



17th April 2014

Committee Secretary
House of Representatives Standing Committee on Indigenous Affairs
PO Box 6021
Parliament House
Canberra ACT 2600

**Re: INQUIRY INTO THE HARMFUL USE OF ALCOHOL IN ABORIGINAL AND TORRES STRAIT
ISLANDER COMMUNITIES**

Dear Sir/Madam,

Please find attached the submission from the Aboriginal Health & Medical Research Council of New South Wales (AH&MRC) in response to the Committee's current inquiry into the harmful use of alcohol in Aboriginal and Torres Strait Islander communities.

The AH&MRC is the peak representative body and voice of Aboriginal communities on health in NSW. We represent our members, the Aboriginal Community Controlled Health Services (ACCHS) that deliver culturally appropriate and high quality comprehensive primary health care to their communities based on an Aboriginal definition of health.

Enquiries regarding this submission can be made by contacting the AH&MRC.

Yours sincerely

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Aboriginal Health & Medical Research Council of NSW
Submission to the Inquiry into the harmful use of alcohol in
Aboriginal and Torres Strait Islander communities

April 2014

Introduction and background

The Aboriginal Health & Medical Research Council of New South Wales (AH&MRC) is the peak representative body and voice of Aboriginal communities on health in NSW. The AH&MRC represents member Aboriginal Community Controlled Health Services (ACCHS) that deliver culturally appropriate and high quality comprehensive primary health care to their communities throughout NSW.

The ACCHS model of comprehensive primary health care is based on an Aboriginal definition of health (National Aboriginal Health Strategy 1989), and can be defined as essential, integrated care based upon practical, scientifically sound and socially acceptable procedures and technology made accessible to communities as close as possible to where they live through their full participation in the spirit of self-reliance and self-determination (AH&MRC 2008). The provision of primary health care for Aboriginal communities requires knowledge of the community and its health problems, with the community itself providing the most effective and appropriate way to address its main health problems including promotive, preventative, curative and rehabilitative services. Primary health care provided by ACCHS provides a sound structure to address all aspects of health, including those arising from social, emotional and physical factors.

AH&MRC counts amongst its members six Aboriginal residential rehabilitation services, and forty ACCHS that include a range of drug and alcohol teams, workers and programs as components of a comprehensive primary health care service. The AH&MRC also hosts the Aboriginal Drug & Alcohol Network of NSW (ADAN) and the NSW Aboriginal Residential Rehabilitation Healing and Drug & Alcohol Network (NARHDAN) and auspices the Social Emotional Wellbeing (SEWB) Workforce Support Unit (WSU) in which many of the targeted workforce are drug and alcohol staff.

The AH&MRC has strong working relationships with the Ministerially appointed National Indigenous Drug and Alcohol Committee (NIDAC), and the Mental Health Drug and Alcohol Office (MHDAO) of the NSW Ministry of Health.

The AH&MRC is well placed to inform this Inquiry about relevant health issues and priorities from an Aboriginal community perspective.

The focus of this submission is providing information relevant to the following two terms of reference of the Inquiry:

- Best practice treatments and support for minimising alcohol misuse and alcohol-related harm
- Best practice strategies to minimise alcohol misuse and alcohol-related harm

Aboriginal community controlled services as best practice models

In NSW, AH&MRC member services, including Aboriginal community controlled residential rehabilitation services and ACCHS delivering a broad range of primary health care services, provide best practice models of treatment and support services for minimizing alcohol misuse and alcohol-related harm, that are delivered by Aboriginal communities for Aboriginal communities.

Services delivered by AH&MRC member services include, but are not limited to:

- **Client case management and counselling:** Many AH&MRC member organisations provide services to Aboriginal people dealing with alcohol (and other substance misuse) issues. Generally these services offer a holistic, regular and ongoing, case management approach to addressing substance misuse and some involve family centered approaches. Linkages and referrals to internal and external services are key to dealing with the complexities of case managing clients with alcohol and substance use issues, as well as housing, welfare, mental health and legal issues. Approaches such as strength based, motivational, behavioural change and client centered models are employed.
- **Outpatient withdrawal management and treatment:** A number of ACCHS provide outpatient withdrawal management options to Aboriginal people as well as alcohol treatment pathways and care management. This includes services that have over a decade of experience offering alcohol treatment programs to their communities, and these services have been used as the basis for other ACCHS to develop similar programs and models.
- **Outreach:** Outreach workers who primarily work within rural and remote regions of NSW engage communities with minimal or no drug and alcohol services. Community engagement is an important facet of this work.
- **Aboriginal residential rehabilitation:** These organisations provide specialist and culturally specific programs to Aboriginal clients. Different models are utilized across NSW. Two out of the six services are inclusive of women and or couples and one service is inclusive of families. Service delivery models vary from therapeutic community modelling to abstinence based models. All of these services have identified alcohol as a primary drug of concern with alcohol misuse related referrals dominating bed occupancy. The AH&MRC has established and supports a state wide network for these services, known as the NSW Aboriginal Residential, Healing and Drug and Alcohol Network (NARHDAN), described in more detail below.

Several networks are facilitated by the AH&MRC and members, and enable opportunities for networking, peer support, information and expertise sharing and cultural mentoring. These workforce support initiatives have been identified by the workforce as an invaluable support for Aboriginal drug and alcohol workers (AH&MRC 2012a)(AH&MRC 2012b)(ADAN 2012).

The Aboriginal Drug & Alcohol Network of NSW (ADAN) was established in 2003 and aims to provide a forum for Aboriginal drug and alcohol workers to network, share information and resources, provide professional, cultural support, and other opportunities for Aboriginal drug and alcohol workers to further develop their skills. ADAN supports Aboriginal drug and alcohol workers from across NSW, facilitates an annual symposium, coordinates an elected Leadership Group, facilitates a Forum for Managers of Aboriginal drug and alcohol workers, and shares information and resources through an email network.

ADAN members consist of Aboriginal drug and alcohol workers from ACCHS, Aboriginal residential rehabilitation services, Local Health Districts and non-government organisations. Since 2003, the network has expanded from some 20 members to almost 100 members. The ADAN Leadership Group also provides external organisations an opportunity to consult key stakeholders on policy development and state-wide projects aimed at the Aboriginal drug and alcohol sector. The Leadership Group aims to strengthen and build local, regional, state and national networks and advocates for enhanced drug and alcohol services for Aboriginal people.

The NSW Aboriginal Residential, Healing and Drug and Alcohol Network (NARHDAN) meets quarterly and shares experience and knowledge on culturally specific best practice within the residential rehabilitation sector. NARHDAN is planning to develop a NSW best practice framework and model of care to establish best practice standards specific to Aboriginal residential rehabilitation in NSW.

Strategies recommended to minimize alcohol misuse and alcohol related harm

Self-determination, autonomy and community control

Any strategies to address the harmful use of alcohol within Aboriginal communities should be underpinned by the principles of self-determination, autonomy and community control (UN Declaration on the Rights of Indigenous Peoples, 2007). Aboriginal people have the right to determine and develop the priorities and appropriate strategies to address the issue of harmful alcohol use within their communities and administer these programs as far as possible through their own ACCHS. Aboriginal people and their organizations should be involved in the planning and delivery of health services for Aboriginal people, as they are aware of the issues within their communities and are best placed to advise on the community's needs and priorities.

Improved integration of drug and alcohol services with primary health care

Alcohol treatment programs for Aboriginal people that are holistic in their approach and that are integrated with primary health care services are more likely to be successful and effective. People with alcohol related disorders often have significant medical comorbidities that require ongoing care, in a similar way to patients with other chronic diseases. Liaising with ACCHS will also allow for clients' other primary health care needs to be identified and effectively managed. This will have significant benefits to Aboriginal clients with comorbid health issues.

Enhanced integration of drug and alcohol treatments within primary health care services will enable a more coordinated and patient-centered approach to engaging and managing clients with alcohol

issues. This will also ensure that clients receive continuity of care that is critical to people with substance use issues, particularly prior to entering, and on leaving a detoxification or rehabilitation facility. Well defined care pathways significantly benefit Aboriginal people who often encounter difficulties accessing specialized services. Improved integration of ACCHS with drug and alcohol treatment services can play a substantial role in ensuring that the typical barriers to entering alcohol treatment programs for Aboriginal clients are minimized. This would require the coordination of funding streams for primary health care services and drug and alcohol services.

Improved access to the spectrum of drug and alcohol services

People with alcohol issues often require care across the spectrum of drug and alcohol services, including prevention and early intervention services (specifically access to pharmacotherapies), harm minimisation services, non-residential treatment services, residential treatment and rehabilitation services, as well as ongoing care. It is vital that Aboriginal people are able to access appropriate care across the range of services that best meets their needs.

Improved access to high quality mainstream programs and services

Many Aboriginal people seeking treatment of their drug and alcohol problems may not have the option of accessing an Aboriginal specific drug and alcohol service. Aboriginal clients are therefore likely to have contact with non-Aboriginal service providers. It is critical that all drug and alcohol services and drug and alcohol workers, including those working in mainstream services, are capable of appropriately responding to and providing a high level of accessible and culturally appropriate care to Aboriginal clients with drug and alcohol issues.

Drug and alcohol workforce development, clinical mentorship, training and advisory support

Networks such as ADAN and NARHDAN, described above, provide important supports for Aboriginal drug and alcohol workers, and should be supported. Mainstream services and government drug and alcohol services in particular may have a role in providing clinical mentorship and greater clinical and advisory support to drug and alcohol workers, particularly those working within the Aboriginal Community Controlled Health Sector.

Appropriate resourcing and funding

Substance use issues and the harmful use of alcohol in particular are a priority issue for Aboriginal communities in New South Wales, although this is not reflected in current health service funding arrangements. Many ACCHS and their communities have independently initiated activities aimed at improving the wellbeing of their communities and reducing the harm from alcohol misuse. The AH&MRC is committed to ensuring that ACCHS delivering drug and alcohol programs are better supported and appropriately resourced in their endeavours to assist Aboriginal people seeking treatment for an alcohol related problem, as well as supporting Aboriginal community initiatives to address alcohol misuse.

Conclusions

The AH&MRC is committed to ensuring that Aboriginal communities and Aboriginal Community Controlled Health Services are better acknowledged and supported in their endeavours to assist Aboriginal people seeking treatment for alcohol related problems and to address the harmful impacts of alcohol in Aboriginal communities. The AH&MRC would like to reinforce the importance of the Inquiry acknowledging the role, experience and knowledge of the Aboriginal Community Controlled Health sector in addressing the harmful use of alcohol within their communities. Partnership approaches are vital to improving health outcomes for Aboriginal people and the expertise of the Aboriginal Community Controlled Health sector can play a significant role in addressing this issue.

The AH&MRC is happy to expand on any information provided in this submission and looks forward to the results of the inquiry.

References

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