

What works: Doing it our way

Resolutions from the Third National Indigenous Drug and Alcohol Conference

The third National Indigenous Drug and Alcohol Conference (NIDAC 2014) brought together over 400 delegates in Melbourne (June 4-6, 2014) with delegates agreeing to the following:

FASD

1. That governments continue to ensure *Foetal Alcohol Spectrum Disorder (FASD)* prevention messages and information of National Health & Medical Research Centre (NHMRC)'s *Australian Guidelines to Reduce Health Risks from Drinking Alcohol* are provided to the health workforce and communities.
2. That a national FASD prevalence survey of all Australian people be undertaken.
3. That a study on the link between FASD, cognitive impairment and incarceration levels be undertaken.
4. That FASD be recognised as a disability that is included within the National Disability Insurance Scheme (NDIS).

Workforce issues

5. That Aboriginal and Torres Strait Islander alcohol and other drugs (AOD) workers need far greater levels of support, career development, culturally appropriate supervision and salary parity between government and NGO AOD services, given the complex and difficult work they undertake within an environment of high expectations and demands from communities, as well as at times discrimination and racism in the mainstream system.
6. That a scholarship program to support Aboriginal and Torres Strait Islander AOD workers seeking to gain formal qualifications for the work they are already undertaking be implemented nationally.
7. That a scoping study to determine the exact number and location of Aboriginal and Torres Strait Islander AOD workers be undertaken.
8. That support for a nationally focused professional body for the Aboriginal and Torres Strait Islander AOD workforce be provided.
9. That a comprehensive strategy to develop and support an Aboriginal and Torres Strait Islander AOD workforce, including leadership, be implemented.

Justice related issues

10. That a national meeting of federal and state/territory governments with Aboriginal and Torres Strait Islander community leaders be held to commit to the development and implementation of a national strategy to reduce the Aboriginal and Torres Strait Islander incarceration and justice system contact rates.
11. That all governments commit to the principles and understanding of justice reinvestment.
12. That as part of a broader justice reinvestment strategy, the establishment of a greater number of healing centres for families be implemented.

Alcohol

13. That a comprehensive strategy to address the harms from alcohol be developed and implemented as a matter of urgency and include volumetric based taxation with a minimum unit price component, restrictions on advertising and promotion, licensing reform and appropriately sized warning labels on all alcohol products.
14. That all alcohol promotion in sport be banned to stop the protective value of sport for young people and adults being corrupted via the inappropriate association of sport and alcohol consumption.
15. That all political parties recognise the need to support a comprehensive alcohol strategy and that they deem alcohol industry donations to be inappropriate as they can have undue influence on this critical public health and safety policy area.
16. That a national meeting of all federal and state/territory governments and community leaders to explore and discuss alcohol management plans (AMPs) be held.
17. That the potential greater role of naltrexone in treating harmful alcohol use in Aboriginal and Torres Strait Islander communities be explored.

Amphetamine Type Stimulants

18. That the public and media discussion on increased ice and methamphetamine use be transformed from one of crisis and fear to one focused on providing actual support and solutions for community services and their staff responsible for preventing and addressing the problems and harms it is causing.

Tobacco

19. That the recent 4% decline in Aboriginal and Torres Strait Islander smoking rates is welcomed and requires ongoing commitment from governments and communities to ensure the trend continues.

IDU/BBV

20. That a national prevalence study of injecting drug use (IDU) and associated harms amongst Aboriginal and Torres Strait Islander people be undertaken.
21. That Aboriginal and Torres Strait Islander health services commit to addressing the rising rates of blood borne viruses (BBV) in their communities and introduce effective evidence based policies and practices to reduce transmission and other harms as a matter of urgency.

AOD Screening and Brief Interventions

22. That appropriate screening and brief intervention for alcohol, tobacco, cannabis and injecting drug use be undertaken by all Aboriginal and Torres Strait Islander and mainstream primary health care services.
23. That AOD screening and brief intervention in health services including pharmacotherapy treatments (such as nicotine replacement therapy (NRT) and naltrexone for alcohol) should become core practice and built into all electronic clinical information systems.

Special needs groups

24. That AOD services and programs for Aboriginal and Torres Strait Islander women and families be retained and improved
25. That young Aboriginal and Torres Strait Islander people be consulted and considered in developing policy and programs aimed at supporting and nurturing their skills and journey into adulthood.
26. That the severe lack of youth services to address young Aboriginal and Torres Strait Islander peoples issues with alcohol and other drug (AOD) use be addressed as a matter of urgency.
27. That services for young Aboriginal and Torres Strait Islander people recognise the intrinsic value of a connection to country and culture in achieving lasting and positive outcomes.
28. That government child protection policies regarding the removal of Aboriginal and Torres Strait Islander children need to incorporate an understanding and consideration of historical factors e.g. the stolen generation and the potential negative impact of intergenerational AOD use on parenting skills.
29. That the social and economic disadvantage experienced by Aboriginal and Torres Strait Islander people, particularly traditional owners in remote locations, and the link this has to harmful AOD use be recognised and understood by government and mainstream health services.

Service provision

30. That a mapping of all AOD and health related services into Aboriginal and Torres Strait Islander remote communities be undertaken.
31. That the fragmentation of Aboriginal and Torres Strait Islander services from the use of competitive tendering processes by government be recognised and reversed.
32. That greater liaison between the Aboriginal and Torres Strait Islander AOD workforce and Emergency Department services in hospitals is required.

Leadership

33. That local Aboriginal and Torres Strait Islander communities and community controlled services developing and implementing local solutions be recognised and supported by all political parties.
34. That collective leadership and collaboration at the local, state and federal level be recognised and supported.
35. That the role of NIDAC as the leading voice on Aboriginal and Torres Strait Islander peoples AOD policy advice and its biennial National Indigenous Drug and Alcohol Conference continue to be supported by governments.

Policy

36. Acknowledge and support the Federal Government on their commitment to implement the National Aboriginal and Torres Strait Islander Health Plan and recommend as strongly as possible that addressing AOD use become a central feature of the plan as it relates to health interventions.

Data

37. That better access to a range of data on Aboriginal and Torres Strait Islander AOD use and related issues, and further research to support this information availability, be provided.
38. That the collection of jurisdictional and regional wholesales data for alcohol be re-instigated by all states and territories and that public access, analysis and annual publication of that data be provided.
39. That reporting of the use of new psychoactive substances by Aboriginal and Torres Strait Islander people be provided by the Australian Institute of Health & Welfare when releasing the National Household Survey.