are set out in Table 43.

Table 43: Use of recreation facilities by sex

Facility	Male	Female	Totals
Aquatic centre	48	46	94
Leisure centre	45	45	90
Amusement centre	54	33	84
Mini golf	43	40	83
Ten pin bowling	39	36	75
Go kart hire	43	17	60
Speedway	31	20	51
Horse riding	17	26	43
Basketball pit	28	14	42
Noongar centre	16	20	36
Police & Citizens Youth Club	19	8	27
Canoe hire	13	11	24
Athletic centre	5	7	12
BMX club	9	2	11

The kids each reported using between 1 and 12 of these facilities, the mean and median both being 7. Use of some of these facilities was both age and sex related. Almost all 8-12 year olds used the aquatic centre, compared to 80% of 13-17 year olds. While 53% of 8-12 year olds used the Noongar Centre, only 17% of 13-14 year olds and 11% of 15-17 year olds did so. Males were more likely to use the amusement centre, speedway, go-kart hire, and the Police and Citizens Youth Club. Involvement in the BMX bicycle club was primarily an activity of primary

school aged males, and older males were more likely to use the “basketball pit” (a community facility in Mt Lockyer).

In addition, use of some facilities was related to the locality in which the kids lived. The majority of kids using the “basketball pit” were from the suburbs surrounding Mt Lockyer where the “pit” is located. All of the kids from the Mt Lockyer area used the amusement centre, compared to 73% of those from the suburbs centred on Spencer Park. Unexpectedly, only 11% of the kids from the Mt Lockyer area, in which Noongar Centre is located, used the Centre compared to 42% of those from the Spencer Park area.

### **7.3 Wadjela friends**

In the early stages of the project, one of the AAC committee members suggested that friendships with *wadjela* (non-Aboriginal) kids might influence the extent to which Noongar kids used drugs. Accordingly, the kids were asked about the numbers of *wadjela* friends they had, and the kind of things they did with their *wadjela* friends.

All but one female in the 15-17 age category reported having *wadjela* friends, and thirty-three kids said they did not know how many they had. The responses of the remainder ranged from 0 to 90. Clearly at the high end of the range there were some rather wild estimates. These skew the mean, however, the median was 12 and the modal response was 10.

For the purposes of analysis the kids were simply divided into those who had less than 10 *wadjela* friends, those who had 10-19 friends, and those with 20 or more *wadjela* friends—those who said they did not know being allocated to the intermediate category. There was no difference in the number of *wadjela* friends reported by males and females, but the number of *wadjela* friends reported increased with age.

The range of activities in which they were involved with *wadjela* kids was quite broad. The most common activity with *wadjelas* was simply “hanging out”, which essentially means passing time together in an unstructured way and includes activities such as walking the streets together. Like most other activities with *wadjelas*, this takes place away from the Noongar kids’ homes. Thus while watching TV or videos and listening to the radio, tapes and CDs are among the most common activities of Noongar kids, they are among the least frequent undertaken with *wadjelas*. As well as those activities specifically identified in

Table 44, other activities undertaken with *wadjela* kids included going to the pub, shopping, and making music.

Table 44: Activities with *wadjela* friends by sex

Activity	Male	Female	Totals
Hanging out	47	46	93
Play sport	37	24	61
Go to activity centres	18	14	32
Go to dance or concert	11	11	22
Go to movies	5	9	14
Listen to radio, tapes CDs	5	9	14
Play at school	5	8	13
Watch TV or videos	2	8	10
Play video games	4	5	9
Other	8	11	24

Generally speaking there were few age or sex related differences in the activities undertaken with *wadjelas*. The exceptions to this were: sport which was played with *wadjelas* more commonly by primary school aged males; playing games at school, which was an activity of primary school aged kids; and watching television and videos, which was more commonly a female activity. Most kids (57%) reported being involved in one or two activities with *wadjela* kids. Typically, this involved “just hanging out” and playing sport. The remainder of the kids reported being involved in from 3 to 11 different activities with *wadjela* kids. There tended to be some clustering of these activities. For example, those who watched TV tended to also be those who played video games and listened to music. Overall, a small percentage (about 10%) were involved in these essentially home-based activities. As stated previously, most activities with *wadjelas* are those that take place away from the home.

#### 7.4 Recreational activities and drug use

As might be expected, when controlling for age and sex differences, there was no association between participation (or lack of participation) in any of the individual recreational activities and drug use. However, it was thought that the total number of activities or the total amount of time they spent at these activities might affect patterns of use. Accordingly, the number of categories of recreational activities in which each of the kids reported being involved was first summed. Overall, the kids each reported being involved in between 3 and 7 of these (mean 5, median 5). Rank order correlation coefficients were then calculated between these summed scores and level of drug use. However, there was no relationship between them (Kendall's tau- $b$  = -0.072  $p$  = 0.193).

Similarly, the number of categories of recreational activities in which the kids had been involved in the two weeks prior to interview were summed. The range of these scores was between 1 and 7 (mean 3, median 3). Again, there was no association between this and level of drug use (Kendall's tau- $b$  = -0.046  $p$  = 0.289).

As indicated previously, the kids aged between 13 and 17 were asked to estimate the number of hours they had spent in various recreational activities in the two weeks prior to interview. The number of hours each had spent watching TV or videos, listening to the radio or tapes, playing video games, playing sport and playing a musical instrument were summed. The amount of time spent in these activities ranged between 0 and 79 hours, with a mean of 24 and median of 19 hours. Again, there was no correlation between the number of hours spent in these activities in the two weeks prior to interview and level of drug use (Kendall's tau- $b$  = 0.051  $p$  = 0.319)

As with the individual recreational activities, when age and sex were controlled, no relationship was found between the use or non-use of the various recreational facilities and level of drug use. Similarly, there was no relationship between the number of these facilities that had been used and drug use (Kendall's tau- $b$  = -0.081  $p$  = 0.154). Finally, when controlling for age and sex, no relationship was found between the number of *wadjela* friends the kids had and drug use. Thus, contrary to what was expected, among Noongar kids in Albany, increased participation in recreational activities was not associated with lower levels of tobacco, alcohol, or other drug consumption.

## 8.0 FACTORS ASSOCIATED WITH DRUG USE

In Chapters 5 to 7 of this report we examined a number of sets of factors that other studies and the experience of people from within the AAC suggested might be associated with the use of tobacco, alcohol, and other drugs by Noongar kids. These broad categories of factors included: knowledge of, and attitudes to, drug use; employment training and educational issues; and recreational activities. From within these categories a number of variables were found to be associated with “patterns of all drug use”. These were:

- age—15-17 year old kids were more likely to be poly or frequent poly drug users;
- absence from school due to illness—kids who had been absent from school due to self reported illness were more likely to be users;
- absence from school due to truancy—kids who had been truant (“wagged school”) were more likely to be users;
- dislike of school teachers—kids who expressed a dislike for school teachers were much more likely to be poly or frequent poly drug users;
- non-attendance at homework classes—kids who did not attend homework classes at schools where they were available were more likely to be poly or frequent poly drug users;
- employment status—kids in the 15-17 year age group who were unemployed were highly likely to be frequent poly drug users;
- a perception that there is little danger in smoking cigarettes or drinking alcohol, smoking cannabis, or experimenting with so-called “hard drugs” was weakly associated with drug use; and
- a view that having a few drinks is one of the best ways of relaxing or getting to know people was weakly associated with drug use.

Where possible, the strength of association between drug use and these variables was measured using Kendall tau-*b* rank order correlation coefficients. However, because some variables were measured only at the nominal level, the variables were collapsed to form two-by-two contingency tables and odds ratios calculated. For the purpose of calculating odds ratios, the dependent variable “patterns of all drug use” was collapsed in different ways according to the sub-groups of the population being examined. Thus, as there were few frequent poly drug users among school students, when calculating odds ratios the categories non use and occasional use of tobacco and/or alcohol were combined, as were poly drug use and frequent poly drug use. When considering the effect of employment status among older kids, however, “use of all drugs” was dichotomised by combining non use, occasional use of tobacco and/or alcohol, and poly drug use, because frequent poly drug use was of greater concern than

the other patterns of use. The relationships between these variables are summarised in Table 45.

Table 45: Variables associated with drug use

Population sub-group	Independent variable	Dependent variable	Measure of Association	Probability
All kids	Age	Use of all drugs	Tau- <i>b</i> = 0.68	$p = 0.000$
	Social effects of drinking	Use of all drugs	Tau- <i>b</i> = 0.24	$p = 0.005$
8 - 17 year old students	Absence due to illness	Use of all drugs	Tau- <i>b</i> = 0.18	$p = 0.046$
	Absence due to truancy	Use of all drugs	Tau- <i>b</i> = 0.40	$p = 0.000$
	Dislike of school teachers	Poly and frequent poly drug use	OR = 16.5	$p = 0.000$
	Do not attend homework classes	Poly and frequent poly drug use	OR = 9.92	$p = 0.006$
13 - 17 year olds	Perceived danger of smoking and drinking	Use of all drugs	Tau- <i>b</i> = 0.28	$p = 0.007$
15-17 year olds	Employment status	Frequent poly drug use	OR = 13.5	$p = 0.012$

As discussed in Chapter 2, in order to assess their combined impact, a decision was made to include in a logistic regression analysis all variables which were unlikely to be associated with drug use by chance, no matter how weak the relationships. This required that the four categories of the variable “patterns of all drug use” (see pages 27-28) be collapsed into two categories. As with the calculation of odds ratios, the way in which these were collapsed depended on the sub-population of kids being considered.

Use of the logistic regression procedure presented two minor problems because some independent variables were inter-correlated, and data on some variables was not available for all kids. First, as described in Chapter 5, following Jones and Mugford, indices were constructed of the dangers perceived by kids of smoking cigarettes or drinking alcohol, smoking cannabis, or experimenting with

“hard drugs”. Scores on each of these indices were negatively correlated with use of the particular drugs concerned, and with the pattern of use of all drugs. That is, kids who saw the greatest danger in drug use were those who were least likely to use them (although this relationship is weak). As indicated above, scores on these indices of perceived danger were correlated with each other. For example, kids who perceived some danger in the use of alcohol were also likely to perceive danger in the use of other drugs. Because of this inter-correlation between the indices, the one which was most highly correlated with use of the most common drugs (tobacco and alcohol) and the use of all drugs—“perceived danger of smoking and drinking”—was selected for inclusion in the logistic regression analysis.

Second, as indicated in Chapter 2, the kids were not all asked the same questions; either to avoid suggesting the use of drugs about which the kids might not previously have known, or because questions were not relevant to particular sub-groups within the population. This problem was overcome by dividing the population of kids into two sub-populations, on a basis which maximised the data available for analysis. These sub-populations were 8-14 year olds and 15-17 year olds. This division had the effect of partially controlling for age, which—as clearly demonstrated by the data in Table 9 and Figure 1, and the rank order correlation coefficient in Table 45—was the variable most strongly associated with level of drug use.

### **8.1 8-14 year olds**

As indicated above, logistic regression analysis is a procedure which requires that the dependent variable—in this case, “patterns of all drug use”—be dichotomous. Patterns of drug use are more similar between 8-12 and 13-14 year old kids (among whom 95% and 74% were either non users or occasional users of tobacco and/or alcohol) than between either of these groups and 15-17 year olds (among whom only 19% were non users or occasional users of tobacco and/or alcohol). As there were only two frequent poly drug users among 8-14 year olds, when analysing the data for kids in this age group, the variable “patterns of all drug use” was dichotomised by combining the 69 kids who used no drugs or were occasional users of alcohol and/or tobacco and comparing them with the 9 kids who were poly or frequent poly drug users.

Independent variables included in analysis for 8-14 year olds were age, absence from school due to illness, absence from school due to truancy, dislike of

school teachers, non-attendance at homework classes, a perception that there is little danger in smoking cigarettes or drinking alcohol, and a view that having a few drinks is one of the best ways of relaxing or getting to know people.

Even for this set of variables, data was not available for all kids on non-attendance at homework classes (as some schools did not conduct such classes) and a perception that there is little danger in smoking cigarettes or drinking (as 8-12 year olds were not asked questions about this). In the first instance, for the purpose of analysis, this problem was overcome by grouping those kids for whom homework classes were not available with those who attended homework classes—thus conservatively estimating the effect of this variable. In the case of score on the index of the social effects of smoking and drinking, kids were divided into two categories: those who scored equal to or less than the median score of 2.9 (that is higher risk kids); and, those who scored greater than 2.9 (lower risk kids). The younger kids for whom data were not available were grouped with the lower risk kids.

Table 46: Backward stepwise multiple regression analysis of variables associated with poly drug use among 8-14 year olds

Variable	Parameter estimate	Sig	Odds ratio
Dislike teachers	3.135	.001	23.0
Do not attend homework class	2.395	.017	11.0

The results presented in Table 46 indicate that, for kids aged 8-14 years, those who dislike school teachers (proportionately more of whom are 13-14 year old high school students) are 23 times more likely to be poly drug users than those who do not, and that kids who do not attend homework classes are 11 times more likely to be poly drug users than those who do not.

Variables excluded from the analysis because they did not improve the predictive value of the logistic regression model were age, absence from school due to illness, absence from school due to truancy, a perception that there is little danger in smoking cigarettes or drinking alcohol, and a view that having a few drinks is one of the best ways of relaxing or getting to know people.

## 8.2 15-17 year olds

As concern is greater about frequent poly-drug use among 15-17 year olds, and as kids in this category comprise a significant proportion of the total, the dependent variable "patterns of all drug use" was dichotomised by combining non-users, occasional users of tobacco and/or alcohol, and poly drug users and then contrasting them with frequent poly drug users.

Independent variables included in the logistic regression analysis were, score on the index of social effects of drinking, the perceived dangers of smoking and drinking, and employment status. The first two variables were coded in the same way as for 8-14 year olds. For purposes of analysis, the latter variable was dichotomised by grouping those kids who were at school, in training or in employment in distinction to those who were unemployed. Results of this analysis are presented in Table 47. Like the results of the bivariate analyses presented in Table 45, this table indicates that kids who are unemployed are 13.5 times more likely to be frequent poly drug users than are kids who are in school, training or employment. That the score on the index of social effects of drinking, and the perceived dangers of smoking and drinking provided no additional predictive value, indicates that beliefs about drugs and their effects have minimal influence on use among these kids.

Table 47: Backward stepwise multiple regression analysis of variables associated with frequent poly drug use among 15-17 year olds

Variable	Parameter estimate	Sig	Odds ratio
Employment status	2.603	.007	13.5

## 8.3 Discussion

The results of the analyses presented above clearly identify a number of key factors which are associated with higher levels of tobacco, alcohol, and other drug use among Noongar kids in Albany. As the bivariate analyses demonstrate, age is an important factor in the level of drug consumption. This was partially controlled for when the kids were divided into sub-populations for the purpose of the logistic regression analyses. Age was included as a variable in the analysis of data on 8-14 year olds but was not found to have any significant effect (apart from variables

associated with it)—indicating that the greatest age related difference is between kids in this age range and 15-17 year olds.

Among the 8-14 year olds, the factors most strongly associated with higher levels of tobacco, alcohol and, to a lesser extent, other drug consumption were dislike of school teachers and non-attendance at homework classes. Among 15-17 year olds the factor most clearly implicated in frequent poly drug use was being unemployed. As stated previously, kids who were unemployed were 13.5 times more likely to be frequent poly drug users than kids who were still at school or in some kind of training or employment.

Data presented in Chapter 5 demonstrate that most kids were generally aware of the health effects of both tobacco and alcohol, and had a reasonable appreciation of the dangers associated with drug use. Such knowledge, however, was not a deterrent to use of these drugs. Importantly, and contrary to what initially had been assumed, no relationship was found between levels of recreational activity and drug use. That is, no evidence was found to support the view that, among these kids, those who played more sport or participated in other recreational pursuits were less likely to use tobacco, alcohol or other drugs.

These results have important implications for any intervention aimed at delaying the up-take of drug use and/or limiting that use. Before discussing these, however, we will put drug use in the broader context of the problems faced by Noongar kids, and some of the solutions that have been proposed both by their parents and the kids themselves.

## 9.0 PROBLEMS AND NEEDS

As indicated previously, the aim of the project was to: describe alcohol and other drug use among Noongar kids in Albany; attitudinal, employment and educational, and recreational factors associated with that use; and possible strategies for intervening to reduce alcohol and other drug use and associated harm. To do this, both parents and kids were questioned about a broad range of issues that it was believed might be related to alcohol and other drug use. In response to these questions, they identified a number of problems faced by the kids, various un-met needs, and some ways to address those problems and needs.

### 9.1 Problems for kids

The 37 parents interviewed were asked the open-ended question "What do you think are the biggest problems for Noongar kids in Albany?" A summary of the responses to this question is provided in Table 48. The number of problems identified by each individual ranged from 0 to 8 (mean 4), the most common being: "nothing for kids to do" (76%), lack of employment opportunities (57%), and the use of alcohol (60%) or other drugs, particularly cannabis (54%) .

The problems identified by the parents fall into three groups: those relating to recreation, employment, and educational activities; those to do with the use of drugs; and a more loosely related group, including problems with the police, racism and discrimination, and a small number of other problems to do with interpersonal relationships and self-esteem.

In terms of both the number and type of problems identified, the parents fell into three groups of approximately equal size. The first group of 14 parents (38%) each identified between 0 and 4 problems (mean 1.3). They were distinguished from other parents in that none saw alcohol or the use of other substances as a problem and that the problems they did see tended to be isolated, the most common (identified by 7 parents) being that there is "nothing for kids to do".

The second group was comprised of 13 parents (35%). This group each identified between 2 and 6 problems that kids faced (mean 4.7). The most common problems identified by parents in this group were "nothing for kids to

do”, lack of employment opportunities, the use of both alcohol and other drugs and, to a lesser extent, “glue sniffing”.

The third group of 10 parents (27%) each identified between 5 and 8 problems (mean 6.8). Like parents in the second group, they saw “nothing for kids to do”, lack of employment opportunities, and alcohol and other drug use as problems. In addition, all but one of them saw aspects of “schooling” as a problem for kids. Parents in this group were also more likely to identify racism (6), “glue sniffing” (5), relations with the police (4), and other matters such as lack of self-esteem, lack of parental support, and unstable home lives as problems (6).

Table 48: Problems for kids as identified by parents

Problem	Number	Percent
Nothing to do	28	76
Lack of employment	21	57
School	15	41
Alcohol	22	60
Other drug problems	20	54
Sniffing	12	32
Racism	9	24
Police	4	11
Other problems	14	38

## 9.2 “Nothing to do”

The problem facing kids that was most commonly cited by parents was that there is “nothing to do” in Albany. For five of the parents, this was mainly related to lack of recreational activities. However, for the majority, “nothing to do” related to both employment and recreational activities. The fact that many parents believe that there is too little for kids to do in Albany is not related to lack of knowledge of what is available in the way of recreational opportunities. The majority of parents were aware of the sporting activities that are available in Albany and had been to one or more of the various activity centres with their kids.

In this regard there was no difference between those parents who said that “nothing to do” was a problem and those who did not.

The majority of both the parents and kids thought that kids should be involved in more sport, and the potential exists to involve a significant proportion of kids—especially girls—in more sporting activity. Eighty three kids (80%) said that they would like to play more sport and these were more or less equally divided between males (40) and females (43). Among the males, however, 28 were already involved in some sporting activity and only 12 did not currently play sport; whereas, among the females, 23 of the 43 did not currently play any sport. Although interest in playing more sport was greater among kids aged less than 15 years, there was no difference in interest between kids in the various drug using categories. The sports that kids expressed an interest in playing are listed in Table 49 in order of potential for attracting new players.

Table 49: Sporting activities in which kids expressed an interest

Sport	Potential	Current	Total
All sports	35	48	83
Surfing	19	-	19
Swimming	14	-	14
Cricket	16	11	17
Softball	14	3	17
T-ball	14	1	15
Volley ball	12	-	12
Netball	11	2	13
Football	7	5	12
Hockey	7	2	9
Athletics	6	3	9
Basketball	3	7	10
Other sports	9	1	10

Almost 90% of the parents interviewed thought that more should to be done to encourage kids to play sport. All of these parents believed that there should be Noongar teams for kids, and other suggestions for increasing the involvement of

kids in sporting activities included more parental support (49%), provision of more facilities and equipment (14%), and Noongar sporting competitions (11%) as opposed to just Noongar teams.

When asked if they had done anything to encourage their own kids to play sport the parents mentioned provision of transport (46%), attending as spectators (24%), and general encouragement (19%). Most parents have provided some form of encouragement at some time, even though this might have been sporadic. In this regard the challenge is to harness and maintain this parental support—that is to support parents to support their kids.

Like the parents, the kids who expressed an interest in playing more sport were asked what could be done to make it easier for them to do so. Thirty eight of the kids made various suggestions. The most common single suggestion was the establishment of Noongar teams in which kids would feel comfortable and in which they could, as one kid said, "... feel proud of belonging to a team of our culture". Other common suggestions were the establishment of mixed Noongar-*wadjela* and male-female sporting teams; efforts by sporting organisations and venues to make Noongars feel welcome, comfortable and accepted; more support from parents, the community and the AAC; and the provision to kids of information about what sporting activities are available and how to get involved. There was some difference by age in these responses with those in the 8-12 age category emphasising support from parents and other Noongars, and those in the older categories emphasising the necessity of responding to the needs of Noongar kids.

As a result of the age range and the relatively small numbers interested in most of the sporting activities it would not be feasible to establish Noongar sporting teams for most sports. What is required to get Noongar kids involved in these activities is assistance in becoming part of established clubs. The exception to this is probably basketball, the sport in which the largest number of kids expressed interest and an activity that they thought should be provided at the Noongar Centre.

In addition to sport, 60 (58%) of the kids indicated an interest in a wide range of other recreational activities. The most common of these were outdoor activities, particularly camping and excursions (10), motorbike riding or driving other vehicles (9), and hunting and fishing (8). Also included were activities such as horse-riding and abseiling. In addition, some kids expressed an interest in indoor activities including games and arts and crafts.

Similarly, a large proportion of parents identified a number of non-sporting activities that they thought should be available for kids. The number and percentage of parents identifying these activities is set out in Table 50. As with the kids, camping was commonly identified by the parents. However, more of the parents believed that a wider range of indoor activities should be provided—including music and other performing arts that were not often mentioned by the kids themselves.

Table 50: Activities that should be available for kids as identified by parents

Activity	No.	Percent
Camping	33	89
Discos	31	84
Performing arts	30	81
Crafts	30	81
Music	27	73
Pinball and video games	23	62
Other	6	16

### 9.3 Employment and training

As indicated in Table 48, 57% of the parents interviewed identified lack of employment opportunities among the largest problems faced by Noongar kids. In addition to the lack of jobs, parents identified various other factors that made it difficult for kids to find work. The most common of these were lack of education (45%), lack of self-esteem (22%) and racism (21%). These concerns were also echoed by those kids who had left school and had sought employment.

As discussed in Chapter 6 of this report, the fact that 11 of the 16 kids who had left school were unemployed cannot simply be attributed to lack of motivation. All but one of them either aspired to a particular occupation or wanted training that would lead to work. Similarly, the responses of Noongar students to a question about the kind of work they would like when they leave school belie the common non-Aboriginal stereo-type that Noongar kids have low occupational aspirations and/or do not want to work. As indicated in Table 51, the school kids

aspired to a wide range of occupations including those in professional and managerial positions, as well as in the trade, commerce and service sectors.

Table 51: Occupational aspirations of Noongar school kids

Occupational category	Number
Professional/managerial	20
Trade	13
Commerce	8
Service	7
Sporting	5
Arts	5
Don't know	29

Most of the parents (92%) were aware of training opportunities through the Skill Share program and TAFE, and programs such as the Community Development Employment Program (CDEP) and the Training for Aboriginals Program (TAP) that were available to assist kids to find work. Almost a quarter of the parents suggested that these training and assistance programs could be made more effective in getting kids into jobs by talking to the kids themselves to determine what they wanted to do and then tailoring the programs to suit them. They also suggested that employment prospects could be enhanced by providing kids with more support to stay at school, career counselling, personal development courses, involving Aboriginal organisations in training, and obtaining support from small business.

#### 9.4 School

Some aspect of schooling was identified by 15 parents (41%) as among the biggest problems faced by Noongar kids in Albany. Of these, 12 parents said that their own kids had experienced problems at school. These problems included: lack of understanding of Noongar kids by teachers leading to poor communication and conflict between teachers and kids and their parents, lowering of kids' self esteem, and discrimination against Noongar kids. Other factors included the

racism of non-Aboriginal kids, difficulty in settling into the school environment, and in one case "... problems with other kids fighting because of family vendettas".

When asked what support was available for Noongar kids at school, the majority of parents (24 or 65%) were able to identify specific aspects such as the support provided by Aboriginal Education Workers (AEWs), the work of the Aboriginal Student Support and Parent Association (AASPA), and homework classes. A large proportion (60%), however, thought that such help was not sufficient. They also suggested the need for more one-to-one tutoring of Noongar kids, the need for greater understanding by teachers of cultural differences, and recognition of the problems faced by Noongar kids. In addition to the kind of help that could be provided by the schools, a small number of parents emphasised the need for more parental participation in the schools and support of school kids.

Insufficient support at school, and lack of understanding of Noongar kids by teachers, were also cited by 43% of parents as reasons why most kids do not go on to Year 12. An even larger proportion (49%) also cited lack of parental support as a factor in this. The parents saw these factors as manifesting themselves in various ways, including lack of self-esteem among kids, and the provision of insufficient information about future opportunities. Other reasons put forward by parents for why Noongar kids did not complete Year 12 included: lack of Noongar peer support in Years 11 and 12; peer pressure to leave; rebellion against parents and against white stereotypes of Noongars; and, lack of opportunities on completion of school.

Despite the fact that many parents identified lack of parental support as a reason for kids not completing Year 12, there is clearly an interest by parents in their kids' education. The majority of parents interviewed (89%) thought that there should be more opportunity to have a say in their kids schooling. Furthermore, at some time or other, 76% had been involved in some kind of school activity. For most (21) this was attendance at a meeting or meetings of ASSPA. Others had been involved with homework classes (4) or other activities such as sporting events (3). Unfortunately, as with non-Aboriginal parents, this level of activity is not sustained. There is, thus, a need to more effectively harness parental interest to enable them to play a greater role in their children's education.

Apart from general expressions of interest and suggestions for more frequent meetings between parents and school staff, parents themselves provided few

concrete suggestions about how the opportunity to have a greater say could be effected. The suggestions that were made included: facilitating greater interaction between AEW's, teachers and parents, including improvement of communication processes and "attention to what parents are trying to get across"; workshops for parents and teachers regarding the needs of students; and providing the opportunity for more parents to work in classrooms, especially through cultural activities.

The school kids were also asked what kind of help they thought Noongar kids get at school. Sixteen (18%) replied that they received no help at all, and 34 (38%) that they did not know what help Noongar students get. The remaining 39 (44%) generally gave answer such as "Lots of help" or "All help with their school work". Several of these students made explicit or implicit comparisons with non-Aboriginal students such as "More help with school work than *wadjelas*" or "I reckon they (Noongars) get special help". Students in this group also mentioned the assistance provided by AEWs (5), certain teachers (5) and the ASSPA committee (2).

A third of the kids considered the help they were aware of insufficient, and they made suggestions that focused on the provision of individual tutoring and more in-class assistance. In this regard one student said:

Noongar kids feel too shamed to ask another time for help. So, then the teacher should be able to see that some Noongar kids need more one-to-one tutors. Teacher should be able to recognise that some Noongar kids need attention and help.

### **9.5 Alcohol and other drug use**

The majority of parents interviewed saw some form or forms of drug use as a problem among Noongar kids. Without prompting 60% identified alcohol use, 54% other drugs (by which they usually meant illicit drugs—most commonly "ganja" or cannabis) and 32% glue sniffing as problems. In addition, as indicated in Table 52, when specifically asked, significant proportions of parents identified cannabis (89%), tobacco (65%), and alcohol (59%) use among kids as "a big problem". Contrary to the sensationalism that often surrounds the behaviour, the majority of parents did not regard glue sniffing or the use of other drugs as a big problem in Albany. Indeed, when the 17 parents who identified "other drugs" as either a small or big problem were asked what kind of drugs were a problem, only four identified specific drugs—two pharmaceutical drugs and two amphetamines.

**Table 52 : Percentage of parents identifying use of specific drugs among kids as problematic**

	Don't know	No Problem	Small Problem	Big Problem
Cannabis	3	-	8	89
Tobacco	3	-	32	65
Alcohol	11	-	30	59
Volatile substances	14	11	57	19
Other drugs	35	19	38	8

When asked what help was available either for kids who had alcohol or other drug problems or for parents of those kids, 60% of parents said that no help was available in Albany. Of the others, seven (19%) identified the Alcohol and Drug Authority and four (11%) other health services. If their own kids had an alcohol or drug problem, most parents said they would either talk to them about it (46%) or seek treatment for them (27%). The majority of parents (60%) also thought there was a need for additional treatment, education, and support for kids with such problems.

None of the 23 parents (62%) who identified alcohol and other drug use/misuse as a problem for kids cited them in isolation. They always linked them with other problems—particularly the lack of things for kids to do and the lack of jobs, but also to educational and other problems. For these parents, attention to those problems was essential for both the prevention and treatment of alcohol and other drug problems.

In addition, the majority of parents wanted more information provided about alcohol and other drugs both for their kids (89%) and themselves (76%). Like the kids (see page 45), the parents thought that Aboriginal health workers and teachers were the best people to provide such information. However, in addition to such people and the Alcohol and Drug Authority worker, several of the parents also suggested that (for the kids) “ex-alcoholics” or “ex-addicts” should be employed, or that all these people should be used to provide information because they provided different perspectives.

### **9.6 Racism and discrimination**

Without prompting, 24% of parents identified racism or discrimination among the major problems faced by Noongar kids. In addition, when specifically asked if they thought Noongar kids experienced discrimination in Albany, 22 (60%) answered affirmatively and 18 (49%) provided specific examples of this. Most examples made reference to shops, sporting events, and schools and included the following.

One young Noongar girl went to the shop. Was followed as if suspected of shop lifting. Yet she was just going to buy something.

While playing competition sports, the opposition call Noongars prejudice names like "coons" and "boongs".

For those parents who raised the issue, racism and discrimination were not seen in isolation from other problems they identified, and when discussing those other problems they provided what they saw as examples of racism by employers, teachers and the police.

Parents made various suggestions to reduce such discrimination. These included encouraging kids to be proud of their Aboriginality and giving them the self-confidence to deal with it; education and greater cultural awareness for non-Aboriginal people, including the opportunity for Noongars and whites to mix socially; and the provision of opportunities for Noongar youth to show that they can excel if given the chance.

### **9.7 Relations with the police**

Twenty four percent of the parents said that their kids had been in trouble with the police. Furthermore, 64% of the kids aged 13 years or more indicated that they had been in such trouble. For some of these kids, this trouble had commenced when they were as young as eight years of age—although for most it began around the age of 13—and many had been in trouble on between 2 and 5 occasions (26%) or more than 5 occasions (20%).

As indicated in Table 48, in response to an open ended question about the problems faced by Noongar kids, 11% cited trouble with the police as a problem. However, when asked "Do you think there is a good relationship between Noongar kids and the police", only 7 (19%) replied "yes", with most (57%) saying there was not, or that they did not know (24%). The reasons most commonly cited by parents for this poor relationship were stereotyping of, and prejudice towards, Noongar kids by the police, and lack of understanding of each other by both sides.

Among suggestions made to improve the relationship were education about Noongars for the police, providing situations in which the kids and police could socialise and get to know each other, and employment of more Noongars by the Police Department.

### **9.8 Other problems**

In addition to the problems identified by parents that have been discussed above, 14 parents (38%) identified a number of problems that were of concern only to small numbers of them. These problems included: lack of parental support for kids, lack of communication between parents and kids, low self-esteem or confidence among kids, unstable home lives, and loss or lack of cultural identity.

### **9.9 Noongar Centre**

Among both parents and kids there was a strong feeling that the AAC, or the “Noongar Centre” as it is commonly known should be more active in providing recreational activities for kids. Over several years, the AAC has conducted school holiday and other activities—most of which have been for primary school age kids—at its Noongar Centre near Mt Lockyer. Thirty three of the parents interviewed (89%) said that their children had participated in those activities and 16 (43%) that at some time they had helped with them.

Among the positive aspects of those activities the parents identified: the fact that they occupied the time of the kids (35%); the activities themselves, including excursions (32%); and the opportunity for the kids to socialise (19%). Eight of these same parents, however, also expressed the view that there had not been sufficient supervision of the kids and support of the activities by other parents, and that infighting among parents and committee members was a problem.

Almost all the parents thought that the Noongar Centre should: employ a youth recreation officer (36 or 97%); conduct family oriented activities for both parents and kids (36 or 97%); and provide sporting and recreational activities specifically for teenagers (35 or 95%). Suggestions for family activities included barbecues, games and variety nights, movies, excursions, and sporting and cultural activities; and most parents said that they would be like to be involved in such activities (33 or 89%), and that they would be willing to help in some way with them (30 or 81%). In addition, most parents (35 or 95%) thought that the Noongar Centre should operate a drop-in centre—that should also be open to

*wadjela* kids. However, there was no general agreement about where such a centre should be: 14 (38%) thought it should be in a central location, while 12 (32%) thought it should be at the Noongar Centre itself.

Like the parents, the majority of the kids (93 or 90%) thought that the Noongar Centre should provide more activities for them. These fell into three broad categories: indoor activities, outdoor activities, and sports. Various types of indoor activities were suggested a total of 173 times. The most commonly suggested was a drop-in centre, youth club or youth nights. The other suggestions were activities that could be run in conjunction with such a centre. They included pool, table-tennis, arts and crafts, various other indoor games and sports, and discos or dances. Commonly suggested outdoor activities were: camping; motor-bike and other motoring activities; excursions; and adventure activities such as hunting and fishing. By far the most commonly mentioned sporting activity the young people believed the Noongar Centre could provide was basketball. A variety of other sporting activities were mentioned and many said that the Noongar Centre should organise sporting carnivals and competitions.

### **9.10 Noongar culture**

An interest in Noongar culture was expressed by the majority of both parents (81%) and kids (79%); and 72% of the kids said that they had been taught something about it. Most of this teaching had come from their grandparents (29%), parents (16%), other relatives (10%), or other Noongars (12%). A small number (6%) said they had been taught by others such as school teachers.

Despite a little ambivalence or personal lack of interest by some towards it, even larger proportions of adults (89%) and kids (91%) thought that kids should be taught about Noongar culture. Of those who thought that kids should be taught Noongar culture, almost all of both kids and parents said it should be done "to keep the culture alive". Many of the parents expanded on this and offered various other comments relating to the need to show kids the language and way of life of their ancestors, to promote Aboriginality, and to educate other cultural or ethnic groups about Noongar culture.

There was some diversity of opinion over the best place to teach Noongar culture to the kids. The majority of both adults (35%) and kids (39%) thought that the best location was the Noongar Centre. However, 20% of parents and 28% of kids (mostly 8-12 year olds) thought the best place to teach it was in school, and

20% of adults and 22% of kids thought it would best be taught in the bush with Noongar elders.

In informal discussions with adults, it became clear that many made a distinction between “Noongar culture” and “Noongar history”; with the former referring largely to pre-European contact culture, and the latter to events that had occurred since the European invasion. Thus, as well as asking them about the teaching of Noongar culture, parents were also asked whether they thought Noongar kids should be taught more about Aboriginal history in schools. A large proportion (87%) did, with many expressing the opinion that doing so would build the self-esteem of Noongar kids themselves, would give teachers and others a better understanding of Noongar people, and would create “respect between Noongars and *wadjelas*”.

### **9.11 Discussion**

The present study grew out of the concern by Noongar parents in Albany about the use of drugs by their kids. Generally, parents do not see such use in isolation from a broader set of problems which include: lack of employment and (to a lesser extent) recreational opportunities; difficulties with schools; and other social problems such as racism and problems with the police.

Both parents and kids have put forward a number of suggestions to address this broad range of problems. Not all of these suggestions will impact directly on the level of drug consumption by Noongar kids in Albany. Nevertheless, they do address other areas of social need and warrant attention.

## **10.0 DRUG USE, ITS CORRELATES, AND INTERVENTION**

This is the first comprehensive study of tobacco, alcohol, and other drug use among a discrete, total population of Aboriginal kids. In considering the results, it is important to bear in mind that, because of the heterogeneity of Aboriginal communities, caution must be exercised in generalising the findings to Aboriginal kids elsewhere. Also, while the results are suggestive, it is important to note that, alone, they cannot be used to explain differences (or similarities) in levels of consumption between these kids and non-Aboriginal kids.

### **10.1 Drug use**

The results of this study clearly show that most Noongar kids of primary school age have used no drugs at all; but, with increases in age, there is increasing use of tobacco, alcohol, and cannabis, as well as some experimental use of other drugs. As among kids in the non-Aboriginal population, tobacco is the drug which is first used by kids. Experimental or occasional use of tobacco begins at about the age of 9 or 10, and the proportion of smokers increases rapidly among older kids.

Along with tobacco, alcohol, and (to a lesser extent) cannabis are the most frequently used drugs. The mean age at which kids began using these latter drugs was 13 years. This was also the mean age at which those who had used volatile substances first used them. The relatively small proportion of kids who had ever used other drugs had generally first tried them after the age of 15. As with volatile substance use, for all of these kids, use of other drugs was experimental. Importantly, most kids who use drugs use more than one type. Among the 36 kids aged 14 or over who used any drugs, only three confined that use to one drug (alcohol in all cases). The others generally used some combination of tobacco, alcohol, and/or cannabis, or used these drugs and experimented with others.

Comparison of this data with that from other studies raises some cause for concern. Noongar kids aged 13-17 smoke on a more frequent basis than Western Australian secondary school students of the same age. Also, the proportion of smokers in the 15-17 year age group was greater than that reported by Knowles and Woods among Noongars aged 15-29 in the Great Southern region.<sup>10</sup>

Noongar kids aged 13-17 did not consume alcohol more frequently than non-Aboriginal secondary school students of the same age. Nevertheless, all drinking

among these kids is binge-drinking and alcohol is usually consumed in quantities deemed by the National Health and Medical Research Council to be harmful to health.<sup>37</sup> Again, the proportion of kids aged 15-17 consuming alcohol was greater than that among 15-29 year old Noongars in the same region. Also of note is the fact that, while among older Noongars in the region fewer women than men consume alcohol, among the kids in this study the proportion of females consuming alcohol was almost the same as that among males.

The finding that an increasing proportion of younger Aboriginal people consume alcohol reflects that of Hunter *et al.* Their research showed that, overall, the proportion of Aboriginal people in the Kimberly who consumed alcohol was less than among non-Aboriginal Australians. Among Aboriginal males aged 15-30, however, the proportion of drinkers was much closer to that among non-Aboriginal males, and most Aboriginal males in that age range consumed alcohol at harmful levels. Their research also showed higher levels of consumption among younger women.<sup>9</sup>

This changing pattern of tobacco and alcohol use is of concern, particularly if the changes identified in Albany and in the Kimberley are occurring elsewhere in Australia. Already, there are high levels of tobacco and alcohol related mortality and morbidity among Aboriginal people in the Great Southern region of Western Australia and, with increasing use of these drugs, the levels are likely to rise—as are other social problems associated with alcohol misuse.

At present levels of use, tobacco and alcohol clearly present the greatest threat to the future well-being of Noongar kids in Albany. With regard to cannabis, the greatest dangers of use are probably the same as those of smoking tobacco. As indicated above, use of other drugs is limited but the social disruption associated with their use—particularly in the case of volatile substances—is of concern to many Noongar parents.

## **10.2 Correlates of drug use**

The study clearly identified a number of variables associated with differential levels of drug consumption among Noongar kids in Albany. As the figure on page 28 graphically illustrates, the most obvious of these was age, which itself is linked to other important variables. The effect of age is most evident in comparing patterns of use between 8-14 and 15-17 year olds. Among 15-17 year olds, increased use of all drugs occurs at an important time of transition; a time when

many young Noongars regard themselves as adult, and when many leave school. The difference in the level of use by kids in these groups is probably best explained by this, as well as the pleasures of use, greater ease of access, a desire to experiment, peer pressure, and other factors not examined as part of this study. Within the 15-17 year age group, employment status was found to be more strongly associated with higher levels of consumption than any other—with those kids who were unemployed being 13.5 times more likely to be frequent poly drug users than those kids who had a job or who were still at school or in training.

Among 8-14 year olds, age also plays a role in the level of drug consumption, particularly with regard to the transition from primary to high school. However, that role is subordinate to other key variables (themselves associated to some degree with age). Those variables were dislike of school teachers and non-attendance at homework classes. It is important that these variables are not viewed simplistically in isolation. Dislike of school teachers was associated with other variables such as absence due to truancy and illness, dislike of particular subjects at school, and the view that Noongar kids are not given enough help at school. This pattern suggests a general dissatisfaction or disaffection with some, though not all, aspects of school (particularly among junior high school students)—of which dislike of teachers or failure to attend homework classes are key indicators. Although not examined in this study, there is a temporal link between disaffection from school and unemployment. Those kids who are most disaffected with school are those least likely to do well there, and thus be those who are least likely to find employment or enter training programs.

### **10.3 Implications for intervention**

The results of the study have important implications for any program aimed at either delaying the uptake of drugs, or reducing levels of consumption among young Noongars. Because drug use is pleasurable and because of the desire of kids to experiment and rebel against the norms of both their parents and non-Aboriginal society, it is unrealistic to expect to eradicate drug use among kids. The fact that some kids consume less than others, however, indicates that it should be possible to reduce consumption from higher to more moderate levels. As a starting point, given that most of the kids who use drugs are poly or frequent poly drug users, any intervention should address all drug use, rather than singling out individual drugs.

Perhaps the most common response to concerns about the misuse of tobacco, alcohol, and other drugs is to call for greater education about the dangers inherent in their use, about their safe use, or about the need for abstinence. Education is a major component of the National Drug Strategy, and the need for more education is a major part of the strategies advocated in the reports of the Western Australian Task Forces on Aboriginal Social Justice and Drug Abuse.<sup>38, 39.</sup>  
<sup>40</sup> As indicated in Chapter 1, however, evaluations of the efficacy of drug education programs have produced varying results.

The results of the present study show that, although there are some gaps, the kids were generally well informed about the health consequences of both smoking and excessive alcohol use, and the older kids were able to make reasonable assessments of the dangers associated with use and/or misuse of a range of drugs. This knowledge, however, had little effect on the levels of consumption—kids who used at higher levels were just as knowledgeable as those who did not. There is a need to improve and maintain existing efforts to educate kids about the health and other consequences of drug use. However, the lack of association between knowledge and behaviour indicates that focusing upon education strategies alone is unlikely to lead to significant reductions in levels of consumption among these kids.

Both the report of the Royal Commission into Aboriginal Deaths in Custody and Brady have advocated the provision of recreational facilities and activities as a strategy for reducing the harm associated with the misuse of alcohol and other substances such as petrol.<sup>2,3</sup> In Albany, however, while there was considerable variation among kids in the extent to which they were involved in recreational activities, there was no association between this and level of consumption. Thus, for these kids, drug use either complements existing recreational activities, or is an additional activity. Both the kids and their parents identified the need for more recreational opportunities. While provision of such opportunities is important for other health and social reasons, as with increased drug education, it is unlikely to achieve a significant reduction in levels of consumption.

The factors most clearly associated with higher levels of consumption among these kids are disaffection with school and unemployment. Any effective strategy to reduce levels of drug consumption, and associated harm, must mount a concerted and systematic two-pronged attack on these factors. In doing so, not only will the specific issue of drug use be addressed, but so too will broader problems which are of even greater concern to Noongar parents.

The disaffection with the education system is not peculiar to Noongar kids in Albany. The number of Aboriginal kids truanting and not completing secondary school—concern over which was recently raised by the Western Australian Minister for Education—is a manifestation of the fact that the system is not meeting the needs of Aboriginal kids.

The Albany data show that, for at least a small number of kids, such disaffection is evident in primary school, and is reflected in absences and non-attendance at homework classes. The difficulties of the transition from primary to high school—difficulties experienced by all kids—are exacerbated for Aboriginal kids. The close inter-personal relations with teachers which provided some support at primary school are no longer there, and they must confront issues to do with the place of Aboriginal people in the wider society. It is at this time that disaffection with the education system becomes more manifest; and, among those who are most disaffected, use of alcohol, and sometimes cannabis, commences. It is also at this time that experimentation with volatile substances occurs. Obviously, schools cannot directly address the socio-economic inequalities that Aboriginal people face. They can, however, create an environment which is supportive and more sympathetic to the needs of Aboriginal kids. A significant proportion of Noongar parents in Albany have expressed concern about the school environment and have put forward some tentative suggestions about how the schools could work with them, their kids, and/or the AAC to begin to address the issue.

The second prong of any harm reduction strategy must address unemployment. This study shows that young Noongars in Albany are not unemployed because they do not want to work. The reasons for unemployment among Noongar kids are complex. They include the same structural issues which are at the root of high levels of youth unemployment throughout the country, as well as poor educational results which are contingent upon disaffection from the education system, shortage of job opportunities which provide meaningful involvement and adequate rewards, discrimination and cultural insensitivity on the part of some employers, lack of support within training institutions and programs, and training programs which do not lead to employment. Although there are programs in place which seek to address these issues, they are generally under-resourced and the levels of unemployment attest to their limited success. Again, Noongar parents have expressed their concern over these issues and have put forward some tentative suggestions as to how they might be addressed.

The history of Aboriginal affairs clearly shows that, to be effective, programs to improve the well-being of Aboriginal people must come from the people themselves, and must involve them in all stages of their development and implementation.<sup>41</sup> The AAC has been sufficiently concerned about drug use by Noongar kids to initiate this study and to develop a Community Plan which addresses a broad range of other issues.<sup>42</sup> It is, however, a small under-resourced community-based agency. Alone, it cannot adequately implement strategies needed to address the problems faced by the Albany Noongar community. What is now required is active support and resourcing from the various government agencies with responsibility in the area, and their co-operation with the AAC and the parents in developing strategies which will improve the health and social well-being of Noongar kids in Albany.

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