

## Raising awareness about cannabis, its use and impact on health and wellbeing among Indigenous Australians

John Howard<sup>1</sup>, Julia Butt<sup>2</sup>, Tracey Wright<sup>1</sup>, Melissa Norberg<sup>1</sup>, Jan Copeland<sup>1</sup>, Ted Wilkes<sup>2</sup>

<sup>1</sup>National Cannabis Prevention and Information Centre, University of New South Wales, NSW 2052, Australia.

<sup>2</sup>National Drug Research Institute Curtin University, Perth, Western Australia, Australia.

### Introduction

Increasing concern has emerged about the impact of cannabis use on Indigenous Australians and their communities. Approximately one in six respondents to the National Aboriginal and Torres Strait Islander Social Survey (NATSISS) reported they had used cannabis in 2008.<sup>1</sup> From the mid 1990s research conducted in small Arnhem Land (Northern Territory, Australia) communities has highlighted alarming rates of cannabis use<sup>2,3,4,5</sup> with estimates of past week rates of cannabis use as high as 73 per cent in males and 27 per cent in females.<sup>2</sup> In contrast, the 2010 National Drug Strategy Household Survey (NDSHS) showed recent cannabis use in the general Australian population to be 10.3 per cent.<sup>6</sup> Data from both Clough et al.'s work and the NATSISS demonstrate that Indigenous women are less likely than Indigenous men to use cannabis; however, it is noteworthy that Indigenous women are substantially more likely to use cannabis than non-Indigenous women. The 2010 NDSHS found that 7.7 per cent of females used cannabis in the previous 12 months,<sup>6</sup> whereas the 2008 NATSISS found 11.8 per cent of Indigenous women used cannabis.<sup>1</sup> This data originates from two separate data sets which have different sample sizes, participants and possibly models.

Cannabis use has been linked with considerable mental health problems in Indigenous communities.<sup>4,5,7</sup> For example, current cannabis users in a remote Aboriginal community in Arnhem Land were four times more likely to report moderate to severe depressive symptoms than non-users.<sup>3</sup> Although similar rates of co-occurring depression and cannabis use exist in non-Indigenous individuals,<sup>8</sup> the high rates of cannabis use in Indigenous populations raise the possibility of increasing mental health disruption. Currently, mental and behavioural disorders due to cannabis use are the most common principal diagnoses related to substance use for Indigenous Australians, with Indigenous persons being hospitalised for this disorder at almost five times the rate of other Australians.<sup>1</sup> In addition, an association between cannabis use and psychotic symptoms has been reported in Aboriginal communities in Arnhem Land.<sup>7</sup>

Consistent with mainstream Australian use, Indigenous individuals mostly smoke cannabis mixed with tobacco,<sup>10,11</sup> and are more likely to smoke tobacco cigarettes and in greater numbers than those who do not use cannabis.<sup>12</sup> The physical health burdens associated with combined cannabis and tobacco use are magnified compared to cannabis use alone. Both substances are associated with respiratory, cardiovascular, and dependence problems and tobacco is the leading preventable cause of death amongst Indigenous Australians.<sup>13</sup> Interventions need to account for this complexity.<sup>11</sup>

Social harms arise out of cannabis use for Indigenous Australians. Like alcohol, scarce income is diverted from food and other necessities to cannabis.<sup>2</sup> Furthermore, anecdotal reports suggest that cannabis use is associated with violence, particularly when supply is limited.<sup>14,15</sup>

Importantly whilst there is some evidence to suggest that Indigenous Australians use cannabis at higher rates than non-Indigenous Australians<sup>6</sup>, there is a lack of comprehensive prevalence data and a lack of data related to the patterns, course and consequences of cannabis use among Indigenous Australians. This lack of knowledge at a national level has made it difficult to prioritise and identify appropriate targets and methods of prevention and intervention.

## Contextual factors associated with cannabis use by Indigenous Australians

The higher rates of substance use, including cannabis use, and associated problems among Indigenous Australians are generally understood in terms of the social disadvantage, exclusion, and marginalisation experienced by this population.<sup>16</sup> Since Australia was colonised in 1788, Indigenous Australians have experienced genocidal atrocities, displacement, and the large-scale removal of children from families.<sup>17</sup> Social disadvantage persists today and there is undisputed evidence that the health and social wellbeing of Indigenous Australians is lower than that of the wider Australian community on a range of indicators including health, employment, incarceration, housing and education. This social disadvantage occurs against a backdrop of overt and covert racism against Indigenous Australians which still exists, and operates at a cultural, institutional, and individual level.<sup>17,18,19</sup> These factors are important to consider not only in understanding prevalence and patterns of cannabis use among Indigenous Australians, but also in developing appropriate prevention and intervention approaches. These challenges which face Indigenous communities also impact on the available human and financial resources that can be allocated to reducing cannabis use.

## Prevention and treatment for cannabis use and related difficulties among Indigenous populations

There are few examples of effective interventions to reduce cannabis use and related harms. To date, available research on Indigenous populations has tended to focus on describing problems, case-reports,<sup>20,21</sup> and access to mainstream health services.<sup>22,23</sup> There is a lack of clear direction for culturally appropriate treatment approaches to cannabis use, very little indication that many Indigenous people seek treatment for cannabis-related issues, and as such very few established treatment approaches for cannabis use in Indigenous communities. It appears that cannabis use may be a neglected topic across Indigenous health, and there may be little community awareness of cannabis use issues. Considering this, a review of health promotion and prevention resources by NCPIC identified few resources that were easily accessible and factually correct. Thus, it appears that we are at the starting point of addressing cannabis use in Indigenous communities. A comprehensive program of cannabis research, resource and intervention development is clearly needed, and needs to be conducted driven by the needs of diverse Indigenous communities and with consideration of the other health factors and priorities which are addressed in overburdened, under-resourced health and education sectors.

## What has NCPIC been doing to address cannabis use and related harms among Indigenous Australians?

The National Cannabis Prevention and Information Centre (NCPIC), an Australian Government, Department of Health and Ageing initiative, is tasked with developing initiatives to reduce the use of cannabis in Australia by preventing uptake and providing the community with evidence-based information and interventions. NCPIC has developed a program of work with its consortium

partners to address cannabis use with Indigenous communities and to help develop cannabis use as a priority for health and alcohol and other drug service providers and identify opportunities for future work. Some of this work has focused on increasing awareness of potential health and social concerns related to cannabis use, while other work has explored promising approaches to both engaging Indigenous Australians in treatment and the types of treatment interventions available. This work has been guided by engaging with, learning from, and sharing ideas with Indigenous communities. Some of this work is briefly described below, followed by some suggestions for future activities.

## Awareness raising project: Artworks, stories and small-grants community projects

NCPIC partnered with seven Indigenous communities to produce a series of artworks that represented communities' and artists' beliefs about cannabis and its use. The goal of this project was to raise awareness in the particular communities of cannabis, its use and any associated and undesired consequences. Four of the seven communities produced art by young people. The works tended to reflect how cannabis entered a community, stayed and became problematic. Individuals and groups used the art and brief explanatory stories to promote discussion with individuals or groups, and to develop new stories about courage and change, as some communities have done with alcohol. The 'styles' of the art are varied and representative of those of the Torres Strait, eastern coast and Central Australia. A key message from one community was that 'cannabis was not our culture'. NCPIC, in consultation with participants, used this message when developing the resources. The *Cannabis – it's not our culture* website (<http://notourculture.org.au/>) contains the artworks and stories, and downloadable Indigenous-specific factsheets for health care workers.

The two paintings and stories below illustrate the negative impact cannabis has had on some communities, and the disruption of communities and spirits.

**Artist:** Amanda McGowan

**Community:** Nowra, NSW

**Story: "Life Force":** "My painting represents the life-force I believe everybody is born with. As it grows it can go two ways. It can flourish or it can wither away. When we flourish we grow healthy and strong and are at peace with ourselves. Or we can go the other way and slowly wither losing our health and the peace that gives us a good life and makes us grow strong. As a mother I know too well how it can affect a whole family and destroy lives. It is hard to watch a child throw his life and health away. Never having money, trying so hard to keep the branches strong so they grow big and strong.

If you have ever had one of your branches poisoned then you know how too well it can destroy their growth and prosperity. If as a community we can grow together and show awareness we would flourish. People need people just as plants need water and tender loving care. There is nothing better than watching your children grow strong and happy, having a good life and spreading their seed growing new life. I hope all plants can grow strong, healthy, happy and spread their seed leaving a good legacy."



**Artist:** Barbara Avery, Judy Torrens

**Community:** Jubullum

**Story:** “Cannabis came to our community – it had never been part of our culture. It caused conflict, loss of family values, younger children to be neglected, loss of respect towards Elders and other community members, mental illness and sadness. The community was in fear of the anger and depression cannabis was causing. Darkness came over the community as cannabis use increased. The stronger members saw the effects on individuals and knew that path was wrong. With their strength and leadership, with their knowledge of family and culture, guidance and support is being given to those affected by drug use. The darkness is being lifted and the community is moving forward to a brighter future. Drugs will not ruin our life, our community, it is not our culture!”

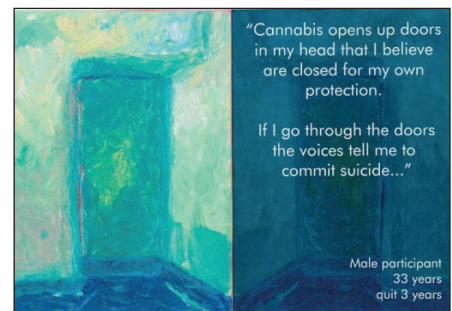
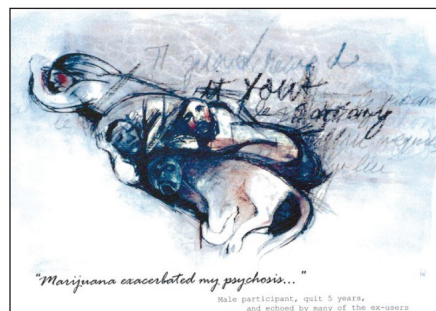


Following on from the artwork project, and to enable continuity of involvement between NCPIC and communities, a small grants scheme was developed to assist communities to further ideas that developed out of the artwork project. This small grants scheme has enabled some the communities involved in the project to take ownership of and drive solutions to cannabis-related issues in their communities. Activities NCPIC funded included branding football jerseys with logos (‘Yukiri Wanti’, Leave it! Gunja), sports carnivals, child care workshops, supporting a travelling band who wrote songs that deal with healthy lifestyles, cannabis use and related issues, further art projects, a pre-school revamp, and ‘bush runs’ to gather raw materials for Indigenous art projects.



An addition to the NCPIC activity was the work of Indigenous inmates at Silverwater Correctional Centre who developed posters and stories which represent their reflections on how cannabis has affected their lives. See:

<http://ncpic.org.au/workforce/criminal-justice/cannabis-conference/indigenous-posters/>



## Awareness raising project: Aboriginal and Torres Strait Islander Music Competition

NCPIC has an annual national Aboriginal and Torres Strait Islander Music Competition that is open to all Indigenous Australians. The competition was the result of discussions with Indigenous communities about the effects of cannabis use on their communities and the identified need to increase awareness about the negative effects of cannabis use. The winner receives a studio recording and has their music placed on the NCPIC website and available for download: <http://ncpic.org.au/indigenous/projects/>. Each year NCPIC produces a CD of the finalists' songs and sends it out via the website's online order form free of charge.



The Cully Kids of Cunnamulla song, 'Wanna-Bees', won the 2010 Music Competition Runner Up prize. The chorus of their entry demonstrates their view of the impact of cannabis on their community, and how family and community members need to care more about each other:

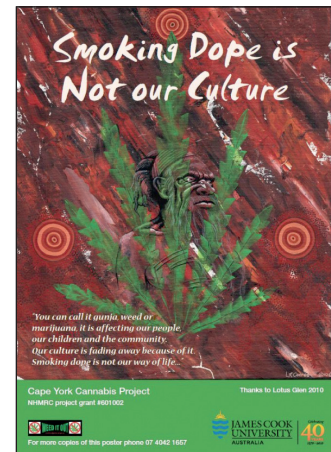
*People smoke marijuana to be a wanna-be  
They have a backyard full of yarndi trees  
But you see I wanna be the deadliest I can be  
That's why I go to school to learn my ABCs  
So freeze! Now rewind it back please  
You need to live your life while you're young and free  
So please! You gotta listen to me  
While I'm talking to my young black Aborigines  
So all my Murris in the hood I got a message for you  
Think about your family whatever you do  
Look out for your sister, brother, uncles and aunties  
And your mum and your dad, don't worry about the yarndi*

## Summary

Both awareness raising projects, the Artwork Project and the Music Project, were able to achieve successful outcomes in four areas. Firstly, they served to raise the awareness of cannabis-related harms in the communities which participated. Secondly, they resulted in the development of community-driven health promotion resources which are now readily accessible using the NCPIC website. Thirdly, these projects resulted in collaborative relationships between NCPIC and participating communities which have enabled capacity-building in both NCPIC and in Aboriginal communities. Finally, the content of these projects provides insight into areas of concern for communities. This information can now be used to further develop interventions which are targeted at areas of community priority.

## Other awareness raising projects: Weed it Out

A unique partnership was formed between Queensland Police, James Cook University (JCU) and peak bodies of remote Indigenous communities, including elected local government members, to reduce cannabis-related harms in Cape York and Torres Strait in Far North Queensland. One of its aims is to raise community awareness and provide education programs that are targeted to influence community attitudes towards cannabis use. In collaboration with JCU, research into patterns of cannabis use data has been collated, and the findings are presented back to community members in a culturally appropriate manner. Capacity-building efforts in these communities have proven instrumental for the implementation of supply reduction and crime prevention strategies. NCPIC has assisted in delivery of community awareness activities in the communities, and, in line with the new NCPIC *Cannabis and Sport Don't Mix* resources, the *Weed it Out* project has also formed partnerships with AFL, QRL and NQ Cowboys to promote healthy lifestyle choices. To ensure proposed strategies are community-owned and supported, an intensive six-month police-funded community and key stakeholder consultation phase was undertaken.



Based on a model of ongoing community engagement, the *Weed it Out* project provides community-based interventions featuring demand-reduction initiatives, over a four-year period, alongside targeted policing efforts to reduce cannabis availability and use in Cape York and Torres Strait communities. The project was extended recently to Charleville in the south-west of Queensland with NCPIC again providing awareness and information activities for communities, young people and parents, and health and allied health workers.



Strategies include:

- raising awareness of the widespread use of cannabis and its mental health effects
- providing ongoing feedback about research findings to each community
- providing information about the legal aspects of cannabis use and trafficking

Themes from community consultations in 16 communities across Cape York and the Torres Strait region are presented over the page.

Concerns re: prevalence, early uptake and associated harms	Concerns for future	Concerns for future
<ul style="list-style-type: none"> <li>• More overt use, kids starting to use earlier. <i>'There is a cloud hanging over our community'</i></li> <li>• Women worried about children making bucket bongos from discarded drink bottles</li> <li>• <i>'It would be good to see people with normal eyes (not red eyes)'</i></li> <li>• <i>'I see my countrymen in withdrawal and have episodes of psychosis'</i></li> <li>• Cannabis-dependent youth refusing opportunities to travel outside communities: <i>'Don't want to leave the dope'</i></li> </ul>	<ul style="list-style-type: none"> <li>• Concerns for youth regarding                             <ul style="list-style-type: none"> <li>– the threat of incoming ATS</li> <li>– using stronger cannabis</li> <li>– effects on their career pathways</li> <li>– health impacts particularly mental health</li> </ul> </li> <li>• Possible drug substitution due to proposed tightening of alcohol restrictions in the region</li> <li>• Management of cannabis dependency and withdrawal</li> </ul>	<ul style="list-style-type: none"> <li>• People in the community are <i>'missing good information about the harms associated with drugs ... to be aware of the misconception of soft and hard drugs'</i></li> <li>• Need for improved understanding of drug-related mental health issues</li> <li>• Need for proactive rather than reactive strategies to deal with substance misuse issues: <i>'We need to draw the line; say: these are the factors, these are the causes, these are the consequences. We need to make informed choices'</i></li> </ul>

Community suggestions for action	Lamenting lack of power	Future directions
<ul style="list-style-type: none"> <li>• The whole community needs to have a voice in the project</li> <li>• Recruitment of 'trustworthy' local research assistants</li> <li>• Formation of local reference groups to assist the researchers and police <i>'to filter culturally sensitive issues'</i></li> <li>• Target parents: <i>'What happens to your child if they smoke cannabis?'</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>'It is the big dealers who are ruining our community'</i></li> <li>• Identity of local dealers known but they are <i>'seen as entrepreneurs and use their power to strip (punish) informants'</i></li> <li>• We are all parents and fathers and I get frustrated ... <i>'We are thinking "How am I to stop them?"'</i></li> <li>• People are not attributing any responsibility for drug-related dysfunction in the community to the dealers</li> </ul>	<ul style="list-style-type: none"> <li>• <i>'The role of the communities is to take ownership of the problem'</i></li> <li>• <i>'Dealers need to be named and shamed'</i></li> <li>• <i>'We as a community have to start working with the police and we have to be honest with the police for the future'</i></li> </ul>

Robertson, J. & Downie, R. (2008). "Cannabis: A cloud over our community". *Of Substance* 6 (3), 28-29.

**Other awareness-raising projects: Yindymarra: 'Young Men and Yarndi' youth camp with Lithgow students:**

With the Lithgow Information and Neighbourhood Centre (LINC) and local Indigenous elders, NCPIC supported and co-developed a camp for young Indigenous men who may or may not be using cannabis. The three-day camp provided seven students aged 12-15 who identified as Aboriginal with education on culture, health and lifestyle, and cannabis-related issues. The camp had an emphasis on healthy physical activities as well as periods of information sharing and knowledge clarification and acquisition, utilising a variety of media – for example, art and music. The hope was that once the young men returned to their families, peer groups and communities they would feel capable of sharing what they had learned, and this appears to have been the case via the follow-up with participants to ascertain the extent of their sharing the main health-related messages from the camp with their peers.

There was no prerequisite that camp participants use cannabis, but all, whether using cannabis or not, had family, neighbours or peers who used cannabis – some heavily.

The activities aimed to:

- a) raise awareness of cannabis as an issue for young Indigenous Australians
- b) clarify existing knowledge and beliefs
- c) provide accurate information
- d) raise awareness of harm reduction so that information can be shared with peers who may be using cannabis
- e) create healthy messages that can be diffused among family and peers, and
- f) encourage helpseeking if difficulties are experienced.



### Session 1: What do you know about cannabis? Separating fact from fiction!

- brainstorming what is already known, a quiz and information clarification.

### Session 2: Helpful messages for mates/mob

- use of NCPIC posters to provoke discussion about and development of helpful messages that could be promoted by participants among their peers.



### Session 3: Reducing harms

- use of Indigenous music competition winners to provoke discussion about harm reduction messages.

## Primary health care project: *Could it be the gunja?*

NCPIC consortium partner, the National Drug Research Institute (NDRI) has been working in collaboration with six Aboriginal Community Controlled Health Organisations to develop culturally safe cannabis intervention approaches at a primary health care level as part of the *Could it be the gunja?* project (also called *Could it be the yarndi?*) at several sites. The *Could it be the gunja?* project was initially a five stage project, the five stages were: consultation and collaborative project definition, intervention development, intervention pilot, review of outcomes and finally to re-pilot.

In the consultation and project development stage it was identified that few staff regularly talk to clients about cannabis, further, many staff reported not feeling comfortable talking about cannabis, yet despite this many staff felt that cannabis use was having a significant effect on the local community. Consequently the goal of the project was to start at the beginning by introducing screening and brief intervention for cannabis use, and cannabis information resources to primary health care clients. Most importantly the project developed a comprehensive implementation plan to ensure that the introduction of screening and brief intervention went beyond a training only model. The development of the screening and brief intervention content and structure and the resources was collaborative. In line with consultation feedback that communities are tired of 'no' messages, the program aimed to provide information about cannabis in an open and informative way. The project was initially piloted with four Indigenous community-controlled health organisations. Following this, the pilot outcomes were reviewed and adjustments made to the resources, screening, brief intervention and the implementation process. The project was then re-piloted with a further two community-controlled health services.

As an example of outcomes; before the project started only 20 per cent of clinic staff (including nurses, GPs and health workers) regularly talked to clients about cannabis, but at the end of the



project 60 per cent of participants were talking to their clients about cannabis use. In addition, at the end of the project participants felt more comfortable asking about cannabis and felt that they knew more about cannabis and had the skills to help people who use cannabis. From the success of the project, NDRI, its partners in Indigenous community control and NCPIC are working on a dissemination program.

## MAKINGtheLINK

*MAKINGtheLINK: Promoting Helpseeking for Drug Use and Mental Health Issues Among Aboriginal and Torres Strait Islander School Students*, is an educational resource that includes activities for school-aged students to encourage them to seek help for problems related to cannabis and other drug use and mental health. By seeking help early, young people are less likely to develop long-term problems as a result of emerging mental health and drug use issues. Young people are often reluctant to seek help from professionals and tend to keep their problems to themselves or turn to friends, parents or teachers for support – people who often don't know what to do. This activity-based learning resource uses kinaesthetic, visual and auditory learning methods, and is a resource developed with the target population and thus, hopefully, culturally appropriate and relevant to their needs.

## Ways forward?

As described above, in NCPIC's short history it has begun to develop collaborative relationships and priorities for cannabis intervention with Indigenous communities Australia-wide. To date the projects undertaken represent a starting point in addressing cannabis use. The next steps clearly need to move beyond health promotion and awareness raising and continue to build on workforce development, early intervention and treatment development. To help achieve these outcomes NCPIC has convened the NCPIC Aboriginal and Torres Strait Islander Reference Group to guide the development of projects aimed toward Indigenous cannabis use and cannabis-related harms. In addition, NCPIC is committed to collaborations with Indigenous individuals and organisations in the areas of workforce development, treatment development, and community-led initiatives.

Opportunities for workforce development in relation to awareness raising and early intervention are an ongoing priority for NCPIC across the full breadth of its program of work. By engaging in capacity-building, ongoing workforce development through such projects as *Could it be the gunja?*, Indigenous *MAKINGtheLINK*, and the camps for young people, it is hoped that NCPIC can contribute to building the Indigenous health and education workforce so that it is sufficiently resourced in both skills and materials to address cannabis use at regional, community and individual levels. In projects such as these, ongoing relationships with Indigenous organisations can ensure the ownership of projects remains within Indigenous communities and enhance opportunities for success. The support and control of local communities is a recognised facilitator of successful alcohol and other drug interventions.<sup>24</sup>

A significant upcoming challenge is also the development of culturally appropriate treatment responses to cannabis use and cannabis-related harms. Regardless of how treatment is approached from a theoretical standpoint, it remains the case that the needs of Indigenous Australians are complex in nature.<sup>25,26</sup> NCPIC has been exploring an approach that draws on both the Narrative and Cognitive Behavioural (CBT) therapies. A treatment approach that draws on Narrative therapy may be useful as it considers the broader social contexts of people's lives.<sup>27</sup> While not uncontested, the Narrative approach has been used with populations marginalised by such factors as race, class, psychiatric diagnosis, sexual orientation, and gender.<sup>28</sup> Narrative therapy looks at the many narratives (stories) operating in one's life or community and aims to identify unhelpful narratives, understand them and uncover alternative stories. Such an approach

could be relevant to issues of disempowerment, which are consistent themes in understanding Indigenous alcohol and other drug use. The telling of alternative and more positive stories by people from marginalised backgrounds can illustrate that change is possible and achievable.<sup>29</sup> An additional value of Narrative therapy may also lie in its focus in identifying how a community has been dealing with the problem to date.<sup>30</sup> However, as cautioned by Gray and Wilkes<sup>31</sup>, interventions such as Narrative therapy, developed in non-Indigenous populations, cannot simply be imposed on Indigenous communities. To be effective, Narrative therapy needs to be adapted to local cultures and be subject to Indigenous community control.<sup>31</sup>

NCPIC recognises that there is much work ahead, and is committed to working with Indigenous communities and Indigenous organisations to raise awareness of cannabis, its use and associated harms to health and wellbeing. NCPIC is also committed to assisting in developing intervention and treatment responses consistent with best available practise in Indigenous alcohol and other drug intervention. The future work undertaken will focus on the priorities developed through the NCPIC Aboriginal and Torres Strait Islander Reference Group and will maintain a focus on culturally appropriate capacity-building, community engagement and community control.

## References

1. **Australian Institute of Health and Welfare.** (2011a). *Substance use among Aboriginal and Torres Strait Islander people*. Cat. no. IHW 40. Canberra: AIHW.
2. **Clough, A., D'Abbs, P., Cairney, S., Gray, D., Maruff, P., Parker, R., & O'Reilly, B.** (2004). Emerging patterns of cannabis and other substance use in Aboriginal communities in Arnhem Land, NT. *Drug and Alcohol Review* 23, 381-390.
3. **Lee, K., Clough, A., Jaragba, M.J., Conigrave, K., & Patton, G.** (2008a). Heavy cannabis use and depressive symptoms in three Aboriginal communities in Arnhem Land, Northern Territory. *Medical Journal of Australia* 188, 605-608.
4. **Lee, K., Conigrave, K., Patton, G., & Clough, A.** (2009a). Cannabis use in remote Indigenous communities in Australia: Endemic yet neglected. *Medical Journal of Australia* 190, 228-229.
5. **Lee, K., Conigrave, K., Clough, A., Dobbins, T., Jaragba, M., & Patton, G.** (2009b). Five-year longitudinal study of cannabis users in three remote Aboriginal communities in Arnhem Land, Northern Territory, Australia. *Drug and Alcohol Review* 28, 623-630.
6. **Australian Institute of Health and Welfare.** (2011b). *2010 National Drug Strategy Household Survey Report: Drug Statistics series no. 25 PHE 145*. Canberra: AIHW.
7. **Clough, A., Lee, K., Cairney, S., Maruff, P., O'Reilly, B., d'Abbs, P., & Conigrave, K.** (2006). Changes in cannabis use and its consequences over 3 years in a remote indigenous population in northern Australia. *Addiction* 101, 696-705.
8. **Patton, G., Coffey, C., Carlin, J., Degenhardt, L., Lynskey, M., & Hall, W.** (2002). Cannabis use and mental health in young people: Cohort study. *British Medical Journal* 325, 1195-1198.
9. **Ross, J.** (Ed). (2007). *Illicit drug use in Australia: Epidemiology, use patterns and associated harm – 2nd Edition*. Sydney: National Drug and Alcohol Research Centre.
10. **Australian Bureau of Statistics.** (2008). *The health and welfare of Australia's Aboriginal and Torres Strait Islands Peoples 2008*. Canberra: Australian Bureau of Statistics and Australian Institute of Health and Welfare.
11. **Clough, A., d'Abbs, P., Cairney, S., Gray, D., Maruff, P., Parker, R., & O'Reilly, B.** (2005). Adverse mental health effects of cannabis use in two indigenous communities in Arnhem Land, Northern Territory, Australia: Exploratory study. *Australian and New Zealand Journal of Psychiatry* 39, 612-620.
12. **NSW Department of Health.** (2010). *The NSW SmokeCheck Aboriginal tobacco prevention project*. Sydney: NSW Department of Health.
13. **Penm, E.** (2008). *Cardiovascular disease and its associated risk factors in Aboriginal and Torres Strait Islander peoples*. Canberra: Australian Institute for Health and Welfare.
14. **Select Committee on Substance Abuse in the Community.** (2007). *Substance abuse in remote communities: Confronting the confusion and disconnection*. Darwin: Legislative Assembly of the Northern Territory. Available from: <http://www.nt.gov.au/lant/parliamentary-business/committees/substance/Substance%20Abuse%20Report%20CONTENT.pdf>

15. **Wild, R. & Anderson, P.** (2007). *Ampe akelyernemane meke mekarle: Little children are sacred, Report of the Northern Territory Board of Inquiry into the Protection of Aboriginal Children from Sexual Abuse*. Darwin: Northern Territory Government. Available from: [http://www.inquirysaac.nt.gov.au/pdf/bipacsa\\_final\\_report.pdf](http://www.inquirysaac.nt.gov.au/pdf/bipacsa_final_report.pdf)
16. **Gray, D. & Siggers, S.** (2002). *Indigenous Australian alcohol and other drug issues: Research from the National Drug Research Institute*. Perth: National Drug Research Institute, Curtin University of Technology.
17. **Dudgeon, P., Wright, M., Paradies, Y., Garvey, D., & Walker, I.** (2010). The social, cultural and historical context of Aboriginal and Torres Strait Islander Australians. In **P. Purdie & R. Walker (Eds.)**, *Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice*. Canberra: Commonwealth of Australia.
18. **Paradies, Y.** (2005). Anti-racism and Indigenous Australians. *Analyses of Social Issues and Public Policy* 5, 1-28.
19. **Paradies, Y., Harris, R. & Anderson, I.** (2008). *The impact of racism on Indigenous health in Australia and Aotearoa: Towards a research agenda*. Darwin: Cooperative Research Centre for Aboriginal Health.
20. **Paul, C., Sanson-Fisher, R., Stewart, J., & Anderson, A.** (2010). Being sorry is not enough: The sorry state of the evidence base for improving the health of Indigenous populations. *American Journal of Preventive Medicine* 38, 566-568.
21. **Sanson-Fisher R., Campbell E., Perkins J., Blunden S., & Davis, B.** (2006). Indigenous health research: A critical review of outputs over time. *Medical Journal of Australia* 184, 502-505.
22. **Andrews, B., Simmons, P., Long, I., & Wilson, R.** (1999). Identifying and overcoming the barriers to Aboriginal access to general practitioner services in rural New South Wales. *Australian Journal of Rural Health* 7, 229-236.
23. **Hamrosi, K., Aslani, P. & Taylor, S.** (2006). Issues with prescribed medications in Aboriginal communities: Aboriginal health workers' perspectives. *Rural and Remote Health* 6, 557.
24. **Gray, D., Stearne, A., Wilson, M., & Doyle, M.** (2010). *Indigenous-specific alcohol and other drug interventions: Continuities, changes and areas of greatest need*. Canberra: Australian National Council on Drugs.
25. **Hunter, E.** (2004a). Communication and Indigenous health. *Australian Doctor* 4th June 2004, 35-42.
26. **Hunter, E., Brown, J. & McCulloch, B.** (2004b). Encouraging practitioners to use resources: Evaluation of the national implementation of a resource to improve the clinical management of alcohol-related problems in Indigenous primary care settings. *Drug and Alcohol Review* 23, 89-100.
27. **Morgan, A.** (2000). Externalising conversations: Naming the problem: *What is narrative therapy?* Adelaide: Dulwich Centre Publications.
28. **Fraenkel, P., Hameline, T. & Shannon, M.** (2009). Narrative and collaborative practices in work with families that are homeless. *Journal of Marital and Family Therapy* 35, 325-342.
29. **White, M.** (1997). Challenging the culture of consumption: Rites of passage and communities of acknowledgement. *Dulwich Centre Newsletter* 2&3, 38-47.
30. **Denborough, D., Koolmatrjie, C., Mununggirritj, D., Marika, D., Dhurrkay, W., & Yunupingu, M.** (2006). Linking stories and initiatives: A narrative approach to working with the skills and knowledge of communities. *The International Journal of Narrative Therapy and Community Work* 2, 19-51.
31. **Gray, D. & Wilkes, E.** (2010). Reducing alcohol and other drug related harm. Resource Sheet Number 3, Closing the Gap Clearinghouse. Canberra: Closing the Gap Clearinghouse.

## Additional useful references:

- Adermann, J. & Campbell, M.** (2007). Anxiety prevention in Indigenous youth. *Journal of Student Wellbeing* 1, 34-47.
- Anderson, W.** (2010). Doing more to improve Indigenous health: The new NHMRC Road Map. *Medical Journal of Australia* 192, 610-611.
- Australian Indigenous HealthInfoNet.** (2009). *Summary of Australian Indigenous health, 2009*.
- Bacon, V.** (2007). What potential might Narrative Therapy have to assist Indigenous Australians reduce substance misuse? *Australian Aboriginal Studies* 1, 71-82.
- Beels, C.** (2009). Some historical conditions of narrative work. *Family Process* 48, 363-378.
- Benson-Stott, E.** (2008). Mental unwholeness: Working with Aboriginal and Torres Strait Islander people. *The Professional Counsellor* 4, 8-16.
- Burgess, C., Johnston, F., Berry, H., McDonnell, J., Yibarbuk, D., Gunabarra, C., Mileran, A., & Bailie, R.** (2009). Healthy country, healthy people: The relationship between Indigenous health status and "caring for country". *Medical Journal of Australia* 190, 567-572.
- Centre for Rural and Remote Mental Health.** (2009). Key directions for a social, emotional, cultural and spiritual wellbeing population health framework for Aboriginal and Torres Strait Islander Australians in Queensland. Centre for Rural and Remote Health Queensland. Available: <http://www.crrmhq.com.au/pdfs/CRRMHQ%20SESWB%20Report%20for%20web.pdf>

- Cheung, F.** (2000). Deconstructing counseling in a cultural context. *The Counseling Psychologist* 28, 123-132.
- Close The Gap.** (2008). Indigenous Health Equality Summit. Statement of intent. Retrieved from [http://www.hreoc.gov.au/social\\_justice/health/statement\\_intent.html](http://www.hreoc.gov.au/social_justice/health/statement_intent.html)
- Copeland, J., Swift, W., Roffman, R., & Stephens, R.** (2001). A randomised controlled trial of brief interventions for cannabis use disorder. *Journal of Substance Abuse Treatment* 21, 55-64.
- Copeland, J. & Swift, W.** (2009). Cannabis use disorder: Epidemiology and management. *International Review of Psychiatry* 21, 96-103.
- Davidson, G., Sanson, A. & Gridley, H.** (2000). Australian psychology and Australia's indigenous people: Existing and emerging narratives. *Australian Psychologist* 35, 92-99.
- Denborough, D., Wingard, B. & White, C.** (2009). Creating storylines: What is it about these stories that 'make spirits strong'? *Yia Marra*. Adelaide: Dulwich Centre Foundation & General Practice Network NT.
- Drug and Alcohol Office Government of Western Australia.** (2005). *'Strong Spirit, Strong Mind': Western Australian Aboriginal Alcohol and Other Drugs Plan 2005-2009*. Perth: Government of Western Australia.
- Flegg, K., Phillips, C., Collins, A.L., Sharp, P., Kanagasundaram, M., Lovett, R., & Kljakovic, M.** (2010). Health service attendance patterns in an urban Aboriginal health service. *Medical Journal of Australia* 193, 146-148.
- Gray, D., Haines, B. & Watts, S.** (2004). *Alcohol and other drug education and training for Indigenous workers: A literature review*: Aboriginal Drug and Alcohol Council (SA) Inc., & National Drug Research Institute, Curtin University of Technology.
- Gray, D., Jackson Pulver, L., Saggars, S., & Waldon, J.** (2006). Addressing indigenous substance misuse and related harms. *Drug and Alcohol Review* 25, 183-188.
- Hoy, W.** (2009). "Closing the gap" by 2030: Aspiration versus reality in Indigenous health. *Medical Journal of Australia* 190, 542-544.
- Kowal, E. & Paradies, Y.** (2010). Enduring dilemmas of Indigenous health. *Medical Journal of Australia* 192, 599-600.
- Kowal, E. & Paradies, Y.** (2005). Ambivalent helpers and unhealthy choices: Public health practitioners' narratives of Indigenous ill-health. *Social Science and Medicine* 60, 1347-1357.
- Larner, G.** (2004). The flipside of sixpence: Aboriginal stories of hope and reconciliation. *Australian and New Zealand Journal of Family Therapy* 25, 37-44.
- Lee, K., Jaragba, M., Clough, A., & Conigrave, K.** (2008b). Wa! Ningeningma arakba akina da! (Oh! Now I know, that's it!). *Medical Journal of Australia* 188, 113-116.
- Mackean, T.** (2009). A healed and healthy country: Understanding healing for Indigenous Australians. *Medical Journal of Australia* 190, 522-523.
- McDermott, D.** (2006a). Growing up brown in a white-shirted time. *Medical Journal of Australia* 185, 464-466.
- McDermott, D.** (2006b). Unknown family at the taxi stand. *Medical Journal of Australia* 184, 519-520.
- Ministerial Council on Drug Strategy.** (2006). *National drug strategy: Aboriginal and Torres Strait Islander peoples complementary action plan 2003-2009*. Canberra: Australian Government Department of Health and Ageing, National Drug Strategy Unit.
- Nagel, T. & Thompson, C.** (2007). AIMHI NT 'Mental Health Story Teller Mob': Developing stories in mental health. *Australian e-Journal for the Advancement of Mental Health* 6, 1-6.
- Nagel, T., Robinson, G., Condon, J., & Trauer, T.** (2009). Approach to treatment of mental illness and substance dependence in remote Indigenous communities: Results of a mixed methods study. *The Australian Journal of Rural Health* 17, 174-182.
- National Indigenous Drug and Alcohol Committee.** (2010). *The way forward: Resolutions from the Inaugural National Indigenous Drug and Alcohol Conference*.
- NHMRC.** (2003). *The NHMRC road map: A strategic framework for improving Aboriginal and Torres Strait Islander health through research*. Canberra: National Health and Medical Research Council.
- Parker, R.** (2003). The Royal Australian and New Zealand College of Psychiatrists statement on Indigenous mental health workers. *Aboriginal and Islander Health Worker Journal* 27, 3-6.
- Parker, R.** (2010). Mental illness in Aboriginal and Torres Strait Islander Peoples. In **P.D.N. Purdie & R. Walker (Eds.)**, *Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice*. Canberra: Commonwealth of Australia.
- Petchkovsky, L., Cord-Udy, N. & Grant, L.** (2007). A post-Jungian perspective on 55 Indigenous suicides in central Australia: Deadly cycles of diminished resilience, impaired nurturance, compromised interiority; and possibilities for repair. *Australian e-Journal for the Advancement of Mental Health* 6, 1-14.
- Rickwood, D.** (2005). *Pathways of recovery: Preventing further episodes of mental illness*. Canberra: National Mental Health Promotion and Prevention Working Party.

- Rickwood, D., Dudgeon, P. & Gridley, H.** (2010). A history of psychology in Aboriginal and Torres Strait Islander mental health. In **P. Purdie & R. Walker (Eds.)**, *Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice*. Canberra: Commonwealth of Australia.
- Roche, A., Pidd, K. & Duraisingam, V.** (2009). The capacity of mainstream alcohol and drug treatment services to respond to the needs of Indigenous Australians. *Medical Journal of Australia* 190, 582.
- Shakeshaft, A., Clifford, A. & Shakeshaft, M.** (2010). Reducing alcohol-related harm experienced by Indigenous Australians: Identifying opportunities for Indigenous primary health care services. *Australian and New Zealand Journal of Public Health* 34(S1), S41-S45.
- Spooner, C. & Hetherington, K.** (2004). *Social determinants of drug use*. Sydney: National Drug and Alcohol Research Centre, University of New South Wales.
- Stewart, J., Sanson-Fisher, R., Eades, S., & Mealing, N.** (2010). Strategies for increasing high-quality intervention research in Aboriginal and Torres Strait Islander health: Views of leading researchers. *Medical Journal of Australia* 192, 612-615.
- Stoneman, J. & Taylor, S.J.** (2007). Improving access to medicines in urban, regional and rural Aboriginal communities – is expansion of Section 100 the answer? *Rural and Remote Health* 7, 1-9.
- Strempel, P., Siggers, S., Gray, D., & Stearne, A.** (2003). *Indigenous drug and alcohol projects: Elements of best practice*. Canberra: National Drug Research Institute, Curtin University of Technology.
- Sutton, P.** (2009). *The politics of suffering: Indigenous Australia and the end of the liberal consensus*. Melbourne: Melbourne University Press.
- Swan, P. & Raphael, B.** (1995) 'Ways forward': *National consultancy report on Aboriginal and Torres Strait Islander mental health*. Canberra: Australian Government Publishing Service.
- Tapping, C.** (1993). Other wisdoms other worlds: Colonisation and family therapy. *Dulwich Centre Newsletter* 1, 3-8.
- Teasdale, K., Conigrave, K., Kiel, K.A., Freeburn, B., Long, G., & Becker, K.** (2008). Improving services for prevention and treatment of substance misuse for Aboriginal communities in a Sydney Area Health Service. *Drug and Alcohol Review* 27, 152-159.
- Thomas, D., Briggs, V., Anderson, I., & Cunningham, J.** (2008). The social determinants of being an Aboriginal non-smoker. *Australian and New Zealand Journal of Public Health* 32, 110-116.
- van den Berg, R.** (2010). Cultural safety in health for Aboriginal people: Will it work in Australia? *Medical Journal of Australia* 193, 136-137.
- Vicary, D. & Bishop, B.** (2005). Western psychotherapeutic practice: Engaging Aboriginal people in culturally appropriate and respectful ways. *Australian Psychologist* 40, 8-19.
- Vromans, L. & Schweitzer, R.** (2010). Narrative therapy for adults with major depressive disorder: Improved symptom and interpersonal outcomes. *Psychotherapy Research* 21, 4-15.
- Waldegrave, C.** (1985). Mono-cultural, mono-class and so called non-political family therapy. *Australian and New Zealand Journal of Family Therapy* 6, 197-200.
- White, M. & Epston, D.** (1990). *Narrative means to therapeutic ends*. New York: Norton.
- White, M.** (1991). Deconstruction and therapy. *Dulwich Centre Newsletter* 3, 21-39.
- White, M.** (2003). Narrative practice and community assignments. *The International Journal of Narrative Therapy and Community Work* 2, 17-55.
- White, M.** (2007). *Maps of narrative practice*. New York: Norton.
- Wilkes, E., Gray, D., Siggers, S., Casey, W., & Stearne, A.** (2010). Substance misuse and mental health among Aboriginal Australians. In **P. Purdie & R. Walker (Eds.)**, *Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice*. Canberra: Commonwealth of Australia.
- Williamson, A., Raphael, B., Redman, S., Daniels, J., Eades, S., & Mayers, N.** (2010). Emerging themes in Aboriginal child and adolescent mental health: Findings from a qualitative study in Sydney, New South Wales. *Medical Journal of Australia* 192, 603-605.
- Wingard, B. & Lester, J.** (2001). *Telling our stories in ways that make us stronger*. Adelaide: Dulwich Centre Publications.
- Ypinazar, V., Margolis, S., Haswell-Elkins, M., & Tsey, K.** (2007). Indigenous Australians' understandings regarding mental health and disorders. *Australian and New Zealand Journal of Psychiatry* 41, 467-478.
- Zubrick, S., Kelly, K. & Walker, R.** (2010). The policy context of Aboriginal and Torres Strait Islander Mental Health. In **P. Purdie & R. Walker (Eds.)**, *Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice*. Canberra: Commonwealth of Australia.