Tackling endemic substance abuse among Indigenous Australians: the contribution of values- based family empowerment education

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Abstract

The extent to which endemic substance abuse and other negative outcomes of historical and continued disadvantage and loss has persisted and possibly grown among Indigenous Australian communities reflects the failure of policy and practice to achieve a critical impact. This paper supports current thinking that tackling these complex issues requires among other things a rebuilding of community social norms based on personal and social responsibility; the essence of the concept of 'principled autonomy'. The best chance of success in rebuilding social norms lies in multi-level approaches where macro social policy reforms are complemented by effective community interventions that engage and empower the intended beneficiaries to take greater control and responsibility for their situation. Unfortunately, despite their complementary goals, recent Federal Government macro policy reforms designed to curb Indigenous substance abuse is caught in a dichotomizing discourse between options based on compulsory, emergency type approaches versus those which place individual, group and community empowerment at the core of change efforts.

The paper provides a detailed case study of an Indigenous developed family empowerment program as an example of an effective community initiative that both empowers people to take greater control and also builds social norms. The aim is to contribute to the current policy direction by providing a middle path between the polarized positions. It highlights an urgent need to move beyond the binary positions and recognize and support proven local initiatives if new government policy reform agendas are to achieve their goals.

Introduction

My introduction to indigenous health in central Australia from the early '90s was, and in many ways still is, a shock about the white-black divide. Having spent most of my community development life working with my own people in Ghana (Tsey 2008) I found myself trying to practice as an outsider in Indigenous Australia, an entirely different socio-economic environment involving the world's oldest surviving culture. The question that dominated my mind was how to make sense of the stark contradictions between wealthy democratic Australia on the one hand, and small minority Indigenous populations living in relative poverty and deprivation with issues of alcohol and other substance abuse and inter-personal violence so endemic and public on the other hand (Boffa, George and Tsey 1994). As an outsider 'where to

start' in the context of such social volatility was and still is clearly a challenge for me (Tsey 1994a; b; c; d; Tsey 1997).

As a group, Indigenous Australians experience higher levels of illness and premature death compared with the rest of the population. Alcohol abuse in particular has a disproportionately high negative impact on Indigenous communities in Australia, at both the individual and community levels, in terms of its contribution to premature mortality, chronic illness, social disruption and economic costs (Ministerial Council on Drugs Strategy 2003; Australian Institute of Health and Welfare 2005). Concerns dating back to late 1980s regarding an apparent enthusiasm for descriptions of this excess mortality and morbidity in the research literature, rather than effective interventions (National Aboriginal Health Strategy Working Party 1989) were empirically shown in a 2006 critical review which highlighted a dearth of intervention research in Australian communities compared with Canada and New Zealand (Sanson-Fisher et al 2006). In other words, in Australia, we are good at describing the nature and extent of Indigenous health problems but we are not so good at investing in interventions that work.

In July 2007, the Australian Federal Government under the Liberal Party Prime Minister John Howard, took an unprecedented move to announce a wide range of national emergency measures in the Indigenous communities of the Northern Territory of Australia designed to curb excessive levels of alcohol and other substance abuse and associated inter-personal violence, including child sexual abuse (Commonwealth of Australia 2007). Some of the key elements of the

intervention included:

- bans on alcohol and pornography materials;
- increased policing and law enforcement;
- welfare reforms making receipt of state welfare payments contingent on parental responsibility, including school attendance;
- compulsory acquisition of Indigenous land aimed at providing incentives for private investors, including estate developers; and
- compulsory health checks for children.

Although the objectives of the intervention are widely recognised as a necessary and important development in Indigenous affairs, the process has also attracted extensive criticism as evident by thematic analysis of the Weekend Australian coverage of the radical new reforms since July 2007(Bridge, Whiteside and Tsey, unpublished data). According to the influential Indigenous thinker and reformer, Noel Pearson, whose ideas about indigenous substance abuse to which I return later influenced the government decisions in the first place, the focus on alcohol and policing is important, but there must also be a strategy for building Indigenous social and cultural ownership (Pearson 2007). A number of commentators have also condemned the top-down approach that was taken by the Federal Government and the way in which the legislation underpinning the intervention was prepared in great haste with little community consultation or Indigenous input (Havnen 2007).

Australia saw a change in Government in November 2007 and with it another change in policy in Indigenous affairs. Kevin Rudd's first parliamentary week as Labour Party Prime Minister was enshrined with a national apology, intended to be an act of contrition for past injustice (see below) towards indigenous people and a new beginning, and in this first week he invited the Opposition Leader, Brendon Nelson, to be part of a bipartisan 'war cabinet' for Indigenous affairs. Rudd has defined ambitious new benchmarks for Indigenous progress, for example every Indigenous Australian four year old will attend an early childhood centre within five years; the gap in literacy will be halved within a decade; job outcomes will be improved; mortality rates will be reduced and; within a decade, the gap in life expectancy will be closed. The new government says that evidence-based policy will guide the achievement of these goals (Kelly 2008; Bridge, Whiteside and Tsey, unpublished data).

The fact that both the July 2007 intervention and the subsequent national apology and bipartisan "war-cabinet" constitute promising new beginnings in Indigenous affairs cannot be overstated. Unfortunately, I fear that the potential to achieve meaningful and lasting change, including the new government's bold and welcomed performance targets is at risk of being jeopardized by an unproductive dichotomy or binary positioning that continues to characterize attitudes towards the national indigenous policy reform agenda(Bridge, Whiteside and Tsey, unpublished data). For example, on the one hand, there is a tendency for those who support the original interventions to be totally dismissive of all policies, programs and services in Indigenous communities prior to July 2007 as "failed". What is more, supporters of the intervention and radical reform label the critics, especially those working in Indigenous affairs, as members of a "failed Indigenous

service industry" who are committed to protecting their professional interests, including jobs at all costs (See, for example, Rinoult 2008). On the other hand, there is a tendency by critics to dismiss the intervention as mere arrogance, top down and a lack of recognition for the hard work that those working at the coal face have been doing for years in often difficult circumstances, including inadequate government funding. This leaves little room to reflect on the day to day efforts by Indigenous people themselves to improve their health and wellbeing and how new radical national initiatives can enable rather than undermine such efforts. Clearly, the question is not whether one position is more valid than the other. Each position, on their own, tells only half the story. The real challenge is how to move beyond the binary positioning and find new creative opportunities for radical government macro interventions to interface more productively with proven existing community-based services and programs so as to empower and enable people to take greater charge of their own situation.

This paper, the second in a 2-part series (Tsey 2008), presents an evaluation case study of an indigenous family empowerment program. The aim is to use detailed documented experiences of the program participants to effect change in the context of huge structural constraints as an opportunity to go beyond the current binary positions by showing ways in which existing bottom up empowerment initiatives can interface more effectively with top down national intervention efforts. Such collaborative approaches are needed urgently in order to create the types of synergy required to rebuild Indigenous social norms(Pearson 2001; Cape York Institute of Leadership 2006), akin to principled autonomy (Gaughwin 2008), identified as key to tackling substance abuse in Indigenous Australia.

Family Wellbeing empowerment program

The Family Wellbeing (FWB) empowerment program was developed by a group of Adelaide-based indigenous people who were affected by the stolen generation policies of Australia, one of the past injustices for which the new prime minister offered an apology. 'Stolen generation' refers to the thousands of indigenous Australians that were forcibly removed by the state from their families as children because of their Indigenous Australian heritage and raised in government institutions and foster homes between 1910 and 1970. A national survey revealed that four out of 10 indigenous people aged 15 years or over reported that they or one of their relatives had been removed from their natural family (Australian Bureau of Statistics 2002)

The designers of the FWB program felt that not enough was being done to support Indigenous families to recover/develop the relevant skills and capacity to appropriately address not only the pain and hurt of the past, but also the day to day challenges of being a relatively marginalised minority people in a highly affluent Australian society occupying their traditional lands. As one architect of FWB explained, 'the question we were asking ourselves is, "How did we survive?" If we can understand how we survived then we can help others'(Tsey and Every 2000: 2). Consequently, the group undertook a series of consultations to learn about the contemporary survival experiences of Indigenous Australians. The results of the consultations formed the basis of the FWB program, which was developed by and for Indigenous Australians. The content also draws heavily on a range of therapeutic and spiritual traditions, including such as meditation and

visualization, that were considered suitable and appropriate for Indigenous Australian people's needs, but also adaptable to the needs of people of different cultural backgrounds, including non-Indigenous Australians.

FWB started in 1993 through informal community meetings where people shared day to day experiences and supported each other, building an awareness of the power that comes from sharing information in safe and supportive group environments. From here the program developed into a structured but highly flexible and adaptable learning process. FWB now has five stages, each consists of 30-40 hours of group learning. Central to the program is the opportunity to reflect and articulate clear values or 'qualities' that guide people in making sense of their lives, including their past pain and dispossession, and their current social relationships and responsibilities. These values and qualities underpin a range of topics presented in each of stage of the program. The first stage examines basic human needs and the kinds of behaviour, such as substance abuse, that can result when these are not met. Stage 2 deals with the process of change, examining how change affects people and how it can be experienced as an opportunity to grow and develop qualities and strengths. Stage 3 focuses on family violence, brings a value based analysis to the topics of violence and abuse and the skills for addressing and healing from destructive relationships. Stage 4 reinforces the importance of life balance, values and traditions. The final Stage 5 provides mainly hands-on practice in enabling people who have done the previous four stages to themselves become confident and skilled facilitators of the program.

Since 2001, I have worked as part of multidisciplinary teams adapting this innovative values-based community education program as a practical tool for researching the role of empowerment

and control in improving health and wellbeing (Tsey et al 2007). The following case study from Alice Springs in central Australia is presented to highlight research findings on the impact of the program which are consistent with those observed across all 10 Indigenous Australian communities and settings around Australia that have participated in the research up to the end of 2007.

Study participants and emergent themes

Alice Springs had a reported population of 23,888 in 2006 (Australian Bureau of Statistics 2006). Of this, 18.8 per cent identified as Indigenous (Aboriginal, Torres Strait Islander or both). Alice Springs is the major service centre for 260 Central Australian communities. There are significant disparities in educational status, employment, individual income and household size between Indigenous and non-Indigenous residents (Australian Bureau of Statistics 2006).

The Indigenous community of Alice Springs, one of the main targets of the July 2007 emergency intervention, was one of the first places to embrace the FWB program. Concerns about substance abuse, violence, child neglect, youth suicides and other social dysfunction motivated the local Indigenous organizations to obtain 3 different short term government grants between 1998 and 2004 to implement the program with the aim of empowering families to better address these problems. Human service providers were targeted in the first instance with an expectation that these people would in turn develop the capacity to deliver the program to others.

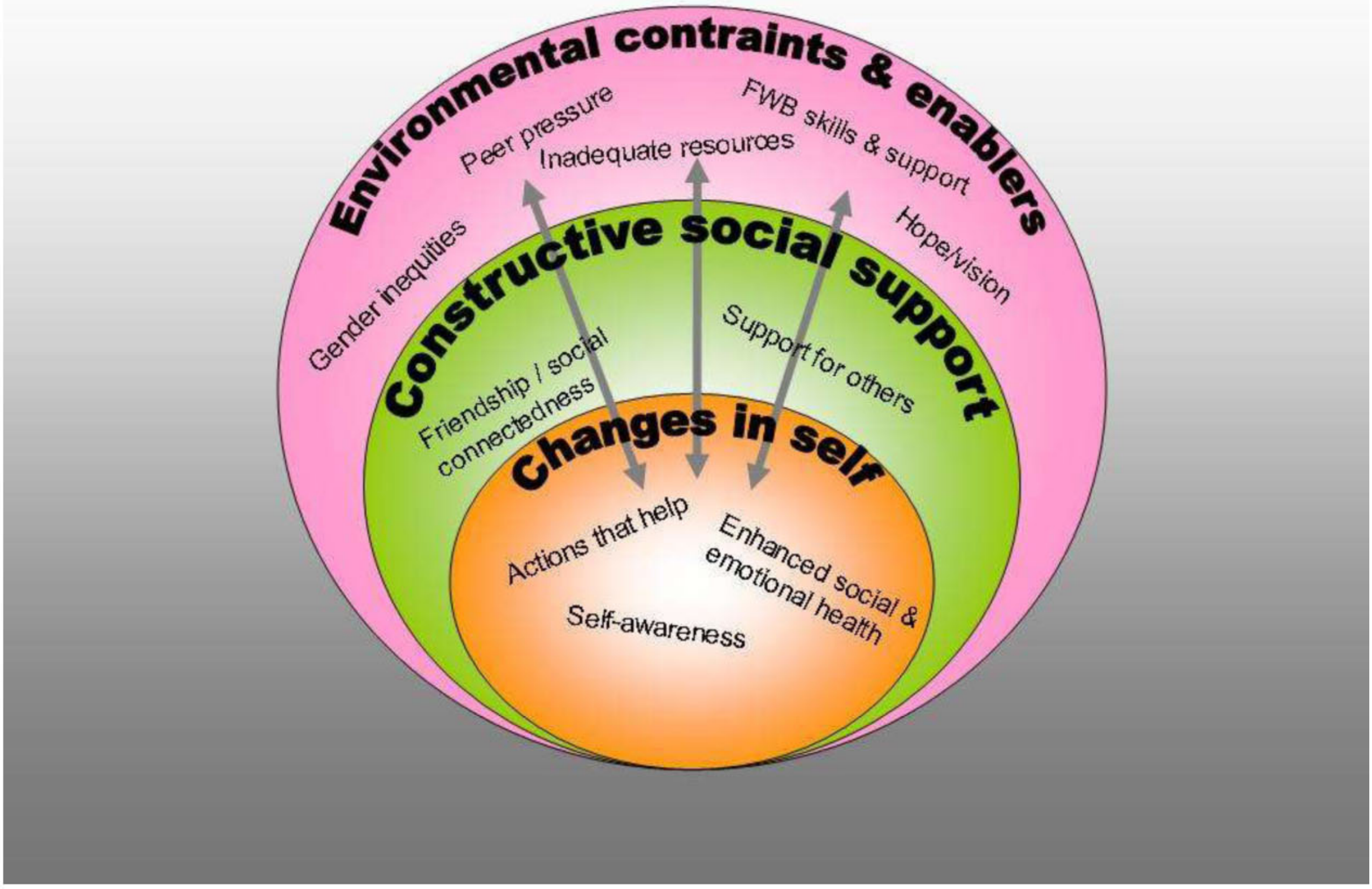
In order to evaluate the impact and sustainability of this program, a set of in depth interviews were conducted in 2002/03. By that time, a total of 73 people had participated in the FWB program in the Alice Springs community and many had become facilitators. Of the 73 participants, 24 were interviewed by the time data saturation was achieved. All interviewees were Indigenous. Among the 24 interviewees were the only 3 men who had participated in the program up to that time. Interviewees' ages ranged from 30 to 52 with a median age of 37. Although most of the people interviewed (75%) were employed at the time of the interviews, none of them was in possession of a university degree. In addition, some interviewees nominated a close family member, friend or work colleague to be interviewed and a total of 8 such people were interviewed. FWB participants were invited to describe in narrative or story forms the priority areas of their lives in which they used the FWB skills and knowledge, and the opportunities and challenges involved. The other interviewees were asked to comment on any changes that they had noticed in the person nominating them. The narratives were then thematically analysed and the findings presented using 'thick description' (see Clifford Geertz 1983 cited in Flyvbjerg 2001). Drafts were presented in workshop settings to participants for validation as well as to obtain permission for the findings to be published.

Three interrelated themes relevant to a need for citizen participation in redefining community values and norms about right and wrong behaviour as core elements in efforts to tackle Indigenous substance abuse and social dysfunction, were identified from the data analysis:

1) Changes in self
2) Greater ability to provide and receive constructive support
3) Challenges and opportunities in maintaining change when the social environment is resistant to change.

A systems theory perspective maintains that social systems take shape depending on the ways in which their various members behave and interact. As individual members of the system act differently, the nature of the social system changes. This perspective on change was borne out in the FWB data. As the FWB participants began to approach life from the perspective of values about right and wrong behaviour, they experienced what amounts to personal transformation or changes in self. This in turn had a ripple effect on people around them. A conceptual framework (Figure 1) describes the intricate links between (1) the internalisation of values-based norms about right and wrong behaviour; and (2) the enhanced capacity of the program participants to promote individual and community health and wellbeing. This conceptual framework is supported by participants' testimonies recorded verbatim.

Figure 1: A conceptual framework for empowerment and change



1. Changes in self

Participants described changes in their values and approaches to life. Rather than reacting immediately to a situation, or responding in a habitual way, a number of participants said they had developed the ability to stop and assess a situation, reflect on what is important and what is not and then respond.

> I examine situations more now rather than jumping off the deep end. I approach things in different ways now – body language, tone, and the way I speak. Sometimes if your blood was boiling then you'd jump in but now I think things through first. I'm not approaching issues with aggression now.

This resulted in participants becoming more aware of and how to meet their needs.

> Doing FWB has taught me skills that enabled me to realise that I need to meet my own needs. I need to look after myself rather than looking after everyone else….I wanted to stop feeling like I was a victim. I wanted to stop taking on board other people's problems when it wasn't my problem. I wanted to be more assertive, not to be demanding. I wanted a good home life. I was depressed sometimes. Now when this happens I can examine what's making me feel like that. I needed to learn to look after myself.

They identified the creation of personal boundaries with regard to right and wrong behaviour as one of the most liberating changes they experienced as a result of participating in the FWB program:

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The biggest thing in our community is saying ‘no’ to family.

I've always been a person to give up my home for people. Over the years I've given up a lot. Friends take advantage of you, they use you. I'm the sort of person who thinks if you go and stay with people you pull your weight. Now when I have people there I tell them not to use my stuff. I used to let people even though this would make me angry.

Participants stories’ were full of remarks such as ‘I liked who I changed into’ and ‘it made me a better person’. Improved self-esteem and self-confidence illustrate the development of compelling new personal narratives and clearly show the value of values effectiveness of values-based empowerment education.

> I considered myself illiterate. I was pretty insecure. Once I did FWB I had more than I believed I had. Then I went to college and studied counseling. I had to write assignments. I hadn’t been to school since I was 14.

> Just waking up and being free. I don't have to answer to anyone. I've got a car, I've got money in my purse. I can buy what I want. In the past I had to buy a carton of beer and meat because of my partner. If I went on a field trip for work I had to buy beer, meat, smokes and leave him $50.

This latter person is no longer in this relationship. Another person said that her attitude towards having a partner changed as she realized ‘you don’t have to be married to be happy’.

2. Ability to give and receive constructive support

Social connectedness is acknowledged to be an important determinant of health. Relationships give people support, happiness, contentment and a sense they belong and have a role to play in society. Where people lack social connection they are more likely to experience lower levels of wellbeing and they are at increased risk of physical and mental disability and chronic disease (World Health Organization, 2003). One of the enduring effects of the FWB program is the friendship and support networks that program participants developed based on common values and norms about right and wrong behaviour:

> I enjoyed being with those women every Friday. Sometimes you could feel very drained but I always felt like a whole load had been lifted off my shoulders afterwards. We had a good group … I made some good friends out of FWB.

> It's opened a circle of friends for (her). A circle of friends who have gone through the same type of experiences. C*lose family member commenting.*

As a result, they showed greater ability to support their children:

> It's helped me with my kids. Realising that they're people and they have feelings too. They need to be listened to too. Before I was stressed out with home life and family—them turning up wanting food and money. Then you've got food and bills and that. You'd get home and say to the kids 'Go away' because you'd never have time. Now I put things aside and forget about myself and my worries and give them more time. I'm starting to find out what their needs are because I've slowed down.

> My family comes and talks to me about things. My sons, they drink and I talk to them. I help them understand things like drugs and alcohol.

> The kids are happier. The kids seemed like they were in a shell but now even the kids seem happier … She used to snap at them but she's a lot calmer. Even with me she used to be snappy. *A mother commenting on changes in her daughter.*

And they were able to support others in the community too:

> This course opened my mind up. It also gave me a different idea on how to approach situations … For example, a couple in a domestic situation he is blaming her for his reaction, I am able to sit down … and get them to think about things, explaining this certain way is not the only route to take.

3. Maintaining changes in an environment that is resistant to change

The personal empowerment and change experienced by participants had lasting impacts on themselves and on those around them; however, implementing and sustaining change in an environment that is resistant to change can be fraught with challenges and frustration (Figure 1, outer circle). A key barrier to change was seen as lack of consistent and sustainable government support for proven Indigenous developed programs, coupled with the sheer scale and urgency of work that needed to be done in order to help others in their communities:

> The start stop start is frustrating….each time funding runs out we have to wait for another funding. Why can't we get continuing funding? This is peoples' lives we are talking about.

> The program needs to get to children in the school; young adults struggling to know who they are; town camps where English is second third or fourth language for people…….

Another challenge was peer pressure, as one participant explained:

> Friends sometimes get … offended. It's hard to accept that there are changes in my life. That would be the most challenging part—with friends. But they either accept it or they don't—that's when you find out who your true mates are.

In the early stages of the program, many participants told stories of feeling disempowered: they felt as though they were permanently stuck in their current situation; they felt overwhelmed by their problems. However, as participants became more empowered, the stories they told about themselves often reflected strong values based positive attitudes and beliefs about life. Such changes are remarkable given the significant structural barriers many of the participants faced. One participant shared her vision for the future:

> With a lot of our problems amongst the Aboriginal community, we as a people we have to come together. Not just as people but as organisations. We need to be working more closely for the betterment of people. Through that FWB, all other services can be used in a better way. Then that healing can take place. Organisations need to come together then families can get on. A lot of those organisations have different family groups. They've got to stop putting each other down. All our families have suffering and dysfunction. Not one is better than another. I know that people are healing through FWB. It is making changes to individuals but I'm looking bigger. It needs to come from somewhere else as well.

Those 'bigger' changes that need 'to come from somewhere else' clearly relate to broader structural forces constraining individual and group level empowerment and change. This highlights an urgent need for the current radical policy reform agendas to better target and maximise the potential of proven existing community empowerment initiatives.

In summary, the most dominant theme identified from the data as critically important to the process of empowerment is changes in self. While not necessarily suggesting a linear progression, changes in self (Figure 1, inner cycle) appeared to have started with the participants' clarifying and/or redefining their values and norms regarding right and wrong behaviour. Creating boundaries and being able to say 'no' to people was critically important in facilitating the process. As they went through this process of personal transformation, participants built up their self-esteem and self-confidence, and were able to create safer and happier home environments for themselves and their families.

The personal transformation and empowerment experienced by participants led to and was in turn reinforced by constructive social support. As figure 1, the middle circle shows, there were two elements in constructive social support: (1) support that participants gave and received from each other, through friendship and social connectedness; and (2) support that participants gave other members of the community. Examples of this type of support include more-effective parenting of their own children; and support for people in distress, such as those affected by drug and alcohol issues, and those at risk of suicide. The emphasis on *constructive* social support is

important as it distinguishes support provided from the vantage point of self awareness of one's own needs and those of others (hence intended to empower) as opposed to support that reinforces or creates unhealthy co-dependencies.

The mutually reinforcing processes of personal transformation and the capacity to give and receive support occurred in the context of both constraining and enabling factors in the social environment (Figure 1, outer circle). Some of the constraining factors include peer pressure, gender inequities, perceived lack of vision and direction among the Indigenous leadership, and above all inadequate funding from government to extend the program to the broader community in a timely manner. These environmental constraints routinely challenged and tested the capacity of participants to maintain and consolidate the change process.

Discussion

This paper has presented, in some depth, the kinds of changes FWB participants in Alice Springs were able to make as a result of their involvement in the program. While every community and program delivery is unique, the themes discussed here run as a common thread in post-program interviews across all settings among those who have been able to engage (for some it was a struggle just to walk in the door) and experience the program. The stories of change documented in this research were not from the most marginalized sections of the relevant Indigenous community and none were experiencing serious drug and alcohol issues. Most of the participants worked prior to or throughout their involvement in FWB, despite modest education backgrounds.

However, although these "pioneer" FWB participants did not necessarily have major alcohol and drug problems themselves, they were nevertheless seriously affected by other peoples' addictive behaviours. What FWB did for them was to provide a framework, grounded in values and principles about respect for self and others' basic physical, emotional, mental and spiritual needs, to analyse, develop strength, and supportive networks to take a stand against alcohol and other abusive behaviour. Many described a new found capacity to set boundaries to protect their families' physical and social well being against intrusion by those who had previously created chaos and stress. On a broader scale, once the more functioning sections of the community became empowered to stop tolerating abusive behaviour, a ripple effect occurred as those with abusive behaviour often had no choice but to start making some changes themselves. This is clearly evident by the increasing role that FWB is playing in alcohol rehabilitation and prisoner education in Alice Springs and other settings across Australia, though this remains to be systematically evaluated.

These findings are particularly relevant to Pearson's (2001) notion of denial in addiction as a community rather than individual responsibility. In terms of the patterns of alcohol use in Indigenous Australian communities, data from Australian national drug surveys indicate that while the proportion of Indigenous Australian communities that consume alcohol is less than in non-Indigenous Australian communities, a greater proportion of Indigenous Australian drinkers consume alcohol to harmful levels (Commonwealth Department of Human Services and Health 1996; Australian Bureau of Statistics 2002). More specifically, Indigenous Australians are approximately twice as likely to consume alcohol at a level that increases their risk of harm in

the long-term and approximately 1.5 times as likely to consume alcohol in a manner that increases their risk of harm in the short-term (Australian Institute of Health and Welfare 2003). Pearson argues that as a result of passive welfare and the rise of substance abuse epidemics in Indigenous communities since the late 1960s, there has been a collapse of social norms, such as personal responsibility, mutual respect and family obligations. Today, although the majority of individual community members may continue to adhere to these values, Pearson has described a scenario in which many people have become neutral or non-judgmental and hence permissive of the deviant values and behaviours of sub-groups. Pearson and his colleagues do not see the problem as irreversible and are seeking to better understand how to address dysfunction and rebuild positive social norms and social order at community level (Pearson 2007a).

The capacity of FWB participants documented in this paper and elsewhere (Tsey and Every 2000; Tsey et al 2003; Tsey et al 2005a; Tsey et al 2005b; Whiteside et al 2006) to take principled stands against abusive behaviour show the important role that bottom up empowerment initiatives can play to strengthen and enable the non-addicted Indigenous majority to be compassionate but firm in their dealing with the minority's addictions and abusive behaviour. Clearly, in addition to focusing on those experiencing substance abuse and other social dysfunction such as making parental responsibility a condition for receipt of state welfare payments, the radical government reforms need to support and empower the more functioning elements of the population to better look after their own needs as well as provide constructive rather than co-dependent support for others.

Research conducted on the FWB program in other Indigenous communities and settings around Australia since the program started has consistently revealed similar findings. Many FWB participants across Australia identified the FWB principles and values such as respect and basic human needs with their own traditional knowledge and/or introduced Christian values and norms. They spoke about their belief that these values – such as, caring, sharing, reciprocity, respect and trust – hold the key to rebuilding social norms about what is acceptable and what is unacceptable behaviour in their communities(Tsey and Every 2000; Tsey et al 2003; Tsey et al 2005a; Tsey et al 2005b; Whiteside et al 2006). The importance of values and principles in building healthy relationships and communities resonate with concepts of "principled autonomy" identified as the key to understanding and tackling alcohol and other addictions in modern society (O'Neil, 2002; Gaughwin 2008). If there is a root cause of addiction in modern society, according to Gaughwin (2008), it is ethical – linked to freedom and free will - especially when these values are disconnected or freed from responsibility and other principles as important checks and balances. Evidence suggests a lack of appropriate frameworks and tools to engage in meaningful ethical dialogue with the intended beneficiaries as one of the key barriers facing the radical government-led interventions in Alice Springs and other places. Clearly, values-based empowerment programs such as FWB are potentially valuable tools in facilitating ethically sound public conversions at community level.

If the Federal and other Government interventions to curb substance abuse and other social dysfunction in indigenous communities are examples of building social norms from top down, then programs such as FWB promotes social norms and principled autonomy from bottom up.

The question here is not a choice between top down versus bottom up. They require each other in order to achieve sustained impact. For example, since the interviews for this study were conducted, the Alice Springs FWB participants, like their counterparts in other FWB sites, have become valuable network resources for their community, and many are involved in delivery of the FWB program often under severe funding and other resource constraints to other members of the community, to men in prison, to other more vulnerable sections of the community. At present the resources lie primarily with the government driven interventions and local initiatives are under-resourced, even though their efficacy has been demonstrated. FWB networks working at the coal face can benefit immensely through new funding opportunities under the government emergency reforms; in return the reforms can benefit from the capacity of FWB to facilitate values-based conversations on the basis of respect for self and others.

Empowerment and control are widely accepted as critical elements in efforts to promote health and wellbeing. But they are also concepts that over the years have been used loosely by different people to mean different things. Yet, issues of empowerment and control continue to be identified as central to improving population health especially for more vulnerable groups (Wallerstein 2006). The challenge clearly is how to enact empowerment: it is easy to write about as a concept but at the sub-revolution level what can policy-makers, service providers and researchers, for example, do to operationalise empowerment. As figure 1 demonstrates, FWB is about a process that actualises action and change in an ecological framework from the personal to family and to the wider community. If as a nation, we are to achieve the necessary indigenous health and wellbeing targets set by the new Rudd government, it critically important that we

move beyond binary positions and find more creative ways of harnessing bottom up personal and family level empowerment and change with macro level structural change. This will require a bio-psycho-social (Giordano and Wurzman 2008) (and indeed)–spiritual spectrums of understanding acknowledged as effective in addressing substance abuse.

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