

MINISTERIAL COUNCIL ON DRUG STRATEGY

NATIONAL DRUG STRATEGY

Torres Strait and Northern Peninsula Area
Complementary Action Plan 2003–2009

Supplement to the *Aboriginal and Torres Strait Islander Peoples
Complementary Action Plan 2003–2009*



TORRES STRAIT ISLANDER SUPPLEMENT



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MAY 2006

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The *National Aboriginal and Torres Strait Islander Peoples Complementary Action Plan 2003-2006* and its accompanying documents were endorsed by the Ministerial Council on Drug Strategy on 1 August 2003. The action plan was prepared by the National Drug Strategy Reference Group for Aboriginal and Torres Strait Islander Peoples with the help and support of Siggins Miller Consultants. The Intergovernmental Committee on Drugs, the Australian National Council on Drugs, Aboriginal and Torres Strait Islander people in every State and Territory, the National Aboriginal Community Controlled Health Organisation, and a broad range of other key stakeholders contributed to its drafting.

In March 2006, the MCDS approved the extension of the *National Aboriginal and Torres Strait Islander Peoples Complementary Action Plan from 2003-2006 to 2003-2009* to bring it into line with the *National Drug Strategy - Australia's Integrated Framework 2004-2009*.

The Ministerial Council on Drug Strategy (MCDS) is the peak policy and decision-making body in relation to licit and illicit drugs in Australia. It brings together Commonwealth, State and Territory Ministers responsible for health and law enforcement to collectively determine national policies and programs to reduce drug-related harm. The MCDS ensures that the Australian approach to harmful drug use is nationally coordinated and integrated. Its collaborative approach is designed to achieve national consistency in policy principles, program development and service delivery.

May 2006

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ABBREVIATIONS

AHMAC	Australian Health Ministers' Advisory Committee
ATOD	Alcohol, Tobacco and Other Drugs
ATODS	Alcohol, Tobacco and Other Drugs Services
BRACS	Broad Casting in Remote Area Scheme
HIV	human immunodeficiency virus
MCDS	Ministerial Council on Drug Strategy
NCETA	National Centre for Education and Training on Addiction
NDARC	National Alcohol and Drug Research Centre
NDLERF	National Drug Law Enforcement Research Fund
NDRI	National Drug Research Institute
NEACA	National Expert Advisory Committee on Alcohol
NEACID	National Expert Advisory Committee on Illicit Drugs
NEACT	National Expert Advisory Committee on Tobacco
NH&MRC	National Health and Medical Research Council
NPA	Northern Peninsula Area
QIDDI	Queensland Illicit Drug Diversion Initiative
TSI	Torres Strait Islander

TORRES STRAIT AND NORTHERN PENINSULA AREA COMPLEMENTARY ACTION PLAN 2003–2009

The *Torres Strait and Northern Peninsula Area Complementary Action Plan* addresses the particular issues facing Aboriginal and Torres Strait Islander people living in the Torres Strait and Northern Peninsula area.

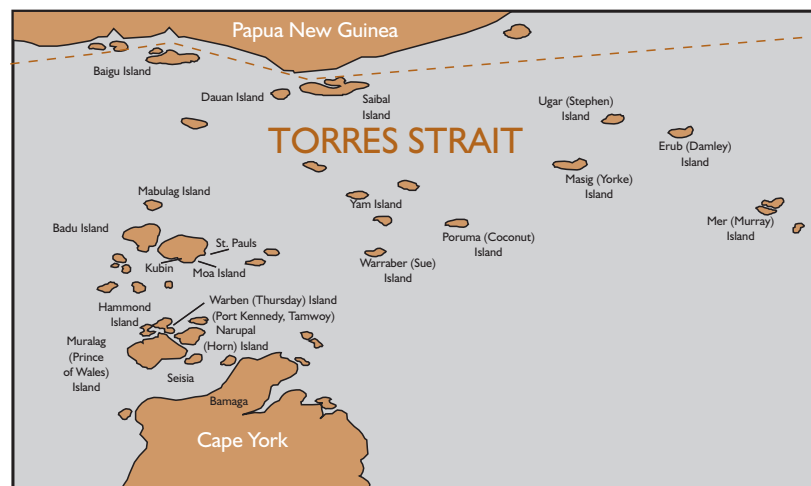
The Torres Strait is made up of 10% land mass and 90% water. It occupies a unique position as an ethnological link between Australia, Papua New Guinea and other Pacific Island countries, and is an ecological basin for tropical diseases in plants, animals and humans. The spread of infectious diseases, particularly HIV, malaria and tuberculosis into the Torres Strait is a concern because of the lack of programs to address these health issues in rural areas of Papua New Guinea. These factors are compounded by third-world living conditions, poor socioeconomic status and high excess mortality and morbidity in the island community, compared to other Australian communities.

The Torres Strait is also unique in that it is the only place in Australia that has a border with another country. A treaty that allows free movement for traditional visits and trade in the area known as the Quarantine or Protected Zone operates between Australia and Papua New Guinea. The Protected Zone is an area located between the Papua New Guinea coastline and Badu Island in the Torres Strait. It is estimated that 20,000 people from the coastal areas of the Western Province of Papua New Guinea visit the area each year.

In 2001, the population of the Torres Strait was 9,698, of whom 5,579 were Torres Strait Islanders, 1,115 of both Aboriginal and Torres Strait Islander origin, and 403 Aboriginal (2001 census). 5,923 members of the population spoke a language other than English.

The Torres Strait District Health service covers an area of 1,862 kilometres and includes the Torres Strait Islands and the Northern Peninsula area (NPA) of Cape York Peninsula. The two NPA communities on the mainland are Bamaga and Seisia, while the Torres Strait Island communities consist of the Near Western Islands, Western Islands, Central Islands, Eastern Islands and Top Western Islands. A number of the islands in each of these groups are uninhabited. Declining investment in primary health care services in Papua New Guinea means that Papua New Guinea nationals increasingly use health services in the Torres Strait. This places a strain on the limited health resources available to people on the outer islands.

Figure 1. Torres Strait and Northern Peninsula area.



The action plan represents the views of Aboriginal and Torres Strait Islander people in the Torres Strait and NPA, and highlights realistic and achievable strategies to address licit and illicit drugs needs. It adopts the definition of health (see box) used in the *National Aboriginal Health Strategy Report* (1989) and the *Torres Strait Health Strategy* (1993), which in turn is based on the definition of the World Health Organization.

Holistic approaches to achieve improved health outcomes for Torres Strait and Northern Peninsula peoples' licit and illicit use of alcohol, tobacco and other drugs

To address a continuum of interrelated physical, social, emotional, economic, and environmental health inequalities effectively, a broad range of holistic approaches to health care for Torres Strait Islander individuals, families and communities must be designed, developed or improved. In some communities it should include traditional cultural practices targeting prevention, treatment and continuing care. These practices closely meet demand, and need not replace 'curative' or 'treatment' services, but will ensure a balance of financial and physical resources in prevention and treatment services to maximise the outcomes Torres Strait Islanders identify in their own settings.

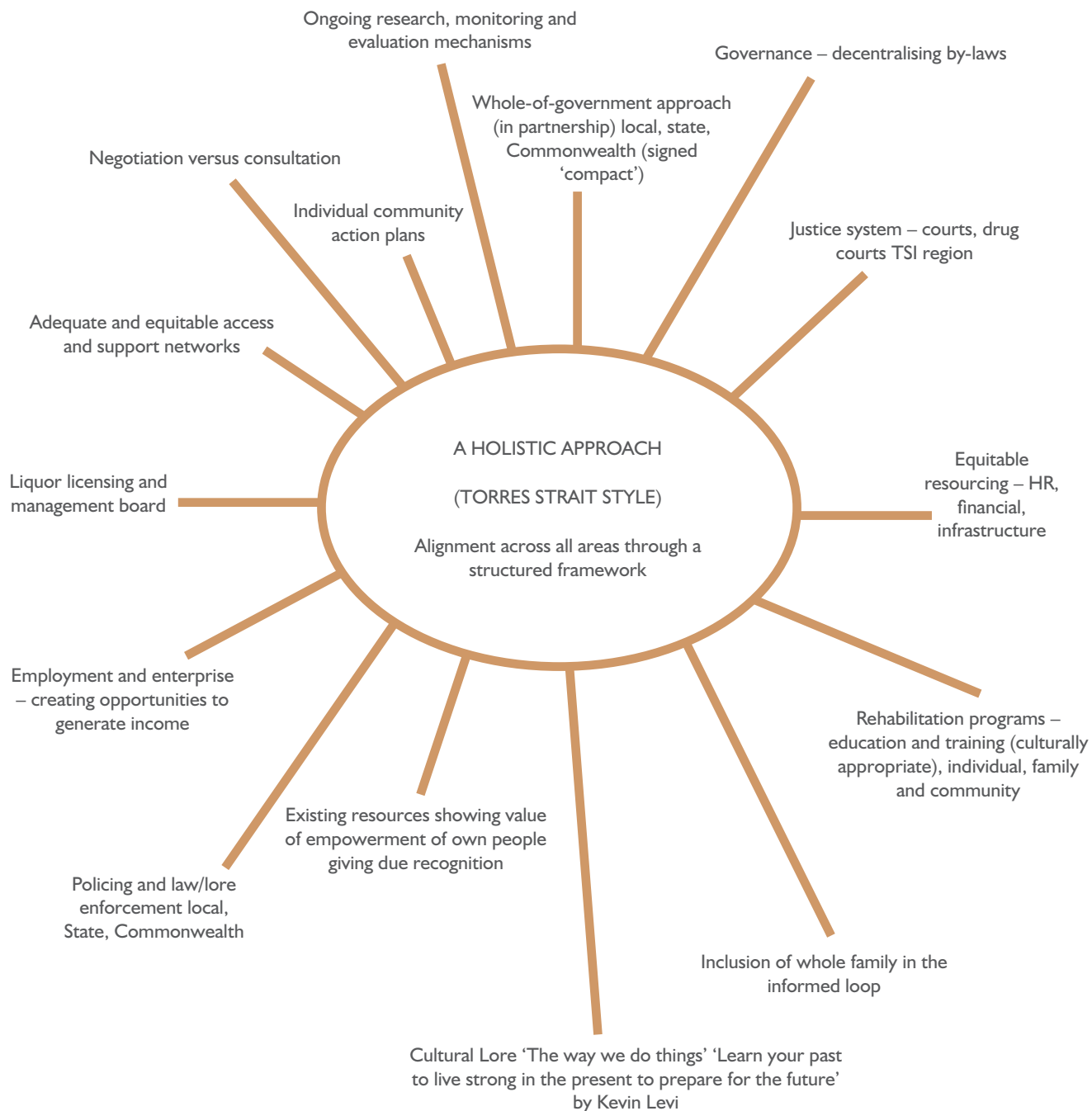
Strategies targeting alcohol and drugs should not only consider the physical, social, economic and environment impacts alcohol and drug use has on the individual, family and community, but also financial management, sexual abuse, domestic violence, and the threat of HIV and hepatitis C. Accordingly, programs targeting early intervention, health promotion, treatment, continuity of care, detoxification and rehabilitation require carefully planned approaches in close collaboration between Aboriginal and Torres Strait Islander, and non-Aboriginal and Torres Strait alcohol, drug and health-related agencies. This will ensure that whole-of-life, culturally appropriate and relevant programs and services are designed, developed, equitably resourced, implemented, evaluated and monitored. It will support community-controlled Aboriginal and Torres Strait Islander alcohol, drug and health sectors to play a leading role. A Torres Strait holistic approach is illustrated in Figure 2.

Definitions

Health: not just the physical wellbeing of the individual but the social, emotional, and cultural wellbeing of the whole community. This is a whole-of-life view and life-death-life.

Primary health care: Essential health care based on practical scientifically sound, socially and culturally acceptable methods and technology made universally accessible to individuals and families in the communities in which they live through their full participation at every stage of development in the spirit of self-reliance and self-determination.

Figure 2. Torres Strait approach to health.



Partnership agreements and joint planning

In 1996, a historical meeting occurred in Alice Springs between Commonwealth, State and Territory Ministers responsible for health and Aboriginal and Torres Strait Islander representatives of the Aboriginal and Torres Strait Islander Commission to discuss the transfer of financial responsibility for the Aboriginal Community Controlled Health and Substance Misuse Services to the then Commonwealth Department of Health and Family Services. The outcome of the meeting was a national agreement between all parties that addressed Aboriginal and Torres Strait Islander health. This national agreement is complemented in some States and Territories by partnership health agreements. The *Torres Strait Health Framework Agreement* aims to improve health outcomes for residents of the Torres Strait and Northern Peninsula area by:

- improving access to health and health-related programs that reflect need;
- implementing regular and transparent reporting for all services and programs;
- establishing joint planning processes to inform resource allocation and allow for formal Torres Strait Islander and Aboriginal participation in decision making;
- improving coordination of service delivery by both the Commonwealth and Queensland Health in the Torres Strait and Northern Peninsula area; and
- increasing clarity of roles and responsibilities of key stakeholders.

A partnership forum has been established to progress these aims. Representatives from Queensland Health, the Australian Government Department of Health and Ageing, the Torres Strait Regional Authority, and the Torres Strait and Northern Peninsula Area District Council form the membership of the partnership forum. The forum developed a regional plan based on needs, to highlight gaps in service provision and identify areas of priority. The *Torres Strait Health Framework Agreement* lists a number of defined objectives including:

- improving access to health services;
- community development and capacity building;
- integration and joint planning;
- integrated health workforce strategy;
- improving data;
- best practice; and
- improving the partnership's planning capacity.

Development of the *Torres Strait Health Framework Agreement* was based on discussions at the framework agreement regional planning meeting and actions contained in other community planning documents over the last few years, including the *NPA Health Strategy*, *Sexual Health Strategy* and *Meribal Zageth Strategy for Diabetes*. Other strategies being developed cover environmental, respiratory and mental health.

Historical context

In Queensland, Aboriginal and Torres Strait Islander people are two distinct populations. Aboriginal culture is not the same as Torres Strait Islander culture. It is important to recognise that they are not an homogeneous group. Moreover, Aboriginal and Torres Strait Island societies range from people living in discrete communities, through the settled existence of outback country towns, to urban existence in major cities and large provincial towns. These geographical differences amplify a long-standing cultural diversity.

This is an important observation for the Torres Strait and Northern Peninsula area, because two of the communities in this location—Bamaga and Seisia—are on the Queensland mainland. Although the communities in the Torres Strait and Northern Peninsula are predominantly Torres Strait Islander, they also include Aboriginal people. There are 16 Torres Strait Island communities (see box for detail).

It is important for Aboriginal and Torres Strait Islanders to retain their unique cultural identities. Efforts to improve their health should be sensitive to these separate realities.

The dispossession and alienation from traditional land experienced by mainland Aboriginal people did not occur to the same extent in the islands and the people have been able to retain their language, customs and cultural practice to certain degree. Anglican and Catholic churches established a number of missions on the islands.

St Paul's Mission

St Paul's Mission in the Torres Strait was developed around 1912 by the Church of England. In that year the mission had a population of 115. They were mainly South Sea Islanders but married into Torres Strait Islander families. The mission today still operates from its original site on Moa Island.

Cowal Creek

Cowal Creek is now one of communities of the Northern Peninsula area (NPA) at the tip of Cape York. It was founded during 1918 by tribal groups. It was the first community to have been established without the direct involvement of the churches or government. The Church of England offered the services of a local trained mission teacher and the community accepted the offer. By 1926 there were nearly 200 people living in the community.

Hammond Island

Hammond Island is situated close to Thursday Island in the Torres Strait. The mission commenced in 1929 through the Catholic presbytery on Thursday Island. By Order in Council of 14 June 1941, Hammond Island Mission was placed under the management and control of the missionaries of the Sacred Heart. In 1942, the

Torres Strait Island communities

Near Western Islands: Narupai (Horn Island), Waiben (Thursday Island), Tuesday Island, Mowaru (Wednesday Island), Muralag (Prince of Wales Island), Gaila (Friday Island), Goode Island, Kiriri (Hammond Island)

Western Islands: Moa Islands, Badu Island, Mabuiag Island

Central Islands: Iama (Yam Island), Poruma (Coconut Island), Warraber (Sue Island), Masig (Yorke Island)

Eastern Islands: Mer (Murray Island), Erub (Darnley Island), Ugar (Stephen Island)

Top Western Islands: Saibai Island, Dauan Island, Boigu Island

mission was closed down because of the Defence Force requirements of the area. Many people were relocated at Cooyar in the Brisbane Valley area but were returned after the war. In 1950, the Sisters returned to Hammond Island but in 1964 it was determined all missionaries would reside at Thursday Island.

Bamaga

In early 1948 an unprecedented surge of tidal waters inundated Saibai Island and to much lesser extent affected four other inhabited Islands of the Torres Strait. Saibai Islanders decided to evacuate their island and by 1949 well over 300 people had settled near the Cowal Creek community at Muttee Head. The new community that was developed was named Bamaga. Although a number of people have moved back to Saibai, Bamaga has remained a permanent community.

Over the years, Torres Strait Islander people have come in contact with people from different countries and this has resulted in many changes. Contact came from the rest of Australia, Pacific communities, Asia and Europe. Influences from these countries have seen the Islanders become pearl shell divers, trepang fisherman and canecutters. Inter-marriages have occurred, and today many Torres Strait Island families' ancestries include South Pacific Islanders, Japanese, Chinese, Filipinos, Maccassans and Europeans.

Contemporary context

Until World War II, the Torres Strait Islanders lived under the *Aboriginal Protection Act 1901* (Cwlth). After the war was over, a full-time Protector was appointed.

When World War II broke out in the Pacific in 1941, the Australian navy took over all the boats engaged in the marine industry, and pearl and trochus fishing practically ceased. After the war, Thursday Island became the main administration centre for both State and Australian Government departments. A review of current State and Commonwealth strategies and policies is needed in order to take into account the geographical context of the Torres Straits in order to align service delivery to a holistic approach and to ensure adequate access for all island groups. Currently the Commonwealth agencies that operate in this region include Australian Customs Service, Coast Watch, Department of Immigration and Multicultural Affairs, Australian Quarantine Inspection Services, Australian Federal Police, and the Department of Foreign Affairs and Trade. The main state agencies are Queensland Police with 36 personnel based on Thursday Island, Queensland Health, Education and Department of Aboriginal and Torres Strait Islander Policy. Understanding each agency's roles and responsibilities with appropriate resourcing and entitlements is important.

Each of the islands and the two mainland communities operate under council by-laws. Although State police are not stationed on the outer Islands, these communities do have community police. Liquor canteens operate on Boigu, Saibai, Badu, Darnley and Murray Islands, and at Bamaga on the mainland. The main hospital is on Thursday Island. Issues of concern for this area include remoteness; the need for collaboration across governments and services; the need for alcohol, tobacco and other drugs community workers; the need for employment opportunities and enterprise; and the substance use issues: alcohol, tobacco, marijuana, vanilla essence and any other essence or food colouring.

Significant to the Torres Straits was the Mabo judgment of 1992, which upheld the Torres Strait Islanders' claim and ruled that the lands of the continent were not *terra nullius* or practically unoccupied in 1788. The Meriam people were entitled to possession, occupation, use and enjoyment of the lands of Murray Island.

Rationale for the complementary action plan

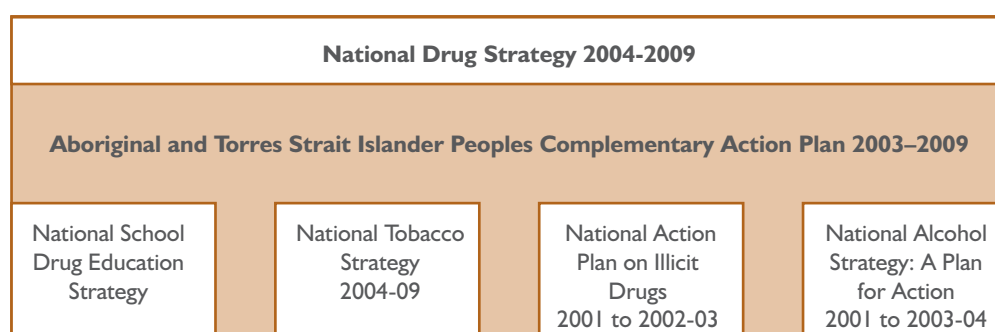
The *Torres Strait and Northern Peninsula Area Complementary Action Plan 2003–2009* is a companion to the *Aboriginal and Torres Strait Islander Complementary Action Plan 2003–2009*. The plan is intended to guide and complement all the other national action plans under the *National Drug Strategic Framework 1998-99 to 2002-03* (National Drug Strategic Framework) and more recently *The National Drug Strategy - Australia's Integrated Framework 2004-2009* (The National Drug Strategy). During the development of other national action plans under the National Drug Strategic Framework, it was recognised that they did not specifically address Aboriginal and Torres Strait Islander peoples' issues. Consequently, the Aboriginal and Torres Strait Islander peoples' reference group was established and negotiated the development of this strategy.

The mission of the National Drug Strategic Framework and The National Drug Strategy is to improve health, social and economic outcomes by preventing the uptake of harmful drug use and reducing the harmful effects of licit and illicit drugs in Australian society. In line with these documents, the complementary action plan is not intended to be prescriptive or to define detailed implementation methods. Rather, it sets a national direction for reducing harm associated with use of alcohol, tobacco and other drugs among Aboriginal and Torres Strait Islander peoples. It provides an opportunity for communities, non-government organisations, Aboriginal and Torres Strait Islander community-controlled organisations and all levels of government to pursue strategies that are specifically relevant to Aboriginal and Torres Strait Islander peoples and appropriate to their circumstances, needs and aspirations. It encourages careful attention to the specific needs of Aboriginal and Torres Strait peoples in implementing the other relevant national action plans.

Roles and responsibilities

The Aboriginal and Torres Strait Islander Peoples' complementary action plan highlights the need for effective partnerships and help make the best use of available resources and provide a whole-of-system response to the issues facing Aboriginal and Torres Strait Islander peoples in the use of alcohol, tobacco and other drugs. This will require working across levels of government, across portfolios, with Aboriginal and Torres Strait Islander community-controlled organisations and communities themselves.

Figure 3. How the action plan fits within the National Drug Strategy.



Principles

Common principles (see box) for addressing the use of alcohol, tobacco and other drugs for Aboriginal and Torres Strait Islander peoples have been identified from relevant international, national, State and Territory, and regional plans about Aboriginal and Torres Strait Islander health and substance use. Examples of how these principles have been put into action are identified in the background paper and have been included where appropriate in the action plan. These principles must underlie any action to address the use of alcohol, tobacco and other drugs and psychoactive substances in Aboriginal and Torres Strait Islander populations.

Aboriginal and Torres Strait Islander community-controlled alcohol and drug and health-related sector

The Torres Strait and Northern Peninsula area people recognise that the Aboriginal and Torres Strait Islander community-controlled organisations play a unique role in service delivery to Aboriginal and Torres Strait Islander peoples. While there are no community-controlled alcohol and drug or health services in this area, the Torres Strait and Northern Peninsula area people acknowledge their population on mainland Australia who may access these services. The outer islands have established community health management committees in partnership with Torres Strait and Northern Peninsula District Health. Their role includes improving access to health services, supporting community development and capacity building, and improving partnership and planning capacity.

Structure of the action plan

Common principles, key result areas and types of strategies contained in current international, national, State/Territory and regional Aboriginal and Torres Strait Islander health and drug and alcohol documents have been distilled to produce this action plan and ensure that it complements the effective approaches already in place. This should add value to the existing body of material by building on it, rather than developing a strategy that does not draw systematically on work done previously.

Principles for addressing the use of alcohol, tobacco and other drugs for Aboriginal and Torres Strait Islander peoples

- 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.
- Local planning is required to develop responses to needs and priorities set by local Aboriginal and Torres Strait Islander communities.
- Culturally valid strategies that are effective for Aboriginal and Torres Strait Islander peoples must be developed, implemented and evaluated.
- Aboriginal and Torres Strait Islander peoples must be centrally involved in planning, development and implementation of strategies to address the use of alcohol, tobacco and other drugs and psychoactive substances in their communities.
- Aboriginal and Torres Strait Islander communities should have control over their health, drug and alcohol and related services.
- Resources to address the use of alcohol, tobacco and other drugs must be available at the level needed to reduce disproportionate levels of drug-related harm by Aboriginal and Torres Strait Islander peoples.

Other National Drug Strategy action plans focus on particular substances. The complementary action plan takes account of the different settings where Aboriginal and Torres Strait Islander peoples live—the social, cultural and economic circumstances that give rise to harmful or hazardous behaviour differ widely, and strategies that may work in one type of setting may be ineffective or just not possible in another.

- Place is a key determinant of the family and community level assets that an individual or group can draw on to prevent or manage the use of alcohol, tobacco and other drugs and related harm.
- Access varies considerably from one setting to another in mainstream health, welfare, education, correctional programs and police, and in community-controlled health and drug and alcohol services, welfare, education and justice programs.

This companion action plan is concerned with the Torres Strait and Northern Peninsula area, focusing on responses to the use of alcohol, tobacco and other drugs in this remote and isolated setting.

Documents consulted in drafting this action plan agree with strategies that are considered the most useful and of the highest priority. Bringing together people with particular experience and expertise in working in this field created an important opportunity to ensure that this plan would be relevant to Torres Strait Islander and Aboriginal peoples.

A significant body of work has been identified on the issue of performance measurement in Aboriginal and Torres Strait Islander peoples' health and wellbeing. As with the other national action plans, before the final round of consultations and after the eventual content is agreed, a set of performance indicators will be developed that are relevant to the final form of the plan.

Key result areas

The action plan is structured around six key result areas.

1. Enhanced capacity of Aboriginal and Torres Strait Islander and Northern Peninsula area individuals, families and communities to address current and future in the use of alcohol, tobacco and other drugs issues and promote their own health and wellbeing.
2. Whole-of-government effort and commitment, in collaboration with non-government organisations to implement, evaluate and continuously improve comprehensive approaches to reduce drug-related harm among Torres Strait and Northern Peninsula area peoples.
3. Substantially improved access for Torres Strait Islander and Northern Peninsula area peoples to the appropriate range of services that play a role in addressing in 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 Torres Strait Islander and Northern Peninsula area community-controlled and mainstream organisations to provide quality services.
6. Increased ownership of research, monitoring, evaluation and dissemination of information and research results by the people of Torres Strait and Northern Peninsula area communities, in sustainable partnerships with government and non-government agencies.

Each key result area contains a number of objectives, key action areas and examples of actions. The objectives are structured around general actions that apply to the whole result area; control of supply; demand management; harm reduction; early intervention; and treatment.

KEY RESULT AREA I

Enhanced capacity of Torres Strait Islander and Northern Peninsula area 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.

One of the most effective ways to improve the health of the Torres Strait Islander and Aboriginal population is to increase the capacity of individuals, families and communities to promote their own health. Creating healthy communities needs to be built on community expertise and strengthened governance and services. Leadership and community responsibility are needed to facilitate greater community participation in efforts to improve health and service delivery.

A growing body of research demonstrates that social capital—resilience, the capacity to work collaboratively, the ability to recognise communalities, connections that bridge differences within a community, and the ability to resolve conflicts—is profoundly important to people’s overall sense of emotional and social wellbeing. Work to deal with the use of alcohol, tobacco and other drugs should not only support and treat those who have developed harmful patterns of use, but also address the patterns of social disadvantage and marginalisation that can underlie alcohol, tobacco and other drug-related problems and community harms. Effective strategies to address the use of alcohol, tobacco and other drugs must be supported by the broader framework of social and economic policy in Australia that in turn should be informed by cultural perspectives.

In preventing alcohol, tobacco and other drug-related harm, community and social capital are factors of crucial significance. True self-determination within communities is not possible when there is a lack of information about the range of treatment options and models of intervention for alcohol, tobacco and other drug issues. Effective community participation in decision making requires knowledge, skills, resources and a willingness to work together to find acceptable solutions to community issues. Strong leadership and cohesion within the community are among the important factors in preventing alcohol, tobacco and other drugs related harm. This action plan is based on the premise that capacity building is required at all levels of the community, including community-controlled and mainstream sectors dealing with alcohol, tobacco and other drug-related harms.



Objective 1.1

Establish and improve programs that are informed by the views and aspirations of the community and build on the capacity of Torres Strait and Northern Peninsula area health and drug and alcohol services to respond to their community needs.

Key action areas

Improving and establishing the capacity to design and deliver programs and services to deal with the use of alcohol, tobacco and other drugs.

Identifying existing access issues, gaps and resources for enhanced capacity by community/government-controlled alcohol, tobacco, drug and other health sectors.

Targeting new government and community initiatives so that over time communities are better able to set a balance between curative and preventive interventions.

Improving the ability of community groups and leaders to respond to the local community.

Examples of actions

Create access to support training, education and resources for communities that have identified the use of alcohol, tobacco and other drugs and psychoactive substances as a local issue.

Community leaders and Elders to take responsibility for acting and speaking on health issues that affect their community.

Provide access to employment, education and training that target drug and alcohol issues for a cross section of the community.

Promote the use of existing Framework agreements at the State and Territory level to address the impact of the use of alcohol, tobacco and other drugs.

Provide access to employment, education and training in a cross-section of health occupations, including management, for Torres Strait Islander peoples.

Develop programs informed by the views and aspirations of the whole community, particularly those most affected by the program.

In the mainland area, build partnerships and alliances between mainstream and community-controlled health and drug and alcohol services to build capacity to provide services locally.

Objective 1.2

Improve the capacity of communities to control the supply of alcohol, tobacco and other drugs and psychoactive substances that cause harm in their community.

Key action areas

Strategically using available legal options to control the import and use of alcohol, tobacco, other drugs, volatile substances and vanilla essence, and previewing new legal options.

Communities having input into liquor licensing.

Regulatory authorities enforcing the laws relating to supply control and availability.

Resources being made available for continuous reviews and investigation of new legal options.

Examples of actions

Consider a range of options that are known to be successful in controlling the supply of alcohol, tobacco and other drugs and psychoactive substances within Aboriginal and Torres Strait Islander communities.

Torres Strait Islander communities to purchase and own major liquor outlets.

Provide support and advice for Torres Strait Islander representation to liquor licensing boards and commissions.

Establish local action groups that lobby for changes to licensing arrangements.

Isolated Torres Strait Islander communities use their remoteness to advantage in controlling the import and use of alcohol and illicit drugs in collaboration with police.

Consider the feasibility of strategies such as:

- restricting the sale of alcohol, either completely through the declaration of 'dry areas' or on a restricted hours of trading basis;
- limiting takeaway sales, in particular the sale of cask and fortified wine;
- increasing community ownership of and involvement in targeting the practice of sly grog; and
- using alternative fuels to combat petrol sniffing.

Objective 1.3

Improve the capacity of Torres Strait and Northern Peninsula area communities to prevent the use of psychoactive substances that cause harm to individuals, families and the community.

Key action areas

Establishing and improving support and access to individuals and families to address social and economic issues related to alcohol, tobacco and other drugs (e.g. suicide, domestic violence, crime, disrespect to Elders) and other self-harm prevention programs and counselling.

Increasing community capacity to design and develop education strategies to prevent drug-related harm.

Increasing motivation and commitment in the community to initiate and uphold desired behavioural change.

Working with leaders in the community to encourage communication about drug-related harms.

Focusing attention within communities on the issues facing young people to reduce their vulnerability and build resilience.

Developing sustainable dissemination strategies for best practice resources to assist capacity building.

Establishing youth committees and councils to give young people a voice in community affairs and sharing resources.

Examples of actions

Involve communities in developing information and education strategies that are sensitive to the values, beliefs and culture of the groups involved.

Develop local drug action groups in Torres Strait Islander communities to provide a focus and funding for local prevention activities.

Build support for limiting the availability of alcohol in specific areas if sought by the local community.

Use Torres Strait Islander media to target prevention messages for young people.

Develop interventions that target parents to assist them in supporting their children's education.

Work with State and Territory education departments to develop effective school retention strategies.

Feature Torres Strait Islander actors in Torres Strait Islander media advertisement targeting Torres Strait Islander smokers.

Facilitate peer education programs, especially for leaders in the community, to encourage communication about drug use and drug-related harms.

Educate the community about health and economic matters and the harmful effects of substance misuse.

Conduct regular health promotion days.

Establish social and recreation activities, especially for young people in the community as alternatives to substance use.

Hold a Torres Strait Islands Croc Eisteddfod.

Develop 'life skills' programs for young people, which teach them how to handle peer pressure, budgeting, looking after their health and preparation for life in larger towns and cities.

Facilitate community mediation processes.

Increase awareness of the availability of training in community mediation skills.

Objective 1.4

Improve the capacity of Torres Strait communities to reduce harm caused by the use of alcohol, tobacco and other drugs misuse.

Key action areas

Reducing alcohol-related harm for communities that choose to operate canteens.

Implementing effective strategies for reducing harm to individuals from their use of alcohol, tobacco and other drugs.

Developing strategies to address alcohol-related harms in communities that operate liquor outlets.

Supporting and resourcing the community to reduce the harms associated with licit and illicit drugs.

Supporting and resourcing communities to implement harm reduction as a strategy that aims to improve the health of the community, families and the user from harmful ways of injecting drugs.

Examples of actions

Develop formal and informal procedures with police for the delivery of intoxicated people to shelters or other organisations.

Support Torres Strait Islander communities that are reliant on profits from liquor sales to identify alternatives means of revenue raising.

Establish an elected committee to operate canteens, separate from councils.

Develop guidelines for the composition of a canteen-elected committee with equal representation of males and females.

Develop and maintain strict guidelines to help reduce alcohol-related harms. These may include:

- selling only light beer or light beer at lower prices;
- selling good quality food and avoiding salty foods that make people thirsty;
- strict rules forbidding credit as a condition of the liquor licence;
- introducing a code of practice for staff and licensees;
- introducing a code of conduct that enables the club, community or council to ban offenders from the canteen; and
- adopting smoke-free environments in canteen or at least restricting the area or hours when smoking is allowed.

Encourage communities to consider making local community meetings smoke free.

Support people who want to stop smoking to do so.

Collect and distribute 'giving up' stories from adults and Elders who have successfully dealt with problems using alcohol, tobacco and other drugs.

Objective 1.5

Improve the capacity of Torres Strait Islander communities to intervene early to address the impact of alcohol, tobacco and other drugs.

Key action areas

Establishing community structures and developing skills within the community to identify problems in the use of alcohol, tobacco and other drugs early and take appropriate action.

Establishing community justice groups to examine crime and offending issues in their communities and develop strategies to address them.

Examples of actions

Involve Torres Strait Islander peoples in sentencing, in order to foster community involvement in addressing the connection between use of alcohol, tobacco and other drugs and psychoactive substances and offending behaviour in Torres Strait Islander communities (e.g. the Local Justice Initiative Program and the Court Diversion Program).

Objective 1.6

Improve the capacity of Torres Strait Islander communities to support members of their community who participate in treatment and continuing care for the use of alcohol, tobacco and other drugs.

Key action areas

Guaranteeing the capacity of substance misuse services to respond to community needs.

Forging strong links between treatment, after care, and families.

Establishing and encouraging the development of culturally appropriate, community-based support groups for individuals and families.

Examples of actions

Encourage alcohol and drug treatment service providers to involve family, and significant others in the provision of specialist alcohol and drug treatment and maintenance services.

Use appropriately resourced dry camps and safe alcohol-free houses as respite facilities for drinkers.

Resource and support family members who are after-hours carers for individuals and their own family/clan group members.

Use outstations for rehabilitation of petrol sniffers and people affected by alcohol and other psychoactive substances.



KEY RESULT AREA 2

Whole-of-government effort and commitment, in collaboration with non-government organisations, to implement, evaluate and continuously improve comprehensive approaches to reduce alcohol, tobacco and other drug-related harm among Torres Strait and Northern Peninsula area peoples.

The MCDS structure, with health, law enforcement, customs, education, and local government representation on its key committees, provides an opportunity to work at a whole-of-government level. National reports have often indicated the need for a national framework for alcohol, tobacco and other drugs programs, that clearly identifies the roles and responsibility of each sector and provides mechanisms for improved coordination and monitoring among sectors. Building effective inter-sectoral partnerships has been identified as one of the most effective ways to improve the health of the Torres Strait Islander population.

The national, State and Territory framework agreements work towards a common goal that involves mutual respect and joint responsibilities. Planning processes in each State and Territory provide an opportunity to address border issues and geographic boundaries, and to achieve cooperation among the identified government, non-government Aboriginal and Torres Strait Islander stakeholders.

The association among use of alcohol, tobacco and other drugs, mental health, and other health issues in the Torres Strait Islander population demands effective coordination of services. Owing to the geographic isolation of Torres Strait Islander communities, government agencies have not yet provided effective harm minimisation and prevention programs for the use of alcohol, tobacco and other drugs.

Partnership is essential to providing Torres Strait Islander people with equitable access to culturally appropriate health services and to address issues underlying the disadvantages of Torres Strait Islander people and communities. In order to achieve effective coordination, Torres Strait Islander people need to understand how best to enter and negotiate the health system; the health system needs to understand Torres Strait Islanders' ways of doing things, and the barriers they experience to access, and respond accordingly.

Greater coordination and clarity of roles among Commonwealth, State and Territory, and local governments is needed to achieve positive outcomes for Aboriginal and Torres Strait Islander peoples. National agreement and cooperation are absolutely essential for success.



Objective 2.1

Establish and improve partnerships among stakeholders in planning and coordination of alcohol, tobacco and other drugs and psychoactive substance use and related services.

Key action areas

Developing working partnerships at all levels between the government and community-controlled sector in policy, strategic planning, broad resource allocation, identifying needs and determining priorities, planning and delivery of services.

Developing inter-sectoral collaboration among a range of portfolios at Commonwealth, State and Territory, and local government levels to reduce drug-related harm among Torres Strait Islander peoples.

Examples of actions

Improve links between Torres Strait Islander communities, government, non-government agencies and service providers to ensure quality and flexibility in service delivery.

Identify existing structures, relationships and stakeholders to allow recognition and support of existing planning processes.

Ensure that the work of the Torres Strait Regional Authority and the Torres Strait and NPA District Health Council partnership progresses regional planning and specifically captures issues related to use of alcohol, tobacco and other drugs.

Ensure that all services and programs in this area (e.g. education, justice and prison programs) specifically capture use of alcohol, tobacco and other drugs.

Objective 2.2

Improve the participation of Torres Strait Islander peoples to collaborate with the broader Australian service agencies to develop strategies aimed at terminating the illicit alcohol and drug trade and controlling the supply of potentially harmful licit substances (e.g. vanilla essence).

Key action areas

Improving government and non-government organisations' response to controlling the supply of substances that cause harm to Torres Strait Islander individuals, families and communities.

Creating strong inter-sectoral coordination to enforce existing laws that help control the supply of alcohol, tobacco and other drugs.

Increasing participation of Torres Strait Islander peoples together with stakeholders in strategies to terminate the trade in illicit drugs and alcohol.

Examples of actions

Address the practice of sly grog using a collaborative approach between communities, police, liquor licensing authorities and other relevant government agencies to ensure that laws relating to alcohol are strictly enforced.

Enforce penalties resulting from the inappropriate sale of alcohol, tobacco and other drugs through inter-sectoral coordination.

Strong inter-sectoral collaboration to enforce existing laws that contribute to controlling the supply of illicit substances and licit substances such as vanilla essence.

Enhance, support and where necessary establish relationships between the judiciary and remote Torres Strait Islander communities.

Develop strategies between Queensland Police, Queensland Health and research to collect statistics on alcohol, tobacco and other drugs.

Establish and improve relationships between the police and remote Torres Strait Islander communities.

Objective 2.3

Reduce individual risk behaviours in the use of alcohol, tobacco and other drugs and psychoactive substances by Torres Strait Islander peoples.

Key action areas

Focusing on issues facing individuals and families to reduce their vulnerability and strengthen their resilience.

Ensuring programs dealing with the use of alcohol, tobacco and other drugs (e.g. QIDDI, ATODS) are locally based for effective service delivery and are adequately resourced for associated costs.

Substantially improving coordination among diversionary interventions and health services to enhance client outcomes.

Examples of actions

Recognise, promote and provide positive alternatives to alcohol and drug use by creating communication networks and through the use of Broadcasting in Remote area Schemes (BRACS).

Through State and Territory partnerships planning processes, require all government departments to demonstrate their participation in implementing the whole-of-government effort to reduce demand.

Limit advertising and promotion of tobacco products locally.

Restrict sales of larger packs of cigarettes and ban the use of cigarette vending machines.

Adopt a multi-agency approach to provide a range of promotion strategies for alcohol, tobacco and other drugs.

Objective 2.4

Improve the response by a range of government and non-government organisations to reduce the harm caused by alcohol, tobacco and other drugs and psychoactive substances to Torres Strait Islander individuals, families and communities.

Key action areas

Improving collaboration and coordination between organisations to reduce drug-related harm.

Establishing and improving links between agencies trying to reduce the harm from use of alcohol, tobacco and other drugs with related strategies such as mental health, self-harm, and suicide/injury prevention.

Ensuring that appropriate levels of resources are available to services that operate effective services for reducing the harm caused by the use of alcohol, tobacco and other drugs.

Examples of actions

Develop a clearinghouse for best practice Aboriginal and Torres Strait Islander initiatives in the use of alcohol, tobacco and other drugs that can be accessed by the range of organisations involved in reducing drug-related harm among Torres Strait Islander peoples.

Increase coordination among sobering-up shelters, patrols and other agencies such as women's shelters and refuges, hospitals and treatment agencies.

Develop policies and protocols that support the introduction of harm-reduction strategies in custodial facilities, as recommended by the Royal Commission into Aboriginal Deaths in Custody.

Provide appropriately targeted education about alternatives to injecting as routes of drug administration.

Objective 2.5

Establish and improve the response by a range of government and non-government stakeholders to intervene early to reduce the impact of the use of alcohol, tobacco and other drugs.

Key action areas

All organisations that provide services consulting with appropriate people in the community.

Developing and where necessary improving strategies for early intervention by health services.

Examples of actions

Continue support for national meetings of Aboriginal and Torres Strait Islander young people to discuss a tobacco control strategy aimed at youth.

Develop Torres Strait Islander-specific programs designed to improve school performance.

Promote the use of peer-based empowerment strategies.

Create appropriate school, employment and training opportunities for young people.

Encourage schools to become community centres.

Encourage residential drug and alcohol rehabilitation services to adopt smoke free environments.

Objective 2.6

Establish and improve collective responses by a range of government and non-government stakeholders to treatment and rehabilitation services, including culturally appropriate approaches.

Key action areas

Implementing the full range of treatment and rehabilitation options and resources to people in remote and isolated communities of the Torres Strait Islands.

Investigating the range of available workforce development options to increase access to primary care in remote and isolated areas (*Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework*).

Ensuring that all governments allocate adequate levels of resources to facilitate and support health mechanisms located at the community level.

Monitoring performance and improving the quality in a culturally appropriate way.

Examples of actions

Develop and implement monitoring and evaluation strategies to ensure an adequate and continuous level of resources, ensuring they are consistent with identified needs.

Create stronger links between Torres Strait Islander primary health care services and mainstream specialist services to facilitate the mutual transfer of health information, education and training within rural and isolated communities.

Develop protocols for referral between primary health care services and specialist drug and alcohol services on a regional/local basis.

Review barriers in current funding mechanisms to ensure efficient and effective use of funds.

KEY RESULT AREA 3

Substantially improved access for Torres Strait and Northern Peninsula area peoples to the appropriate range of services that play a role in addressing the use of alcohol, tobacco and other drugs.

The people of the island communities of the Torres Strait live in substandard conditions and compared with other Australians have poor socioeconomic status and high excess mortality and morbidity. For these reasons, the Torres Strait has adopted a population-based health care delivery model that integrates all levels of health care into community development process. The community and health service providers work together to develop strategies to address the community's health priorities.

The review of the progress of the Torres Strait Health Strategy developed in 1993, and the Meriba Zageth for diabetes plan undertaken in 1999 demonstrate significant progress, but there are still many high priority areas where there has been little or no progress—chiefly because of difficulty in obtaining resources to implement programs, and lack of coordination of government activities at all levels of government. Recognition of the complex geographical, social, economic, cultural and psychological contexts in which alcohol and drug use occurs is particularly important for communities in the Torres Strait and Northern Peninsula region.

Torres Strait Islander peoples need to be aware of the range of services available to them, and understand how to access them; and health providers must understand how best to provide the services. In many communities access to services primarily means health services, but there are still some remote or isolated communities for whom access to services takes the form of fly in/fly out visits by general health professionals and the police. The mainstream non-specialist health service providers and police who work in those communities should be aware of their responsibility to promote access to services that will help with alcohol, tobacco and other drug issues, and they should be supported in doing so.

Many Torres Strait Islander peoples are reluctant to leave their family and community for treatment. Because few residential detoxification and rehabilitation programs are available, many people with problems go untreated. Lack of choice for individuals seeking treatment is a common concern, particularly in some localities where no Torres Strait Islander organisation provides services. Because of their greater health disadvantage, the Torres Strait Islander population needs more health resources and improved practice from all health services.



Objective 3.1

Improve and maximise access for Torres Strait Islander peoples to a variety of treatment service options, including healing, through a holistic approach that will help address the impacts of the use of alcohol, tobacco, and other drugs and psychoactive substances.

Key action areas

Making expenditure on Torres Strait Islander health services proportional to the extent of illness and the demand for services.

Ensuring that mainstream health service providers are able to provide culturally appropriate services to Torres Strait Islander peoples to address the impact of the use of alcohol, tobacco and other drugs.

Identifying and addressing a whole-of-government response to Torres Strait peoples' needs in relation to the impact of alcohol, tobacco and other drugs.

Establishing processes that enable communities to set their own direction in primary health care provision to meet their needs.

Improving knowledge about factors that currently reduce access for Torres Strait Islander peoples to available drug and alcohol treatment services.

Facilitating governments in cross border areas to adequately and jointly fund treatment services.

Examples of actions

Develop employment policies that ensure a critical mass of Torres Strait Islander people are employed in services, to avoid staff burnout.

Develop capacity in advocacy/peak bodies dealing with the use of alcohol, tobacco and other drugs.

Enhance the capacity within communities to understand, negotiate and develop services to address their health needs.

Torres Strait Islander service providers become members of alcohol and other drug networks and State/Territory associations.

Cultural supervision should be provided to non-Aboriginal and Torres Strait Islander professionals in the case management of individuals and families.

Promote shared case management for clients with comorbidity issues.

Undertake action-based research to identify factors that act as barriers to, or facilitate entering and remaining in drug treatment for Torres Strait Islander peoples.

Encourage staff exchanges and placements between Torres Strait Islander and mainstream alcohol and other drug services (e.g. detoxification centres, therapeutic communities, needle exchanges).

Establish mentoring networks to assist Aboriginal and Torres Strait Islander case workers.

Minimise the stigma for Torres Strait Islander people attending drug and alcohol services.

Increase support for clients and their families when they return to their home communities.

Enable training in undergraduate and other courses for mainstream service providers.

Support innovative models of service delivery, including outreach and shopfront models.

Objective 3.2

Improve access for Torres Strait Islander peoples to approaches that facilitate the control of supply of alcohol, tobacco and other drugs and psychoactive substances.

Key action areas

Strengthening relationships between stakeholders, agencies and communities.

Appointing and supporting Torres Strait Islander representatives on liquor licensing boards.

Supporting communities that want equitable access to policing services.

Examples of actions

Make legislation and resources available in all jurisdictions to enable communities, that wish to do so, to effectively control the availability of alcohol, tobacco and other drugs.

Promote police–community relationship-building forums.

Increase the authority of community police to enable them to deal with issues pertaining to control of supply of alcohol, tobacco and other drugs.

Increase support available to community police to make it a more attractive career opportunity (e.g. provide readily available professional support for State police structures to provide a wider range of career opportunities).

Incorporate Torres Strait Islander control (e.g. by encouraging communities and police to make use of current by-laws to deal with sniffers and public drunkenness).

Objective 3.3

Improve access for Torres Strait Islander peoples to demand management and prevention strategies in the use of alcohol, tobacco, and other drugs and psychoactive substances.

Key action areas

Developing drug education strategies and materials that are specific to locations and the needs of local populations.

Increasing community capacity to strengthen individuals and families in their formative years and prevent the use of alcohol, tobacco and other drugs.

Examples of actions

Use Torres Strait Islander print and electronic media to spread health promotion messages.

Use Torres Strait Islander people in mainstream print and electronic media.

Productions such as *The Grog Book* (Brady) and *The Bush Book* (NT Health) to be widely available in hard copy and on the net.

Develop a clearing house that can advise on best practice health promotion, prevention and early intervention.

Objective 3.4

Improve and maximise access for Torres Strait peoples to services and programs that can reduce harm caused by the use of alcohol, tobacco and other drugs.

Key action areas

Increasing community education and awareness about the range of options for dealing with the impact of the use of alcohol, tobacco and other drugs.

Examples of actions

Provide staff in watch houses and correctional institutions with the information they need to ensure the safety of Torres Strait Islander people affected by alcohol, tobacco and other drugs and psychoactive substances.

Encourage all States and Territories to establish protocols at the interface between health and custodial community settings.

Subsidise community canteens that have public health objectives aimed at providing supervised drinking environments and other harm minimisation methods.

Put the return of profits made by industry into community health promotion services.

Industry to adopt a policy of responsible serving to ensure harm minimisation.

Objective 3.5

Improve access for Torres Strait peoples to early intervention services and programs for people affected by the use of alcohol, tobacco and other drugs.

Key action areas

Improving the quality of service providers who disseminate advice and offer brief motivational interviews to Torres Strait Islander people who have early signs and symptoms for substance use problems.

Strengthening capacity of health professionals to screen young mothers who are pregnant to reduce the harms to the unborn child.

Increasing levels of awareness by individuals, families, communities and community groups in relation to early signs and symptoms and develop appropriate courses of action.

Examples of actions

Encourage health services to implement home visit schemes as part of early childhood development programs.

Local communities to design and develop their own Strong Mothers Strong Babies Program.

Encourage health services to include separate indicators for any childhood development and maternal support in their plans.

Establish a Torres Strait Islander youth website that includes messages relating to the use of alcohol, tobacco and other drugs.

Establish QUIT courses and support groups specifically for Torres Strait Islander peoples.

Provide briefings and resources on Torres Strait Islander issues to the Divisions of General Practice.

Increase access to tobacco smoking cessation programs that will in the long term benefit passive smokers.

Fund Torres Strait Islander smoking cessation programs (e.g. the QLD Tropical Public Health Unit, the Victorian Quit Campaign).

Objective 3.6

Improve and establish access for Torres Strait Islander peoples to a full range of drug and alcohol treatment options, and chronic and palliative care treatments at the local level.

Key action areas

Establishing culturally appropriate treatment, rehabilitation, detoxification and related services for Torres Strait Islander peoples.

Providing programs and resources for Torres Strait Islander people with drug-related psychoses and other comorbidities.

Examples of actions

Develop educational programs and services for people with alcohol and drug-related brain damage and dementia.

Establish services for chronic users of alcohol, tobacco and other drugs that provide long-term care and support for them and their families.

KEY RESULT AREA 4

A range of holistic approaches, from prevention through to treatment and continuing care, that is locally available and accessible.

Recognition and clear understanding of the complex geographical, social, economic, cultural and psychological contexts in which alcohol, tobacco and drug use occurs is especially important for the communities in the Torres Strait and Northern Peninsula area. The area is unique. English is not the main language spoken, and may be a second, third or fourth language. Knowledge and understanding of community protocols, family connection ties, and kinship groups is critical for service delivery.

This knowledge will help develop a structured framework with lines of support that allow service networks to be closely coordinated and monitored. Programs will be holistic rather than piecemeal, and will clearly reflect each community's needs and context and be supported by whole of community awareness. The whole family will be kept informed throughout this process. Delivering programs and services in this manner will decentralise service delivery from the main hub (Thursday Island). Autonomy for the islands is already in progress with the development of community health management committees on each of the islands.

Currently the alcohol and drug service delivery is an outreach service from Cairns, with a resulting imbalance in the range of approaches available to address alcohol, tobacco and other drugs. Program options for treatment and rehabilitation need to occur in the Torres Strait and Northern Peninsula area, and consideration given to establishing special drug courts tailored to the need and context of this area. Each island and community has its own by-laws. This needs to be taken into consideration in developing program and services. The question also needs to be asked: *Are these by-laws tailored to the customary laws/lores of this area?*

To address a continuum of interrelated social, economic, environmental and physical health inequalities effectively, a broad range of holistic approaches to health care for Torres Strait Islander individuals, families and communities must be designed, developed or improved. In some communities it should include traditional cultural practices targeting prevention, treatment and continuing care. These practices closely meet demand, and need not replace 'curative' or 'treatment' services, but they ensure a balance of financial and physical resources in prevention and treatment services to maximise the outcomes Torres Strait Islanders identify in their own settings. With the permission of clients, there is a role for people who can act as cultural consultants—someone acceptable to the client who is from the same language group or the same area, and may include family members, friends or professional services.

The action plan identifies key areas for prevention and early intervention strategies, and programs that directly or indirectly affect licit and illicit use of alcohol, tobacco and other drugs and psychoactive substances. Ideally the range of approaches (see box) that must be available to the Torres Strait and Northern Peninsula area includes health promotion, prevention, early intervention, treatment, continuing care, relapse prevention, home and community care.

It is unrealistic to expect that single agencies can deliver services across the full range of approaches. Rather, local planning and inter-sectoral collaboration is required to ensure that the mixture of services available to the local community is appropriate for their current needs and is coordinated to ensure that people requiring any of the range of services can readily access them. The community health management committees in the Torres Strait Islands need to consider the importance of such collaboration in developing and implementing their local action plans.

While endorsing a holistic approach, this action plan also recognises that many small-scale, targeted interventions at the community or individual level can help deal with the immediate causes and consequences of alcohol and other drug use. A range of parallel interventions may be required before a community can realise the long-term benefits of broader strategies.

Prevention and early intervention

Health promotion

Action taken to maximise health and wellbeing among populations. Health promotion is relevant across the continuum of care as well as before, during and after the onset of problems arising from the use of alcohol, tobacco and other drugs. Actions can be directed towards people who are currently well, those at risk from use of alcohol, tobacco and other drugs and those who experience illness. It focuses on improving environments (social, physical and economic) that affect the use of harmful substances and enhancing the capacity of communities and individuals to cope with the impact of the use of alcohol, tobacco and other drugs. Strategies may include the control of supply of harmful substance, providing education to the whole community and/or people at high risk from use of substances about the potential harm that can be caused by use of alcohol, tobacco, and other drugs and psychoactive substances.

Prevention

Interventions designed to prevent the development of problems and disorders.

Early intervention

Interventions target people who have early signs and symptoms or disorders and aims to reduce the impact of the problem or disorder and the damage it may cause to people's lives. Such interventions would be targeted towards people who are taking alcohol, tobacco and other drugs at harmful and hazardous levels.

Treatment

To provide the most effective treatment to achieve recovery as far as possible.

Continuing care

Clinical treatment, rehabilitation and support services to prevent relapse or the recurrence of symptoms and maintain optimal functioning to promote recovery.

Relapse prevention

Interventions in response to early signs of recurring problems in the use of alcohol, tobacco and other drugs for people who have already experienced such problems.

Home and community care

Service for people who have been significantly harmed and/or disabled by their use of alcohol, tobacco and other drugs to enable them to remain in their own communities.

Objective 4.1

Provide a range of approaches to Torres Strait Islander peoples to address the impact of the use of alcohol, tobacco and other drugs, including social and emotional wellbeing and those issues related to comorbidity.

Key action areas

Developing and implementing comprehensive and innovative models for addressing the impact of the use of alcohol, tobacco and other drugs.

Establishing and improving the quality of services provided across the continuum of care.

Recognising and strengthening existing services.

Examples of actions

Support Torres Strait Islander communities to develop and maintain a wide range of strategies along the continuum of care to address the impact of the use of alcohol, tobacco and other drugs.

Engage local planning and inter-sectoral collaboration processes to ensure that the mix of services available to communities is appropriate to their current needs in relation to the use of alcohol, tobacco and other drugs.

Encourage existing services to develop innovations to increase access for members of their community to a range of approaches for addressing the use of alcohol, tobacco and other drugs.

Enhance care and protection of children.

Use a combination of qualitative and quantitative reporting mechanisms.

Objective 4.2

Establish and improve measures to control the supply of, and demand for, harmful substances as part of a range of approaches to address the impact of the use of alcohol, tobacco, and other drugs and psychoactive substances.

Key action areas

Facilitating and resourcing community-driven preventive efforts.

Requiring collaboration between agencies (government and non-government, community) for improved outcomes.

Regulatory agencies enforcing the laws relating to control, supply and availability (police, liquor licensing, community-based Torres Strait Islander planning groups).

Examples of actions

Maintain culturally effective tobacco awareness programs for Torres Strait Islander communities.

Combine strategies to restrict the supply of alcohol, tobacco and other drugs with education about the effects of the use of alcohol, tobacco, and other drugs and psychoactive substances.

Develop forums at a local level to review the current balance of effort between preventive and curative approaches.

Develop culturally appropriate monitoring and evaluation processes to review the relevance and effectiveness of programs and effort.

Promote smoke-free cultural, sporting and community events.

Identify successful case studies to be published in the *Aboriginal and Islander Health Worker Journal* and in the *Clearing House*.

Objective 4.3

Establish and improve measures that aim to reduce harm and ensure that they are included as part of a range of approaches to address the impact of the use of alcohol, tobacco, and other drugs and psychoactive substances.

Key action areas

Medical services becoming more inclusive with consideration of holistic service provision and not denying people services due to their the use of alcohol, tobacco and other drugs.

Reducing the level of injuries that occur as a result of the impact of the use of alcohol, tobacco and other drugs.

Reducing the level of unsafe injecting practices that occur among injecting drug users.

Examples of actions

Implement injury prevention projects that target alcohol-related harm.

Provide places for supervision to reduce harm (e.g. diversion services such as sport/recreation facilities, cultural activities, training work, working with children and night patrols checking for sniffers).

Implement workplace interventions to reduce exposure to environmental tobacco smoke.

Develop approaches aimed at reducing exposure to environmental smoke in the home to protect the health of children.

Promote peer education for injecting drug users about safer injecting practices, and train frontline workers in safer injecting practices.

Maximise the availability of clean needles and syringes by increasing the range and type of exchange facilities.

Objective 4.4

Establish and improve early intervention measures so that they are included as part of a range of approaches to address the impact of the use of alcohol, tobacco, and other drugs and psychoactive substances.

Key action areas

Increasing awareness among people who use alcohol, tobacco and other drugs at levels that are harmful to their health, that such use may be having adverse effects on their health.

Increasing the resources available to experienced technical personnel for trauma counselling, social issues and youth forums.

Increasing the availability of treatment services and resources across the spectrum.

Examples of actions

Develop tools appropriate for screening Torres Strait Islander peoples' levels of substance use.

Use screening and brief intervention for harmful substance use.

Complement strategies that restrict the supply of alcohol, tobacco and other drugs with counselling for those affected by their use of those substances.

Increase the use of health promotion resources to specifically address the effect of smoking and alcohol consumption on pregnant Torres Strait Islander women.

Objective 4.5

Ensure that treatment is included as part of a range of approaches for addressing the impact of the use of alcohol, tobacco, and other drugs and psychoactive substances.

Key action areas

Service agreements for funding taking into account traditional approaches to treatment.

Recognising the varying roles, responsibilities and functions of community-based and government sectors.

Delivering culturally appropriate service by Torres Strait Islander people.

Examples of actions

Develop drug-related crime reduction measures such as the provision of a range of alternative medication-based drug treatments (pharmacotherapies).

Resources be made available to fund culturally appropriate healing practices and that the involvement and support for Elders be recognised.

Counselling services to include Torres Strait Islander spirituality, culture and language as part of their treatment services.

Enhance the capacity of Torres Strait Islander community-based health care to provide early counselling, screening and brief motivational advice about alcohol, tobacco and other drugs.

Objective 4.6

Establish and improve home and community care and aged care services to Torres Strait Islander peoples with disabilities related to the use of alcohol, tobacco and other drugs.

Key action areas

Supporting more active continuity of care, treatment and follow up for individuals with disabilities.

Examples of actions

Improve the effectiveness and availability of services to Torres Strait Islander people affected by the use of alcohol, tobacco and other drugs.

Develop a client safety area.

Objective 4.7

Establish relapse prevention programs to target the needs of individuals, families and communities.

Key action areas

Resources being made available for design and implementation of appropriate relapse prevention programs for individuals, families/clan members and communities.

Examples of actions

Outstations to be used for relapse prevention programs.

Relapse prevention to include cultural and traditional practices by family/clan groups.

Community renewal programs, back yard blitz and tidy town projects to be resourced within the local community council or other local agencies.

Objective 4.8

Establish and improve special service needs designed/developed for individuals with disabilities.

Key action areas

Providing support counselling and referral services for disabled clients and their family members.

Examples of actions

Appropriate programs in remote and isolated communities to be resourced to offer counselling and referrals are required.

KEY RESULT AREA 5

Workforce initiatives to enhance the capacity of Torres Strait and Northern Peninsula area community-controlled and mainstream organisations to provide quality services.

Many Aboriginal and Torres Strait Islander health and drug and alcohol strategies and plans highlight the importance of enhancing the capacity of the workers who provide health services to Aboriginal and Torres Strait Islander populations. This entails not only increasing the Aboriginal and Torres Strait Islander health workforce and the capacity of Aboriginal and Torres Strait Islander community-controlled services, but also enhancing the capacity of mainstream health services to provide professionally competent and culturally appropriate services to Aboriginal and Torres Strait Islander peoples.

Increasing the size of the Aboriginal and Torres Strait Islander health workforce is a critical part of the capacity building necessary for creating healthy communities. To ensure that Torres Strait Islander people have access to high quality substance use services, access to appropriate training must be provided for the Torres Strait Islander health workforce and people working in community organisations. Training should cover clinical work, prevention, rehabilitation support and research. In addition, recruitment, training and employment activity needs to increase the general availability of Torres Strait Islander people able to provide high quality drug and alcohol services in both community-controlled and mainstream services.

In places where community-controlled services are not available, mainstream agencies need to be resourced adequately to ensure they have culturally appropriate and acceptable services. Training of staff in mainstream health services is central to providing culturally appropriate services, including more information about local culture, health status and good clinical practice, and also skills for promoting health in partnership with Torres Strait Islander communities.

Monitoring and evaluation of the outcome of recruitment, training and employment initiatives is important to assess their effectiveness and quality, and to design future activity.



Objective 5.1

Improve and maximise the capacity of Torres Strait Islander and mainstream workforces to provide services to Torres Strait Islander people affected by the use of alcohol, tobacco and other drugs.

Key action areas

Improving and maximising access for Torres Strait Islander peoples to mainstream organisations that offer services to people affected by the use of alcohol, tobacco and other drugs.

Improving the technical competence of the workforce to deliver service to Torres Strait Islander peoples.

Improving the cultural competence of the workforce able to deliver services to the Torres Strait Islander people affected by the use of alcohol, tobacco and other drugs.

Employing Torres Strait Islander people within health and related organisations to reflect their representation in the local population and special health requirements.

Establishing ethical standards and protocols among police, corrections and health services to ensure physical safety while in police custody, and increase appropriate referrals to treatment.

Identifying and removing structural barriers to access to interpreters at each level of the health and welfare system (e.g. use human resources from local communities).

Improving and establishing communication liaison/commitment among law enforcement, corrections and health systems and local drug and alcohol services.

Examples of actions

Resource local Torres Strait Islander family groups or organisations to provide cultural awareness training to staff in mainstream health staff services to enhance their sensitivity to Torres Strait Islander cultures.

Develop mechanisms for community involvement in the selection of health staff serving predominantly Torres Strait Islander communities, or where positions are identified as working with Torres Strait Islander people.

Ensure that Torres Strait Islander people have equitable access to educational and training opportunities in a range of health and administrative disciplines, including alcohol, tobacco and other drugs.

Increase recruitment of Torres Strait Islander people to tertiary education institutions, and improve support for Torres Strait Islander people in tertiary education.

Support and encourage employer organisations to implement workforce strategies at a regional level to make best use of the existing Torres Strait Islander health workforce.

Review national competency standards for health worker training.

Provide training and education for the Torres Strait Islander health workforce to meet the particular needs of their communities (e.g. nutrition, diabetes, alcohol, tobacco and other drugs, and mental health).

Facilitate inter-agency meetings, information bulletins and joint training activities.

Relevant national centres (e.g. NCETA, NDRI, NDARC) report on the work and future intentions in the field of Torres Strait Islander use of alcohol, tobacco and other drugs.

Improve and establish the use of video/telephone conferencing.

Introduce basic training for all service providers who have contact with users of alcohol, tobacco and other drugs.

Increase appropriate referrals to treatment.

Review national competency standards for health worker training to remove requirements that may limit the use of local Torres Strait Islander people as interpreters in isolated and remote areas.

Recognise prior learning and life experience.

Objective 5.2

Establish and improve the capacity of Torres Strait Islander organisations and mainstream organisations to help communities control the supply of alcohol, tobacco and other drugs and psychoactive substances that cause harm.

Key action areas

Taking action on the conflict of interest between community/town and island councils and alcohol sales profits.

Resourcing education about the consequences of taking profits from the sale of alcohol to the community.

Examples of actions

Establish local teams whose composition may include representatives from Torres Strait Islander community-based services, local government, health department, liquor licensing agencies and liquor outlets to help communities control the supply of alcohol, tobacco and other drugs and substances that cause harm.

Health education and promotion programs in schools, focusing on alcohol, tobacco, and other drugs and substances, conducted by the appropriate people (e.g. classroom teacher, physical and health education teacher, education assistant, health worker).

Build the capacity of community awareness services to run education programs.

Objective 5.3

Improve the capacity of Torres Strait Islander organisations and mainstream organisations to offer prevention services to Torres Strait Islander communities affected by the use of alcohol, tobacco and other drugs.

Key action areas

Improving the capacity of services to offer health education and promotion programs.

Providing appropriate teacher training and resources to enable them to implement school-based alcohol education packages.

Increasing access for local police and health workers to attend alcohol and drug awareness training.

Acknowledging and providing opportunities for local community people to be trained.

Examples of actions

Provide teacher training to enable teachers to implement school-based alcohol education packages.

Develop and improve Torres Strait Islander teams to build community capacity to deal with the use of alcohol, tobacco and other drugs issues locally (e.g. provide training resources to build the skills of local people thereby transferring the skills to community).

Define and differentiate health promotion funding from treatment and other funding (e.g. employ health promotion officers).

Provide opportunities and avenues within the public school system for community people to control the delivery of culturally appropriate health education on the use of alcohol, tobacco and other drugs.

Objective 5.4

Improve the capacity of services to offer interventions to reduce the harm caused by the use of alcohol, tobacco and other drugs.

Key action areas

Reducing the level of harm caused by alcohol, tobacco and other drugs in the workforce (by providing resources and support to the whole workforce).

Providing training to improve knowledge of Torres Strait and Northern Peninsula customs and respecting the values of local customs and cultures.

Increasing the availability to Torres Strait Islander people of services that offer interventions to reduce the harm caused by the use of alcohol, tobacco and other drugs and psychoactive substances.

Improving the knowledge and skills in harm reduction for staff working with people affected by the use of alcohol, tobacco and other drugs.

Reducing the level of exposure to risk and harm faced by health workers and other professionals working in the field of alcohol, tobacco and other drugs.

Examples of actions

Provide support for Torres Strait Islander organisations and workplaces to implement smoke-free workplace legislation.

Provide on-site help for health workers wanting to quit smoking.

Encourage community venues to provide smoke-free areas.

Provide harm reduction training for Torres Strait Islander workers to assist those who smoke to still address smoking issues in their work with communities.

Develop resources about harm reduction approaches for health workers.

Educate workers in how to deal with intoxicated people.

Provide training in recognising the signs and symptoms of withdrawal.

Provide safe locations for the management of conflict resolution and counselling sessions.

Provide training in infection control guidelines.

Provide strategies/policies in the work place to ensure the health and wellbeing of all workers.

Provide counselling, debriefing and support networks for drug and alcohol workers.

Objective 5.5

Improve the capacity of services to provide early intervention services to people affected by the use of alcohol, tobacco and other drugs.

Key action areas

Improving the skills of health workers and other professionals in screening and intervention techniques.

Providing resources, training and support to improve the skills of all workers in screening and intervention techniques.

Examples of actions

Provide training to enhance the skills of health workers to plan and deliver culturally effective brief and group smoking cessation interventions for Torres Strait Islander people.

Encourage primary health care workers to use brief opportunistic intervention programs targeting the use of tobacco, alcohol and other drugs.

Develop community education and awareness around the use of marijuana, inhalants and petrol.

Objective 5.6

Establish and improve the capacity of Torres Strait Islander organisations and mainstream organisations to provide effective treatment services/programs to Torres Strait Islander people.

Key action areas

Improving the cultural content and competence of health professionals in mainstream drug and alcohol treatment services.

Developing and disseminating culturally specific/ appropriate best practice guidelines for clinical management for drug and alcohol issues.

Providing culturally appropriate training, resources and support for people with dual diagnosis (comorbidity).

Examples of actions

Ensure that cultural awareness training informs counsellors of the importance of family (immediate and extended) to Torres Strait Islander people, and of including family members if appropriate in all interventions with the permission of the client.

Provide training and support for staff to undertake after-care work such as linking clients with other services after treatment (e.g. housing, employment and training, and accommodation services).

Realistic resourcing for existing services and the establishment of more locally accessible Torres Strait Islander rehabilitation services where applicable.

Enhance networking with Divisions of General Practice to ensure the GPs treating Torres Strait Islander patients have the necessary information and resources to offer appropriate advice and treatment.

Support the GP network to disseminate skills and information.

Objective 5.7

Endorse and incorporate the knowledge and understanding of customs and competency training of all workers and all services involved in drug and alcohol services.

Key action areas

Developing training resource packages that support competency-based training in addiction studies.

Ensuring that any application for funding research adheres to Torres Strait Islander Regional Authority guidelines and includes an evaluation component with community input and external evaluation.

Examples of actions

Increase recruitment and retention of staff in Torres Strait Islander treatment services.



KEY RESULT AREA 6

Increased ownership of research, monitoring, evaluation and dissemination of information and research results by the people of Torres Strait and Northern Peninsula area communities, in sustainable partnerships with government and non-government agencies.

Strategies, programs, policy and developments that come from quality research and evaluation must recognise accountability to the Torres Strait Islander process of governance. This is particularly important for the Torres Strait and Northern Peninsula area because of the composition of the population. National reports have commented on the need for increased monitoring and evaluation of the effectiveness of programs and activities for Aboriginal and Torres Strait Islander peoples.

While there have been a number of published descriptions of programs, there is relatively little published research and evaluation of programs to address alcohol and drug-related harm. There is also a need to make better use of existing data, and a need to enhance ways to disseminate best practice advice or information about innovative approaches to the staff of alcohol, tobacco and other drug and substance programs, taking into account local conditions and local community input. Best practice advice, and information about innovative approaches to substance use, should be disseminated.

All research and evaluation should be conducted in accordance with relevant national guidelines (e.g. the NH&MRC *Guidelines on Ethical Matters in Aboriginal and Torres Strait Islander Health Research*). Similar commitments form part of the Torres Strait and Northern Peninsula District Health Framework Agreement and action plan. Torres Strait Islander alcohol and drug professional expertise must be recognised, and Torres Strait Islander members of research ethics committees must be supported. The Torres Strait Regional Authority and the Island Coordinating Council have developed protocols for research conducted in the Torres Strait and Northern Peninsula area.

The existing system should be strengthened to build capacity to identify and collect data, and monitor health issues among Torres Strait Islander peoples. A range of efforts, such as the National Performance Indicators for Aboriginal and Torres Strait Islander health under the auspices of the Australian Health Ministers' Advisory Committee (AHMAC), are currently under way to address the need for complete and consistent Aboriginal and Torres Strait Islander identification in data collections in Australia.

Effective monitoring of progress against agreed performance indicators is highly important as a basis for continuous improvement. The final section of this action plan sets out performance indicators that link this plan with the substance-specific national action plans, in the expectation that they will all be able to demonstrate their effectiveness for Aboriginal and Torres Strait Islander peoples. Any intended use of the performance indicators in the current suite of national plans may need to be analysed to ensure jurisdictions have the capacity to report validly and reliably on Torres Strait Islander populations.

The quality of evaluations is improved when affected communities are engaged in design and interpretation of program performance. Accordingly, training of Aboriginal and Torres Strait Islander people and communities to design and carry out evaluation and research is identified in a number of Aboriginal and Torres Strait Islander health plans. The formation of collaborative partnerships that combine technical expertise with community knowledge and experience also offer a great deal of potential.

Objective 6.1

Improve the use of monitoring, evaluation and research as a tool for implementing health outcomes for Aboriginal and Torres Strait Islander peoples living in Torres Strait Islander communities.

Key action areas

Conducting immediate research into the impact of vanilla essence or any essence (e.g. food colouring) and of methylated spirits on the health of Aboriginal and Torres Strait Islander people living in Torres Strait Islander communities.

Increasing accountability for mainstream services to ensure that they provide services for Torres Strait Islander people commensurate with needs in the local area.

Improving the use of monitoring, evaluation and research of measures to control the supply of alcohol, tobacco and other drugs and harmful substances to Aboriginal and Torres Strait Islander people living in Torres Strait Islander communities.

Increasing the availability of information about what does and does not work in relation to approaches to address the impact of the use of alcohol, tobacco and other drugs on Torres Strait Islander peoples.

Extending the implementation of the minimum data set to include the Torres Strait Islander data collection.

Examples of actions

Encourage law enforcement agencies to develop and implement appropriate supply control indicators.

Develop community education and awareness on the need to conduct the research in order for community to understand the impact on the health of people.

Collate and disseminate an evidence base on successful programs/interventions in Torres Strait Islander health.

Collate and disseminate evaluations of programs that provide a story about the project and facilitate replication of successful projects.

Establish a national approach to regular population surveys that record data about the use of alcohol, tobacco and other drugs in Torres Strait Islander communities.

Conduct other relevant regional or jurisdiction-specific action-based research into the impact of the use of alcohol, tobacco and other drugs in Torres Strait Islander communities.

Conduct research and evaluation in accordance with relevant national guidelines (e.g. from the NH&MRC).

Use the *Values and ethics: Guidelines for ethical conduct in Aboriginal and Torres Strait Islander Research*, and guidelines currently being developed by the National Public Health Partnership for development, implementation and evaluation of national public health strategies among Aboriginal and Torres Strait Islander peoples.

Develop collaborative approaches between the expert advisory committees associated with the National Drug Strategy (NEACA, NEACID, NEACT) and the Aboriginal and Torres Strait Islander Peoples' Reference Group to identify research topics.

Researchers to deposit their research data with the Social Sciences National Archives in a timely manner.

Support the implementation of the collection of Torres Strait Islander identifiers in drug and alcohol and health services.

Facilitate access to research training for local community workers.

Increase the availability of National Drug Law Enforcement Research Fund (NDLERF) scholarships.

Increase the availability of meaningful Torres Strait Islander data in relation to the impact of the use of alcohol, tobacco and other drugs.

Objective 6.2

Improve the use of monitoring, evaluation and research to inform substance use prevention initiatives in Torres Strait Islander communities.

Key action areas

Improving the capacity of local communities to conduct research and evaluation.

Including current and future research in the National Drug Strategy prevention agenda.

Recognising the value of community anecdotal/qualitative information.

Examples of actions

Encourage research organisations to monitor, evaluate and research measures to control the supply of alcohol, tobacco and other drugs and harmful substances to Torres Strait Islander communities.

Work with targeted population groups to ascertain the social, cultural and economic factors that influence the uptake and continued use of tobacco.

Conduct research into sociological aspects of the use of alcohol, tobacco, and other drugs and psychoactive substances among Torres Strait Islander people.

Explore better recording methods of morbidity and mortality data.

Improve research data on cannabis usage and the effects on community.

Objective 6.3

Improve the use of monitoring, evaluation and research to inform initiatives to reduce harm caused by the use of alcohol, tobacco, and other drugs and substances in Torres Strait Islander communities.

Key action areas

Improving local credibility of harm reduction measures through the use of monitoring, evaluation and research.

Exploring alternatives to treatment that will include local resources with particular reference to Torres Strait Islander culture.

Examples of actions

Incorporate evaluation criteria with community input early in the implementation of harm reduction initiatives.

All applications for funding research to include an evaluation component with community input and external evaluation.

Objective 6.4

Improve the use of monitoring, evaluation and research to inform early intervention services for Torres Strait Islander people living in Torres Strait Islander communities.

Key action areas

Encouraging health and other partnerships in the Torres Strait and Northern Peninsula area to have a process of examining useful research in order to assist implementation.

Conducting action research and trials in substance use of licit and illicit substances.

Conducting rapid assessment methodology research on illicit drugs in the Torres Strait and Northern Peninsula area.

Exploring alternatives to treatment that will include local resources with particular reference to Torres Strait Islander culture.

Examples of actions

Support Torres Strait Islander communities to develop and evaluate culturally appropriate interventions within mainstream and specialised services to identify early signs and symptoms, improve access and effectively treat mental health problems and mental disorders.

Conduct action research to improve practice in relation to smoking cessation programs for Torres Strait Islander peoples.

Conduct trials of interventions that have the potential to assist Torres Strait Islander peoples to quit smoking.

Support communities to conduct action research on early intervention amongst inhalant users.

Objective 6.5

Improve the use of monitoring, evaluation and research to improve the quality of treatment outcomes for Aboriginal and Torres Strait Islander peoples affected by alcohol, tobacco and other drugs and living in Torres Strait Islander communities.

Key action areas

Exploring alternatives to treatment that will include local resources with particular reference to Torres Strait Islander culture.

Increasing the availability of information about what works and what does not work in relation to treatment programs.

Examples of actions

Adopt continuous quality improvement systems.

Treatment programs to participate in regular quality management review systems.

Conduct a health information project as a process for community ownership



PERFORMANCE MEASUREMENT

This action plan has been developed to complement the existing national tobacco, alcohol and illicit drugs action plans under the National Drug Strategy. It is a companion action plan to the whole-of-population action plans. The hope is that this companion plan will achieve the benefits of both Aboriginal and Torres Strait Islander-specific approaches and integrated effort by linking closely with existing mainstream whole-of-population action plans and informing implementation of the national strategy.

In this context, the performance indicators for this action plan should reflect its immediate purposes and its relationship to the mainstream whole-of-population action plans at the national level. Each of the national action plans has a set of high-level performance indicators.

In large part, these indicators have been chosen because they are:

- agreed on epidemiological grounds to provide valid and reliable measures of harm or the reduction in harm;
- part of existing data collection;
- collected regularly and are likely to continue to be collected for the life of the action plan;
- collected nationally; and whenever possible
- in line with international guidelines on the monitoring of harm related to ATOD use.

In addition to these national level indicators, it is expected that at State and Territory and regional levels jurisdictions will collect their own performance information to monitor aspects of implementation of each of these action plans that are particularly relevant locally.

The *National School Drug Education Strategy* contains a set of performance indicators somewhat different from the indicators in the other whole-of-population action plans cited here, in that they largely reflect process issues. Nevertheless, monitoring and evaluation of this strategy's implementation should also be informed by and contribute to the purposes Torres Strait Islander and Northern Peninsula area peoples set out in this complementary action plan.

The addition of this complementary action plan to the suite of substance-specific national action plans has some implications for performance monitoring in the mainstream plans, and adds some indicators of the extent to which actions suggested by the complementary action plan are picked up and acted on in comprehensive drug strategy efforts at national, State and Territory, and regional levels.



Performance indicators

National Tobacco Action Plan

Long-term indicators

Number of deaths and level of disease caused by smoking

Economic cost of tobacco-related illness

Short-term indicators

Percentage of the adult population and young people who have never smoked

Percentage of the adult population, ages 18 and older, who smoke (both regularly and occasionally)

Percentage of the 12–17 year olds who smoke (both regularly and occasionally)

Percentage of Aboriginal and Torres Strait Islander people who smoke

Percentage of economically disadvantaged people who smoke

Percentage of women who smoke throughout pregnancy

Percentage of adults, young people and children under 12 years, exposed to environmental tobacco smoke

Average number of cigarettes smoked per day for both the adult smoker and the smoker 12–17 years of age

National Alcohol Action Plan

Deaths from conditions attributable to risky and high risk alcohol consumption

Hospital admissions attributable to risky and high risk alcohol consumption

Estimated percentage of total alcohol consumption which is risky and high risk for adverse short- or long-term health and social consequences

Rates of serious night time crashes and fatalities

Rates of serious night time assaults

Economic costs of alcohol use

National Illicit Drug Action Plan

Age of first use of any illicit drug

Prevalence of use of any illicit drug in the previous 12 months in the general population and by young people aged under 25 years

Perception that it is all right to use illicit drugs regularly (at least monthly)

Purity of illicit drugs

Price of illicit drugs

Number of community-based episodes of care

Number of people diverted to treatment from the police

Participation in treatment by Aboriginal and Torres Strait Islander peoples, and people from culturally and linguistically diverse backgrounds

Number of people receiving methadone treatment at mid-year census

Number of fatal overdoses

Incidence of HIV diagnoses attributable to injecting drug use

Incidence of Hepatitis C diagnoses attributable to injecting drug use

Illicit drug use among arrestees

Specific national indicators for the National Aboriginal and Torres Strait Islander Complementary Action Plan 2003–2009

An increase in the capacity to report nationally on improvements for Aboriginal and Torres Strait Islander populations in meeting the mainstream performance indicators specified by the substance-specific national action plans.

The number of regional health plans developed under the partnership agreements that incorporate ATOD strategies listed in the complementary action plan.

Evidence that all appropriate workforce, research, and evaluation and monitoring actions that arise from funding for the substance-specific action plans are developed in line with the intentions of the complementary action plan to improve capacity and to promote holistic models of intervention.