REPORT ON CONSULTATIONS TO INFORM THE DEVELOPMENT OF THE NATIONAL ABORIGINAL & TORRES STRAIT ISLANDER PEOPLES DRUG STRATEGY 2013 – 2018

June 2013

The information contained within this report incorporates the views of people who participated in the consultations undertaken by the National Indigenous Drug and Alcohol Committee (NIDAC), including input from NIDAC.

Consultations

Introduction

The Department of Health and Ageing engaged the National Indigenous Drug and Alcohol Committee (NIDAC) to conduct six targeted community consultations to inform the development of the National Aboriginal and Torres Strait Islander Peoples Drug Strategy (NATSIPDS). The consultations were conducted over a two week period in:

- Port Augusta, SA
- Sydney, NSW
- Mt Isa, QLD
- Perth, WA
- Broome, WA
- Alice Springs, NT.

Sites were selected to ensure urban, rural and remote coverage, and to assist in identifying issues and perspectives that may differ due to location.

In addition to these consultations, a number of facilitated key stakeholder interviews were conducted in Sydney, Mt Isa, Broome and Alice Springs. The purpose of these key stakeholder interviews was to discuss more specific issues that may not have been raised or discussed at the larger consultations, as well as to obtain an understanding of the types of services that were being offered in those locations.

All of the consultations, including the key stakeholder interviews, were facilitated by NIDAC members.

A Welcome to Country was provided at each of the consultations, except Mt Isa where an acknowledgement to Country was given.

A presentation outlining the background to the development of the NATSIPDS was provided prior to holding six structured discussions with attendees.

These discussions took place in small groups with each group then being provided with time to share their comments with the full group. The discussions explored key areas to be included in the NATSIPDS, namely:

- Principles;
- Priorities;
- Actions;
- Measuring Progress; and
- Goals and Objectives.

An opportunity was also provided for attendees to raise any additional issues they believed were related to the development of the NATSIPDS.

A written consultation process was also established to give individuals and organisations an opportunity to provide written feedback. A proforma was developed to assist with this process.

The structure of the consultations, as well as the proforma for the written submissions, was based on the Background Paper that was developed by the Intergovernmental Committee on Drugs (IGCD) National Aboriginal and Torres Strait Islander Peoples Drug Strategy Working Group (the Working Group). A copy of the Background Paper is provided at Appendix 1.

NIDAC utilised its extensive networks around Australia to advertise the consultations.

Over 200 people working within the Aboriginal and Torres Strait Islander alcohol and other drugs (AOD) sector participated in the consultations, representing non-government, community based, government, health, and law enforcement organisations. Seventeen written submissions were received from a range of Indigenous and non-Indigenous organisations from NSW, SA, QLD, VIC, WA, ACT and the NT. A list of the organisations that lodged written submissions is provided at Appendix 2. These submissions can be viewed from the NIDAC website www.nidac.org.au

Summary of Key Themes from the Consultations

The following are the key themes that emerged from the consultations:

- Importance of respecting and supporting Aboriginal community ownership and control of solutions to address AOD use and associated harms.
- Provision of the full range of culturally appropriate interventions to address harmful AOD use and associated harms – holistic responses to the social determinants of health in a range of settings including urban, rural, and remote geographical locations, and in prisons. This should address the needs of individuals, families and communities.
- Need for a partnership approach based on respect between Aboriginal and Torres Strait Islander peoples, Government, and non-Indigenous service providers, at all levels of planning, delivery and evaluation.
- Importance of capacity building of Aboriginal and Torres Strait Islander communities, services and the workforce.
- Diversity of Aboriginal and Torres Strait Islander communities and the need for the NATSIPDS to respond to a complex array of issues in urban, rural and remote settings, in ways that have meaning for people at a local level.
- Importance of prioritising interventions that target high risk groups, e.g. pregnant and breastfeeding women, children and youth, prisoners and injecting drug users.
- Importance of an ongoing investment of funding to address AOD use and associated harms with a priority on supporting Aboriginal and Torres Strait Islander community controlled services.
- Accountability through monitoring and evaluation of the NATSIPDS with systems to allow for access to meaningful data.
- Ensuring components of the NATSIPDS are linked to each other and that the NATSIPDS be linked to other key related plans and strategies.

Major Consultation Findings

Discussion1: Principles

Participants were presented with a number of principles to consider for the NATSIPDS.

These included the three pillars from the *National Drug Strategy* – demand reduction, supply reduction, and harm reduction -- which will form the overarching approach of the NATSIPDS, as well as a further four principles developed by the Working Group:

1. Holistic Approaches;
2. Whole-of-government effort and partnerships;
3. Indigenous ownership of solutions; and
4. Resourcing on the basis of need.

With regard to the three pillars, participants provided feedback on the importance of the need for balance in the level of focus and funding provided for each of these areas.

Example 1: Impact of supply reduction strategies

a. Concern was raised over the use of supply reduction strategies. They were noted to result in criminalisation and imprisonment of people, which in turn can contribute or worsen AOD use.

b. As seen particularly in rural and remote areas in the Northern Territory and northern parts of Western Australia and Queensland, there has been movement of people from remote locations where alcohol restrictions are in place to areas where they are not. This has resulted in some people who want to access alcohol, as well as their family members, moving away from their homelands and supports. This places greater pressures and demands on communities and their resources in the locations to which they have moved.

Overall, participants supported the inclusion of the four principles proposed by the Working Group. They did however note that a clear understanding of each of the principles needs to be provided to ensure that the principles become more than just rhetoric.

The order of the principles was seen to need to better demonstrate priority. It was also noted that the principles need to have relevance throughout Australia, not just for some areas.

Indigenous ownership of solutions

Indigenous ownership of solutions was overwhelmingly identified as being the most important principle. *'Aboriginal people need to own their own pathways out of poverty'.*

The added dimension to this, was the importance of this ownership being community focused and led rather than just being left to individuals.

Indigenous ownership of solutions was identified as needing to occur from inception and planning, right through to implementation and provision, and monitoring and evaluation of any solutions.

Aboriginal and Torres Strait Islander peoples need support to be able to do this. Governance training, capacity building of staff, services and communities, meaningful partnerships between Aboriginal and Torres Strait Islander and non-Indigenous services, and quarantined funding were identified as ways of supporting this principle.

Holistic approach

It was acknowledged that a holistic approach needs to include attention to physical, spiritual, cultural, emotional and social well-being, community capacity, and governance; to extend from prevention through to treatment and continuing care; and be age responsive.

This approach also needs to be locally available and accessible, and extend beyond individuals who are identified as having problems to encompass families and communities.

Approaches need to be culturally appropriate with recognition and support for the utilisation of elders and cultural practices as part of a healing process.

To ensure that a holistic approach is successful, adequate resourcing needs to be provided.

Whole of government effort and partnership

A whole of government effort and partnership was noted to be essential to enable harmful AOD use to be addressed effectively.

This effort and partnership needs to involve all relevant government departments, including, but not limited to, justice and law enforcement, health, housing, employment, welfare, and child and family services. It also needs to include Commonwealth, state/territory and local governments.

Participants noted that often government departments are working at cross purposes, as one level of government or department is unaware of what others are doing, or of the impact that their work may have on other work being undertaken.

Example 2: Missed opportunities – the benefits to be gained from a whole of government effort and partnership

In the mid-1990s, addiction restrictions on the sale of alcohol were introduced in Tennant Creek to reduce alcohol-related problems experienced in the town. One of the two main reasons cited for the decline in the effectiveness of these restrictions was changes in Centrelink (then the Department of Social Security) payment cycles that came into effect on 1 July 1999. The changes allowed for the payment of benefits on days other than Thursdays.

Research findings[1] suggest that, although restricting alcohol sales on a particular day of the week can contribute to reductions in consumption and related harms irrespective of Centrelink's variable pay cycles, such an approach is more effective when the restricted day of sales is also linked to Centrelink payments.

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1. d'Abbs P, et al (2010). *Managing alcohol in Tennant Creek, Northern Territory: an evaluation of the Tennant Creek Alcohol Management Plan and related measures to reduce alcohol-related problems.* Menzies School of Health Research, Casuarina, NT.

Further to the involvement of government, participants identified the need for non-government organisations and Aboriginal and Torres Strait Islander communities to be included as part of this principle. Without this, there is a real risk of the whole of government effort conflicting with Indigenous ownership. To address this concern it was suggested that the wording of this principle be changed to 'Partnership approach between government and Aboriginal and Torres Strait Islander communities and organisations'.

Partnerships between Aboriginal and Torres Strait Islander and non-Indigenous services were also identified as needing to be included as part of this principle. Partnerships based on equality and respect, were seen as important ways of building capacity in Aboriginal and Torres Strait Islander controlled services.

It was also argued by a small number of participants that the liquor industry as well as liquor licensing authorities should be included. This was seen to be important in addressing issues related to supply.

Resourcing on the basis of need

Participants identified the need for a mapping process to be undertaken to determine need. Identification of who should undertake this process is also required.

Example 3: Lack of mapping of identified needs results in significant gaps in services of communities

Despite the large number of Aboriginal and Torres Strait Islander people living in Sydney, there is no Aboriginal and Torres Strait Islander specific AOD residential rehabilitation facility available there.

It was also noted that resourcing needs to be adequate and provided in a way that supports sustainability. Competitive funding rounds leave Aboriginal and Torres Strait Islander organisations and individuals vulnerable as they are unable to compete with well established international and national non-government and non-Indigenous organisations. Short term-funding was identified as undermining service provision, particularly where services are commenced and then ceased because funding runs out. This has a demoralising effect on individuals and communities. However there is a need for short term funding to assist with capital infrastructure and to build capacity when needed.

The need to align the provision of funding from government with the framework set out in the NATSIPDS was also noted.

Concern was raised that if an issue is addressed successfully in a community then funding could be removed, resulting in the issue resurfacing.

Additional principles

The need for a number of additional principles was raised. These include:

- Accountability – structures are required to enable monitoring and review of the implementation of the Strategy;
- Consideration of the unique historical experiences of Aboriginal and Torres Strait Islander people and issues of grief and dispossession experienced by them;

- Respect for Aboriginal and Torres Strait Islander peoples' human rights – this was seen to be particularly relevant given the context of proposed mandatory alcohol treatment laws in the Northern Territory;
- Intergenerational fairness – sustained improvement over the long term for the benefit of not just current clients and young people, but the elderly, children, and future generations;
- Focus on health maximisation, not just harm minimisation. People need hope for a more successful life; and
- Equity of access.

Discussion 2: Broad Priorities

Participants were presented with a number of broad priorities that had been suggested by the Working Group. These included:

- Broad social and structural determinants related to substance use, including whole-of-government matters such as intergenerational social disadvantage; employment and welfare dependence; and social and economic participation (including education, employment);
- Local service delivery issues, including workforce issues such as the ability to attract and retain staff across the range of disciplines necessary to provide effective and sustainable interventions, particularly in remote areas;
- Supporting children, youth and women – including children exposed to alcohol and other drugs during pregnancy and early childhood; and
- Transference and poly-addiction (not only between substances, but other problems such as gambling).

Overall, participants supported the inclusion of the four broad priority areas proposed by the Working Group.

Broad social and structural determinants related to substance use

The importance of responding to social and structural determinants as a means of addressing AOD use among Aboriginal and Torres Strait Islander people was fully supported. It was identified as being important in closing the gap between Aboriginal and Torres Strait Islander and non-Indigenous health.

The provision of AOD treatment options was also seen as very important, with AOD use being seen as both a cause and a symptom of poor health.

Staff, particularly those working in health services, were identified as needing training to deal with these broad determinants, as often they are only trained to deal with immediate health-related issues.

Local service delivery issues

Local service delivery issues were seen as a priority requiring a greater focus and support, and most of the feedback related to the importance of building capacity within Aboriginal and Torres Strait Islander services, staff and communities.

Workforce issues as a separate priority

Participants also supported workforce development being identified as a priority in its own right. This was in recognition of the important role played by Aboriginal and Torres Strait Islander AOD workers and the unique stressors they face, which included:

- Heavy work demands, reflecting the high community need and cultural responsibilities;
- Stigmatisation stemming from attitudes to AOD work and racism;
- Lack of clearly defined roles and boundaries;
- Difficulties translating mainstream work practices to meet needs;
- Challenges of isolation when working in remote locations or in mainstream services;
- Dealing with clients with complex co-morbidities and health and social issues; and
- Lack of cultural understanding and support from non-Indigenous workers and organisations.

Accordingly, a particular focus is needed to respond to these stressors on the workforce.

The need for cultural awareness for people working in organisations including government agencies was also noted.

Supporting children, youth women and men

Participants supported a focus being placed on children, youth and women. These groups were identified as the most vulnerable, and in need of protection and assurance with procedures in place to protect them.

The significance of family and community was also seen as an important inclusion in this priority.

Support for Aboriginal and Torres Strait Islander men

A strong message was provided that it was imperative that men also be identified as a priority.

The point was strongly made that Aboriginal and Torres Strait Islander men need to re-establish the significance of their role in dealing with AOD within their communities and families. Men were seen to have lost their place in their communities, particularly communities in rural and remote locations, and to have been marginalised by an apparent lack of understanding and acceptance of their social role in dealing with harmful AOD use in their families and communities.

There is a need to build the capacity of men to find meaningful roles in the community.

Transference and poly-addiction (not only between substances, but other issues such as gambling)

Although alcohol was the main drug of concern identified during the consultations, the growing use of prescription medications, cannabis, and methamphetamines, as well as poly drug use were raised as emerging issues of great concern and in need of a response.

The importance of the NATSIPDS being able to respond to emerging issues was noted.

The term transference was noted to be problematic and it was suggested that this term not be used in the NATSIPDS.

> ***Example 4: Transference to other substances***
>
> In remote locations people are increasingly producing their own concoctions of substances in response to restrictions being placed on supply of alcohol.
>
> Home brew was cited as a concern in Northern Queensland with no awareness of the alcohol content or any controls on it.

Additional broad priorities

The need for a number of additional priorities was raised. These included:

- Enhanced capacity building of Aboriginal and Torres Strait Islander individuals, families and communities to respond to the harmful use of AOD and promote their own health and wellbeing;
- Access to a full suite of effective, culturally appropriate AOD strategies ranging from prevention through to treatment and aftercare that are responsive to the diversity of Aboriginal and Torres Strait Islander peoples;
- Workforce initiatives to enhance the capacity of Aboriginal and Torres Strait Islander community-controlled and mainstream organisations to provide quality services;
- Over-representation of Aboriginal and Torres Strait Islander people (adults and youth) among those detained and incarcerated for AOD related offences, and the impact this is having on individuals, their children and families, and communities;
- Co-morbidity – including mental health (grief and loss), disability and acquired brain disorder; and
- Blood borne viruses, including viral hepatitis.

Discussion 3: Key Result Areas and Actions

Key Result Areas

The six Key Result Areas (KRAs) from the *National Drug Strategy Aboriginal and Torres Strait Islander Peoples Complementary Action Plan 2003–2009* were reviewed by participants to determine whether they still contained merit.

Participants indicated that the focus of the six KRAs was still seen as important. The KRAs were however noted to be at too high a level of generalisation and did not contain any specific actions that would facilitate the development of indicators/milestones. Rather, the current KRAs were identified as priorities, or equivalent to the Objectives contained within the *National Drug Strategy 2010–15*.

Participants also raised the importance of linking the result areas to the selected priorities and identifying clear actions or outcomes that can be measured. In the current format this was not seen to be possible.

Additional Key Result Areas

The need for additional KRAs was raised. These included:

- Education and social marketing;
- Involvement of local communities in planning, development and implementation of services; and
- Improved quality, comprehensiveness, reliability and regularity of collection of important data relating to the prevalence of AOD problems among Aboriginal and Torres Strait Islander communities.

Actions

Participants were also asked to suggest actions that should be included in the NATSIPDS. Feedback has been clustered under categories and included:

Enhanced Capacity Building of Aboriginal and Torres Strait Islander services and communities

- Continue to support the capacity building of local Aboriginal and Torres Strait Islander community-controlled services to enable them to provide AOD services at a local level.
- Commitment to increase the delivery of AOD services by Aboriginal community-controlled organisations, including their capacity to design, deliver and implement AOD services, or AOD services within Social and Emotional Wellbeing (SEWB) programs.

Partnerships

- Include the views of communities and take into account the levels of alcohol-related harms occurring when reviewing alcohol licensing arrangements and approval processes.
- Enhance partnerships between Aboriginal and Torres Strait Islander community-controlled AOD services and non-Indigenous mainstream AOD services.
- Support mainstream services to become better at identifying and addressing the health care needs of Aboriginal and Torres Strait Islander people accessing these services.
- Implement organisational policy in mainstream health services, including cultural sensitivity and competency training for all staff, and ongoing monitoring and evaluation processes in consultation with the Aboriginal community.
- Increase mainstream services' capacity to support Aboriginal and Torres Strait Islander drug users and improve health and social wellbeing through direct support and referral.
- Address the discrimination towards Aboriginal and Torres Strait Islander people in mainstream services.

Improved access

- Improve participation of Aboriginal and Torres Strait Islander people using AOD treatment services.

Justice

- Develop a Justice Reinvestment strategy to address the increasing over-representation of Aboriginal and Torres Strait Islander people, including young people, in the judicial systems, and provide pathways away from the correctional and justice systems.
- Direct funding obtained from the justice reinvestment strategy into AOD treatment services.

- Support programs that refer offenders whose offences are AOD-related to treatment, e.g. counselling services, residential rehabilitation diversion programs, or culturally appropriate AOD services within prisons.
- Support culturally and community focused diversionary programs available to Aboriginal and Torres Strait Islander people, particularly young Aboriginal and Torres Strait Islander people.
- Support through-care programs in correctional and juvenile detention centres.
- Support the availability of free nicotine replacement therapy to Aboriginal and Torres Strait Islander people in correctional systems.
- Develop and support strategies that support the children of those who are incarcerated and those who care for them..

Youth

- Continue to support initiatives that build the strength and resilience of Aboriginal and Torres Strait Islander youth.

Foetal Alcohol Spectrum Disorder

- Increase awareness among women about the potential harmful effects of drinking during pregnancy or when breastfeeding, via social media campaigns, school programs, etc.
- Provide policy and practice guidelines, including for screening, diagnosis, and treatment/intervention for Fœtal Alcohol Spectrum Disorder (FASD).
- Include screening of women of child bearing age for alcohol use.

Blood borne viruses/IV drug use

- Increase attention to addressing the risk of HIV/AIDS and Hepatitis C transmission among Aboriginal and Torres Strait Islander people.
- Provide education and health promotion strategies for Aboriginal and Torres Strait Islander services to assist in breaking down the stigma of, and reluctance to respond to, injecting drug use.
- Promote a harm reduction framework within Aboriginal community controlled health services, supported by a workforce development strategy that builds capacity and capability in this area.
- Support for the establishment of needle and syringe programs (NSPs) at general Aboriginal health services to send positive messages that they care about Aboriginal and Torres Strait Islander people who inject drugs.
- Provide intensive support to Aboriginal and Torres Strait Islander health services in the start-up phase of establishing NSPs.
- Find ways to engage, in a non-judgemental way, Aboriginal and Torres Strait Islander clients who inject drugs.
- Promote safe injecting during community events such as NAIDOC week.
- Provide culturally relevant drug and safe injecting information to those who inject drugs as well as Aboriginal and Torres Strait Islander and mainstream services.
- Target an increase in the availability of sterile injecting equipment, particularly in regional areas of Australia.

Workforce initiatives

- Implement best practice guidelines in AOD treatment services for Aboriginal and Torres Strait Islander people.
- Support workforce initiatives that enhance the capacity of Aboriginal and Torres Strait Islander people, services and communities, and mainstream services, to provide quality services.
- Support for the National Aboriginal Health Worker competencies training package to enable inclusion of drugs and alcohol as an elective subject to enhance the workforce within Aboriginal community controlled health services.
- Develop and deliver additional educational resources, greater support, and cultural sensitivity training for all staff to assist Aboriginal and Torres Strait Islander staff retention and hence skill enhancement.
- Provide training in harm reduction in the form of a nationally accredited and standardised program for supporting linkages and networks across Aboriginal and Torres Strait Islander and mainstream services.

Data Collection, Monitoring and Evaluation

- Conduct the supplemental National Drug Strategy Household Survey of Urban Aboriginal and Torres Strait Islander Peoples triennially and expand it to include inner and outer regional areas of Australia.
- Expand the National Aboriginal and Torres Strait Islander Health Survey and the National Aboriginal and Torres Strait Islander Social Survey to include questions specifically relating to injecting drug use, including separate reporting on each injecting practice, and to include rural and remote communities in survey sampling.
- Develop a minimum data set and common principles for AOD services in Aboriginal and Torres Strait Islander community-controlled health services regarding injecting drug use among Aboriginal and Torres Strait Islander.
- Implement improvements across data sets in the recording of Aboriginal and Torres Strait Islander status for all mainstream health service clients.
- Collect data in accordance with the National Aboriginal health information guidelines, with a particular emphasis on the design of relevant questions and custodianship of data in relation to control, access, ownership and usage.
- Collect data that is outcome focused and not used solely for the purposes of meeting funding requirements.
- Develop the skills of Aboriginal and Torres Strait Islander people to enable them to lead and undertake the evaluation process, including analysis and writing of results.
- Develop the capacity to methodologically design, analyse data, and write the results of research.
- Include Aboriginal and Torres Strait Islander status on all data collection.

Discussion 4: Measuring Progress

Participants were asked to comment on the monitoring of progress and the sort of indicators and milestones that could be used to demonstrate progress in minimising AOD-related harm. These were to be linked to the actions and priorities previously identified.

Participants stressed the importance of measuring progress, and were frustrated with being unable to do this. The current lack of access to meaningful data on Aboriginal and Torres Strait Islander people was raised as a major barrier to measuring progress.

Data collection needs to include more than that which is currently provided by AOD services. Measurement of progress needs to factor in the complexity of addressing harmful AOD use among Aboriginal and Torres Strait people and the holistic approach taken. It also needs to be meaningful at a local level and affordable.

Participants supported the need for a national system of data collection and saw the importance of including measures on AOD use, and including incarceration rates, for Aboriginal and Torres Strait Islander people in *Closing the Gap: Prime Minister's Report* tabled annually in Federal Parliament.

Participants also proposed that evaluation should be community led by Aboriginal and Torres Strait Islander people.

Example 5: Risk with using KPIs

The need for caution was raised regarding the impact of staff focusing on measuring certain key performance indicators over others and how focus on measurement often comes at the expense of direct client care. An example was provided in which staff were required to report on people undertaking training and finding employment as a major focus, when individuals need to focus on healing and getting well. Also, people were being pushed into training to satisfy a KPI but there was no work available for them once they were trained.

Indicators and Milestones

Feedback has been clustered under categories and included the following.

Burden of Disease

- Fewer Aboriginal and Torres Strait Islander people: smoking tobacco, consuming alcohol in a hazardous fashion, including during pregnancy and breastfeeding; attending accident and emergency departments as a result of AOD related illnesses and injury; apprehended for being intoxicated in a public place or for alcohol related offences; incarcerated for AOD related offences.
- Decreases in the number of overdoses/deaths from overdoses.
- Fewer blood borne viral infections due to injecting drug use.
- Increases in the number of culturally appropriate AOD services and the number of Aboriginal and Torres Strait Islander people accessing and receiving AOD assessment and support within their own communities.

- Measures of community-driven prevention, e.g. alcohol management plans agreed to by communities and signed off by government.
- Measures of actions to address the factors underlying harmful AOD use.
- Increases in the proportion of AOD/SEWB services delivered by Aboriginal and Torres Straits Islander community-controlled organisations.
- Client satisfaction and assessment of client change or improvements.

Holistic

- Improvement in school retention of young Aboriginal and Torres Strait Islander people.
- Increased overall health status, increased employment levels, longevity and general health and wellbeing measures including mental health and life satisfaction and quality of life assessments.
- Measures that record child protection orders for children of parents with AOD issues.

Justice

- Referral of offenders whose offences are AOD-related to treatment, e.g. counselling services or residential rehabilitation diversion programs; culturally appropriate AOD services within prisons.
- Increases in the number of through-care programs in correctional and juvenile detention centres.
- Increases in the number of culturally and community focused diversionary programs available to Aboriginal and Torres Strait Islander people, and particularly young Aboriginal and Torres Strait Islander people.

Access

- Increased access to pharmacotherapies.
- Increased dispensing of free nicotine replacement treatments.
- Numbers of Aboriginal and Torres Strait Islander people on opioid replacement therapy, and referred from harm reduction services to general and mental health services and other social and welfare support services.

Workforce

- Increases in the number of Aboriginal and Torres Strait Islander workers in the AOD field.
- Increases in the level of qualifications of Aboriginal and Torres Strait Islander workers in the AOD field.
- Increases in the number of Aboriginal and Torres Strait Islander workers in the AOD field progressing to more senior roles.

Blood borne viruses/IV drug use

- The number of Hepatitis C Virus (HCV) notifications from Aboriginal and Torres Strait Islander people.
- Increases in the number of Aboriginal controlled organisations that provide NSPs.
- The number of fit packs which are distributed by NSPs.
- Reduction in incidence of BBVs, including hepatitis C, hepatitis B and HIV.

Discussion 5: Goals or Objectives

Goal/s and Objectives

Participants were asked to comment on what the main goal/s or objectives of the NATSIPDS should be. Feedback included the following.

- Improve the health and wellbeing of Aboriginal and Torres Strait Islander people by working with Aboriginal and Torres Strait communities to address causal factors leading to harmful AOD use and by providing effective and culturally appropriate health and social care to people with AOD problems.
- Ensure the delivery of the following to Aboriginal and Torres Strait Islander people:
  - Harm reduction strategies
  - Culturally appropriate AOD services
  - Access to services
  - A range of interventions that are culturally appropriate.
- Reduce the risk of harms to Aboriginal and Torres Strait Islander people who use AODs.
- Improve access to both Aboriginal and Torres Strait Islander and mainstream harm reduction services by promoting proactive engagement across the sector.
- Support Aboriginal and Torres Strait Islander community-controlled services to provide harm reduction strategies like NSPs.
- Promote proactive approaches to address the primary healthcare needs of Aboriginal and Torres Strait Islander people.
- Improving mainstream services' capacity to work with Aboriginal and Torres Strait Islander people.
- Support the creation of good networks and linkages between mainstream and Aboriginal and Torres Strait Islander services including health and community services.
- Ensure dedicated action is taken to address AOD issues for Aboriginal and Torres Strait Islander Peoples.
- Ensure that any action is culturally secure, in order to meet the specific and diverse needs of Aboriginal and Torres Strait Islander individuals, families and communities.
- Ensure appropriate and relevant action is taken across the three pillars of harm minimisation with the *National Drug Strategy*.
- Ensure appropriate links related to AOD issues are made to strengthen all relevant strategy areas that impact on Aboriginal and Torres Strait Islander health and wellbeing generally.
- Provide comprehensive, long term and sustained population-based solutions to the public health challenges faced by Aboriginal and Torres Strait Islander people.
- Aboriginal and Torres Strait Islander people having health goals for themselves, their families and their communities, with a clear path of access, and resources to meet those goals.
- Healthy families and communities with enhanced capacity to manage their own AOD responses.
- Reduce the supply, demand and harm associated with AOD use.

- Reduce levels of risky drinking and illicit use of other drugs.
- Eliminate drinking among women while pregnant and breastfeeding.
- Reduce the gap in the levels of harms associate with AOD use between Indigenous and non-Indigenous people.
- Provide access to a full suite of effective, culturally appropriate AOD demand and harm reduction strategies.
- Reduce rates of incarceration resulting from AOD use.
- Increase the level of active engagement with the affected community and their health services as well as other related social and community welfare services, government departments and researchers.
- Increase the diversity of solutions determined by communities.
- Increase in school attendance and better education.
- Better understanding of risks associated with AOD use.
- Improve quality of life.
- Reduce loss of life.
- Reduce the levels of police arrests for AOD related issues.
- Reduce the level of domestic violence incidents related to AOD use.
- Increase cultural safety.
- Aboriginal and Torres Strait Islander people living equal lives to the rest of Australia.

Discussion 6: Other Issues

An opportunity was provided for participants to raise other issues that they felt were relevant to the development of the NATSIPDS but that had not been mentioned.

As these points have already been covered elsewhere in the report no additional points have been noted here.

APPENDIX 1

A Background Paper to inform the development of the
National Aboriginal and Torres Strait Islander Peoples' Drug Strategy 2013 – 2018

A sub-strategy of the *National Drug Strategy 2010 – 2015*

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1. Introduction

The National Drug Strategy 2010-2015 committed to the development of seven sub-strategies to be developed, one of which is the National Aboriginal and Torres Strait Islander Peoples' Drug Strategy ('the Strategy').

All Governments, through the Intergovernmental Committee on Drugs (IGCD), have committed to working with Aboriginal and Torres Strait Islander people in developing the Strategy. This Background Paper is intended to provide some context to the overarching purpose of the Strategy and to give people a snapshot of some of the main areas for consideration. Some key questions are included and people are asked to consider these in order to inform the content and direction of the Strategy.

To facilitate involvement in the development of the Strategy, a range of time-limited consultative options are being made available for interested parties to bring forward their views, including public consultations across Australia, as well as the availability of an online consultation mechanism. Interested parties may also, of course, prepare a more traditional written submission should they wish. Further detail on the consultation options available is provided at **Attachment A** to this paper.

From the outset, it is important to be clear that the Strategy will not by itself solve all of the alcohol and other drug problems that Aboriginal and Torres Strait Islander people encounter – nor will it detail specific new program funding. This is not its purpose. It is intended to act as a guide for governments, communities, service providers and individuals by identifying some of the key issues and areas for action relating to the harmful use of drugs (including tobacco and alcohol). It should consider the types of actions which could help to reduce the impact of drugs on Indigenous populations and contribute to improved health and social outcomes. It should also recognise that Aboriginal and Torres Strait Islander people draw strength from a range of factors such as connectedness to family, culture and identity, where health is not just about the physical wellbeing of the individual, but also the social, emotional, and cultural wellbeing of the whole community.

In delivering on this purpose, it is expected the Strategy will:

- consider the three pillars that underpin the National Drug Strategy: Demand Reduction, Supply Reduction and Harm Reduction (further discussed at Section 5).
- sit well alongside and consider the other six sub-strategies of the National Drug Strategy that are in varying states of development (Alcohol, Tobacco, Illicit Drugs, Pharmaceutical Drug Misuse, Workforce Development and Research and Data).
- complement and link with other important work being undertaken in Indigenous Health (including the development of the new National Aboriginal and Torres Strait Islander Health Plan, Closing the Gap, the National Mental Health Reform, renewal of the Aboriginal and Torres Strait Islander Social and Emotional Wellbeing Framework, the National Aboriginal and Torres Strait Islander Suicide Prevention Strategy and state and territory government initiatives).

- build on the strengths of the National Drug Strategy Aboriginal and Torres Strait Islander Peoples Complementary Action Plan 2003-2009 (the CAP), which many communities and stakeholders will be familiar with.
- recognise harmful substance use in any community should not be considered in isolation, as there are many contributing factors which often vary with the type of drug.
- acknowledge that Aboriginal and Torres Strait Islander populations are diverse, as are their experiences of health and social problems and in acknowledgement of this diversity seek to promote a shared responsibility and ownership of the issues and solutions that are identified by working in active partnership with Aboriginal and Torres Strait Islander peoples.

2. Background and process going forward

Nationally, the harmful use of drugs (including illicit drugs, pharmaceuticals, alcohol and tobacco) causes significant harm to individuals, families and communities. For example, tobacco use and harmful substance use is linked with poorer health outcomes including increased risk of disease and injury and shortened life expectancy, which then leads to increased costs to the health and hospitals systems, and also the deterioration of family and community, while involvement with illicit drugs and alcohol use can adversely affect a person's education, employment, health and involvement with the criminal justice system which can have a whole-of-life, and in many cases inter-generational, impact.

In recognition of this wide impact, governments have collaborated on coordinated national policy for addressing alcohol, tobacco and other drugs since 1985 when the *National Campaign Against Drug Abuse* was developed. In 1993 the campaign was redeveloped as the *National Drug Strategy*, now in its sixth iteration.

The National Drug Strategy is based on an over-arching harm minimisation approach and is overseen by the IGCD, comprising senior government officials from health and law enforcement agencies from each state and territory government and the Commonwealth. As indicated earlier, the current National Drug Strategy has identified the development of seven sub-strategies. Each of these sub-strategies is the responsibility of a specific working group or sub-committee of the IGCD.

Following these consultations, a draft Strategy will be prepared for the National Aboriginal and Torres Strait Islander Peoples' Drug Strategy Working Group (the Working Group), which will then be submitted to the IGCD for subsequent endorsement from relevant Ministers.

3. Why a new National Aboriginal and Torres Strait Islander Peoples' Drug Strategy?

It has been a decade since the release of the CAP, which for the first time represented recognition by all governments of the need for deliberate and national action to address the unique needs of Indigenous Australians impacted and affected by alcohol and other drugs.

Since 2003, an increased national focus on Aboriginal and Torres Strait Islander peoples health and wellbeing has produced a number of significant policies and programs, and it is now time to build on the strengths of the CAP through a new National Strategy.

An evaluation of the CAP was completed in 2009, acknowledging its importance as a public framework comprising nationally agreed good practice. However, the CAP was also criticised for lacking detail in its actions and its dominant focus on the health sector.

The 2009 evaluation made five recommendations:

> **Recommendation 1:** That the CAP be retained within the National Drug Strategy as a separate entity but that its links to the other strategies be increased.
>
> **Recommendation 2:** That the CAP Key Result Areas (KRAs) be reviewed, through a process of culturally appropriate consultation, and revised to include specific high priority result areas, with accompanying measurable performance indicators.
>
> **Recommendation 3:** That the CAP is developed in a more concise format, and perhaps in more than one format, which can be easily accessed and is user-friendly. The statements of principles and current KRAs (which are considered to be good practice principles) could be shared across policy areas to tie the CAP more closely to other initiatives.
>
> **Recommendation 4:** That processes of monitoring are improved to ensure that reporting against the CAP occurs.
>
> **Recommendation 5:** That a hierarchy of outcomes model be used in developing the performance indicators, and that clear processes of responsibility for monitoring and data collection are identified.

The new Strategy is expected to draw on the strengths of the CAP, and should aim to address the criticisms (starting with the findings of the evaluation), and acknowledge developments in health and broader policy spaces which impact on harmful substance use.

4. Health and wellbeing of Aboriginal and Torres Strait Islander peoples – a substance use perspective

Aboriginal and Torres Strait Islander peoples are not experiencing the same rate of improvement in health outcomes of non-Indigenous Australians, which have been considerable over the last two decades. The incidence of preventable disease is one of the critical factors contributing to increased burden of disease and injury for Aboriginal and Torres Strait Islander peoples compared to non-Indigenous people, and tobacco, alcohol and other harmful drug use is a widely acknowledged risk factor. Tobacco has been identified as the leading risk factor for preventable disease and injury nationally, and it is also the leading risk factor contributing to the gap in health outcomes between Indigenous and non-Indigenous Australians, estimated to account for 17% of the gap; alcohol a further 4%.

In the past two decades, the proportion of Aboriginal and Torres Strait Islander peoples who consume alcohol has increased, and there have been increases in the proportion that use other drugs. In general, harmful rates of use are approximately twice those in the non-

Aboriginal population. The use of drugs by Indigenous Australians differs from that of non-Indigenous Australians in a number of ways. For example (and noting the limitations of existing data collections):

- Almost half (47%) of Aboriginal and Torres Strait Islander people aged 15 years or over were current smokers in 2008, compared to 20% of non-Indigenous people, and this has remained largely stable over time;
  - around one-quarter of Aboriginal and Torres Strait Islander people approved of the regular adult use of tobacco.
- While rates of abstinence from alcohol are higher for Aboriginal and Torres Strait Islander people, it is estimated that harmful use of alcohol is twice as common compared to non-Indigenous people, mostly through episodic heavy drinking.
- Around 21% of Aboriginal and Torres Strait Islander people had used an illicit drug in the last 12 months, primarily cannabis.

These national statistics also reflect known factors outside of but related to health and lifestyle behaviours including social and economic participation, remoteness and isolation, and cultural, emotional, mental health and wellbeing issues.

Australian and international research acknowledges that harmful drug use arises as a complex interaction between health inequalities and social determinants. Addressing the many contributing causes of harmful drug use requires a comprehensive approach, as medically assisted detoxification is often only the first stage of long term change for individuals and families. Preventing uptake of drugs, reducing their availability and also providing complementary social or even disability supports may be required to provide the necessary incentives and assistance to reduce or cease harmful use of drugs.

In addition, the reality of drug treatment services and recovery does not necessarily meet the expectations of people who are willing to change, and also of the community. Notions that people are easily able to recover unaided and that continued harmful substance use is voluntary and/or a character flaw highlight the different standards of success that are imposed on treatment for addiction compared to other chronic illness. These are issues that are shared by Indigenous and non-Indigenous populations alike.

Broad-based and also drug-specific services that combine general medical and mental health clinical supports with follow-up community and family based relapse prevention are crucial to achieving and maintaining a drug-free lifestyle, and may need to be combined with support for people with complex needs including accommodation and also employment and/or disability services.

The amount of evidence for effective drug use minimisation strategies specific to Aboriginal and Torres Strait Islander peoples and communities is comparatively scarce; although broadly, evidence of effective whole-of-population strategies is applicable – the key lies in ensuring that services and supports are culturally relevant, accessible and sustainable.

QUESTION

What should be the main goal/s (or objective/s) of the new Strategy?

5. Principles of the National Drug Strategy

The overarching approach of harm minimisation guides the National Drug Strategy 2010-2015 and is based on the three pillars of:

1. **demand reduction** to prevent the uptake and/or delay the onset of use of alcohol, tobacco and other drugs; reduce alcohol related harm and the use of tobacco and other drugs in the community; and support people to recover from dependence and reintegrate with the community;
2. **supply reduction** to prevent, stop, disrupt or otherwise reduce the production and supply of illegal drugs; and control, manage and/or regulate the availability of legal drugs; and
3. **harm reduction** to reduce the adverse health, social and economic consequences of the use of alcohol, tobacco and other drugs.

Acknowledging these broad principles and also recognising the diversity of populations and locations of Aboriginal and Torres Strait Islander populations, the Working Group has identified four additional principles that could potentially underpin this Strategy:

1. **Holistic Approaches** - Use of alcohol, tobacco and other drugs must be addressed as part of a comprehensive, holistic approach to health that includes physical, spiritual, cultural, emotional and social wellbeing, community development and capacity building.
2. **Whole-of-government effort and partnerships** - Whole-of-government effort and commitment, in partnership with community controlled services and other non-government organisations, is needed to implement, evaluate and continuously improve comprehensive approaches to reduce drug-related harm among Aboriginal and Torres Strait Islander peoples.
3. **Indigenous ownership of solutions** - Aboriginal and Torres Strait Islander people must be centrally involved in planning, development and implementation of strategies to address the use of alcohol, tobacco and other drugs in their communities, and should have control over their own health, alcohol and other drug, and related services.
4. **Resourcing on the basis of need** - Resources to address the use of alcohol, tobacco and other drugs must be available on the basis of need, and at the level required to reduce the disproportionate levels of drug related harm experienced by Aboriginal and Torres Strait Islander peoples.

QUESTIONS

- Are these principles appropriate? Why / Why Not?
- Are there other principles that should underpin this Strategy?

6. Broad Priorities for the Strategy

The Working Group has also identified what it sees as some of the key priorities, issues and specific population groups that could be discussed in the Strategy. These include:

- Broad social and structural determinants related to substance use, including whole-of-government matters such as intergenerational social disadvantage; employment and welfare dependence and social and economic participation (including education, employment);
- Local service delivery issues, including workforce issues such as the ability to attract and retain staff across the range of disciplines necessary to provide effective and sustainable interventions, particularly in remote areas;
- Supporting children, youth and women – including children exposed to alcohol and other drugs during pregnancy and early childhood; and
- Transference and poly-addiction (not only between substances, but other issues such as gambling).

QUESTION

- Are there any other key priorities, issues and/or populations that should be included?

7. Actions, including reviewing the Complimentary Action Plan (the CAP)

It is important that any actions identified in the Strategy provide detailed guidance to governments, communities and service providers; clearly articulate the overarching objective and link strongly with the underpinning principles. It is also important that they are concrete and assessable through national performance indicators and milestones.

The Working Group has agreed that a small number of Key Result Areas or priorities is needed to focus action on achieving results.

The CAP identified six key result areas for targeted action, which might be useful to review in looking to the new Strategy:

1. Enhanced capacity of Aboriginal and Torres Strait Islander individuals, families and communities to address current and future issues in the use of alcohol, tobacco and other drugs and promote their own health and wellbeing.

2. Whole-of-government effort and commitment, in collaboration with community-controlled services and other non-government organisations, to implement, evaluate and continuously improve comprehensive approaches to reduce drug-related harm among Aboriginal and Torres Strait Islander peoples.

3. Substantially improved access for Aboriginal and Torres Strait Islander peoples to the appropriate range of health and wellbeing services that play a role in addressing the use of alcohol, tobacco and other drugs.

4. A range of holistic approaches from prevention through to treatment and continuing care that is locally available and accessible.

5. Workforce initiatives to enhance the capacity of Aboriginal and Torres Strait Islander community-controlled and mainstream organisations to provide quality services.

6. Sustainable partnerships among Aboriginal and Torres Strait Islander communities, government and non-government agencies in developing and managing research, monitoring, evaluation and dissemination of information.

QUESTIONS

- Are the Key Result Areas of the CAP still the most important?
- If not, what do you think the most important Key Result Areas should be?

8. How can progress be measured?

Monitoring and reporting was identified as a weakness of the CAP, which can to an extent be addressed with effective performance measures and milestones.

As custodians of the National Drug Strategy, it is expected that IGCD will be responsible for the National Aboriginal and Torres Strait Islander Peoples' Drug Strategy and for providing updates to Ministers on progress against its actions. In order to gauge whether the Strategy is being effective and that progress towards the overall objectives is being made, it will be important to have clear indicators and milestones against the actions and priorities.

QUESTIONS

- How often should progress be reported?
- Thinking about the actions and priorities that are identified above, or that you have identified, what sort of indicators and milestones could be used to demonstrate progress?

FINAL QUESTION

- Are there any other issues you would like to raise that might be helpful in informing the development of the National Aboriginal and Torres Strait Islander Peoples' Drug Strategy?

ATTACHMENT A

Overview of consultation processes

A range of consultation activities are being undertaken to support and inform the development of the National Aboriginal and Torres Strait Islander Peoples' Drug Strategy:

- A series of consultations are being undertaken throughout May 2013 and are being held in Port Augusta, Sydney, Mt Isa, Perth, Broome and Alice Springs. Details can be found at www.nidac.org.au.

- An online submission process will be available from Monday 13 May, and details will be available at www.nidac.org.au.

The Strategy will also consider the relevant feedback received and issues raised through the comprehensive consultation processes that have been undertaken recently to inform development of the National Aboriginal and Torres Strait Islander Health Plan, renewal of the Aboriginal and Torres Strait Islander Social and Emotional Wellbeing Framework, the National Aboriginal and Torres Strait Islander Suicide Prevention Strategy.

The Working Group thanks you for your interest and contribution to the development of this new Strategy.

Any queries regarding the National Aboriginal and Torres Strait Islander Peoples' Drug Strategy can be emailed through to natsipds@health.gov.au.

APPENDIX 2

LIST OF ORGANISATIONS THAT PROVIDED WRITTEN SUBMISSIONS

- Aboriginal Medical Service Co-op Ltd – NSW
- Aboriginal Policy & Research Unit, Corporate Strategy and Governance, Victorian Police
- Alcohol and Other Drugs Council of Australia (ADCA) – ACT
- Aboriginal Medical Services Alliance Northern Territory (AMSANT) – NT
- Anex – VIC
- Attorney General's Department - ACT
- Hepatitis NSW – NSW
- Kirby Institute, UNSW
- National Centre for Education and Training on Addiction (NCETA) – SA
- Northern Adelaide Medicare Local – VIC
- Russell Family Fetal Alcohol Disorders Association – QLD
- South Australian Network of Drug and Alcohol Services (SANDAS) – SA
- The Pharmacy Guild of Australia - ACT
- Victorian Alcohol and Drug Association (VADA) – VIC
- Victorian Aboriginal Community Controlled Health Organisation (VACCHO)- VIC
- WA Drug and Alcohol Office (DAO) - WA
- Western Australian Network of AOD Agencies (WANADA) – WA