

Development of the National Aboriginal and Torres Strait Islander Peoples Drug Strategy

What is your name?

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What is the name of your organisation?

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What is the main focus of your organisation?

To prevent and reduce harm resulting from the use of alcohol and other drugs so that all may enjoy good health and wellbeing.

What is your role in the organisation?

Communications and Policy

What is your email address?

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To assist you in responding to the following questions a Background Paper has been developed by the Intergovernmental Committee on Drugs National Aboriginal and Torres Strait Islander Peoples Drug Strategy (NATSIPDS) Working Group. This can be accessed from the NIDAC website

A. Goal/s or objectives of the National Aboriginal and Torres Strait Islander Peoples Drug Strategy

- 1. What do you consider should be the main goal/s or objectives of the new Strategy?**

The main goal of the new strategy should be an Aboriginal & Torres Strait Islander Peoples Drug Strategy based on the principles of harm minimisation.

Aboriginal & Torres Strait Islander people should have choice of services and access that will assist in this process. Given the spread of this significant element of the Australian population, there should be consideration of a rural and remote component, with funding for Aboriginal & Torres Strait Islander community organisations to develop and run services that target the people they represent.

This strategy should also aim to address the underlying causes of risky AOD use associated with the social determinants of health, either directly or by contributing to related strategies.

B. Principles

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 the harmful use of alcohol 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 Intergovernmental Committee on Drugs NATSIPDS Working Group who has responsibility for developing the NATSIPDS 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 nongovernment 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.

1. Are these principles appropriate? (tick selected choice) Yes No

2. Why / Why Not?

3. Are there other principles that should underpin this Strategy?

ADCA supports the principles outlined:

- 1 demand reduction
- 2 supply reduction
- 3 harm reduction
- 4 indigenous ownership of solutions
- 5 Holistic approaches
- 6 Resourcing on a needs basis
- 7 A whole-of-government approach to all of these principles

Broad Priorities for the Strategy

The NATSIPDS 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 harmful 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).

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

Other populations that should be included are:

- MEN
- prisoners/offenders, and
- targeted juvenile and adult detainees.

Other priorities include:

- Linking with other strategies so that the NATSIPDS can focus on AOD issues but at the same time inform and be informed by other work eg in relation to the National A&TSI Health Plan, National A&TSI Suicide Prevention Strategy and A&TSI Social and Wellbeing Framework. These are all interrelated and complement each other.
- providing education and training opportunities to increase the number of A&TSI personnel in health (and allied health)
- providing *support* for offenders and those exposed to or at risk of offending/getting involved in the criminal justice system, and
- building social capacity in A&TSI communities.

While the priorities outlined above refer to support for children affected by Fetal Alcohol Spectrum Disorder (FASD), there is no mention of preventative action. ADCA supports this as a priority for the NATSIPDS.

Justice reinvestment offers an approach that is predicated on the effectiveness of prevention and early intervention approaches. It looks at why people are offending and what programs and services can be provided to address the underlying causes of crime. NIDAC's report earlier this year on Prison vs Residential treatment is instructive:

http://www.ancd.org.au/images/PDF/Researchpapers/rp24_Prison_vs_Residential_Treatment.pdf

In an interview with the ABC before a community meeting in Bourke last month, organized by the Bourke Aboriginal Working Party, Mick Gooda, Aboriginal and Torres Strait Islander Social Justice Commissioner said that it was crucial that a whole of community approach be embraced to combat social and community safety issues. "The only way this will work is when the community buys into it and not only looks at owning the problem but more importantly, owning the solutions they need and it's got to be the solutions they come up with."

<http://www.abc.net.au/local/stories/2013/05/13/3757866.htm> Last year, Mr Gooda was clear that he doesn't advocate for getting rid of jails, "But we have to change the narrative in this country that more jails make safer communities. Stopping people offending and reoffending <http://tracker.org.au/2012/02/call-for-target-on-aboriginal-prison-rate/>

C. Actions, including reviewing the Complimentary Action Plan

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

The Complimentary Action Plan (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.

1. **Are the Key Result Areas of the CAP still the most important?**
(tick selected choice) Yes No

If not, what do you think the most important Key Result Areas should be?

These key result areas remain important but others are also relevant.

There needs to be a real focus on prevention and access to treatment. Access to treatment should not be confined solely to rehabilitation measures - each state and territory should establish a minimum level of service delivery, ensuring at least guaranteed access to Indigenous run rehabilitation services.

Aboriginal health services and health personnel, particularly in rural and remote locations, are critical to delivering services that are relevant and accessible to A&TSI people.

D. Measuring Progress

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.

1. How often should progress be reported?

Including AOD specific targets as part of the PM's annual *Closing the Gap* report would mean that state, territory and commonwealth instrumentalities would have to identify how their actions have made an impact. Reporting should be either annually or biannually and should include a requirement for these jurisdictions to report on achievements - not just to include a list of programs, activities or initiatives they fund such as sport and recreation.

There should be a longitudinal study to measure the naturally healthy pathway from childhood to adulthood. In this process, parents will be in focus too, especially as marriage (or babies having babies) begins at younger ages; our young people need positive monitoring.

Aboriginal & Torres Strait Islander peoples in the public health sector should undertake studies beginning at the primary prevention level to better track health outcomes and react accordingly.

Targets might also relate to increases in the number of (i) A&TSI health workers, and (ii) local services.

- 2. 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?**

E. Additional Comments

- 1. Are there any other issues you would like to raise that might be helpful in informing the development of the Strategy?**

There should be a specific mechanism that would enable people to access funds for community driven research into AOD issues. The NATSIPDS should have dedicated funding exactly like the Suicide Strategy for Aboriginal & Torres Strait Islander Peoples to ensure there will be action.

The COAG Reform Council report, *Indigenous Reform 2011-12: Comparing performance across Australia* (<http://www.coagreformcouncil.gov.au/reports/indigenous-reform/indigenous-reform-2011-12-comparing-performance-across-australia>) shows that progress can be made on improving Aboriginal and Torres Strait Islander health with the right support and commitment, but it needs bipartisan support, commitment from all governments and stability in funding to go with it, over the long term.

ADCA would like to see a focus on the primary level of prevention, a holistic monitoring of people's health from very early childhood – a healthy environment interspersed with initiatives to counter smoking and poor nutrition. Working from the primary level will help us avoid the devastating outcomes inherent at the tertiary level ... where the horse has already bolted.

The degree of community harm from smoking has reached that tertiary level, and it is very difficult to control something that happens at an individual level; many individuals will find

it much harder to stop due to a lifetime of smoking which often runs in parallel with a lack of good nutrition.

Understanding and addressing the social determinants of health is critical to achieving success around AOD issues. ADCA draws your attention to the recent World Health Organisation report on closing the gap within a generation:

http://www.who.int/social_determinants/thecommission/finalreport/en/

Written submissions should be received by NIDAC by no later than COB Friday 7 June 2013. These can be sent to either:

**National Indigenous Drug and Alcohol Committee, PO Box 205, CIVIC SQUARE, ACT, 2608
Fax: 02 61622611 E-mail: nidac@ancd.org.au (please save this document to your computer before emailing it to us)**

Receipt of NIDAC receiving your submission will be sent to the email address provided.