

B



Inquiry into the use of alcohol in Aboriginal and Torres Strait Islander Communities

VAADA Vision

A Victorian community in
which the harms associated
with drug use are reduced and
general health and wellbeing is
promoted.

VAADA Objectives

To provide leadership,
representation, advocacy and
information to the alcohol and
other drug and related sectors.

April 2014

The Victorian Alcohol and Drug Association

The Victorian Alcohol and Drug Association (VAADA) is the peak body for alcohol and other drug (AOD) services in Victoria. We provide advocacy, leadership, information and representation on AOD issues both within and beyond the AOD sector.

As a state-wide peak organisation, VAADA has a broad constituency. Our membership and stakeholders include 'drug specific' organisations, consumer advocacy organisations, hospitals, community health centres, primary health organisations, disability services, religious services, general youth services, local government and others, as well as interested individuals.

VAADA's Board is elected from the membership and comprises a range of expertise in the provision and management of alcohol and other drug services and related services.

As a peak organisation, VAADA's purpose is to ensure that the issues for both people experiencing the harms associated with alcohol and other drug use, and the organisations that support them, are well represented in policy, program development, and public discussion.

Introduction

VAADA believes that there are a range of organisations and individuals who are well placed to respond to the broad ranging nature of this inquiry's terms of reference. Therefore we will focus on the latter points related to treatment and support and the minimisation of related harms. In this submission the term Aboriginal is used as the preferred term of the Victorian Aboriginal community to reflect Aboriginal people of Victoria and other Aboriginal or Torres Strait Islander people who may be located here.

VAADA strongly supports the need for mainstream AOD organisations to be equipped to deliver culturally secure and safe services for Aboriginal people and communities. We believe access to high quality programs that sit with mainstream health and community settings is an essential aspect of well-functioning system and hence our interest in responding to these specific terms of reference that can be considered from the perspective of the Victorian AOD sector.

We note that the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) has prepared a submission for this inquiry which we support and note that our comments and recommendations are made as an ancillary of VACCHO's submission.

Recommendations

Specifically, VAADA's submission recommends that:

1. The capacity of mainstream AOD services to deliver culturally appropriate service should be enhanced;
2. The capacity of Aboriginal Community Controlled Health Organisations (ACCHOs) must be built to respond to community need, through additional resources to enhance quality at a systems, organisation, workforce and community level;

3. Additional cost effective AOD treatment programs should be implemented in response to AOD related offending to exert downward pressure on Aboriginal prisoner numbers and reduce the resultant harms of imprisonment;
4. Linkages between mainstream services and ACCHOs should be enhanced, in consultation with local communities to inform this process;
5. Education and early intervention approaches should be integrated into broader health and wellbeing programs linked to identity and community;
6. Harm reduction messaging, not necessarily reflecting abstinence, should be relayed to Aboriginal communities in a culturally appropriate manner; and
7. Mainstream services should develop strategies to reduce stigma.

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

There is a significant evidence-base informing treatment interventions for alcohol dependence. Treatment options include medicated and non-medicated assisted withdrawal, pharmacotherapy, residential and outpatient rehabilitation and a broad range of therapeutic and counselling approaches. However much of this research in mainstream service settings is related to the general population and does not take into account the specific needs and issues for Aboriginal people to access and engage in AOD treatment.

Victorian AOD services need to be resourced to develop capabilities and be supported to implement culturally secure practices that allow them to deliver evidenced informed interventions with Aboriginal service users, families and communities in modalities that are considered culturally appropriate. It is not acceptable for mainstream agencies to apply a 'one size fits all' approach when working with Aboriginal clients; effective strategies need to be developed over time and in consultation with local communities.

Further to this it is essential that the capacity of ACCHO's to respond to community need is built, with strategies to support a flexible and responsive approach to emerging issues. This should be achieved through adequate resourcing and a commitment to quality at a systems, organisational, workforce and community level.

Importantly though, beyond ACCHO's in Victoria, there are systemic limitations in how these treatment interventions are provided to Aboriginal people in a culturally safe and secure modality. It is essential that Aboriginal communities are consulted throughout the development and evaluation of treatment programs in mainstream organisations to ensure community understanding, ownership and recognition of those local programs are delivered in culturally competent environments.

Recent work from NIDAC¹ assessing the cost effectiveness of prison versus residential rehabilitation clearly provides alternate options to prison which are cost effective and reduce recidivism. It is essential that these recommendations are fully explored and resourced in order to ensure interventions to address underlying causes of alcohol dependency are embedded in program delivery rather than only seeking to punish certain behaviours through a law and order focussed approach.

¹ Australian National Council on Drugs 2013, 'prison vs residential treatment', ANCD research paper: 24, http://www.nidac.org.au/images/PDFs/NIDACpublications/prison_vs_residential_treatment.pdf

Best practice strategies to minimise alcohol misuse and alcohol-related harm

It is essential that all approaches are underpinned by the principles of Harm Minimisation. This should include a more equitable balance between supply, demand and harm reduction measures, which must be determined in consultation with Aboriginal communities. It is critical that this encompasses harms associated with substances currently being used and extended to respond to harms related to emerging substances and new trends in substance use. Aboriginal communities are over represented in the justice system, including prisons. This over-representation is a demonstration of continued policy failure, particularly with regard to law and order elements of government policy, and thus necessitates a rebalancing.

Any successful strategies should consider the enhancement of linkages between ACCHO's and mainstream health and community services. The development of collaborative approaches should be determined by Aboriginal organisations, with stronger partnerships being formed where appropriate in consultation with local communities.

VAADA supports the need for mainstream AOD services to make the commitment to build their capacity to work more effectively with Aboriginal populations. It is critical that culturally safe and competent services be provided to address the range of vulnerabilities associated with alcohol dependency in Aboriginal communities.

The provision of high quality services should also be prioritised with further capacity built into mainstream services regarding cultural competence. The development of cultural competency should be seen as an ongoing process of constant improvement and adaptation.

Other strategies developed to minimise related harms should include a more comprehensive focus on reducing demand through education and early intervention approaches. Young Aboriginal people should be supported to build their capacity to make informed cultural and lifestyle choices. Importantly these programs cannot be offered in isolation or as 'one off' sessions. They need to be integrated into broader health and wellbeing programs linked to identity and community.

Another important component is the need for increased harm reduction messaging. Aboriginal services and communities need to play a key role in how strategies are communicated though VAADA supports the importance of providing messages that are credible and reach people where they are at with regard to their alcohol use. Such messages may not specifically relate to abstinence and could consider:

- Reducing the amount of alcohol consumed
- Consuming lower alcohol beverages
- Not mixing drinks
- Ensuring only standard measures of alcohol are consumed
- Drinking non-alcoholic beverages between alcoholic drinks
- Having designated non-drinker at events etc
- Taking breaks and/or having non drinking days
- Ensuring a balanced diet
- Seeking medical advice where required

Importantly all strategies should aim to reduce stigma toward Aboriginal people within mainstream services. Stigma can be compounded for Aboriginal people if AOD use is also occurring and acts as a barrier to service access and the achievement of positive health outcomes. This requires acknowledgement that the drivers for Aboriginal populations to engage in AOD treatment and support will often vary to those for mainstream populations and therefore systems need to be adapted to suit local needs. It is important that flexibility is built into the system to cater for differences between metropolitan, regional and rural communities and that a more equitable approach to service access is designed.

Conclusion

The recommendations contained herein are key to reducing the level of disadvantage and resultant harms associated with alcohol and other drug misuse occurring in Aboriginal communities throughout Australia. Ensuring that AOD treatment services are culturally competent and that they are linked to ACCHOs where appropriate will increase service access, reduce harms and enhance community wellbeing and safety.

Reducing the imprisonment rate of Aboriginal people is crucial to improving overall wellbeing. Necessary components in reducing this rate include addressing service limitations and implementing therapeutic responses to AOD related offending. A one size fits all approach is not appropriate in responding to these issues.

Finally, it is necessary to reduce the harms associated with alcohol consumption within Aboriginal communities through culturally appropriate community lead responses that include evidence informed harm reduction messages which should not specifically relate to abstinence.