

Indigenous Drug and Alcohol Projects 1999-2000

Background to the Report

In July 2000, the Australian National Council on Drugs (ANCD) commissioned the National Drug Research Institute (NDRI) to conduct a body of work to identify the extent and nature of alcohol and other drug specific programs for Indigenous people.

It was apparent to the ANCD that there have been few attempts to identify and map the different types of interventions that have been tried, the areas in which they operate, and their effectiveness. The scope of this initial research includes an historical overview of interventions, identification of projects and their settings, financial expenditure and some discussion of the data collected. The research also includes a number of maps which provide data on a range of elements of the research, and add to the presentation of the data.

The Report produced by NDRI represents the first stage of a two stage project.

The first phase of the project essentially constitutes an outline of the entire research task, a review of the literature and a mapping exercise.

The second phase of the project has just commenced, and will offer some further analysis relating to the first phase of the project and will include indicators of good practice and possible models which may be adopted by other communities.

Importantly, however, each phase of this research stands alone, adding uniquely to the body of research in this important area of Aboriginal and Torres Strait Islander (ATSI) health.

This briefing paper is important as it provides some contextual information to the Report, as well as highlighting important aspects of phase one of the research, such as its limitations, and what it suggests to the ANCD in terms of advice for policy and programs in the area of Indigenous drug and alcohol interventions.

Limitations of the Report

In commissioning this work, the ANCD was cognisant of the place such a project would occupy in the area of Indigenous drug and alcohol research and its possible uses for policy.

More specifically, the ANCD has been aware of the limitations of a report of this nature since the genesis of the research. Accordingly, by way of prefacing the report, the ANCD wishes to ensure those who review and/or use the Report understand the methodology employed – including its scope, its limitations relating to definitional boundaries and the analysis offered. The ANCD views this information as fundamental to the interpretation and proper use of the data.

In light of these considerations, the Council does not claim that this Report provides a comprehensive account of all services available to Indigenous people who are experiencing drug and/or alcohol problems. To do so would be a far more ambitious task than the one the ANCD has commissioned, and would, for example, involve taking into account a range of generalist service providers such as health services, hospitals, and General Practitioners. It should also be noted that whilst Aboriginal Medical Services provide general health services to Indigenous people – some of which may be related to drug and alcohol use - they were only able to be included in the Report if funded to provide a **specific** drug and alcohol service/s.

Additionally, careful attention should be paid to:

- discussion of ‘services’ vs ‘projects’ for the purposes of this report (pages 14 – 15);
- data relating to funding (pages 16 – 17); and
- exclusions from the study (pages 14 – 16)

Having due regard to these, and other limits detailed within the Report, the Council believes that this research offers a sound and sensitive perspective of the range of specific drug and alcohol services being offered for Indigenous people, as well as other issues such as funding and program emphasis. In this context, the Report identifies many important issues which warrant further consideration.

Approach to Mapping

NDRI decided to utilise ATSIC regional boundaries and State/Territory boundaries as the basis for the geographical and demographic perspective for service placement within the Report. Within the Report, this approach is described by Gray et al as follows:

“In undertaking this project, we have taken the view that it is important to identify the location of alcohol and other drug interventions at the Aboriginal and Torres Strait Islander Commission’s (ATSIC) regional level as well as at the State/Territory level. To a significant extent, these regions are based upon important — though permeable — boundaries within which Indigenous people interact. Furthermore, the elected ATSIC regional councils have an important role in planning processes, and information such as that gathered as part of this project is important for those processes.”

Important Aspects of the Report

The ANCD believes that particular attention should be drawn to particular sections of the Report.

Fundamental to understanding the data is an awareness of the definitions and other categories used to include or exclude services and projects for this work. Careful consideration is evident in NDRI’s work in this regard and the Council encourages close scrutiny of this work (see pages 14-15 of the Report).

Other important data included in this report highlighted for your attention are as follows:

- a) Expenditure on Intervention Projects – see pages 15, 31 – 40.
- b) Nature of Projects – see pages 20 – 28.
- c) Discussion & Implications – see pages 41 – 44.
- d) Key Findings – see Executive Summary page vii

Key Points

In light of the work completed by Gray (et al), the ANCD raises the following points as areas it believes are of particular importance.

1. The number of projects identified by this work (considering also its limitations) indicates the high level of concern among Indigenous people about the problems of alcohol and other drugs in their communities. It is also apparent that many Indigenous people are working in the drug and alcohol field without financial support.

Staff training and development is a critical issue for high quality service delivery. The Report highlights the important role of Indigenous people working in communities with other Indigenous people who are experiencing problematic alcohol and/or drug use. The ANCD believes that resources, training and other workforce development strategies are central to the success of drug and alcohol interventions, and is an area which deserves more attention.

2. The Council believes in supporting community efforts to address drug and alcohol problems by focusing on the many structural and environmental issues (such as unemployment, access to services, etc) which are affecting Indigenous communities.
3. Alcohol use (and its related problems) is increasingly, and the ANCD believes – legitimately, referred to in terms of an epidemic within Indigenous communities. This most serious public health concern within Indigenous communities has far reaching effects, and is fundamental to the erosion of many communities. The ANCD recognises that Indigenous communities are taking steps towards addressing the problem, and innovation is evident in historical reviews of interventions.
4. Funding to services needs to be better coordinated and consistently applied, having regard to remoteness and population. State/Territory and Commonwealth agencies who carry responsibility for Indigenous health (and drug and alcohol issues more specifically) could utilise this Report to examine their relative roles in supporting responses at the community and service delivery level. Also, great differences in per capita resource allocation is a clear issue arising from this Report.

5. A greater emphasis on prevention is necessary, along with additional health promotion efforts which contribute towards increasing the number of constructive leisure and employment options for young Indigenous people.
6. An obvious area where substance use is contributing to poor health of Indigenous people is the use of tobacco. There is also a corresponding lack of specific programs which target smoking, an Indigenous health issue that requires an increased focus.
7. This research is an important contribution to our understanding of the services that exist in this area. The Council recommends that research of this nature be conducted every 2-3 years in order to assess drug and alcohol service delivery for Indigenous people.

Conclusion

The ANCD is aware of a range of other efforts currently being undertaken in relation to Indigenous drug and alcohol issues and policies.

Recently the Queensland Government responded to the report and recommendations from Justice Fitzgerald on the issues facing Cape York. The ANCD has also developed a report from its work in the Cape York region. The Council is also aware of the development of a complementary strategy for the National Drug Strategy Reference Group for ATSI Peoples, and of the report "Time for Action" report into Aboriginal and Torres Strait Islander smoking, launched recently by the National Aboriginal Community Controlled Health Organisation (NACCHO).

The ANCD has also commissioned other research in relation to Indigenous substance misuse issues, including a report on the diversion of ATSI youth and the impact of drug and alcohol use on Indigenous families.

Importantly the ANCD is concerned to see that there is an attempt to coordinate the range of efforts in this area, to enable a greater degree of policy synergy and where possible, consistent advice being provided by the range of organisations involved in this role.

The ANCD believes this report begins to highlight the enormous commitment Indigenous people themselves have to addressing substance misuse in their communities, and the innovation that exists. The second phase of the project will further highlight the innovative, best-practice ways in which Indigenous people are approaching the complex issues related to drug and alcohol use. This commitment and innovation deserves more support and assistance.

The Council, in drawing its conclusions from this report and its other endeavours, calls for a greater degree of coordination and cooperation from the key stakeholders in this area to facilitate better outcomes and reduce duplication of effort.

Implementation is the key to this process and collaboration to this end, vital.

The ANCD praises the research efforts of NDRI and commends this Report to interested parties, governments and other organisations.