



Submission to the Select Committee on a Northern Territory Harm Reduction Strategy for Addictive Behaviours

CatholicCare NT welcome the call for submissions into Northern Territory Harm Reduction Strategy for addictive behaviours and thank the Select Committee for the opportunity to present our contributions to support informing the inquiry.

Throughout this submission CatholicCare NT places an emphasis on using evidence-based, evaluated programs and research. It is important that Australian developed programs and research is used to inform new strategies. Overseas evaluated programs should be investigated with caution.

About CatholicCare NT

CatholicCare NT is a not-for-profit organisation, providing counselling services and programs to individuals, couples, families, children, groups, schools and agencies across the Northern Territory. We provide counselling and other support services in Darwin, Katherine, Alice Springs, Ltyentye Apurte, Finke, Titjikala, Tennant Creek, APY Lands, Nauiyu, Maningrida, Jabaru, Palmerston, Tiwi and Wadeye.

CatholicCare NT provides specific Alcohol and Other Drug (hereon referred to as 'AOD') support programs to individuals, families and communities within the Greater Palmerston region, Tiwi Islands, Wadeye and Alice Springs. These AOD programs are described below.

Drug and Alcohol Intensive Service for Youth (DAISY): Greater Darwin and Palmerston Region: DAISY is an intensive outreach service providing case management, counselling and harm reduction education to youth aged between 12 years and 18 years old (and up to 25 years where a continued relationship has occurred). The focus of this program is to support youth experiencing harms associated with AOD to reduce their harmful consumption, provide education on harmful alcohol and other drug use as well as promoting national drinking guidelines, and to provide support to families experiencing harm. This program also provides education within schools and youth centres promoting the delay of alcohol uptake through prevention based frameworks.

Kids in Focus: Darwin, Palmerston and Alice Springs Regions:

The Kids in Focus program is targeted at parents who are experiencing harm from AOD use, and providing practical and useful tools to promote safer use, better parenting practices, and increase the knowledge and understanding of the impacts of their AOD use on their children.

Dual Diagnosis Program: Greater Darwin and Palmerston Region:

This program provides clinical assessment, counselling, case management and harm reduction information to adults experiencing co-morbid substance use and complex mental health concerns.

AOD Urban: Greater Palmerston Region:

This program provides counselling, case management and harm minimisation information to adults experiencing harms associated with their AOD use.

AOD Remote: Tiwi Islands and Wadeye Regions:

This program provides counselling, case management and harm minimisation information to adults and young people in community experiencing harms associated with their AOD use. In addition to this, the program raises awareness through prevention based initiatives, information and education dissemination to groups and the wider community and engages with Elders to support cultural practices that ensure relevance and connection.

Key Definitions used within this report:

AOD – Alcohol and Other Drugs. Throughout this submission, CatholicCare NT refer to all substances which contribute to health and social issues, which in the NT context not only refers to illicit substances, but includes Alcohol and prescription medication (eg. Opioid-type medications).

Family centred – acknowledges the importance of family as a crucial component to supporting an individual with substance misuse concerns. Family in this context broadly relates to anyone who plays a significant part in an individual's life (immediate family, extended family, carers, Elders, partners, close friendships).

A) Frameworks for reducing individual and social harms from illicit drug use and addictive behaviours.

1. Varied treatment pathways and individual treatment plans – stages & theories of change

Supporting the diversity of AOD treatment options (including community-based non-residential treatment models, residential treatment models, harm-minimisation approaches, needle-exchange and safe injecting centres, cultural focused models, trauma-informed models, sobering up shelters and night patrols) is essential to ensuring individuals have access to the right support for them.

In working within the stages of change model, developed by Prochaska and DiClemente, the need to understand an individual's experiences through problematic use and dependence is often fluid and complex, and often requires multiple treatment episodes in a number of different settings in order for them to reach their goals. Within these stages of change, the need for various treatment pathways are crucial. At each stage of change, there is an opportunity to provide harm reduction strategies, and at times these do not result in abstinence, but do result in a reduction in the associated harms, in turn reducing harms for the community.

Individuals require access to a choice of services and treatment options that are suitable to their current life situations, motivation, and needs. Each individual should have a treatment plan which has been developed to address their unique situation. Addiction takes many forms

and evolves due to many triggers, all of these need to be captured within a comprehensive individualised plan in order to be effective and relevant. These plans are not static, and must be reviewed and altered according to the person's changing situation.

In addition to detoxification and residential rehabilitation services, which are often seen as the standard in treatment settings, the role that community-based non-residential AOD services offer, including counselling, education & information, case management and cultural support programs, as well as 'safer-use' programs are all crucial pathways for individuals throughout all the stages of change and have demonstrated positive impacts on harm minimisation.

Best practice principles acknowledge that one treatment pathway does not suit all individuals and having a choice, of different treatment styles at different stages in their life and substance use history, leads to better outcomes. Thus, the need for investment in various treatment pathways is crucial to a holistic and individualised framework for those seeking AOD support.

2. Early intervention including school-based curriculum and community information

Young people are identified as a key sub-group within Australia as being at high risk of harm and associated harms from substance use exposure. School based alcohol and drug education programs which are delivered on a consistent basis; align with national and Territory/State campaigns, incorporate a mixture of informative and consequential materials, are relevant and interesting and involve participant input into design and delivery, are shown to be an effective compliment to other forms of harm minimisation strategies. (Pettigrew S & Donovan R, 2003. P39).

It is important to note that the emphasis needs to be placed on encouraging a whole of school approach and developing a workforce development plan for teachers (who are identified as key personnel to deliver the content) is essential. (Pettigrew S & Donovan R, 2003). Research indicates that if a whole of school approach to AOD education is provided which highlights the importance of education being delivered by teachers in a consistent and informed manner, it can lead to the best form of retention of information and long-term attitudinal change. The use of external AOD services should be a compliment to the messaging delivered by teachers, not the preferred avenue, and formal educational workshops/sessions delivered by external services should be in-line with the schools best-practice framework to ensure consistent and accurate messaging (Davis C, Francis C, Mason C & Phillips J, 2018).

Effective school AOD education programs have been utilised in Victoria, Queensland and Western Australia, and should be considered when implementing such programs to ensure it is within best-practice guidelines and are evaluated within an Australian context. For example, the CLIMATE schools program, which "is a ready-made drug education program for schools developed by a group of leading AOD organisations, including the National Drug and Alcohol Research Centre (NDARC) and the NHMRC Centre of Research Excellence in Mental Health and Substance Use at the University of New South Wales (UNSW)." (Alcohol and Drug Foundation).

In addition to school education programs, reducing licenced events where children and young people are involved has a significant impact on the overall community's wellbeing and safety. A recent evaluation was published in the 'Good Sports' program developed by the Australian Drug Foundation, which includes implementing the accredited program into sporting clubs to reduce harmful alcohol consumption at sporting events. This is done at incremental levels to support committed perception changes. The evaluation noted the Good Sports program as successful in reducing alcohol related harm and risky drinking, with members of Good Sports 37% less likely to drink to risky levels and 42% less likely to experience alcohol-related harm. (Alcohol and Drug Foundation, 2017).

Another crucial form of harm reduction is the production of evidence-based Education Awareness Strategies and Media Campaigns. In line with the National Drug Strategy 2016-2025, Objective 1 outlines that prevention of alcohol uptake and delaying the onset of Alcohol and Drug use is a key component of a harm minimisation strategy. Education awareness strategies are an important aspect to use when aiming to address behavioural change.

In the Northern Territory, there is a high incidence of individuals engaging in one-off harmful alcohol consumption patterns (binge drinking), and this has a direct correlation to the normalised behavioural culture within Australia around alcohol. The systems model has been used within Australia as an effective strategy to support behavioural change and in informing and developing AOD prevention-based activities. Areas where the systems model within an education and persuasion strategy have been extremely successful include raising awareness of the risks associated with smoking tobacco, and the dangers associated with not wearing seatbelts. Both of these examples where a systems model was implemented as a part of a wider harm minimisation strategy, demonstrate the effectiveness that information and education can have on positively influencing behavioural changes in Australia. In addition, the strategy utilised around tobacco and car seatbelts had resulted in both community perception changes as well as significant legislative changes within Australia.

There is especially a need for ongoing public education about the harms of underage drinking, the dangers of supplying alcohol to young people and the importance of delaying initiation to alcohol use (WA Health Promotion Strategic Framework 2017-2021). For this reason, education and persuasion strategies that target audiences through a wide-range of media avenues that are evidence-based, and align with national campaign strategies, are strategically implemented alongside various other forms of prevention models, are shown to have success in enacting positive behavioural and attitudinal change (Pettigrew S & Donovan R, 2003. P36).

3. Development of a minimum standard guideline for AOD best-practice within an Australian context.

There has been ongoing discussion within the AOD sector regarding the development of service minimum standards guidelines that reflect best-practice frameworks for supporting clients with substance use disorders across differing treatment streams. The production of this will support consistent and high quality service delivery across treatment settings.

4. Evaluation Strategy

Underpinning the pillars of harm minimisation is the importance of evaluating the effectiveness of strategies implemented. For the Northern Territory to be able to demonstrate success of the changes to be implemented within policy and legislation, it is crucial that initiatives be evaluated from the implementation phase through regular periodical stages to ensure that:

1. Policies continue to be effective and relevant in changing communities
2. All funded programs continue to develop and respond to need
3. Programs can demonstrate ongoing positive impact
4. A behavioural or attitudinal shift occurs across the general public
5. Child and youth, family, individual and community wellbeing increase
6. Harmful alcohol consumption has reduced
7. That the NT develops an evidence base that demonstrates effective program delivery in an NT context.

B) Strategies for coordinated treatment of addictive behaviours

1. Centralised Intake processes

CatholicCare NT do not support the implementation of a Territory-wide centralised intake process within the AOD sector. The two main concerns regarding a centralised intake process include:

- In-personal approach – Positive engagement with clients is the most important component of initially accessing support. Often when intake is centralised, the process becomes much more clinical and structured in nature, and doesn't allow for relationship building with the service or for the client to examine whether the service dynamic is right for them.
- Restricted choice in service style. With a centralised intake system, the risk of referring clients into available services rather than appropriate services for that client tends to take place. Service type should be a personal choice rather than dictated by clinical assessment.

2. Common Assessment & Referral form (treatment stream specific)

To support the ease of individuals accessing services within the NT (acknowledging the transient nature of the Northern Territory), a standardised AOD Assessment tool that can be transferred between referring services where cross-service or joint care is made (eg: counselling into rehab, rehab into counselling) will support the wellbeing of clients so they do not need to repeat their history multiple times within a short timeframe to access a service. This needs to be standardised enough that services feel well informed upon intake, but flexible enough to be tailored to specific treatment stream requirements. This should be developed through consultation with the sector, and lean towards research undertaken

already within the sector including publications from Turing Point and Dovetail who have established evidence-based frameworks for Assessments within Australia.

In addition to this, data-sharing is also an area for further discussion to support the ease of a client's movement between services.

3. Coordinated care between existing AOD services

With the establishment of the peak body for the AOD sector, the 'Association of Alcohol and Other Drug Agencies Northern Territory' (AADANT), the membership have greatly benefited from having an avenue for services to openly discuss challenges facing the AOD sector. The peak body also performs an important advocacy role to all levels of Government around policies and funding obligations, providing a bridge between the service sector and funding bodies.

Through the AADANT membership and associated stakeholder collaborative initiatives, important conversations surrounding warm-referral pathways, common assessment tools, minimum standards of practice and sector challenges are able to be discussed robustly with appropriate solutions formed that are relevant to the NT context.

Much has been discussed regarding smoother referral pathways and data-sharing which are ongoing due to the complexity surrounding funding agreements, budget constraints and client confidentiality. Further support into this areas is encouraged.

4. Collaborative service approaches (reducing competitive funding)

In addition to supporting a smooth referral pathway through common assessments, referral forms and service agreements, the necessity for Government to invest in adequate funding agreements with services is paramount to continued quality care within the sector.

Historically, the AOD sector has seen short-term Government contracts, minimal funding commitments, unsuitable output expectations for the context of the NT, and continual changes within the management and procurement teams. This has significantly impacted on services' ability to provide a service which supports long-term outcomes, forward planning and staff retention.

CatholicCare NT has seen a shift within the NT Government with regards to long-term funding contracts which is very encouraging and addresses some of the issues mentioned above, however there continues to be minimal budget investment for services to be able to provide a high quality service due to budget constraints. For example, Consumer Price Index (CPI) increases have not been factored into funding budgets, and consideration towards the cost of providing clinical supervision, management oversight and wage increases have largely not been considered in contracts.

C) Extent and effectiveness of current harm reduction practices in the NT, including health, law enforcement, education and community support programmes.

1. Treatment Pathways (detox, residential rehabilitation, community-based treatment services, needle exchange, safe injecting etc)

Further improvements into smooth referral pathways within the sector and more broadly within the human services sector are required, however with the investment in long-term contracts within the Northern Territory Government in recent months, agencies have seen a reduction in the 'silo effect' and competitive tendering processes, which have reduced the disconnect between services and allow for appropriate program planning and evaluation activities. CatholicCare NT encourage Federal and Commonwealth funders to also look into long-term investment into program delivery to ensure long-term outcomes. Funding agreements should continue to focus on collaborative practice, and encourage service agreements within the sector.

The sector also encourages funding bodies to better understand the importance of differing treatment streams and models of care, and invest in understanding how service delivery differs between a metro, regional and remote site, particularly in the Northern Territory, through transparent and proactive communication. Services should be encouraged to Evaluate their programs with the support of Government funding, to better help Funders to understand the outcomes (both expected and unintended) of culturally-appropriate, trauma-informed and community collaborated and designed programs that are often extremely effective in reducing harms surrounding AOD use. There has historically been an emphasis on outputs rather than outcomes, and in aligning with best-practice frameworks, equal if not more emphasis should be sought around outcomes (impacts) of the service in client's lives.

2. After-hours/outreach services

Within the Northern Territory, there is limited after-hours and outreach support services for those seeking substance use support. Currently there are sobering up shelters, night patrol and limited outreach models of care delivered within the Darwin/Palmerston region, and even less in remote and outlying communities. CatholicCare NT supports greater resource investment into this model of delivery, as it provides an opportunity for services to develop relationships with the most vulnerable populations, and an avenue to provide assistance to those who are often reluctant to engage with stationary services. It also provides an opportunity for brief intervention, information and education and referral pathways.

An examples of this includes the 'City of Darwin's Safer City Assertive Outreach Program' which not only provides opportunities to engage with the homeless population within Darwin, but is also a great example of collaboration between local government and the NGO sector. Additionally, Night Patrol coordinated by Larrakia Nation provides an essential diversionary option for intoxicated individuals to be taken to a safe place to 'sober up' and minimises the risk of potentially being arrested later in the night.

3. Acute care pathways

CatholicCare NT encourages mandatory training and access to up-to-date and relevant information for frontline workers (eg: Police, General Practitioners, Pharmacists, Ambulance, Hospitals and Acute Mental Health care etc) around appropriately working with individuals who have substance use concerns and easy access to appropriate referral pathways for clients who present with problematic substance use.

Dr Simon Pettigrew and Professor Rob Donovan (2003) explained that “GP’s who receive continuing education relating to alcohol-related harms have been found to be more proactive and confident in identifying and treating patients with problems caused by excessive alcohol consumption, and to be more effective in doing so (Kaner et al. 2001)”. This is especially relevant to medical clinics within the Northern Territory as individuals generally attend clinics and medical centres for concerns that often are related in some way to their substance use. This becomes an essential opportunity for brief intervention and referral source.

4. Court Diversion Programs

The introduction of specialist Courts within the Northern Territory is identified as an important component to harm reduction within the community. As stated within the National Drug Strategy 2016-2025 “Early intervention and diversion programs... have become an established and successful part of the harm minimisation approach” and highlighted that there needed to be an increase in the range of supports available within best-practice frameworks for better access and links (National Drug Strategy 2016-2025, p11).

Currently the Northern Territory have minimal Diversionary programs, and a greater investment into alternatives to incarceration should be considered. Within this, it is essential that any Court diversion program investigated is one which has been evaluated as successful within Australia.

5. Community Designed and Delivered Programs

For effective implementation and sustainability of programs within communities, there are four key factors to consider which include; strong community interest, engagement, leadership and sustainable funding (Doran CM, et al 2017). Hence, the importance of co-design principals is an integral element of all projects and services delivered within a Community setting. Central to this is the inclusion of voices from within the community sector organisations and their client base. As noted within ‘You can’t just come in like a fly and take-off’ Evaluation Report by J Louth and I Goodwin-Smith 2018, *“The absence of co-design risks ignoring the social complexity within the researched communities (DiSalvo, et al., 2013)..... Importantly, co-design is a transformative approach to “knowledge creation” that seeks to move beyond academic gatekeeper-models”*.

A community development approach through “embracing community knowledge and organisations is a critical element in developing local partnerships” (Louth J & Goodwin-Smith I, 2018) is essential to program design and delivery. Understanding how or if a model of practice will work within the NT context, and as such, strategies around AOD harm

minimisation need to recognise the importance of relationship building and community consultation as the first and most important element to implementing any new program or strategy within Aboriginal communities.

D) New approaches that may be effective in the NT context including urban, regional and remote areas and Aboriginal communities

1. Aboriginal controlled organisations

As noted above, community consultation from a co-design principal is essential to program delivery within Aboriginal communities, and equally as important is the inclusion of Aboriginal controlled organisations in supporting and/or delivering these services. Again, this needs to be in careful consultation with the organisations and the community members themselves.

Partnerships between community agencies and Aboriginal Controlled Organisations should also be encouraged so that an exchange of skills and experience can occur within communities and appropriate service delivery is provided which is collaborative and sustainable.

2. School curriculum

As noted previously, school AOD education is essential to early intervention and the prevention of AOD use harms. A key component to this is ensuring that this education is considered within a whole-of-school approach, and becomes embedded within the school curriculum, where Teachers are the key deliverers of this education to students (Davis C, Francis C, Mason C & Phillips J 2018). Additionally, where a component of the education within schools is provided to Parents, there is an increase in the success and consistency of messaging which supports an overall positive shift in attitudes towards AOD use as well as increasing parent's confidence in discussing and managing their children's consumptions (Pettigrew, S. & Donovan, R. 2003).

3. Youth specific services

The necessity for Youth specific models and services within the AOD sector was highlighted as a need identified within the 'Youth Alcohol and Other Drugs Services Northern Territory' published by Xenia Girdler (2017). The paper highlighted the minimal investment in specialised youth-focused services particularly within the AOD sector in the Northern Territory.

Support and treatment services for youth require a specialised and evaluated model of practice, and cannot be adapted around an Adult model. The specialisation of youth models ensures that support is developmentally appropriate, acknowledges the risk-taking behaviours associated with development and engages youth in a meaningful and proactive way.

An example of an effective youth outreach service within the Northern Territory is CatholicCare NT's DAISY program. This program provides a combination of counselling, psycho-education and case-management that is tailored to the individual's needs and

engages with youth in an environment that is comfortable and safe for them. This may include meeting a client the park, a coffee shop, at home or at school for example. The program focuses on engagement as the building block to meaningful relationships, facilitates family involvement wherever possible and consented, and focuses on a harm minimisation approach that aims to educate young people around their risk-taking behaviours, divert them from these behaviours and provide ongoing support throughout their teenage years.

The DAISY program aims to support young people minimise the harmful impacts of their AOD use with the outcome goal being the cessation of AOD misuse. Staff work intensively with young people to explore the issues that sit behind the AOD use. CatholicCare NT believe by unravelling these issues and developing skills to manage them will assist the young person to develop sustainable positive life skills.

The South Australian 'Working with Vulnerable Youth: Key Concepts and Principals' identified key concepts to engaging with at-risk youth. Some of which included:

- No Wrong Door approach
- Needs-Informed services that respect human rights
- Proactive engagement and follow-up
- Flexible service models tailored to individual needs
- Evidence-based

In addition to this, youth models that are tailored to the context in which it is delivered is also an essential component of best-practice. For this reason, looking to evaluated Australian models of practice such as Dovetail's practice strategies and interventions: youth alcohol and drug good practice guide (Crane P, Francis C & Buckley J, 2013) is an essential starting point to model development and practice guidelines.

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Referral into Magistrates Early Referral Into Treatment (MERIT) program and the NSW Drug Court have both been evaluated as being successful in reducing reoffending recidivism rates. The evaluation conducted by the NSW Drug Court in 2008, demonstrated a 37% reduction in convictions for any offence, and 65% of participants less likely to be reconvicted of an offence against a person; demonstrating a significant decrease in violent offences which ultimately results in an increase in overall public safety (NSW Govt, Drug Court Re-evaluation, 2008).

Additionally, the NSW Alcohol MERIT program evaluation showed the health and wellbeing of participants improved after engagement on the program in addition to a reduction in their alcohol dependence. (NSW Govt, Alcohol MERIT Program, 2014).

Reference List:

Western Australian Alcohol and Drug Authority. (2014). *Introduction to Alcohol and other Drug Prevention: Guidelines 2014*. Perth: DAO

Pettigrew, S & Donovan, R (2003) *A Literature Review of the Factors that Influence Alcohol Consumption and the Effectiveness of Past Interventions: A Report to the Drug and Alcohol Office Government of Western Australia*.

Western Australian Drug and Alcohol Office (2013). *Counselling Guidelines: Alcohol and Other Drug Issues*. 3rd Edition. Perth, Western Australia

Weatherburn, D & Goodall, S (2008). New South Wales Government Department of Justice: *Drug Court Re-evaluation media release*. BOSCAR and CHERE.

www.boscar.nsw.gov.au/Pages/boscar_media_releases/2008/boscar_mr_cjb121.aspx

Weatherburn, D (2014). New South Wales Government Department of Justice: *Alcohol MERIT Program media release*.

www.boscar.nsw.gov.au/Pages/boscar_media_release/2014/mr_bb92.aspx

Pierce, H. & Stafford, J. (2017). *A Guide to the Alcohol Industry. Major Alcohol Sales Outlets*. Perth: McCusker Centre for Action on Alcohol and Youth, Curtin University.

Treno, A J & Lee, J P L (2002). *Approaching Alcohol Problems Through Local Environmental Interventions*. Vol 26, No1. Alcohol Research and Health: Prevention Research Centre. California USA.

Giesbrecht N (2003). *Alcohol, tobacco and local control: A comparison of several community-based prevention trials*. Vol 20 (English supplement). Nordisk Alcohol - & Narkotikatidskrift. USA

Foundation for Alcohol Research & Education (2017) Position paper for Making Justice Work Network. Distributed by Sam Bowden.

People's Alcohol Action Coalition (2014). *Inquiry into the harmful use of Alcohol in Aboriginal*. Darwin, NT.

Northern Territory Government. (2017). *Northern Territory Alcohol Policies and Legislation Review*. Darwin: Northern Territory Government.

Western Australian Health Promotion Strategic Framework 2017 – 2021 as cited on ww2.health.wa.gov.au

National Drug Strategy 2016-2025 as cited on nationaldrugstrategy.gov.au

National Alcohol Strategy 2006-2011 as cited on webarchive.nla.gov.au

Australian Drug Foundation (2017) *Do Community Alcohol Prevention Programs Work?* Evaluation of success media release. As cited on <http://adf.org.au/insights/do-community-alcohol-prevention-programs-work/>

Government of South Australian. Working with Vulnerable Youth: Key Concepts and Principles.

Davis, C., Francis, C., Mason, C., and Phillips, J. (2018). *A Best Practice Guide to Policy, Prevention and Planning for Alcohol and Other Drugs in Schools*. Brisbane: Dovetail

Louth, J. and Goodwin-Smith, I. (2018). "You can't just come in like a fly and take-off": An evaluation report on client and staff experiences of the delivery of CatholicCare NT's Financial Wellbeing and Capability Program. Adelaide: Flinders University.

Doran, CM., Kinchin, I., Bainbridge, R., Shakeshaft, AP. (2017) Effectiveness of alcohol and other drug interventions in at-risk Aboriginal youth: an Evidence Check rapid review. Sax Institute for NSW Ministry of Health.

Gately, N., Ellis, S., and Morris, R. (2016) *Drug Use Monitoring in Australia: An expansion into the Pilbara*. Trends & Issues in crime and criminal justice: Australian Institute of Criminology. No 504.

South Australia Alcohol and Other Drug Strategy 2017-2021.

Dr Pettigrew, S. & Pr Donovan, R. (2003). *A Literature Review of the factors that influence Alcohol consumption and the effectiveness of past interventions: A report to the Drug & Alcohol Office of Western Australia*.

Crane, P. Francis, C. and Buckley J. (2013). *Youth alcohol and drug practice guide 3: Practice strategies and interventions*. Brisbane: Dovetail.