

# Language use about alcohol and other drugs among Aboriginal and Torres Strait Islander youth compared to culture-based prevention programs

Wageningen University – Social Sciences

**MSc Thesis Chair Group: HSO**

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# Language use about alcohol and other drugs among Aboriginal and Torres Strait Islander youth compared to culture-based prevention programs

Wageningen, 6 mei 2019

**Master program**

Communication Health and Life Sciences

**Specialisation**

Health and Society

**Thesis code:**

HSO 80336

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## Acknowledgments

There are a few people that I would like to say thank you to. First of all I would like to thank the Matilda Centre for Research in Mental Health and Substance use, and in particular dr. Mieke Snijder. She made it possible for me to write my thesis in Sydney on such an interesting topic and she always helped me with my questions and general research struggles. I also want to thank dr. ir. Annemarie Wagemakers for being my supervisor in the Netherlands. Despite the time differences, she always wanted to help me via Skype meetings or mail conversations. I want to thank her for making it possible for me to write my thesis at another university, have new experiences, and see new parts of the world. Next, I would like to thank Chenda Leng and Sophia Garlick Bock who helped with my coding. Lastly, I would like to say thank you to all the Aboriginal and Torres Strait Islander and other students who participated in the discussions. I hope that in the future there will be an equal opportunity for health for all of them.

Deanne Verkroost

## Abstract

**Background:** Roughly 14% of the health gap between Aboriginal and Torres Strait Islander and non-Indigenous people in Australia is caused by alcohol and other drug use. A history of dispossession and failing policies has made Aboriginal and Torres Strait Islander youth more vulnerable for alcohol and drug use. Alcohol and drug prevention programs are most likely to be effective when they are culture-based. This research aims to contribute to the knowledge and literature on culture-based prevention programs by comparing prevention program's language with the language of their target group. This led to the next research question: *What are the similarities and differences in language used about alcohol and other drugs by Aboriginal and Torres Strait Islander youth compared to the language used by culture-based prevention programs targeting these youth?*

**Theory:** Barriers such as inappropriate language exists between the provided and needed health information. Consumer Health Informatics can be used to find the needs of a target group by looking at five dimensions. This research looked at the consumer dimension with six psychosocial factors that can help to identify the needs of Aboriginal and Torres Strait Islander youth.

**Method:** A combined method of Grounded Theory and Discourse Analysis was used for data collection and data analysis. Aboriginal and Torres Strait Islander language was collected in year seven and eight in four secondary schools. Culture-based prevention program language was collected from two websites. Data collection and coding happened simultaneously and new data collection was based on earlier coded data. In total there were three data collection waves and three data coding phases. Coding was controlled by a second researcher as a control check. Data was analysed using two Discourse Analysing tools: the identity- and vocabulary tool.

**Discussion:** Similarities were found in language about reasons for not using alcohol and other drugs, to whom negative language was directed and refusal skills. Differences were found in language regarding family, use of Aboriginal English words and other words for alcohol and other drugs.

**Conclusion:** The culture-based prevention programs were on the right track to being appropriate. Changing the differences would make it even more appropriate. The combination of Grounded Theory and Discourse Analysis was useful for comparing language.

Keywords: Culture-based prevention programs, Aboriginal and Torres Strait Islander, Alcohol and drugs, Language, Discourse Analysis, Grounded Theory

## Table of Contents

|  |     |
|--|-----|
| Acknowledgments.....                                     | III |
| Abstract .....   | IV  |
| 1. Introduction .....                                    | 6   |
| 1.1 Alcohol and drug use .....                           | 7   |
| 1.2 Historical impact on youths health.....              | 8   |
| 1.4 Health promotion programs.....                       | 9   |
| 2. Theory.....   | 11  |
| 3. Methods.....  | 14  |
| 3.1 Study design .....                                   | 14  |
| 3.2 Data collection.....                                 | 15  |
| 3.3 Data analysis.....                                   | 19  |
| 3.4 Ethics.....  | 22  |
| 4. Results.....  | 23  |
| 4.1 Affect.....  | 23  |
| 4.2. Attitudes and beliefs.....                          | 27  |
| 4.3 Cognition .....                                      | 30  |
| 4.4 Family and Culture.....                              | 30  |
| 4.5 Knowledge and skills.....                            | 33  |
| 4.6 Social norms .....                                   | 39  |
| 5. Discussion.....                                       | 42  |
| 5.1 Main similarities .....                              | 42  |
| 5.2 Main differences.....                                | 43  |
| 5.3 Strengths and limitations .....                      | 45  |
| 6. Conclusion.....                                       | 47  |
| References .....   | 48  |
| Appendix.....  | 52  |
| A. Grounded Theory.....                                  | 52  |
| B. Culture-based websites data.....                      | 53  |
| C. Facilitators guide for 3th data collection wave ..... | 55  |
| D. Initial codes .....                                   | 60  |
| E. Focused codes .....                                   | 65  |

## 1. Introduction

All humans have the right to the highest possible standard of health (WHO, 2008). Unfortunately, health inequalities make that Indigenous people all over the world suffer from significant differences in health compared to their non-Indigenous compatriots (WHO, 2007). Aboriginal and Torres Strait Islander people, the Indigenous population of Australia, have on average a lower health status than non-Indigenous people in Australia (Australian Institute of Health and Welfare, 2016). This can be seen in often used indicators to measure a populations' health (OECD, 2017). For Aboriginal and Torres Strait Islander people, these are lower life expectancies, higher mortality rates, and higher burden of disease rates (Australian Institute of Health and Welfare, 2016; Commonwealth of Australia, 2017).

The life expectancy for an Aboriginal and Torres Strait Islander male born between 2010 and 2012 is estimated to be 10.6 years lower than the life expectancy for a non-Indigenous male that was born at the same time. Additionally, for Aboriginal and Torres Strait Islander females, the life expectancy at birth was estimated to be 9.5 years lower (Australian Institute of Health and Welfare, 2018). Table 1 shows the differences in life expectancy at birth between Aboriginal and Torres Strait Islander and non-Indigenous people in Australia who were born between 2010 and 2012 (Australian Institute of Health and Welfare, 2018).

*Table 1. Life expectancy (years) at birth in 2010-2012, by sex, and Indigenous status (Australian Institute of Health and Welfare, 2018)*

| Indigenous status | Males | Females |
|-------------------|-------|---------|
| Indigenous        | 69.1  | 73.7    |
| Non-Indigenous    | 79.7  | 83.1    |
| Difference        | 10.6  | 9.5     |

Additionally, the standardized mortality rate (deaths per 1,000 standard population) for Aboriginal and Torres Strait Islander people in Australia are higher compared to the standardized mortality rate for non-Indigenous Australians. Despite the attempts to fill the health gap, the standardized mortality rate for Aboriginal and Torres Strait Islander Australians in 2017 was still 9.8 compared to 5.6 for non-Indigenous people. Figure 1 shows the standardized mortality rates from 2007 till 2017 for both Aboriginal and Torres Strait Islander and non-Indigenous people in Australia (Australian Bureau for Statistics, 2018a). Furthermore, in 2011 the Aboriginal and Torres Strait Islander burden of disease rate was 2.3 times higher compared to the non-Indigenous rate (Australian Institute of Health and Welfare, 2016).

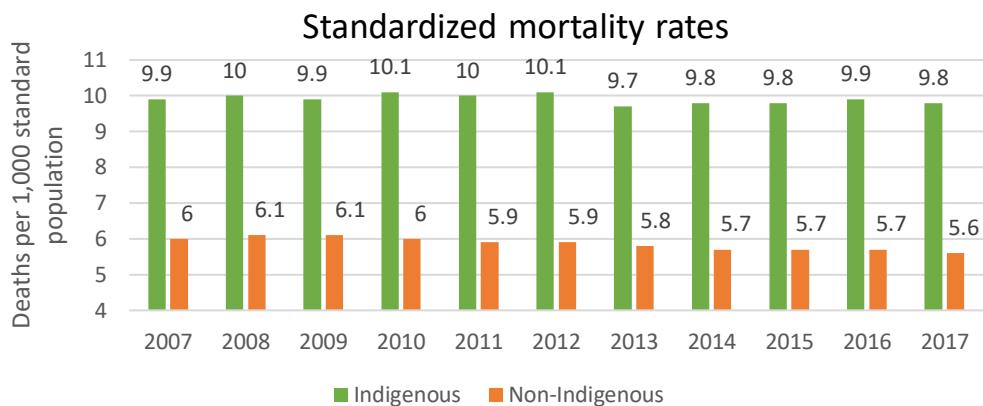


Figure 1. Standardized death rates of Aboriginal and Torres Strait Islander people compared to non-Aboriginal and Torres Strait Islander people in Australia (Australian Bureau for Statistics, 2018a)

\*Aboriginal and Torres Strait Islander data are for total five state/territory (New South Wales, Queensland, South Australia, Western Australia and the Northern Territory combined), based on state or territory of usual residence. Victoria, Tasmania and the Australian Capital Territory are excluded due to the small numbers of registered Aboriginal and Torres Strait Islander deaths.

### 1.1 Alcohol and drug use

Alcohol and drug use contributes for 14% to the health gap between Aboriginal and Torres Strait Islander people and non-Indigenous people in Australia (Australian Institute of Health and Welfare, 2016). Mental health and alcohol and drug use disorders are for Aboriginal and Torres Strait Islander people in the top three of leading causes for poor health (Commonwealth of Australia, 2017). Additionally, the two highest risk factors for disease burden for Aboriginal and Torres Strait Islander people are tobacco use (12%) and alcohol use (8%). Tobacco use contributed for 23% to the health gap (Commonwealth of Australia, 2017). Overall the Aboriginal and Torres Strait Islander smoking rate is 2.7 times higher compared to the non-Indigenous smoking rate. Figure 2 shows the proportion of Aboriginal and Torres Strait Islander people for each age group that reported to be a smoker compared to the proportion of each age group of non-Indigenous people (Commonwealth of Australia, 2017).

Harmful alcohol use among Aboriginal and Torres Strait Islander people is estimated to be two times higher compared to alcohol used among non-Indigenous people in Australia (Australian Bureau of Statistics, 2018). Alcohol-induced deaths among the Australian Aboriginal and Torres Strait Islander population were five times higher in 2013 till 2017 compared to the non-Indigenous population (Figure 3, Australian Bureau of Statistics, 2018). In 2011, the burden of disease for drug use disorders in Australia was 3.5 for Aboriginal and Torres Strait Islander people compared to 1.4 for non-Indigenous people (Australian Institute of Health and Welfare, 2016). In 2016, 27% of the Aboriginal and Torres Strait Islander population used an illicit drug, compared to 15.3% of the non-Indigenous population in Australia. Figure 4 shows the differences in drug usage by Aboriginal and Torres Strait Islander and non-Indigenous people in Australia in 2016 (Australian Institute of Health and Welfare, 2018b).

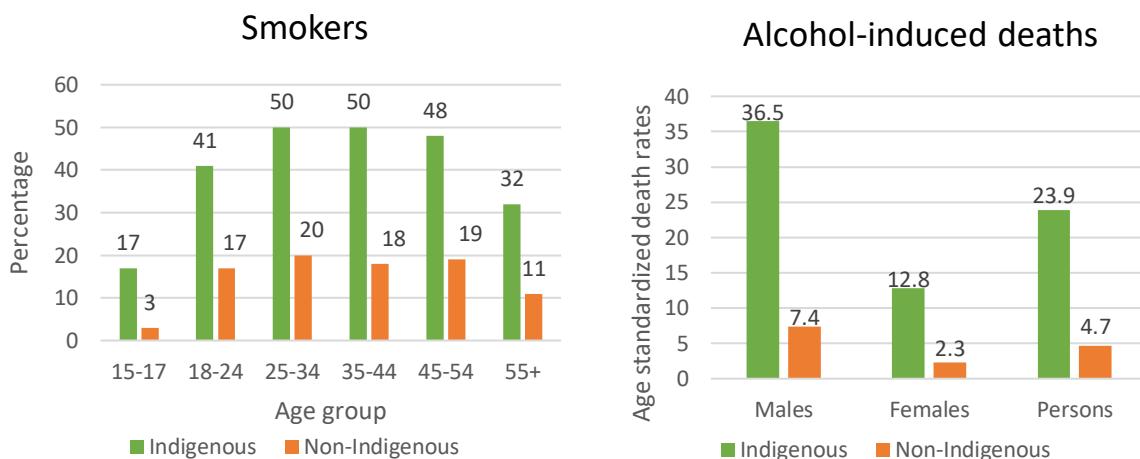


Figure 3. Proportion of population aged 15 years and over reporting they are a current smoker, by Indigenous status and age, 2014-2015 (Commonwealth of Australia, 2017)

Figure 2. Alcohol-induced deaths by sex and Indigenous status 2013-2017 (Australian Bureau of Statistics, 2018)

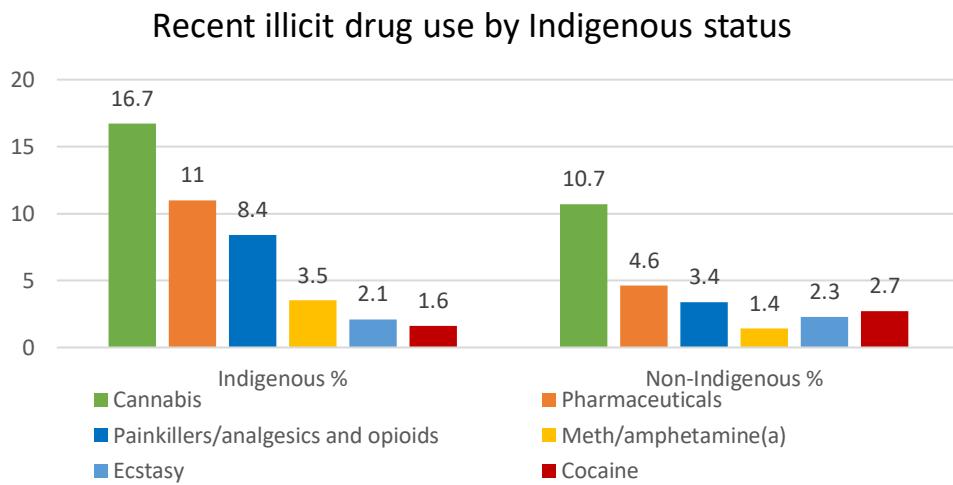


Figure 4. Recent illicit drug use by Indigenous status, people aged 14 and over, 2016 (per cent) (Australian Institute of Health and Welfare, 2018b)

## 1.2 Historical impact on youths health

The health gap between Aboriginal and Torres Strait Islander and non-Indigenous people in Australia can be explained by looking at the social and economic circumstances of the Aboriginal and Torres Strait Islander population (Azzopardi et al., 2018). The disadvantages in health experienced by Aboriginal and Torres Strait Islander people in Australia today are influenced by historical events of colonialism, dispossession of land, language, and culture, and ongoing policy failures like forced removal policies (Gray & Wilkes, 2010; Intergovernmental Committee on Drugs, 2013). These historical events impact social structures like families (Snijder et al., under review) and contribute to a higher risk for harmful alcohol and other drugs use (Intergovernmental Committee on Drugs, 2013). These higher risks also apply to the Aboriginal and Torres Strait Islander youth in Australia (Snijder et al., under review).

Aboriginal and Torres Strait Islander youth experience worse health and lower well-being than non-Indigenous youth (Lee, Jagtenberg, Ellis & Conigrave, 2013). They also experience higher

levels of psychosocial distress which contributes to alcohol and drug use (Azzopardi et al., 2018). Although there is no reliable data on the age of initiation of alcohol and other drugs use, it is estimated by most recent research that the intake of alcohol and other drugs starts in adolescence (Lee et al., 2013). It is also estimated that Aboriginal and Torres Strait Islander youth start between 2 and 6 years earlier with alcohol and other drugs use compared to non-Aboriginal and Torres Strait Islander youth (Snijder et al., under review). Therefore, to effectively prevent alcohol and drug use and related harms, prevention efforts should be targeted towards this age group (Lee et al., 2013).

#### 1.4 Health promotion programs

According to MacRae and Hoareau (2016), one of the barriers in earlier health programs and services for Indigenous people was the lack of cultural sensitivity. Research suggest that health promotion programs for Indigenous youth should have content that matches Indigenous cultural strengths, knowledge and needs (Malseed, Nelson & Ware, 2014; MacRae & Hoareau, 2016). There are three ways in which health promotion programs can be organised, 1) culturally unadapted, 2) culturally adapted, and 3) culture-based (Leske et al., 2016).

Culturally unadapted programs are mainstream programs that are not modified to the values of the target group. These programs are less likely to deliver appropriate health messages to Indigenous people (Belone et al., 2017). In culturally adapted programs, the content is modified to the value of the target group (Leske et al., 2016). For example, images in the program are changed, and cultural concepts are integrated (Hecht et al., 2003). Culture-based programs are specifically developed with and for the cultural target group. This goes beyond changing images and integration of cultural concepts. A bottom up approach is involved, in which the target group helps to clarify cultural needs and information (Castro, Barrera & Martinez, 2004). These needs and information include history, traditions, culture, language, values and social structures (Castro, Barrera & Martinez, 2004; Castro & Yassui, 2017; Belone et al., 2017). Research shows that culture-based health promotion programs are most likely to be effective for Indigenous people (Omotade, Adeyemo, Kayode & Olapedo, 2000; Castro, Barrera & Martinez, 2004; Castro & Yassui, 2017) and Indigenous youth (Snijder et al., under review). The culture-based programs are likely more effective for Indigenous people than mainstream cultural unadapted programs because the cultural elements match with the Indigenous world view (Leske et al., 2016; Snijder et al., under review). Furthermore, culturally inappropriate health programs can cause more harm than good. Indigenous people can find them stigmatizing, frustrating or offensive and they do not decrease the health gap (Bond, Brough, Spurling & Hayman, 2012).

Culture-based prevention programs are more likely to be effective when the programs have a scientific foundation for the cultural needs of the target group (Castro, Barrera & Martinez, 2004). Part of this cultural need is appropriate use of language (Castro & Alarcon, 2002). Language can be part of a culture and it creates identity (Riley, 2007; Jacob, Cheng & Porter, 2015). Furthermore, Stinglaw (2018) wrote about the connection of language and someone's word view, saying that an individual's thinking is determined by the language this persons speaks and that therefore differences in language reflect differences in word views. Additionally, language can also be used as a source to find word views and cultural meanings (Starks & Brown Trinidad, 2007).

To date, the little research on culture-based prevention programs for Aboriginal and Torres Strait Islander people that exists, lacks systematic evaluations of the effectiveness of the programs (Lee et al., 2013). The aim of this study was to contribute to the knowledge and literature on culture-based alcohol and other drug prevention programs for Aboriginal and Torres Strait Islander youth. This was done by investigating the appropriateness of culture-based alcohol and drug prevention

programs for Aboriginal and Torres Strait Islander youth by looking at language used. To find the appropriateness of the language used in culture-based prevention programs, the following research question and sub-questions were formulated:

*What are the similarities and differences in language about alcohol and other drugs used by Aboriginal and Torres Strait Islander youth compared to language used by culture-based prevention programs targeting these youth?*

*What language is used by Aboriginal and Torres Strait Islander youth when talking about alcohol and other drugs?*

*What language is used by culturally-based alcohol and other drugs prevention programs for Aboriginal and Torres Strait Islander youth?*

## 2. Theory

Over the past few decades the internet has increasingly become the first port of call of information about specific health topics (Gavgani, Ghojazadeh & Sattari, 2018). This development gives an opportunity to bring health information to the public in a relative cheap way and to empower individuals to live a healthier life (Huh et al, 2018). There are a number of culture-based prevention programs which harness the internet to provide health information to their target groups. For health communication on the internet to be effective, it is important that the needs of the target group are met (Castro et al., 2004; Castro & Yassui, 2007; Keselman, Logan, Smith, Leroy & Zeng, Treitler, 2008). Consumer Health Informatics (CHI) was introduced to find and analyse those needs by using technology and help the health consumer to make the right health-related decisions (Lewis, Chang & Friedman, 2005; Ramaprasad & Syn, 2016). A systematic review on CHI by Gibbons et al. (2011) shows that CHI may indeed lead to better health outcomes. The evidence for better health outcomes is strongest on intermediate health outcomes, for example the intention to stop smoking. A 'health consumer' is someone who looks for information about health prevention, treatments and conditions (Lewis et al., 2005). In this research the health consumers are Aboriginal and Torres Strait Islander youth, the provider of information are culture-based prevention programs, and the health information is about alcohol and other drugs.

Logan and Tse (2007) suggested that there should be a holistic view on the needs of health consumers and developed a conceptual framework. This framework includes four dimensions of health informatics, that lead to a fifth dimension, the health outcome. The five dimensions are named Consumer, Channel, Information source, Environment and Outcome (figure 5).

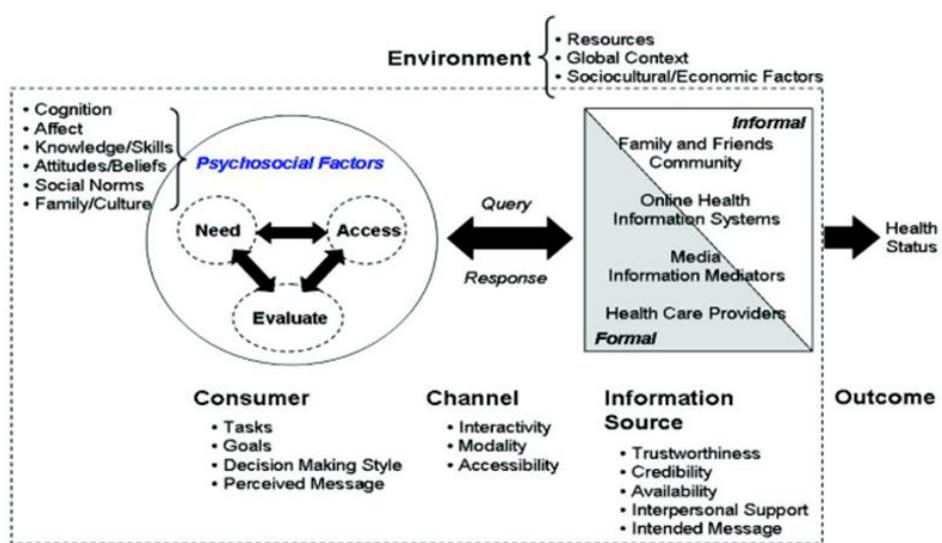


Figure 5. Conceptual framework for consumer health informatics with five interactive dimensions. Consumer (or individual), Channel, Information sources, (macro) Environment, and Outcome. (Logan & Tse, 2007)

The Consumer dimension encompasses the consumers' tasks, goals, decision making styles and the perceived message. The tasks covers what the consumer is looking for in the health message. For example, is the consumer looking for general information or for symptoms of a disease? The goal addresses what the consumer wants to achieve by seeking for information. For example, does the consumer want to know where to get help, or does the consumer wants tips for handling a health issue? The decision-making style concerns how the consumer chooses where to find its information. For example, does the consumer click on the first link in his search browser? The perceived message

concerns how the consumer deals with the health information. For example, does the consumer accept the health message?

The Channel dimension addresses the way people use a media communication source. It describes a websites' accessibility, interactivity and modality. Accessibility covers the user-friendliness, for example: do the links work or can the website be found in an online search engine? Interactivity concerns the communication flows, for example: is there one-way communication or is it possible for the user to 'chat' with the developer or ask for questions? The modality includes the way that people can use the website, for example: is there only text to read or are there audio or video options?

The Information source dimension encompasses a websites trustworthiness, credibility, availability, interpersonal support and intended message. Trustworthiness and credibility concerns the reliability of the website, for example: who is the developer of this website or how is the website funded? The availability covers what kind of information can be found, for example: does the website require a payment for information? The interpersonal support includes whether or not the health message is a communication of a professional or a family or friend. Intended message reports whether the information is received by the consumer in a way that it is intended. For example, is the health message written in understandable language (no jargon)?

The Environment dimension influences all the other dimensions and covers resources, global context and sociocultural/ economic factors. Resources include for example the nations' funding for research in health. The global context addresses the country's situation, for example: Is it a developing country, or is it a religious country? The sociocultural/ economic factors concern for example: political influence or social values.

Finally, the Outcome dimension encompasses all possible outcomes of a consumer looking for health information. For example, improved health or improved knowledge about the risks of using drugs.

Logan and Tse (2007) show in their conceptual framework that the needs of the consumer are influenced by six psychosocial factors, affect, attitudes and beliefs, cognition, family and culture, knowledge and skills, and social norms (see figure 5). Affect is a person's behaviour as an expression of their personal impact on a situation (Duncan & Barrett, 2007). Attitude and beliefs reflects the ideas that people have about something. Cognition defines a persons' thinking and how information is processed. Family and culture includes everything in relation to someone's relatives and culture. Knowledge and skills includes the facts and information that someone possesses and the ability of a person to act in a certain way. Lastly, social norms reflect certain rules or values within a social group.

This conceptual framework can also be utilised to identify barriers to effective health communication via the internet. Barriers can be found in all of the five dimensions. For example, if a website cannot be found via a search engine, there is a barrier in the accessibility in the channel dimensions. A barrier in the consumer dimension is lacking knowledge on the needs of the target group (Castro et al, 2004; Castro & Yassui, 2007; Keselman et al., 2008). This barrier is important for this research on appropriateness of culture-based prevention programs, because those programs are more likely to be effective when the cultural needs are met (Belone et al., 2017). The six psychosocial factors that are named in the conceptual framework by Logan and Tse are important for research on cultural needs for Aboriginal and Torres Strait Islander youth. For example, the first psychosocial factor affect. Research shows that Aboriginal and Torres Strait Islander people in

Australia have a higher substance use rate that is a result of psychosocial distress caused by a history of colonialization and dispossession (Azzopardi, 2018). Another example is the psychosocial factor attitudes and beliefs. The attitudes and beliefs of the Aboriginal and Torres Strait Islander youth towards alcohol and other drugs are reliable predictors for use of those substances (DiBello, Miller, Neighbors, Reid & Carey, 2018). Next, the psychosocial factor family and culture. The Aboriginal and Torres Strait Islander definition for family and culture is different than the definition known by western societies. Aboriginal and Torres Strait Islander Australians identify themselves as being part of Community. In Community there are strong ties of family and friendships and being part of Community gives Aboriginal and Torres Strait Islander Australians harmony and strength (Purdie, Dudgeon & Walker, 2010). In the Australian Aboriginal and Torres Strait Islander culture, family does not refer to only the people that have a direct blood bond, it can also comprehend people who have an emotional bond. Aboriginal and Torres Strait Islander Australians give great value to social relations, and their bond to Country (Australian Institute of Family Studies, 2014). Country has a specific Aboriginal and Torres Strait Islander meaning. Country is a multi-dimensional concept that brings together all that is living, but also the air, water, minerals, the earth and dreaming (spiritual beliefs and meaning). Aboriginal and Torres Strait Islander people in Australia have a traditional and complex relation to their ancestral country (Ganesharajah, 2009). A last example is the factor social norms. Research shows that peer pressure is an important risk factor for alcohol and other drugs use (Donovan, 2004). Therefore, the six psychosocial factors will be used in this research, to help to find cultural needs of Aboriginal and Torres Strait Islander youth for information about alcohol and other drugs.

### 3. Methods

The methods of this research were based on Grounded Theory and Discourse Analysis. In section 3.1 it is explained how these two methods were combined in the study design. The data collection is described in section 3.2, the data analysis in 3.3, and ethics and reliability are described in section 3.4.

#### 3.1 Study design

Figure 6 shows the study design for this research that combined two methods: Grounded Theory (green and orange) and Discourse Analysis (yellow). Grounded theory was used for data collection and coding because of its flexible and exploratory approach. This approach facilitated three data collection waves where new data collection was based on the analysis of earlier collected data (Stark & Brown Trinidad, 2007). This approach was needed because the data collection of language used in culture-based prevention programs had to be based on the data analysis of Aboriginal and Torres Strait Islander language to make it possible to compare the language. Discourse Analysis was used for coding and data analysis because it gave a method to focus on language and to find similarities and differences in language use by Aboriginal and Torres Strait Islander youth and culture-based programs.

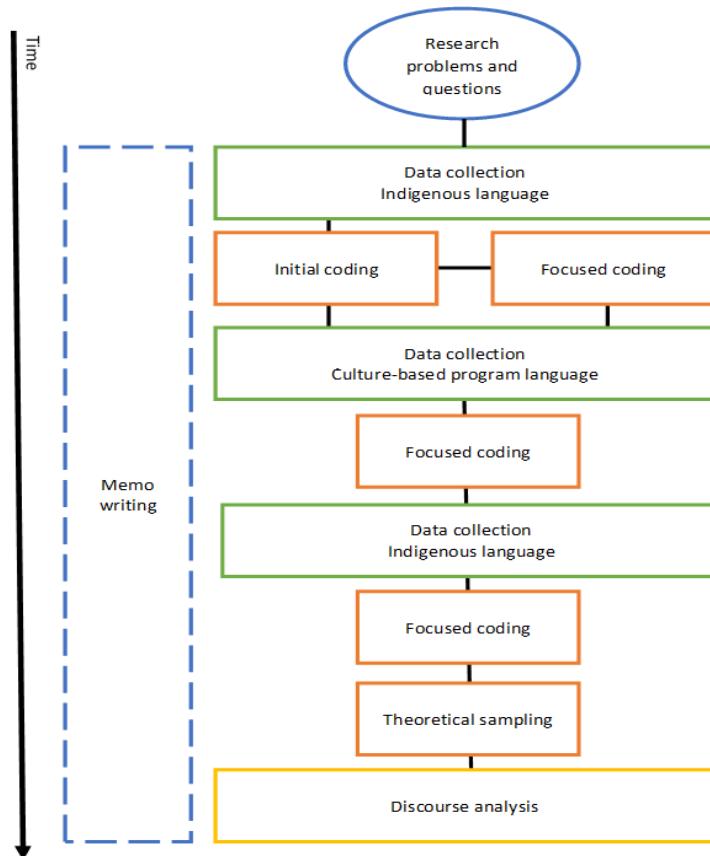


Figure 6. Study design based on the Grounded Theory and Discourse Analysis

Grounded Theory is a qualitative method that is based on the principle that theory is constructed from social processes and interactions (Charmaz, Thornberg & Keane, 2018). In practice, this means that data collection and data analysis are non-linear processes (Charmaz, 1990) and that it is possible to have multiple data collection waves that are based on earlier analysed data (Stark & Brown Trinidad, 2007). In Grounded Theory, there are 2 data coding phases (initial and focused coding) and

one sampling phase (theoretical sampling). Appendix A gives a figure explaining the research levels in Grounded Theory.

In Grounded Theory, data is coded in the initial coding phase first. Here, the researcher reads all the data word for word and takes an open and exploring view to find what is going on in the data (Corbin & Strauss, 1990; Charmaz et al., 2018). Codes and categories in this phase are close to the data, simple and specific (Charmaz et al., 2018). In the focused coding phase, the researcher creates more direct and conceptual codes that contains a larger amount of data. Here, codes made in the initial phase will be used in to modify, delete or create codes. In the theoretical sampling phase, data in the focused codes is linked to the theory. Here it is determined which codes can be used for the research and which not.

A last part of the Grounded Theory is memo writing. Memos are written during the data collection, coding, and data analysis. The memos contain the researchers' thoughts on codes, processes, changes, possible analysis, discussions etc. The main goal of the memos is to help the researcher to get an analytical distance from the data and to help with the creation of codes (Charmaz et al., 2018). Figure 6 shows the data collection, coding and sampling phases in the study design (green and orange).

Discourse Analysis is a qualitative method for analysing language and meaning behind language (Stark & Brown Trinidad, 2007). Discourse Analysis involves a structured analysis of written or spoken language (Hodges et al., 2008).

### 3.2 Data collection

Based on the exploratory approach of the Grounded Theory, data was collected in three waves. In the first and third wave, data was collected from the language of Aboriginal and Torres Strait Islander youth. In the second wave, data was collected from the language of culture-based alcohol and drug prevention programs. The data collection of wave two was based on the coding of data from wave one. The data collection of wave three was based on the coding of data from wave one and two. Figure 7 gives a summary of the three data collection waves and the process of collection and coding.

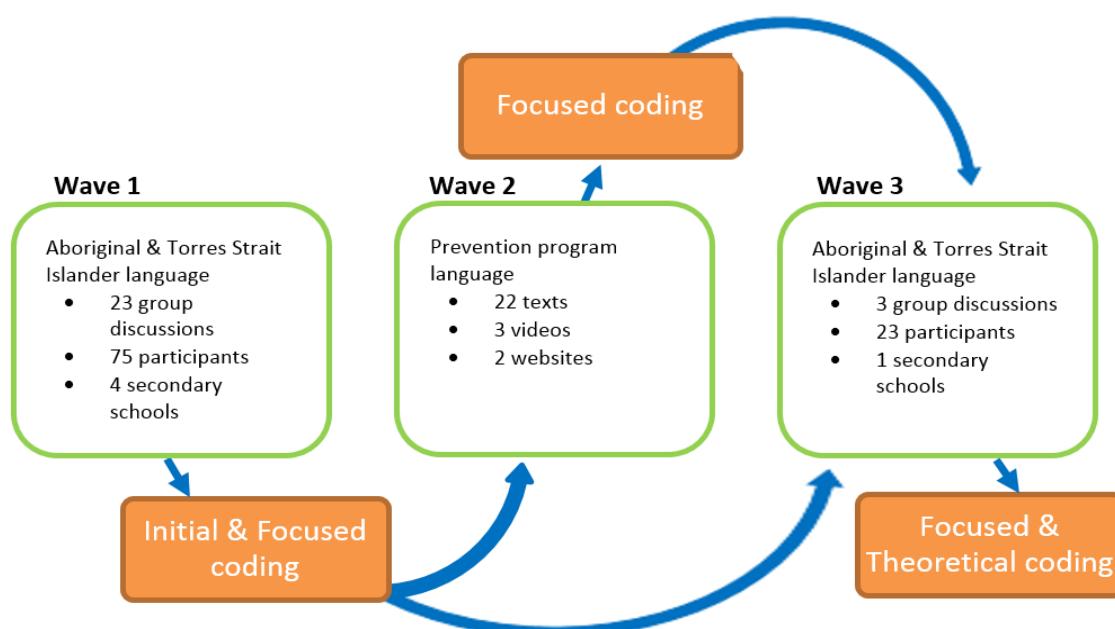


Figure 7. Three data collection waves and the process of collection and coding

### 3.2.1 First data collection wave

Data in the first data collection wave consisted of secondary data. This data contained 23 verbatim transcribed group discussions about alcohol and other drugs, that were completed and recorded in two private and two public secondary schools in Australia. There were 16 hours, 51 minutes and 26 seconds of discussion recordings in total. Two of the schools are located in Queensland and two are located in New South Wales and they were a mix of urban, regional and rural locations. In total 75 students (44% male) of year 7 and 8 participated in the discussions. The students were aged between 12 and 15 years and were not allowed to drink alcohol or use drugs according to the Australian law. Of the 75 students, 39 (52%) identified themselves as Aboriginal and/or Torres Strait Islander. Table 2 gives an overview of the demographics of each school.

*Table 2. Demographics of the participating schools in data collection wave one and time recorded*

| School | Location        | Participants | % Aboriginal and Torres Strait Islander | % Male | Total time recorded |
|--------|-----------------|--------------|---|--------|---------------------|
| 1      | Queensland      | 18           | 66.7%                                   | 44%    | 2:15:45             |
| 2      | Queensland      | 19           | 42.1%                                   | 80%    | 6:57:50             |
| 3      | New South Wales | 11           | 27%                                     | 54.5%  | 3:57:01             |
| 4      | New South Wales | 27           | 59.3%                                   | 44.4%  | 3:40:50             |

The secondary data was collected in a photovoice project executed by CREMS (Centre of Research Excellence in Mental Health and Substance Use). The aim of the photovoice project was to gain an understanding of the context of alcohol and other drugs use among Aboriginal and Torres Strait Islander and non-Aboriginal and Torres Strait Islander youth, and to identify possible key messages that could be used for an alcohol and other drugs prevention program. In this project, participants were provided with cameras to take photos of 1) their role models; 2) positive social interactions; 3) positive reasons why people do not use drugs and alcohol; and 4) things they love about their community. The photos made by the students were discussed in group discussions. The questions of the discussion were based on the SHOWED method by Wang & Burris (1997). The questions were: 1) what do you see; 2) what is really happening; 3) how does this relate to our life; 4) why does this situation, concern or strength exist; 5) what can we do to educate others about this situation, concern, or strength; and 6) what can or needs to be done?

In addition to the discussions about the photos, researchers of this project conducted a focus group about alcohol and other drugs prevention. Here students were asked questions and they did role plays. The questions asked were: 1) what do you learn at school about alcohol and other drugs; 2) how does this fit with your experience of alcohol and other drugs in the real world? 3) are there other things you want to or think you should learn about in relation to alcohol and other drugs; 4) are there things you think your friends or siblings need to learn about alcohol and other drugs; 5) can you tell us about a person or an experience that helped you to learn something important about alcohol or other drugs? Topics of the role play were for example confronting someone about their alcohol or drug use or asking someone about their problems. The aim of the role play was to find what language the students used among each other. Understanding this style of communication would assist making a realistic cartoon for the alcohol and other drugs prevention program. A facilitator was present in both the photo discussions and the focus groups to keep the meeting on track. All sessions with students were audio recorded.

### 3.2.2 Second data collection wave

In the second data collection wave, language used in alcohol and other drugs prevention programs was collected. The sources of data collection were websites that were part of culture-based prevention programs. Websites were used because digital health information is a developing concept, particularly among minority groups (Huh et al., 2018), because the information is easy and free to collect, and because online health promotion is feasible and useful to meet the needs of a large audience (Newton, Deady & Teesson, 2014). Google was used as a search engine to find websites because Google is most commonly used in Australia (Webalive, 2018). Search terms were based on the review of Australian school-based prevention programs for Aboriginal and Torres Strait Islander youth (Stapinski et al., 2017). Search terms used were:

Alcohol OR drug OR cannabis OR ecstasy OR marijuana OR amphetamine OR psychostimulant OR “legal highs” OR hallucinogens AND (Aboriginal OR “Torres Strait” OR “Aboriginal and Torres Strait Islander Australia”)

Figure 8 gives an overview of the selection process of culture-based prevention websites.

The inclusion criteria were: 1) the website must be addressed to Aboriginal and Torres Strait Islander youth; 2) the website must give information about alcohol and other drugs; 3) the website must be part of a culture-based program; and 4) the information on the website is evidence-based. After the selection process (see figure 8) two websites were used for data collection for this research. These websites had the titles: ‘Yarning Strait Out’<sup>1</sup> and ‘Positive Choices’<sup>2</sup>. Yarning Strait Out is a website with alcohol and other drugs information for young Aboriginal people. It was funded by the Victorian Department of Health and Human Services and developed by YSAS (Youth Support and Advocacy Service) and VACCHO (Victorian Aboriginal Community Controlled Health Organisation) with the help from experts and young Aboriginal people. Positive Choices is a website with education and alcohol and drug prevention programs. Positive Choices has a portal focusing on Aboriginal and Torres Strait Islander students. Only this portal was used for this research.

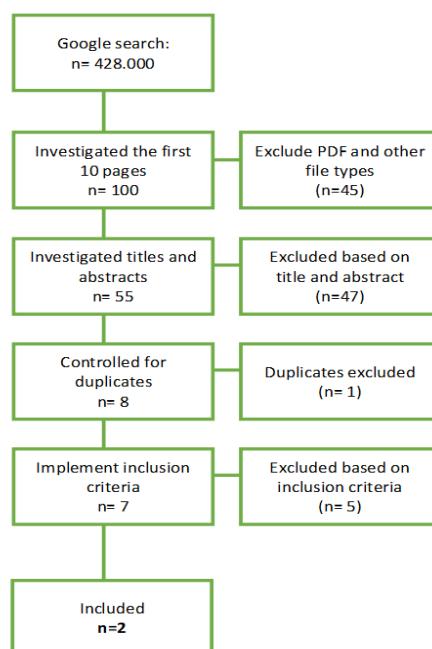


Figure 8. Selection process for culture-based prevention websites

<sup>1</sup> <https://yarningstraightout.org.au/>

<sup>2</sup> <https://positivechoices.org.au/resources/indigenous/student/>

The collection of the texts and videos was based on the coding of data from the first data collection wave. This was done by comparing themes of the websites' information with the codes that were created for the first data collected. Texts or videos that did not have similar themes to the Aboriginal and Torres Strait Islander youths data, were excluded. Other exclusion criteria were: 1) the text got less than 100 words, 2) the text was not made by the website itself; 3) the video lasted longer than 10 minutes; and 4) in the video an Aboriginal and Torres Strait Islander person was interviewed. This last criterion was included because the language used by the Aboriginal and Torres Strait Islander person interviewed would be included in the culture-based websites data, even though it is not the language of the websites.

A total of 22 texts and 3 videos were collected. The texts were either information sheets, fact sheets or tips to assist Aboriginal and Torres Strait Islander young people. The total word count for all texts was 6,811 words with an average of 323 words per text. The 3 videos had a total duration of 11 minutes and 24 seconds an average duration of 3 minutes and 70 seconds. They were all information videos. Appendix C gives an overview of the titles of the texts and video's. Yarning Strait Out and Positive Choices both had video's with information, however there was also written text for the Yarning Strait Out videos. Therefore, only written text was collected from Yarning Strait Out and written text and videos were collected from Positive Choices.

### 3.2.3 Third data collection wave

In the third data collection wave, new data from Aboriginal and Torres Strait Islander youths language was collected. This third wave of data collection made it possible to better compare the Aboriginal and Torres Strait Islander language with the culture-based website's language. Data was collected from parts of three group discussions.

The school visit and group discussions were planned as a feedback moment for a school-based alcohol and drug prevention program named Strong and Deadly futures, that was developed by the Mathilda Centre (previously CREMS). This alcohol and drug prevention program is based on the photovoice project that is described in data collection wave one. The participating students were shown a cartoon that was developed for this school-based prevention program. In three group discussions, the students were asked to give feedback on visual and textual aspects of the programs. There was a facilitator that led the discussions using a facilitators guide with questions.

The developers of the school-based prevention program made it possible to ask extra questions during these discussions to collect data for this research. The extra questions were made specifically for this research and were based on the coding of the data from wave one and two. This also allowed to ask specific questions based on data collected from the first two waves. For example, the coding of the website showed that the culture-based websites used words that were not used among the Aboriginal and Torres Strait Islander youth. A question asked to find out if the Aboriginal and Torres Strait Islander youth used one of those words was for example: *"The group talks about weed. Do you know other words for weed and which word would you use if you talk about it?"* Appendix D shows the facilitators guide for the discussions and the questions that were added for the data collection of this research. The added questions are underlined.

The discussions took place in one of the four schools that participated in the photovoice project from data collection wave one. In total, 23 students (39% male) of year 7 and 8 participated. Of these students, 13 (56.5%) identified themselves as Aboriginal and/or Torres Strait Islander. The full discussions were recorded. Only the parts that were suitable for this research were transcribed and used. This were the parts were the extra questions that were made for this research were discussed and other parts were alcohol and other drugs were discussed. In total the transcriptions of

these parts were roughly 10% of all recorded data (5:11:52). Table 3 shows the demographics of the school.

*Table 3. Demographics of the participating school of data collection in wave three and specifics about the collected data*

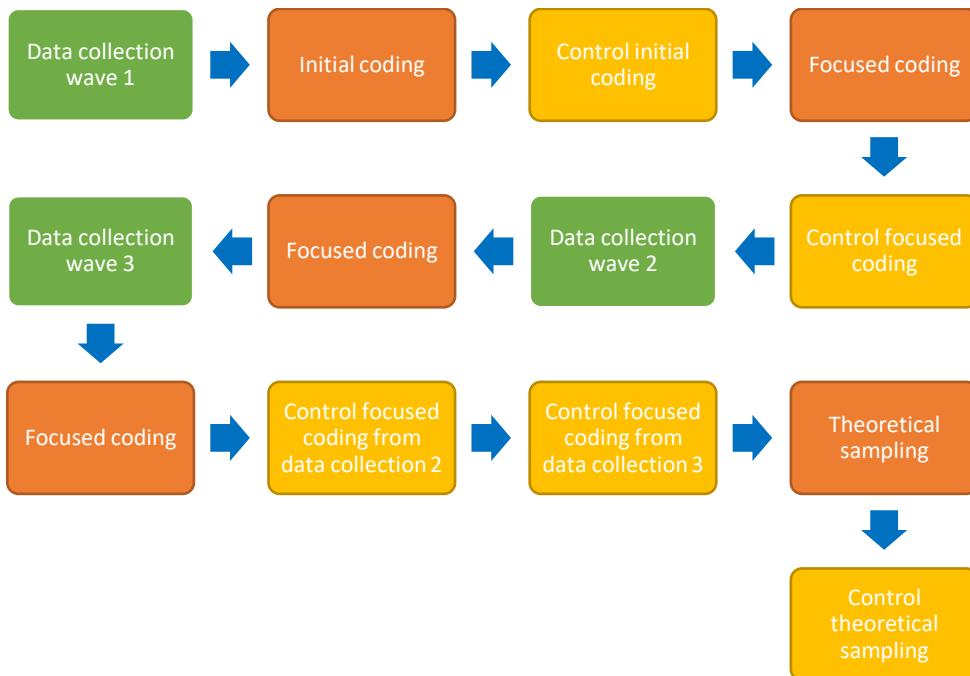
| School | Location        | Participants | % Aboriginal and Torres Strait Islander | % male | Total recorded time |
|--------|-----------------|--------------|---|--------|---------------------|
| 4      | New South Wales | 23           | 56.5%                                   | 39%    | 5:11:25             |

### 3.3 Data analysis

The data analysis of this research consisted of coding and discourse analysis.

#### 3.3.1 Coding

Data was coded after each data collection wave and was based on the principles of coding in the Grounded Theory. One researcher coded all the data and a second researcher coded two randomly chosen fragments of each data collection wave (discussions or texts or videos) as a quality control check and to prevent against bias (Corbin & Strauss, 1990; Bryant, Ferguson & Spencer, 2016). Figure 9 shows the process of data collection, coding, and coding control.



*Figure 9. Process of data collection, coding and coding control*

The quality of coding was checked by calculating the inter-rated reliability using Cohen's Kappa. This showed the level of agreement (McHugh, 2012) about the codes between the two researchers. Table 4 shows the Cohen's Kappa's for the controlled codes and the level of agreement. Most of the time, in the fragments that scored weak on the level of agreement, the two researchers did not code the same amount of words from a fragment. For example, one researcher coded only the Aboriginal and Torres Strait Islander youths answers, where the other researcher also coded the question by the facilitator. After the code controls, the two researchers discussed the differences and changed codes where necessary.

Table 4. Cohen's Kappa's for the control on coding and the level of agreement

| Controlled data  | Cohen's Kappa | Level of agreement |
|--|---------------|--------------------|
| 1 <sup>st</sup> data collection wave, discussion 1                         | 0.4581        | Weak               |
| 1 <sup>st</sup> data collection wave, discussion 2                         | 0.7417        | Moderate           |
| 2 <sup>nd</sup> data collection wave, Information sheet Yarning Strait Out | 0.7600        | Moderate           |
| 2 <sup>nd</sup> data collection wave, Information sheet Positive Choices   | 0.5835        | Weak               |
| 3 <sup>th</sup> data collection wave, discussion 1                         | 0.8176        | Strong             |
| 3 <sup>th</sup> data collection wave, discussion 2                         | 0.5178        | Weak               |

After the first data collection wave, all the data was read thoroughly by the first researcher and coded into initial codes. Next, the second researcher coded two randomly chosen discussions. The two researchers discussed the differences and changes were made where necessary. Changes included changes in the naming of codes or data was relocated in different codes. In total, 210 initial codes were created after the discussed changes. The initial codes, the amount of files that got data for each codes and how many time data was coded into codes can be seen in appendix D. After that, the data was read again and coded into focused codes. The focused codes were more broad and covered more data than the initial codes. The focused codes were created based on the initial codes. For example: data in the initial codes 'friends can try to make you do drugs' and 'I find it hard to say no to people' were coded into the focused code 'peer pressure'. Again, two randomly chosen discussions were coded as a control check by the second researcher, now into focused codes.

After the second data collection wave, the new data was coded into focused codes. These codes were either the same as created during the coding of data from wave one, adapted, or newly created. Codes were adapted because the naming did not match with the content. New codes were created for data that did not fit in any other code.

After the third data collection wave, new data was coded into the already existing focused codes. Codes that only had language from either only the Aboriginal and Torres Strait Islander youth or only the culture-based websites were deleted. They were deleted because this data had no data to be compared with. The coding check of data collection two and three happened after data collection wave three. This was because coding of data from wave two and the collection of data in wave three happened simultaneously.

After the initial and focused coding phases of the three data collection waves, theoretical sampling was executed. Here data and the focused codes were connected to the theory and the six psychosocial factors that were described in the conceptual framework for Consumer Health Informatics (Logan and Tse, 2007). Again, a second researcher also connected the focused codes to theoretical codes, and the differences were discussed and changed if necessary. After the whole process of focused coding, control of the focused codes, the discussion between the two researchers about the focused codes, and theoretical sampling, there were 28 focused codes. These codes, the amount of files that got data for each codes and how many time data was coded into codes can be seen in appendix E. Table 5 gives an overview of the six theoretical sampling codes and the focused codes that were selected into them.

Table 5. Theoretical sampling codes and focused codes

| Theoretical sampling codes | Focused codes  |
|----------------------------|--|
| Affect                     | <ul style="list-style-type: none"> <li>• Behaviour of people who use alcohol or other drugs</li> <li>• Reaction to (almost) being caught using alcohol or other drugs</li> <li>• Reaction to being offered alcohol or other drugs</li> <li>• Reaction to the behaviour of someone using alcohol or other drugs</li> <li>• Reasons why people use alcohol or other drugs</li> </ul>   |
| Attitudes and Beliefs      | <ul style="list-style-type: none"> <li>• Reasons for not using alcohol or other drugs</li> </ul>   |
| Cognition                  | <ul style="list-style-type: none"> <li>• Being unsure about how to react to someone who offers you alcohol or other drugs or how to react to someone using alcohol or other drugs</li> </ul>   |
| Family and Culture         | <ul style="list-style-type: none"> <li>• Activities to do in the community as an alternative for using alcohol or other drugs</li> <li>• Being in country</li> <li>• Being with family and or friends</li> <li>• Aboriginal or Torres Strait Islander culture</li> <li>• Names used for friends or family</li> </ul>   |
| Knowledge and Skills       | <ul style="list-style-type: none"> <li>• Advice about alcohol or other drugs</li> <li>• Confronting another person about alcohol or other drugs</li> <li>• Consequences of doing alcohol or other drugs</li> <li>• Getting help for alcohol or other drugs</li> <li>• How to call it when someone used (to much) alcohol or other drugs</li> <li>• How to call someone who is or was using alcohol or other drugs</li> <li>• How to call using alcohol or other drugs</li> <li>• How to react when someone offers you alcohol or other drugs</li> <li>• Knowledge about alcohol or other drugs</li> <li>• Names for alcohol or other drugs</li> <li>• Signs that people are or have been using alcohol or other drugs</li> </ul> |
| Social Norms               | <ul style="list-style-type: none"> <li>• Approach of other persons</li> <li>• Look after each other</li> <li>• Peer pressure</li> <li>• Social support</li> <li>• Talking about problems</li> </ul>  |

### 3.3.2 Discourse Analysis

After the coding and sampling processes, a discourse analysis was conducted to analyse the language that was used by the Aboriginal and Torres Strait Islander youth and the culture-based prevention programs. The language in the 28 focused codes that were selected into theoretical codes was used for the discourse analysis (table 5). The analysis was based on the identities building tool and the vocabulary building tool (Gee, 2014). These were two of the 28 tools available to conduct a discourse analysis. These tools were chosen because these two tools were believed by the researcher to be the best tools to find differences in language between Aboriginal and Torres Strait Islander youth and culture-based alcohol and drug prevention programs.

The discourse analysis was conducted by one researcher. This researcher used the action plan in table 6 for each of the six theoretical sampling codes separately. The researcher read all the data from the theoretical sampling codes and used the action plan in table 6 for each of the six theoretical codes separately and wrote the findings in the results section.

*Table 6. Discourse analysis action plan*

|          |   |
|----------|---|
| Step one | <p>Identities building tool</p> <ul style="list-style-type: none"><li>- How is language directed?</li><li>- When are which pronouns used</li><li>- How does the language build the speakers'/writers' identity</li><li>- How does the language build other identities</li></ul> |
| Step two | <p>Vocabulary tool</p> <ul style="list-style-type: none"><li>- What words are used about a specific topic?</li><li>- Are these words positive, negative or neutral?</li><li>- What is the communication style?</li></ul>  |

### 3.4 Ethics

All aspects of this research were approved by the Aboriginal Health and Medical Research Council (AH&MRC) ethics committee (approval no. 1235/16) and The University of Sydney Ethics Committee (approval no. 2018/874). Approval to conduct research in schools was received from The New South Wales State Education Research Application Process (SERAP; approval no. 2017410) and the Brisbane Diocese Catholic Education (reference number 313).

## 4. Results

The results of the discourse analysis are described following the discourse analysis action plan for each six psychosocial factors (Affect, Attitude & Believes, Cognition, Family & Culture, Knowledge & Skills, and Social Norms).

### 4.1 Affect

The first psychosocial factor, affect, contains language about behaviour as an expression of the personal impact of a certain situation (Duncan & Barrett, 2007). This was language about the behaviour of people using alcohol or other drugs, language about the expression of emotion as a reaction to someone's behaviour, and language about reasons why people use alcohol or other drugs.

#### 4.1.1 Identities

In this topic it varied to who language was directed. The Aboriginal and Torres Strait Islander youth either directed their language towards a third person when they talked about behaviour of people who use alcohol or other drugs by for example using 'he' or 'she': "Well, if she's smoking weed, she might be very aggressive...". Or they directed the language to an unknown other (gender neutral, indefinite pronoun) using 'you' or 'they', "Maybe you would be sad for no reason..."; "They wouldn't be themselves". In this topic they never used the first or second person to directly direct the behaviour that they were talking about towards the person they were speaking to or to themselves. The culture-websites also chose to address the language towards a third person using 'they' or towards a general unknown other using 'a person' or 'someone', "Sometimes when people are drunk or use drugs they can become violent or aggressive". Additionally, the culture-based directed their language directly towards a second person using 'you', when talking about behaviour of people who use alcohol or drugs "It can make you feel awake, really happy, focused, angry or scared...".

The Aboriginal and Torres Strait Islander youth directed the language towards a first person using 'I' or 'we' when talking about reactions towards a person who uses alcohol or other drugs, "We are just worried about you". The culture-based websites directed their language towards a second person using 'you', "If you're really worried".

When talking about reasons why people use alcohol or other drugs, the Aboriginal and Torres Strait Islander youth directed their language either towards a first person while doing a role play, "Well yeah, just a bit of stuff here and there, that's all, but it just helps me forget about my problems I feel", towards a general unknown person, "I was thinking something happened, they're at their home watching TV having drugs and just drinking to get over their sadness because...", or they did not direct their language, "To forget about the bad stuff". The culture-based websites directed their language about reasons why people use alcohol or other drugs towards a general unknown person, "People might use to deal with problems in their lives, or because more people around them use alcohol", towards a second person, "It can be hard when you are offered drugs or alcohol and saying no can be one of the hardest things to do", or the language is not directed, "To help with painful feelings-grief, anxiety, anger". Table 7 gives an overview of how the language was directed and which pronouns or words were used to direct language about affect in relation to alcohol and other drugs.

Table 7. How language was directed, and which words used to direct language about affect in relation to alcohol and other drugs

| Code   | Aboriginal and Torres Strait Islander youth  | Website  |
|--|--|--|
| Behaviour of people who use alcohol or other drugs                 | Second person<br>- You<br>Third person<br>- She<br>- They<br>General<br>- Some                         | Second person<br>- you<br>Third person<br>- They<br>General<br>- Someone<br>- People<br>- A person |
| Reaction to the behaviour of people who use alcohol or other drugs | First person<br>- I<br>- We  | Second person<br>- You   |
| Reason why people use alcohol or other drugs                       | First person<br>- I<br>- Me<br>Second person<br>- You<br>- They<br>General<br>- People<br>Not directed | General<br>- People<br>Reader<br>- You<br>Not addressed  |

The language of the Aboriginal and Torres Strait Islander youth showed that they placed themselves in the opponent role, meaning that other people use alcohol and other drugs and have certain reasons for that and how they would react on that. In the language that the Aboriginal and Torres Strait Islander youth used, they showed that this third person is a friend or family member, or someone they know because they gave themselves the identity of a friend, using social language. For example, when they talked about how they would react on the behaviour of someone who is using alcohol or other drugs. Most of the Aboriginal and Torres Strait Islander youth's reactions were about being worried for their friend. The next conversation shows an example of the informal language that they would use when talking to a friend:

**Facilitator:**

*"If Sarah was actually smoking pot or weed all the time, or even though she says a couple of weeks, but what would you say to her? In real life, what would you think say?"*

*"You'd be worried, wouldn't you?"*

**Participant:**

*"I'd be like, Sarah what the hell are you doing?"*

...

**Facilitator:**

*"And you can say maybe we're just worried for you kind of thing and we just want everything to be..."*

...

**Participant:**

"We're just worried about you"

**Participant:**

"Yeah, we're just worried about ya"

The facilitator implicated that being worried could be a reaction to their behaviour. The language used by the participant "*what the hell are you doing*" can be seen as a way to express their concern towards their friend. Only after the facilitators' comment and suggestion of the word 'worried', the participants began to use that word. The websites gave themselves a neutral identity when they give information about affect in relation to alcohol and other drugs. An example of this: "*alcohol can relax you, make you feel talkative, make you feel less focused and you may have trouble balancing*".

#### 4.1.2 Vocabulary

The Aboriginal and Torres Strait Islander youth described behaviour in words of aggression and violence when they talked about behaviour or people who use alcohol or other drugs. The culture-based website on the other hand had a broader view on behaviour and also included words like stressed, pressured. Table 8 gives an overview of the words used by the Aboriginal and Torres Strait Islander youths and the culture-based websites on this topic.

Table 8. Words used by Aboriginal and Torres Strait Islander youths and culture-based websites in their language about behaviour of people when they are using alcohol or other drugs

| Aboriginal and Torres Strait Islander youth  | Culture-based websites   |
|--|--|
| <ul style="list-style-type: none"><li>- <i>Aggressive</i></li><li>- <i>Angry</i></li><li>- <i>Mad</i></li><li>- <i>Freak out</i></li><li>- <i>No emotion</i></li><li>- <i>Sad for no reason</i></li><li>- <i>Happy for no reason</i></li><li>- <i>Wouldn't be themselves</i></li></ul> | <ul style="list-style-type: none"><li>- <i>Aggressive</i></li><li>- <i>Angry</i></li><li>- <i>Violent</i></li><li>- <i>Defensive</i></li><li>- <i>Threatened</i></li><li>- <i>Pressured</i></li><li>- <i>Scared</i></li><li>- <i>Stressed</i></li><li>- <i>Relaxed and calm</i></li><li>- <i>Talkative</i></li><li>- <i>Less focused/ more focused</i></li><li>- <i>Awake</i></li><li>- <i>Really happy</i></li><li>- <i>Deadly<sup>1</sup>, like bullet proof</i></li></ul> |

<sup>1</sup> Deadly is in this context an Aboriginal word for cool

When talking about reactions to the behaviour of people who use alcohol or other drugs, the words used by Aboriginal and Torres Strait Islander youth and the culture-based websites were not exactly similar but have the same value. They both used negative words to describe the reactions. For example, the words 'nervous' used by the Aboriginal and Torres Strait Islander youth and the phrase 'don't feel comfortable' used by one of the culture-based websites have the same value in the meaning of being uneasy in the situation where someone is using alcohol or other drugs. Table 9 shows the words used by both the Aboriginal and Torres Strait Islander youth and the culture-based websites.

Table 9. Words used by Aboriginal and Torres Strait Islander youth and culture-based websites in their language about reactions towards someone's behaviour who is using alcohol or other drugs

| Aboriginal and Torres Strait Islander youths   | Culture-based websites   |
|--|--|
| <ul style="list-style-type: none"> <li>- <i>Suspicious</i></li> <li>- <i>Scared</i></li> <li>- <i>Nervous</i></li> <li>- <i>Annoyed</i></li> <li>- <i>Worried</i></li> </ul> | <ul style="list-style-type: none"> <li>- <i>Angry</i></li> <li>- <i>Scared</i></li> <li>- <i>Don't feel comfortable</i></li> <li>- <i>Shocked</i></li> <li>- <i>Sadness</i></li> <li>- <i>Worry</i></li> </ul> |

When looking at the language used about reasons for people to use alcohol or other drugs, the Aboriginal and Torres Strait Islander youth and the culture-based websites both talked about using drugs for pleasurable effects and using drugs to deal with problems or stressors. For example: "*It makes you feel happy*" was said as a reason for using alcohol or other drugs by the Aboriginal and Torres Strait Islander youth. In this case is 'to feel happy' a reason to use alcohol or other drugs for pleasurable effects. However, in the next sentence "*When you feel sad and alone*", alcohol or other drugs are used for the reason to deal with stressors or problems. Table 10 gives examples of language used by Aboriginal and Torres Strait Islander youth and culture-based websites about reasons why people use alcohol or other drugs. It shows when usage was used as a for the pleasurable effects or to deal with stressors.

Table 10. Examples of language used by Aboriginal and Torres Strait Islander youth and culture-based websites about reasons why people use alcohol or other drugs

| Aboriginal and Torres Strait Islander youths   | Culture-based websites  |
|--|---|
| <p>Using AOD for the pleasurable effects</p> <ul style="list-style-type: none"> <li>- <i>Calms me down</i></li> <li>- <i>Makes me feel good</i></li> <li>- <i>It makes you feel happy</i></li> <li>- <i>To get hallucinated</i></li> </ul>   | <p>Using AOD for the pleasurable effects</p> <ul style="list-style-type: none"> <li>- <i>To feel relaxed and calm</i></li> <li>- <i>Can relax you and make you feel talkative</i></li> <li>- <i>Makes you look cool or more grown up</i></li> <li>- <i>Makes you feel good and you want more and more</i></li> <li>- <i>Makes me feel good, strong and happy</i></li> <li>- <i>Makes you feel good for short time, makes you concentrate, give you energy and make you feel happy</i></li> <li>- <i>To feel better when they are worried, feel down or bad, or have thoughts that are hard to deal with</i></li> <li>- <i>To feel relaxed and calm</i></li> <li>- <i>Can relax you and make you feel talkative</i></li> <li>- <i>Drugs can change the way you feel (that's why people use them!)</i></li> </ul> |
| <p>Using AOD to deal with stressors</p> <ul style="list-style-type: none"> <li>- <i>Having a bad day</i></li> <li>- <i>To get over their sadness</i></li> <li>- <i>Kicked out of dream job or the woman he loves rejected him</i></li> </ul> | <p>Using AOD to deal with stressors</p> <ul style="list-style-type: none"> <li>- <i>To deal with problems</i></li> <li>- <i>People around them use alcohol</i></li> <li>- <i>Saying no can be hard</i></li> <li>- <i>To relieve emotional or mental pain</i></li> </ul>   |

|   |   |
|---|---|
| <ul style="list-style-type: none"> <li>- <i>When you feel sad and alone</i></li> <li>- <i>It's an easier option</i></li> <li>- <i>Helps to forget about problems</i></li> <li>- <i>To get hallucinated</i></li> <li>- <i>Annoyed</i></li> </ul> | <ul style="list-style-type: none"> <li>- <i>To help with painful feelings-grief, anxiety, anger.</i></li> <li>- <i>To help chill out.</i></li> <li>- <i>To slow down racing thoughts.</i></li> <li>- <i>So problems aren't as much of a bother.</i></li> <li>- <i>To stop being bored or like there's nothing to do.</i></li> <li>- <i>To just feel good</i></li> <li>- <i>To help sleep.</i></li> <li>- <i>To fit in.</i></li> <li>- <i>To help with side effects from medication.</i></li> <li><i>Loss or death.</i></li> </ul> |
|---|---|

Table 10 shows that the Aboriginal and Torres Strait Islander youth used mostly positive words when they thought of using alcohol or other drugs as a cause. When they thought of using alcohol or other drugs as an effect, they used more negative words. The words used when talking about usage as a cause were mostly feelings. On the other hand, the words used when talking about usage as an effect were both events and feelings. The culture-based websites also used more feelings when usage was a cause. When usage was an effect, they culture-based websites described the events more compared to the Aboriginal and Torres Strait Islander youth. For example, the Aboriginal and Torres Strait Islander youth named '*Annoyed*' as a reason for people to use alcohol or other drugs, the culture-based websites described this as "*To stop being bored or like there's nothing to do*".

## 4.2. Attitudes and beliefs

The second psychosocial factor, attitude and beliefs, contains language about attitudes or beliefs on reasons for not using alcohol or other drugs.

### 4.2.1 Identities

The Aboriginal and Torres Strait Islander youth used four different ways to direct their language about reasons for not using alcohol or other drugs. Firstly, they directed their language towards a first person, "*I hate it. I don't like it*". Secondly, they talked about reasons why a second person shouldn't use alcohol or other drugs, "*It's not good for you*"; "*You could risk your life*". Most of the times when 'you' was used by the Aboriginal and Torres Strait Islander youth, they did not direct this towards a specific person, they used it in a general way of speaking. On the other hand, when doing a role play, the Aboriginal and Torres Strait Islander youth used 'you' to address their language towards one of their peers, "*And you know if you keep taking your drugs, you know how you want to be an artist when you grow up? If you keep doing that, you're going to be so like down in the dumps and you won't have any inspiration and you won't become what you want to be*". Lastly, the Aboriginal and Torres Strait Islander youth gave their attitude or beliefs without directing their language, "*How dangerous it actually is*".

The culture-based websites directed their language towards a first or second person using 'you' or 'I' when they gave examples for reasons for not using alcohol or other drugs. They used 'you' to directly direct the language towards the reader, "*You can forget important things in life, like your stories*". They used 'I' in tips to say no, "*I want to keep healthy, so I can play sports better*". The culture-based also directed the reasons for not using alcohol or other drugs towards a third person, most of the time a friend or family member, for example in the next sentence: "*You can help your friend or family member keep off the drugs or grog by helping them stay focused on their goals and*

*positive things in their life".* In other sentences, the language was not directed, "Tobacco use can cause serious things such as heart attack, stroke, cancer and emphysema, it can be quite expensive too". Table 11 shows how the language about attitudes and beliefs was directed by the Aboriginal and Torres Strait Islander youth and which words they use to direct the language.

Table 11. How language was directed and which words used to direct language about attitudes and beliefs in reasons for not using alcohol or other drugs

| Code   | Aboriginal and Torres Strait Islander   | Website   |
|--|---|---|
| Reasons for not using alcohol or other drugs | First person<br>- I<br>- We<br>Second person<br>- You<br>Third person<br>- Grandpa<br>- He<br>- Family friends<br>- She<br>- My mom<br>General<br>- People<br>- Someone<br>Not directed | First person<br>- I<br>Second person<br>- You<br>Third person<br>- Them<br>- Your friend or family member<br>Not directed |

Based on this research, the Aboriginal and Torres Strait Islander youth appear to create an identity in which they give reasons for not using alcohol or other drugs that are more general applicable. The culture-based websites tried to create an identity for the reader in which they are helping a friend or family member, or an identity in which the reader thinks about its' own reasons. The website does not give general reasoning and make the language more personal.

#### 4.1.2 Vocabulary

The Aboriginal and Torres Strait Islander youth gave multiple reasons for not using alcohol or other drugs. The arguments had positive reasonings: "*Instead of doing drugs and alcohol you can go outside and enjoy doing what you like to do*" or negative reasonings: "*Because they are disgusting, and way to expensive*". The topics health, education, family, money, and hobbies were used to give reasons for not using alcohol or other drugs. Friends and family were the most used reason, "*You stay more connected to family if you don't do drugs*".

The videos on one of the culture-based websites were mostly used negative reasoning when giving reasons for not using alcohol or other drugs. For example, "...and you can't play sports so well". The texts on the other hand gave more positive reasoning about dreams and goals. For example, "*What role in your community do you want to play? How do you want to support your family? What's your dream job? Are you going to be a teacher, are you going to play footy, are you going to be a doctor, nurse or health worker? Ask yourself, where does drug use or drinking fit in with my dreams and plans?*". The Aboriginal and Torres Strait Islander youth used the reasoning "it's bad" multiple times. The culture-based websites never just used 'it's bad' as a reasoning, they always gave an argument why it is bad. Table 12 gives an overview of words used by Aboriginal and

Torres Strait Islander youth and culture-based language in their language about reasons for not doing alcohol or other drugs.

Table 12. Examples of language used by Aboriginal and Torres Strait Islander youths and culture-based websites about reasons for not using alcohol or other drugs

| Aboriginal and Torres Strait Islander youth  | Culture-based websites   |
|--|--|
| <p>Positive reasoning</p> <ul style="list-style-type: none"> <li>- <u>Doing well in school, education</u></li> <li>- <u>So if you don't take drugs and alcohol it won't affect your health, so you can grow up and live a longer life.</u></li> <li>- <u>Instead of drugs and alcohol you can be having type of fun with your family</u></li> <li>- <u>if you had drugs and alcohol you wouldn't be able to have this like healthy food or gathering together happy as you are healthy.</u></li> <li>- <u>Instead of doing drugs and alcohol you can go outside and enjoy doing what you like to do</u></li> <li>- <u>Do things you love</u></li> <li>- <u>Stay connected to family</u></li> <li>- <u>Live a longer life</u></li> <li>- <u>You can do more in life and accomplish things</u></li> </ul> <p>Negative reasoning</p> <ul style="list-style-type: none"> <li>- <u>You can't enjoy community and doing – playing the flute and instruments – when you have drugs and alcohol yeah</u></li> <li>- <u>It's not good for you</u></li> <li>- <u>That it's very bad, it can kill</u></li> <li>- <u>So like if you're taking drugs, if parents are going to be affected by that too</u></li> <li>- <u>You won't be able to get a career and then leads to bum on the street.</u></li> <li>- <u>Because then your teeth will rot</u></li> <li>- <u>Drugs and alcohol can screw up your friendships.</u></li> <li>- <u>With the smoking and that, I don't really think you'd want to kiss someone that has just ash everywhere.</u></li> <li>- <u>So all the money he spent on his cigarettes he could have spent otherwise.</u></li> <li>- <u>I hate it</u></li> </ul> | <p>Positive reasoning:</p> <ul style="list-style-type: none"> <li>- <u>Remind them of their good things in life...</u></li> <li>- <u>Take a positive approach and remind them of their good qualities</u></li> <li>- <u>Help them stay focused on their goals and positive things to do.</u></li> <li>- <u>I want to keep healthy, so I can play sports better</u></li> </ul> <p>Negative reasoning</p> <ul style="list-style-type: none"> <li>- <u>You can help them train and explain how drugs or grog could make them play worse</u></li> <li>- <u>This is why if you use cannabis and start driving a car, you could crash and hurt yourself or someone else</u></li> <li>- <u>Smoking can take your life</u></li> <li>- <u>If you smoke a pack a day, that is about six thousand dollars a year. Think about what else you could do with that money</u></li> <li>- <u>The baby can get born to early and it can get sick all the time</u></li> <li>- <u>You can't play sports so well</u></li> <li>- <u>You can forget important things in life, like your stories</u></li> <li>- <u>Hurt the people that you love</u></li> <li>-</li> </ul> |

### 4.3 Cognition

The third psychosocial factor, cognition, contains language about mental processes. The language is about being unsure about what to do when someone offers alcohol or other drugs or being unsure about how to react to someone who is using alcohol or other drugs. The Aboriginal and Torres Strait Islander youth did not discuss this topic much. Table 13 shows the language used by the Aboriginal and Torres Strait Islander youth and the culture-based websites about being unsure.

Table 13. Language used by Aboriginal and Torres Strait Islander youth and culture-based websites about being unsure

| Aboriginal and Torres Strait Islander youth  | Culture-based websites  |
|--|---|
| <ul style="list-style-type: none"><li>- <u>I don't know what I would do</u></li><li>- <u>And then what would I do?</u></li><li>- <u>Yeah, I suppose so</u></li></ul> | <ul style="list-style-type: none"><li>- <i>If you feel scared or <u>unsure</u> what to do</i></li><li>- <i>You also might <u>not be sure</u> how to talk or act around the person</i></li><li>- <i>Especially if you <u>don't know</u> what to expect</i></li></ul> |

### 4.4 Family and Culture

The fourth psychosocial factor, family and culture, contains language about family and or friends and things that are part of the culture of the Aboriginal and Torres Strait Islander youths. Family and culture are very important for Aboriginal and Torres Strait Islander people in Australia. Language in this factor is about how family and culture provides a reason for not using alcohol or other drugs. This can be about activities in the community, friendship, expression of Aboriginal or Torres Strait Islander culture, being with community or family or being in country.

#### 4.4.1 Identities

In all the topics that are part of the family and culture sampling code, the Aboriginal and Torres Strait Islander youth directed their language towards a first person. For example, they talked about doing activities with family members or friends, "Dad and I play cricket a lot"; "I had me and one of my mates from an old school. We – he does go to a different school now, but we still get together with each other and like we go like mountain biking, yeah". They used 'I' when they talked about their personal interest or hobbies: "That's my dancing. I like dancing".

The culture-based websites directed their language about family and culture and how they provide a reason to not use alcohol or other drugs towards a second person using 'you', "footy match coming up, you can help them train". However, most of the time they directed their language towards a general unknown person, "Being connected to family, community and culture can help people get over existing problems and can even help prevent problems with drugs and alcohol occurring in the first place". Table 14 gives an overview of the words used to direct language by both the Aboriginal and Torres Strait Islander youth and the culture-based websites.

Table 14. How language was directed, and which words used to direct language about friends and culture and how they provide a reason for not using alcohol or other drugs

| Code               | Aboriginal and Torres Strait Islander                       | Website   |
|--------------------|---|---|
| Family and culture | First person<br>- I<br>- My<br>- We<br>- My totem and tribe | Second person<br>- You<br>Third person<br>- Them<br>General<br>- A young person<br>- People<br>- Aboriginal and Torres Strait Islander people<br>Not directed |

The Aboriginal and Torres Strait Islander youth create an identity where they place themselves within family, friends and their community. Community is important in the Australian Aboriginal and Torres Strait Islander culture. This could be seen in the language by the Aboriginal and Torres Strait Islander youth, *“Surround yourself with family”*; *“These are the reasons I want to do it, because I have my family there”*. The culture-based websites also wrote about the importance of family, friends and community: *“Although everyone has their own journey, for heaps of young people who have learned to manage their use, a good network of friends, positive family or community and a strong connection to culture were some of the most important things that helped them”*.

#### 4.4.2 Vocabulary

The Aboriginal and Torres Strait Islander youth used different words to talk about people in their community, their friends, or their family. Table 15 shows the words used by the Aboriginal and Torres Strait Islander youth and the words used by the culture-based websites for community, friends or family. The culture-based websites did not use grandparents in their language.

Table 15. Words used by Aboriginal and Torres Strait Islander youth and culture-based websites in their language about community, friends, and family

| Aboriginal and Torres Strait Islander youths   | Culture-based websites  |
|--|---|
| - Family<br>- Brother (family)<br>- Sister (family)<br>- Siblings<br>- Mum<br>- Dad<br>- Father<br>- Parents<br>- Aunty<br>- Aunt<br>- Uncle<br>- Grandma<br>- Grandpa<br>- Nan<br>- Pop | - Family<br>- Brother<br>- Sister<br>- Parents<br>- Aunty<br>- Uncle<br>- Cousin<br>- Cuz<br>- Elders<br>- Friend<br>- Mates<br>- Brother boy<br>- Bruz<br>- Sister girl<br>- Sis |

|   |  |
|---|--|
| <ul style="list-style-type: none"> <li>- <i>Godparents</i></li> <li>- <i>Friends</i></li> <li>- <i>Mates</i></li> <li>- <i>Brother (friend)</i></li> <li>- <i>Sister (friend)</i></li> <li>- <i>Bro (friend)</i></li> <li>- <i>Bros (friends)</i></li> <li>- <i>Boys (friends)</i></li> <li>- <i>Fella</i></li> <li>- <i>The adults</i></li> <li>- <i>Community</i></li> <li>- <i>People</i></li> </ul> | <ul style="list-style-type: none"> <li>- <i>Community</i></li> </ul> |
|---|--|

The Aboriginal and Torres Strait Islander youth talked about positive activities that they like to do in their community that could help them to stay away from alcohol or other drugs. Most of the activities are outside, however, playing video games was also a popular activity. Table 16 shows activities that the Aboriginal and Torres Strait Islander youth talked about and examples of activities used by the culture-based websites.

*Table 16. Words used by Aboriginal and Torres Strait Islander youth and culture-based websites in their language about activities to do in community and country*

| <b>Aboriginal and Torres Strait Islander youths</b>   | <b>Culture-based websites</b>   |
|---|---|
| <p>Physical activities</p> <ul style="list-style-type: none"> <li>- <i>Run a block</i></li> <li>- <i>Cricket</i></li> <li>- <i>Handball</i></li> <li>- <i>Mountain biking</i></li> <li>- <i>Dance class</i></li> <li>- <i>Yoga</i></li> <li>- <i>Soccer</i></li> <li>- <i>Footy</i><sup>1</sup></li> <li>- <i>Swimming</i></li> <li>- <i>Tennis</i></li> <li>- <i>Cycling</i></li> <li>- <i>Play tiggy</i><sup>2</sup></li> <li>- <i>Basketball</i></li> <li>- <i>Water skiing</i></li> <li>- <i>Skipping rope</i></li> <li>- <i>Fishing</i></li> <li>- <i>Walks</i></li> <li>- <i>Play with animals</i></li> </ul> <p>Cultural activities</p> <ul style="list-style-type: none"> <li>- <i>NAIDOC</i><sup>3</sup> <i>celebrations</i></li> <li>- <i>Play didge</i><sup>4</sup></li> <li>- <i>Do art</i></li> <li>- <i>Excursions</i></li> <li>- <i>Camps</i></li> </ul> | <p>Physical activities</p> <ul style="list-style-type: none"> <li>- <i>Help friends train for footy</i><sup>1</sup></li> <li>- <i>Playing football</i></li> <li>- <i>Dancing</i></li> <li>- <i>Fishing</i></li> <li>- <i>Hunting</i></li> <li>- <i>Go for a walk</i></li> <li>- <i>Play sports</i></li> </ul> <p>Cultural activities</p> <ul style="list-style-type: none"> <li>- <i>Talking with my family, sharing my culture</i></li> <li>- <i>Going back to country</i></li> <li>- <i>Have a yarn</i><sup>6</sup> <i>with your Aunty, Uncle or parents</i></li> </ul> <p>Other activities</p> <ul style="list-style-type: none"> <li>- <i>Hanging with my mates</i></li> <li>- <i>Listening to music</i></li> <li>- <i>Camping</i></li> <li>- <i>Play computer games</i></li> </ul> |

|   |  |
|---|--|
| <ul style="list-style-type: none"> <li>- <i>See nature</i></li> </ul> <p>Other activities</p> <ul style="list-style-type: none"> <li>- <i>Art</i></li> <li>- <i>Singing</i></li> <li>- <i>Playing an instrument</i></li> <li>- <i>Listen to music</i></li> <li>- <i>Hang out by the lake</i></li> <li>- <i>Go to the beach</i></li> <li>- <i>Hang out with friends</i></li> <li>- <i>Video games</i></li> <li>- <i>Fortnite</i><sup>5</sup></li> <li>- <i>Nintendo Switch</i></li> <li>- <i>Care for animals</i></li> <li>- <i>Have a barbecue</i></li> </ul> |  |
|---|--|

1. *Footy* is Australian Rules Football

2. *Tiggy* is another word for playing tag

3. Annual week of Aboriginal and Torres Strait Islander cultures celebration

4. *Digeridoo*

5. Popular online video game

6. *Yarns* are stories, in this case it means having a talk

## 4.5 Knowledge and skills

The fifth factor, knowledge and skills, contains language that shows a certain knowledge about alcohol or other drugs or language about skills in relation to how to deal with people who use alcohol or drugs. Skills contains language about how to confront someone who is using alcohol or other drugs, how to react if someone offers you alcohol or other drugs, and where to get help for problems related to alcohol or drugs use. Knowledge contains language about definitions, and knowledge about alcohol or other drugs.

### 4.5.1 Identities

Language about knowledge can be distinguished from language about skills. When the Aboriginal and Torres Strait Islander youth talked about skills the language was about confronting someone who is using alcohol or other drugs and where to go to when they need help for problems or something that is related to alcohol or other drugs. When talking about skills, they either directed their language directly towards this person: "Jimmy what are you doing, why are you drinking alcohol and drugs?" in a role play, they directed it towards the general second person: "There are always helplines you can to", or they use first person or no pronoun to describe what they would do themselves: "I'll knock the can right out of his hand". The culture-based websites directed their language directly to the reader in a form of advice: "Stay calm and reasonable. Try to avoid an argument, as this can result in them not listening or not wanting to talk with you". Table 17 shows the words used to direct language among Aboriginal and Torres Strait Islander youth and culture-based websites when talking about skills.

Table 17. How language was directed, and which words were used to direct language about skills

|        | <b>Aboriginal and Torres Strait Islander</b>                | <b>Website</b>  |
|--------|---|---|
| Skills | First person<br>- I<br>Second person<br>- You<br>Imperative | First person<br>- I (in tips)<br>Second person<br>- You<br>Not directed |

When talking about knowledge about alcohol and drugs, the Aboriginal and Torres Strait Islander youth use different language to define that they are talking about alcohol or other drugs. They use 'it', 'stuff', 'they', the more general term 'alcohol and drugs', or the name of the specific alcohol or drug. For example, "*What they do to your mind*"; "*It can change your emotions*"; "*if you are under the influence of drugs and alcohol*"; "*People that do that stuff*"; "*As soon as you have the smallest amount of cocaine...*". The culture-based websites name the specific alcohol or drugs, or they use the general term of alcohol or drugs. For example, "*Cannabis is a depressant which means it slows down your body's response to things*" or "*Alcohol can take time leaving the body*". Table 18 shows the words used by Aboriginal and Torres Strait Islander youth and culture-based websites to define talking about alcohol or other drugs.

Table 18. Words used by Aboriginal and Torres Strait Islander youth and culture-based websites to define their language about alcohol or other drugs

|                         | <b>Aboriginal and Torres Strait Islander</b>  | <b>Website</b>   |
|-------------------------|---|--|
| Alcohol and other drugs | Name of alcohol or drug (see table 23)<br><i>Stuff</i><br><i>They</i><br><i>It</i><br><i>Alcohol or drugs</i> | Name or alcohol or drugs (see table 23)<br><i>Alcohol or drugs</i><br><i>Grog or drugs</i> |

#### 4.5.2 Vocabulary

The Aboriginal and Torres Strait Islander youth talked about how they would confront someone about their alcohol or other drugs usage, or what would be a good strategy to do so. They noted that it was a good idea to stay calm and don't get angry with the person they are talking to. However, they also gave examples of how to confront someone who is using alcohol or drugs, and those reactions were not always calm and non-accusatory. The culture-based websites also gave the advice to stay calm, and not to get angry. The Aboriginal and Torres Strait Islander youth and the culture-based websites both used 'do nots' and 'do's' in their language. Table 19 gives an overview of words used when talking about confronting someone on their alcohol or other drugs usage.

Table 19. Examples of language used by Aboriginal and Torres Strait Islander youth and culture-based websites about confronting someone who is using alcohol or other drugs

| Aboriginal and Torres Strait Islander youth  | Culture-based websites  |
|--|---|
| <p>Advice on skills</p> <ul style="list-style-type: none"> <li>- <i>So you would talk to her maybe calmly</i></li> <li>- <i>You have got to say that in a calm way</i></li> <li>- <i>Wouldn't scream you head at her</i></li> <li>- <i>We don't want to say why it's not good for you</i></li> <li>- <i>Don't get angry</i></li> <li>- <i>Say that and then be like it's not good for you, you're going to end up hurting yourself.</i></li> </ul> <p>Examples</p> <ul style="list-style-type: none"> <li>- <i>How long have you done it?</i></li> <li>- <i>What's up with you?</i></li> <li>- <i>Oh my god Jimmy what the hell are you doing?</i></li> <li>- <i>What happened?</i></li> <li>- <i>I'll knock the can right out of his hand</i></li> <li>- <i>I would probably say are you in some type of trouble or anything</i></li> </ul> | <ul style="list-style-type: none"> <li>- <i>Remain calm and speak to them in a clear and slow voice</i></li> <li>- <i>Try not to use words that sound like you're telling them what to do, otherwise they might become defensive and not listen</i></li> <li>- <i>For example, when they talk, listen to them and let them know you understand their feelings</i></li> <li>- <i>Stay calm and reasonable. Try to avoid an argument, as this can result in them not listening or not wanting to talk with you</i></li> </ul> |

Another topic on skills was about how to react when someone offers you alcohol or other drugs. The Aboriginal and Torres Strait Islander youth mostly gave the strategies to 'say no' or 'walk away', however they also gave other strategies to react. The culture-based websites also used the strategies 'walking away' and 'saying no', however they also gave more ways to react to someone who is offering you alcohol or other drugs. Table 20 gives an overview of the reactions.

Table 20. Examples of language used by Aboriginal and Torres Strait Islander youth and culture-based websites about reactions to someone who offers you alcohol or other drugs

| Aboriginal and Torres Strait Islander youth   | Culture-based websites   |
|---|--|
| <p>Say no:</p> <ul style="list-style-type: none"> <li>- <i>say no that is wrong</i></li> <li>- <i>Say no thank you</i></li> <li>- <i>If I don't want to do something, don't force me to do something</i></li> <li>- <i>Oi, I'm not doing this anymore, because I'm a responsible young hot man</i></li> <li>- <i>No, sorry brother. No. No</i></li> <li>- <i>Hell no</i></li> <li>- <i>No, we're good</i></li> <li>- <i>Oh definitely not</i></li> <li>- <i>No, I'm alright mate</i></li> <li>- <i>No thanks, I don't wanna, and if they continue asking I would just say no, no, no</i></li> </ul> | <p>Say no:</p> <ul style="list-style-type: none"> <li>- <i>Not right now Cuz</i></li> <li>- <i>No thanks, not tonight bruz/sis</i></li> <li>- <i>Nah, I'm not feeling too good</i></li> <li>- <i>No, I'm cutting down</i></li> <li>- <i>Nope, doctors orders</i></li> <li>- <i>Nah, I have sport/family/personal commitments</i></li> <li>- <i>When you say no, be aware of your posture, especially if you are talking to one of your brother boys or sister girls, you don't want to give the impression you're more deadly<sup>1</sup> because you're not joining in on the drinking and/or drugs, they could take it the wrong way.</i></li> </ul> |

|   |   |
|---|---|
| <p>Walk away</p> <ul style="list-style-type: none"> <li>- <u>Walk away</u></li> <li>- <u>Step out of their way</u></li> <li>- <u>Yeah, I think we should go. Thanks for everything guys.</u></li> </ul> <p>Other strategies</p> <ul style="list-style-type: none"> <li>- <u>I will say F off, leave me alone. I don't want to talk to you. If they keep doing it, I'll probably get a pair of brass knuckles and punch them in the face</u></li> <li>- <u>Ignore them</u></li> <li>- <u>I'm busy</u></li> <li>- <u>I wouldn't go near them</u></li> <li>- <u>Yeah I'm not really in the party mood</u></li> <li>- <u>If it was food, I'd say you try it then</u></li> </ul> | <p>Walk away:</p> <ul style="list-style-type: none"> <li>- <u>If you can, try to walk away for a bit when others start offering smokes</u></li> </ul> <p>Other strategies</p> <ul style="list-style-type: none"> <li>- <u>Explain why you don't want to smoke</u></li> <li>- <u>I want to keep healthy so I can play sports better</u></li> <li>- <u>I don't want to smoke in front of my family or little kids</u></li> <li>- <u>Give an excuse</u></li> <li>- <u>I can't smell like smoke for work</u></li> <li>- <u>I have a sore throat</u></li> <li>- <u>You go ahead, I can catch up with you later</u></li> <li>- <u>Come on, I need some support here</u></li> <li>- <u>I just don't feel like it tonight, maybe next time</u></li> <li>- <u>To show you're not interested in using or drinking try and talk about something else.</u></li> </ul> |
|---|---|

1. Deadly is in this sentence an Aboriginal word for cool

The topic about where to get help for alcohol or other drug-related problems, showed that Aboriginal and Torres Strait Islander youth mostly talked about going to someone in their community like parents, friends, godparents, or school counsellor and teachers (by name). The culture-based websites also named community members as persons to go to when you need help. Besides that, the culture-based websites named where to get help when more direct help is needed. For example, 000 which is the alarm-number to call an ambulance or the police. Table 21 gives an overview of the words used about where to get help for alcohol or other drugs related problems.

Table 21. Words used by Aboriginal and Torres Strait Islander youth and culture-based websites in their language about where to get help for alcohol or other drugs related problems

| Aboriginal and Torres Strait Islander youth   | Culture-based websites   |
|---|--|
| <ul style="list-style-type: none"> <li>- <i>Friends</i></li> <li>- <i>Family</i></li> <li>- <i>Parents</i></li> <li>- <i>My mum or dad</i></li> <li>- <i>Uncle Marsh</i></li> <li>- <i>Godparents</i></li> <li>- <i>Community centre</i></li> <li>- <i>Someone you can trust</i></li> <li>- <i>Help counsel</i></li> <li>- <i>Counsellor</i></li> <li>- <i>A teacher</i></li> <li>- <i>A doctor</i></li> <li>- <i>Someone that can physically and mentally help you</i></li> <li>- <i>Police</i></li> <li>- <i>Helplines</i></li> </ul> | <ul style="list-style-type: none"> <li>- <i>Friends</i></li> <li>- <i>Family members</i></li> <li>- <i>Parent</i></li> <li>- <i>An adult (mum, dad, Aunty, Uncle)</i></li> <li>- <i>Cousin</i></li> <li>- <i>Elder</i></li> <li>- <i>Sister</i></li> <li>- <i>Brother</i></li> <li>- <i>Someone you can trust</i></li> <li>- <i>Aboriginal Health Worker/Officer</i></li> <li>- <i>Youth worker</i></li> <li>- <i>Service worker</i></li> <li>- <i>School counsellor</i></li> <li>- <i>Teacher</i></li> <li>- <i>School nurse</i></li> <li>- <i>000<sup>1</sup></i></li> </ul> |

|  |   |
|--|---|
|  | <ul style="list-style-type: none"> <li>- Ambulance</li> <li>- Hospital</li> <li>- Aboriginal Medical Service</li> <li>- Health services</li> <li>- YoDAA<sup>2</sup></li> <li>- VACCHO<sup>3</sup></li> </ul> |
|--|---|

1. Alarm number

2. Youth Drug and Alcohol Advice

3. Peak Community Controlled Health Organisation in Victoria

When talking about the consequences of alcohol or other drugs usage, the Aboriginal and Torres Strait Islander youth mostly gave health related consequences and social related consequences whereas the culture-based websites gave more health-related consequences. For the health-related consequences the Aboriginal and Torres Strait Islander youth used words like “cancer”, “kill”, and “dying”. The culture-based websites also used these words, but in a combination with more softer words like, feel sick, lose control over your body. Socially related consequences were talked important for the Aboriginal and Torres Strait Islander youth, they gave multiple socially related consequences like “*It affects your family*” and “*it can break relationships*”. The culture-based websites also talked about socially related consequences but focused more on the health consequences. Table 22 gives examples of words used by the Aboriginal and Torres Strait Islander youth and culture-based websites in their language about consequences of alcohol and other drugs usage.

Table 22. Examples of language used by Aboriginal and Torres Strait Islander youth and culture-based websites about consequences of using alcohol or other drugs

| Aboriginal and Torres Strait Islander youth   | Culture-based programs  |
|---|---|
| <p>Health related:</p> <ul style="list-style-type: none"> <li>- <u>...kill hundreds of brain cells over one microsecond or something like that</u></li> <li>- <u>It just automatically starts killing and if you have enough of it then you can't stop the killing</u></li> <li>- <u>What it can do to the mind and reproductive system</u></li> <li>- <u>If they're just starting they might get hooked</u></li> <li>- <u>What they do to your mind</u></li> <li>- <u>His body couldn't handle it and he had a heart attack and died</u></li> <li>- <u>Your brain cells start dying</u></li> <li>- <u>Because she was smoking the baby died</u></li> <li>- <u>Causes cancer</u></li> </ul> <p>Socially related:</p> <ul style="list-style-type: none"> <li>- <u>Why are you dodging the boys</u></li> <li>- <u>It affects your family</u></li> <li>- <u>It affects your friendships</u></li> <li>- <u>It can break relationships</u></li> <li>- <u>I don't really think you'd want to kiss someone that has just ash everywhere</u></li> </ul> | <p>Health related:</p> <ul style="list-style-type: none"> <li>- <u>...slows down your brain and body and changes your spirit. It makes it harder to concentrate on what you're doing and move your body. This is why if you use cannabis and start driving a car, you could crash and hurt yourself or someone else.</u></li> <li>- <u>Less people are smoking tobacco, but it still causes more harm, illness and death than any other drug</u></li> <li>- <u>Tobacco use can cause serious things such as heart attack, stroke, cancer and emphysema, it can be quite expensive too</u></li> <li>- <u>If you have too much alcohol you can feel sick, vomit, and lose control of your body (muscles, bladder, speech, emotions and a lot more health implications)</u></li> <li>- <u>You are getting injured or hurt because of your drug use</u></li> </ul> <p>Socially related:</p> <ul style="list-style-type: none"> <li>- <u>People who are using drugs sometimes isolate themselves and cut their connection with their family and community</u></li> </ul> |

|  |   |
|--|---|
| <ul style="list-style-type: none"> <li>- <i>They lose the one they love</i></li> <li>- <i>They can be unbreakable, but as soon as one of them starts taking drugs they can get violent and then the best friend slowly drifts away</i></li> <li>- <i>It gets worse because they feel like the top of the world when they're on it, but they start to slow and sink in a black hole of despair and loneliness</i></li> <li>- <i>...you'll slowly drift away from society</i></li> <li>- <i>...if you do drugs and that, then your friends might not want to be your friend anymore</i></li> </ul> <p>Others:</p> <ul style="list-style-type: none"> <li>- <i>You're going to feel a lot worse tomorrow</i></li> <li>- <i>Car crash</i></li> <li>- <i>It just makes it worse</i></li> <li>- <i>You'll get suspended</i></li> <li>- <i>So he wasted all his money on drugs</i></li> </ul> | <ul style="list-style-type: none"> <li>- <i>You are staying away from friends who don't use drugs</i></li> <li>- <i>There are some issues with your family, friends or community because of your use</i></li> <li>- <i>Fighting with family</i></li> </ul> <p>Others:</p> <ul style="list-style-type: none"> <li>- <i>Cannabis changes how you think and act so it's important to stay safe and not drive after cannabis.</i></li> <li>- <i>In fact, you're about 3 times more likely to crash a car after smoking cannabis.</i></li> <li>- <i>Your drug use is affecting work or school</i></li> </ul> |
|--|---|

The Aboriginal and Torres Strait Islander youth used different words to describe alcohol or other drugs. They used general words or names that they knew. They mostly used 'weed' as a drug that they knew "Maybe weed, weed is our most familiar", second was 'ice' (methamphetamines). The culture-based websites used a lot of different words for alcohol or other drugs. Table 23 shows the words used words used by the Aboriginal and Torres Strait Islander youth and culture-based websites in their language about alcohol and other drugs.

Table 23. Words used for alcohol or other drugs by Aboriginal and Torres Strait Islander youth and culture-based websites

| Aboriginal and Torres Strait Islander youth   | Culture-based websites   |
|---|--|
| <p>General</p> <ul style="list-style-type: none"> <li>- <i>Drugs</i></li> <li>- <i>Drugs and stuff</i></li> <li>- <i>Drugs and alcohol and all that</i></li> <li>- <i>Alcohol</i></li> <li>- <i>Substances</i></li> <li>- <i>Legal/illegal drugs</i></li> </ul> <p>Alcohol:</p> <ul style="list-style-type: none"> <li>- <i>A drink</i></li> <li>- <i>Beer</i></li> <li>- <i>XXXX beer<sup>1</sup></i></li> <li>- <i>A beer bottle</i></li> <li>- <i>Cans (that's what my dad says)</i></li> <li>- <i>Six-pack</i></li> <li>- <i>Fosters Draught<sup>2</sup></i></li> <li>- <i>Red Bull vodka</i></li> <li>- <i>Dirty sprite</i></li> <li>- <i>Moonshine<sup>3</sup></i></li> </ul> | <p>General</p> <ul style="list-style-type: none"> <li>- <i>Drugs and grog</i></li> <li>- <i>Alcohol or drugs</i></li> </ul> <p>Alcohol</p> <ul style="list-style-type: none"> <li>- <i>Grog</i></li> <li>- <i>Booze</i></li> <li>- <i>Piss</i></li> <li>- <i>Charge</i></li> <li>- <i>Ethanol</i></li> </ul> <p>Other drugs:</p> <ul style="list-style-type: none"> <li>- <i>Cannabis, gunja, yarndi, hoof, grass, pot, weed, hash, reefer, dope, herb, mull, buddha, ganja, joint, stick, buckets, cones, skunk, hydro, smoke, hooch, or green</i></li> <li>- <i>Smokes</i></li> <li>- <i>Tobacco</i></li> <li>- <i>Nicotine</i></li> </ul> |

|  |   |
|--|---|
| <p>Other drugs:</p> <ul style="list-style-type: none"> <li>- <i>Cocaine</i></li> <li>- <i>Weed, Cannabis, Marijuana, Yarndi, Ganja</i></li> <li>- <i>ICE</i></li> <li>- <i>Meth</i></li> <li>- <i>Cigarettes</i></li> <li>- <i>Nicotine</i></li> <li>- <i>Tobacco</i></li> <li>- <i>Zombie pill</i></li> <li>- <i>Panadol tablets</i></li> <li>- <i>Insulin</i></li> <li>- <i>Amphetamine</i></li> <li>- <i>Caffeine</i></li> <li>- <i>Laughing gas</i></li> </ul> | <ul style="list-style-type: none"> <li>- <i>Cigarettes</i></li> <li>- <i>Cigars</i></li> <li>- <i>Pipe tobacco</i></li> <li>- <i>Chewing tobacco</i></li> <li>- <i>Wet and dry snuff</i></li> <li>- <i>Ice, meth, speed, crystal, crystal meth, shabu, Tina, glass, crank, yaba, or shard</i></li> <li>- <i>Benzos</i></li> </ul> |
|--|---|

<sup>1</sup> Australian beer brand

<sup>2</sup> Australian beer brand

<sup>3</sup> Home-made alcohol

The Aboriginal and Torres Strait Islander youth used different words to describe a person's dependence on alcohol or other drugs. The culture-based websites used only two ways to describe dependence. Table 24 gives an overview of the words used by the Aboriginal and Torres Strait Islander youth and culture-based websites in their language about dependence on alcohol and other drugs.

Table 24. Words used by Aboriginal and Torres Strait Islander youth and culture-based websites in their language about dependence on alcohol or other drugs

| Aboriginal and Torres Strait Islander youth  | Culture-based websites  |
|--|---|
| <ul style="list-style-type: none"> <li>- <i>On drugs and alcohol</i></li> <li>- <i>Hooked</i></li> <li>- <i>Addicted</i></li> <li>- <i>Drunko</i></li> <li>- <i>Down in the dumps</i></li> <li>- <i>Can't get off of it</i></li> </ul> | <ul style="list-style-type: none"> <li>- <i>Addiction</i></li> <li>- <i>Dependence</i></li> </ul> |

## 4.6 Social norms

The last factor, social norms, contains language about unwritten rules about how to behave. It contains language about how to approach another person, social support, peer pressure, looking after each other and talking about problems.

### 4.6.1 Identities

Most of the language of the Aboriginal and Torres Strait Islander youth in this factor was said in role plays. For example, approaches of other persons: "Hey, what up?" The language used in this factor is therefore close to the language that the Aboriginal and Torres Strait Islander youth would use to their friends. For example in the next conversation where the youth did a roleplay in which they are playing the online video game Fortnite:

Participant 1: "Ethan, you're not going too well! You just died"

Participant 2: "Yeah, what are you doing?"

Participant 3: "I don't know man. I'll play better next time"

Participant 1: "Yeah...ok"

Because most of the language is part of the role-plays, most of the language is directed directly to the person they are talking to. When they talked about peer pressure, they talked most of the time about 'someone' or 'people': "*I have this problem for saying no to people. I get asked out, I can't say no*.", and only a few times about friends "*She'd always come up and she was like, try this, try that. They come up to me and were like, can you tell her that we don't want to be friends with her because she's always trying to do it. I walked up to her and I was like, they don't want to be your friend, leave*".

When the culture-based websites wrote about looking after each other and talking about problems they directed their language towards a second person, saying that you (the reader) can help a third person (friends or family): "*Here's some tips for supporting them and talking to them. Before you talk to your friend or family member...*". When they wrote about social support they directed the language towards a second person (the reader): "*You might feel alone in dealing with this but remember that there are lots of people that can help and support you*". The culture-based websites used 'we' in the next sentence: "*Supporting each other has always been a strength of Aboriginal and Torres Strait Islander cultures and communities, and we are strongest when we all look after each other*". Table 25 shows the words used by Aboriginal and Torres Strait Islander youth and culture-based websites to direct their language.

Table 25. How language was directed and how words were used to direct language about social norms

| Code                      | Aboriginal and Torres Strait Islander  | Website  |
|---------------------------|--|--|
| Approaching other persons | Third person   | Third person   |
| Look after each other     | First person<br>- I<br>Third person<br>- He<br>- Them<br>General<br>- Someone                                    | Second person<br>- You<br>Third person<br>- Them<br>- Cousin or other family member<br>- Your friend |
| Peer pressure             | General<br>- Someone<br>- People<br>- They<br>Third person<br>- One of my friends<br>- She<br>- He<br>- My peers | Second person<br>- You<br>Third person<br>- They<br>- Friends or family<br>General<br>- People       |
| Social support            | First person<br>- I<br>- We<br>Second person   | Second person<br>- You<br>Third person<br>- Each other   |

|                        |  |   |
|------------------------|--|---|
|                        | <ul style="list-style-type: none"> <li>- You</li> <li>Third person</li> <li>- They</li> <li>General</li> <li>- Community</li> </ul>                                    | <ul style="list-style-type: none"> <li>- Community</li> <li>- Friends or family members</li> <li>General</li> <li>- People</li> <li>- Someone</li> </ul>    |
| Talking about problems | <ul style="list-style-type: none"> <li>First person</li> <li>- I</li> <li>Second person</li> <li>- You</li> <li>Third person</li> <li>- They</li> <li>- She</li> </ul> | <ul style="list-style-type: none"> <li>Second person</li> <li>- You</li> <li>Third person</li> <li>- Friend or family member</li> <li>Imperative</li> </ul> |

#### 4.6.2 Vocabulary

The culture-based websites used the word 'yarning' multiple times. Yarning is Aboriginal English word for having a talk. The Aboriginal and Torres Strait Islander youth only used this word once, all the other times they used the word 'talking' or a conjugation of it.

The words used in the topic social support are similar for Aboriginal and Torres Strait Islander youth and culture-based websites. All the words are positive. Table 26 shows the words used by the Aboriginal and Torres Strait Islander youth and the culture-based website in their language about social support.

Table 26. Words used by the Aboriginal and Torres Strait Islander youth and the culture-based website in their language about social support

| Aboriginal and Torres Strait Islander youth   | Culture-based websites  |
|---|---|
| <ul style="list-style-type: none"> <li>- <i>Someone always loves you</i></li> <li>- <i>Someone to talk to</i></li> <li>- <i>They lift you back up</i></li> <li>- <i>A hand helping</i></li> <li>- <i>Support you</i></li> <li>- <i>To reach out</i></li> <li>- <i>Someone got your back</i></li> <li>- <i>Help your friend when they need it</i></li> <li>- <i>Someone is always there</i></li> </ul> | <ul style="list-style-type: none"> <li>- <i>Lot's of people are here to support you</i></li> <li>- <i>You aren't alone</i></li> <li>- <i>Lots of people that can help and support you</i></li> <li>- <i>We all look after each other</i></li> <li>- <i>You don't have to do it alone</i></li> <li>- <i>Someone you can yarn to</i></li> <li>- <i>Help your friend or family member'</i></li> <li>- <i>To get over problems</i></li> <li>- <i>Being connected to family, community and culture</i></li> <li>- <i>Positive environment</i></li> </ul> |

## 5. Discussion

The aim of this research was to contribute to the knowledge and literature on culture-based alcohol and other drug prevention programs by investigating the appropriateness of language used in these programs. This study found similarities and differences in language used by Aboriginal and Torres Strait Islander youth and culture-based websites when talking about alcohol and other drugs. Table 27 shows a summary of the main similarities and differences.

*Table 27. Main similarities and main differences in language used by Aboriginal and Torres Strait Islander youth and culture-based websites*

| Main similarities   | Main differences   |
|---|--|
| <ul style="list-style-type: none"><li>- Low priority on health as reason for not using alcohol and other drugs</li><li>- Negative behaviour directed to third person</li><li>- Refusal strategies</li></ul> | <ul style="list-style-type: none"><li>- Family intertwined in language</li><li>- Use of Aboriginal English words</li><li>- Use of words for alcohol or other drugs</li></ul> |

### 5.1 Main similarities

Three main similarities were found in this research.

#### 5.1.1 Low priority on health

The first similarity was found in the language about reasons for not using alcohol and other drugs. Here, an interesting result was that both the Aboriginal and Torres Strait Islander youth, and the culture-based websites did not have health reasons as a priority in their reasoning for not using alcohol and other drugs. A first explanation could be found in the psychosocial factor knowledge and skills. It could be that negative health consequences for using alcohol and other drugs were seen as common knowledge. That it was obvious that keeping good health was a reason for not using alcohol and other drugs, and therefore it was not named. However, research showed that overall the knowledge of Australian adolescents about alcohol and drug-related harm is limited (Newton, Vogl, Teesson & Andrews, 2009; Newton et al., 2018).

A second explanation for the low priority on health related reasons can be found in the psychosocial factor cognition. Research indicates that youth focus less on long-term effects (Newton, Deady & Teesson, 2014). Health related issues from alcohol and other drug use are mostly long-term effects. Research shows that prevention programs for youth are more effective when the content has direct relevance (Newton, Vogl, Teesson & Andrews, 2011; Newton, Deady & Teesson, 2014). This shows that it was appropriate of the culture-based websites to focus on short-term effects.

A third explanation for the low priority on health reasons can be found in the psychosocial factor family and culture. Aboriginal and Torres Strait Islander people have a different meaning of health. Their definition defines health in a more holistic way (Purdie, Dudgeon & Walker, 2010). Social bonds, connection to country and the ability to reach full potential as a person determines well-being and health (Osborne, Baum & Brown, 2013). The reasons for not using alcohol and other drugs given by the Aboriginal and Torres Strait Islander youth and the culture-based websites almost all contributed indirectly to better health in the Aboriginal and Torres Strait Islander definition. It was appropriate of the culture-based websites to acknowledge that health for Aboriginal and Torres Strait Islander persons goes beyond the physical absence of injury, and to see that those other aspects might be just as, if not more, important.

### 5.1.2 Directing negative behaviour

The second similarity was found in the language about negative behaviours that are associated with alcohol and other drugs. Both the Aboriginal and Torres Strait Islander youth and culture-based websites directed their language towards a third person. Negative behaviour referred to the behaviour of using alcohol or other drugs itself, or negative behaviour that was associated with using alcohol or other drugs. These negative behaviours were either directed towards a friend or family member, or towards an unknown third person. A reason why the Aboriginal and Torres Strait Islander youth directed their language towards someone else could be because they are too young to use alcohol or other drugs themselves, but they can experience negative behaviour from others in their environment. For culture-based websites it is appropriate to not direct this language towards the reader for it could blame the reader of negative behaviour that could harm their self-image. This has influence on the psychosocial factor affect for research shows that adolescents with a lower self-image are more likely to use alcohol or other drugs (Weiss, Merrill & Akagha, 2011).

### 5.1.3 Refusal strategies

The third similarity was found in the drug and alcohol refusal strategies mentioned by the Aboriginal and Torres Strait Islander youth and the tips to refuse provided by the culture-based websites. Despite talking about refusal skills, some of the Aboriginal and Torres Strait Islander youth talked about being unsure about what to do regarding alcohol and other drugs. The culture-based websites acknowledged in their language that it is normal to be uncertain or insecure regarding alcohol and other drugs. Buyucek et al. (2019) linked refusal skills to refusal self-efficacy and found that a person's own belief that he or she can refuse alcohol would decrease harmful alcohol use. This shows that it was appropriate for the culture-based websites to acknowledge uncertainty and to provide the Aboriginal and Torres Strait Islander youth with tips on how to refuse alcohol and other drugs that could contribute to a higher refusal self-efficacy.

## 5.2 Main differences

Three main differences were found in this research.

### 5.2.1 Importance of family

The first difference was the importance of family. The Aboriginal and Torres Strait Islander youth gave high value to the psychosocial factor family and culture, and their own place within them. The culture-based websites also emphasised the importance of family, however this was less intertwined in their language as it was in the Aboriginal and Torres Strait Islander youths' language. In Aboriginal and Torres Strait Islander cultures, a good connection to family and community is an important aspect of social and emotional wellbeing and contributes positively to the Aboriginal and Torres Strait Islander' holistic perspective of health (Osborne, Baum & Brown, 2013). For culture-based programs it would be appropriate to not only name the importance of family and community, but also to intertwine this more in their language. This research showed that the culture-based websites could intertwine family more in their language about where to get help for alcohol and other drugs related problems. The Aboriginal and Torres Strait Islander youth talked mostly about getting help from family or community members, where the culture-based websites focused more on getting help from professionals (ambulance or help centres). Furthermore, words used to talk about family members should correspond with the Aboriginal and Torres Strait Islander family culture.

In this last topic, it could be seen that the culture-based prevention programs used different words in their language about family and friends. One example is that the culture-based websites did not write about grandparents or godparents, where the Aboriginal and Torres Strait Islander youth did talk about them. Grandparents (not to be mistaken by Elders) are important parts of

Aboriginal and Torres Strait Islander families and most of the time they fulfil a role in raising their grandchildren (Australian Institute of Family studies, 2014). The culture-based websites did write about cousins and here the Aboriginal and Torres Strait Islander youth did not use that in their language. A reason for this could be that the traditional system of kinship differs for Aboriginal and Torres Strait Islander Australians from the 'western system' on kinship. For Aboriginal and Torres Strait Islander people, cousins (children of their fathers' or mother's siblings) are referred to as brothers or sisters (Bourke & Edwards, 1994). To achieve a higher appropriateness of culture-based programs, it would be good to investigate which social relations are important for the target group, and how they refer to these relations. It would also be appropriate to direct language about family more personal to the reader.

### 5.2.2 Aboriginal English words and words for alcohol and other drugs

The second and third differences were found in the use of Aboriginal English words and words for alcohol and drugs. The culture-based websites sometimes used words that are associated with Aboriginal and Torres Strait Islander people, but the Aboriginal and Torres Strait Islander youth themselves did not use these words. A first example of this are the words *ganja* and *yarndi*. Ganja is a common used term for cannabis all over the world and *yarndi* is an Aboriginal English word for cannabis. The Aboriginal and Torres Strait Islander youth did not use these words in the first data collection wave. However, when they were asked about these words in the third data collection wave, the Aboriginal and Torres Strait Islander youth said to be familiar with the words and knew what they mean. Furthermore, the Aboriginal and Torres Strait Islander youth used the word *marijuana* and this was not used as one of the 22 definitions of cannabis by the culture-based websites.

There are more examples of Aboriginal English words used by the culture-based websites and not by the Aboriginal and Torres Strait Islander youth. One of them was the word *yarning*. Yarning means talking or having a conversation. The Aboriginal and Torres Strait Islander youth understood the meaning of the word but preferred to use words like having a chat or talk. There were also differences in alcohol and drugs-related words used by the Aboriginal and Torres Strait Islander youth and the culture-based websites. The Aboriginal and Torres Strait Islander youth mostly chose the words *beer*, or *a drink* in their language about alcohol. The culture-based websites on the other hand used besides the regular word *alcohol*, the words, *grog*, *booze*, *piss*, *charge*, and *ethanol*. Grog, piss and booze are common informal Australian terms used for an alcoholic drink. Grog is however mostly used for beer (Moore, 2014). The Aboriginal and Torres Strait Islander youth did not use these words in their language in the first data collected but it was clear that they understood what the language meant and that those words were used by their parents. Another difference could be seen in the words used about being dependent on alcohol and other drugs. The Aboriginal and Torres Strait Islander youth used more words to describe dependence compared to the culture-based websites. Also, their most used word *hooked* did not appear in the culture-based websites language

A first explanation could be found in the psychosocial factor social norms. The Aboriginal and Torres Strait Islander youth did not use these Aboriginal English word could be because of the social environment that they were in at the moment of the discussions. The discussions took place in schools, and not everyone of the participants identified themselves as Aboriginal or Torres Strait Islander. It could be that usage of those words are not the social norm in this environment.

A second explanation could be that youths use language to distinguish themselves from others and to create their own social meaning (Eckert, 2003). It could be that the Aboriginal and

Torres Strait Islander youth did not use the Aboriginal English words because they are words that their parents use. It would be appropriate for the culture-based websites to investigate the terms that are used by their target group to make a better match in their language.

### 5.3 Strengths and limitations

The next section will discuss the main strengths and limitations of this research. Table 28 gives an overview of those strengths and limitations.

*Table 28. Main strengths and limitations of this research*

| Strengths   | Limitations  |
|---|--|
| <ul style="list-style-type: none"> <li>- High number of participants</li> <li>- Different schools</li> <li>- Combination of Grounded Theory and Discourse Analysis</li> <li>- Three data collection waves</li> <li>- Different data collection methods</li> </ul> | <ul style="list-style-type: none"> <li>- Not 100% Aboriginal and Torres Strait Islander</li> <li>- Different Aboriginal and Torres Strait Islander cultures</li> <li>- Only two websites</li> <li>- Long and difficult coding process</li> <li>- Only consumer dimension of CHI</li> </ul> |

#### 5.3.1 Strengths

A first strength of this research was high number of participants, their distribution over four different schools in two different states of Australia, and the mix of urban, regional and urban locations of those schools. This resulted in a high amount of data that could be used for this research. A second strength was the combination of Grounded Theory and Discourse Analysis. This combination made it possible to focus on language and to have an exploratory data collection strategy. This exploratory strategy that resulted in three waves of data collection, made it possible to explore the language of the Aboriginal and Torres Strait Islander youth first, before new data was collected. The third data collection wave made it possible to find further explanations for questions that came into being after the analysis of earlier collected data. Another strength was de variety of data collection methods. Role plays, photovoice, focuses groups and group feedback discussions were used to collect data from the Aboriginal and Torres Strait Islander youth. This allowed to collect data when the youth talked about alcohol and drugs in different formats. For example, the role plays made it possible to collect language that the participants used among their peers, instead of language that they speak to a teacher or researcher.

#### 5.3.2 Limitations

It should be noted that not all the students who participated in the discussions identified themselves as Aboriginal and/or Torres Strait Islander. However, the percentage (50,3%) was 47,5% higher than the national percentage of Aboriginal and Torres Strait Islander people in 2016 (Australian Bureau of Statistics, 2017). Additionally, most of the Aboriginal and Torres Strait Islander youth go to schools where there is a mix of Aboriginal and Torres Strait Islander and non-Aboriginal and Torres Strait Islander children. Therefore this would be a better representative of the reality than a hundred percentage Aboriginal and Torres Strait Islander participants. It should also be noted that the results of this research cannot be generalised to the whole Aboriginal and Torres Strait Islander population of Australia, because there is not a single Aboriginal and Torres Strait Islander culture, there are hundreds of different groups (Purdie, Dudgeon & Walker, 2010). Another limitation was the use of only two culture-based prevention programs. For future research it would be good to include more culture-based prevention programs. Next, one of the culture-based websites was targeted on Aboriginal and Torres Strait Islander youth in Victoria, while the participants in this research came

from New South Wales or Queensland. A limitation that arose from the unique combination of Grounded Theory and Discourse Analysis was the complexity of the coding process. The researcher never used the Grounded Theory way of coding before and had to find a way to combine it with Discourse Analysis. Therefore, the coding process took a long time and was not as structured as it could have been. A last limitation was the use of only the psychosocial factors of the consumer dimension of the CHI model. These factors did help to find psychosocial needs of Aboriginal and Torres Strait Islander youth however, the other dimensions are also important for online prevention programs.

### 5.3.3 Future research

For future research it would be good to find more culture-based prevention programs that can be used to compare the language to the Aboriginal and Torres Strait Islander language. Also, it would be interesting to find a way to collect language used among Aboriginal and Torres Strait Islander youth outside the social setting of school. For culture-based prevention programs that provide information via the internet, it would be interesting to expand research on the other dimensions of the Conceptual framework for Consumer Health Informatics. This would help to gain a better understanding of the needs of Aboriginal and Torres Strait Islander youth in online health communication and can help to make appropriate culture-based prevention programs. The combination of Grounded Theory and Discourse Analysis can be recommended to use again in future research about appropriate language use in culture-based prevention programs.

## 6. Conclusion

The aim of this research was to contribute to the knowledge and literature about culture-based prevention programs. The results show that despite the differences in language used, it can be stated that the culture-based prevention programs were on the right track to make their alcohol and drugs prevention appropriate for Aboriginal and Torres Strait Islander youth. Especially language about reasons for not using alcohol or other drugs, how negative behaviour was directed and refusal skills showed the appropriateness of the culture-based prevention programs. To achieve an even higher appropriateness, the culture-based prevention programs could better intertwine the importance of family in their language, make language about family more personal, find how their target group refers to family, and do more research on terms that are used regarding alcohol and other drugs among Aboriginal and Torres Strait Islander youth. Additionally, the combination of Grounded Theory and Discourse Analysis was useful to compare language.

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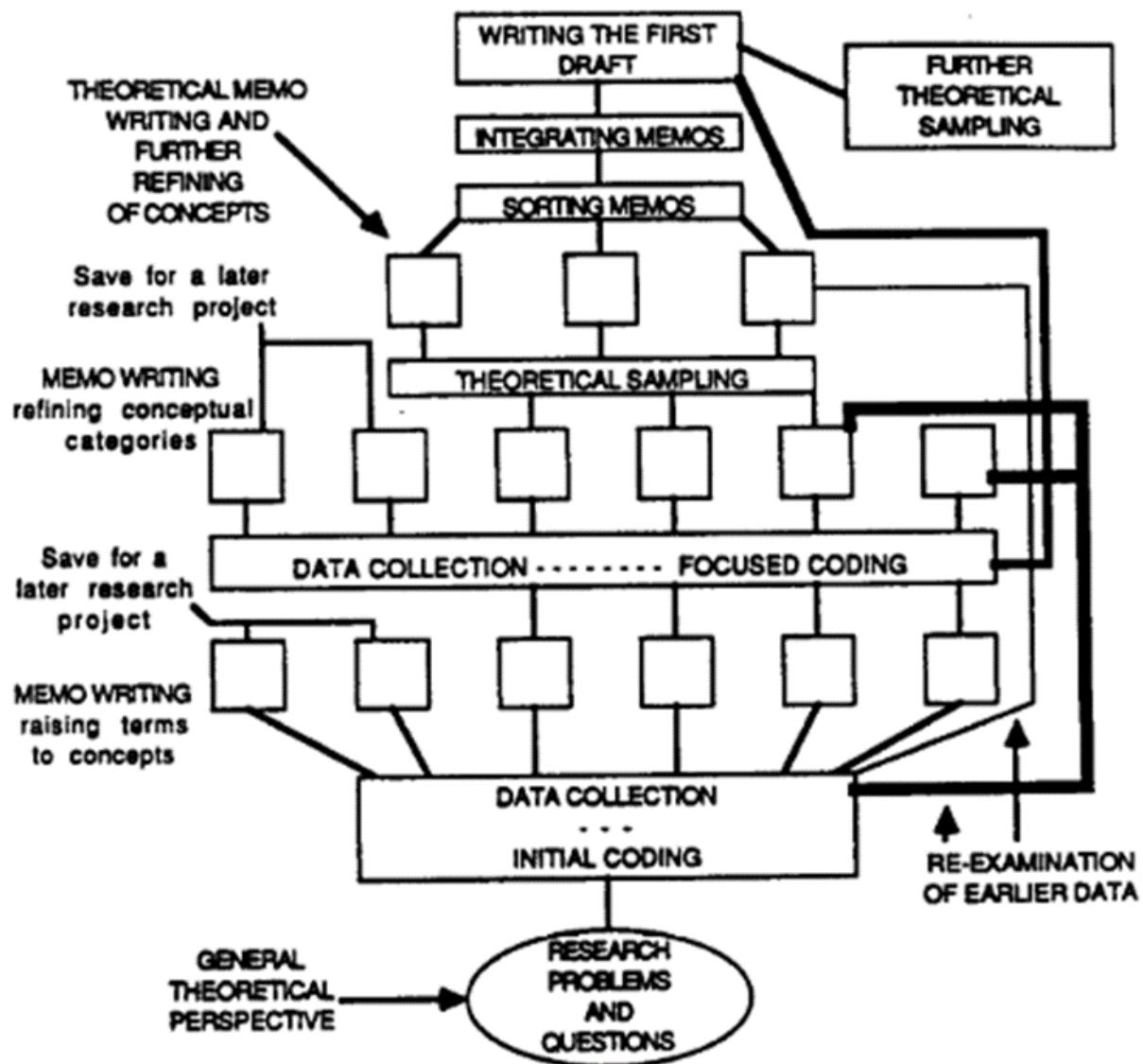
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## Appendix

### A. Grounded Theory



Research levels in the Grounded Theory method (Charmaz, 1990)

## B. Culture-based websites data

### Yarning Strait Out

<https://yarningstraightout.org.au/>

| <b>Title</b>   | <b>Format</b>               | <b>Amount of words/ minutes</b> |
|--|-----------------------------|---------------------------------|
| Alcohol  | Text –<br>Fact sheets       | 322 words                       |
| Are drugs and alcohol part of traditional culture?                 | Text -<br>Information sheet | 218 words                       |
| Are there support services to help with drug and alcohol problems? | Text –<br>Information sheet | 200 words                       |
| Cannabis   | Text –<br>Fact sheet        | 315 words                       |
| Drugs, drinking and mental health                                  | Text –<br>Information sheet | 232 words                       |
| Helping a brother or sister who has used too much                  | Text –<br>Tips              | 299 words                       |
| How does drugs and alcohol fit into your future?                   | Text –<br>Tips              | 185 words                       |
| Ice  | Text –<br>Fact sheet        | 346 words                       |
| Tabaco   | Text –<br>Fact sheet        | 306 words                       |
| Talking to someone you are worried about                           | Text –<br>Tips              | 269 words                       |
| Tips for saying no   | Text –<br>Tips              | 296 words                       |
| What does being dependant mean?                                    | Text –<br>Information       | 277 words                       |
| What happens when you see a service worker?                        | Text –<br>Information       | 464 words                       |
| When does drinking or using becomes a problem?                     | Text –<br>Information       | 150 words                       |
| Why do drugs become a problem for some people?                     | Text –<br>Information       | 228 words                       |
| Why do people use drugs?   | Text –<br>Information       | 236 words                       |
| Why is community, family and culture important?                    | Text –<br>Information       | 152 words                       |

## Positive Choices

<https://positivechoices.org.au/resources/indigenous/student/>

| <b>Title</b>  | <b>Format</b>                  | <b>Amount of words/ minutes</b> |
|---|--------------------------------|---------------------------------|
| How do I protect myself if someone using alcohol or drugs becomes violent or aggressive | Text & figures –<br>Tips       | 765 words                       |
| Let's yarn about helping a friend or family member who has a drug problem (Part 1)      | Text & figures –<br>Tips       | 400 words                       |
| Let's yarn about helping a friend or family member who has a drug problem (Part 2)      | Text & figures –<br>Tips       | 295 words                       |
| Let's yarn about helping a friend or family member who has a drug problem (Part 3)      | Text & figures –<br>Tips       | 476 words                       |
| MythBusters: Let's have a yarn about grog and drugs                                     | Text & figures –<br>Fact sheet | 676 words                       |
| Facts about smoking   | Video –<br>Facts               | 4.40 minutes                    |
| The Grog Brain Story  | Video –<br>Information         | 3.40 minutes                    |
| Tabacco Addiction Story   | Video –<br>Information         | 3.04 minutes                    |

### C. Facilitators guide for 3th data collection wave

Note: the extra added or changed questions for this research are underlined

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## **NSW School Consultations: Facilitators Guide**

### **1. Introductions (10 mins)**

Facilitator to give a brief introduction/reminder of the school-based program and the aims. Then give a brief overview of what we will do today.

### **2. Illustrations and Episode Story-Arc Feedback (1 hr 45 mins)**

#### **2.1 Character Illustrations (10 mins)**

Hand out character illustrations first and split into small groups. Ask students to have a look at the characters individually and with a scene and encourage them to draw over the characters if they would like to change anything.

##### ***Prompt Questions:***

- ⌚ What do you like/not like about them?
- ⌚ How old do you think these characters are? Do they seem like they are your age? If not, how can we make them look older/younger?
- ⌚ How would you change or improve these characters?
- ⌚ How would you change or improve the locations/settings they are in?
- ⌚ Would you be interested in reading a story that used these illustrations?

#### **2.2 Program Name and Overall Story-Arc (5 mins)**

Facilitators then hand out overall story arc presentation to the students. Facilitator then presents the overall story arc (with presentation on screen using projector) to the students.

Facilitator to say the program name might be 'Strong and Deadly Futures'. Ask the students' thoughts on the name.

##### ***Prompt Questions:***

- ⌚ What do you like/not like about the name?
- ⌚ How would you change/improve the name? What would you like the name to be?
- ⌚ Would you be interested in doing a program with this name at school?

### **2.3 Creative Session I – Acting out scenes from Episode 1 and 2 (40 mins)**

Hand out student version of scenes from Episode 1 and 2, with each group having 1 to 2 scenes to go through depending on the number of groups.

Facilitator to say while we are reading these scripts, think about these questions:

- ⌚ Do these stories seem realistic and can you relate to them?
- ⌚ Did the characters in the story talk the way you and your friends talk? Why/Why not?  
(Probe for specific language/wording differences)

Get the students to act out the scenes they are given. Facilitator to ask students their thoughts on the script, as well as observe any awkwardness or anything that seems fake or contrived while acting out the scripts.

#### **Prompt Questions:**

- ⌚ What do you think the central message of this scene were?
  - ⌚ Would seeing and discussing these stories change the way you think about alcohol and drugs? How?
  - ⌚ Would seeing and discussing these stories change the way you act? How?
- ⌚ What do you like/not like about the script?
- ⌚ How would you change or improve these stories?

#### **Alternative activities if the students aren't keen on acting:**

- ⌚ Simply read out the script with students
- ⌚ The facilitators act out the script instead in front of the group

### **2.4 Creative Session II – Continuing Episodes 2 to 6 (40 mins)**

Facilitator to explain that the next session will be reading out the other episodes in the story and hearing what the students think of this. Facilitator to also explain that the creative ideas and concepts developed in this session will be used to further develop the stories but will not be used exactly as they are developed in this creative session. Introduce clearly the idea that 'no idea is a bad idea'.

Facilitator to hand out different Episodes to each group (as Episodes 5/6 are not detailed, these episodes will be combined). The setting for each episode, which characters will be

included (character tree shown on projector as well as included with the script), and the main events will be included for the students to work from.

In small groups: (working with large A3 paper, pens, markers and large sticky notes) Using art supplies, magazine clippings, internet pictures, sticky notes and pens/markers, go through the specific questions for each episode

#### ***Prompt Questions – Specific to each Episode***

*Facilitator to read out the episode to their small group and discuss the specific questions for the episode*

##### ***Episode 2:***

- Ⓐ Does this episode seem realistic and can you relate to it?
- Ⓐ What do you like/not like about this episode?
- Ⓐ How would you change or improve this episode?
- Ⓐ Harry says Billy is wasted. Would you agree that this is a way to describe that Billy has been drinking too much? (If not, how would you describe it?)
- Ⓐ What do you think is the main reason why Billy is drinking alcohol? What would be other reasons for people to drink alcohol?
- Ⓐ What do you think alcohol can do to your health?
- Ⓐ How might drinking and smoking affect someone's footy performance?

##### ***Episode 3:***

- Ⓐ Does this episode seem realistic and can you relate to it?
- Ⓐ What do you like/not like about this episode?
- Ⓐ How would you change or improve this episode?
- Ⓐ Frank talks about the effect of grog. What would he mean with grog and is it a word you would use?
- Ⓐ What would be your reaction to smoking?
- Ⓐ What makes it hard for people to stop smoking once they started?
- Ⓐ Why do you think people still smoke, even if it is well known that it is very bad?

##### ***Episode 4:***

- Ⓐ Does this episode seem realistic and can you relate to it?
- Ⓐ What do you like/not like about this episode?
- Ⓐ How would you change or improve this episode?
- Ⓐ What would you say to someone who offered you smokes?
- Ⓐ Wat would be a negative side of smoking for you?

- Ⓐ Joe says he doesn't want to drink alcohol and smoke because it is not part of his culture. What do you think about this? How do you think it can affect your culture?

### **Specific Questions – Episode 5:**

- Ⓐ Does this episode seem realistic and can you relate to it?
- Ⓐ What do you like/not like about this episode?
- Ⓐ How would you change or improve this episode?
- Ⓐ The group talks about weed. Do you know other words for weed and which word would you use if you talk about it?
- Ⓐ Do you know any other drugs that would also have been very alarming if Sharon used it? What do you know about these drugs?
- Ⓐ Sharon gets angry at Billy for accusing her. How would you react if someone starts being aggressive towards you when you want to help that person?
- Ⓐ What would each young person say to get some advice about cannabis use? (What words would they use?)

### **Specific Questions – Episode 6:**

- Ⓐ Does this episode seem realistic and can you relate to it?
- Ⓐ What do you like/not like about this episode?
- Ⓐ How would you change or improve this episode?
- Ⓐ What words would you use to describe that someone is dependent on alcohol or drugs?
- Ⓐ Do you think Dazza and Harry can overcome their addiction? What would be a good strategy for them?
- Ⓐ What do you think Frank can do to help Dazza and Harry?

### ***In considering these questions, think about:***

- Ⓐ Who is in this story? *Think about which characters are in the story and their feelings and personalities.*
- Ⓐ What do they do? (What happens to them in this story? Do they have to make any decisions about alcohol and drug use) *You can use large sticky notes to create (and play with) an order for the events in your story.*
- Ⓐ What do they say to each other? (What words do they use? What emotions are they feeling?) *You can write down some ideas for dialogue and discuss this among your group.*

## **2.5 Feedback on Illustrations and Storylines Together, and the Positive Choices Artwork and Program Name (10 mins)**

Facilitator to ask students to think about the script and the illustrations together and imagine the characters are in the story. Ask the following:

- ⌚ Looking at the images and script together, do you think the character descriptions fit the illustrations? Do they seem realistic?

Hand out an image of the Positive Choices Artwork and read out Jenna's explanation of the artwork. Ask the students' thoughts on the artwork.

### **Prompt Questions:**

- ⌚ What do you like/not like about the artwork?

## **3. Group reflection and Finish (5 mins)**

Thinking back on the day:

- ⌚ What did the students like the most out of all of these ideas?
- ⌚ What could be some other ideas for stories? For characters? For interactions/relationships? For conversations?

Finish session and thank everyone involved.

#### D. Initial codes

Files stands for in how many discussions the code was used

References stands for how many time the code was used

| Code  | Files | References |
|---|-------|------------|
| A person is aggressive when using AOD                                   | 5     | 12         |
| Accomplish things in life as a reason for not using AOD                 | 1     | 5          |
| Alcohol and drugs might look like an easy way out                       | 1     | 2          |
| Approach other person   | 1     | 1          |
| Are you okay day  | 1     | 1          |
| Ask how long someone has been using AOD                                 | 1     | 2          |
| Aunt as role model  | 1     | 1          |
| Be aware of your drinks   | 1     | 4          |
| Beer  | 2     | 2          |
| Being paranoid  | 1     | 1          |
| Being with family   | 3     | 11         |
| Being with people   | 2     | 2          |
| Being worried for friend who is using drugs                             | 2     | 7          |
| Car crash   | 3     | 5          |
| Celebrity as role model   | 4     | 16         |
| Change of emotions  | 2     | 3          |
| Check up on each other  | 6     | 21         |
| Community   | 4     | 11         |
| Community helps to make friends   | 3     | 5          |
| Community supports you  | 2     | 2          |
| Confused when people try to make you do alcohol or drugs                | 1     | 1          |
| Dancing   | 1     | 1          |
| Do not do drugs   | 3     | 8          |
| Do not make drugs   | 1     | 1          |
| Do you take anything from strangers                                     | 1     | 3          |
| Doing alcohol and drugs can make you die                                | 3     | 7          |
| Doing art   | 2     | 7          |
| Doing good in school as positive reason for not doing alcohol and drugs | 4     | 12         |
| Doing things with friends   | 2     | 3          |
| Doing things you love   | 2     | 4          |
| Don't do drugs and be careful with alcohol                              | 1     | 1          |
| Don't know how weed looks like  | 1     | 1          |
| Don't like it (smoking)   | 1     | 3          |
| Don't say what someone did wrong  | 1     | 1          |
| Don't want to get caught  | 1     | 9          |
| Drugs are addictive   | 3     | 10         |
| Drugs are dangerous   | 2     | 5          |
| Drugs are harmfull for the body and health                              | 3     | 8          |
| Drugs are not good  | 3     | 9          |
| Drugs make people crazy   | 1     | 1          |
| Drugs make you feel bad   | 1     | 1          |
| Drugs makes you do things you would normally not do                     | 5     | 10         |

|  |   |    |
|--|---|----|
| Drugs or alcohol will kill your brain cells                            | 1 | 2  |
| Drugs that are a problem in Australia                                  | 1 | 5  |
| Education  | 1 | 1  |
| Effect of using AOD on other people and surrounding                    | 4 | 4  |
| Enjoy nature   | 2 | 2  |
| Explain what drugs are   | 4 | 17 |
| Family as role model   | 2 | 6  |
| Family can help you  | 3 | 4  |
| Family does not leave you alone  | 1 | 2  |
| Father as role model   | 3 | 6  |
| Fighting for their rights  | 1 | 3  |
| Find it hard to say no to people                                       | 1 | 1  |
| Food   | 1 | 2  |
| Friends as role model  | 2 | 3  |
| Friends can support someone who does drugs                             | 4 | 7  |
| Friends can try to make you do drugs                                   | 3 | 9  |
| Friends or siblings doing activities together                          | 9 | 21 |
| Friendship is important  | 3 | 3  |
| Get bottled  | 1 | 1  |
| Get drunk at a trip  | 1 | 1  |
| Give positive advice   | 2 | 2  |
| Going outside  | 7 | 16 |
| Going outside, living near nature and go to country                    | 8 | 19 |
| Good cook  | 1 | 3  |
| Hard to say no   | 1 | 1  |
| Have fun with dad  | 1 | 1  |
| Have fun with family or friends  | 6 | 15 |
| Help a friend in trouble   | 2 | 5  |
| Helpline   | 1 | 1  |
| Hold my breath for smoke   | 1 | 1  |
| How to write things down   | 1 | 1  |
| ice  | 1 | 1  |
| Ignore people who do drugs   | 1 | 1  |
| Ignore the people who are trying to get you to take alcohol or drugs   | 1 | 1  |
| Illegal and legal drugs  | 3 | 17 |
| Important to have someone to look after you because you can follow him | 1 | 1  |
| Interaction between different cultures positive appointed              | 1 | 1  |
| It can break relations   | 1 | 2  |
| It's a people own choice to do drugs                                   | 1 | 1  |
| It's okay to say no  | 3 | 5  |
| Know someone who do drugs  | 4 | 11 |
| laughing gas   | 1 | 2  |
| Learn from family  | 1 | 1  |
| learned at PDH   | 3 | 6  |
| Lose the people that you love  | 5 | 9  |
| Losing control   | 1 | 2  |
| Loss of future like career and house                                   | 4 | 10 |

|  |   |    |
|--|---|----|
| Make sure you know what you're taking                                  | 1 | 4  |
| Make the other person laugh  | 1 | 1  |
| Making music is a positive reason for not doing alcohol and drugs      | 1 | 2  |
| Message for other children about alcohol and drugs                     | 1 | 2  |
| Might not want to talk about it  | 2 | 4  |
| Mistake drugs for candy  | 1 | 1  |
| Most familiar drugs  | 2 | 2  |
| Mother as role model   | 5 | 16 |
| Nan as role model  | 3 | 3  |
| Nervous when people pressure you to do alcohol or drugs                | 1 | 1  |
| Not doing alcohol and drugs makes that you can have fun and do hobbies | 3 | 5  |
| Not sure if someone is using   | 1 | 1  |
| One child does not know what weed is, the other explains               | 1 | 1  |
| Other addictions than alcohol or drugs                                 | 1 | 2  |
| Other might copy your behaviour  | 1 | 2  |
| Own place within family  | 1 | 1  |
| Parents are role model   | 5 | 7  |
| Parents make you who you are   | 1 | 1  |
| Parents love you   | 1 | 1  |
| Peer pressure  | 3 | 4  |
| People are addicted and do not want to stop                            | 2 | 3  |
| People are not themselves when they did drugs                          | 5 | 13 |
| People do not want to be friends when you use                          | 1 | 5  |
| People don't talk because they are embarrassed                         | 2 | 2  |
| People don't talk because they are scared of the reactions             | 1 | 3  |
| People have a different tone of voice                                  | 1 | 1  |
| People help each other in community                                    | 4 | 7  |
| People helping each other  | 4 | 7  |
| People should talk about their problems                                | 2 | 2  |
| People who do drugs are acting cool                                    | 2 | 3  |
| People's origins   | 1 | 2  |
| Pets   | 2 | 3  |
| Pets as role models  | 5 | 8  |
| Pizza has alcohol  | 1 | 4  |
| Playing fortnite   | 2 | 13 |
| Playing music  | 1 | 1  |
| Playing with father  | 1 | 1  |
| Playing with pet   | 5 | 9  |
| Positive reason for not doing Alcohol and Drugs is being healthy       | 5 | 10 |
| Posting a picture on social media about a being positive               | 2 | 2  |
| Pressure to drink at a party   | 2 | 2  |
| Pressure to drink in a pub   | 1 | 1  |
| Pressure to drink or do drugs  | 2 | 8  |
| Pressures are not in a big group                                       | 1 | 1  |
| Problem is alcoholic   | 1 | 1  |
| Rabies   | 1 | 2  |
| Reaction to someone doing alcohol or drugs                             | 1 | 1  |
| Reasons why people use drugs or alcohol                                | 4 | 17 |

|  |   |    |
|--|---|----|
| References to sports   | 1 | 1  |
| Role model because afro  | 1 | 1  |
| Role model because friendly  | 5 | 5  |
| Role model because having a good time with role model              | 1 | 1  |
| Role model because he motivates me                                 | 3 | 5  |
| Role model because he or she believes in me                        | 4 | 7  |
| Role model because he or she forgives me                           | 2 | 2  |
| Role model because he or she helps with tasks                      | 5 | 8  |
| Role model because he or she inspires people                       | 4 | 5  |
| Role model because he or she looks out for me or other people      | 4 | 10 |
| Role model because he or she loves me                              | 5 | 8  |
| Role model because he or she makes me happy                        | 4 | 4  |
| Role model because it reminds me of my dreams that want to achieve | 1 | 1  |
| Role model because of love for a person                            | 1 | 5  |
| Role model because respect for the person                          | 6 | 24 |
| Role model because someone to rely on                              | 2 | 2  |
| Role model comforts you  | 3 | 4  |
| Role model connected to Aboriginal people                          | 4 | 10 |
| Say no to alcohol and drugs  | 6 | 19 |
| Schoolies  | 1 | 1  |
| Siblings are role models   | 1 | 2  |
| Smoking causes cancer  | 2 | 4  |
| Smoking is bad   | 2 | 4  |
| Smoking is bad for the baby  | 1 | 2  |
| Smoking is expensive   | 1 | 2  |
| Social activities with community                                   | 2 | 3  |
| Some information is unnecessary                                    | 1 | 2  |
| Someone to look up to  | 1 | 2  |
| Someone to talk to   | 1 | 1  |
| sport  | 2 | 2  |
| Sport  | 6 | 10 |
| Stop growing marijuana   | 1 | 1  |
| Street Warriors  | 1 | 1  |
| Strong character   | 2 | 2  |
| Support  | 1 | 2  |
| Talk about siblings  | 1 | 1  |
| Talk calmly to someone who used weed                               | 2 | 6  |
| Teacher as role model  | 3 | 8  |
| Tell someone to go away if he offers you alcohol or drugs          | 2 | 4  |
| Tell the negative effects of drugs                                 | 2 | 3  |
| Tell the person it's not good to do drugs or alcohol               | 4 | 7  |
| there is always something worse                                    | 1 | 1  |
| There is medical weed  | 1 | 1  |
| They give you confidence   | 1 | 2  |
| Thinks drugs are more addictive                                    | 1 | 1  |
| Thoughts about doing alcohol and drugs                             | 1 | 1  |
| Treat people the way that you want to be treated                   | 1 | 1  |

|   |   |    |
|---|---|----|
| Uncontrollable sweating and bloodshot   | 2 | 4  |
| Unsure about when people start using  | 1 | 1  |
| Using is an easy option   | 1 | 2  |
| Using makes you feel worse the next day                                       | 1 | 2  |
| Visible positive interaction  | 1 | 1  |
| Walk away from alcohol or drugs   | 5 | 10 |
| Want the other person to be happy   | 2 | 3  |
| what drugs look like  | 1 | 1  |
| What parents would do if they found out you were doing drugs                  | 2 | 8  |
| What the children do in their free time                                       | 2 | 13 |
| What to do if someone denies using drugs                                      | 2 | 2  |
| What to do when someone offers you anything                                   | 2 | 10 |
| What to do with pressure  | 1 | 1  |
| When talking to someone asking questions is important                         | 2 | 2  |
| When you see someone using, go to tell someone you can trust                  | 1 | 1  |
| Where people do drugs   | 2 | 5  |
| Where to talk about alcohol and drugs   | 1 | 3  |
| Who is part of your family  | 1 | 7  |
| Who or where to go to when to get help for someone who used alcohol and drugs | 7 | 56 |
| Will not let the other person use it  | 2 | 4  |
| Would be good to tell the short- and long-term effects                        | 1 | 1  |
| You can use the money for other things  | 4 | 5  |
| You don't want to kiss someone who has been smoking                           | 1 | 1  |
| You have a high self-esteem   | 1 | 1  |
| You lose yourself   | 1 | 1  |
| Your appearance will go down  | 2 | 3  |

## E. Focused codes

Files stands for in how many discussions the code was used

References stands for how many time the code was used

| Code   | Youth files | References in youth language | Website files | References in website language |
|--|-------------|------------------------------|---------------|--------------------------------|
| Activities to do in community and country                          | 18          | 105                          | 4             | 5                              |
| Advice about alcohol and other drugs                               | 13          | 51                           | 5             | 12                             |
| Approaching other persons  | 5           | 17                           | 4             | 5                              |
| Behaviour of people doing alcohol or drugs                         | 3           | 13                           | 6             | 16                             |
| Being unsure   | 3           | 8                            | 2             | 3                              |
| Being with family  | 5           | 21                           | 1             | 1                              |
| Confronting other person about alcohol and other drugs             | 6           | 31                           | 5             | 18                             |
| Consequences of doing alcohol and other drugs                      | 15          | 98                           | 10            | 32                             |
| Expression of Aboriginal or Torres Strait Islander culture         | 9           | 30                           | 5             | 7                              |
| Friendship   | 12          | 32                           | 2             | 4                              |
| Getting help for alcohol and other drugs                           | 10          | 62                           | 10            | 25                             |
| Hot to call using alcohol or drugs                                 | 14          | 55                           | 8             | 19                             |
| How to call it when someone used (too much) alcohol or other drugs | 6           | 47                           | 6             | 10                             |
| How to call someone who is using alcohol or drugs                  | 3           | 3                            | 1             | 1                              |
| How to react when someone offers alcohol or other drugs            | 12          | 37                           | 2             | 5                              |
| Knowledge about alcohol and other drugs                            | 11          | 84                           | 3             | 15                             |
| Look after each other  | 11          | 48                           | 5             | 11                             |
| Names for alcohol and other drugs                                  | 16          | 106                          | 15            | 50                             |
| Names for people   | 16          | 98                           | 8             | 17                             |
| Peer pressure  | 11          | 42                           | 3             | 5                              |
| Reaction to (almost) being caught                                  | 3           | 15                           | 1             | 1                              |
| Reaction to people's behaviour                                     | 2           | 7                            | 3             | 7                              |
| Reasons for not using alcohol or other drugs                       | 14          | 79                           | 8             | 18                             |
| Reasons why people do drugs or drink alcohol                       | 5           | 19                           | 9             | 15                             |
| Signs that people are using alcohol or other drugs                 | 4           | 9                            | 1             | 1                              |
| Social support   | 13          | 55                           | 10            | 25                             |
| Talking about problems   | 10          | 26                           | 5             | 19                             |
| Trouble or problems  | 10          | 16                           | 6             | 6                              |