

MINISTERIAL COUNCIL ON DRUG STRATEGY

NATIONAL DRUG STRATEGY

Aboriginal and Torres Strait Islander Peoples Complementary Action Plan 2003–2009

The National Drug Strategy - Australia's Integrated Framework 2004-2009 was set up to improve health, and social and economic outcomes by reducing use of harmful drugs. It is an umbrella framework under which national plans tackling alcohol, tobacco and illicit drugs, and education about drugs have been formed.

The national plans apply to Australians generally and as such do not always relate well to the drugs issues that affect Aboriginal and Torres Strait Islander peoples. The *Aboriginal and Torres Strait Islander Peoples Complementary Action Plan 2003–2009* has been researched and written to complement the issues raised in these national plans and make them more applicable to Aboriginal and Torres Strait Islander peoples.

The complementary action plan sits between the national framework and the individual national action plans. It is not prescriptive but rather sets the national direction, encouraging careful attention to the needs of Aboriginal and Torres Strait Islander peoples.


The plan 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 recognises the similarities and differences between Aboriginal and Torres Strait Islander peoples, as well as the diversity that exists within these two broad cultures—although the problems encountered by each group are similar, the way each addresses those problems may be quite different.

The plans include a background and rationale covering historical and demographic issues, roles and responsibilities, health care, institutional and partnership issues, and performance measures. They outline the key result areas giving objectives, action areas and examples of actions.

A HOLISTIC APPROACH

Factors that affect health and the use of drugs arise from every part of the society—economic and social conditions affect the physical and emotional environment, and vice versa. Solutions also need to be interrelated. The complementary action plan stresses the need for culturally appropriate solutions that cover the whole of life and the entire population. Partnerships across governments and portfolios, and with communities are needed.

Actions need to take account of remoteness, traditional practices, access to services and drugs, safety, and law enforcement. They need to be comprehensive covering physical, spiritual, cultural, emotional and social wellbeing; and conducted at a local as well as the national scale. They need to be culturally valid, involve Aboriginal and Torres Strait Islander people and controlled by the community rather than by people from outside. Actions need to take account of mainstream services where alternatives are not available.



HISTORICAL CONTEXT

The pattern of drug use by Aboriginal and Torres Strait Islander peoples has been shaped by history—dispossessed and alienated from their land, these people were controlled by tobacco rations and prohibited from drinking alcohol. This has contributed to the social conditions that they live under today and has led to excessive use of drugs which in turn has resulted in poorer living conditions.

Dispossession and alienation did not occur to such a great extent to the people living in the Torres Straits and they have retained language and customs, while absorbing influences from many other cultures.

In 2001, Aboriginal and Torres Strait Islander peoples made up 2.4% (460 000 people) of the total Australian population. Most lived in New South Wales, Queensland, Western Australia and the Northern Territory. The population of the Torres Strait was 9698 people with 5579 being Torres Strait Islanders.

KEY RESULT AREAS

Two action plans have been devised to cater for Australia's two main groups of indigenous people—Aboriginals and Torres Strait Islanders. Each plan has six similar key result areas each with distinctive objectives and actions. Objectives are based on general activities for each area, control of supply, management of demand, reduction of harm, early intervention and treatment.

The plans provide key actions for governments and organisations to use as a guide to develop their own action plans appropriate to their geographic areas, circumstances, needs and aspirations. It is not expected that all of listed actions will be implemented. To achieve change, action will be required across a range of sectors and at all levels of government, led by and in partnership with Aboriginal and Torres Strait Islander individuals, families, communities and organisations.

MEASURING PERFORMANCE

Performance indicators to provide valid and reliable measures of harm or the reduction in harm caused by drug use have already been agreed for the national action plans. Three further indicators have been developed to reflect the immediate purpose of the complementary action plans and their relationship to the mainstream whole-of-population plans:

- an increase in the capacity to report nationally on improvements for the Torres Strait and Northern Peninsula area population 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 the Alcohol, Tobacco and Other Drugs (ATOD) strategies that are listed in the complementary action plan; and
- 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.

The indicators align with international guidelines on monitoring harm related to drug use. Data is being regularly collected at a national level and will continue to be collected for the life of the plans. State/Territory and regional jurisdictions are also likely to collect further data for monitoring the action plans.

KEY RESULT AREA I

Enhanced capacity of 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.

People need strong community leadership and expertise to be able to promote their own health. They need information on treatment options and models of intervention.

Strategies to deal with drug use also need to be supported by the broader backdrop of culturally informed social and economic policy that recognises the patterns of social disadvantage and marginalisation. People need resilience, the capacity to work collaboratively, the ability to recognise communalities, connections that bridge differences within a community, and the ability to resolve conflicts in order to retain and develop emotional and social wellbeing.

Example of Aboriginal and Torres Strait Islander key action area

Community leaders and Elders taking responsibility and a leading role, in partnership with government, in design and delivery of alcohol, tobacco and other drug programs.

Examples of Aboriginal and Torres Strait Islander specific actions

Establish local alcohol management committees/boards.

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

Example of Torres Strait Islander key action area

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

Examples of Torres Strait Islander specific actions

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.

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

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.



KEY RESULT AREA 2

Whole-of-government effort in collaboration with non-government organisations to implement, evaluate and improve comprehensive approaches to reduce drug-related harm.

A whole-of-government approach that includes health, law enforcement, customs, education, and local government representation on key committees is essential. Each sector must have its role defined and be able to work in partnership and take joint responsibility with the others. Roles of government (Commonwealth, State/Territory and local) need to be clarified.

Torres Strait Islander people traditionally have been geographically isolated from the remainder of Australia and because of this do not yet have effective harm-minimisation programs. They need to be included in partnerships, and to understand how the health system works; the health system also needs to understand the Torres Strait Islander peoples cultures to be able to ensure access to all.

Example of Aboriginal and Torres Strait Islander key action area

Achieving better coordination among the three tiers of government and each local community in providing treatment services in that community

Examples of Aboriginal and Torres Strait Islander specific actions

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

Create stronger links between Aboriginal and 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.

Example of Torres Strait Islander key action area

Implementing the full range of treatment and rehabilitation options and resources to people in remote and isolated communities of Torres Strait and Northern Peninsular areas

Examples of Torres Strait Islander specific 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.

KEY RESULT AREA 3

Substantially improved access to the appropriate range of health and wellbeing services that play a role in addressing alcohol, tobacco and other drugs issues.

People need to be aware of the range of services that are available and to understand how to access them. Such services include primary health care and also police and visiting health professionals. Some services are not available to people in their home town or area and people may not have access to these because they are either reluctant or unable to travel.

Access is also affected by discrimination, stigma and disadvantage particularly for problems such as injecting drug use and inhalants. People incarcerated in prisons need to be given better access to appropriate health care.

The generally substandard living conditions of Torres Strait Islanders means that delivery of health care should be population-based and an integral part of community development.

Example of Aboriginal and Torres Strait Islander key action area

Providing and improving access for Aboriginal and Torres Strait Islander peoples to police diversion, pre-sentencing programs and legal aid.

Examples of Aboriginal and Torres Strait Islander specific actions

Increase the authority of Aboriginal and Torres Strait Islander community police to enable them to deal with issues pertaining to control of supply of harmful substances.

Provide readily available professional support for Aboriginal and Torres Strait Islander community police, and include them under State and Territory police structures to provide a wider range of career opportunities.

Provide ongoing training for operational police in ways of working with Aboriginal and Torres Strait Islander communities in the control of supply.

Police academies to include training in cultural competence as a core component.

Promote police–community relationship-building forums.

Example of Torres Strait Islander key action area

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 Torres Strait Islander specific actions

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.



KEY RESULT AREA 4

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

Drug use intervention needs to be multi-faceted, taking place in the health, legal and education systems. It needs to take account of cultural, spiritual, language and traditional aspects of the community, and should include traditional as well as mainstream practices.

Interventions should include health promotion, prevention, early intervention, treatment, continuing care, relapse prevention, and home and community care.

In the Torres Strait Island area, intervention needs to take account of language, kinship ties and community protocols. It needs to align with local lore and laws, and the autonomy of the islands. Intervention should be affordable and use of some traditional practices may help to ensure this.

Example of Aboriginal and Torres Strait Islander key action area

Facilitating and resourcing communities to undertake community-driven preventive efforts.

Examples of Aboriginal and Torres Strait Islander specific actions

Develop carefully researched community education about volatile substance use such as glue sniffing for the whole community and also for select groups such as parents or professional staff.

Develop culturally appropriate monitoring and evaluation processes to review the relevance and effectiveness of programs and effort about alcohol, tobacco and other drugs.

Develop partnerships with law enforcement agencies to collaborate on implementing community driven strategies.

Example of Torres Strait Islander key action area

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

Examples of Torres Strait Islander specific actions

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 check for sniffers).

Implement workplace interventions to reduce exposure to environmental tobacco smoke.

KEY RESULT AREA 5

Workforce initiatives to enhance capacity of community-controlled and mainstream organisations to provide quality services.

Workers providing care to Aboriginal and Torres Strait Islander peoples need to be well-equipped for the task. Mainstream workers need to understand the needs of Aboriginal and Torres Strait Islander peoples; Aboriginal and Torres Strait Islander workers need to be able to provide the necessary primary care.

Both groups need training. Such training should cover clinical work, prevention and research, and should recognise prior learning. Progress should be monitored and evaluated so that it can be built on.

In the Torres Strait, mainstream services need to be developed in those places where community-controlled services are not available.

Example of Aboriginal and Torres Strait Islander key action area

Recognising and considering the employment of Aboriginal and Torres Strait Islander people both in dedicated and mainstream positions in the area of alcohol, tobacco and other drugs, including in management positions.

Examples of Aboriginal and Torres Strait Islander specific actions

Community-controlled and mainstream health services to develop policies and practices that support and recognise their Aboriginal and Torres Strait Islander health workers' roles and responsibilities to engage in out-of-hours work in their communities.

Provide funding to Aboriginal Community Controlled Health (ACCH) organisations to train health workers in the area of alcohol and drug-related harm through accredited courses such as Aboriginal Health Worker (AHW) education and training courses.

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

Example of Torres Strait Islander key action area

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

Examples of Torres Strait Islander specific 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.



KEY RESULT AREA 6

Increased ownership and sustainable partnerships of research, monitoring, evaluation and dissemination of information.

Current and future drugs programs need to be monitored and evaluated to provide ongoing development of better services. Programs and monitoring need to be set into the cultural background of the Aboriginal and Torres Strait Islander people concerned, with identification of priorities and development of research agendas being guided by them. Performance indicators include those developed for the national action plans as well as some specific to the complementary action plan.

Research should be collaborative with mainstream organisations sharing skills to maximise outcomes and overall outcomes being owned by the Aboriginal and Torres Strait Islander people. It should adhere to standard research guidelines.

Information outcomes need to be disseminated back to the people particularly in the Torres Strait.

Example of Aboriginal and Torres Strait Islander key action area

Increasing the capacity of Aboriginal and Torres Strait Islander communities to negotiate with researchers, and ensure community participation at the development stage of every research project.

Examples of Aboriginal and Torres Strait Islander specific actions

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.

Build capacity in Aboriginal and Torres Strait Islander community-controlled services by developing meaningful partnerships to enhance their ability to become involved in action research.

Facilitate access to training in research methods for local community workers.

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

Example of Torres Strait Islander key action area

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, and psychoactive substances on Torres Strait Islander peoples.

Examples of Torres Strait Islander specific actions

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.

