

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

**What is your name?**

Jill Rundle

**What is the name of your organisation?**

Western Australian Network of Alcohol and other Drug Agencies

**What are the contact details for your organisation?**

PO Box 8048 Perth WA 6849

**What is the main focus of your organisation?**

Peak body for AOD services from throughout WA

**What is your role in the organisation?**

CEO

**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 Western Australian Network of Alcohol and other Drug Agencies (WANADA) is the peak body for the alcohol and other drug education, prevention treatment and support services in WA. WANADA believes the main goals of the Strategy should be:

- to ensure dedicated action is taken to address alcohol and other drug issues for Aboriginal and Torres Strait Islander Peoples;
- to ensure that any action is culturally secure, to meet the specific and diverse needs of the Aboriginal and Torres Strait Islander individuals, families and communities;
- to ensure appropriate and relevant action is taken across the 3 pillars of harm minimisation within the National Drug Strategy;
- to ensure appropriate links related to alcohol and other drug issues are made to strengthen all relevant strategy areas that impact on Indigenous health and wellbeing generally, including: the Aboriginal and Torres Strait Islander Health Performance Framework/ Closing the Gap; Preventative Health; Aboriginal and Torres Strait Islander Social and Emotional Wellbeing Framework; Aboriginal and Torres Strait Islander Health Plan; and other across-government 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

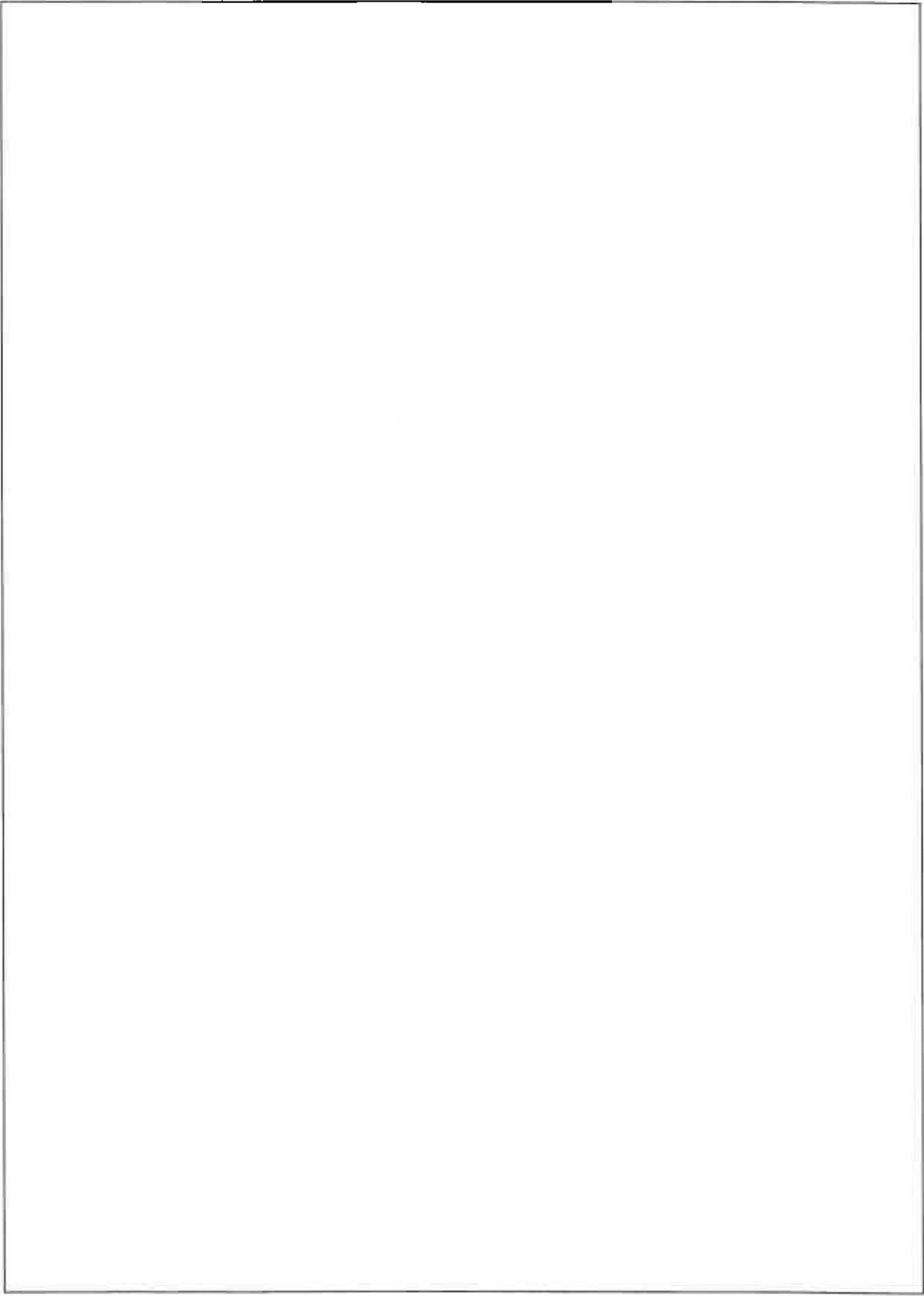
2. **Why / Why Not?**

WANADA believes the principles are appropriate to guide the Strategy. The application of these principles need to be better demonstrated in the actions taken. In addition WANADA believes the order of the principles need to better demonstrate priority:

- Partnerships should be emphasised; whole of government effort and partnerships should therefore be the highest priority. In addition this principle should be more flexible to enable a more comprehensive breadth of potential collaborative approaches. Partnerships begin with the community and involve cross-sector obligations from national, state and local government and non-government organisations.

- Indigenous ownership should be the second priority to ensure the Strategy and actions are relevant and therefore more likely to effect change within different communities.

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



## C. 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).

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

WANADA believes the broad priorities could be strengthened with the inclusion of:

- \* Diversity of service provision including those provided by community controlled organisations, recognising the specialisation of the service they provide;
- \* Services should be supported with their continuous quality improvement with a focus on achieving outcomes that are informed by the community and supported to be viable and sustainable. This will support a relationship built on trust and respect between communities and service providers;
- \* Across sector services need to be supported in their capacity to work with people with alcohol and other drug problems and alcohol and other drug services need to be adequately resourced to engage in partnerships and collaborations across all sectors;
- \* Local communities need to inform relevant specific priorities and be a partner within the process. The local community must be the driver of planning, development and implementation of service delivery;
- \* One population group that WANADA feels is missing from these priorities are Aboriginal and Torres Strait Islander people that are displaced from country; and
- \* Support for men and community elders within the Aboriginal and Torres Strait Islander communities is likely to also result in significant community benefits.

## D. 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?**

WANADA supports the Key Result Areas of the CAP and would like to recommend additional result areas:

\* increased recruitment and retention of Aboriginal and Torres Strait Islander peoples working in the alcohol and other drug sector;

\* involvement of local communities in planning, development and implementation of services; and

\* improvement in alcohol and other drug related social determinant indicators such as reduced drink driving, domestic violence, police involvement/ criminal behaviour, truancy etc.

## **E. 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?**

### **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?**

**F. 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 are many examples of effective programs delivered to Aboriginal and Torres Strait Islander peoples. WANADA would welcome service and case examples of success being promoted and acknowledged, particularly those that demonstrate innovative collaborations across sectors and involve local governments.

**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](mailto: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.**