IMPACT POLICY

A Review of Culturally-Centred Alcohol and Other Drug (AOD) Programs Supporting Indigenous Youth:

Identifying Key Factors for Healing and Resilience

July 2026

Contents

Acknowledgement of Country

In the spirit of respect, we Acknowledge this Country as belonging to Aboriginal and Torres Strait Islander peoples and recognise the continued connection to land, waters and skies. We Acknowledge the Gadigal and Bidjigal people who cared for the Country this review was written on, as well as Awabakal and Worimi Country where this work will continue to develop and flourish. We pay respect to Elders past and present. Impact Policy also wishes to acknowledge all the First Nations communities across the globe, those whose voices and lived experiences helped shape this work and the First Nations leaders who have worked tirelessly despite the challenges to develop and implement healing programs that support young people. We deeply honour all the young people who have shared their stories and insights through the research featured in this review. May their generous contributions enable us to create stronger programs, communities and futures for the next generations.

Abstract

Aboriginal and Torres Strait Islander young people experience disproportionate Alcohol and Other Drug (AOD)-related harms shaped by colonisation, intergenerational trauma, systemic racism, social exclusion, and broader social determinants of health. This review examines national and international evidence on Indigenous youth AOD prevention, early intervention, treatment, and healing programs, with a focus on culturally grounded, community-led, and relational approaches.

The literature demonstrates that positive outcomes are not primarily achieved through substance-focused interventions alone. Rather, effective programs strengthen cultural identity, connection to Country, family and kinship relationships, community belonging, and self-determination. Across the evidence, culture is positioned not as an adjunct to treatment but as a central mechanism for healing, resilience, and recovery.

These findings align strongly with the YarnSMART 4Cs framework: Culture, Community, Country, and Connection. Together, the 4Cs reflect the interrelated protective factors that underpin effective responses for Aboriginal and Torres Strait Islander young people. The review concludes that strengthening Indigenous youth AOD responses requires sustained investment in culturally safe, community-controlled, strengths-based, and relational models of care, supported by funding and evaluation approaches that recognise Indigenous concepts of healing, wellbeing, and self-determination.

1. Introduction

This review explores a strategic collection of national and international literature outlining Alcohol and Other Drug (AOD) programs that support Indigenous young people across Australia, Aotearoa (NZ) and North America. The core objective is to identify successful program elements, holistic approaches and effective strategies for managing harmful behaviours, as well as note any current service gaps, to inform potential program development.

It should be prefaced that the context for this review is shaped by the enduring impact of settler colonialism, which has created systemic conditions contributing to disproportionately heightened drug-related harms, racism, discrimination, and social marginalisation for First Nations peoples (Fogarty & Bulloch et al. 2018). In response to these systemic barriers, the need for healing and culturally integral services is paramount (The Healing Foundation, 2020).

Aboriginal cultural models of care, which center connections to culture, identity, Country, family, and spirituality, have long been described as essential for improving the health and well-being of Aboriginal people (Dudgeon & Milroy et al. 2019). However, mainstream services have historically underutilised these models.

Australian programs for Aboriginal young people are often holistic and group-based, but their reach and outcomes are constrained by low numbers of Aboriginal staff, limited uptake of cultural models, and a lack of input from Aboriginal young people in program design. Additionally, vulnerable young people, due to their complex needs and difficulty trusting providers, are often hard to retain in AOD services, despite evidence showing that early intervention can significantly reduce future substance use and criminal behaviour (Jackson & Pulver et al. 2019).

In recent decades, AOD treatment has begun to shift its focus toward community-based treatment and support, often delivered within Aboriginal Community-Controlled Organisations (ACCOs/ACCHOs), with the community itself becoming the "treatment facility" (Krakouer 2022). This shift is supported by increasing evidence that cultural identity, continuity, and connection to one's tribe and community are vital protective factors (Ignacio et al. 2024).

1.1 Current Research Landscape

Existing evaluations of Aboriginal AOD programs have largely been inadequate for several reasons, including their reliance on Western methodologies that fail to capture the complexities of Aboriginal approaches to health and wellbeing (Dudgeon 2020), and they are frequently driven by non-Aboriginal priorities and delivered by non-Aboriginal organisations. As a result, they typically do not sufficiently privilege Aboriginal voices or worldviews. A significant gap in much of the existing evidence base is the absence of Aboriginal lived experiences, youth voices and agency in the evaluation of AOD services.

This review aims to prioritise Aboriginal-led research and amplify qualitative data in the form of lived experiences and stories that provide valuable insights into the needs of Indigenous young people who need support with their relationships with AOD. Stories and lived experience are centred to provide depth and context to the emerging concepts. The common themes identified ultimately focus on the essential role of Indigenous culture, holistic, and strengths-based approaches in effective AOD programs for Indigenous youth.

Despite a limited body of literature specifically addressing the development, acceptability, and measurement of culturally relevant, theoretically grounded harm reduction interventions for Indigenous youth (Doran et al. 2017), this review has identified several key scoping reviews, studies, and community-based case studies. These findings serve to highlight and amplify the existing strengths, challenges, and opportunities that are crucial for fortifying current and emerging Alcohol and Other Drug (AOD) programs and services that support Indigenous young people.

1.2 Defining Key Terms

i) Young People: Within this review, Young People are considered those aged between 12 and 25, with the inclusion of some studies and programs that cater to young adults aged 18-25.

ii) Service Levels - Distinction and Interactions: The review mentions different service levels as part of a continuum of support for Alcohol and Other Drug (AOD) use, which typically align with a public health model of prevention and treatment. The general distinction between these service levels relates to the stage of substance use and the goal of the intervention:

- **Primary Prevention:** Programs that aim to prevent AOD use from starting. It targets young people who have not yet initiated substance use.

- **Early Intervention:** Programs address AOD use at the earliest stage to prevent it from escalating or becoming a chronic issue. It targets those at risk or who have just started using substances.

- **Tertiary Intervention:** Programs and services providing treatment and rehabilitation for individuals who already have a significant or established substance dependence problem. In this literature review the focus is primarily on residential programs.

Within the literature, these levels often work together as a comprehensive system. An emphasis on primary prevention and early intervention is intended to reduce the number of young people who will ultimately require intensive tertiary treatment services.

iii) Harm reduction: In this literature, the concept of "harm reduction" is referred to as a non-abstinence-based approach to Alcohol and Other Drug (AOD) education and intervention. It is defined or characterised as follows:

- A non-judgmental, straightforward, practical approach to prevention and support.
- Focused on strategies to reduce the potential negative consequences or harms associated with substance use.
- Valued for its intentionality to inform and support young people, rather than condemning or judging.

2. Contextualising AOD use among Indigenous Youth

Alcohol and Other Drug (AOD) use among Aboriginal and Torres Strait Islander young people cannot be understood in isolation from the broader social, historical, and cultural contexts that shape health and wellbeing. The literature consistently demonstrates that substance use is influenced by a complex interaction of historical trauma, systemic inequities, social determinants of health, and access to protective cultural factors. Understanding these influences is critical for designing effective responses, as they highlight that AOD-related harms are not simply individual issues but are deeply connected to family, community, culture, and the systems that shape young people's lives. The following sections examine the key historical, structural, social, and cultural determinants identified throughout the evidence base.

2.1 Historical and Structural Determinants - Impact of colonisation, systemic racism and Intergenerational trauma on Young people

The context for Alcohol and Other Drug (AOD) harms among Indigenous young people is fundamentally shaped by historical and structural determinants. Specifically, the enduring impact of settler and ongoing colonialism has created a series of systemic conditions—including racism, discrimination, and social marginalisation—that contribute to disproportionately heightened drug-related harms (Krakoeur and Savaglio et al. 2022).

In response to these systemic barriers, this review underscores that the need for healing and culturally integral services is critical. The findings on community-based AOD models explicitly highlight that addressing the impact of historical trauma and healing is a salient and desired content recommendation from Indigenous youth themselves (Heath & Martin et al. 2022), emphasising its central role in effective AOD prevention and intervention strategies.

2.2 Social determinants of health: Influence of housing, education and legal framework on Indigenous youth substance misuse

Research indicates that housing stability, educational attainment, and the legal framework are critical social determinants that heavily influence substance misuse among Indigenous youth. These factors frequently act as compounding risk factors, rooted in historical trauma and systemic inequalities, which contribute to higher rates of substance use compared to non-Indigenous peers (Perkins & Mackin et al. 2025).

The literature consistently highlights that substance misuse among Indigenous youth is heavily influenced by a combination of critical social determinants: housing stability, educational attainment, and the existing legal framework. These factors are often compounding risk factors rooted in systemic inequalities and the ongoing impact of historical trauma, such as that stemming from the residential school system. Consequently, Indigenous youth experience significantly higher rates of substance use compared to their non-Indigenous peers. Housing instability, encompassing frequent moves,

overcrowding, and homelessness, is strongly correlated with increased substance use and poor mental health, with evidence suggesting that substance misuse can often develop after the loss of stable housing. Conversely, stable housing acts as a crucial protective factor, directly correlating with improved social and emotional wellbeing and reduced substance use (Ignacio et al. 2024).

Educational factors also play a substantial role, with low educational achievement and high school absenteeism being significant predictors of both early substance initiation and involvement in the criminal justice system. While schools have the potential to be protective environments, Indigenous students frequently encounter systemic barriers like racism and discrimination, which elevate their risk profile. Culturally appropriate and inclusive school programs that proactively address mental health and foster a supportive educational setting are critical preventative measures (Donavan & Thomas et al. 2015).

The effect of legal frameworks on young people also exacerbates risk. Indigenous youth are vastly over-represented in the justice system, often driven by, or leading to, substance misuse. Research indicates that punitive approaches frequently worsen the situation, and the most effective interventions are diversionary, health-focused programs that address the root causes of offending, such as substance use, trauma, and lack of education, rather than criminalising the behaviour itself (Caruana & Mao et al. 2023).

In Australia, for young people with substance use problems, there are a range of health and social services to help them manage their substance use. These include residential and non-residential treatment, detoxification, substitution treatment and a small number of early intervention outreach programs. Not all young people who use these services are disadvantaged or have complex needs, however, those who experience poverty, have mental health problems and/or criminal justice involvement are significantly over-represented in the Australian system (Dudgeon & Milroy et al. 2019).

Additionally, it is noted that disadvantaged young people are more difficult to retain in AOD services because of their complex needs and difficulty trusting service providers (Wilson 2021) Early intervention can reduce the need for significant future interventions. Studies show that early intervention can reduce substance use as well as reduce criminal behaviour and foster retention in education.

2.3 Social Determinants of Health for Aboriginal Youth

Aboriginal and Torres Strait Islander young people experience a range of interconnected social determinants that significantly influence health and wellbeing outcomes, including Alcohol and Other Drug (AOD) use. The literature consistently demonstrates that AOD-related harms cannot be understood in isolation from the broader historical, social, economic, and political conditions shaped by colonisation, systemic racism, dispossession, and intergenerational trauma (Dudgeon et al. 2017; Gee et al. 2014).

Social determinants of health refer to the conditions in which people are born, grow, live, learn, work, and connect. For Aboriginal and Torres Strait Islander young people, these determinants are deeply influenced by the ongoing impacts of colonisation and structural inequity, including poverty, housing instability, over-policing, justice system involvement, child removal, educational exclusion, unemployment, and limited access to culturally safe healthcare and support services (Marmot, 2011; Priest et al. 2011).

Importantly, Aboriginal and Torres Strait Islander concepts of health extend beyond Western biomedical understandings and are grounded in holistic and relational frameworks of social and emotional wellbeing. The Australian Institute of Health and Welfare (AIHW, 2023) identifies Aboriginal cultural determinants of health as including cultural identity, family and kinship, Country and caring for Country, language, cultural knowledge and beliefs, participation in cultural activities, and access to traditional lands. These determinants are interconnected and collectively influence the health and wellbeing of individuals, families, and communities.

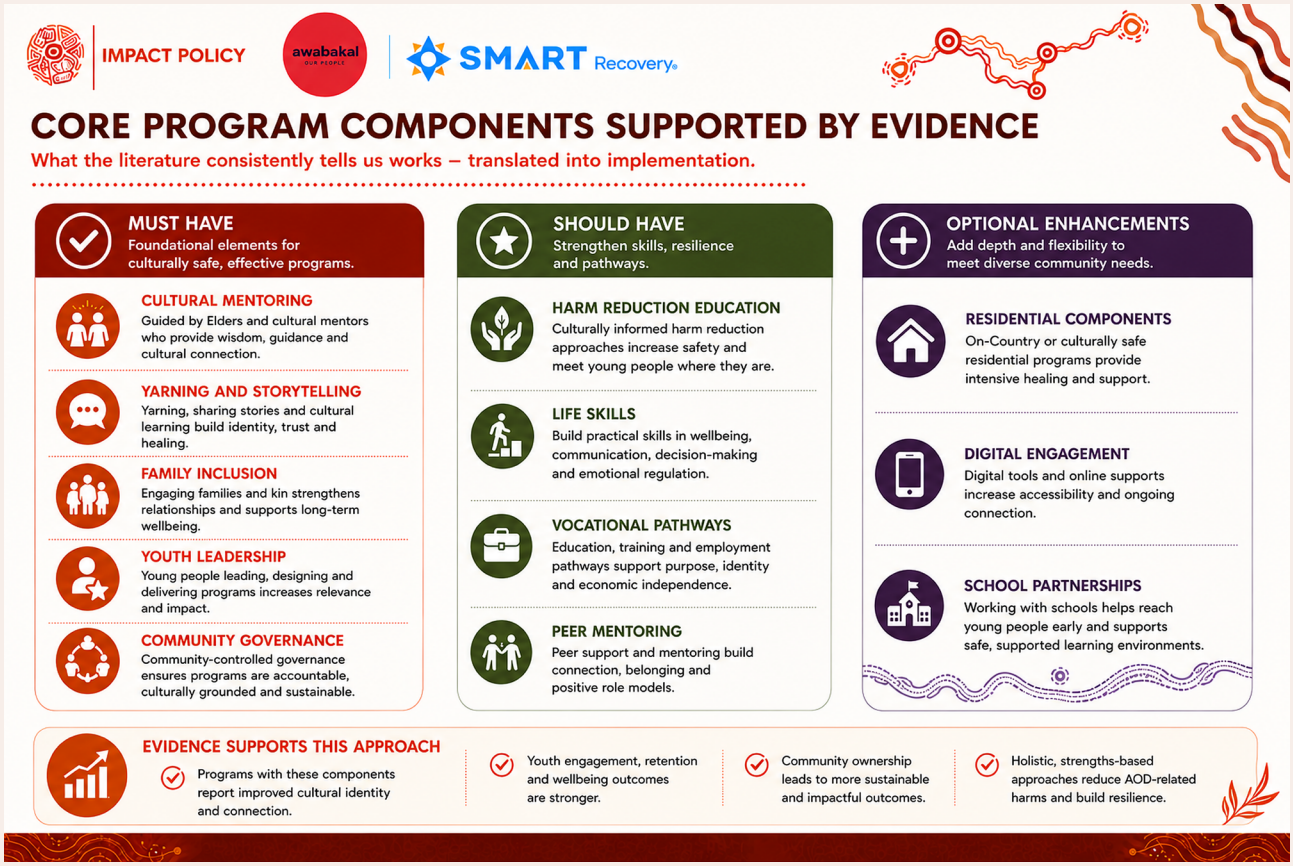


Figure 1: Cultural Determinants of Health

Under both international and domestic human rights frameworks, access to Aboriginal identity is recognised as an inherent human right. This includes the rights to self-determination, self-identification, and the maintenance of cultural, linguistic, familial, and kinship connections. These rights provide protection against forced assimilation and support the ongoing transmission of culture across generations.

The literature increasingly recognises culture itself as a protective determinant of health. Strong cultural identity, connection to Country, participation in cultural practices, relationships with Elders, and community belonging are consistently associated with increased resilience, improved mental wellbeing, stronger identity formation, and reduced substance-related harms (Gee et al. 2014). Conversely, disconnection from culture, family, kinship systems, and traditional lands — often resulting from colonisation, forced removals, systemic racism, and ongoing social exclusion — can significantly impact wellbeing and increase vulnerability to psychological distress and harmful substance use.

The literature highlights that many Aboriginal young people engaging with AOD services have experienced multiple and compounding forms of disadvantage. Justice involvement, family disruption, exposure to violence, homelessness, racism, and mental health challenges frequently interconnect and contribute to increased vulnerability to harmful substance use. Importantly, these experiences are often cumulative rather than isolated, creating complex support needs that cannot be addressed through narrowly clinical or individualised interventions alone.

Racism also emerged as a significant determinant influencing youth wellbeing and service engagement. Experiences of discrimination within schools, healthcare settings, policing, and child protection systems contribute to mistrust, disengagement, and psychological distress (Priest et al. 2011). Several studies noted that Aboriginal young people may avoid mainstream services due to fears of judgement, surveillance, or culturally unsafe treatment. This reinforces the importance of culturally safe, community-led, and strengths-based approaches that prioritise trust, relational care, and self-determination.

The evidence further suggests that protective cultural determinants should not be viewed as secondary or supplementary aspects of wellbeing but as central components of healing and resilience. Programs that support cultural continuity, connection to Country, intergenerational knowledge sharing, language, ceremony, and community leadership are increasingly recognised as critical responses to the broader social determinants shaping Aboriginal youth health and wellbeing.

2.4 Indigenous Relationality as a Framework for Healing

A growing body of Indigenous scholarship identifies relationality as a foundational framework for understanding Aboriginal and Torres Strait Islander health, wellbeing, healing, and resilience. Unlike Western individualistic models of health, Indigenous relational worldviews understand wellbeing as emerging through relationships among people, family, kinship systems, community, culture, Country, ancestors, and the spiritual world (Wilson, 2008; Gee et al. 2014).

Indigenous relationality recognises that individuals do not exist as separate entities but are embedded within interconnected networks of responsibility, reciprocity, and belonging. Within this framework, health and wellbeing are not solely determined by individual behaviours or psychological functioning but also by the quality and strength of relationships across multiple domains of life (Gee et al. 2014; Dudgeon, Milroy & Walker, 2014). Consequently, experiences of colonisation, dispossession, child removal, cultural suppression, racism, and forced assimilation can be understood as disruptions to the relational systems that sustain social and emotional wellbeing.

The Social and Emotional Wellbeing (SEWB) framework developed by Aboriginal and Torres Strait Islander scholars reflects this relational understanding of health. The framework conceptualises wellbeing as encompassing connections to body, mind and emotions, family and kinship, community, culture, Country, spirituality, and ancestry (Gee et al. 2014). These domains are interconnected, meaning that harm experienced within one domain can affect wellbeing across the entire system, while strengthening one domain can generate positive impacts throughout the whole.

This relational understanding aligns closely with emerging evidence regarding Alcohol and Other Drug (AOD) use among Indigenous young people. Across the literature, substance-related harms are rarely framed as individual failings but are instead situated within broader experiences of historical trauma, social exclusion, family disruption, cultural disconnection, housing instability, racism, and community disadvantage (Dudgeon et al. 2017; Fogarty et al. 2018). Similarly, the factors most consistently associated with healing and resilience include strengthened cultural identity, connection to Country, supportive family relationships, participation in community life, intergenerational knowledge exchange, and access to culturally safe spaces.

The concept of relationality is also reflected in Indigenous healing initiatives internationally. Programs such as Healing of the Canoe and community-led healing models reviewed throughout this report position culture, family, Elders, and community relationships as central mechanisms through which healing occurs. These approaches reinforce the understanding that recovery is not solely an individual process but a collective and relational journey that restores connections between young people, their families, communities, cultures, and futures.

2.5 Protective factors: the role of culture, identity and family as sources of resilience

Culture, identity, and family are consistently identified as pivotal protective factors and central sources of resilience for Indigenous young people facing Alcohol and Other Drug (AOD) harms (Dudgeon, Milroy, & Walker 2019).

The literature strongly suggests that effective interventions are those that are culturally integral and driven by Indigenous worldviews, positioning the community itself as the "treatment facility." Aboriginal cultural models of care, which center connections to culture, identity, Country, family, and spirituality, are considered essential for well-being. Studies have shown that increased cultural identity and knowledge are strongly associated with positive outcomes, with programs often using cultural metaphors—such as the "Healing of the Canoe" (Perkins & Mackin et al. 2025), to build resilience.

The role of family and community (kinship supports) is also paramount, promoting cultural connection and safety. Interventions like the Balunu Cultural Healing Program emphasise that relationships are central to effectiveness, focusing on rebuilding links within the family and broader support networks. Furthermore, outreach programs are highly valued for their role in restoring links and connections with family, kin, cultural, and community networks (Krakouer et al. 2022). This body of evidence emphasises that supportive, culturally-connected relationships are a foundation for effective healing.

A key component of cultural support is the therapeutic benefit derived from shared experience and communication, particularly through cultural practices such as "yarning." For instance, youth in residential therapeutic communities have reported feelings of relief after participating in Elder-led groups that included yarning times and cultural activities (Kapuaahiwalani-Fitzsimmons,. 2014). This highlights that culturally appropriate communication and shared experience offer tangible therapeutic benefits that contribute to positive outcomes.

3. The Value of Lived Experience and Living Expertise

This review seeks to centre the voices, knowledge, and perspectives of Aboriginal and Torres Strait Islander young people affected by Alcohol and Other Drug (AOD) use, recognising that young people hold critical insight into experiences of harm, healing, service engagement, and recovery. Within the AOD and mental health sectors, lived experience commonly refers to the knowledge gained through direct personal experience of issues such as substance use, trauma, mental health challenges, justice involvement, or navigating support systems (Dudgeon et al. 2017).

This review also adopts the emerging concept of living expertise as a more strengths-based and culturally responsive framing. While lived experience often focuses on what a person has experienced, living expertise recognises the ongoing knowledge, cultural insight, leadership, and relational wisdom that Aboriginal and Torres Strait Islander young people continue to develop through navigating complex social, cultural, and systemic realities (Gee et al. 2014). This includes expertise grounded in family, kinship, culture, Country, community, and lived relationships.

Importantly, living expertise positions young people not simply as recipients of services but as active contributors to healing, prevention, and systems reform. This framing aligns strongly with Indigenous understandings of social and emotional wellbeing, which emphasise connection, collective knowledge, cultural continuity, and self-determination (Gee et al. 2014; Dudgeon et al. 2017).

Across the literature, young people consistently highlighted the importance of culturally safe, relational, and non-judgemental approaches that value their voices, leadership, and lived realities. Embedding lived experience and living expertise within program design, peer-led initiatives, governance, and evaluation is therefore critical to strengthening culturally grounded and effective responses for Aboriginal and Torres Strait Islander young people.

4. AOD Service Models and Programs Supporting Indigenous Youth

This section of the review examines the types of AOD service models and programs supporting Indigenous Youth, featuring select case studies that demonstrate how key principles are being implemented and applied in various settings. Successful alcohol and other drug interventions for at-risk Aboriginal youth are underpinned by strong community investment and ownership (Fogarty & Bulloch et al. 2018). Evidence suggests that effective interventions are often community-driven, community-owned, and require local support that engages the community in all facets, from conceptualisation to delivery and evaluation (Doran et al. 2017).

Key components of success include strong community interest, engagement, leadership, sustainable funding, and the reinforcement of engagement through paid positions for community elders or experts to create and organise programs. Effective programs incorporate cultural values and activities, adopting a strengths-based focus rather than a deficit-based approach, and are adapted with the input from Indigenous community members (Jackson & Pulver, 2019). In terms of program design and delivery, effective interventions are multifaceted and flexible, addressing both individual and community issues (Doran et al. 2017). This often involves a multi-pronged approach combining activities such as education, case management, and work-skills development, and flexibility is crucial to meet individual client needs, utilising various delivery modes like mentoring, Motivational Interviewing (MI), or Cognitive Behaviour Therapy (CBT) techniques.

A Study by Heath & Martin et al. (2022) included a scoping review of twenty-seven articles exploring the lived experiences of Indigenous people in Alcohol and Other Drug (AOD) treatments, producing resounding themes around necessary program elements and characteristics:

Theme	What Young People Said They Need	Implications for Program Design
Culturally Centred and Relational	Connection to culture, identity, kinship, healing, traditional knowledge, and relatable role models.	Embed cultural practices, cultural mentoring, yarning, family inclusion, and healing-focused content.
Preference for Harm Reduction	Practical, balanced, and non-judgemental information about AOD use.	Deliver culturally informed harm reduction education that meets young people where they are.
Safe Spaces and Empowerment	Opportunities to discuss trauma, AOD impacts, and develop leadership skills.	Create safe spaces, youth leadership pathways, strengths-based programming, and life-skills development
Trustworthy Staff and Holistic Care	Staff who are relatable, respectful, and experienced, with support that extends beyond AOD issues.	Employ Indigenous and lived-experience staff and provide holistic, wrap-around support including education, employment, housing, and wellbeing pathways.

(Heath & Martin et al. 2022)

Youth-focused alcohol and other drug (AOD) programs, especially those that actively involve Indigenous youth in their design and implementation, have demonstrated positive impacts beyond just substance use reduction. Initiatives like the "It's Your Choice, Have a Voice" campaign, which used creative arts like hip-hop and songwriting, resulted in participants reporting increased confidence and feeling more comfortable opening up about their lives (Rogers, 2017). Another example is the success of the "Beat da Binge" project (Tsey, 2018), which engaged young people in its entire lifecycle from design to evaluation, emphasising that youth involvement is key to achieving significant outcomes, such as reduced risky drinking.

These examples indicate that culturally safe and engaging AOD programs are viewed positively when they are empowering, educational, and provide a platform for self-expression and skill development.

4.1 Community-based Models - Practice Examples

4.1.1 Practice Example - Clear Sky Native Youth Council (CSNYC)

A study by Ignacio & Sense-Wilson et al. (2024), assessed AOD prevention needs among Indigenous youth in Seattle, USA. Informed by Community-Based Participatory Research (CBPR), Indigenous relationality, and harm reduction.

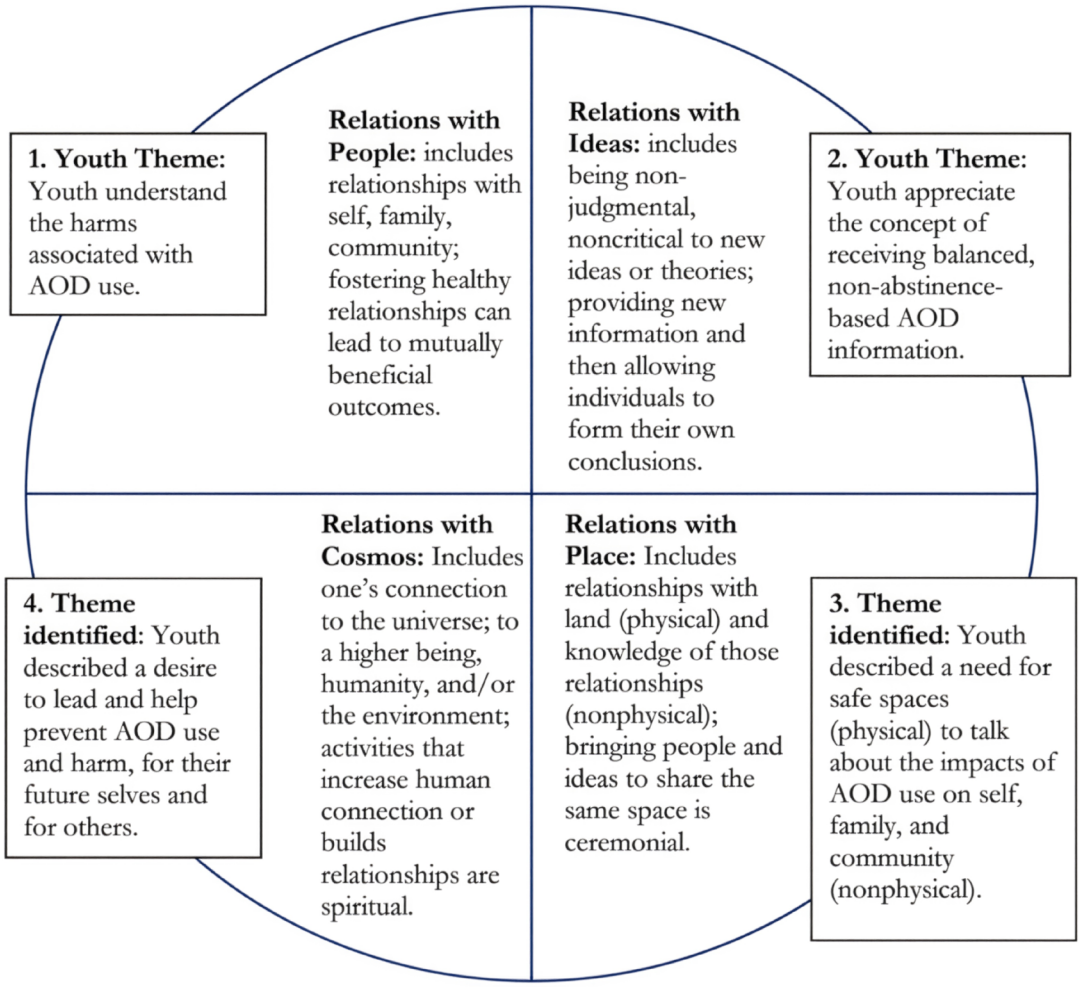
Clear Sky Native Youth Council (CSNYC) was developed in response to the lack of cultural, academic, and social support for Indigenous youth across the Seattle metropolitan area. CSNYC is a youth-driven, youth-led program that meets twice a week and offers dinner, tutoring, sports practice, and cultural enrichment activities. It is open to family members of the youth, organises community advocacy events, and celebrates youth graduates every year. The program is also free of charge and includes diverse urban Indigenous students from elementary to high school who reside in Seattle or in the surrounding communities.

Data collection focused on several key areas related to alcohol and other drug (AOD) prevention and harm reduction among Indigenous youth. It explored participants' past experiences with AOD education, both formal and informal, and asks whether they believe such education is necessary for Indigenous youth in general. The study also sought to understand participants' knowledge, attitudes, and beliefs about harm reduction, asking for their definitions and assessing their interest in harm reduction among Indigenous youth, families, and communities. Harm reduction was explored in relation to Indigenous culture, prompting reflection on how harm reduction education aligns with or conflicts with community values and traditional beliefs.

Four overarching themes emerged from the analysis of the interviews with youth and these four themes were organised and aligned with the four constructs of the Indigenous research framework of Relationality (people, place, ideas, and the cosmos), which serves as the theoretical foundation for the culturally relevant harm reduction intervention emerging from the research:

The findings support the development of a harm reduction intervention that reinforces healthy relationships as a primary strategy to prevent and reduce AOD use and harm. In exploring these themes in more detail, we can understand how critical relationships are in the healing process and the universality of this approach.

Figure 1.1. Four Youth Themes Organized by the Four Constructs of Indigenous Relationality.



Relations with people: In this study, youth showed understanding of the harms associated with AOD use. They openly described concern for their peers and family who actively use AODs, as well as their appreciation for healthy connections to friends, family, and community.

This demonstrates a cultural understanding of the importance of relationships. For example, one youth described a ripple effect of harm if a fatality were to occur as a result of a drug overdose:

"And just doing drugs in general is really bad 'cause you're not affecting just yourself; you're affecting your whole family and friends because if you die, that's affecting everyone in your community, not just you. And now your mom, your dad, like everyone close to you."

Several participants indicated the importance of learning from role models, particularly from those who have experienced AOD use disorders and have achieved abstinence or sobriety. Youth participants felt learning firsthand from former users who have become "successful" is beneficial:

"You need a person… from, like, personal experience to share their inside thoughts, "Oh, I've gone through this. If you do, it can be better," type of thing."

Relations with ideas: These findings align with the construct of ideas because they support youth's openness to learning life skills that promote health while simultaneously reducing harm. Youth appreciate receiving balanced, non-abstinence-based AOD information. Youth valued harm reduction education because of its non-judgemental, straightforward, practical approach to prevention rather than an abstinence-based approach. Several youth participants described their interest in learning more about harm reduction because of its intentionality to inform and support, rather than condemn or judge:

"Well, I'm just thinking it [harm reduction education] would work on me and the people I know that are Native youth. And telling them, "No, you can't do that," … so you're not exactly challenging them; you're just saying, "If you do this, just know that you will have these consequences."

One youth described the need for harm reduction education to help prevent unintentional accidents and another participant compared harm reduction education with Indigenous cultural practices (e.g., daily prayer) as integral elements of life:

"No one wants to intentionally harm themselves when … or not most people, when they make a decision to do drugs. In harm reduction, you take the responsibility of doing a daily routine, like putting on your seatbelt or brushing your teeth. And then, like Native [cultural] education, you take the responsibility of doing the things you have to do [culturally]. So they both related in those two ways."

Relations with place: Youth need safe spaces to talk about the impacts of AOD use on self, family, and community. According to Wilson (2008), the construct of place has two dimensions. One is centered on the physical relationship we have with place; for example, the lands we physically stand on. The other dimension is centered on the non-physical relationship we have with those places, often in the form of memories, experiences, and emotions. Several youth described experiences of seeing AODs promoted on their traditional homelands and how that potentially leads to ongoing AOD dependency and harm:

"I think you need it [harm reduction education] because there's a lot of drug abuse in Native, on the reservations. And liquors are promoted a lot there …"

Youth participants advocated for a need for safe spaces to talk about the negative impact or traumas of AOD use on themselves, family, and community. Youth openly described having to grapple with drug use promoted on social media, in music, and via advertisements in stark contrast to the negative harms they have witnessed among family and friends who actively use them.

Relations with cosmos: Youth recommended receiving training to become leaders who help to prevent AOD use and harm among their peers and networks. This recommendation demonstrates a concern for the future health and wellness of their communities, which is in alignment with the definition of the cosmos construct and enables the embodiment of cultural responsibility. Youth desire to lead and help prevent AOD use and harm, for their future selves and for those in their circle.

Youth indicated the benefits of and the need for leadership training as a way to help prevent AOD harm for themselves and for those around them:

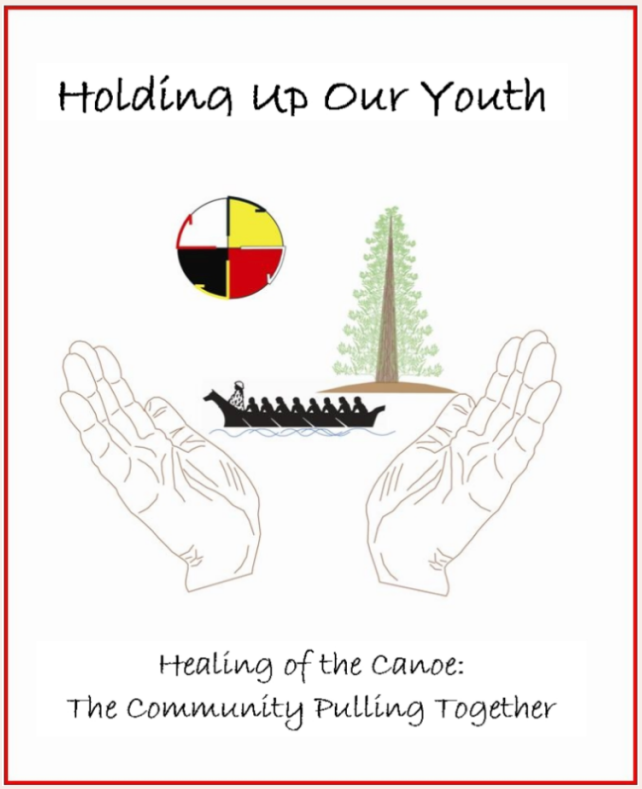
"I'd like to learn more to help other people learn and help educate them, the pros and cons [of AOD use]. "

"In a lot of Native homes, I think a lot of people do that stuff [AODs] and it does take a toll on their family and drives that person to be more distant from their family and what they need to do. Some kids could have been raised in a drug or alcohol community and that's all they've known and if they go to school and learn about it [harm reduction], they could learn about the things that it could impact on your life and take a toll on, and they could learn not to do it, and that's great!"

Specifically, young people in the study in relation to improving AOD programs for all young people had the following recommendations:

- receiving overviews of AODs and their biological effects
- discussing the social and legal consequences of drug use
- learning to care for oneself from a holistic perspective, and
- discussing how AODs are represented in popular media.

4.1.2 Practice Example - Healing of the Canoe



Healing of the Canoe (HoC) is a culturally grounded prevention and early intervention program developed with Pacific Northwest tribes in the United States to support Indigenous youth wellbeing and prevent Alcohol and Other Drug (AOD) harms. Operating for more than 20 years, the program uses the traditional Canoe Journey as a metaphor for life, helping young people develop the skills, resilience, and cultural identity needed to navigate challenges without being "pulled off course" by substance use.

The program was created in response to community concerns that substance misuse was closely linked to cultural disconnection among youth. Drawing on the knowledge and leadership of Elders, young people, and tribal traditions, HoC combines cultural teachings, storytelling, community mentoring, and Indigenous knowledge with evidence-based approaches to youth development.

Evaluations have demonstrated promising outcomes, including increased hope, optimism, self-efficacy, cultural identity, and knowledge about substance use, as well as reductions in substance use following participation (Donovan & Thomas et al. 2015). More recent evaluations also found positive impacts on protective factors associated with mental wellbeing, including hope and resilience (Perkins & Mackin et al. 2025).

A key strength of the program is its adaptability. While grounded in the Canoe Journey, the curriculum is designed to be tailored to different cultural contexts, allowing communities to incorporate their own stories, symbols, traditions, and understandings of life's journey. The program demonstrates the value of culturally grounded, community-led approaches that strengthen identity, belonging, resilience, and wellbeing as protective factors against AOD-related harms.

Workshop	Focus/Goals	Substance Information
1: Four Winds and Canoe Journey Metaphors	Introduce and discuss the Four Winds and the traditional Canoe Journey as metaphors for life. Discuss other beliefs.	Alcohol
2: How I am perceived? Media Awareness & Literacy	Focuses on the portrayal of American Indians and Alaska Natives in the media, recognising stereotypes, cultural exploitation, misrepresentation of history, and standing up against stereotypes.	Prescription drugs
3: Who am I? Beginning at the Center	Learn about Suquamish values, traditional introductions, self-awareness, integrity, and using the Four Winds concept for self-definition (physical, mental, emotional, spiritual self).	Marijuana
4: Community Help and Support: Help on the Journey	Learn about the importance of community, being part of many communities, giving back, identifying local help resources, and the meaning of mentorship.	Club drugs and stimulants
5: Who will I become? Goal Setting	Explore important goals, learn a step-by-step approach to goal setting, understand its importance, and learn to cope with obstacles.	Nicotine
6: Overcoming Obstacles: Solving Problems	Learn to recognise problems, ways to solve problems and make good decisions, and where to go for help. Learn steps: define, brainstorm solutions, pick the best, act on a plan, review/revise.	Methamphetamines
7: Listening	Teach effective listening skills, illustrate their importance through storytelling and traditional activities. Relates to Suquamish values of respect and effective communication.	Opiates
8: Effective Communication: Expressing Your Thoughts and Feelings	Teach effective communication skills, respectful disagreement, refusal and assertiveness skills, and how to deal with peer reactions to assertiveness. Practise positive conflict resolution and expressing feelings.	Inhalants

Workshop	Focus/Goals	Substance Information
9: Moods and Coping with Negative Emotions	Learn about different emotions and positive/ negative self-talk, depression/suicide, coping with negative emotions, and finding a safe space/person.	
10: Safe Journey without Alcohol and Drugs	Learn about addictions, how expectancies influence perception, and the consequences of drug and alcohol use.	
11: Strengthening our Community	Focus on finding community leaders as role models and making positive choices within the community. Includes field trips for community volunteering.	
12: Honouring Ceremony	Acknowledge youth for program completion and honour their unique attributes. Mentors, Tribal Elders, leaders, and families are invited to witness and share a meal.	

4.1.3 Practice Example - Ngalla Wirrin Wungening

Wungening Aboriginal Corporation is a Perth-based ACCO providing culturally secure, holistic Alcohol and Other Drug (AOD) services focusing on healing the mind, body, and spirit. Services include non-residential counselling, case management, and prison-to-community support for individuals, families, and youth. While NWW are yet to implement their specific youth diversionary program, they serve young people 18-25 through their current model.

Ngalla Wirrin Wungening (NWW) is an Aboriginal-led healing program providing culturally safe support to community living with challenges brought about by drugs and alcohol.

The model includes group therapy programs and individual counselling sessions are part of a healing journey built on connection and trust, using Aboriginal Ways of knowing, being and doing. One-on-one counselling and group programs are grounded in the Wungening philosophy of:

1 Aboriginal Ways

2 Authentic Connections

3 Flexible Services

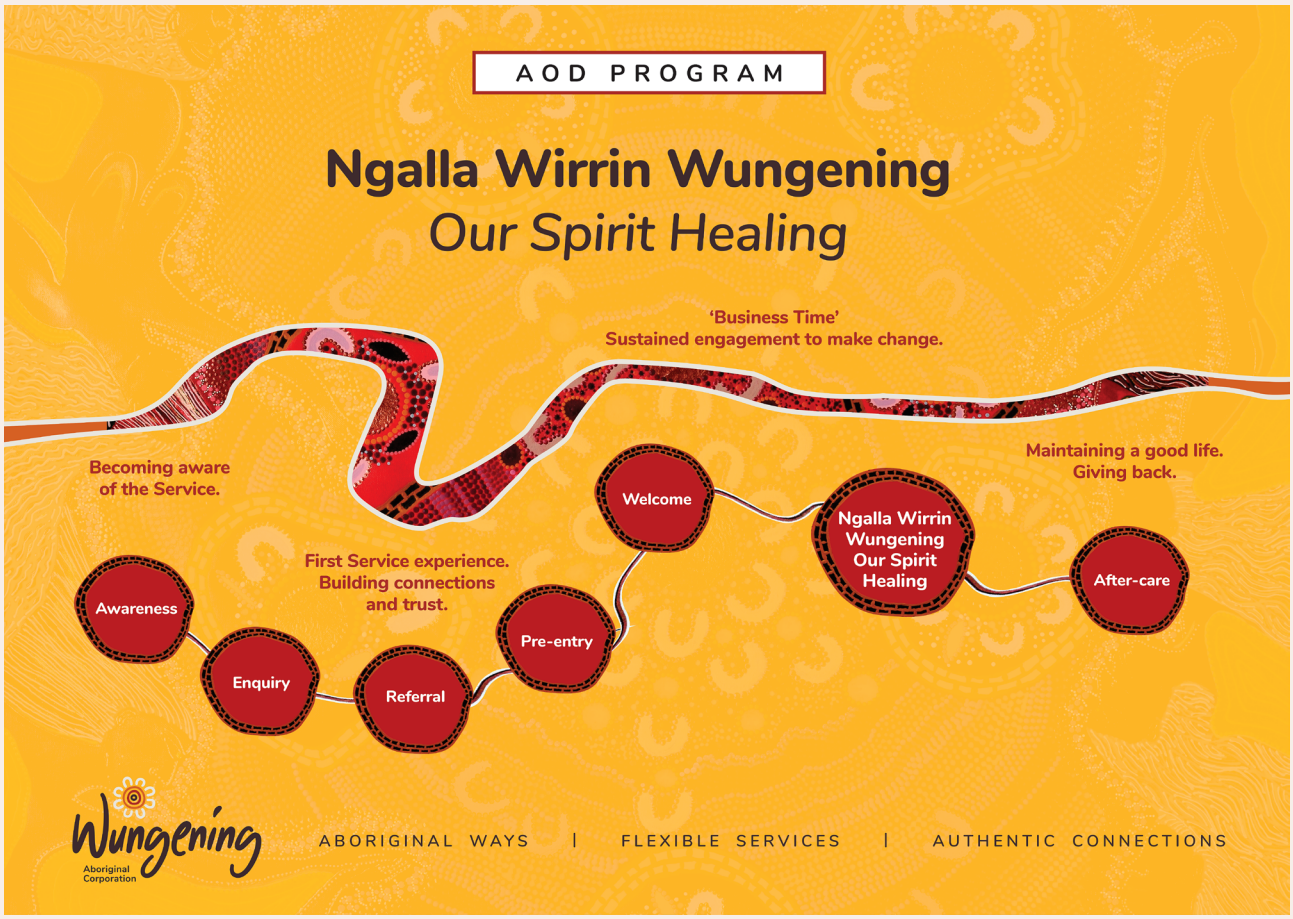
Staff are majority Aboriginal, with lived experience of racism, exclusion and intergenerational trauma. The client journey is guided by Five Domains of Healing:

1. Mia (home / stability)
2. Koonger (social / physical / emotional)
3. Koort (heart /culture /connection)
4. Kaat (head /learning /growth)
5. Moort (family /relationships)

We yarned with Martin Gillies from NWW, who shared that the model has evolved significantly over the last 3 years and has adapted its approaches in response to increased community leadership and cultural guidance. When asked what is working well under the new service model, Martin explained:

"We've slowed down the entry process to the service.. recognising that (Aboriginal Ways) trust takes time, the emphasis is on slowing down and building connections.. getting to know staff so that when it comes to intake/program commencement or "business time", the commitment and level of trust is much stronger.."

NWW has achieved higher levels of sustained engagement by ensuring individuals have adequate space to develop awareness and trust in the service and its staff. This success is founded on the understanding that the healing journey is non-linear and ongoing and is best supported by consistency, strong relationships, and trust.



A recently released evaluation of Ngalla Wirrin (Appendix) found that clients and staff overwhelmingly experience Ngalla Wirrin Wungening as culturally safe, non-judgemental, and grounded in genuine care. Relationships are central – between clients and staff, within families, and among staff themselves. These connections build trust and support healing. At its core, Ngalla Wirrin Wungening is about healing, connection, and empowerment. Ngalla Wirrin Wungening's flexibility is a strength, allowing staff to respond to complex and changing client needs. There is strong evidence that the program is making a difference – clients report feeling safer, more connected, and more confident.

What stood out the most was how much clients feel supported and respected when accessing support through Ngalla Wirrin Wungening. The program creates genuine connections – clients know they're being heard, not judged. The culturally grounded, flexible approach means people can move through their healing journey at their own pace, with the right support around them. People spoke about how the program has helped them rebuild relationships, gain hope, and feel stronger in themselves.

While, overall, the findings reflect a program that is working well and supporting real change, the evaluation also identified areas for growth and improvement. Opportunities for improvement identified through the evaluation included challenges experienced by staff, such as cultural load, internal team dynamics, and navigating unclear guidelines around providing support. Ongoing evaluation recommendations include strengthening practice tools, expanding aftercare and digital accessibility, supporting staff wellbeing, and continuing to embed Aboriginal leadership at all levels of the program.

A key takeaway from the Ngalla Wirrin Wungening evaluation was that it made visible the often "invisible" work of Aboriginal Community Controlled Organisations. Insights from clients, staff, and leadership illuminated Aboriginal Ways of working. This visibility empowers current and future Aboriginal leadership to stand strong, fearless and united in building a healthy community grounded in culture, resilience and self-determination.

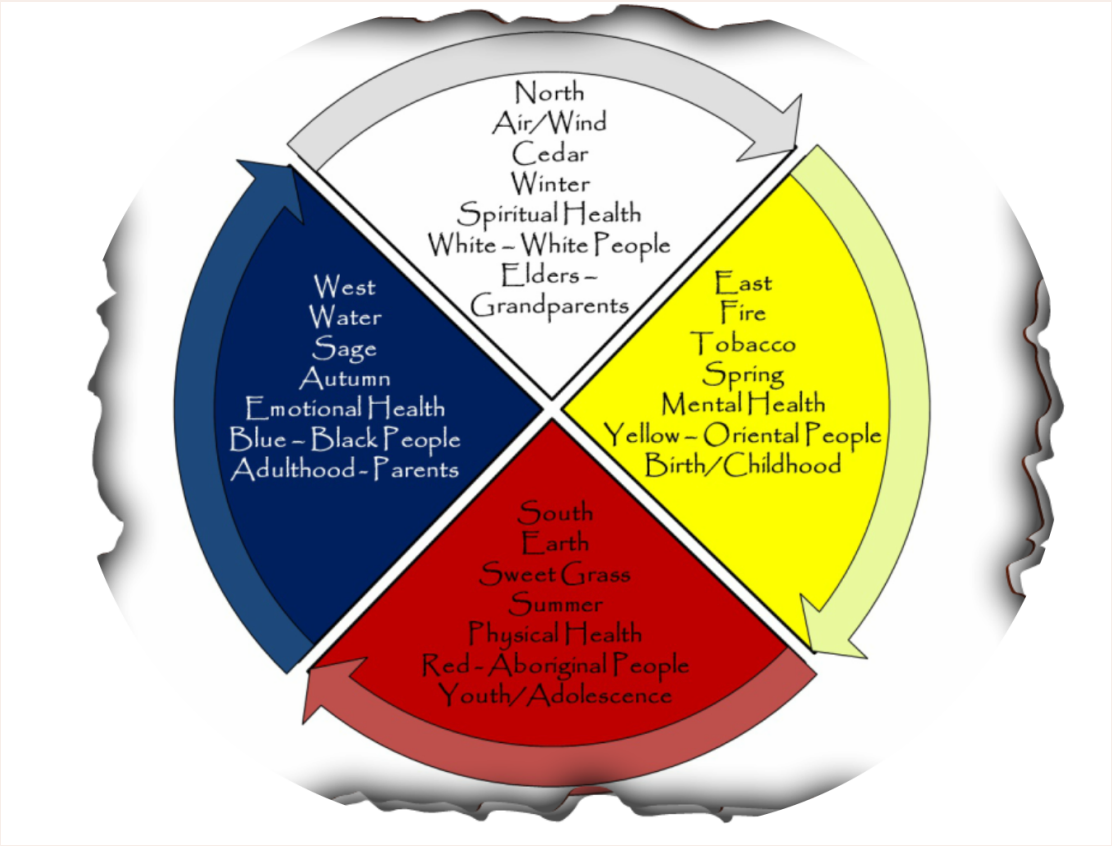
The above is a short extract from the report - please refer to the full evaluation report for details (appendix).

4.1.4 Practice Example - MICUNAY (Motivational Interviewing and Culture for Urban Native American Youth)

MICUNAY (Motivational Interviewing and Culture for Urban Native American Youth) is a culturally grounded AOD prevention program that combines Motivational Interviewing (MI) with traditional American Indian and Alaska Native (AI/AN) cultural practices. Developed through a community-based participatory process involving youth, families, Elders, service providers, and community leaders, the program was designed to address the unique challenges experienced by urban Indigenous young people.

The program uses the Northern Plains Medicine Wheel as its guiding framework, integrating emotional, mental, physical, and spiritual dimensions of wellbeing. Delivered through three interactive workshops, MICUNAY combines evidence-based therapeutic approaches with culturally meaningful activities, including beading, traditional foods, talking circles, prayer, and ceremony.

Evaluation findings indicate that young people responded positively to both the collaborative nature of Motivational Interviewing and the incorporation of cultural practices. Participants valued opportunities to strengthen cultural identity, connect with traditional knowledge, and discuss AOD-related issues in a culturally safe environment. The program also highlighted broader challenges affecting urban Indigenous youth, including community stressors, resource limitations, cultural identity struggles, and high levels of AOD exposure.



(Northern Plains Medicine Wheel - Jeff Ward 2020)

Workshop	Focus/Goals	Content Integration
Workshop 1: Making Healthy Choices for My Brain	Behavior/ Mental/ Emotional	Integrates MI discussion on the neurological effects of AOD use with a beading workshop, emphasising the focus and concentration benefits of beading.
Workshop 2: Making Healthy Choices for My Body	Physical	Combines MI content on the path of choices related to AOD use with learning about and consuming Native American foods, highlighting the health benefits of traditional cooking.
Workshop 3: Making Healthy Choices for My Spirit	Spiritual	Integrates MI discussion on how choices impact future spiritual well-being with a prayer and sage ceremony.

Key findings revealed that the MI component was well-received by urban AI/AN youth due to its collaborative nature. Youth also expressed enthusiasm for traditional practices, leading to the selection of beading, AI/AN cooking, and prayer/sage ceremony for incorporation into the workshops, based on feedback and feasibility. Significant challenges included community stressors (e.g., gang violence), resource scarcity, cultural identity struggles, and a high prevalence of AOD use. Youth frequently emphasised the difficulties associated with urban AI/AN cultural identity and AOD use.

Overall, MICUNAY demonstrates the value of integrating evidence-based approaches with Indigenous cultural knowledge and community leadership. The program provides a promising model for culturally relevant AOD prevention that supports both wellbeing and cultural connection among Indigenous young people.

4.2 Healing on Country: Therapeutic benefits of land-based-healing and connection to Country

Land-based healing, often referred to as Healing on Country, is increasingly recognised as an important component of Indigenous approaches to health, wellbeing, and recovery from Alcohol and Other Drug (AOD) harms. For Aboriginal and Torres Strait Islander peoples, Country is not simply a physical location but a source of identity, belonging, spirituality, cultural knowledge, and social and emotional wellbeing (Gee et al. 2014; Dudgeon et al. 2014). Emerging evidence suggests that programs which reconnect young people with Country, cultural practices, Elders, and traditional ways of knowing can strengthen cultural identity, resilience, self-esteem, and overall wellbeing, while also creating opportunities for healing from trauma, grief, and substance-related harms (Blignault et al. 2013; Dudgeon et al. 2017). The following case study highlights how Healing on Country approaches can support positive outcomes for Indigenous young people through cultural reconnection, mentoring, relationship-building, and holistic models of care.

4.2.1 Practice Example - Balunu Cultural Healing Program

The Balunu Cultural Healing Program was a long-running, community-led healing initiative that supported more than 4,000 Indigenous young people in the Northern Territory over a 20-year period. Designed for young people at risk of AOD misuse and antisocial behaviour, the program combined on-Country healing, cultural reconnection, mentoring, and trauma-informed practice within a nine-day residential camp setting.

The program focused on helping young people slow down, reflect on their lives, reconnect with culture, develop positive relationships, and build practical skills for wellbeing and resilience. Cultural activities, storytelling, mentoring, and connections with Elders were central components, fostering identity, belonging, and pride. The isolated bush setting provided a safe space for self-reflection, while staff acted as relatable role models, often drawing on their own lived experiences of overcoming adversity.

A key finding from the evaluation was that relationships were considered the foundation of healing and program effectiveness:

"The relationships that we form with the children; the relationships that we build around the children; the relationships that we rebuild within the family; the relationships that we rebuild around the individuals and the support networks. Connecting participants to the sea and to the land are the foundation from which other relationships flow."

The evaluation also highlighted challenges associated with translating Aboriginal concepts of wellbeing into systems and funding environments shaped by Western service models. As one participant explained:

"Because … for us it's spiritual wellbeing. Different language, same intent … It's about working together and providing a safe and culturally appropriate environment for Indigenous youth."

While the program demonstrated strong outcomes, ongoing follow-up support was often constrained by limited resources. Program leaders identified whole-of-family healing as a future priority, recognising that healing is relational and extends beyond the individual young person. Overall, the Balunu model demonstrates the value of culturally grounded, relationship-based, and on-Country approaches that strengthen identity, connection, and wellbeing as protective factors against AOD-related harms.

4.3 Strengths-Based Approaches to AOD Support

A recurring finding across the literature is the importance of strengths-based approaches in both program design and delivery. Ignacio and Sense-Wilson et al. (2024) suggest that strengths-based practice begins with staff themselves. Educators and practitioners are encouraged to identify and cultivate their own strengths, skills, and capabilities, enabling them to better support young people to recognise and build upon their own talents, resilience, and potential. This highlights the importance of investing in workforce capability and self-development as a foundation for fostering growth, confidence, and self-determination among young people.

These findings are reinforced by a systematic review of community-based Alcohol and Other Drug (AOD) support programs for First Nations peoples in Australia (Krakouer et al. 2022). Examining 17 studies, the review found that culturally responsive, holistic, and community-led approaches were consistently associated with higher levels of program acceptability and engagement. Acceptability refers to how useful, valuable, and culturally safe participants perceive a program to be and is an important indicator of participation and positive outcomes.

Several program elements were consistently identified as highly valued by participants:

- **Cultural safety**, with programs perceived as culturally safe demonstrating the highest levels of acceptability.
- **First Nations AOD workers**, who fostered trust, rapport, and cultural understanding.
- **Family and kinship inclusion**, helping strengthen connections to family, culture, and community.
- **Community outreach**, which improved access to support and reduced barriers to engagement.
- **Group-based activities**, which provided opportunities for shared learning, peer support, and culturally safe connection.
- **Wrap-around psychosocial support**, addressing broader factors associated with substance use, including housing, family violence, mental health, education, and social wellbeing.

The review also identified several limitations within existing service systems. Brief alcohol interventions were often viewed as less effective when delivered in isolation, while participants highlighted a lack of holistic follow-up, limited referral pathways, and insufficient responses to complex psychosocial needs. Systemic barriers, including fragmented service systems and short-term funding arrangements, further constrained program effectiveness and sustainability.

Overall, the evidence suggests that successful AOD responses for First Nations young people are culturally safe, relationship-based, strengths-focused, and holistic. Programs are most effective when they are delivered by trusted community members, include family and kinship networks, address broader social determinants of health, and provide ongoing support that extends beyond substance use alone.

4.4 Culturally Responsive Prevention and Early Intervention in Mainstream Settings

Research suggests that opportunities exist within mainstream services and programs to design culturally responsive youth AOD programs that better engage and serve Indigenous youth. For example, the co-development and cultural integration of the Strong & Deadly Futures program is highlighted as a successful example (Routledge & Snijder et al. 2022). It is the first program of its kind to be co-developed with and for Aboriginal and Torres Strait Islander students.

Strong and Deadly Futures is a culturally inclusive, curriculum-aligned alcohol and drug prevention program that takes a strengths-based approach and embeds Aboriginal and Torres Strait Islander perspectives and evidence-based strategies. Its success is attributed to its culturally inclusive story-based delivery format, which resulted in high engagement and motivation because the content was found to be relevant and relatable by both Indigenous and non-Indigenous students.

Another example, while its efficacy is undetermined, lies in the Ted Noffs Street University Program - a unique early intervention model that is not specifically tailored for Indigenous youth but considers them a “target population” due to their high rates of marginalisation and need (Caruana & Mao, 2023).

This program attempts to cater to Indigenous youth by providing "cultural activities" such as creative arts workshops and music. This suggests a less-integrated approach than co-development, where cultural elements are offered within a largely mainstream framework.

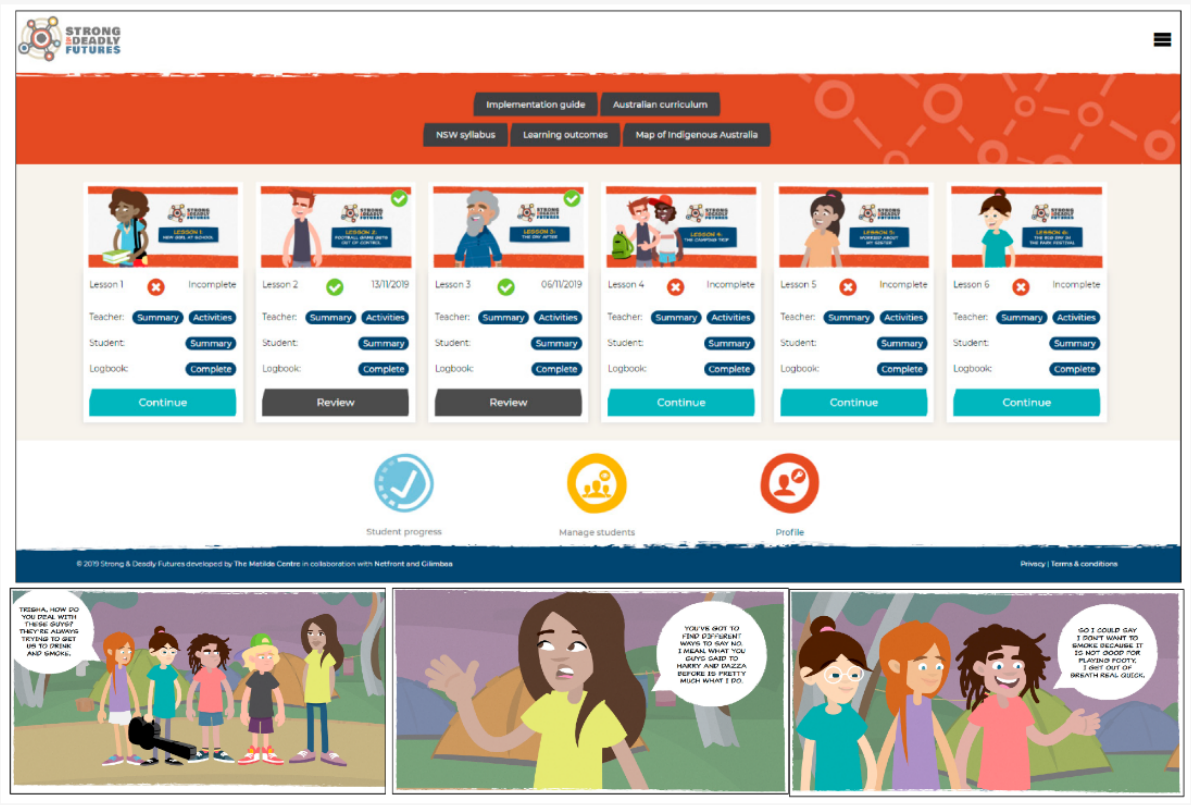
Both Practice examples are offered below:

4.4.1 Practice Example: Strong & Deadly Futures

Strong & Deadly Futures is a culturally inclusive and curriculum-aligned alcohol and drug prevention program designed specifically for secondary students. It is the first program of its kind to be co-developed with and for Aboriginal and Torres Strait Islander students. Importantly, the program takes a strengths-based approach, embedding Aboriginal and Torres Strait Islander perspectives and evidence-based strategies to empower all students, foster safe attitudes, enhance psychological wellbeing, and prevent alcohol and drug-related harm.

In 2019, Strong & Deadly Futures was pilot-tested in 4 high schools with Year 7 and 8 students (12-14 years old) with promising results (Routledge & Snijder, 2022). The program was well received by students and teachers, and students increased their alcohol and drug harm minimisation knowledge and reported lower psychological distress after participating in the program.

Figure 2. Program logo, example scenes and online platform design for *Strong & Deadly Futures*.



The lessons themselves centre around cultural strength and identity. The curriculum equips students with accurate knowledge of the short-term consequences of alcohol, tobacco and cannabis to enable responsible decision-making. The program also addresses social dynamics to help students resist peer pressure and enhances mental health and emotional wellbeing by providing stress-management tools, adopting a harm minimisation approach by teaching practical strategies for navigating challenging situations.

It was found that the Strong & Deadly Futures alcohol and drug prevention program demonstrates good preliminary acceptability and feasibility due to its culturally inclusive story-based delivery format. This approach resulted in high student engagement and motivation, with both Aboriginal and/or Torres Strait Islander and non-Indigenous students finding the content relevant and relatable (Routledge & Snijder et al. 2022).

Teachers reported the program was easy to implement, describing it as an "effective teacher cookbook" that supported high fidelity with minimal preparation, while still allowing for tailoring of optional interactive activities (which were preferred over worksheets). Key recommendations for refinement include simplifying teacher resources and revising activities to be more interactive.

4.2.2 Practice Example: Street University Program - Ted Noffs

The Ted Noffs Foundation's Street University is an early intervention program designed to engage marginalised young people aged 14–25 who often do not access traditional health and support services. While not specifically developed for Indigenous youth, Aboriginal and Torres Strait Islander young people are identified as a priority population, with the program incorporating cultural activities such as music, creative arts, and other youth-focused engagement opportunities.

The program uses artistic, cultural, educational, and recreational activities as a gateway to engagement, creating a safe and supportive environment where young people can build trust, develop life skills, and access additional support when needed. Participants consistently valued the program's non-judgemental atmosphere, positive relationships with staff, youth-centred activities, and practical supports such as food, transport, and access to technology.

A key strength of the model is its ability to engage young people who are often disconnected from mainstream services. The program successfully creates a sense of belonging and provides a "safety net" that fosters trust, connection, and ongoing participation. However, evaluation findings suggest that while therapeutic support for substance use and mental health can produce positive outcomes for those who access it, uptake of these services remains relatively low. As a result, no significant improvements were observed across the broader participant group in areas such as substance use, mental health, or offending behaviour over a six-month period.

The evaluation concluded that stronger pathways into therapeutic support are needed, including improved identification of young people requiring intervention, enhanced staff capability, and strategies that encourage help-seeking. The Street University model demonstrates the importance of safe spaces, trusted relationships, and youth-centred engagement, while also highlighting the challenges of converting engagement into sustained therapeutic participation and measurable clinical outcomes.

4.5 Residential Programs and Therapeutic Communities

There is limited evidence regarding the effectiveness of residential Alcohol and Other Drug (AOD) treatment programs for Aboriginal and Torres Strait Islander young people, and existing research suggests that many young people do not complete treatment (Madden et al. 2020). Most available evaluations focus on mainstream service providers, with relatively few studies examining Aboriginal Community Controlled models. Despite these limitations, emerging research highlights several important factors that contribute to positive experiences and outcomes for Indigenous young people in residential settings.

A qualitative study by Williams, Woolfenden et al. (2022), guided by the Healing Foundation's Aboriginal Healing Framework (Healing Foundation, 2020), explored the experiences of Aboriginal young people participating in a mainstream therapeutic community (TC) program. The study identified four key themes relevant to Indigenous healing and recovery:

4.5.1 Understanding Unique Pathways to Healing

Young Aboriginal people often entered treatment with complex histories involving housing instability, foster care, justice involvement, family disruption, and trauma (Williams & Woolfenden et al. 2022). Participants emphasised the importance of services taking time to understand their individual experiences, cultural identities, and connections to community. Staff reported adapting support plans to incorporate cultural exploration, storytelling, art, family histories, and opportunities to reconnect with culture.

As one staff member explained:

"Our action plans are a lot different with an Indigenous client … We do genograms and art … go on a bushwalk, and we just really tailor it around really getting to know them and where … their mob's from … gonna help connect." (Williams & Woolfenden et al. 2022)

4.5.2 Holistic and Culturally Grounded Healing

Healing was viewed as extending beyond substance use treatment to include cultural, emotional, spiritual, and social wellbeing. Young people valued opportunities to engage with Elders, participate in cultural activities, and strengthen their understanding of identity and belonging (Williams & Woolfenden et al. 2022).

One young person described the benefits of participating in an Elder-led cultural group:

"There's a group that me and one of the boys are doing … There's an Elder … You go out there, have yarning times, like make clap sticks … Come back and, you know, feel so relieved." (Kyle)

The findings suggest that cultural identity should not be treated as an optional component of treatment but as a core element of healing and recovery. This aligns with broader evidence highlighting cultural connection as a key determinant of Aboriginal and Torres Strait Islander social and emotional wellbeing (Gee et al. 2014; Dudgeon et al. 2017).

4.5.3 Collective Healing Through Family and Relationships

Consistent with Indigenous concepts of wellbeing, healing was understood as a collective rather than purely individual process (Healing Foundation, 2020). Family, peers, cultural mentors, and community connections were frequently identified as important sources of motivation, support, and accountability (Williams & Woolfenden et al. 2022).

Maintaining relationships with family and support networks during treatment was associated with stronger engagement and increased commitment to recovery. These findings align with broader research demonstrating that strong family relationships are central to Aboriginal concepts of wellbeing and healing (Gupta et al. 2020; Williamson et al. 2010).

4.5.4 Healing as an Ongoing Journey

The Healing Foundation (2020) describes healing as a lifelong process that continues across generations. Young people in the study similarly described recovery as non-linear, involving ongoing growth, setbacks, and learning (Williams & Woolfenden et al. 2022).

Participants reported developing practical skills to support long-term wellbeing, including relapse prevention, emotional regulation, counselling, journaling, and conflict resolution. They also described increased confidence in setting future goals relating to employment, education, relationships, physical health, and personal wellbeing.

Importantly, both young people and staff emphasised the need for continuing care following residential treatment. Ongoing support was identified as essential for sustaining positive outcomes, preventing relapse, and reducing repeated episodes of treatment or justice system involvement (Williams & Woolfenden et al. 2022).

4.5.5 Youth Perspectives from Kaupapa Māori Residential Treatment

Similar findings emerged from Fitzsimmons' (2014) study of Māori youth (rangatahi) accessing the kaupapa Māori residential AOD treatment service, Rongo Ātea. Young people identified three critical success factors:

- The integration of Māori cultural concepts, values, tikanga, and healing practices.
- Supportive, non-judgemental staff who prioritised relationship-building and shared understanding.
- Opportunities to strengthen whānau (family) and community connections.

Participants particularly valued culturally safe spaces where they could openly share their experiences and learn from others:

"Everybody gets together ... and tell them about our life stories. Some place where you can let anything out and what's said in the room stays in the room ... you let out your problems, your past life problems ... what you were like when you were using ... just let it all out." (Fitzsimmons, 2014)

The study concluded that effective residential treatment for Indigenous young people should be culturally grounded, holistic, and delivered in ways that reflect Indigenous worldviews, identities, and healing practices (Fitzsimmons, 2014).

4.6 Engagement and Intake Strategies & Clinician Profiles

Effective engagement and intake strategies for Indigenous youth must be grounded in principles of cultural safety, trauma-informed care and flexibility. Research is showing that intake should not be a rushed, high-pressure clinical experience but a holistic process that recognises the link between trauma and substance use, addressing mental health, housing, and social needs alongside AOD use.

The use of culturally appropriate tools where relevant is advised, such as the IRIS (Indigenous Risk Impact Screen). The approach must be person-centred, using Indigenous methodologies such as yarning to build rapport and trust and allowing the young person to lead the conversation.

Engagement and retention require a shift from traditional, time-limited interventions to long-term relationship building, prioritising trust over periods of three to five years (ref). To encourage attendance, services must offer meaningful incentives and activities that are interesting and relevant to youth, such as music workshops, sports, gaming, or cooking. The integration of Peer-Supported Models leverages the influence of young people's social networks, making service engagement more comfortable and relatable, as they are often more willing to engage with services recommended or used by their friends.

At the core of these strategies is the necessity for programs to be co-designed with young Indigenous people and led by community, embedding living expertise within governance and program delivery and embodying the principle of self-determination. Employing local Indigenous staff and mentors is non-negotiable, while all staff must be educated on and respectful of Indigenous communication protocols, such as the use of silence or the avoidance of direct eye contact. This holistic, youth-centred approach is essential for fostering the trust required to support long-term well-being.

4.7 Workforce Characteristics and Clinician Attributes

Across the literature, the effectiveness of Indigenous youth AOD programs is closely linked to the quality, cultural capability, and relational approach of the workforce. Staff are not simply service providers; they are often mentors, cultural connectors, role models, and trusted sources of support. The evidence consistently highlights that culturally safe, relationship-based practice is a key determinant of engagement, retention, and positive outcomes for Indigenous young people (Heath & Martin et al. 2022; Krakouer et al. 2022; Wungening Evaluation, 2025).

4.7.1 Cultural Alignment and Lived Experience

A recurring finding across the literature is the importance of cultural alignment between staff and participants. Programs are most effective when delivered by Aboriginal and Torres Strait Islander workers or staff with relevant lived experience who can build trust, credibility, and rapport with young people (Heath & Martin et al. 2022; Krakouer et al. 2022). First Nations AOD workers are consistently identified as a key strength of successful programs because they bring cultural knowledge, community connections, and a deeper understanding of the challenges experienced by Indigenous young people (Krakouer et al. 2022).

Staff should be culturally safe, non-judgemental, and grounded in genuine care. Indigenous leadership within program design, delivery, and governance is also critical to ensuring services remain culturally relevant, responsive, and community-led (Heath & Martin et al. 2022).

4.7.2 Relationships as the Foundation of Engagement

The literature consistently identifies strong relationships as the primary mechanism through which young people engage with support services. Trust, respect, and connection are foundational to successful outcomes and often require time to develop. Several programs highlighted the importance of intentionally slowing down intake and engagement processes to prioritise relationship-building before focusing on treatment goals or behavioural change (Wungening Evaluation, 2025).

Young people are more likely to engage with services when staff are perceived as relatable, trustworthy, and authentic. This reinforces broader findings throughout the literature that healing and recovery are relational processes, supported through consistent and meaningful connections with trusted adults, mentors, Elders, and peers.

4.7.3 Workforce Challenges and Systemic Barriers

Despite the recognised importance of Indigenous staff and leadership, many programs continue to face workforce shortages and under-representation of Aboriginal and Torres Strait Islander workers. This can limit the cultural responsiveness of services and place additional pressure on existing Indigenous staff.

The literature also identifies broader systemic barriers, including racism, lack of cultural safety, and limited understanding of historical and intergenerational trauma within mainstream services. These factors contribute to mistrust of health and support systems among Indigenous young people and communities (Wungening Evaluation, 2025).

Aboriginal staff frequently carry a significant "cultural load", providing cultural guidance, mentoring, advocacy, and emotional support to both clients and colleagues alongside their formal responsibilities. Without adequate support, this additional burden can contribute to burnout and workforce retention challenges.

4.8 Culturally validated screening tools

The literature highlights the importance of culturally responsive screening and assessment processes for Aboriginal and Torres Strait Islander young people accessing AOD services. Concerns have been raised that many mainstream assessment tools were developed using non-Indigenous populations and may not adequately reflect Aboriginal experiences, communication styles, cultural norms, or expressions of distress (Westerman, 2004; Westerman, 2010). Consequently, Aboriginal young people may be under-identified, over-pathologised, or disengage from services when assessment processes are experienced as culturally unsafe or deficit-focused. These concerns are particularly relevant for youth, whose substance use is often intertwined with broader developmental, social, and cultural factors, including identity formation, family relationships, grief and loss, racism, cultural disconnection, and exposure to trauma.

The Indigenous Risk Impact Screen (IRIS) is one of the few culturally validated tools developed specifically for Aboriginal and Torres Strait Islander peoples and has demonstrated utility in identifying both substance use concerns and associated mental health and emotional wellbeing issues (Schlesinger et al. 2007). However, there remains a limited range of validated youth-specific Aboriginal screening tools across AOD and social and emotional wellbeing settings. The literature increasingly suggests that effective assessment should extend beyond identifying risk to include protective factors such as cultural identity, connection to Country, family and kinship relationships, community belonging, and cultural participation (Gee et al. 2014). Consistent with Indigenous models of social and emotional wellbeing, assessment is most effective when embedded within relational, strengths-based approaches that prioritise trust-building, yarning, and cultural safety alongside formal screening processes (Bessarab & Ng'andu, 2010; Dudgeon et al. 2014).

5. Synthesis of Best Practice Principles

5.1 Harm Reduction Through a Cultural Lens

The literature highlights the importance of recognising young people as experts in their own experiences with substance use. Young people possess valuable living expertise about drug use realities, safety strategies, and barriers to engaging with support services. Effective AOD programs acknowledge and incorporate this knowledge, ensuring responses are relevant, respectful, and responsive to young people's needs.

Harm reduction is now widely recognised as a best-practice approach that seeks to minimise the health and social harms associated with substance use without requiring abstinence (Daisy et al. 1998; Dorman et al. 2018). While some questions have been raised about its alignment with Indigenous cultural values, emerging evidence suggests that harm reduction and Indigenous healing approaches can be complementary rather than contradictory.

A recent scoping review by Zolopa and Clifasefi et al. (2025) found several ways that harm reduction can be integrated with Indigenous knowledge and cultural practices. These included embedding cultural ceremonies, involving Elders in support and decision-making, and combining Indigenous healing practices alongside Western harm reduction approaches. Elders were frequently identified as playing a critical role in providing guidance, encouragement, cultural connection, and community support (Goldstein et al. 2022).

The review also found that harm reduction approaches can create opportunities for cultural reconnection. For example, Indigenous participants in a Canadian managed alcohol program reported that greater stability enabled them to reconnect with family, Elders, spirituality, and cultural practices.

Importantly, several authors argued that harm reduction is not a new concept within Indigenous communities but is consistent with longstanding Indigenous values of pragmatism, balance, responsibility, and collective care (Blume & Lovato, 2010; Ignacio et al. 2022; Plourde et al. 2010; Wakhlu et al. 2024). From this perspective, harm reduction can be understood as an approach that supports people in reducing harm while strengthening relationships, cultural identity, wellbeing, and connection to community.

Overall, the evidence suggests that culturally responsive harm reduction approaches are most effective when they value lived experience, incorporate Indigenous knowledge and leadership, and create pathways for healing, cultural connection, and self-determination.

5.2 Barriers to Harm Reduction

While the literature highlights promising opportunities to integrate harm reduction approaches with Indigenous healing and cultural practices, several barriers continue to limit their acceptance and effectiveness. Many of these challenges reflect broader structural barriers experienced by people who use drugs, including stigma, discrimination, limited service accessibility, and mistrust of health systems. However, Indigenous communities may also face additional barriers relating to cultural values, community perceptions, and concerns about the potential impact of substance use on family and community reputation (Zolopa & Clifasefi et al. 2025).

Research suggests that barriers to harm reduction for Indigenous peoples can be understood through multiple dimensions of healthcare access, including the availability, accessibility, acceptability, and cultural appropriateness of services. Historical and ongoing experiences of colonisation, racism, and culturally unsafe service provision can further reduce engagement with mainstream harm reduction programs and contribute to mistrust of support services (Fogarty & Bulloch et al. 2018).

Despite these challenges, the literature suggests that harm reduction and Indigenous approaches to healing are not inherently incompatible. Rather, culturally responsive harm reduction approaches can align closely with Indigenous values of holism, compassion, pragmatism, and collective care (Fogarty & Bulloch et al. 2018). As Fogarty and Bulloch et al. (2018) argue, harm reduction initiatives should be understood:

"..not discrete, neutral initiatives but as political actions with the potential to empower."

This perspective encourages a broader understanding of harm reduction that extends beyond individual behaviour change to address structural inequities, strengthen community wellbeing, and promote self-determination.

5.2.1 The Importance of Lived Experience and Peer Knowledge

The importance of incorporating lived experience into harm reduction and prevention efforts was highlighted in a qualitative study by Deans and Ravulo et al. (2020), which explored the perspectives of young people aged 13–25 years in South Western Sydney regarding alcohol and other drugs.

The study identified three key findings:

- **Drug hierarchies:** Young people perceived some substances, particularly alcohol, tobacco, and cannabis, as relatively normalised, while "hard" drugs were viewed as highly stigmatised.
- **Harm recognition depends on lived experience:** Participants expressed distrust of prevention messages when these contradicted their personal experiences or those of their peers. Young people stressed the importance of education that acknowledges both the perceived benefits and the risks of substance use.
- **The influence of peers:** Peer networks were identified as the primary source of information about alcohol and other drugs, including strategies for reducing harm, managing dosage, and staying safe.

These findings reinforce the value of recognising young people as active contributors to prevention and harm reduction efforts. Young people possess important lived expertise about substance use realities, local drug cultures, and practical safety strategies. Programs that fail to acknowledge these realities risk losing credibility and relevance among their intended audience (Deans & Ravulo et al. 2020).

5.2.2 Practice Example: Harm Reduction Talking Circles (HaRTC)

A study by Nelson and Gaza et al. (2024) documented the feasibility, acceptability, and outcomes associated with virtual Harm Reduction Talking Circles (HaRTC) for American Indian and Alaska Native people with Alcohol Use Disorder (AUD). The Talking Circle is a culturally grounded approach, which is a gathering of people with a common concern who respectfully share perspectives and "listen with their hearts" while each participant speaks (ref.). Recent studies have shown significant pre-post improvements on substance-related harm, depressive symptoms, and cultural connectedness among American Indian youth and young adults who participate in Talking Circles (Kelley et al. 2023).

The virtual HaRTC intervention was an extension of the existing HaRTC program, as a response to the COVID pandemic, showing promising indicators that the program can be offered online. These virtual circles integrated virtual connection, a lower-barrier harm-reduction approach and a culturally aligned intervention. The sessions co-developed by the Community Advisory Board (CAB), included the following:

- Managing stress and alcohol cravings.
- Participating in cultural activities
- Maintaining and improving physical health
- Staying physically, emotionally and spiritually safe
- Fostering good family relationships and partnerships
- Being a positive influence in the community
- Reflecting on what was learned

Before the first session, participants were mailed a medicine bundle, a poem, and an art print. The sessions were led by a Circle Facilitator who is recognised in her community as a Native wellness practitioner. The protocol adhered to a harm-reduction approach and was collaboratively developed by traditional health professionals and members of the research team.

Fifty-one adults across 41 Tribal affiliations and 25 US states participated in the study. The Virtual HaRTC program demonstrated high acceptability and initial feasibility, with participants reporting statistically significant decreases in alcohol use and harm over time. Furthermore, increased attendance was phealingositively associated with improvements in both cultural connectedness (sense of spirituality) and health-related quality of life.

The study supports that virtual HaRTCs are a promising and culturally aligned intervention for American Indian and Alaska Native people with AUD (Nelson & Gaza et al. 2024)

5.3 Community Leadership and Engagement

Successful youth programs addressing Alcohol and Other Drug (AOD) issues are fundamentally reliant on strong community leadership and deep engagement. The literature emphasises that effective interventions must be community-driven and owned, underpinned by significant local investment and support across all phases, from conceptualisation to dissemination. Key components for success include strong community interest, active engagement, and local leadership, with programs requiring adaptation and incorporation of cultural values and activities b2020ased on the input of Indigenous community members (Krakoeur and Savaglio et al. 2022); (Donovan & Thomas et al. 2015).

The reinforcement of engagement and cultural relevance is achieved through the active participation of community Elders and cultural consultants, often in paid positions (Heath & Martin, 2022). Programs like the Healing of the Canoe and the Balunu Cultural Healing Program highlight Elders and tribal youth as essential resources for addressing AOD issues, helping young people connect with their identities and cultures. Youth lived experience research indicates a strong desire for training to become leaders themselves to help prevent AOD harm among their peers (Caruana & Mao et al. 2023).

This community-centric approach reflects a shift in AOD treatment where the community itself becomes mutually empowered. By leveraging cultural identity, continuity, and connection, communities provide vital protective factors against AOD use and harm.

5.4 Relationality and Family Inclusion: integrating kinship systems into AOD recovery

The literature strongly underscores that relationality and family inclusion are not just components but are central and essential foundations of effective AOD youth programs for Indigenous young people. (Dudgeon & Milroy et al. 2019)

The importance of strong relationships, particularly those with family, kinship, and community, is a recurring and paramount theme in supporting the well-being and resilience of young people. These relationships are consistently identified as core protective factors and central sources of cultural connection and safety. They are foundational to resilience, helping young people navigate challenges and maintain their identity (Krakouer et al. 2022).

Many effective Aboriginal cultural models of care explicitly center connections to culture, identity, country, family, and spirituality. Programs like the Balunu Cultural Healing Program underline that relationships are central to the program's effectiveness, stressing the necessity of rebuilding and reinforcing links within both the immediate family unit and broader community support networks. This relational approach is deeply rooted in Indigenous frameworks. For instance, the study by (Ignacio & Sense-Wilson et al. 2024), informed by Indigenous relationality, supports harm reduction interventions that strategically focus on reinforcing healthy relationships to prevent and reduce AOD use and harm.

Youth participants in studies demonstrate a profound cultural understanding of how harm extends beyond the individual, expressing concern for the ripple effect of harm on their entire family and community when a peer is affected by AOD use. Consequently, the inclusion of family and kin is a highly valued component in services. Healing is recognised as an interconnected and relational process, highlighting the persistent need for greater funding to provide comprehensive whole-of-family support, as alleviating pain within the family is a recognised mechanism for reducing many challenges faced by young people.

6. Key Evidence and Practice Gaps

Despite growing recognition of the importance of culturally grounded, community-led, and relational approaches to Alcohol and Other Drug (AOD) prevention and healing, significant gaps remain within both the evidence base and the broader service system. These gaps limit the capacity of policymakers, funders, communities, and service providers to confidently identify, implement, scale, and sustain effective responses for Aboriginal and Torres Strait Islander young people.

6.1 Limited Rigorous Evaluation of Indigenous-Led Programs

A significant gap within the literature is the limited availability of rigorous evaluations of Indigenous-led AOD programs. While many programs report positive outcomes relating to cultural identity, wellbeing, engagement, and community connection, the evidence base is often characterised by small sample sizes, qualitative methodologies, short follow-up periods, and limited longitudinal research (Krakouer et al. 2022; Doran et al. 2017). Furthermore, conventional Western evaluation frameworks frequently fail to capture outcomes that Aboriginal and Torres Strait Islander communities consider important, including cultural continuity, connection to Country, collective healing, relational wellbeing, and self-determination (Dudgeon et al. 2017). There remains a need for Indigenous-led evaluation approaches that maintain methodological rigour while recognising culturally defined measures of success.

6.2 Youth Gap: Limited Youth-Specific Evidence

Although Aboriginal and Torres Strait Islander young people are frequently identified as a priority population within AOD policy and service delivery, relatively little research focuses specifically on their unique developmental, cultural, and social needs. Much of the available evidence is drawn from adult-focused programs or broader Indigenous health literature and is subsequently applied to youth contexts (Doran et al. 2017). There is particularly limited evidence relating to younger adolescents, early intervention approaches, culturally appropriate harm reduction strategies, and the ways in which identity formation, peer relationships, family dynamics, and cultural connection influence substance use trajectories during adolescence. Greater investment in youth-specific research is required to better understand both risk and protective factors across different stages of development.

6.3 Implementation Gap: Adapting Successful Models While Maintaining Cultural Integrity

The literature identifies several promising models, including Healing of the Canoe, Balunu Cultural Healing Program, Strong & Deadly Futures, and Ngalla Wirrin Wungening. However, there remains limited understanding of how successful programs can be adapted and transferred across different communities while maintaining cultural integrity and local relevance (Heath & Martin et al. 2022). The evidence consistently demonstrates that effective programs are place-based, community-led, and grounded in local cultural knowledge. Consequently, there is an ongoing challenge in balancing fidelity to successful program principles with the flexibility required

to respond to the diverse cultural, geographic, linguistic, and community contexts of Aboriginal and Torres Strait Islander peoples. Further implementation research is needed to identify the core mechanisms of change that can be transferred across settings while preserving community ownership and cultural authority.

6.4 Systems Gap: Funding, Commissioning and Service Integration

A substantial gap also exists in understanding how broader service systems, funding arrangements, and commissioning processes influence program effectiveness. The literature increasingly suggests that many barriers to success lie not within individual programs themselves but within the systems that support them (Nasir et al. 2021). Short-term funding cycles, fragmented commissioning arrangements, workforce shortages, limited aftercare, and siloed service delivery can undermine otherwise effective initiatives.

There is also limited evidence regarding the most effective approaches to integrating AOD services with mental health, housing, education, justice, family support, and cultural services. Future research should focus not only on what works at the program level, but also on the policy, funding, governance, and service system conditions required to sustain culturally safe and effective responses for Aboriginal and Torres Strait Islander young people.

Collectively, these gaps emphasise the necessity of a more sophisticated evidence base that moves beyond individual program outcomes to better understand the developmental, cultural, implementation, and systemic factors that shape success. Addressing these gaps will be critical to strengthening future Indigenous youth AOD responses and supporting culturally grounded models such as YarnSMART that seek to integrate prevention, healing, identity, connection, and self-determination within a coherent framework.

Summary Table:

From Deficit to Strengths-Based Systems

Moving Away From	Moving Towards
Deficit-focused practice	Strengths-based healing
Externally designed programs	Community-led solutions
Short-term funding	Long-term relational investment
Western-only evaluation	Indigenous-defined outcomes
Siloed services	Holistic wrap-around support
Individual treatment	Family and community healing

7. How Funding and Commissioning Structures Shape Program Design

The literature consistently demonstrates that funding and commissioning structures are not neutral administrative mechanisms. They shape program priorities, workforce capacity, service delivery models, and the outcomes that are recognised as evidence of success. Across Indigenous youth Alcohol and Other Drug (AOD) programs, funding is often tied to justice, child protection, health, or community service systems, each carrying distinct reporting requirements, policy objectives, and definitions of effectiveness (Gray et al. 2014; Askew et al. 2016). While these systems provide essential resources, they can also create tensions between mainstream performance frameworks and Indigenous approaches to healing, which are typically holistic, relational, community-led, and long-term in nature (Dudgeon et al. 2017).

7.1 Tension Between Healing and Compliance

A consistent theme throughout the literature is the tension between Indigenous healing frameworks and mainstream bureaucratic funding models. Indigenous approaches to healing are grounded in connection to culture, Country, kinship, spirituality, and collective wellbeing, with healing understood as a relational and non-linear process (Dudgeon et al. 2017). In contrast, mainstream commissioning systems frequently prioritise measurable outputs such as treatment completion, behavioural compliance, reduced offending, or crisis intervention outcomes (Bainbridge et al. 2015).

This can create pressure for programs to align with government performance frameworks that may not adequately reflect Indigenous understandings of healing, recovery, and wellbeing. As a result, important outcomes such as strengthened cultural identity, community connection, self-determination, and relational wellbeing may be undervalued or overlooked.

7.2 The Influence of Justice and Child Protection Systems

Many Indigenous young people accessing AOD services have histories of involvement with justice and child protection systems, often shaped by experiences of racism, surveillance, intergenerational trauma, and systemic disadvantage (Blagg et al. 2018). While diversionary and support programs funded through these systems can improve access to services and reduce incarceration, they often operate within risk-management frameworks that prioritise behavioural control and recidivism reduction.

Similarly, child protection systems may shape program design through mandatory reporting requirements, risk assessments, and crisis-driven interventions. Although intended to ensure safety, these approaches can unintentionally reinforce deficit-based narratives and limit opportunities for trust-building, autonomy, and self-determination (Sweeney et al. 2019).

These findings reinforce the importance of culturally safe, strengths-based, and community-led approaches that prioritise relationships, aspirations, and cultural identity alongside risk reduction.

7.3 The Challenge of Short-Term Funding

The literature consistently identifies short-term and insecure funding arrangements as a significant barrier to effective Indigenous youth AOD responses. Healing is repeatedly described as an ongoing and relational process that requires time, continuity, and sustained engagement (Nasir et al. 2021). However, many programs operate within short funding cycles that limit workforce stability, aftercare services, outreach activities, and long-term community engagement.

This instability can undermine culturally grounded approaches that depend on trust, relationship-building, and continuity of care. It can also disrupt workforce retention and reduce opportunities for meaningful program evaluation and adaptation over time.

8. Discussion

This review of national and international literature examining Alcohol and Other Drug (AOD) programs for Indigenous young people confirms a consistent and compelling finding: the most effective interventions are those that are culturally grounded, community-led, and guided by principles of Indigenous self-determination. Across diverse settings and program models, Indigenous culture emerged not as an adjunct to treatment but as a central mechanism for healing, resilience, and prevention.

The literature demonstrates that AOD-related harms among Indigenous young people cannot be understood in isolation from the enduring impacts of colonisation, intergenerational trauma, systemic racism, and ongoing social inequities (Perkins & Mackin et al. 2025). In response to these challenges, successful programs consistently prioritised connection to culture, Country, family, community, spirituality, and identity as protective factors that strengthen wellbeing and support recovery. Whether through community-led initiatives such as Healing of the Canoe, Ngalla Wirrin Wungening, and the Balunu Cultural Healing Program, or through broader evidence syntheses, the findings point to a shared conclusion: healing occurs when young people are supported to reconnect with who they are, where they come from, and where they belong.

While no single program model emerged as universally effective, the evidence identified several common characteristics associated with positive outcomes for Indigenous young people. These include culturally grounded AOD education, opportunities to strengthen cultural knowledge and identity, skill development activities that build resilience and self-efficacy, trusted relationships with culturally safe staff and mentors, family and community involvement, and holistic approaches that address the broader social determinants of health. Importantly, programs that combined multiple strategies—rather than relying on a single intervention—were consistently associated with stronger engagement and more sustainable outcomes.

As such, the findings suggest that effective Indigenous youth AOD responses are not defined by a particular service model but by the extent to which they embed culture, relationships, community leadership, and self-determination within all aspects of program design and delivery.

8.1 Synthesising the Evidence Through the YarnSMART 4Cs Framework

The literature reviewed in this report identified a consistent set of themes and program elements that align closely with the YarnSMART 4Cs framework: Culture, Community, Country, and Connection. Rather than representing separate program components, these four elements emerged as interconnected dimensions of wellbeing that underpin effective Alcohol and Other Drug (AOD) prevention, early intervention, treatment, and healing responses for Indigenous young people.

Across diverse program models and international contexts, the evidence consistently demonstrated that successful interventions strengthen protective factors rather than focusing solely on risk reduction. Whether delivered through community-led healing programs, school-based prevention initiatives, therapeutic communities, outreach services, or land-based healing programs, positive outcomes were associated with stronger cultural identity, meaningful relationships, community ownership, and connection to Country. Together, these findings suggest that the YarnSMART 4Cs provide an evidence-informed framework for understanding how healing, resilience, and recovery occur for Indigenous young people.

8.1.1 The 4Cs as an Indigenous Framework of Relationality

A central finding throughout the literature is that healing is fundamentally relational. Indigenous concepts of wellbeing emphasise relationships with family, community, culture, Country, ancestors, and spirit. Rather than operating as isolated domains, the 4Cs reflect an Indigenous worldview of relationality, recognising that wellbeing is shaped by the quality and strength of these interconnected relationships.

From this perspective, healing is not solely about reducing substance use or addressing individual behaviours. Instead, it involves restoring connections that may have been disrupted by colonisation, trauma, displacement, racism, social exclusion, and other forms of adversity. The 4Cs provide a practical framework for understanding and strengthening these relationships in ways that support long-term wellbeing and self-determination:

Culture: The Foundation

Culture emerged as one of the strongest protective factors identified across the literature. Programs that incorporated cultural knowledge, storytelling, ceremony, Elders, cultural mentoring, and opportunities to strengthen identity consistently reported higher levels of engagement, wellbeing, resilience, and recovery.

The evidence suggests that culture is not an optional enhancement to AOD programs but a core mechanism through which healing occurs. Cultural identity provides young people with a sense of belonging, purpose, pride, and continuity, while cultural practices create opportunities to reconnect with traditional knowledge, values, and ways of being.

Connection: The Mechanism

Connection emerged as the primary mechanism through which healing and positive change occur. Across the literature, trusted relationships with family, peers, mentors, Elders, and culturally safe staff were consistently associated with stronger engagement and improved outcomes.

Programs that prioritised relationship-building, yarning, mentoring, family involvement, and peer support were more likely to foster trust, belonging, and sustained participation. The findings suggest that connection functions as a critical protective factor, strengthening resilience and supporting young people to navigate challenges associated with substance use, trauma, and mental health.

Community: The Context

Community provides the social and cultural context within which healing occurs. The literature consistently highlighted the importance of community ownership, leadership, participation, and governance in successful Indigenous youth AOD programs.

Community-led approaches were associated with greater cultural safety, relevance, trust, and sustainability. Several studies described the community itself as part of the healing process, with Elders, families, role models, local organisations, and peer networks contributing to a collective environment of support and accountability.

Country: The Source

Connection to Country emerged as a powerful source of healing, identity, and wellbeing. Healing on Country programs, cultural camps, and land-based activities were consistently associated with opportunities for reflection, cultural reconnection, spiritual wellbeing, and personal growth.

The literature highlights that Country is more than a physical place; it encompasses relationships with land, waters, ancestors, stories, and cultural knowledge. Through strengthening these relationships, young people can develop a deeper sense of identity, belonging, and purpose, supporting both prevention and recovery pathways.

8.1.2 The Interconnectedness of the 4Cs

While each of the 4Cs contributes uniquely to wellbeing, the literature suggests their greatest strength lies in their interconnectedness. Culture strengthens identity and belonging; Connection fosters trust and relational healing; Community provides collective support and accountability; and Country reinforces cultural continuity, spirituality, and place-based identity. Together, these elements create a holistic system of protective factors that support healing and resilience.

Importantly, the evidence suggests that strengthening one element often strengthens the others. For example, participating in cultural activities on Country can deepen cultural identity, strengthen community relationships, and foster meaningful connections with Elders and peers. This interconnected nature reflects Indigenous understandings of wellbeing as holistic, relational, and collective rather than individualised or fragmented.

The 4 Cs Principle	Alignment in the Literature Review
Culture: Integrates Aboriginal and Torres Strait Islander wisdom, "knowing, doing, and being," and cultural healing practices.	**Culturally Centred and Relational:** The review states that programs must be culturally integral and that Aboriginal cultural models of care are essential for well-being. Success is defined by programs that incorporate cultural values and activities, with the Ngalla Wirrin Wungening model grounded in Aboriginal Ways. Youth explicitly desire content that addresses historical trauma and healing and the role of traditional medicines.
Community: Fosters support within the community, encouraging the development of positive roles and role models.	**Community Investment and Leadership:** The literature highlights that effective programs are community-driven, community-owned, and require strong community engagement, with the community itself becoming the "treatment facility." The Relations with cosmos theme from youth lived experience shows a desire for leadership training to become role models for their peers, directly aligning with fostering positive roles.
Country: Acknowledges connection to country as part of the holistic healing process.	**Healing with Country:** The review dedicates a section to the therapeutic benefits of land-based-healing and connection to Country. The Balunu Cultural Healing Program is featured as a successful example of an on-Country healing program, where connecting participants to the sea and to the land is the foundation from which other relationships flow.
Connection: Focuses on building connections to family, kin, and culture to support recovery.	**Pivotal Protective Factor:** Family and community (kinship supports) are consistently identified as the most paramount protective factors and central sources of resilience. Relationships are considered central to program effectiveness, with outreach programs valued specifically for restoring links and connections with family, kin, and cultural networks (Krakouer et al. 2022).

8.2 Self-Determination as a Mechanism of Healing and Program Effectiveness

While self-determination is frequently discussed as a guiding principle within Indigenous health policy, the literature reviewed suggests it should also be understood as a key mechanism through which positive outcomes are achieved. Across diverse Indigenous contexts, the most effective youth AOD prevention, healing, and wellbeing initiatives consistently share common characteristics: they are community-owned, community-led, Indigenous-governed, place-based, and culturally designed (Dudgeon et al. 2017; Fogarty et al. 2018; Krakouer et al. 2022). These characteristics are often described as indicators of best practice; however, the evidence suggests they contribute directly to program effectiveness by increasing cultural safety, trust, relevance, engagement, and community ownership.

Importantly, self-determination influences not only who delivers programs, but how programs are conceptualised, governed, implemented, and evaluated. Community-led approaches enable local cultural knowledge, community priorities, family structures, language, and cultural protocols to shape service responses in ways that externally designed models often cannot achieve (Heath & Martin et al. 2022). This local ownership strengthens participation and engagement while ensuring that programs remain responsive to community needs and aspirations. Programs such as Healing of the Canoe, Balunu Cultural Healing Program, Ngalla Wirrin Wungening, and other Indigenous-led initiatives demonstrate that when communities have authority over program design and delivery, culture becomes embedded as a central mechanism of healing rather than an adjunct to mainstream service models (Perkins & Mackin et al. 2025; Wungening Evaluation, 2025).

The literature further suggests that self-determination operates across multiple levels, including individual agency, youth participation, family involvement, community governance, and Indigenous control of services and funding. In this sense, self-determination is closely linked to the protective factors repeatedly identified throughout this review, including cultural identity, connection to Country, community belonging, leadership, resilience, and social and emotional wellbeing (Gee et al. 2014; Dudgeon et al. 2017). Rather than viewing self-determination as one component of effective programs, the evidence indicates that it is a foundational condition that enables many other protective factors to flourish.

This finding has important implications for policy, commissioning, and service design. It suggests that improving outcomes for Aboriginal and Torres Strait Islander young people requires more than the replication of successful program activities. It requires investment in Indigenous governance, community control, cultural authority, and decision-making power. The evidence indicates that sustainable improvements in youth wellbeing are most likely to occur when communities are supported not only to participate in programs, but to lead, shape, and own the systems that influence healing and recovery.

9. Recommendations

The findings of this review indicate that strengthening Indigenous youth AOD responses requires action at multiple levels. Effective change cannot rely on program design alone; it also requires community leadership, culturally safe service systems, sustainable funding, and evaluation approaches that recognise Indigenous concepts of healing and wellbeing (Dudgeon et al. 2017; Fogarty et al. 2018). The following recommendations are therefore, organised across three levels: Program Level, Community Level, and System Level.

9.1 Program Level: What Services Should Do

Programs supporting Aboriginal and Torres Strait Islander young people should embed cultural integrity, relationality, and strengths-based practice as core design principles. Services should be grounded in Indigenous worldviews and actively strengthen young people's connections to culture, Country, family, kinship, spirituality, and community. These elements should not be treated as supplementary cultural activities but as central mechanisms of healing, identity formation, resilience, and recovery (Gee et al. 2014; Dudgeon et al. 2017; Perkins & Mackin et al. 2025).

Programs should adopt holistic, trauma-informed, and harm reduction approaches that recognise the complex relationship between AOD use, mental health, housing, education, justice involvement, family disruption, racism, and intergenerational trauma (Doran et al. 2017; Krakouer et al. 2022; Ignacio & Sense-Wilson et al. 2024). AOD support should therefore be delivered alongside broader psychosocial, cultural, and practical supports, including life skills, education, vocational pathways, mental health support, family strengthening, and referral pathways (Stewart & Reilly, 2018).

Services should create safe, non-judgemental spaces where young people can openly discuss AOD use, trauma, grief, family experiences, peer pressure, and community impacts. Culturally appropriate methods such as yarning, storytelling, cultural mentoring, art, music, ceremony, and on-Country learning should be embedded as legitimate therapeutic and engagement practices (Bessarab & Ng'andu, 2010; Heath & Martin et al. 2022).

Program models should also prioritise youth voices and lived expertise. Aboriginal and Torres Strait Islander young people should be involved in program design, delivery, peer-led initiatives, governance, and evaluation. This includes creating leadership opportunities for young people to contribute to prevention, education, peer support, and community wellbeing (Gee et al. 2014; Dudgeon et al. 2017).

Finally, services should strengthen engagement and retention by slowing down intake processes, prioritising relationship-building, and allowing time for trust to develop. Assessment should be culturally safe, strengths-based, and responsive to young people's broader social and emotional wellbeing rather than narrowly focused on substance use alone (Westerman, 2004; Westerman, 2010; Wungening Evaluation, 2025).

9.2 Community Level: What Communities Need to Lead and Govern

Community leadership and self-determination should be central to all Indigenous youth AOD responses. Programs are most effective when they are community-led, place-based, and shaped by local cultural knowledge, priorities, protocols, and aspirations (Fogarty et al. 2018; Krakouer et al. 2022; Heath & Martin et al. 2022). Aboriginal Community Controlled Organisations, Elders, cultural leaders, families, and young people should be resourced to guide the design, governance, delivery, and evaluation of services.

Communities should be supported to adapt promising models in ways that reflect local culture and place. While program principles such as cultural identity, family inclusion, harm reduction, and relational healing may be transferable, the specific content, metaphors, activities, language, and cultural practices must be determined locally (Heath & Martin et al. 2022; Perkins & Mackin et al. 2025). This ensures that programs maintain cultural integrity rather than applying generic or externally imposed models.

The review also highlights the importance of whole-of-family and kinship-centred approaches. Communities should be supported to develop responses that engage families, carers, Elders, and broader kinship networks, recognising that healing is interconnected and relational (Gee et al. 2014; Stewart & Reilly, 2018; Ignacio & Sense-Wilson et al. 2024). This includes opportunities for whole-of-family healing, intergenerational knowledge sharing, cultural reconnection, and rebuilding relationships disrupted by trauma, child removal, justice involvement, or substance-related harms.

Community leadership should also extend to workforce development. Local Aboriginal staff, mentors, peer workers, cultural practitioners, and community champions should be supported into paid and respected roles. This includes recognising the cultural knowledge and relational labour that Aboriginal workers often provide, while also ensuring adequate supervision, training, wellbeing support, and protection from cultural load (Krakouer et al. 2022; Wungening Evaluation, 2025).

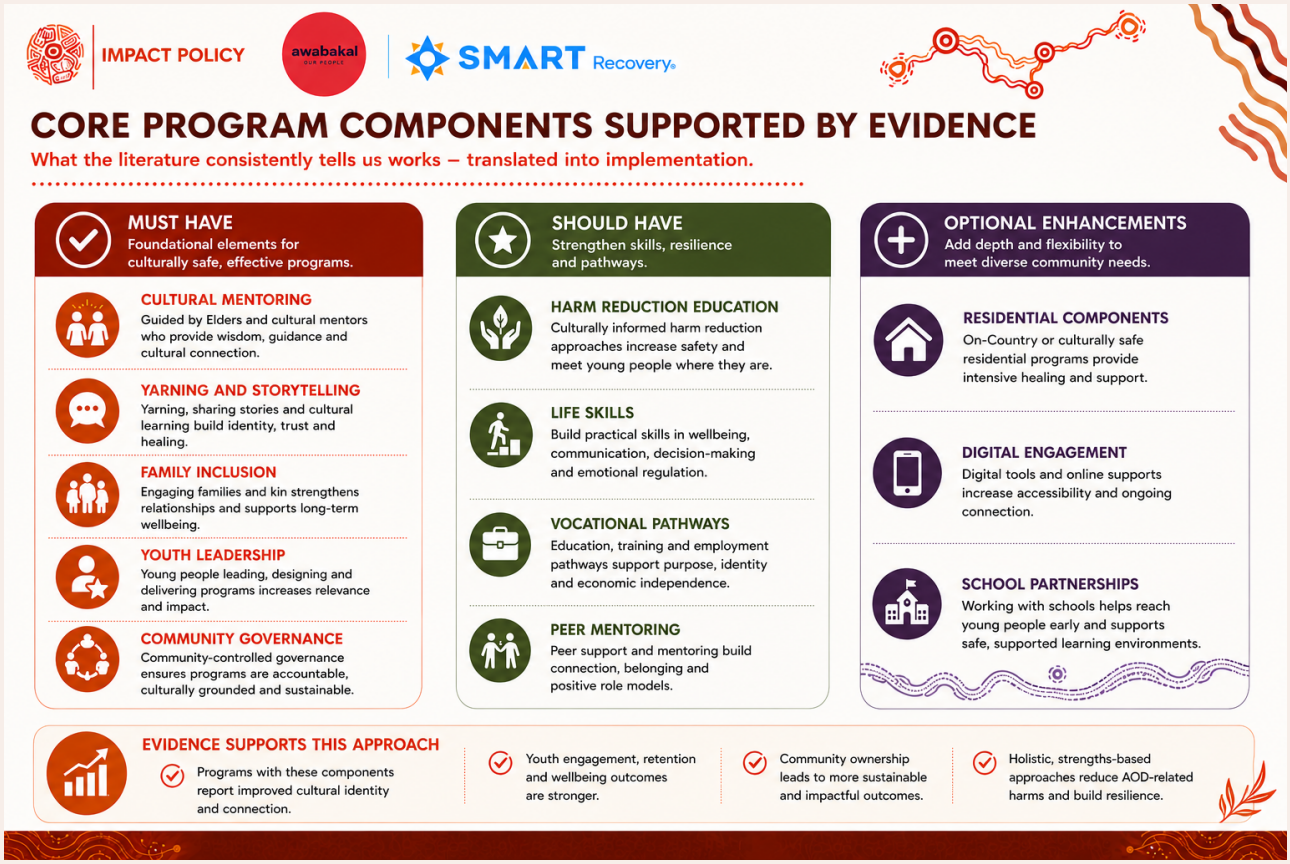
9.3 System Level: What Governments, Funders and Commissioners Must Change

Governments, funders, and commissioning bodies must create the conditions that allow culturally grounded and community-led programs to succeed. Short-term and insecure funding cycles are poorly aligned with the long-term, relational nature of healing, prevention, and recovery. Funding arrangements should therefore support long-term program sustainability, workforce stability, aftercare, outreach, evaluation, and community governance (Nasir et al. 2021; Doran et al. 2017).

Commissioning processes should prioritise Indigenous leadership, community control, and cultural authority. This includes investing in Aboriginal Community Controlled Organisations and ensuring that communities are not only consulted but resourced to lead (Fogarty et al. 2018; Dudgeon et al. 2017). Funding models should recognise that effective Indigenous youth AOD responses may not fit neatly within single-agency categories such as health, justice, education, or child protection. Instead, funding should support integrated, flexible, and holistic models that respond to the full context of young people's lives (Stewart & Reilly, 2018; Ignacio & Sense-Wilson et al. 2024).

Evaluation systems must also be redesigned. Current Western outcome frameworks often prioritise narrow indicators such as treatment completion, reduced substance use, or justice compliance, while failing to capture outcomes valued by Aboriginal and Torres Strait Islander communities (Dudgeon et al. 2017; Krakouer all et al. 2022). Funders should support Indigenous-led evaluation frameworks that measure cultural identity, connection to Country, family and kinship relationships, community belonging, relational wellbeing, youth leadership, cultural continuity, and self-determination (Gee et al. 2014; Dudgeon et al. 2017).

Systems should also address fragmentation across AOD, mental health, housing, education, justice, child protection, and family support services. Young people with complex needs require coordinated, wrap-around responses rather than siloed interventions (Ignacio & Sense-Wilson et al. 2024; Stewart & Reilly, 2018). Governments and funders should support cross-sector partnerships, shared care pathways, culturally safe referral systems, and flexible brokerage to address practical barriers such as transport, housing, food security, education access, and family support.



Finally, systems reform must include sustained investment in the Aboriginal workforce. This includes recruitment, training, supervision, career pathways, cultural governance roles, and wellbeing supports. Addressing workforce shortages and cultural load is essential to ensuring that programs are not only culturally safe for young people, but also sustainable for the Aboriginal workers and communities delivering them (Krakouer et al. 2022; Wungening Evaluation, 2025).

Level	Strategic Focus	Key Recommendation
Program Level	Service design and delivery	Embed culturally grounded, strengths-based, trauma-informed, relational and harm reduction approaches.
Program Level	Youth engagement	Prioritise trust-building, yarning, youth voice, peer leadership and culturally safe assessment.
Community Level	Self-determination	Resource Aboriginal communities, ACCOs, Elders, families and young people to lead program design, governance and evaluation.
Community Level	Cultural integrity	Resource Aboriginal communities, ACCOs, Elders, families and young people to lead program design, governance and evaluation
System Level	Funding and commissioning	Provide long-term, flexible funding that supports holistic, community-led and cross-sector approaches.
System Level	Evaluation and accountability	Invest in Indigenous-led evaluation frameworks that measure cultural, relational and community-defined outcomes.
System Level	Workforce and sustainability	Build and sustain the Aboriginal workforce through paid roles, training, supervision, leadership pathways and wellbeing supports.

Overall, the evidence suggests that effective Indigenous youth AOD responses require more than culturally adapted programs. They require a shift in how services are designed, how communities are resourced to lead, and how systems fund, evaluate, and sustain healing. Future investment should therefore support models such as YarnSMART that place Culture, Community, Country and Connection at the centre of prevention, healing, and recovery (Gee et al. 2014; Dudgeon et al. 2017; Heath & Martin et al. 2022).

10. Conclusion

The literature review on Alcohol and Other Drug (AOD) programs for Indigenous youth unequivocally affirms that the most effective interventions are community-owned, culturally grounded, and embrace holistic and strength-based principles. These programs are fundamentally relational processes that heal the individual, family, and community, recognising that connection to culture, identity, Country, and kinship is the essential protective and therapeutic core. Positioning Indigenous young people as holders of living expertise, rather than solely recipients of intervention, creates opportunities for more culturally safe, relational, empowering, and community-led approaches to healing.

The findings converge on a set of critical, successful program elements, including strong relational support from trustworthy, often Indigenous, staff; the utilisation of cultural metaphors (Krakoeur and Savaglio et al. (2022)) and a balanced, non-abstinence-based harm reduction approach that is valued by youth.

We highlight that whilst components of general models may be transferable across different spaces and communities, successful implementation depends upon bringing together the right combination of people with local cultural knowledge and skills in an appropriate setting. We hope this evidence may serve providers to empower communities with the ownership, control, and resources necessary to implement and expand the culturally integral programs proven to fortify the health and wellbeing of their youth.

The evidence suggests that the central challenge is not identifying effective approaches—many already exist. The challenge is ensuring that Indigenous young people have sustained access to culturally grounded, community-controlled, adequately funded, and relational models of care. Future investment should focus less on creating new interventions and more on strengthening Indigenous-led systems that already embody the conditions for healing.

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Appendix

Measuring Cultural connection:

https://static1.squarespace.com/static/5fc47ef0df132613bbd4d436/t/686dfe883bea5100ac5e4a80/1752039050943/ARRQ+Summary.pdf

https://indigenouspsychservices.com.au/products-tests/wascy/ (need to do cultural training first)

Healing of the Canoe Curriculum & training manual (attach)

Sam Alderton-Johnson, Managing Director

Level 1 East, 101-111 William St, Darlinghurst, 2010 NSW

0466 036 006

sam.johnson@impactpolicyau.com

www.impactpolicy.com.au

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