

IMPLEMENTATION PLAN

INTRODUCTION

This document has been developed by the National Indigenous Drug and Alcohol Committee (NIDAC) to provide government with implementation strategies for acting upon the key issues and recommendations from the report, *Indigenous specific alcohol and other drug interventions: continuities, changes and areas of greatest need*.

In developing the proposed strategies, resolutions developed by delegates attending the inaugural National Indigenous Drug and Alcohol Conference held by NIDAC in Adelaide in June 2010, have been utilised as guiding principles. A copy of the resolutions document, *'The Way Forward: Resolutions from the Inaugural National Indigenous Drug & Alcohol Conference'* is provided as an attachment.

For ease of reading, the information contained in the document has been arranged under a number of areas:

- Service planning and provision;
- Capacity building of Indigenous community-controlled organisations;
- Indigenous workforce; and
- Funding.

Each area includes a brief summary of the key issues of concern, a list of the relevant key recommendations and proposed implementation strategies for how the issues and recommendations from the report may be acted upon by government.

BACKGROUND

In 2007, NIDAC commissioned the National Drug Research Institute (NDRI) to undertake work that provided an in depth report on the following:

- Current alcohol and other drug services for Indigenous Australians;
- Funding of current alcohol and other drug services for Indigenous Australians;
- Appropriateness of current services and funding for them; and
- Identification and assessment of unmet needs.

As this study collected data that was directly comparable to information obtained in earlier work undertaken by members of the research team on behalf of the Australian National Council on Drugs (ANCD), the data from the current project for the period 2006 – 2007 was compared to the earlier data for the period 1999 – 2000 to assess what changes had occurred in the intervening period.

The information obtained from this project was then examined in the context of the *National Drug Strategy Aboriginal and Torres Strait Islander Peoples Complementary Action Plan 2003 – 2009* (the CAP) with the six key result areas of the CAP providing the policy framework at the national and state and territory levels within which the interventions reviewed in the report were implemented.

Further information on the project can be accessed from the report, *Indigenous specific alcohol and other drugs interventions: continuities, changes and areas of greatest need* which is available at: http://www.nidac.org.au/images/PDFs/rp20_indigenous.pdf

A. SERVICE PLANNING AND PROVISION

SUMMARY OF KEY ISSUES OF CONCERN - SERVICE PLANNING AND PROVISION

The report¹ indicates a number of key issues of concern that relate to service planning and provision. These include:

1. That there has been a move away from government funding of Indigenous run services towards funding of non-Indigenous NGOs to provide alcohol and other drug interventions for Indigenous Australians.
2. There is a lack in the range of services, programs and interventions that play a role in addressing alcohol and other drug issues that are locally available and accessible.
3. There is a paucity of services for particular at risk groups such as women, young people and those experiencing mental health issues.
4. There is no correlation between the size of the populations in the various jurisdictions and the number of projects conducted within them.

KEY RECOMMENDATIONS AND IMPLEMENTATION STRATEGIES

Recommendation 1

The framework provided by the *National Drug Strategy Aboriginal and Torres Strait Islander Peoples Complimentary Action Plan* provides a comprehensive basis for reducing harmful levels of alcohol and other drug use and had widespread support within the sector. As the peak policy and decision-making body in relation to licit and illicit drugs in Australia, the Ministerial Council on Drugs (MCDS) should make a renewed commitment to the action plan.

Implementation Strategies

- Approval by the Ministerial Council on Drugs (MCDS) of the continuation of a separate National Indigenous Alcohol and other Drugs Strategy for the period 2010 – 2015, in line with the proposed new National Drug Strategy.
- Release by the Department of Health and Ageing, of the findings from the review of the National Drug Strategy Aboriginal and Torres Strait Islander Peoples Complimentary Action Plan 2003 - 09.
- Involve Indigenous peoples extensively in developing the new Indigenous specific alcohol and other drugs strategy.
- Task a national Indigenous alcohol and other drugs body on behalf of the Intergovernmental Committee on Drugs (IGCD) to conduct consultations around Australia to determine what should be included in the next phase of the Indigenous specific alcohol and other drug strategy.
- Provide identified funding to support this separate Indigenous alcohol and other drugs specific strategy.

Recommendation 2

Given the evidence of limited planning of service provision, regional alcohol and other drug planning committees, made up of a broad range of stakeholders and including all community-controlled alcohol and other drugs and health services, should be established to facilitate provision of a 'range of holistic services from prevention through to treatment and continuing care', and to contribute to their evaluation and continuous improvement.

Recommendation 3

Service provision at the regional level should be reviewed to ensure that a complete range of community-based services – and, where feasible, residential services, is available.

Recommendation 4

Where provision at the regional level is not feasible at the local level, regional service providers should be resourced to provide a regional coordinated care approach for the delivery of services across the region.

Recommendation 5

Given the paucity of community and residentially based treatment services for women, families, young people and those suffering from co morbid mental illness, there should be an increase in the provision of such services.

Recommendation 6

To address the significant gap in the provision of ongoing care services, to minimise relapse among those who have undergone treatment, and to protect the investment made in treatment services, priority should be given to the provision of community-based ongoing care services for those who have completed treatment.

Recommendation 7

Regions identified as underserviced should be targeted to provide a wide range of Indigenous specific alcohol and other drugs services including the provision of appropriate training to up-skill existing staff as well as train new staff.

Implementation Strategies

- Support regional areas to establish alcohol and other drug planning committees, made up of a broad range of stakeholders and including all community-controlled alcohol and other drug and health services. This could be coordinated by a national or state based Indigenous alcohol and other drugs/health peak body.
- Task the alcohol and other drugs planning committees with reviewing service provision at a regional level to access client needs for Indigenous specific drug and alcohol services in the region, ensuring that existing gaps are identified and addressed and a range of holistic services from prevention through to treatment and continuing care are provided.
- Support capacity building of local Indigenous community-controlled services to enable them to provide services at a local level.
- Provide targeted funding to ensure that regions identified in the report as underserviced are adequately covered.

B. CAPACITY BUILDING OF INDIGENOUS COMMUNITY-CONTROLLED ORGANISATIONS

SUMMARY OF KEY ISSUES OF CONCERN - CAPACITY BUILDING OF INDIGENOUS COMMUNITY-CONTROLLED ORGANISATIONS

The report¹ highlights a number of key issues of concern that need to be addressed in order to ensure the capacity for Indigenous community-controlled organisations to provide services. These include Indigenous organisations needing:

1. The capacity both to effectively provide the services for which they were established and to meet changing needs and increasing demand.
2. To be able to provide employment opportunities, broader social and economic development, and the capacity of community-controlled organisations to address a wider range of social issues.

KEY RECOMMENDATIONS AND IMPLEMENTATION STRATEGIES

Recommendation 8

To develop the capacity of Indigenous communities to address alcohol and other drug related harms, it should be a requirement of tendering conditions that non-Indigenous NGO's tendering for the provision of services to Indigenous Australians make all endeavours to tender in partnership with Indigenous community-controlled organisations and put in place strategies and timeframes for handover of services to those organisations.

Recommendation 9

Given the gaps in the capacity of some providers either to effectively deliver existing services or to meet other community needs, consideration of current capacity and any need to enhance it should be part of service contract negotiations and funding should be provided accordingly.

Implementation Strategies

- Include requirements in funding tendering documents and contracts for non-Indigenous services to partner with Indigenous community controlled services with the expectation that Indigenous community-controlled services are developed to eventually take over the running of service provision identified in the tender.
- Provide separate identified funding for capacity building of Indigenous community-controlled services to provide alcohol and other drug services.
- Include Indigenous representation on funding application selection committees.
- Ensure ongoing monitoring and evaluation processes are developed to support capacity building in the community through the provision of a trained workforce.

C. INDIGENOUS WORKFORCE

SUMMARY OF KEY ISSUES OF CONCERN - INDIGENOUS WORKFORCE

The report¹ highlights a number of key issues of concern that relate to the Indigenous workforce. These include:

1. Difficulties with recruiting experienced and trained staff, in particular Indigenous staff, and retaining them. This is related to lack of training opportunities, heavy workloads, poor remuneration compared to the government sector, lack of career paths and consequent high staff turnover rates.
2. Insufficient expenditure on workforce development to keep pace with staff turnover and meet the broader needs of the sector.
3. The current provision of short-term and non-recurrent funding by government.

KEY RECOMMENDATIONS AND IMPLEMENTATION STRATEGIES

Recommendation 10

Given the shortages of skilled alcohol and other drug staff (and the constraints on service provision and expansion of capacity that such shortages impose) and the low levels of investment in staff development and training, funding and other resourcing for skilled staff should be substantially increased.

Recommendation 11

Given the high turnover of staff within the community-controlled alcohol and other drugs sector (as a consequence of heavy workloads, poor remuneration vis-a-vis the government sector, and lack of career paths), staffing benchmarks - including remuneration and conditions of employment - should be negotiated between funding agencies and service provider representatives and should be implemented.

Implementation Strategies

- Support appropriate skills training to existing staff as well as new staff.
- Include specific funding in funding allocations for staff training and development.
- Explore ways of facilitating increased direct entry of Indigenous Australians into vocational and tertiary education programs of relevance within the sector.
- Establish staffing benchmarks, including remuneration and conditions of employment for Indigenous alcohol and other drug workers, which are incorporated into funding agreements.
- Support the establishment of an Indigenous Alcohol and other Drugs Association, similar to the National Aboriginal and Torres Strait Islander Health Worker Association.

D. FUNDING

SUMMARY OF KEY ISSUES OF CONCERN - FUNDING

The report¹ highlights a number of key issues of concern that relate to funding. These include:

1. A move away by government of funding Indigenous community-controlled services.
2. Indigenous community-controlled organisations not having the capacity in terms of personnel or time to respond adequately to calls for tenders for funding to provide services.
3. The tendency for government to only fund short-term projects. Consequently, there is a significant discontinuity in service provision and services recognised as having merit being discontinued and communities left without the services that were once providing a valuable service.
4. The inability of community-controlled organisations to undertake longer-term service provision planning, particularly in more remote regions of Australia due to non-recurrent funding.
5. Criteria attached to government funding programs are often inflexible, resulting in services often not applying for funding or applying for funding for funds that have to be expended in ways that don't match local needs or community priorities.
6. Onerous reporting requirements by government.

KEY RECOMMENDATIONS AND IMPLEMENTATION STRATEGIES

Recommendation 12

In the interest of providing more appropriate services, better client outcomes, and building capacity, all levels of government should re-commit themselves to the principle of Indigenous community control of service provision.

Recommendation 13

Given the uncertainty of service delivery, the compromising of outcomes and the additional reporting requirements entailed in dependence upon non-recurrent funding, strategies should be put in place by governments to increase the proportion of funding allocated on a non-recurrent basis for the provision of alcohol and other drug services.

Implementation Strategies

- Prioritise funding of Indigenous community-controlled organisations over non-Indigenous services.
- Provide longer-term funding opportunities for services.
- Provide a two-stage submission process, such as an initial expression of interest followed by a formal submission process, where there is intention to fund the program/project.
- Provide funding to cover costs associated with submission and reporting requirements (e.g. administration, evaluation and the development and maintenance of standardised databases required for reporting purposes).

Recommendation 14

Given the administrative burden of reporting requirements, steps should be taken by funding agencies to reduce such requirements – including the rationalisation of grant provision and the simplification and standardisation of reporting requirements – while at the same time upgrading the capacity of Indigenous organisations to meet them.

Implementation Strategies

- Provide feedback on continuation of funding at least three months prior to commencement dates of new or ongoing funding.
- Incorporate less frequent funding reporting times (e.g. six monthly reporting).
- Establish streamlined, standardised, online reporting templates consistent across all government departments.
- Establish a separate NGO liaison unit which manages all government submissions and reporting for all departments.
- Establish accounting requirements in line with standard Australian accounting practices standard accounting packages used by NGOs.
- Accept organisational audits which include individual program/project details in place of the information currently required as part of administrative and accounting practices.
- Support the development of key performance indicators that are streamlined to be more meaningful and reportable and kept to a finite number of no more than six.
- Accept standardised, nationally recognised registration/accreditation processes covering issues such as governance and risk management, removing the need to report on these items separately.

The Way Forward

Resolutions from the Inaugural National Indigenous Drug and Alcohol Conference

The first National Indigenous Drug and Alcohol Conference (NIDAC 2010) brought together over 550 delegates in Adelaide (June 16-18, 2010). Based on a theme of Listening, Learning and Leading the Conference agreed that the future health and well-being of Aboriginal and Torres Strait Islander people must be led by Aboriginal and Torres Strait Islander's in co-operation with the wider community and governments.

Accordingly, the following resolutions were agreed:

1. That the appalling over-representation of Aboriginal and Torres Strait Islander people in juvenile justice centres and adult prisons be addressed as a matter of urgency. This can be achieved by introducing a justice reinvestment strategy that incorporates the recommendations of the National Indigenous Drug and Alcohol Committee's report *Bridges and Barriers: Addressing Indigenous Incarceration and Health* (Canberra: Australian National Council on Drugs, 2009) which can be accessed at: http://www.nidac.org.au/images/PDFs/nidac_bridges_and_barriers.pdf
2. That the current preventative health and chronic disease agendas for Aboriginal and Torres Strait Islander people include a substantial focus, as well as specific funding, for addressing substance use.
3. That greater resources be provided to increase the level of ongoing training and capacity of Aboriginal and Torres Strait Islander health workers in the substance use sector.
4. That government's at all levels recognize that one-off projects and pilot projects are not sustainable and therefore increase the provision of recurrent funding for culturally appropriate, evaluated, evidenced-based Aboriginal and Torres Strait Islander alcohol and other drug (AOD) services and that wherever possible AOD services should be provided by Aboriginal and Torres Strait Islander community controlled organisations.
5. That there is an urgent need for accessible up-to-date Aboriginal and Torres Strait Islander specific data on substance use issues.
6. That the widespread diversity of need and location (remote, rural, regional and urban) of Aboriginal and Torres Strait people is recognised by appropriate funding being provided for Aboriginal and Torres Strait drug and alcohol services in all settings.
7. That there needs to be a separate National Aboriginal and Torres Strait Islander AOD Strategy (currently the *Aboriginal and Torres Strait Islander Peoples Complementary Action Plan 2003 – 2009*) which is supported with clearly identified funding.
8. That as injecting drug use is increasing at a concerning rate in Aboriginal and Torres Strait Islander populations there is a need for increased attention to address the risk of HIV/AIDS and Hepatitis C transmission amongst Aboriginal and Torres Strait Islander people.
9. That the Government be called on to use the most effective interventions available to reduce alcohol related harm amongst Aboriginal and Torres Strait Islander people, by adopting: a tiered volumetric taxation system; minimum floor pricing; restrictions in advertising and promotions; restrictions on licensing and the introduction of labeling on alcohol products.
10. That a quarantined levy be placed on all alcoholic beverages to fund the implementation of Aboriginal and Torres Strait Islander developed alcohol management plans as well as appropriate services to reduce the harms caused by alcohol use.
11. That greater investment is provided for a wider variety of sports and other cultural activities for Aboriginal and Torres Strait Islander youth.
12. That Federal legislation be implemented that potentially compels retailers to make Opal fuel available in sites of strategic importance. Such legislation is supported by the recent *Cost Benefit Analysis of Legislation to Mandate the Supply of Opal Fuels in Regions of Australia* which was commissioned by OATSIH and carried out by the SA Centre for Economic Studies (http://www.health.gov.au/internet/main/publishing.nsf/Content/health_oatsih_opalfuel_legislation).