NACCHO Submission

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

April 2014

Standing Committee on Indigenous Affairs

NACCHO
National Aboriginal Community Controlled Health Organisation
Aboriginal health in Aboriginal hands
www.naccho.org.au

NACCHO Submission to the Committee Secretary, House of Representatives Standing Committee on Indigenous Affairs

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Executive Summary

This submission intends to inform the Committee with respect to the Terms of Reference established by the House of Representatives Standing Committee into the harmful use of alcohol in Aboriginal and Torres Strait Islander communities, issued on the 14 February 2014.

The National Aboriginal Community Controlled Health Organisation (NACCHO) has provided advice alongside each term that is outlined below based on best practice, current evidence based research in the Aboriginal Community Controlled Health Sector inclusive of literature reviews and data issued by the Australian Institute of Health and Welfare and Australian Institute of Family Studies and World Health Organisation (WHO).

NACCHO in particular notes the Chair of the Committee Dr. Sharman Stone has recognised Aboriginal and Torres Strait Islander people are more likely to abstain from alcohol than non-Aboriginal and Torres Strait Islander people and the concern is the consumption of alcohol it at riskier levels having a greater impact on health.

About NACCHO

NACCHO is the national authority on comprehensive primary health care representing over 150 Aboriginal Community Controlled Health Services (ACCHSs) who are our members on Aboriginal health and wellbeing issues and operate in urban, regional and remote Australia. ACCHSs have over 40 years' experience in the delivery of culturally appropriate comprehensive primary health care to Aboriginal and Torres Strait Islander people. This is achieved by working with our Affiliates, the State and Territory peak Aboriginal Community Controlled Health bodies, to address shared concerns on a nationally agreed agenda for Aboriginal and Torres Strait Islander health and social justice equality.

The Aboriginal Community Controlled Health Sector are the largest private employer industry of Aboriginal and Torres Strait islander people within Australia, estimated at 5,829 workers, 3,215 who are Aboriginal and Torres Strait Islander. The ACCHSs provide 2.5 million episodes of care to an estimated 342,000 Aboriginal and Torres Strait Islander people and other Australians. ACCHS have successfully contributed to the Close the Gap targets that have reduced child mortality rates by 66% and overall mortality rates by 33% over the last two decades.[1]

NACCHO, the Affiliates and ACCHSs are enduring examples of community initiated and controlled responses to community issues. Solutions have been developed in response to the deep-rooted social, political and economic conditions that prevail in many Aboriginal communities and make up the ACCHSs comprehensive primary health care model. We believe that ACCHSs represent the only truly effective and culturally valid mode of delivering effective and sustainable comprehensive primary health care services to Aboriginal and Torres Strait Islander peoples. NACCHO is a living embodiment of the aspirations of Aboriginal communities and our rights to self-determination.

[1] Alford, K (2014) Economic Value of Aboriginal Community Controlled Health Services, http://www.naccho.org.au/resources-downloads/ cited 15 April 2014, p. 5 Executive Summary.

2. Key Messages

- Interventions that are imposed without local Aboriginal Community Control and without culturally appropriate adaptation will simply not work.

- The health of individuals and populations is largely determined by social and economic factors, which can both protect against or increase the risk of ill health or harmful Alcohol and other Drug use. Consideration of these problems must incorporate an analysis of the social, political and cultural determinants of health for Aboriginal and Torres Strait Islander people.

- We must develop a new analytical framework that incorporates the social, political and cultural determinants of health for Aboriginal and Torres Strait Islander people and promotes methods for achieving policy coherence related to these determinants across diverse government departments with clear actions related to each determinant.

- Ways forward must build on, improve and expand the capacity of established Aboriginal Community Controlled Health Services (ACCHSs) to deliver preventative screening and brief intervention programs before the harmful use becomes pronounced. Social and emotional wellbeing programs delivered by ACCHSs help to support Aboriginal and Torres Strait Islander people suffering from alcohol related illness.

- Foetal Alcohol Syndrome and Foetal Alcohol Spectrum Disorders (FASD) must be recognised as a disability and full access to disability and Centrelink support provided, including Commonwealth Rehabilitation Services and Medicare reimbursements.

- Justice targets to reduce the over-representation of Aboriginal and Torres Strait Islander people in detention must be put in place if we are to effectively target harmful use of alcohol.

3. Recommendations

The social and economic determinants of harmful alcohol use across Aboriginal and Torres Strait Islander communities

The health of individuals and populations is largely determined by social and economic factors, which can both protect against or increase the risk if ill health or harmful Alcohol and other Drug use. The Closing the Gap Clearing House (2010) reports a 'consequence of the historical and continuing impact of colonialism and dispossession, which has left many impoverished, marginalised, discriminated against, in a state of poor physical and mental health and with inequitable access to necessary public and private services particularly education, health and employment'. [2]

Reports by the World Health Organisation (WHO) and the National Drug and Research Institute (NDRI) found that social deprivation and associated factors such as income and education are clearly linked to the risk of dependence on alcohol[3]. NACCHO would like to draw the Committee's attention to the 'A sober critique of the Alcohol Mandatory Treatment Bill' written by an alliance of Aboriginal peak Organisations in the Northern Territory who report that:

Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice states the co-morbidity of mental health and harmful substance use among Aboriginal people needs to be contextualised by the legacy of colonisation, racism and marginalisation from dominant social institutions. The international and Australian research clearly demonstrates that health in general; mental health and substance misuse are affected by social and structural factors such as housing, educations, employment, income, transport and access to supportive social networks[4].

The national age standardised imprisonment rate for Aboriginal and Torres Strait Islander people was 1,868 per 100,000 adults, some 14 times the rate for non-Aboriginal and Torres Strait Islander people.[5] The health status of Aboriginal and Torres Strait Islander people published in the Medical Journal of Australia, highlights the devastating impact of high incarceration rates, not just on the individuals but also the communities they are from.[6]

Trends and prevalence of alcohol related harm, including alcohol-fuelled violence and impacts on newborns, e.g. Foetal Alcohol Syndrome and Foetal Alcohol Spectrum Disorders

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2 Gray, D. Wilkes, E (2010) Reducing Alcohol and other Drug related harm, Closing the Gap Clearinghouse, Australian Government, p2.

3 Gray D. Saggers, S. Wilkes, E. Allsop, S. Ober. C (2010) Managing Alcohol related Problems among Indigenous Australians: What the Literature Tell Us, Australian and New Zealand Journal of Public Health (34) p.34-35.

4 Wilkes, E. Gray, D. Saggers, S. Casey, W. Stearne, A. (2010) Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice, Department of Health and Ageing, p. 128.

5 Australian Bureau of Statistics 2011: Prisoners in Australia 2011, Cat no 4517.0,p.8

6 Heffernan E. Andersen K. Dev A. Kinner S. (2012) Prevalence of mental illness among Aboriginal and Torres Strait Islander people in Queensland prisons, Medical Journal of Australia. (197): 37-41, p39.

NACCHO references the National Indigenous Drug and Alcohol Committee (NIDAC) submission to this Inquiry with respect to the prevalence of alcohol related harm. As the leading voice in alcohol and drug policy advice and provides expert advice to the Australian government on ways to address alcohol and drug use issues in Australia.

In particular the evidence indicates people with FASD are ending up in the criminal justice system. NACCHO agrees that this has significant ramifications including: the need for accurate and timely assessment and diagnosis, potential difficulties with people with FASD being able to provide reliable and accurate information, potential diminished responsibility issues; special considerations required regarding management of people with FASD; resulting in increased cost implications. NACCHO does not support any type of punitive measures as an appropriate way to deal with FASD and people should be diverted from prison into other appropriate community based organisations as incarceration is an unethical option for treatment and breaches a number of international human right conventions.

The implications of Foetal Alcohol Syndrome and Foetal Alcohol Disorders being declared disabilities

NACCHO recommends recognition of FASD as a disability including full access to disability and Centrelink support, including access to the Commonwealth Rehabilitation Services and Medicare reimbursements.

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

The NACCHO 10-Point Plan is based on a robust body of work that includes the Close the Gap Statement of Intent and the Close the Gap Targets, both of which have the backing of the Aboriginal and Torres Strait Islander and non-Indigenous health bodies that are members of the Close the Gap Campaign. NACCHO remains focused on creating a healthy future for generational change and our 10-Point Plan enables comprehensive and long-term action. It is based on ***evidence***, targeted to need and capable of addressing the existing inequalities in health services, with the aim of achieving equality of health status and life expectancy between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians by 2030[7].

NACCHO has produced a 'Blue Print for Aboriginal Male Health' that identifies 10 key areas to achieve progress from 2013 to 2030:

- To call on government at all levels to invest specific, substantial and sustainable funding allocation for the, NACCHO Aboriginal Male Health 10 point Blueprint 2013-2030 a comprehensive, long-term Aboriginal male Health plan of action that is based on evidence, targeted to need, and capable of addressing the existing inequities in Aboriginal male health.

[7] Source: NACCHO 10 Point Plan to achieve a Healthy Future for Generational Change (2013) http://www.naccho.org.au/aboriginal-health/naccho-healthy-futures-plan-2013-2030/ accessed 16 April 2014.

- To assist delivering Aboriginal community-controlled, comprehensive primary male health care, services that are culturally appropriate accessible, affordable, good quality, innovative to bridge the gap in health standards and to respect and promote the rights of Aboriginal males, in urban, rural and remote areas in order to achieve lasting improvements in Aboriginal male health and well-being.

- To ensure Aboriginal males have equal access to health services that are equal in standard to those enjoyed by other Australians, and ensure primary health care services and health infrastructure for Aboriginal males are capable of bridging the gap in health standards by 2030.

- To prioritise specific funding to address mental health, social and emotional well-being and suicide prevention for Aboriginal males.

- To ensure that we address Social determinants relating to identity culture, language and land, as well as violence, alcohol, employment and education.

- To improve access to and the responsiveness of mainstream health services and programs to Aboriginal and Torres Strait Islander people's health services are provided commensurate Accessibility within the Primary Health Care Centre may mean restructuring clinics to accommodate male specific areas, or off-site areas, and may include specific access (back door entrance) to improve attendance and cultural gender issues.

- To provide an adequate workforce to meet Aboriginal male health needs by increasing the recruitment, retention, effectiveness and training of male health practitioners working within Aboriginal settings and by building the capacity of the Aboriginal and Torres Strait Islander health workforce.

- To identified and prioritised (as appropriate) in all health strategies developed for Aboriginal Community Controlled Health Services (ACCHSs) including that all relevant programs being progressed in these services will be expected to ensure Aboriginal male health is considered in the planning phase or as the program progresses.

- Specialised Aboriginal male health programs and targeted interventions should be developed to address male health intervention points across the life cycle continuum.

- To build on the evidence base of what works in Aboriginal health, supporting it with research and data on relevant local and international experience and to ensure that the quality of data quality in all jurisdictions meets AIHW standards.

- To measure, monitor, and report on our joint efforts in accordance with benchmarks and targets – to ensure that we are progressively reaching our shared aims

NACCHO acknowledges the Kimberley Aboriginal Law and Culture Centre (KALACC) submission into the inquiry of harmful use of alcohol in Aboriginal and Torres Strait Islander communities and support research undertaken by Professor Michael Chandler demonstrates the presence of Aboriginal community controlled (health and other) services in community is part of a matrix of indicators of community empowerment. Culture is seen as a core component of an empowerment program and the findings of the 'Hear Our Voices' Report identify effective strategies to enhance the social and emotional wellbeing.

In 2007, the Council of Australian Governments (COAG) agreed to a partnership between all levels of government to work with Indigenous communities to achieve the target of Closing the Gap in Indigenous Disadvantage.

The National Indigenous Reform Agreement (NIRA), all Australian governments have shared responsibility for Closing the Gap in Indigenous Disadvantage across six key areas – life expectancy, child mortality, access to early childhood education, literacy and numeracy, education attainment and economic participation. In terms of minimising alcohol misuse and alcohol-related harm these agreements need to be renewed with the incoming coalition government and negotiations with states and territories of their financial commitment to reduce the problems of alcohol related harm and the underlying social and health issues, to date the status of the NIRA remains ***uncertain***.

In addition to securing state and Commonwealth commitment to support for minimising alcohol misuse and alcohol-related harm this should broaden to the Local Government as it is critical to ensure success. Considering the range of services and regulatory functions performed by local government, it is not surprising that issues concerned with this third tier of government about governance and accountability, the delivery of infrastructure, revenue and funding arrangements to local communities.

Best practice strategies to minimise alcohol misuse and alcohol related harm

The Healthy for Life (HFL) Program data covers a range of qualitative and quantitative indicators over the period from 2007 to 2011. These provide information on service profile, organisational infrastructure as well as clinical outcomes in three health priority areas: maternal health, child health and chronic disease. The project provides both the Australian Government and local health services with data that can be used to

inform regular cycles of decision-making to improve health service delivery (at both local and national levels) and program management and policy.

Between 2007 and 2011, approximately 100 primary health care services providing care to Indigenous Australians provided data for the HFL Program and 71 of them were ACCHS. The number of ACCHS submitting data varied in each year, however, in 2010–11, 81 services that provided services to 209,014 clients participated in the HFL Program. Of these, 53 were ACCHS that saw 160,182 clients, 74.3% of whom were Indigenous. The analyses below are for ACCHS that submitted valid data for all reporting periods from 2007–08 to 2010–11, ranging from 20 to 39 services (See Healthy For Life ACCHS Report Card).

Best practice identification to include international and domestic comparisons

NACCHO has identified best practice as the Aboriginal Community Controlled Health sector delivery of an comprehensive primary health care model adopted by ACCHSs is in keeping with the philosophy of Aboriginal community control and the holistic view of health. Addressing the ill health of Aboriginal people can only be achieved by local Aboriginal people controlling health care delivery. Dr. Katrina Alford has produced a recent evidence-based Report (2014)[8] to demonstrate the economic benefit and value that Aboriginal Community Controlled Health Services nationally provide to the Australian economy and society. The report has identified effectiveness and appropriate and ineffective and inappropriate best practice and is a current research report that is based on evidence from the Aboriginal Community Controlled sector including three case studies from urban, remote and regional areas.

[8] Alford, K (2014) Economic Value of Aboriginal Community Controlled Health Services, http://www.naccho.org.au/resources-downloads/ cited 15 April 2014, p. 56-57.

Effective

- Health services focused on body parts and clinical specialities are unlikely to be as effective as those offering a range of primary health care services in one place (Bell et.al.2000).
- Holistic approaches that take into account the full cultural, social, emotional and economic context of Indigenous peoples, including an awareness of ongoing legacy of trauma, grief and loss associated with colonisation (Osborne et.al.2013).
- Community based public health and population health activities are effective (Bell et.al.2000)
- Collective community governed control of health services promotes engagement (Taylor & Thompson 2011, Coombe et al. 2008 in GTGC, 2013).
- Partnerships with Aboriginal organisations within a framework of Aboriginal self-determination, control and Indigenous driven priorities works (GTGC, 2013, research cited in Hunt and Osborne et.al 2013)

Not Effective

- Short-term funding and not continuing to fund programs that have demonstrated success can contribute towards Indigenous people feeling loss, disappointed and anger at being let down by the system (Osborne, 2013)
- Without genuine engagement of Aboriginal people it will be difficult to meet the Council of Australian Government targets for overcoming Indigenous disadvantage.
- Staff operating on assumptions about the Aboriginal community and failing to recognise language difference and diversity within Aboriginal communities (CTGC Hunt, 2013)
- Not training and employing Indigenous staff to contribute towards program implementation and delivery (Osborne, 2013)
- Governments failing to address power inequalities, expecting Aboriginal people to function in western bureaucratic forms and style and favouring western over Indigenous knowledge.
- Racism embedded in organisations, institutions and in individual attitudes and practices.