**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.