

MINISTERIAL COUNCIL ON DRUG STRATEGY

NATIONAL DRUG STRATEGY

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



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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 (MCDS) 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 (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

ADAC	Aboriginal Drug and Alcohol Council (SA)
AHMAC	Australian Health Ministers' Advisory Committee
ANCD	Australian National Council on Drugs
ATOD	Alcohol, Tobacco and Other Drugs
ATSIC	Aboriginal and Torres Strait Islander Commission
BRACS	Broad Casting in Remote Area Scheme
CREDIT	Credit Referral and Evaluation for Drug Intervention and Treatment
DHFS	Department of Health and Family Services
FAE	foetal alcohol effects
FAS	foetal alcohol syndrome
HIV	human immunodeficiency virus
IGCD	Intergovernmental Committee on Drugs
MCDS	Ministerial Council on Drug Strategy
MERIT	Magistrates Early Referral into Treatment
NACCHO	National Aboriginal Community Controlled Health Organisation
NATSIHC	National Aboriginal and Torres Strait Islander Health Council
NDRI	National Drug Research Institute
NEAC	National Expert Advisory Committees
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

ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLES COMPLEMENTARY ACTION PLAN 2003–2009

The *Aboriginal and Torres Strait Islander Peoples Complementary Action Plan 2003–2009* addresses issues facing Aboriginal and Torres Strait Islander peoples in the use of licit and illicit drugs. It recognises both the similarities and differences among Aboriginal and Torres Strait Islander cultures.

The action plan recognises that government, non-government and Aboriginal and Torres Strait Islander community-controlled organisations must work together to address the social, economic, environmental and physical health inequalities experienced by Aboriginal and Torres Strait Islander peoples. It represents the views of both Aboriginal and Torres Strait Islander, and non-Aboriginal and Torres Strait Islander peoples, and highlights a range of realistic and achievable strategies.

The action plan adopts the definition of health (see box) used in the *National Aboriginal Health Strategy Report 1989*, which in turn is based on the definition of the World Health Organisation.

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.

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

The 2001 census estimated the resident population of Aboriginal and Torres Strait Islander peoples at just over 460 000 (2.4% of the whole Australian population). Most Aboriginal and Torres Strait Islander people live in New South Wales and Queensland (see Table 1).

Table 1. Number and percentage of Aboriginal and Torres Strait Islander people in each State and Territory.

	Percentage of all Aboriginal and Torres Strait Islander peoples	Number
New South Wales	29.4	135 300
Queensland	27.4	126 000
Western Australia	14.4	66 100
Northern Territory	12.5	57 600
Victoria	6.1	27 900
South Australia	5.6	25 600
Tasmania	3.8	17 400
Australian Capital Territory	0.8	3 900
Total	100.0	459 800

Aboriginal and Torres Strait Islander peoples face interrelated physical, social, emotional, economic, and environmental health inequalities at an individual, family and community level. A range of holistic approaches to health care that target prevention, treatment and continuing care is needed to address these inequalities. Strategies targeting alcohol, tobacco and other drugs use must consider the social, economic and environmental impacts of alcohol, tobacco and other drugs use, as well as associated issues (e.g. financial management, sexual abuse, domestic violence, and the prevention and treatment of HIV and hepatitis C). Marginalisation due to gender, sexual orientation and mental health may also influence patterns of alcohol, tobacco and other drugs use.

Partnership between Aboriginal and Torres Strait, and non-Aboriginal and Torres Strait service providers is imperative to ensure that the design and delivery of programs and services is professional, competent, holistic and culturally appropriate. Underpinning this partnership is the recognition that programs need to be equitably resourced, implemented, evaluated and monitored. This will ensure that Aboriginal and Torres Strait Islander community-controlled organisations are supported to play a lead role in implementing this action plan.

Partnership agreements and joint planning

In 1996, Commonwealth, State and Territory Ministers responsible for health met with representatives of the Aboriginal and Torres Strait Islander Commission (ATSIC) in Alice Springs to discuss the transfer of financial responsibility for the Aboriginal Community Controlled Health and Substance Misuse Service to the Commonwealth Department of Health and Family Services (DHFS; now the Department of Health and Ageing). The outcome was a signed memorandum of understanding between ATSIC and the DHFS. State and Territory partnership health agreements were developed as a result of this transfer. They outline principles and strategies for joint planning and processes to identify how best to achieve health outcomes for Aboriginal and Torres Strait Islander peoples. This action plan acknowledges the principles outlined in the various State and Territory partnership agreements, and will provide comprehensive links to State and Territory partnership planning processes.

In April 2002, the Council of Australian Governments (COAG) agreed to trial working together with Indigenous communities in up to ten regions to provide more flexible programs and services, based on priorities agreed with communities. Under this new approach, Commonwealth and State governments and communities will work together to address key issues and share responsibility for achieving better results. The approach recognises that responsibility for the condition and wellbeing of Indigenous communities is shared by the community, its families and individuals, and governments.

Local agreements, called Shared Responsibility Agreements, will be negotiated between the parties. They will set out the key issues and priorities, identify agreed outcomes and benchmarks to measure progress, and describe each party's responsibilities for implementing action.

Historical context

Inquiries into Aboriginal and Torres Strait Islander peoples health have consistently recognised the detrimental effects of dispossession and alienation on health and wellbeing. Grief, trauma and loss must be recognised as a contributing factor to the lower health and socioeconomic status that Aboriginal and Torres Strait Islander peoples continue to experience today.

Use of alcohol, tobacco and other drugs and psychoactive substances is both the cause and effect of much suffering in Aboriginal and Torres Strait Islander communities.

- Alienation and despair arising from dispossession and dislocation contribute to the use of alcohol, tobacco and other drugs and psychoactive substances in an attempt to relieve symptoms.

- Use of alcohol, tobacco and other drugs seriously harms physical health and is possibly even more harmful to the social health of individuals and the fabric of communities. Acts of alcohol-related violence, overrepresentation in the criminal justice system and other forms of societal breakdown are manifestations of the pain, anger and grief experienced by Aboriginal and Torres Strait Islander peoples arising from colonisation.

Patterns of drug use among Aboriginal and Torres Strait Islander peoples have been shaped by history. Until approximately forty years ago, Aboriginal and Torres Strait Islander peoples were not allowed to consume alcohol. If people wanted to drink, they would buy large quantities of alcohol and drink it quickly to avoid being caught and incarcerated. Such drinking often occurred in groups in the open air, on river banks and in parks. This was the genesis of patterns of drinking at harmful and hazardous levels. This pattern of drinking afforded people a sense of identity and belonging often denied as part of the colonisation process. Consuming alcohol in groups allowed people to be with family, receive news of other family members, to speak their language, sing songs, tell stories and pursue other activities. Consequently the sharing of alcohol, which is a part of wider cultural practice, had both positive and negative effects on the wellbeing of the Aboriginal and Torres Strait Islander peoples involved. The pattern of drinking large amounts in a short period of time has been handed down from one generation to the next.

Similarly, until the late 1960s, tobacco was used to control Aboriginal and Torres Strait Islander peoples living on missions, settlements and pastoral properties. Tobacco was issued to Aboriginal and Torres Strait Islander peoples as part of official government rations and as payment for labour in rural industries and has contributed to disproportionately high rates of smoking among Aboriginal and Torres Strait Islander peoples.

Changing these use patterns will require concerted effort over a long period. In many Aboriginal and Torres Strait Islander communities, programs to deal with use of alcohol, tobacco and other drugs have made little impact on their health and wellbeing increasing feelings of hopelessness and despair. In contrast, changes to liquor licensing arrangements and controls over supply have produced demonstrable results reducing alcohol-related harms in several regions when implemented with the full support of the community. It is important to disseminate evidence about successful strategies and to implement them strategically, rather than relying on ad hoc attempts to address patterns of drug use.

Acknowledging difference

Australia has two distinct Indigenous populations—Aboriginal people and Torres Strait Islander people. While the alcohol, tobacco and other drugs issues facing both populations are similar, how each population addresses the issues may be culturally different. It is important to recognise the diversity that exists within both cultures. Different regions and communities experience different health and social problems or the same problems but to different degrees. For this reason, the action plan includes a version specific to the Torres Strait and Northern Peninsula Area of Queensland.

The action plan also identifies some issues that are especially significant in the remote and isolated communities on mainland Australia:

- traditional cultural practices, and particularly the roles and responsibilities of Elders and community councils;
- the level of services locally available, including the Royal Flying Doctor Service and other primary care providers;
- access to services elsewhere;
- the ability to attract and retain staff across a range of pertinent disciplines, and to provide them with support and a safe living and working environment;
- the use of harmful and potentially harmful psychoactive substances (e.g. the social and economic costs of kava, and the persistence and spread of petrol sniffing);

- patterns of uptake—anecdotal evidence suggests that in isolated areas when some harmful substances are unavailable or too costly, other harmful substances may be used instead; and
- law enforcement—the need for a State or Territory police presence to support Aboriginal and Torres Strait Islander community police, to enforce State and Commonwealth laws about licit and illicit drugs and psychoactive substances, and to report the deaths currently unreported to coroners in some remote or isolated communities.

Examples of actions particularly applicable in regional and remote areas of Australia have been outlined in the action plan. Some issues may also need to be dealt with separately by Aboriginal and Torres Strait Islander women and men in order for them to be culturally acceptable.

Principles

The following principles must underlie any action to address the use of alcohol, tobacco and other drugs in Aboriginal and Torres Strait Islander populations.

- 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 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 on the basis of need, and at the level required to reduce disproportionate levels of drug-related harm by Aboriginal and Torres Strait Islander peoples.

Examples of how these principles have been put into action have been included, where appropriate, in the action plan.

Rationale for the complementary action plan

During the development of other national action plans under the *National Drug Strategic Framework 1998-99 to 2002-03* (National Drug Strategic Framework) it was recognised that Aboriginal and Torres Strait Islander peoples' needs were not specifically addressed. The Aboriginal and Torres Strait Islander Peoples' Reference Group was established to negotiate the development of this action plan.

The mission of the National Drug Strategic Framework 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 the framework, this 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. 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 to help make the best use of available resources and provide a whole-of-system response to 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 with the communities themselves.

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

Aboriginal and Torres Strait Islander community-controlled organisations play a fundamental role in service delivery to Aboriginal and Torres Strait Islander peoples. Aboriginal and Torres Strait Islander community-controlled health and drug and alcohol services empower Aboriginal and Torres Strait Islander peoples to determine their own needs and develop and manage their own services. This sector must be supported and appropriately resourced to enable it to continue to deliver appropriate services to communities.

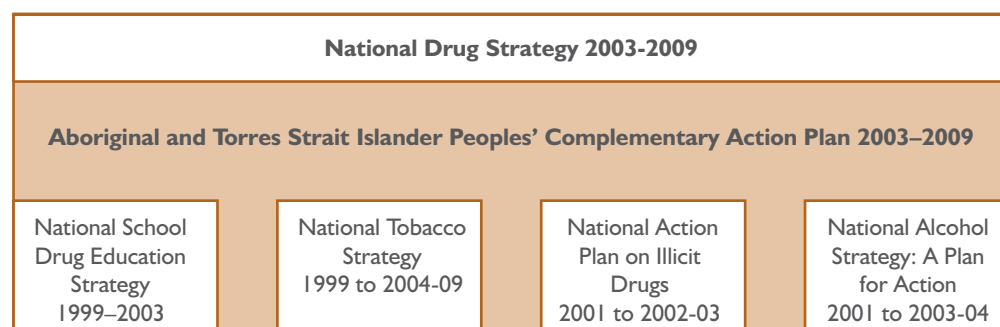
The community sector

Aboriginal and Torres Strait Islander community organisations have a fundamental role in developing, implementing and evaluating responses to Aboriginal and Torres Strait Islander peoples' use of licit and illicit drugs, since communities know what their local needs are and how best to meet them.

Health care and other professionals

Workers in a wide range of professions are crucial participants in the prevention and management of alcohol, tobacco and other drug issues facing Aboriginal and Torres Strait Islander peoples. Increasing the capacity of mainstream health and related services to provide services to Aboriginal and Torres Strait Islander peoples affected by the use of alcohol, tobacco and other drug is an important element in a whole-of-system approach. Health workers play a fundamental role in education and support of communities in developing directions and strategies. Similarly, the contribution of police services now goes beyond law enforcement, and encompasses prevention, harm reduction, education, diversion and community policing.

Figure 1. How the complementary action plan fits within the National Drug Strategy.



Governments

The Australian Government provides national leadership in Australia's response to reducing the harmful use of alcohol, tobacco and other drugs. The National Drug Strategic Framework, prepared under the direction of the Ministerial Council on Drug Strategy (MCDS), represents a shared vision, a framework for cooperation and a basis for coordinated action to reduce the harm caused by drugs in Australia.

The MCDS brings together Commonwealth, State and Territory Ministers responsible for health and law enforcement to collectively determine national policies and programs on licit and illicit drug issues. The Intergovernmental Committee on Drugs (IGCD), which is made up of health and law enforcement officers from each jurisdiction, supports the MCDS. Through the IGCD and other consultative structures, the Commonwealth, States and Territories are involved in the planning, implementation and evaluation of national initiatives to reduce drug-related harm.

Under the direction of the MCDS a number of national action plans have been developed to address licit and illicit use of alcohol, tobacco and other drugs. These include the *National Action Plan on Illicit Drugs*, the *National Alcohol Strategy* and the *National Tobacco Strategy*. This action plan will go to MCDS for endorsement and will complement existing action plans under the framework.

A whole-of-government approach is critical for effective implementation of this action plan, with key roles to be played by a number of Australian Government departments including the Department of Health and Ageing; Department of Family and Community Services; Department of Education, Science and Training; Attorney-General's Department; the Australian Customs Service; and the Australian Federal Police. In addition, Aboriginal Hostels Limited play a key role in supporting and resourcing Aboriginal and Torres Strait Islander drug and alcohol programs.

State, Territory and local governments also have key roles in implementing this action plan, and in drawing up their own plans for prioritising need. Recognising the important role of local government, the IGCD recently established a local government subcommittee to allow perspectives from local government to be considered within the framework in a manner consistent other IGCD committees.

Agreements on Aboriginal and Torres Strait Islander health

The State and Territory agreements on Aboriginal and Torres Strait Islander health (framework agreements) provide the vehicle for Aboriginal and Torres Strait Islander community-controlled health sector involvement in policy development and planning. They also encourage the mainstream health sector to become more involved in the provision of health and health-related services for Aboriginal and Torres Strait Islander peoples. Signatories to the framework agreements are Commonwealth, and State and Territory governments, the Aboriginal and Torres Strait Islander Commission, and the Aboriginal and Torres Strait Islander community-controlled health sector. The National Aboriginal and Torres Strait Islander Health Council includes representation from each of the signatories to the framework agreements.

The key commitments made by the partners to the framework agreements are to increase the level of resources allocated to reflect the level of need; to plan jointly; to facilitate access to both mainstream and Aboriginal and Torres Strait Islander specific health and health-related services that reflect their higher level of need; and to improve data collection and evaluation. The framework agreements contain a strong emphasis on regional planning to identify relative needs and improve access to services. The framework agreements have the potential to play a key role in the implementation of this

action plan. At the national level, the National Aboriginal and Torres Strait Islander Health Council (NATSIHC) is the forum established to provide policy advice to the Commonwealth Minister responsible for health. The Aboriginal and Torres Strait Islander community-controlled health sector and Aboriginal and Torres Strait Islander substance use expertise are represented on this council. NATSIHC has developed the *National Strategic Framework for Aboriginal and Torres Strait Islander Health* that includes substance misuse as one of its nine priorities for government action.

Key result areas

The action plan is structured around six key result areas.

1. Enhanced capacity of Aboriginal and Torres Strait Islander individuals, families and communities to address current and future issues in the use of alcohol, tobacco and other drugs and promote their own health and wellbeing.
2. Whole-of-government effort and commitment, in collaboration with community-controlled services and other non-government organisations, to implement, evaluate and continuously improve comprehensive approaches to reduce drug-related harm among Aboriginal and Torres Strait Islander peoples.
3. Substantially improved access for Aboriginal and Torres Strait Islander peoples to the appropriate range of health and wellbeing services that play a role in addressing the use of alcohol, tobacco and other drugs.
4. A range of holistic approaches from prevention through to treatment and continuing care that is locally available and accessible.
5. Workforce initiatives to enhance the capacity of Aboriginal and Torres Strait Islander community-controlled and mainstream organisations to provide quality services.
6. Sustainable partnerships among Aboriginal and Torres Strait Islander communities, government and non-government agencies in developing and managing research, monitoring, evaluation and dissemination of information.

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



KEY RESULT AREA I

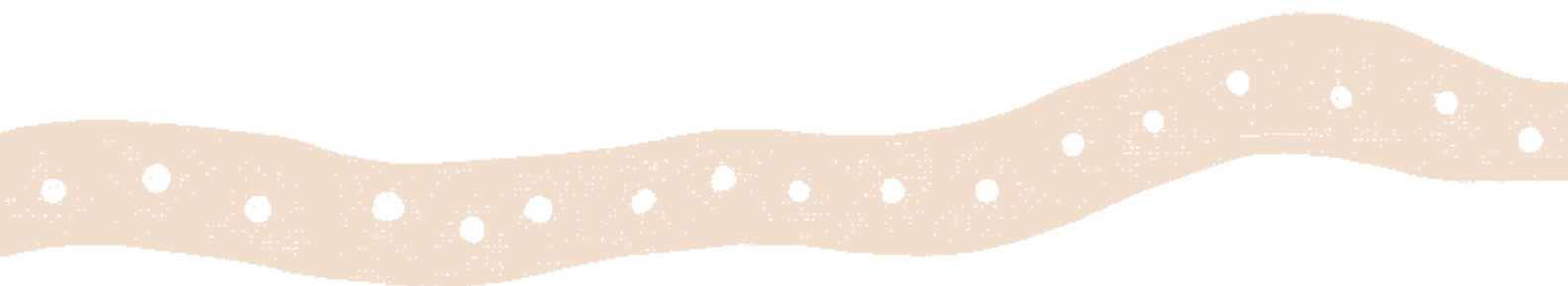
Enhanced capacity of Aboriginal and Torres Strait Islander individuals, families and communities to address current and future issues in the use of alcohol, tobacco and other drugs and promote their own health and wellbeing

One of the most effective ways to improve the health of the Aboriginal and Torres Strait Islander 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.

This action plan strongly emphasises prevention. However, many communities are living in a crisis situation and require a range of parallel interventions before the long-term benefits of prevention strategies can be realised. Work to deal with issues in 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 drugs related problems and community harms. Effective strategies to address the use of alcohol, tobacco and other drugs should be informed by cultural perspectives and must be supported by the broader framework of social and economic policy in Australia.

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. The lack of a wide knowledge and skill base in communities limits the development of new and innovative approaches. 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.

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. In preventing alcohol, tobacco and other drugs related harm, community and social capital are factors of crucial significance. This action plan is based on the premise that capacity building is required at all levels of the community, through both community-controlled and mainstream sectors.



Objective 1.1

Work in partnership with communities, community-controlled organisations and other community-based agencies to develop and build the capacity of Aboriginal and Torres Strait Islander peoples to:

- design and deliver alcohol, tobacco and other drugs programs;
- respond to their community's needs;
- control supply;
- reduce harm caused by the use of alcohol, tobacco and other drugs and harmful levels of drinking and drinking-related illness, accidents and violence, including domestic violence, and child abuse; and
- address the impact of the use of alcohol, tobacco and other drugs.

Key action area	Examples of actions
Community leaders and Elders taking responsibility and a leading role, in partnership with government, to design and deliver alcohol, tobacco and other drugs programs.	Establish local alcohol management committees/boards (e.g. as in Cape York). †
Developing programs informed by the views and aspirations of the whole community, and particularly those most affected by the programs.	Facilitate peer education programs, especially for leaders in the community, to encourage communication about drug usage and drug-related harms.
Full participation of Aboriginal and Torres Strait Islander peoples at all levels of policy, planning and program delivery.	Ensure Aboriginal and Torres Strait Islander organisations are represented on key committees (e.g. ANCD, NEAC).
Improving capacity to develop and resource culturally sensitive programs that are gender specific.	Promote collaboration among sobering-up shelters, night patrols, and other agencies such as women's shelters, hospitals and treatment agencies.†
Developing a national framework agreement among Australian Government Health and peak Aboriginal and Torres Strait Islander drug and alcohol bodies, State and Territory departments of health, ATSIC, and community-controlled health and drug and alcohol services.	Ensure commitment to and promotion of the use of the existing framework agreements at the State and Territory level to address the impact of alcohol, tobacco and other drugs. Map existing Aboriginal and Torres Strait Islander specific service delivery across sectors, and task a national body (e.g. NDRI) to ensure that the information is kept up-to-date and well-disseminated, and is periodically analysed to identify gaps and inform policy, program development and resource allocation.

Objective 1.2

Develop partnerships with key stakeholders to control the supply of drug, tobacco and other drugs and psychoactive substances that cause harm in their community.

Key action area	Examples of actions
Establishing and improving local collaborative efforts between police and community in joint actions to control the supply of alcohol, tobacco and other drugs and psychoactive substances that cause harm locally, and to promote safer practices.	Involve Aboriginal and Torres Strait Islander peoples in sentencing to foster community involvement in addressing the connection between the use of alcohol, tobacco and other drugs and offending behaviour in Aboriginal and Torres Strait Islander communities (e.g. Circle Sentencing, NSW; Nunga Court, SA; Koori Courts, VIC; Murri Court, pilot in QLD).
Ensuring that every State and Territory has mandatory Aboriginal & Torres Strait Islander representation on liquor licensing boards and commissions	Establish community justice groups to examine crime and offending issues in the communities and develop strategies to address them.†
Balancing the wellbeing of Aboriginal and Torres Strait Islander communities with the commercial interests of industry and suppliers	Provide support and advice for Aboriginal representatives on liquor licensing boards and commissions.

† indicates that an action may have particular relevance in rural, remote or isolated locations.

Objective 1.3

Increase community capacity to design and develop education strategies to prevent drug-related harm, using both mainstream and community-based mechanisms and media.

Key action area

Governments and communities placing a high priority on young people with a view to reducing their vulnerability and building resilience.

Examples of actions

Encourage exchange among communities of strategies to reduce harm associated with volatile substances (e.g. night patrols, AVGas).†

Use *Deadly Sounds* (weekly national Aboriginal and Torres Strait Islander music program), *Streetwise* (comic for young people), and *Deadly Vibe* (national monthly music, arts and sporting magazine), and local media such as PY Media, CAAMA, 8KIN to convey health promotion messages to young people about the impact of the use of alcohol, tobacco and other drugs, and conduct regular health promotion days.

Produce and disseminate educational materials and resources designed specifically for Aboriginal and Torres Strait Islander communities.

Objective 1.4

Support and resource communities to implement harm reduction as a strategy that aims to protect the health of communities, families and the user from the harms associated with alcohol, tobacco and other drugs use.

Key action area

Community education strategies reinforcing protective behaviours, using traditional Aboriginal and Torres Strait Islander values and culture, especially in parenting.

Designing, implementing and evaluating programs to reduce violence, including domestic and sexual violence and child abuse, related to the consumption of alcohol and other drugs.

Examples of actions

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

Establish social and recreation activities, music, dance and other cultural activities especially for young people in the community as alternatives to the use of alcohol, tobacco and other drugs and psychoactive substances.†

Expand alternatives to incarceration to deal with intoxication, such as sobering-up shelters, night patrols and injury prevention projects.†

Increase the capacity of sobering-up shelters to provide brief advice and referrals.†

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

Alcohol and other drugs service providers develop strong working relationships with services that target domestic and sexual violence.

† indicates that an action may have particular relevance in rural, remote or isolated locations.

Objective 1.5

Educate, support and resource communities to develop partnerships among Aboriginal and Torres Strait Islander and mainstream health, wellbeing and law enforcement services to permit early identification and interventions for people at risk of alcohol, tobacco and other drugs related harm.

Key action area

Building strategic partnerships and business alliances among mainstream and community-controlled health and drug and alcohol services to build capacity to service Aboriginal and Torres Strait Islander peoples locally.

Examples of actions

Develop partnerships and exchanges among mainstream and Aboriginal and Torres Strait Islander alcohol, tobacco and other drugs services to share 'knowledge' and face-to-face expertise.

Objective 1.6

Identify and resource appropriate models of treatment services and clinical interventions in line with community needs and priorities.

Key action area

Identifying and addressing structural impediments that act as a disincentive for people considering treatment.

Identifying and publicising the range of options that are known to be successful in treating harmful substances in Aboriginal and Torres Strait Islander communities.

Examples of actions

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

Address funding barriers to flexible service delivery hours and after hours service.

Use appropriately resourced dry camps and outstations for the rehabilitation of people with problem alcohol and drug use.†

† indicates that an action may have particular relevance in rural, remote or isolated locations.

KEY RESULT AREA 2

Whole-of-government effort and commitment, in collaboration with community-controlled services and other non-government organisations to implement, evaluate and continuously improve comprehensive approaches to reduce alcohol, tobacco and other drugs related harm.

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 programs dealing with the use of alcohol, tobacco and other drugs that clearly identifies the roles and responsibility of each sector and provides mechanisms for improved coordination and monitoring among sectors. Building effective intersectoral partnerships has been identified as one of the most effective ways to improve the quality of life of the Aboriginal and Torres Strait Islander population.

The national, State and Territory framework agreements work toward a common goal that promotes mutual respect and joint responsibility in the health sector. The planning processes within each State and Territory are an opportunity to address border issues and geographic boundaries, and to achieve cooperation among the identified government, non-government and Aboriginal and Torres Strait Islander stakeholders.

Jurisdictions are developing State or regional Aboriginal and Torres Strait Islander justice plans. The justice sector is important in prevention, early intervention, detection, diversion, sentencing, treatment, rehabilitation and reintegration into the community and it is vital that Aboriginal and Torres Strait Islander communities, health agencies, police, ambulance services, courts and correctional services take part in this development.

Greater coordination of and clarity in 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

Ensure better coordination and collaboration across all government portfolios and jurisdictions at Commonwealth, State/Territory and local government levels in policy development.

Improve collaboration and coordination among organisations to reduce alcohol tobacco and drug-related harm among Aboriginal and Torres Strait Islander peoples.

Strengthen the capacity of local communities to influence and lead the regional planning process to ensure a higher profile for alcohol, tobacco and other drugs issues.

Key action areas

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

Promoting 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.

Ensuring that the work of the Aboriginal and Torres Strait Islander Health Partnership in progressing regional planning specifically addresses issues related to use of alcohol, tobacco and other drugs.

Examples of actions

All governments to allocate adequate levels of resources to facilitate and support health planning mechanisms located at the community level.

Ensure that providers of drug and alcohol services are represented on the State/Territory partnership forums.

State and Territory governments, in collaboration with non-government organisations, provide copies of resources that can be accessed by a range of organisations involved in reducing drug-related harm among Aboriginal and Torres Strait Islander peoples.

Promote models of collaboration in health promotion between communities and industry.

Strengthen planning and coordination of services targeting alcohol, tobacco and other drugs related harm through community leadership and involvement.

Strengthen collaboration at the local/regional level among alcohol, tobacco and other drugs services; primary care providers; and mental health service providers to improve effective holistic health services for Aboriginal and Torres Strait Islander people and their families who are affected by alcohol, tobacco and other drugs related harm.

Provide information and resources to assist communities to determine need, and to plan and implement appropriate interventions that will reduce alcohol, tobacco and other drugs related harm.

Objective 2.2

Improve and establish links between agencies involved in controlling the supply of alcohol, tobacco and other drugs.

Key action areas

Achieving strong intersectoral coordination to enforce existing laws that contribute to controlling the supply of alcohol, tobacco and other drugs and psychoactive substances.

Establishing local teams made up of local government, Aboriginal and Torres Strait Islander community-controlled services, ATSIC, police, health departments, liquor licensing agencies and liquor outlets to work with communities to control the supply of alcohol, tobacco and other drugs and psychoactive substances.

Establishing and improving relationships between the police and remote Aboriginal and Torres Strait Islander communities.

Establishing and improving community policing by Aboriginal and Torres Strait Islander peoples as appropriate.

Supporting and where necessary establishing relationships between the judiciary and Aboriginal and Torres Strait Islander communities.†

Examples of actions

Promote networking, information sharing and coordination between health and law enforcement sectors at national, State/Territory and local levels.

Enforce penalties for inappropriate sale of volatile substances and tobacco.

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

Local communities and retailers to negotiate to enforce existing legal restrictions on sales or promotion of tobacco products.

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

Develop and adhere to justice agreements across all jurisdictions (e.g. Cape York).†

Aboriginal and Torres Strait Islander peoples to be involved in the continuing professional development of magistrates and judges.

Objective 2.3

Strengthen the response by a range of government and non-government organisations to reduce demand for alcohol, tobacco and other drugs and psychoactive substances that cause harm to Aboriginal and Torres Strait Islander individuals, families and communities.

Key action areas

In each jurisdiction, reviewing legislative arrangements that relate to the sale and consumption of alcohol and tobacco to ensure they support the aim of reducing alcohol tobacco and other drugs related harm in Aboriginal and Torres Strait Islander communities.

Supporting and promoting dry communities with local government incentives.†

Examples of actions

Consider the feasibility of strategies such as limiting the sale of alcohol through restricted hours of trading.

Recognise, promote and provide positive alternatives to alcohol, tobacco and other drugs use by creating communication networks and through use of Broad Casting in Remote Area Scheme (BRACS).†

Promote the use of peer-based empowerment strategies.

Introduce opioid treatment programs into custodial centres.

Provide alcohol, tobacco and other drugs related education in school and community-based settings.

† indicates that an action may have particular relevance in rural, remote or isolated locations.

Objective 2.4

Improve and establish links between agencies involved in reducing harm from use of alcohol, tobacco and other drugs and those involved with related strategies such as mental health, prevention of self-harm, suicide and injury, and sexual health.

Key action areas

Increasing efforts to reduce risk behaviours in the use of alcohol, tobacco and other drugs and psychoactive substances by young people.

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

Giving appropriate resources to youth workers in remote and isolated settings working with young people at risk of inhaling volatile substances.†

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

Examples of actions

Government and non-government sectors to collaborate to provide a forum for young Aboriginal and Torres Strait Islander people to come together to discuss alcohol, tobacco and other drugs issues.

Collaboratively implement programs to support development of parenting and life skills programs for children and young people.

Run film nights, blue light discos and other alternatives to alcohol, tobacco, and other drugs and psychoactive substances.

Review Medicare items for early and brief general practice interventions for alcohol, tobacco and other drugs, and for residential rehabilitation services, to make sure they cover the needs of Aboriginal and Torres Strait Islander clients, and are well known to them.

Ensure that outstations developed to address petrol sniffing have community support, are resourced appropriately, have links with other relevant local services and are of high quality.†

Increase the availability of needle and syringe programs.

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

Develop harm-reduction strategies in custodial and non-custodial correctional services.

Build infrastructure support for youth workers dealing with young people at risk of inhalation of volatile substances.†

† indicates that an action may have particular relevance in rural, remote or isolated locations.

Objective 2.5

Improve and promote the response by Aboriginal and Torres Strait Islander agencies, government and non-government organisations to intervene early to reduce the impact of the use of alcohol, tobacco and other drugs.

Key action areas

Coordinating resources at the local level to prevent and reduce the impact of the use of alcohol, tobacco and other drugs.

Ensuring that Aboriginal and Torres Strait Islander peoples are involved in production of mainstream prevention initiatives at local, State/Territory and national levels.

Prioritising responses to the use of alcohol, tobacco and other drugs in all existing planning arrangements.

Resourcing schools to be resources for whole communities.

Examples of actions

Jurisdictional governments to adequately resource school counsellors and youth workers in all areas.

Objective 2.6

Improve and promote the response by Aboriginal and Torres Strait Islander agencies, government and non-government organisations to offer a full range of appropriate treatment and rehabilitation services.

Key action areas

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

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

Examples of 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.†

† indicates that an action may have particular relevance in rural, remote or isolated locations.

KEY RESULT AREA 3

Substantially improved access for Aboriginal and Torres Strait Islander peoples to the range of services, programs and interventions that play a role in addressing alcohol, tobacco and other drugs issues.

Wherever individuals affected by hazardous or harmful alcohol, tobacco and other drugs use make first contact with human services, appropriate and timely responses are crucial to ensuring good long-term outcomes. Strategies such as providing skills training and access to resources for staff working in all human services will increase their capacity to offer welcoming and effective responses to Aboriginal and Torres Strait Islander peoples at the same level as they provide for the broader community. Evidence is accumulating that screening and brief and early intervention for hazardous and harmful use of alcohol, tobacco and other drugs can be very effective in a range of settings.

Aboriginal and Torres Strait Islander peoples need to be aware of the range of services available to them, and understand how to access them. Health providers must understand how best to provide the services. Effective partnerships are considered essential to providing equitable access to culturally sensitive health services and to address the issues underlying the disadvantage of Aboriginal and Torres Strait Islander peoples and communities.

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 drugs issues, and they should be supported in doing so.

Access to mainstream primary health care services for Aboriginal and Torres Strait Islander people continues to be affected by discrimination, stigma and disadvantage. Sometimes discrimination and stigma come from within communities themselves, and can inhibit access to health care and other services. This is particularly apparent for injecting drug users and users of inhalants.

In light of the high numbers of Aboriginal and Torres Strait Islander peoples in the criminal justice system, harm-reduction strategies and drug treatment options should be made available to both prisoners and those subject to community-based orders.

Many Aboriginal and Torres Strait Islander peoples are reluctant to leave family and their homes for treatment. Since few residential, detoxification and rehabilitation programs are available in some regions, many people with problems go untreated. Access to services in those areas depends largely on whether there is local transport and available resources to travel. In many communities, Aboriginal and Torres Strait Islander Councils, Women's Centres, and community-controlled drug and alcohol and health services often provide this transport. Improving access requires practical recognition of this key role, and in some mainstream services a re-examination of policies that limit the transportation of clients to and from interventions and services.

Objective 3.1

Improve access for Aboriginal and Torres Strait Islander peoples to a variety of treatment service options that can help address the impact of alcohol tobacco and other drugs use, and allocate expenditure to Aboriginal and Torres Strait Islander health services in proportion to the burden of illness and demand for services.

Key action areas

Improving the range of culturally appropriate treatment, rehabilitation, detoxification, withdrawal support and related services available to Aboriginal and Torres Strait Islander peoples, particularly in locations of high need and including age- and gender-specific services.

Increasing awareness of alcohol, tobacco and drug issues, services and programs in isolated and remote communities.†

Improving treatment services in isolated remote communities.†

Building capacity to provide a full range of treatment and rehabilitation options and resources to people in rural and remote areas, in collaboration with mainstream services.†

Increasing access to the full range of appropriate medication-based drug treatment programs (pharmacotherapy).

Governments in cross-border areas adequately and jointly funding treatment services.†

Developing culturally appropriate arrangements around the shared care of Aboriginal and Torres Strait Islander people with alcohol, tobacco and other drugs related problems between mainstream and community-controlled services as appropriate.

Increasing the ability of mainstream health service providers to provide culturally valid services to Aboriginal and Torres Strait Islander peoples to address the impact of alcohol, tobacco and other drugs.

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

Examples of actions

Alcohol, tobacco and other drugs related service developments link with the planning processes for the Primary Health Care Access Program in each State and Territory.

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

Conduct trials of outreach drug and alcohol case management services in outpatient/community drug and alcohol services.

Network and coordinate services for transient groups.

Provide information about service availability and processes in language appropriate to Aboriginal and Torres Strait Islander clients.

Educate communities and health services about the availability and relevance of medication-based drug treatments (pharmacotherapy) for dealing with alcohol, tobacco and other drug issues and dependence.

Address barriers to access (such as nearness to transport) before opening dispensing facilities.

Lobby to have opioid substitution treatments on the Pharmaceutical Benefits Scheme.

Address financial barriers to entry and remaining on opioid substitution treatments.

Include Aboriginal and Torres Strait Islander health workers in clinical intake meetings.

The performance management framework of mainstream health care workers to include responsibility for providing services to Aboriginal and Torres Strait Islander clients.

Ensure that funding is allocated in mainstream quality improvement processes to address the needs of Aboriginal and Torres Strait Islander peoples.

Improve cooperative relationships between Aboriginal and Torres Strait Islander and mainstream residential drug and alcohol services.

Improve patient transport services.

Conduct ethical and consensual trials of outreach drug and alcohol case management services in outpatient/community drug and alcohol services using Aboriginal and Torres Strait Islander staff.

† indicates that an action may have particular relevance in rural, remote or isolated locations.

Objective 3.2

Improve access for Aboriginal and Torres Strait Islander peoples to approaches that facilitate the control of supply of harmful psychoactive substances.

Key action areas

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

Providing communities with equitable access to policing services.

Increasing support available to Aboriginal and Torres Strait Islander community police to make it a more attractive career opportunity.

Examples of actions

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

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 psychoactive 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.

Objective 3.3

Improve access for Aboriginal and Torres Strait Islander peoples to prevention strategies in 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.

Developing drug education strategies and materials that are specific to locations and local populations, and are gender specific (these resources to be developed for and by the client group).

Providing and improving access for Aboriginal and Torres Strait Islander peoples to prevention strategies in the use of alcohol, tobacco and other drugs, including maternal and child health programs.

Increasing awareness of health-related harms around tobacco consumption.

Improving clinical services and knowledge about drugs and their effects on pregnancy (particularly foetal alcohol syndrome, neo-natal abstinence syndrome).

Developing educational strategies in prevention of transmission of blood-borne viruses (in particular hepatitis C, hepatitis B and HIV) and ensure they are culturally appropriate.

Improving support and access for individuals and families to suicide and self harm prevention programs and counselling.

Examples of actions

Provide better education and training on injecting drug use for users and the community.

Develop and disseminate education about the harmful effects and risks of polydrug use.

Develop an Aboriginal and Torres Strait Islander peoples drinking and driving prevention initiative.

Establish an Aboriginal and 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 Aboriginal and Torres Strait Islander peoples.

Develop regional plans to deal with the use of alcohol, tobacco and other drugs (e.g. *Western Sydney Area Substance Misuse Plan*).

Materials and programs around solvent use, safe injecting and unsafe sexual practices to be continued and strengthened.

Disseminate the petrol manual and resource kit developed by ADAC for communities.†

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

Produce and disseminate educational materials and resources designed specifically for Aboriginal and Torres Strait Islander communities.

† indicates that an action may have particular relevance in rural, remote or isolated locations.

Objective 3.3 (continued)

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

Examples of actions (continued)

Develop 'life promotion' programs (e.g. Yarrabah).†

Link innovative alcohol, tobacco and other drugs health promotion programs to existing health promotion activities (e.g. breakfast and other nutrition programs).

Model future alcohol, tobacco and other drugs related prevention effort on existing successful programs (e.g. 'girl power' programs) to address the structural determinants of alcohol, tobacco and other drugs related problems.

Develop and disseminate community-targeted materials on foetal alcohol syndrome (FAS) and foetal alcohol effects (FAE).

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

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

Injecting drug users are included in the development and delivery of health promotional materials.

Make use of current legislation (e.g. by-laws) to deal with sniffers and public drunkenness.

The alcohol industry to adopt responsible serving practices to minimise harm and to adhere to legal requirements on serving underage and intoxicated people in on- and off-premises outlets.

Provide responsible server training to licensees.

Objective 3.4

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

Key action areas

Strengthening individuals and families in remote and isolated communities to manage issues in the use of alcohol, tobacco and other drugs.†

Developing strategies to use peer education in reducing drug-related harms.

Developing support services and strategies for Elders who are being harmed by family members' drug or alcohol dependence.

Establishing and improving better access to services to victims of domestic violence and sexual abuse.

Examples of actions

Develop and disseminate information on existing pharmacotherapies in a way that is accessible to Aboriginal and Torres Strait Islander populations.

Employ community-based field workers to complement residential programs.

Increase capacity of organisations and human service providers to engage in case management.

Support and fund collaborative quality improvement processes within community-controlled residential programs.

Improve transport services for victims of domestic violence and sexual abuse and where necessary fund their establishment.

Develop appropriate guidelines for managing specific drug types that include referral strategies for organisations to adopt.

† indicates that an action may have particular relevance in rural, remote or isolated locations.

Objective 3.4 (continued)

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

Examples of actions (continued)

Increase resources for custodial interventions (e.g. assessment, access to alcohol and drug counselling and intervention, pre-release programs, referrals, follow-up and support on release).

Investigate compulsory pre-release referral from hospital and prison services to AMS services.

Screen people on admission to correctional facilities for blood-borne viruses and again on release.

Develop relapse and aftercare programs in partnership with prisons, CCHS, non-government organisations and mainstream services.

Objective 3.5

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

Key action areas

All parts of the health system responding to Aboriginal and Torres Strait Islander people with alcohol, tobacco and other drugs related problems and their families whenever and wherever they present for help.

Developing Aboriginal and Torres Strait Islander-specific school-based alcohol, tobacco and other drugs early intervention programs.

Increasing levels of awareness by individuals, communities and community groups of the early signs and symptoms of alcohol, tobacco or other drugs problems.

Examples of actions

Aboriginal and Torres Strait Islander health workers to be offered training in brief motivational intervention and counselling.

Aboriginal and Torres Strait workers to have the opportunity to undertake staff placement with specialist service providers to enhance their skill base.

Promote the use of interagency guidelines for early intervention in alcohol, tobacco and other drugs issues.

Develop capacity for advocacy with alcohol, tobacco and other drugs peak bodies.

Aboriginal and Torres Strait Islander people are included in structures that can determine access to services such as diversion system structures (e.g. MERIT, CREDIT and drug courts).

Increase the number of service providers that disseminate advice and offer brief motivational interviews to Aboriginal and Torres Strait Islander people who have early signs and symptoms of problems arising from the use of alcohol, tobacco or other drugs.

Establish screening and brief interventions for pregnant women.

Develop innovative early intervention programs for young people who do not attend school.

Objective 3.6

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

Key action areas

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

Developing educational programs and services for staff and carers who work with people with alcohol and drug-related brain damage and dementia.

Establishing services for chronic sniffers that provide long-term care and support for them and their families.

Examples of actions

Mainstream rehabilitation and detoxification services to consult Aboriginal and Torres Strait Islander people about the appropriateness of their admission and discharge, referral and aftercare policies and procedures.

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

Roll out orientation activities for people with alcohol and drug-related brain damage and dementia.



KEY RESULT AREA 4

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

Recent reports and strategy documents highlight the current imbalance in the range of approaches available to Aboriginal and Torres Strait Islander peoples to deal with the use of alcohol, tobacco and other drugs. Recognition of the complex social, economic, cultural and psychological contexts where alcohol and drug use occurs has led to progressively broadened intervention approaches along the full continuum of possible responses, including health care, law enforcement, justice system responses and education options. Existing services and programs that produce sustainable outcomes require appropriate levels of resourcing.

Programs that incorporate and promote culture, spirituality, language, tradition, a focus on children and the role of Elders and traditional healers should be used. Far more emphasis needs to be placed on family and clan group-based planning for prevention and early intervention initiatives. 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.

This action plan attempts to identify key areas for funding prevention and early intervention strategies. Ideally the range of approaches available should include health promotion, prevention, harm reduction, early intervention, treatment, continuing care, relapse prevention, and home and community care (see box).

It is unrealistic to expect that single agencies can deliver services across the full range of approaches. Rather, local planning and intersectoral collaboration is required to ensure that the mix 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 best outcomes are achieved if local communities drive and/or manage the design, implementation and evaluation of all efforts to reduce harm.

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 drugs use. It is difficult for communities to focus on prevention or health promotion when many are living in a crisis situation. A range of parallel interventions may be required before a community can realise the long-term benefits of broader strategies. Where treatment is the most pressing priority and most effective intervention, it would be unproductive to withdraw resources from treatment to fund other activities.



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 substance use 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 substance use. Strategies may include controlling supply of harmful substances and providing education to the whole community and/or people at high risk from the use of alcohol, tobacco and other drugs about the potential harm that can be caused by their use.

Prevention

Interventions designed to prevent the development of problems and disorders.

Harm reduction

Action to reduce the adverse health, social and economic consequences of alcohol, tobacco and other drugs use, recognising the especially grave danger posed by HIV and hepatitis C.

Early intervention

Interventions targeting people who have early signs and symptoms of problems or disorders and aiming to reduce the impact of the problem or disorder and the damage it may cause to lives. Such interventions would be targeted towards people who are using alcohol, tobacco and other drugs at harmful and hazardous levels and those who are being exposed to damaging social issues such as sexual abuse and domestic violence.

Treatment

Services that support individuals and families to make informed choices about the range of treatment options available to them to reduce, diminish or negate harm. This can include abstinence-based programs.

Continuing care

Actions aiming to provide clinical treatment, rehabilitation and support services to prevent relapse and to 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

Services 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 full range of approaches to Aboriginal and Torres Strait Islander peoples to address the impact of the use of alcohol, tobacco and other drugs, and social and emotional wellbeing and issues related to co-morbidity.

Support the development of culturally appropriate Aboriginal and Torres Strait Islander programs and services to address the impact of the use of alcohol, tobacco and other drugs on families and within their communities.

Key action areas

Exploring measures to reduce the demand for legal and illegal drugs.

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

Targeting new investment (national, regional, local) so that over time communities are better able to set a balance between treatment and preventive interventions.

Improving the quality of a range of services provided across the continuum of care.

Examples of actions

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

Engage local planning and intersectoral collaboration processes to ensure that the mix of services available to communities is appropriate to their current and future needs in relation to 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.

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

Improve care and protection of children.

Ensure access to treatment for people in custody and on community-based orders.

Objective 4.2

Ensure that measures to reduce the supply of harmful substances are included as part of a range of holistic approaches to address the impact of the use of alcohol, tobacco and other drugs.

Key action areas

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

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

Examples of actions

Develop culturally effective tobacco awareness programs for Aboriginal and Torres Strait Islander communities.

Complement strategies that restrict the supply of harmful substances with education about the impact of the use of alcohol, tobacco and other drugs.

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.

Develop and implement local liquor licensing accords.†

† indicates that an action may have particular relevance in rural, remote or isolated locations.

Objective 4.3

Ensure that measures that aim to reduce harm are included as part of a range of approaches to address the impact of the use of alcohol, tobacco and other drugs.

Key action areas

Mainstream and Aboriginal and Torres Strait Islander medical services becoming more inclusive in providing holistic services, and not denying people service because of their use of alcohol, tobacco and other drugs.

Reducing the level of injuries that occur as a result of the impact of licit and illicit drugs, the use of alcohol, tobacco and other drugs and psychoactive substances including overdoses and other harm caused by individual use.

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

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

Examples of actions

Provide treatment in comprehensive care plans enabling engagement, stabilisation and continuing management.

Prevent and delay the uptake of the use of alcohol, tobacco and other drugs through culturally appropriate programs.

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).

Promote injury, mental health and sexual health prevention projects relevant to regional and community locations that target alcohol-related harm.

Promote smoke-free cultural, sporting and community events.

Promote peer education for injecting drug users about safer injecting practices.

Train frontline workers in safer injecting practices.

Implement workplace interventions to reduce exposure to environmental tobacco smoke.

Aim to reduce exposure to environmental smoke in the home to protect the health of children.

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

Develop education programs for upper primary and secondary schools.

Feature Aboriginal and Torres Strait Islander actors in Aboriginal and Torres Strait Islander media ads targeting Aboriginal and Torres Strait Islander smokers.

Develop educational programs that focus on short- and long-term effect of cannabis (especially drug induced psychosis).

Objective 4.4

Ensure that early intervention measures are included as part of a range of approaches to address the impact of the use of alcohol, tobacco and other drugs.

Key action areas

Increasing the awareness of people who use alcohol, tobacco and other drugs at harmful levels about the adverse effects such harmful use may have on their health.

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

Resourcing and supporting communities to develop and extend community-driven strategies to reduce preventive effort.

Improving training of police to enforce liquor licensing laws and give them community support to do so.

Enforcing supply measures in tobacco and alcohol action plans in areas with high Aboriginal and Torres Strait Islander populations.

Examples of actions

Develop tools appropriate for screening Aboriginal and Torres Strait Islander peoples' levels of use of alcohol, tobacco and other drugs.

Use screening and brief intervention for harmful use of alcohol, tobacco and other drugs.

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

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

Employ Aboriginal and Torres Strait Islanders as liquor licensing officers and on liquor licensing boards.

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.

Key action areas

Improving the health status of individuals and families affected by use of alcohol, tobacco and other drugs.

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

Improving networking with Divisions of General Practice and the NACCHO GP Network so that GPs treating Aboriginal and Torres Strait Islander patients have the necessary information and resources to offer appropriate advice and treatment.

Increasing the availability of family-oriented regional residential facilities to include families and young people.

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

Developing and disseminating information about innovative models for managing ante- and post-natal care in relation to alcohol, tobacco and other drugs.

Taking environmental health and safety measures to reduce drug-related harm to individuals, families, and communities.

Examples of actions

Improve the capacity of Aboriginal and Torres Strait Islander community-controlled health services to provide early counselling, screening, and brief motivational advice for use of alcohol, tobacco and other drugs.

Support the GP Network to disseminate skills and information.

Increase the range of culturally appropriate treatment options.

Increasingly implement the expanding range of pharmacotherapies.

Promote culturally acceptable inpatient detoxification capacity for clients for when home detoxification is not safe or appropriate (in health and correctional facilities).

Increase access to culturally appropriate services for Aboriginal and Torres Strait Islander people with dual diagnosis that cover the full continuum of care across hospital and community settings.

Promote policies, practices and resource allocation in alcohol, tobacco and other drugs treatment services that allow for providing family admissions and on-site childcare.

Encourage GPs to increase their skill in addiction treatment, including the fellowship in addiction medicine and in cross-cultural awareness.

Objective 4.6

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

Key action areas

Ensuring that the full range of treatments is available to Aboriginal and Torres Strait Islanders at a level equivalent to that of other Australians.

Designing and developing special services to meet the needs of Aboriginal and Torres Strait Islander people with disabilities related to the use of alcohol, tobacco and other drugs.

Supporting active continuity of care, treatment and follow up for individuals with disabilities related to their use of alcohol, tobacco and other drugs.

Ensuring that the mainstream aged care, disability and supported accommodation programs are culturally sensitive to the needs of Aboriginal and Torres Strait Islander people, and available to Aboriginal and Torres Strait Islander people with disabilities related to the use of alcohol, tobacco and other drugs.

Providing support, counselling and referral services for clients disabled by the use of alcohol, tobacco and other drugs and for their family members.

Examples of actions

Fund the design and development of appropriate relapse prevention programs for individuals, family/clan members, and communities.

Fund the development, implementation and evaluation of Aboriginal early intervention approaches, and identify and promote existing Aboriginal and Torres Strait Islander approaches.

Develop culturally appropriate screening tools and brief interventions for Aboriginal and Torres Strait Islander peoples.

Promote shared case management for clients with co-morbidity issues.

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

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

Local community council or other local agencies to run community renewal programs, backyard blitz and tidy town projects.

Conduct community-based leadership programs.

Deliver treatment in community-based settings and provide outreach services (treatment options) to isolated areas.

Strengthen and improve links and dialogue between Aboriginal and Torres Strait Islander community-controlled organisations, all levels of government and professional bodies.

Elders and community leaders to play a pivotal role in establishing strategies to help their people.

Increase provision of treatment to juvenile and adult correctional populations.

KEY RESULT AREA 5

Workforce initiatives to enhance the capacity of Aboriginal and Torres Strait Islander 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 acceptable services to Aboriginal and Torres Strait Islander peoples.

Aboriginal and Torres Strait Islander communities have community members who need to be recognised for the extent of support they provide. Attention should be paid to supporting and encouraging these people in the work they do.

Increasing the Aboriginal and Torres Strait Islander health workforce is a critical part of the capacity building necessary for creating healthy communities. To ensure access to high quality primary care and drug and alcohol services, Aboriginal and Torres Strait Islander people must be included in planning processes at the national, State and Territory, local and regional levels.

Better access to appropriate training is essential for the Aboriginal and Torres Strait Islander health workforce and people working within community-controlled organisations. The *Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework* (AHMAC 2002) outlines these issues for the health workforce in general. This action plan applies these general workforce principles to the specific context of alcohol, tobacco and other drugs. Training for the Aboriginal community-controlled sector should also be accredited. Education and training should cover clinical work, prevention, and research, continuing professional development and recognition of prior learning. Recruitment, training and employment activity needs to increase the availability of Aboriginal and Torres Strait Islander people competent to provide high quality substance misuse services both in Aboriginal community-controlled and mainstream services.

Aboriginal and Torres Strait Islander people who use drugs and choose not to seek help from community-based organisations are often constrained by a lack of Aboriginal and Torres Strait Islander staff in mainstream agencies. Where Aboriginal community-controlled services are not available, mainstream agencies need to be adequately resourced to ensure they have culturally sensitive services. Training of staff in mainstream health services is central to providing culturally sensitive services, including:

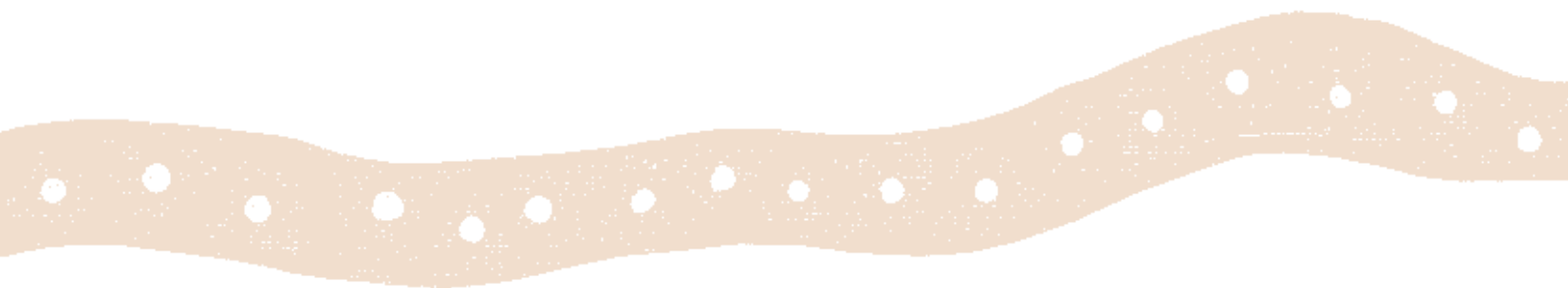
- information about local community culture;
- good practice for clinical, law enforcement, health promotion and prevention workers;
- promoting local Aboriginal and Torres Strait Islander partnerships; and
- recruiting and retaining Aboriginal and Torres Strait Islander staff in mainstream services.

Training of mainstream professions should include a compulsory Aboriginal studies component. People already trained should undertake further professional development that includes Aboriginal studies. Training should be accredited and take into account local community participation. It should include trauma theory as well as alcohol, tobacco and other drugs issues.

Monitoring and evaluation of outcomes of recruitment, training and employment initiatives will be important in ascertaining their effectiveness and quality, and in designing future activity.

Workforce development is more than just training and education activities. It should include:

- training and education at school, undergraduate, postgraduate, professional development and on the job mentoring and support;
- attention to reimbursement and career structures across the community-controlled and mainstream sectors of the human services to ensure each sector can attract and retain staff and do not compete with each other in unproductive ways for the existing workforce;
- workforce regulation that works towards diminishing inter-professional turf wars, recognises those with informal/life experience-based skills and the role of traditional healers where appropriate;
- strategies to address the special workforce needs of rural, remote and under served areas;
- organisational policies and practices to support the workforce once employed;
- strategies to attract back into the workforce Aboriginal and Torres Strait Islanders who have left through burnout or inappropriate and/or culturally insensitive organisational practice;
- industrial relations processes and management practices that recognise the community and cultural responsibilities and obligations of Aboriginal and Torres Strait Islander workers;
- recruitment and retention initiatives that resource organisations to act on gender issues, to use Elders and appropriate community members as support people, and to provide scholarships and incentives for further education and continuing professional development; and
- integrated whole-of-government workforce strategies across the full range of human services.



Objective 5.1

Increase the capacity of community-controlled sector, non-government and government organisations at both an individual and organisational level to provide appropriate services to Aboriginal and Torres Strait Islander people affected by use of alcohol, tobacco and other drugs.

Key action areas

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

Investigating the range of workforce development options available to increase access to primary health care in remote and isolated areas.†

Strengthening the cultural competence of the workforce to deliver services to Aboriginal and Torres Strait Islander peoples affected by alcohol, tobacco and other drugs.

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.

Increasing the capacity of Aboriginal and Torres Strait Islander alcohol, tobacco and other drugs services, community-controlled health and related services to employ and upskill Aboriginal Liaison Officers to provide education to parents about the effects on licit and illicit drug use.

Implementing accredited training programs to ensure future and continuous employment of Aboriginal and Torres Strait Islanders people in service delivery.

Recognising training programs increase the professional development of Aboriginal and Torres Strait Islander service providers.

Supporting and encouraging organisations implementing present and future workforce strategies at rural, regional State and Territory, and national level to make best use of the specific Aboriginal and Torres Strait Islander health and alcohol and drug workforce.

Examples of 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 ACCH organisations to train health workers in the area of alcohol and drug-related harm through accredited courses such as 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.

Create access to support, training, education and resources (e.g. Swinburne, Northern Rivers TAFE) for communities that have identified alcohol and drug-related harms as a local issue.

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

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

In collaboration with regional centres for social and emotional wellbeing, develop an accredited alcohol and drug education and training program for Aboriginal and Torres Strait Islander health workers to address the use of alcohol, tobacco and other drugs in a holistic context.

Training in Aboriginal and Torres Strait Islander alcohol, tobacco and other drugs related problems to become a core requirement in undergraduate and other courses for mainstream service providers.

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

Improve, extend and increase recruitment, employment and training opportunities for Aboriginal and Torres Strait Islander alcohol and drug workers.

Include cultural competence as part of employees' performance indicators.

Develop strategies about learning and development to be included in HR policies.

Adopt strategies to link workforce development to quality assurance processes involved in accreditation.

Review ethical standards for the training and licensing of private security companies.

† indicates that an action may have particular relevance in rural, remote or isolated locations.

Objective 5.1 (continued)

Increase the capacity of community-controlled sector, non-government and government organisations at both an individual and organisational level to provide appropriate services to Aboriginal and Torres Strait Islander people affected by use of alcohol, tobacco and other drugs.

Examples of actions (continued)

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

Recognise and support the establishment of and access to an Aboriginal and Torres Strait Islander alcohol and drug network.

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

Ensure there is recognition of prior learning.

Improve and establish communication liaison/commitment among law enforcement, corrections and health system (e.g. national diversion program, local Aboriginal and Torres Strait Islander community-controlled services and alcohol, tobacco and other drugs services).

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

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

Develop models of education and training for Divisions of General Practice about cultural competencies, building on examples of good practice already under way.

Explore alternatives to the use of Community Development Employment Projects (CDEP) funds to employ Aboriginal and Torres Strait Islander alcohol and other drugs workers, in order to avoid inequities that may arise if only CDEP funds are available for this purpose.

Objective 5.2

Enhance the capacity of Aboriginal and Torres Strait Islander and mainstream organisations and law enforcement agencies to help communities control the supply of alcohol, tobacco and other drugs and psychoactive substances that cause harm.

Key action areas

Providing and maintaining the infrastructure, resources and facilities to deliver culturally appropriate alcohol, tobacco and other drugs services.

Examples of actions

Acknowledge, strengthen and support the capacity of local Aboriginal and Torres Strait Islander community people to play a significant role in addressing use of alcohol, tobacco and other drugs in communities.

Health education programs in schools to focus on alcohol, tobacco and other drugs, and to be run by appropriate people (e.g. classroom teachers, physical and health education teachers, Aboriginal education assistants, and area health workers).

Educate the community to understand the impact of profiting from sale of alcohol.

Objective 5.3

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

Improve, extend and increase education, accredited training and employment opportunities for Aboriginal and Torres Strait Islander workers.

Key action areas

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

Providing opportunities for local community people to be trained in alcohol, tobacco and other drugs issues.

Creating opportunities in the education system for community people to take part in delivering culturally appropriate health education on alcohol, tobacco and other drugs.

Providing access to resources to disseminate information to Aboriginal and Torres Strait Islander communities and service providers.

Examples of actions

Develop and improve Aboriginal alcohol, tobacco and other drugs teams to build community capacity to deal with substance use issues locally (e.g. provide training and resources to build skills/leave skills behind).

Provide adequately resourced education programs about the range of preventive activities.

Establish a network with other service providers for support and to exchange information.

Establish a national interactive website to make information available to community members and workers.

Develop and implement culturally appropriate crime prevention initiatives with key stakeholders.

Objective 5.4

Enhance the capacity of Aboriginal and Torres Strait Islander and mainstream organisations to offer interventions to reduce the harm caused by use of alcohol, tobacco and other drugs.

Mainstream services acknowledge and accommodate the cultural responsibilities of Aboriginal and Torres Strait Islander alcohol and drug workers.

Key action areas

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

Equipping all human service workers and community members with the knowledge and skills necessary to identify hazardous or harmful use of alcohol, tobacco and other drugs early and act to reduce harm.

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

Examples of actions

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

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

Encourage community venues to provide smoke-free areas.

In remote areas, workers involved in out stations dealing with petrol sniffers and/or drinkers to have emergency first aid training and essential communication access to medical advice in case of emergency.

Provide training in recognising and identifying withdrawal.

Provide training in infection control guidelines.

Provide training for all workers in safer injecting techniques.

Provide the alcohol and drug workforce with support networks of counselling and debriefing.

Provide training to improve knowledge of Aboriginal and Torres Strait Islander customs and respect the values of Aboriginal and Torres Strait Islander customs and culture.

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

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

Develop a support service for staff similar to the Bush Crisis Line.†

† indicates that an action may have particular relevance in rural, remote or isolated locations.

Objective 5.5

Support community-developed alcohol, tobacco and other drugs education, and training programs that are culturally appropriate to Aboriginal and Torres Strait Islander people.

Key action areas

Improving the skills of health workers in screening and intervention approaches.

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

Examples of actions

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

Peer involvement in the development and implementation of harm-reduction strategies.

Acknowledge the role and responsibility of organisations other than health care providers in reducing harm.

Objective 5.6

Improve the capacity of Aboriginal and Torres Strait Islander and mainstream organisations to provide effective treatment services to Aboriginal and Torres Strait Islander people affected by use of alcohol, tobacco and other drugs.

Key action areas

Endorsing and incorporating the cultural knowledge and understanding, and competency training of all workers and all services involved in alcohol, tobacco and other drugs services.

Improving the cultural knowledge and competence of clinicians in mainstream alcohol, tobacco and other drugs treatment services

Improving, extending and increasing education, accredited training and employment opportunities for Aboriginal and Torres Strait Islander alcohol and drug workers.

Developing competency-based training and resource packages in studies of alcohol, tobacco and other drugs.

Examples of actions

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

Provide training for workers on brief intervention approaches.

Make updates on options treatment a regular and continuing activity within the sector.

Develop and disseminate culturally sensitive best practice guidelines for clinical management of drug and alcohol issues.

Provide culturally appropriate training, resources and support for people with dual diagnosis (co-morbidity).

KEY RESULT AREA 6

Sustainable partnerships among Aboriginal and Torres Strait Islander communities, government and non-government agencies in developing and managing research, monitoring, evaluation and dissemination of information.

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. Although descriptions of a number of programs have been published, there is relatively little information on research and evaluation of programs to address alcohol, tobacco and other drugs related harm. Better use needs to be made of existing data. Ways to disseminate best practice advice and information about innovative approaches to program staff need to be improved and to take into account local conditions and local Aboriginal and Torres Strait Islander community input.

Aboriginal and Torres Strait Islander people have a lead role in identifying the priorities that guide setting of research agendas. In considering research into alcohol, tobacco and other drugs related harms, it is critical to recognise special issues such as education, law enforcement, family/community violence, and the impact of child abuse. Oral histories and cultural knowledge need to be recognised as an intrinsic component of research about Aboriginal and Torres Strait Islander peoples and their use must be negotiated with Aboriginal and Torres Strait Islander communities.

While Aboriginal and Torres Strait Islander peoples must take and provide leadership in the research area, collaborative approaches with mainstream organisations to share skills and knowledge will be essential to maximise outcomes.

In line with accepted principles of the importance of self-determination and community control, there is a need for a much higher commitment to Aboriginal and Torres Strait Islander ownership at all levels of the processes that lead to the development of research agendas and the determination of culturally appropriate methodologies. All research and evaluation should be conducted in accordance with relevant national guidelines (e.g. NH&MRC *Values and ethics: Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Research*).

The principles inherent in these NH&MRC guidelines should be applied across all disciplines in their research efforts in the alcohol, tobacco and other drugs area. Representation of expert Aboriginal and Torres Strait Islander alcohol and drug professionals needs to be increased on relevant ethics committees. To ensure that this occurs appropriately, support needs to be given to maximise their input. Local communities need to be made aware of how to access Aboriginal and Torres Strait Islander ethics committees in their regions.

Poor identification of Aboriginality and Torres Strait Islander status in data collections limits capacity to monitor health issues among Aboriginal and Torres Strait Islander peoples. A range of efforts, such as the National Performance Indicators for Aboriginal 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 Aboriginal and 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 great potential.

Objective 6.1

Use data collection, monitoring, evaluation, research and dissemination of information as a tool for improving health outcomes for Aboriginal and Torres Strait Islander peoples.

Key action areas

Increasing the availability of information about what works and what doesn't work in approaches to address the impact of alcohol, tobacco and other drugs.

Promoting interdisciplinary research to address the use of alcohol, tobacco and other drugs and their effects.

Improving the capacity of the community sector to conduct research and evaluation.

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.

Conducting research and evaluation in accordance with relevant national guidelines (e.g. the NH&MRC *Guidelines on Ethical Matters in Aboriginal and Torres Strait Islander Health Research*).

Examples of actions

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

Explore better methods for recording morbidity and mortality data.

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

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.

Funding bodies to acknowledge the real costs and time needed to adhere to the NH&MRC guidelines.

Develop protocols for the use of data about Aboriginal and Torres Strait Islanders collected through mainstream research.

Establish Aboriginal and Torres Strait Islander ethics committees and protocols (following the NH&MRC guidelines) where they are not in place.

Objective 6.2

Use monitoring, research, evaluation and dissemination of information to inform control of the supply of alcohol, tobacco and other drugs and develop effective supply reduction and prevention measures in Aboriginal and Torres Strait Islander communities.

Key action areas

Supporting and encouraging collaborative partnerships between researchers and their organisations and Aboriginal and Torres Strait Islander community-controlled organisations to monitor, and evaluate and research measures to reduce the supply of alcohol, tobacco and other drugs.

Masking current and future research about use of alcohol, tobacco and other drugs by Aboriginal and Torres Strait Islander people a priority in the NDS prevention agenda.

Developing performance indicators that reflect community expectations of values to measure the success of law enforcement strategies aimed at reducing the supply of alcohol, tobacco and other drugs.

Examples of actions

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

Support and encourage Aboriginal and Torres Strait Islander community-controlled organisations to monitor and evaluate and research measures to reduce the supply of alcohol, tobacco and other drugs.

Ensure that all monitoring and evaluation of harm-reduction strategies includes attention to their impact at the family and community level and not just for the individual's safety.

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

Improve research knowledge about cannabis use and its effects on communities.

Identify risk factors in a culturally appropriate way to inform the development of effective prevention initiatives.

Acknowledge the value community anecdotal and qualitative information in monitoring and research.

Objective 6.3

Use monitoring, evaluation, research and dissemination of information in reducing harm caused by use of alcohol, tobacco and other drugs in Aboriginal and Torres Strait Islander communities.

Key action areas

Exploring the social determinants of the use of alcohol, tobacco and other drugs and related harms to help develop appropriate preventive interventions.

Examples of actions

Support Aboriginal and Torres Strait Islander communities to develop and evaluate culturally appropriate interventions in mainstream and specialised services.

Conduct action research to improve practice in early intervention in alcohol, tobacco and other drugs programs for Aboriginal and Torres Strait Islander peoples.

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

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

Document and demonstrate the harm-reduction strategies that are effective in particular community settings.

Objective 6.4

Use monitoring, evaluation, research and dissemination of information to inform early intervention services for Aboriginal and Torres Strait Islander people affected by the use of alcohol, tobacco and other drugs.

Key action areas

Encouraging health partnerships in each State and Territory to examine existing research to implement early intervention for alcohol, tobacco and other drugs problems.

Improving methods to disseminate effective early intervention strategies and approaches.

Examples of actions

Adopt continuous quality improvement systems.

Review and critique the impact and outcome of past and current programs for dealing with the use of alcohol, tobacco and other drugs.

Target new investment (national, regional, local) so that over time communities are better able to set a balance between treatment and preventive interventions.

Conduct action research and trials in the use of alcohol, tobacco and other drugs.

Conduct rapid assessment methodology research on illicit drugs in all major centres.

Objective 6.5

Use monitoring and evaluation, research and dissemination of information to improve the quality of treatment outcomes for Aboriginal and Torres Strait Islander people affected by the use of alcohol, tobacco and other drugs.

Key action areas

Increasing and sharing information about what does and does not work in treatment strategies and programs for Aboriginal and Torres Strait Islander people in particular settings.

Developing and implementing monitoring and evaluation strategies to ensure a continuous level of resources in order to ensure they are consistent with identified needs.

Examples of actions

Increase the availability of meaningful Aboriginal and Torres Strait Islander data on the impact of alcohol, tobacco and other drugs.

At the request of Aboriginal and Torres Strait Islander communities, researchers to feed information back at regular intervals in appropriate language and other culturally appropriate communication mediums.

Research proposals to identify all peak bodies that will receive disseminated materials.

Monitor performance and improve quality in a culturally appropriate way.

Objective 6.6

Improve infrastructure and protocols for disseminating the results of research, monitoring and evaluation to Aboriginal and Torres Strait Islander communities and relevant government and non-government organisations.

Key action areas

Creating effective dissemination strategies that target the government, non-government, and community levels.

Supporting a collaborative approach to the development of infrastructure and strategies for dissemination of research monitoring and evaluation results to Aboriginal and Torres Strait Islander communities and other stakeholders.

Examples of actions

Ensure that all research proposals include costed dissemination strategies.

Policy and service organisations to act on issues identified by research and evaluation.

PERFORMANCE MEASUREMENT

This action plan has been developed to complement the existing national tobacco, alcohol, and illicit drugs action plans under the National Drug Strategic Framework. It is a companion action plan to the whole-of-population action plans. The hope is that this complementary or 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 (see box).

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 alcohol, tobacco and others drugs (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 1999-2003 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 for Aboriginal and Torres Strait Islander peoples set out in this complementary action plan.

The addition of this 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 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 2003–2006

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.