

Best practice alcohol abuse treatments and support

Introduction

- 4.1 The committee took evidence on the current treatment options for Aboriginal and Torres Strait Islander people who are suffering from alcohol-related harm.
- 4.2 It was evident that there is no 'one-size-fits-all' intervention that effectively treats and minimises the harmful effects of alcohol in Aboriginal and Torres Strait Islander communities.
- 4.3 This chapter explores the experience among health professionals, community groups and other stakeholders related to best practice treatments for harmful alcohol use in Aboriginal and Torres Strait Islander communities. The issues discussed include effective primary care, investment in training and infrastructure, community-based approaches, and social and cultural support.
- 4.4 The evidence to the inquiry indicates that culturally appropriate treatments are important, as is the need to foster evidenced-based approaches to treatments adequate resources for these programs.

Evidence based treatment

- 4.5 The importance of an evidence base to develop best practice treatment strategies for alcohol-related harm was strongly emphasised by a number of peak bodies during the inquiry.

- 4.6 Professor Kate Conigrave, Dr Kylie Lee and Mr Peter Jack emphasise the importance for Aboriginal and Torres Strait Islander young people to have appropriate access to a full range of proven evidence-based treatments for alcohol dependence, including skilled counselling, relapse prevention medications, and management of mental health conditions, adapted to be culturally appropriate and accessible.¹
- 4.7 The Royal Australasian College of Physicians (RACP) submits however that obstacles to treatment can include geographic isolation or development of cultural resources.²
- 4.8 The People's Alcohol Action Coalition (PAAC) states that both national and international experiences and expertise will help inform future policy. They suggest that this is based on an agreed national data collection and reporting system which will allow monitoring of the effectiveness of programs.³
- 4.9 Australian Indigenous HealthInfoNet current resource development program, the Australian Indigenous Alcohol and Other Drugs Knowledge Centre (Knowledge Centre), aims to foster an evidence-based approach to reducing alcohol harm in Aboriginal and Torres Strait Islander communities.⁴
- 4.10 Among its recommendations for future policy, PAAC emphasises that evidenced-based early intervention is vital as a primary means to prevent alcohol-related harms in the future.⁵ PAAC also stress the importance of early intervention in breaking the intergenerational cycle of harmful alcohol use.
- 4.11 The *National Aboriginal and Torres Strait Islander Health Plan 2013-2023* is an evidence based policy framework for improving Aboriginal and Torres Strait Islander health. It has been developed to provide an overarching framework which builds links with other major Commonwealth health activities and identifies areas of focus to guide future investment and effort.⁶

1 Professor Kate Conigrave, Dr Kylie Lee and Mr Peter Jack, University of Sydney, Discipline of Addiction Medicine, *Submission 38*, pp. 2, 10. See also: Royal Australasian College of Physicians (RACP), *Submission 28*, p. 2.

2 RACP, *Submission 28*, p. 29.

3 People's Alcohol Action Coalition (PAAC), *Submission 7.1*, p. 2.

4 Australian Indigenous HealthInfoNet, *Submission 35*, p. 2.

5 PAAC, *Submission 7.1*, p. 3.

6 Department of Health, *National Aboriginal and Torres Strait Islander Health Plan 2013-2023*, 2013.

Culturally sensitive treatment

- 4.12 The Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINM) describes cultural safety as being the absence of racism and appropriate consideration given to the cultural values, meanings and protocols of Aboriginal and Torres Strait Islander people in institutional settings.⁷
- 4.13 The Western Australian Network of Alcohol & other Drug Agencies (WANADA) emphasises the need for cultural awareness and competency, ensuring that any strategies incorporate an Aboriginal and Torres Strait Islander holistic concept of health and well-being and are grounded in an Aboriginal and Torres Strait Islander understanding of the historical factors, including traditional life, the impact of colonisation and its ongoing effects.⁸
- 4.14 The Northern Territory (NT) Government further states that Aboriginal and Torres Strait Islander leadership, community consultation, direction, negotiation and involvement, form the basis of the development of programs, services, policies and strategies that impact the Aboriginal and Torres Strait Islander people.⁹
- 4.15 A key component of adapting strategies to specific cultural needs, as noted by the Australian Drug Foundation (ADF), is to enable Aboriginal and Torres Strait Islander people, organisations and communities to use their unique knowledge and expertise to lead alcohol and drug services that are being provided to Aboriginal and Torres Strait Islander individuals, families and communities.¹⁰
- 4.16 ADF notes that cultural adaptation is an important issue because interventions for alcohol harm designed for non-Indigenous people would not necessarily resonate with an Aboriginal or Torres Strait Islander, given differences of worldview, literacy and language.¹¹
- 4.17 Associate Professor Ezard from St Vincent's Hospital Alcohol and Drug Service explains the concept of 'culturally compelling' interventions for

7 Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINM), *Submission 24*, p. 6. See also: National Centre for Education and Training on Addiction (NCETA), *Submission 34*, p. 9.

8 Western Australian Network of Alcohol & other Drug Agencies (WANADA), *Submission 87*, p. 4.

9 Northern Territory (NT) Government, *Submission 60*, p. 22.

10 Australian Drug Foundation (ADF), *Submission 92*, p. 11.

11 ADF, *Submission 92*, p. 12; the study cited by ADF on 'Motivational Care Planning' can be accessed at <<http://www.substanceabusepolicy.com/content/7/1/33>> viewed 15 May 2015.

alcohol-related harm.¹² This concept recognises that culture has a significant impact on all peoples lifestyle choices, and their understanding of health and illness, and utilises the underlying knowledge of a specific culture to make distinctions on issues that may be culturally bound, that are normally mistaken for common sense issues.¹³

Aboriginal and Torres Strait Islander controlled services

- 4.18 The RACP consider that Aboriginal Community Controlled Health services (ACCHS) have a unique role to play in making treatment services more accessible. There is significant evidence that community control of health organisations can improve access to care, make the healthcare provided more appropriate, and provide a more holistic approach to better serve people with complex needs.¹⁴
- 4.19 The Healing Foundation comments that mainstream services are often not equipped to provide appropriate services to Aboriginal and Torres Strait Islander people suffering from the trauma that leads to alcohol or drug related harm as well as depression, anxiety, and family and domestic violence.¹⁵
- 4.20 The Aboriginal Health Council of South Australia Inc describes how Aboriginal and Torres Strait Islander people can present to ACCHS for a variety of reasons which can provide the chance for early intervention when alcohol-related problems are starting to emerge.
- 4.21 Aboriginal Peak Organisations of the Northern Territory (APO NT) recommends that ACCHS be resourced, at all levels of government, to deliver social and emotional well-being programs (SEWB) for Aboriginal and Torres Strait Islander people together with integrated SEWB, mental health and alcohol and other drug (AOD) services, as effective, evidence-based mechanisms to address harms caused by alcohol.¹⁶
- 4.22 A number of other submissions to this inquiry, including those from state and territory governments, support partnerships between government

12 Associate Professor Nadine Ezard, Clinical Director, The Alcohol & Drug Service, St Vincent's Hospital, Sydney, *Committee Hansard*, Sydney, 5 September 2014, pp. 41-42.

13 Associate Professor Ezard, The Alcohol & Drug Service, St Vincent's Hospital, Sydney, *Committee Hansard*, Sydney, 5 September 2014, pp. 41-42.

14 RACP, *Submission 28*, p. 29.

15 Healing Foundation, *Submission 42*, p. 10.

16 Aboriginal Peak Organisations of the Northern Territory (APO NT), *Submission 72*, p. 6.

and Aboriginal and Torres Strait Islander community groups to deliver evidence-based best-practice treatments for alcohol-related harm.¹⁷

National Indigenous Drug and Alcohol Committee

- 4.23 The National Indigenous Drug and Alcohol Committee (NIDAC) was the leading voice in Aboriginal and Torres Strait Islander alcohol and drug policy advice,¹⁸ until it was abolished in December 2014. NIDAC's responsibilities have been transferred to the Australian National Advisory Council on Alcohol and Drugs (Advisory Council).¹⁹
- 4.24 As part of its advisory role, NIDAC contributed to the development of government policies to address alcohol and drug issues in Aboriginal and Torres Strait Islander communities. NIDAC also worked with the Aboriginal and Torres Strait Islander community controlled health sector, and convened an annual conference to develop the capacity of those working to address alcohol and drug related harms.²⁰
- 4.25 The former Deputy Chair of NIDAC, Mr Scott Wilson, comments that where previously organisations would go to NIDAC for Aboriginal and Torres Strait Islander perspectives on alcohol and drug issues, there is now no single point of contact for such advice.²¹

Training and recruitment

- 4.26 The ACCHS is 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.²²
- 4.27 The vital role of Aboriginal and Torres Strait Islander health workers in alcohol-related harm treatment programs was emphasised. The importance of adequate staffing and sufficient funding for training and

17 See The National Aboriginal and Torres Strait Islander Legal Services and the Human Rights Law Centre, *Submission 58*, p. 5; NT Government, *Submission 60*, p. 31; New South Wales Government, *Submission 62*, p. 8; Central Land Council (CLC), *Submission 68*, pp. 2-3; WANADA, *Submission 87*, p. 5; Queensland Government, *Submission 98*, p. 13.

18 National Indigenous Drug and Alcohol Committee (NIDAC), *Submission 91*, p. 1.

19 The Treasury, *Mid-Year Economic and Fiscal Outlook*, Appendix A: Policy decisions taken since the 2014-15 Budget, December 2014, p. 171.

20 NIDAC, *Submission 91*, p. 1; Mr Scott Wilson, Deputy Chair, NIDAC, *Committee Hansard*, Canberra, 15 May 2014, p. 1.

21 Mr Scott Wilson, Director, Aboriginal Drug and Alcohol Council (SA) Inc. (ADAC), *Committee Hansard*, Adelaide, 5 May 2015, p. 11.

22 National Aboriginal Community Controlled Health Organisation (NACCHO), *Submission 52*, p. 3.

recruitment to deliver these services effectively was also a common theme in the evidence.

4.28 Professor Conigrave, Dr Lee and Mr Jack comment that Aboriginal and Torres Strait Islander health workers have a key role in ensuring accessible and appropriate treatment.²³

4.29 Healing Foundation emphasises that ‘there is a strong need within Australia to develop an appropriately trained and qualified Aboriginal and Torres Strait Islander social and emotional well-being workforce’²⁴ but cautions that several workforce-related issues currently impede the development of the community services sector including:

- high risk of vicarious or secondary trauma in the Indigenous social and emotional wellbeing workforce, many of whom are supporting kin and community members whilst attending to their own trauma and distress
- over-reliance on non-Indigenous professionals who may not have the requisite skills or experience to assist Indigenous people with trauma presentations, and
- inequitable distribution of health and social and emotional wellbeing workers across the country.²⁵

4.30 The National Centre for Education and Training on Addiction (NCETA) agrees that Aboriginal and Torres Strait Islander health and community workers have a vital role to play in dealing with alcohol-related harm in their communities but stresses that they cannot be expected to bear the full brunt of this responsibility and that staff require more investment, training and support.²⁶

4.31 NCETA explains that Aboriginal and Torres Strait Islander AOD workers face unique stressors which include:

- heavy work demands and a lack of clearly defined roles and boundaries reflecting high community need and a shortfall of Aboriginal and Torres Strait Islander AOD workers
- dual forms of stigmatisation stemming from attitudes to AOD work and racism
- difficulties translating mainstream work practices to meet the specific needs of Aboriginal and Torres Strait Islander clients
- challenges of isolation when working in remote areas, and

23 Professor Kate Conigrave, Dr Kylie Lee and Mr Peter Jack, University of Sydney, Discipline of Addiction Medicine, *Submission 38*, pp. 2-3.

24 Healing Foundation, *Submission 42*, p. 10.

25 Healing Foundation, *Submission 42*, p. 10.

26 NCETA, *Submission 34*, p. 7.

- dealing with clients with complex comorbidities and health and social issues.²⁷
- 4.32 The Lyndon Community contends that there is a significant shortfall in those with the training and skills needed to treat Aboriginal and Torres Strait Islander people with alcohol problems, given that few Australian university courses provide drug and alcohol subjects, despite substance misuse being identified as the key issue in areas of work that relate to the health and community service sector.²⁸
- 4.33 NCETA submits that Aboriginal and Torres Strait Islander workers have distinct needs in their workplaces and suggests a number of measures to address these, including establishing professional and peak bodies for Aboriginal and Torres Strait Islander health workers, providing equal pay and working conditions, good infrastructure, promoting AOD work as a career option for Aboriginal and Torres Strait Islander graduates, and addressing any literacy problems.²⁹
- 4.34 The Aboriginal Health & Medical Research Council of New South Wales (AHMRC) notes there are some training and support resources available for Aboriginal and Torres Strait Islander health workers in NSW.³⁰
- 4.35 AHMRC adds that mainstream services and government drug and alcohol services may provide clinical mentorship and greater clinical and advisory support to drug and alcohol workers, particularly those working within the ACCHS.³¹
- 4.36 Mr Bob Goodie from the Kimberley Mental Health and Drug Service commented in Broome:
- We know we are seeing more Aboriginal referrals, because we have the right people in place actually meeting and providing the support people require.³²

27 NCETA, *Submission 34*, p. 7.

28 The Lyndon Community, *Submission 16*, p. 13.

29 NCETA, *Submission 34*, pp. 8-9.

30 Aboriginal Health & Medical Research Council of New South Wales (AHMRC), *Submission 70*, p. 4.

31 AHMRC, *Submission 70*, p. 4. See also: Milliya Rumurra Aboriginal Corporation, *Submission 114*, p. 2.

32 Mr Bob Goodie, Regional Manager, Kimberley Mental Health and Drug Service, WA Country Health Service *Committee Hansard*, Broome, 1 July 2014, p. 14.

Resourcing

- 4.37 The resourcing of treatment and support programs for alcohol-related harm in Aboriginal and Torres Strait Islander communities was emphasised throughout the inquiry.
- 4.38 The PAAC note that a lack of resourcing and administrative deficiencies has affected the sustainability of Aboriginal and Torres Strait Islander-specific projects. Capacity building needs to occur to ensure the continued and ongoing success of these projects. This includes building skill to enable Aboriginal and Torres Strait Islander people to actively participate in and conduct project administration and research. It also includes improving the relevant cultural understandings of non-Indigenous workers and organisations, including language training.³³
- 4.39 PAAC emphasises that short funding cycles have a significantly negative impact on the retention, training and recruitment of staff:
- Short-term funding can undermine community commitment, weaken consistent implementation of quality treatment, and destabilise services through loss of experienced staff and continual diversion of resources into cycles of recruitment and training. Seven year funding blocks should be the standard requirement for effective implementation.³⁴
- 4.40 Ms Ilana Eldridge from the Larrakia Nation Aboriginal Corporation notes that few funding programs provide an administrative component and reiterated the critical role of professional administration in running programs.³⁵
- 4.41 RACP states that under-funding is often due in part to the complexity of the requirements for dealing with Aboriginal and Torres Strait Islander health issues such as alcohol-related harm.³⁶
- 4.42 RACP further comments that the demands placed on existing Aboriginal and Torres Strait Islander clinical staff due to funding constraints make it difficult for them to undergo further training and skills development.³⁷
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33 The Alcohol & Drug Service, St Vincent's Hospital, Sydney, *Submission 63*, p. 13.

34 PAAC, *Submission 7.1*, pp. 17-18.

35 Ms Ilana Eldridge, Executive Officer, Larrakia Nation Aboriginal Corporation, *Committee Hansard*, Darwin, 3 April 2014, p. 32.

36 RACP, *Submission 28*, p. 28. See also: Alcohol & Drug Service, St Vincent's Hospital, Sydney, *Submission 63*, p. 9.

37 RACP, *Submission 28*, p. 28. See also: National Drug Research Institute (NDRI), *Submission 47*, p. 11.

Conclusion

- 4.43 The committee has heard that developing the evidence base for what has worked in treating and supporting Aboriginal and Torres Strait Islander people with alcohol-related conditions is crucial for reducing harmful alcohol use and for informing future policy considerations.
- 4.44 Current evidence suggests that early intervention, as well as sustained, longer-term treatments can be highly effective in reducing harmful alcohol use and preventing alcohol-related harms in Aboriginal and Torres Strait Islander communities.
- 4.45 Given that the provision of alcohol treatment and support programs in Aboriginal and Torres Strait Islander communities is administered by a range of government, non-government and community-controlled health services, the sharing of knowledge and expertise about evidence-based practices is particularly important, but is not always occurring.
- 4.46 Advisory bodies such as NIDAC have played an important role in fostering collaboration, coordination and knowledge-sharing across the AOD sector.
- 4.47 The committee is concerned about the loss of NIDAC, as the specialist body consulting with Aboriginal and Torres Strait Islander people about alcohol and drug-related issues.

Recommendation 9

- 4.48 **That the Commonwealth re-establish the National Indigenous Drug and Alcohol Committee.**
- 4.49 The committee asserts that there are important benefits to be derived from the Commonwealth Government committing funding to conduct research to develop the best practice evidence base for effective alcohol treatments for Aboriginal and Torres Strait Islander people, and to encourage collaboration about what works across the AOD sector.
- 4.50 The committee considers it vital that international evidence is taken into consideration.

Recommendation 10

- 4.51 **That the Commonwealth develop a protocol for the recording and sharing of effective, evidence-based practices in Aboriginal and Torres Strait Islander communities, in particular such practices that have relevance to Aboriginal and Torres Strait Islander communities. This protocol should be available by December 2016.**
- 4.52 The committee notes that short funding cycles for Aboriginal and Torres Strait Islander AOD programs makes it difficult for many organisations and health care providers to remain viable and build relationships, and contributes to difficulty in attracting and retaining suitably trained staff.
- 4.53 The administrative work to apply, run and acquit short term funding grants can also detract from service provision and add pressure to organisations.
- 4.54 The committee also asserts that short term strategies can be counterproductive in engaging with communities and reducing harmful alcohol use and alcohol-related harm. The committee notes that sustained, evidence-based solutions that have community support are clearly preferable over short term measures, and encourages all jurisdictions to incorporate longer timeframes in their strategies to minimise the harmful use of alcohol in Aboriginal and Torres Strait Islander communities.
- 4.55 The committee recommends that Commonwealth Government funding to programs providing treatment and support for Aboriginal and Torres Strait Islander people experiencing problems with alcohol is provided over a longer term cycle, particularly for effective programs.

Recommendation 11

- 4.56 **That where the Commonwealth funds Aboriginal and Torres Strait Islander alcohol treatment and support programs, these are funded over a longer cycle for at least four years, particularly for well-established and successful programs.**
- 4.57 The committee is concerned by evidence that many Aboriginal and Torres Strait Islander alcohol treatment and support workers do not have adequate or equitable access to appropriate training, career support and development, pay and working conditions.

- 4.58 The committee acknowledges there is an urgent need to develop the Aboriginal and Torres Strait Islander alcohol treatment and support workforce to ensure that culturally appropriate and accessible care is available for all Aboriginal and Torres Strait Islander people who require it. Moreover, it is vital Aboriginal and Torres Strait Islander workers in the sector are acknowledged, and appropriately supported in their workplaces.

Recommendation 12

- 4.59 **That the Commonwealth and key Aboriginal and Torres Strait Islander groups ensure access to training and career pathways for alcohol treatment and support workers. The employment conditions should be fair and equitable.**

Effective treatment of harmful alcohol use

- 4.60 The different effective interventions for alcohol-related harm in Aboriginal and Torres Strait Islander communities include medications, counselling and psychological care, social and cultural support, family involvement, follow-up care, and infrastructure such as sobering up shelters.
- 4.61 A lack of access by Aboriginal and Torres Strait Islander people to the best treatment options was frequently raised. Adequate investment, including infrastructure development, was identified as a key component to building best-practice care.
- 4.62 The Lyndon Community emphasises that effective treatments for harmful alcohol use are well documented but that their availability is particularly limited in remote Aboriginal and Torres Strait Islander communities.³⁸
- 4.63 The Victorian Alcohol and Drug Association (VAADA) states that much research in mainstream service settings is not readily applicable to Aboriginal and Torres Strait Islander communities.³⁹
- 4.64 The Aboriginal Drug and Alcohol Council (SA) Inc. (ADAC) emphasises that the National Aboriginal and Torres Strait Islander Drug Strategy should remain the basis of any approach to minimising harmful alcohol

38 The Lyndon Community, *Submission 16*, p. 10. See also: NDRI, *Submission 47*, p. 12.

39 Victorian Alcohol and Drug Association (VAADA), *Submission 29*, p. 3.

use and that only mainstream interventions that are culturally adapted for use in Aboriginal and Torres Strait Islander cases are effective treatment approaches.⁴⁰

- 4.65 ADAC stress that adaptation of mainstream intervention should include:
- ... an understanding of historical factors including traditional life, the impact of colonisation and its ongoing effects. Support for traditional ways of learning, providing teachings on how to attain and maintain connection with creation, and use of elders and returning to country.⁴¹
- 4.66 The National Drug Research Institute (NDRI) states in its submission that effective treatments should include:
- ... withdrawal management, screening, brief interventions, pharmacotherapies, counselling modalities, social support and on-going care (after-care).⁴²
- 4.67 BushMob highlights the need for youth specific AOD treatment programmes given the lack of youth AOD service provision around Australia.⁴³
- 4.68 The Northern Territory Government notes there is a barrier of remote geography in providing intervention services to some communities.⁴⁴
- 4.69 Ms Eileen Hoosan from the Central Australia Aboriginal Alcohol Programmes Unit (CAAAPU) states that different approaches are key to effective treatment and that mandatory treatment can be appropriate for Aboriginal and Torres Strait Islander people suffering from alcohol harm:
- For instance, for our people who are sick, mandated treatment ordered by the tribunal can provide a place of safety and refuge for them to become well enough to make strong decisions and engage in treatment.⁴⁵
- 4.70 CAAAPU states that 'there is no one-size fits all approach to dealing with Aboriginal alcohol and substance abuse'⁴⁶ and states that there needs to be flexible options around the delivery of services which can include

40 ADAC, *Submission 40*, p. 7.

41 ADAC, *Submission 40*, p. 7.

42 NDRI, *Submission 47*, p. 12.

43 BushMob, *Submission 12*, p. 1.

44 NT Government, *Submission 60*, p. 5.

45 Ms Eileen Hoosan, Chairperson, Central Australian Aboriginal Alcohol Programmes Unit (CAAAPU), *Committee Hansard*, Alice Springs, 31 March 2014, p. 23.

46 CAAAPU, *Submission 73*, p. [13].

mandatory and residential treatment options, supported with outreach and aftercare services.⁴⁷

One size does not fit all

- 4.71 A number of submissions to the inquiry also emphasise that a 'one-size-fits all' strategy is not the correct approach to providing effective treatment for alcohol-related harm in Aboriginal and Torres Strait Islander communities.⁴⁸
- 4.72 The Foundation for Alcohol Research and Education (FARE) also emphasises in its submission that flexibility is needed in the treatment of alcohol harm among Aboriginal and Torres Strait Islander people to accommodate differing needs.⁴⁹ They describe a project utilising home detoxification in the Illawarra region of New South Wales as being an example of a diverse treatment option which may be successful in that region but not necessarily in others.⁵⁰
- 4.73 FARE also expresses the view that although Aboriginal and Torres Strait Islander people do access mainstream alcohol treatment services, more needs to be done to adapt these interventions to the Aboriginal and Torres Strait Islander context:
- ... to have access to Aboriginal and Torres Strait Islander staff, peer support groups and that treatment options that integrate the health care of the individual, the family and the community.⁵¹
- 4.74 FARE recommends psychosocial interventions, pharmacotherapy and aftercare as examples of evidenced based care that it believes should receive further support.⁵²
- 4.75 Queensland Aboriginal and Torres Strait Islanders Corporation for Alcohol and Drug Dependence Services (QAIAS) considers that best practice treatment is holistic and considers the complex history of each individual based on a comprehensive medical, social and psychological assessment.⁵³ They note that treatment considers physical and mental

47 CAAAPU, *Submission 73*, p. [13].

48 See VAADA, *Submission 29*, pp. 3, 5; Alcoholics Anonymous (AA) Australia, *Submission 64*, pp. 14, 20; The Australian Society for Medical Research (ASMR), *Submission 75*, p. 5; Royal Australian College of General Practitioners (RACGP), *Submission 82*, p. [5]; University of Wollongong, *Submission 88*, p. 14.

49 Foundation for Alcohol Research and Education (FARE), *Submission 83*, p. 32.

50 FARE, *Submission 83*, p. 32.

51 FARE, *Submission 83*, p. 33.

52 FARE, *Submission 83*, p. 33.

53 Queensland Aboriginal and Torres Strait Islanders Corporation for Alcohol and Drug Dependence Services (QAIAS), *Submission 110*, p. 3.

health challenges, legal issues, domestic violence, childhood trauma, emotional well-being, cognitive functioning (FAS or FASD impacts), educational background and social relationships.⁵⁴

Residential rehabilitation

- 4.76 A number of witnesses refer to the need for more specialist residential rehabilitation services catering for Aboriginal and Torres Strait Islander people.⁵⁵
- 4.77 Professor Peter d'Abbs notes that while the states and territories are responsible for funding prevention and treatment services, the Commonwealth has provided funding for residential rehabilitation services for Aboriginal and Torres Strait Islander people for a long time.⁵⁶
- 4.78 The Department of the Prime Minister and Cabinet (PM&C) provided evidence that in the 2013-14 financial year, funding of \$72.671 million was allocated for the Indigenous Drug and Alcohol Treatment Services programme.⁵⁷
- 4.79 The Lyndon Community provided a map of the distribution of residential programs in NSW to show that there is a lack of accessible residential withdrawal and rehabilitation services in rural New South Wales, particularly in the central and western parts of the state.⁵⁸
- 4.80 The Lyndon Community further comments that residential rehabilitation services are seen by many communities as the most effective approach for a number of reasons, such as ensuring a safe and controlled environment for the patient, and providing relief to those affected by the person misusing alcohol.⁵⁹ Lyndon Community notes, however, that an understanding of different and in some cases more appropriate treatment options is sometimes lacking.⁶⁰
- 4.81 The Lyndon Community states that while residential rehabilitation is a popular treatment preference, particularly in the justice system, it may not be the best option in all cases.⁶¹
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54 QAIAS, *Submission 110*, p. 3.

55 Mrs Rebecca MacBean, Chief Executive Officer, Queensland Network of Alcohol and other Drugs Agencies (QNADA), *Committee Hansard*, Brisbane, 20 June 2014, p. 49; Mr Daniel Morrison, Chief Executive Officer, Aboriginal Alcohol and Drug Service, *Committee Hansard*, Perth, 30 June 2014, p. 27.

56 Professor Peter d'Abbs, Menzies School of Health Research, *Submission 99*, p. 3.

57 Department of Prime Minister and Cabinet (PM&C), *Submission 102*, p. 18.

58 The Lyndon Community, *Submission 16*, p. 12.

59 The Lyndon Community, *Submission 16*, pp. 10-11.

60 The Lyndon Community, *Submission 16*, pp. 10-11.

61 The Lyndon Community, *Submission 16*, pp. 2, 10.

- 4.82 NIDAC commissioned a cost-benefit analysis of establishing a 'break the cycle' network of Aboriginal and Torres Strait Islander-specific residential rehabilitation services for courts to use as an alternative to incarceration. It found that there were significant benefits, both financial and in terms of improvements in health and mortality, associated with the diversion of offenders into residential rehabilitation rather than incarceration.⁶²
- 4.83 The Central Land Council (CLC) reports that residential based treatment centres are often under-resourced and unable to provide the level of service required to assist clients with support beyond their time in the centre. CLC contends that if more resources to assist people with employment/training, accommodation and education were provided, this would increase the effectiveness of the program once people exit.⁶³

Sobering up Shelters

- 4.84 A number of submissions to the inquiry indicate that sobering-up shelters are needed as part of a best-practice treatment framework for alcohol-related harm in Aboriginal and Torres Strait Islander communities.⁶⁴
- 4.85 Sobering up shelters are a place where intoxicated people are taken and can recover from the intoxication, shower or have a meal. In Tennant Creek, their clothes are also washed.
- 4.86 The NT Government describes that sobering up shelters:
... provide care, protection and a safe environment for people found to be intoxicated in public, thereby limiting the risk of harm to individuals and the community and reducing police incarceration.⁶⁵
- 4.87 Evidence was given that these overnight stays keep people alive but do not deal with the problems underlying the addiction.

62 NIDAC, *Submission 94*, Attachment 7, p. xi.

63 CLC, *Submission 68*, p. 4.

64 See Victorian Aboriginal Community Controlled Health Organisation (VACCHO), *Submission 33*, p. [6]; NCETA, *Submission 34*, p. 6; ADAC, *Submission 40*, p. 8; National Alliance for Action on Alcohol (NAAA), *Submission 54*, p. [3]; The Alcohol & Drug Service, St Vincent's Hospital, Sydney, *Submission 63*, p. 10; CLC, *Submission 68*, p. 4; FARE, *Submission 83*, pp. 11, 36-37; Central Australian Aboriginal Congress Aboriginal Corporation (CAACAC), *Submission 84*, p. 5; NIDAC, *Submission 94*, p. 3; Tangentyere Council Inc., *Submission 95*, p. 7; PM&C, *Submission 102*, p. 11.

65 NT Government, *Submission 60*, p. 50.

Detoxification and withdrawal management

- 4.88 A range of witnesses gave evidence on the need to improve access to detoxification and withdrawal services, and for improved coordination with rehabilitation and other treatment services.
- 4.89 Professor Conigrave, Dr Lee and Mr Jack was concerned that there is a lack of withdrawal management services available to Aboriginal and Torres Strait Islander people, and poor coordination between withdrawal management and rehabilitation services. They stated that there is anecdotal evidence of general hospitals being reluctant to admit Aboriginal and Torres Strait Islander people for withdrawal management.⁶⁶
- 4.90 Similarly, the Indigenous Health Unit, University of Wollongong, was concerned that while a number of detoxification and rehabilitation services have been developed for Aboriginal and Torres Strait Islander people in New South Wales, these services are not always accessible due to lack of resourcing.⁶⁷
- 4.91 FARE provided the example of a successful home detoxification service for Aboriginal and Torres Strait Islander people in the Illawarra region of New South Wales.⁶⁸
- 4.92 Tangentyere Council referred to the need for providing medically-supervised detoxification services as part of its sobering up shelter program.⁶⁹
- 4.93 Mr Selwyn Button from the Queensland Aboriginal and Islander Health Council (QAIHC) said that alcohol treatment management services in Queensland, including detoxification services, could be better coordinated.⁷⁰
- 4.94 Ms Nadia Currie from the Aboriginal Health Council of Western Australia (AHCWA) drew the committee's attention to the shortfall of detoxification facilities in the Kimberley. Aboriginal and Torres Strait Islander people requiring detoxification often needed to travel to Perth or Katherine.⁷¹

66 Professor Kate Conigrave, Dr Kylie Lee and Mr Peter Jack, University of Sydney, Discipline of Addiction Medicine, *Submission 38*, p. 7.

67 Indigenous Health Unit, University of Wollongong, *Submission 78*, p. 2.

68 FARE, *Submission 83*, p. 32.

69 Tangentyere Council, *Submission 95*, p. 21.

70 Mr Selwyn Button, Chief Executive Officer, Queensland Aboriginal and Islander Health Council (QAIHC), *Committee Hansard*, Brisbane, 20 June 2014, p. 28.

71 Ms Nadia Currie, Principal Policy Officer, Aboriginal Health Council of Western Australia (AHCWA), *Committee Hansard*, Perth, 30 June 2014, p. 32.

- 4.95 Mr Gillie Freeman from the Galiamble Men's Recovery Centre said that people accessing their service needed to go through detoxification first, and that there was currently a three month wait for detoxification beds. This delay caused many to give up on their treatment.⁷²

Screening and brief interventions

- 4.96 Screening and brief interventions are used to help identify excessive drinking patterns and provide an opportunity for intervention to help risky drinkers reduce or cease consuming alcohol. Screening and brief interventions are usually carried out in local health clinics and hospitals. A number of witnesses gave evidence that screening and brief interventions can be effective in reducing people's alcohol intake and in identifying those who require further treatment or referral.⁷³
- 4.97 The Victorian Aboriginal Community Controlled Health Organisation (VACCHO) reported that brief interventions have resulted in fewer deaths and a larger reduction in alcohol consumption compared to those in control groups.⁷⁴
- 4.98 QAIAS gave evidence that the brief intervention component of its outreach services provide the opportunity for a dialogue to occur around alcohol use and promoting a healthier lifestyle, particularly for women of childbearing age.⁷⁵
- 4.99 The Royal Australian College of General Practitioners (RACGP) found it concerning that there was evidence suggesting that general practitioners are not routinely screening for alcohol problems, or carrying out brief interventions.⁷⁶
- 4.100 The Australasian College for Emergency Medicine (ACEM) consider that within the constraints of the busy acute care setting, there is an opportunity for clinicians to deliver screening, brief intervention and referral for treatment (SBIRT) for risky drinkers. They note that international research suggests that SBIRT can be an effective tool to identify, reduce, and prevent high risk use or abuse of alcohol and other drugs. SBIRT involves:

72 Mr Gillie Freeman, Counsellor/ Assistant Manager, Galiamble Men's Recovery Centre, *Committee Hansard*, Melbourne, 30 May 2014, p. 15.

73 RACGP, *Submission 82*, p. 4; Dr Tim Senior, Medical Advisor, RACGP, *Committee Hansard*, Melbourne, 30 May 2014, p. 22; VACCHO, *Submission 33*, p. 5.

74 VACCHO, *Submission 33*, p. 5.

75 QAIAS, *Submission 110*, p. 7.

76 RACGP, *Submission 82*, p. 4.

- a healthcare professional assessing a patient for risky drinking and/or drug taking using a standardized screening tool
 - conducting a structured conversation about risky alcohol and/or drug use
 - providing feedback and advice, and
 - referring the patient to a brief therapy or additional treatment if appropriate.⁷⁷
- 4.101 ACEM also recommends dedicated AOD workers in emergency departments who can screen patients and offer a brief intervention and follow-up as necessary.⁷⁸

Aftercare

- 4.102 A number of witnesses gave evidence that comprehensive after care was important for supporting clients transitioning out of residential care. For example, CAAAPU comments that residential rehabilitation programs must be supported by strong aftercare planning and outreach support.⁷⁹
- 4.103 Mr Stewart Naylor from the Barkly Region Alcohol and Drug Abuse Advisory Group (BRADAAG) asserts that in order for individuals to make lifestyle changes, a 24 month follow-up and after care plan is desirable.⁸⁰
- 4.104 Several witnesses expressed concern that there was limited capacity amongst service providers for the provision of aftercare for people completing treatment.⁸¹ For example, the Central Australian Aboriginal Legal Aid Service (CAALAS) note that in Alice Springs, there are two alcohol rehabilitation programs that treat clients on court orders, however these programs have restricted capacity and provide little comprehensive aftercare.⁸²
- 4.105 Ms Elizabeth Stubbs from the Council for Aboriginal Alcohol Program Services (CAAPS) says that capacity constraints mean that less transitional housing reduced support for people to reintegrate into the community.⁸³

77 Australasian College for Emergency Medicine (ACEM), *Submission 133*, p. 2.

78 ACEM, *Submission 133*, p. 2.

79 CAAAPU, *Submission 73*, p. 3.

80 Mr Stewart Naylor, Chief Executive Officer, Barkly Region Alcohol and Drug Abuse Advisory Group (BRADAAG), *Committee Hansard*, Tennant Creek, 1 April 2014, p. 2.

81 FARE, *Submission 83*, p. 33.

82 Central Australian Aboriginal Legal Aid Service (CAALAS), *Submission 56*, p. 16.

83 Ms Elizabeth Stubbs, Clinical Supervisor, Council for Aboriginal Alcohol Program Services (CAAPS), *Committee Hansard*, Alice Springs, 31 March 2014, p. 3.

- 4.106 The RACP comments that intense aftercare for typically long periods is a vital part of treating alcohol-related harm and access difficulties can exist for Aboriginal and Torres Strait Islander people in more remote areas:
- However Aboriginal and Torres Strait Islander people may be returning to rural or remote communities where there is limited or, more often, no access to treatment or support services. Severe alcohol dependence typically behaves as a chronic disease, with periods of remission and relapse. Treatment and support services for alcohol dependence should be informed by models for chronic disease management.⁸⁴
- 4.107 Ms Eileen Hoosan from CAAAPU said that strong aftercare planning and outreach support is best provided in the context of family and community, and requires appropriate resourcing and security of funding.⁸⁵
- 4.108 Meanwhile, other commentators referred to how difficult it is for people to cease drinking in communities which continue to have a serious problem with alcohol.⁸⁶

Conclusion

- 4.109 In reviewing the evidence on best practice treatment options, the committee observes that there is no single solution.
- 4.110 The severity and complexity of harmful alcohol use and alcohol-related harms differ greatly both within and between different communities. Therefore a range of interventions, treatments and support options are required, depending on the needs of individuals, their age and gender, families and communities.
- 4.111 The committee is concerned that for geographic, cultural or other reasons, many do not have access to the range of best practice alcohol treatment and support options that are available to some other Australians in metropolitan settings.
- 4.112 The committee is concerned that there are not enough residential rehabilitation places for those who voluntarily seek help. The long waiting

84 RACP, *Submission 28*, p. 28.

85 Ms Eileen Hoosan, Chairperson, CAAAPU, *Committee Hansard*, Alice Springs, 31 March 2014, p. 23.

86 See, for example: Mr Noel Hayes, Chairperson, CAALAS, *Committee Hansard*, Alice Springs, 31 March 2014, p. 20; Ms Patricia Brahim, Chief Executive Officer, Julalikari Council Aboriginal Corporation, *Committee Hansard*, Darwin, 1 April 2014, p. 25.

times and having to relocate for months at a time may detract for an individual who would otherwise seek help.

- 4.113 Although there is some evidence that mandatory treatment can help some individuals the committee is concerned about mandatory treatment when there is no community follow-up. The committee was also concerned about the recriminalisation of drunkenness. The committee believes priority should be given to voluntary rehabilitation.
- 4.114 The importance of detoxification and withdrawal support were stressed to the committee. Where appropriate, these and other forms of treatment should be available to individuals with an alcohol problem. Aftercare should be built into all treatments to support those who are endeavouring to reduce drinking.
- 4.115 Given the overrepresentation of alcohol-related harm in some Aboriginal and Torres Strait Islander communities, the committee recommends that Aboriginal and Torres Strait Islander people be provided with better access to a full suite of evidence-based alcohol treatment and support options, bearing in mind that reducing the social and economic drivers of harmful drinking will ultimately make treatment and rehabilitation less necessary.
- 4.116 Give many crimes placing Aboriginal and Torres Strait Islander people in prison are alcohol related, prison authorities should focus on the treatment of addictions, as well as addressing the social and economic determinants of alcohol abuse. This is particularly important for young people, who should receive literacy, English language training, employment related skills development and parenting skills training.

Recommendation 13

- 4.117 **That the Department of the Prime Minister and Cabinet ensure that a full range of evidence-based, best practice treatments are available in order to meet the needs of all Aboriginal and Torres Strait Islander people, regardless of where they live. The treatment services should provide for families, follow-up services, and include detoxification and rehabilitation.**