Intergovernmental Committee on Drugs

National Aboriginal and Torres Strait Islander Peoples' Drug Strategy

2014 - 2019

A sub-strategy of the National Drug Strategy 2010 - 2015

Contents

1. Executive Summary

The *National Aboriginal and Torres Strait Islander Peoples' Drug Strategy 2014–2019* (the Strategy) is a sub-strategy of the *National Drug Strategy 2010–2015* (NDS).

The NDS aims to build safe and healthy communities by minimising alcohol, tobacco and other drug related health, social and economic harms among individuals, families and communities.

We acknowledge the traditional owners of country throughout Australia and the continuing connection to land and community. We pay our respect to elders both past and present.

The overarching goal of the Strategy is to improve the health and wellbeing of Aboriginal and Torres Strait Islander people by preventing and reducing the harmful effects of alcohol and other drugs (AOD) on individuals, families, and their communities.

The Intergovernmental Committee on Drugs (IGCD) manages the ongoing work of the NDS. The committee is a Commonwealth, state and territory government forum of senior officers who represent health and law enforcement agencies in each Australian jurisdiction and New Zealand, as well as representatives of the Australian Government Department of Education, the Australian National Preventive Health Agency and the Australian Crime Commission.

The Strategy has been developed as a guide for governments, communities, service providers and individuals to identify key issues and priority areas for action relating to the harmful use of AOD. It acknowledges that responsibility for implementing policies and programs to reduce the harmful use of AOD in Aboriginal and Torres Strait Islander communities is a matter that cuts across different levels of government and agencies, and a range of sectors within the community. The Strategy builds on the national framework provided by the NDS, and has been informed by community consultation undertaken in May 2013 (Appendix 1).

Aboriginal and Torres Strait Islander peoples experience a disproportionate amount of harms from AOD use. Drug-related problems play a significant role in disparities in health and life expectancy between Aboriginal and Torres Strait Islander people and non-Indigenous Australians.[1]

The Strategy is intended to address all harmful AOD use. At the same time, the Strategy acknowledges that Aboriginal and Torres Strait Islander people, families and communities are most affected and traumatised by the violence that results from harmful use of particular drugs, being alcohol, stimulants (including amphetamine type stimulants such as 'ice'), inhalants and pharmaceuticals. It recognises the significant impact of history on current issues experienced by Aboriginal and Torres Strait Islander communities and seeks to identify and maximise existing community strengths as a basis for action in the future.

Principles

Consistent with the NDS, the overarching approach of the Strategy is harm minimisation, which encompasses the three pillars of:

- **demand reduction** to prevent the uptake and/or delay the onset of use of alcohol, tobacco and other drugs; reduce the misuse of alcohol and the use of tobacco and other drugs in the community; reduce the misuse of alcohol and the use of tobacco and other drugs in the community; and support people to recover from dependence and reintegrate with the community.
- **supply reduction** to prevent, stop, disrupt or otherwise reduce the production and supply of illegal drugs; and control, manage and/or regulate the availability of legal drugs.
- **harm reduction** to reduce the adverse health, social and economic consequences of the use of alcohol, tobacco and other drugs.

Acknowledging this approach and also recognising the diversity of populations and locations of Aboriginal and Torres Strait Islander populations, an additional four principles underpin this Strategy:

Aboriginal and Torres Strait Islander ownership of solutions: Aboriginal and Torres Strait Islander people should be meaningfully included and genuinely consulted regarding the development of solutions to harmful AOD use. Aboriginal and Torres Strait Islander ownership of solutions should occur from inception and planning, right through to implementation and provision, and monitoring and evaluation of any solutions.

Holistic approaches that are culturally safe, competent and respectful: Aboriginal and Torres Strait Islander health and wellbeing is understood in a holistic context. Aboriginal peoples have a holistic view of health that focuses on the physical, spiritual, cultural, emotional and social well-being of the individual, family and community. A holistic approach emphasises the importance of strengthening cultural systems of care, control and responsibility. AOD use should be seen in the context of the individual, family and community/environment. AOD use impacts on each of these areas and needs to be considered when choosing and developing appropriate interventions. Approaches need to respect the cultural rights, values, beliefs and expectations of Aboriginal and Torres Strait Islander people. Aboriginal and Torres Strait Islander leadership, community consultation, direction, negotiation and involvement form an essential part of this process as does working in partnership with Aboriginal and Torres Strait Islander communities.[2]

Whole-of-government effort and partnerships: Solutions to harmful AOD use invariably require multiple government-agency engagement at the Commonwealth, state/territory and local government level in policy development, program management and service delivery. Appropriate responses should involve all relevant government departments, including, but not limited to, justice and law enforcement, health, housing, employment, welfare, and child and family services. In addition to government agencies, there is a need for this to be done in partnership with Aboriginal and Torres Straits Islander community-controlled organisations and the non-government sector.

Resourcing on the basis of need: In order to achieve improvement of outcomes in relation to AOD issues for Aboriginal and Torres Strait Islander peoples, available resources should be provided in a well-targeted manner that supports sustainability and evidence-based results, includes a range of short-term and long-term funding models, and is coordinated across funding sources.

Priority areas and outcomes

Influenced by the principles and building on the current evidence base and community consultation, four priority areas for action have been identified.

Priority area one

Build capacity and capability of the AOD service system, particularly Aboriginal and Torres Strait Islander-controlled services and its workforce, as part of a cross-sectoral approach with the mainstream AOD services to address harmful AOD use.

Priority area two

Increase access to a full range of culturally responsive and appropriate programs, including prevention and interventions aimed at the local needs of individuals, families and communities to address harmful AOD use.

Priority area three

Strengthen partnerships based on respect both within and between Aboriginal and Torres Strait Islander peoples, government and mainstream service providers, including in law enforcement and health organisations, at all levels of planning, delivery and evaluation**.**

Priority area four

Establish meaningful performance measures with effective data systems that support community-led monitoring and evaluation.

All of the priorities are directed at:

- Reduction in the proportion of people consuming alcohol at risky levels.
- Reduction in levels of illicit and licit drug use.
- Reduction in AOD-related offending and involvement in the criminal justice system.
- Reduction in the proportion of people smoking tobacco.
- Reduction in blood-borne viral infections due to injecting drug use .

For each priority area there are a range of intended outcomes and suggested actions for how these can be achieved. Full details are included in Section 6.

Outcome 1.1

- Community-controlled AOD services are supported to lead the delivery of programs to address harmful AOD use.
- Community-controlled AOD services take leadership in design and delivery of programs to address harmful AOD use.

Outcome 1.2

- Mainstream AOD services are supported to deliver programs to address harmful AOD use in Aboriginal and Torres Strait Islander communities, families and individuals.

Outcome 1.3

- Workforce initiatives are developed to enhance the capacity and capability of community-controlled AOD services.

Outcome 1.4

- Cross-sectoral effort is supported and enhanced to ensure an integrated approach.

Outcome 2.1

- Culturally appropriate Aboriginal and Torres Strait Islander programs and services are supported that address prevention programs, the impact of alcohol, tobacco and other drugs on individuals and families, and within their communities.

Outcome 2.2

- Participation of Aboriginal and Torres Strait Islander people using AOD services is improved.

Outcome 2.3

- A range of interventions are developed that cross the three pillars of harm minimisation and are aimed at the individual, family and community.

Outcome 2.4

- Interventions are based on locally identified needs and form part of an integrated and cross-sectoral approach at the regional level.

Outcome 3.1

- Community driven partnerships are strengthened at the local level to address harms associated with alcohol and other drugs.

Outcome 3.2

- Community leaders and Elders take responsibility and a leading role, in partnership with government, to design, deliver and evaluate alcohol, tobacco and other drugs programs.

Outcome 3.3

- Partnerships between Aboriginal and Torres Strait Islander community-controlled AOD services and mainstream AOD services are enhanced and strengthened.

Outcome 3.4

- Partnerships between government and AOD service providers (both community-controlled and mainstream services) are based on mutual respect and community strengths.

Outcome 3.5

- Current and emerging issues associated with AOD use and the criminal justice system are effectively addressed.

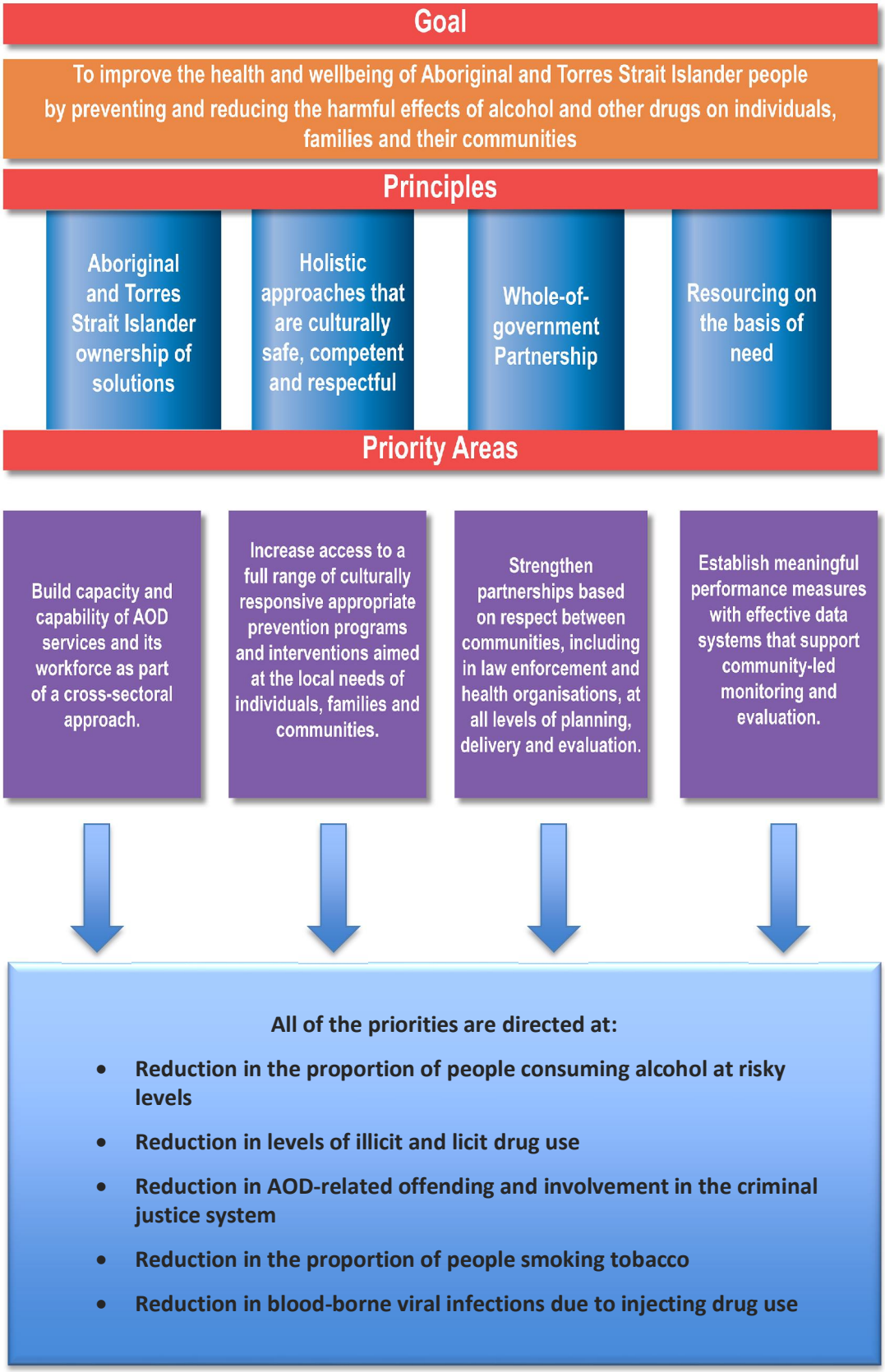
Outcome 4.1

- Performance measures reflect meaningful outcomes aimed at the individual, family and community.

Outcome 4.2

- Data systems and quality assurance programs are in place to inform investment in sustainable program delivery.

Overview of the Strategy



2. Background

Introduction

As a sub-strategy of the *National Drug Strategy 2010-2015* (the NDS), the *National Aboriginal and Torres Strait Islander Peoples Drug Strategy* (the Strategy) endorses the right of every Australian, and in particular every Aboriginal and Torres Strait Islander Australian, 'to the enjoyment of the highest attainable standard of health as a fundamental right of every human being ...' in accordance with the World Health Organisation Constitution[3] and other instruments that relate to health and human rights. A rights-based approach to alcohol and other drug (AOD) issues for Aboriginal and Torres Strait Islander peoples provides equal opportunity to the availability, accessibility, acceptability and quality of services.

Background

The NDS committed to the development of a National Aboriginal and Torres Strait Islander Peoples' Drug Strategy in recognition of the unique needs of Aboriginal and Torres Strait Islander people who are impacted directly or indirectly by harmful AOD use.

A National Aboriginal and Torres Strait Islander Peoples Drug Strategy Working Group (the Working Group) was established under the auspices of the Intergovernmental Committee on Drugs (the body with governance responsibility for the NDS) to develop this Strategy. Members of the Working Group were nominated for their expertise in the area of harmful use of AOD in Aboriginal and Torres Strait Islander communities, and included representatives from Commonwealth and state/territory government, the National Indigenous Drug and Alcohol Committee (NIDAC), and community organisations.

National Consultation

In 2012, as part of the 2nd National Indigenous Drug and Alcohol Conference, a Yarning Circle was facilitated by NIDAC to discuss the development of the Strategy with stakeholders from across the sector. In May 2013, a national consultation process to inform the development of the Strategy was funded by the Commonwealth, and facilitated by NIDAC, who utilised its extensive networks around Australia to promote the consultation process. Consultation included a series of stakeholder forums and the opportunity for written submissions to be provided to prevent any group or individual being excluded from participating in the development of the Strategy. Targeted consultation was held in Port Augusta, Sydney, Mt Isa, Broome and Alice Springs. Over 200 people working within the Aboriginal and Torres Strait Islander AOD sector participated in the consultations, representing non-government, community based, government, health, and law enforcement organisations. A report detailing the consultation and key themes is provided at Appendix 1.

Purpose and scope

The Strategy is not intended to be prescriptive or to define detailed implementation strategies. Rather, it sets a national direction for reducing harm associated with AOD use among Aboriginal and Torres Strait Islander peoples. It acknowledges that responsibility for implementing policies and programs to reduce the harmful use of AOD in Aboriginal and Torres Strait Islander communities is a matter that cuts across

different levels of government and agencies, and a range of sectors within the community. In this respect 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 also recognises that Aboriginal and Torres Strait Islander people draw strength from a range of factors, such as connectedness to family, culture and identity.

This Strategy:

- sits under the *National Drug Strategy 2010 – 2015*;
- complements and links with other important work being undertaken in relation to Aboriginal and Torres Strait Islander health and wellbeing (including Closing the Gap, the National Mental Health Reform, renewal of the Aboriginal and Torres Strait Islander Social and Emotional Wellbeing Framework, the National Aboriginal and Torres Strait Islander Suicide Prevention Strategy, and state and territory government initiatives); and
- builds on the strengths of the *National Drug Strategy Aboriginal and Torres Strait Islander Peoples Complementary Action Plan 2003–2009* (the CAP).

Continued social impact on individuals, families and community

Harmful AOD use causes significant harm to individuals, families and communities. However, it is important that harmful AOD use in any community is not considered in isolation, as there are many contributing factors that often vary with the type of drug. For example, harmful AOD use is linked with poorer health outcomes, including increased risk of disease and injury and shortened life expectancy, which then lead to increased costs to the health and hospital systems, and also the deterioration of family and community. Harmful AOD use can also adversely affect a person's education, employment, health and involvement with the criminal justice system, which can have a whole-of-life and, in many cases, inter-generational impact.[4]

Central role of the Aboriginal and Torres Strait Islander community controlled health and AOD sector

The Aboriginal and Torres Strait Islander community controlled health and AOD sector is uniquely placed to engage in partnership with funding and policy bodies in relation to AOD services to ensure that those services are holistic, comprehensive and culturally appropriate.

Aboriginal and Torres Strait Islander people have an expert understanding of community health and AOD issues and how to tailor these to local needs, and should be included in discussions and decision making processes about preventing and reducing the harms associated with AOD use.

3. Aboriginal and Torres Strait Islander Context

Aboriginal and Torres Strait Islander definition of health and wellbeing

Aboriginal and Torres Strait Islander people view health in a holistic context as reflected in the holistic definition of health contained within the National Aboriginal Health Strategy, 1989:[5]

> [Health] means not just the physical well-being of an individual but refers to the social, emotional and cultural well-being of the whole community in which each individual is able to achieve their full potential as a human being thereby bringing about the total well-being of their Community. It is a whole of life view and includes the cyclical concept of life-death-life.

History

Historical evidence indicates that at the time of first British settlement, the health and wellbeing of Aboriginal and Torres Strait Islander peoples was better than that of most people living in England at the time. Colonisation, including dispossession of land, language, culture, massacres, and forced removal policies, has had a grave and lasting negative effect on the health and wellbeing of Aboriginal and Torres Strait Islander populations. This has been compounded by racism which itself has been shown to be a determinant of health and a risk factor for illness.[6]

The interconnected issues of cultural dislocation, personal trauma and the ongoing stresses of disadvantage, racism, alienation and exclusion can all contribute to a heightened risk of mental health problems, harmful AOD use and suicide.[6]

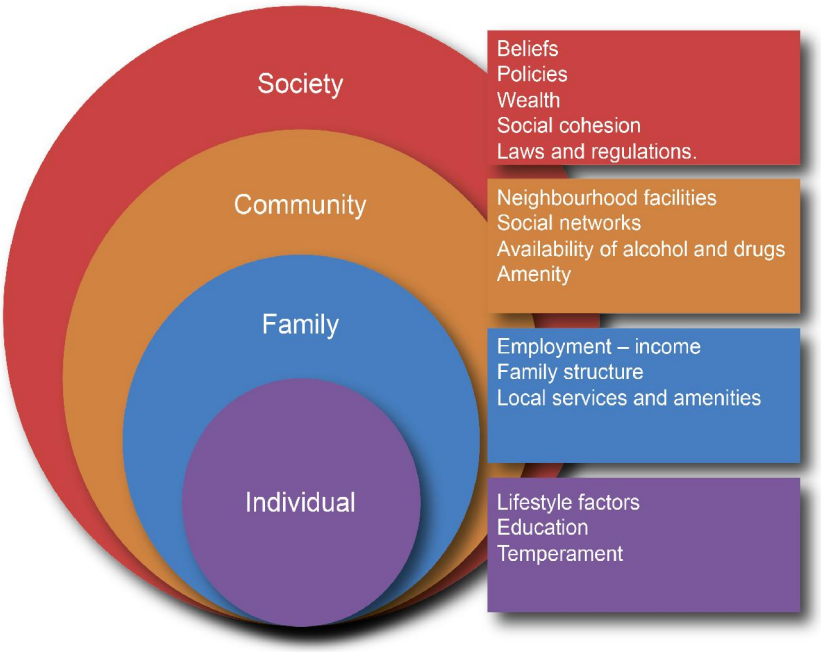
Social Determinants

Health and wellbeing are not simply a matter of individual life-style choices. While these are important, there are a range of social determinants, acting across the life-span, which protect against, or predispose people to, ill-health. Research conducted for the World Health Organisation has shown that there is a social gradient in health and wellbeing, with the most socioeconomically disadvantaged experiencing poorer health status than the more affluent. This work identified solid evidence for the negative effects of: stress and lack of control over one's life circumstances; slow growth and poor emotional support in early childhood; social exclusion; workplace stress; unemployment; poor social support; poor nutrition; and transportation systems which contribute to sedentary life-styles and social isolation.[7]

High levels of harmful AOD use and dependent AOD use are both a consequence of these social determinants and a social determinant in their own right.[8] Higher levels of ill-health and harmful AOD use among Aboriginal and Torres Strait Islander people reflect the social disadvantage that many face.

In order to reduce high levels of harmful AOD use among some segments of the Aboriginal and Torres Strait Islander population it is necessary to: prevent or minimise the up-take of harmful use; provide safe acute care for those who are intoxicated; provide treatment for those who are dependent; support those whose harmful AOD use has left them disabled or cognitively impaired; and support those whose lives are affected by other's harmful AOD use. However, it is also necessary to address the other social determinants of ill-

health and AOD use. While the former interventions fall within the scope of the health and law enforcement sectors, the latter require a whole-of-government and whole-of-community response which includes interventions across early-childhood, education, employment and training, housing and community and economic development. Importantly, it also involves ensuring Aboriginal and Torres Strait Islander people have control over their lives and communities.



Harm

The harmful use of AOD contributes significantly to the burden of disease and social disadvantage for Aboriginal and Torres Strait Islander people. It is associated with family and community breakdown, violence, crime and incarceration, financial burden, poor mental health and wellbeing, hospitalisations, premature death, and suicide.[7] Illicit drugs have been estimated to cause 3.4% of the burden of disease and 2.8% of deaths compared to 2.0% and 1.3% among the non-Indigenous population.[9]

Higher levels of AOD use among Aboriginal and Torres Strait Islander Australians are reflected in data on hospital admissions and deaths. Aboriginal and Torres Strait Islander males are hospitalised for conditions, to which alcohol makes a significant contribution, at rates between 1.2 and 6.2 times those of non-Indigenous males, and Aboriginal and Torres Strait Islander females at rates between 1.3 and 33.0 times greater (in the latter case for assault injuries).[9] Similarly, deaths from various alcohol-related causes are 5 to 19 times greater than among non-Indigenous Australians.[10]

Suicide is strongly associated with harmful use of AOD.[11,12,13] Rates of suicide are substantially higher in Aboriginal and Torres Strait Islander peoples, accounting for 4.2% of all Aboriginal and Torres Strait Islander deaths compared to the 1.6% national suicide rate.[14] In Queensland, from 1998 to 2006, two-thirds of Aboriginal and Torres Strait Islander people who died by suicide had consumed alcohol, and more than one-third had used drugs such as cannabis, amphetamines, inhalants or opiates at the time of their deaths.[15,16]

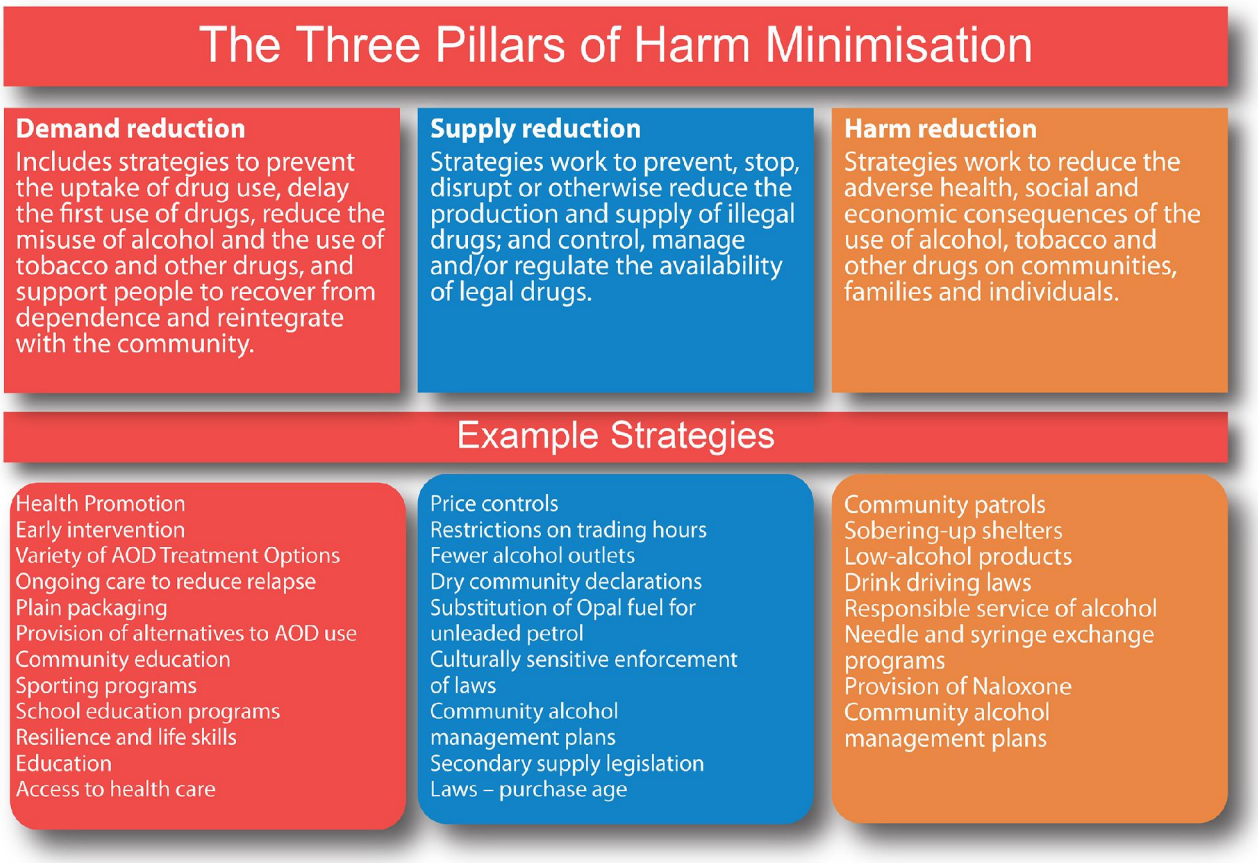
Pillars of the National Drug Strategy

The overarching approach of the NDS since its inception is harm minimisation, which encompasses the three pillars of: demand reduction, supply reduction and harm reduction:[17]

Supply reduction strategies aim to reduce the availability of alcohol, tobacco and other drugs, and control their use. Strategies that are effective in this context include indirect price controls by banning cheap high alcohol content beverages such as cask wine, restrictions on trading hours, fewer outlets, dry-community declarations and culturally sensitive enforcement of existing laws. A petrol sniffing strategy implemented by the Australian Government replacing unleaded petrol with a low aromatic alternative has led to significant reductions in petrol sniffing.

Demand reduction strategies aim to reduce the appeal of alcohol, tobacco and other drugs, and drug taking. Prevention and early intervention are key elements of effective demand reduction strategies. Strategies that are effective in this context include preventative strategies such as early intervention, education and health promotion, provision of alternatives to AOD use; community-led initiatives leading to alcohol bans, permits and restrictions on hours of supply. For optimal treatment outcomes, a range of treatment options (provided in various settings) aimed at reducing individual demand, including screening and brief interventions, withdrawal management, pharmacotherapies, counselling, social support and ongoing support to reduce relapse rates need to be available.

Harm reduction strategies aim to reduce the negative effects of AOD use, without necessarily expecting people who use drugs to stop or reduce their use. Effective harm reduction strategies include: bans on the serving of alcohol in glass containers, night patrols, and sobering-up shelters.



4. Policy Context

The National Drug Strategy 2010–2015

The National Drug Strategy (NDS) provides a national framework for action to reduce the harms to individuals, families and communities from alcohol, tobacco and other drugs.

It builds on longstanding partnerships between the health and law enforcement sectors, and aims to build safe and healthy communities by minimising alcohol, tobacco and other drug-related health, social and economic harms among individuals, families and communities.

The framework follows the overarching approach of harm minimisation, which has been the foundation of Australia's approach to AOD use since 1985.

Other relevant policy frameworks

There are a broad range of actions, activities and initiatives planned or underway at the national, state and local level to enable better outcomes for Aboriginal and Torres Strait Islander individuals, families and communities who are impacted by harmful AOD use.

The examples below are not exhaustive but aim to identify national policy documents of key relevance.

National Aboriginal and Torres Strait Islander Health Plan 2013 – 2023
This Health Plan provides a long-term, evidence-based policy framework as part of the overarching Council of Australian Governments' approach to *Closing the Gap* in Indigenous disadvantage.[18]

Closing the Gap
Closing the Gap is a commitment by the Council of Australian Governments to work together with Aboriginal and Torres Strait Islander people to address Aboriginal and Torres Strait Islander disadvantage. It acknowledges that improving opportunities for Indigenous Australians requires intensive and sustained effort from all levels of government, as well as the private and not-for-profit sectors, communities and individuals. The National Indigenous Reform Agreement sets out the agreed objectives and targets for Closing the Gap. The Prime Minister reports to Parliament on progress against the Closing the Gap commitments each year around the anniversary of the 2008 National Apology to Aboriginal and Torres Strait Islander Peoples.

National Aboriginal and Torres Strait Islander Suicide Prevention Strategy
Many of the risk factors for suicide are also risk factors for harmful use of AOD, which itself also elevates the risk of suicide for individuals. The overarching objective of this Strategy is to reduce the cause, prevalence and impact of suicide on individuals, their families and communities. A central component of this is to implement effective activities that reduce the presence and impact of risk factors that contribute to suicide outcomes in the short, medium and long term and across the lifespan.[19]

National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social Emotional Wellbeing (2004-2009)

This Framework (at the time of printing in the process of being renewed) aims to respond to the high incidence of social and emotional wellbeing problems and mental ill health, by providing a framework for national action. This Strategy has a strong focus on how the prevention and reduction of AOD use can impact social and emotional wellbeing and acknowledges that achievement of positive outcomes can only be attained through cross-sectoral collaboration and effort.

The National Indigenous Law and Justice Framework

This framework outlines a national approach to addressing the serious and complex issues that mark the interaction between Aboriginal and Torres Strait Islander peoples and the justice systems in Australia. A key goal of this is to increase safety and reduce offending within Aboriginal and Torres Strait Islander communities by addressing harmful AOD use.

National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2011-2015

This framework aims to achieve equitable health outcomes for Aboriginal and Torres Strait Islander peoples through a competent health workforce that has appropriate clinical, management, community development and cultural skills.

Continuing partnerships

Aboriginal and Torres Strait Islander community controlled organisations

On-going partnerships with Aboriginal and Torres Strait Islander communities are needed to help reduce the causes, prevalence and harmful use of AOD among Aboriginal and Torres Strait Islander peoples. Community control is a process which recognises that local Aboriginal communities should assert control over their affairs in accordance with whatever protocols or procedures are determined by communities themselves.

There are currently over 150 Aboriginal and Torres Strait Islander community-controlled primary health care services and over 90 community-controlled AOD services across Australia. The operations of services are directed by the local community to ensure that the services are provided in a culturally appropriate manner. Community-controlled organisations liaise with governments, departments, and organisations within both Aboriginal and Torres Strait Islander and general population communities on matters relating to the wellbeing of Aboriginal and Torres Strait Islander communities.

The benefit of locally designed and operated initiatives is that they can be tailored to community needs and in a cultural context that is owned and supported by the community. This enhances the strengths and builds resilience of a community and combined with the added support of services, provides for a more sustainable and long term solution. Importantly, interventions should be initiated by, or negotiated with, local communities and implemented in ways that are culturally safe.[7]

Interventions are likely to be more effective if delivered by Aboriginal and Torres Strait Islander community-controlled organisations, so they need to be given support to develop the capacity to do so. Where Aboriginal and Torres Strait Islander communities lack capacity, partnering with mainstream organisations to help build capacity should occur, provided that there is an agreement for Aboriginal and Torres Strait Islander people to take control within an agreed timeframe.[7]

The health–law enforcement partnership

The core partnership between health and law enforcement outlined within the NDS is central to this Strategy. Law enforcement has a critical and increasingly diverse role to play in pursuing this goal by protecting both individuals and the wider community from the harm associated with AOD.

Reducing the supply of alcohol and other drugs requires the collaborative participation of all levels of government, including law enforcement and the health sector, industry and regulatory authorities. A range of activities are undertaken in partnership across health and law enforcement to ensure alcohol and other drug related issues relevant to law enforcement are being addressed and coordinated in line with the guidelines and goals of the NDS.

Health promotion, prevention and early intervention activities are undertaken in partnership with communities so that AOD use is seen as a whole of community issue and not just a policing issue and, in doing so, promote healthier lifestyle choices. Partnership policing initiatives and capacity building projects aim to reduce the harms associated with AOD. These types of activities can lead to an increase in the reporting of drug activity to police, a significant change in community attitudes towards AOD use and dealers and assisting police to reduce supply and demand.

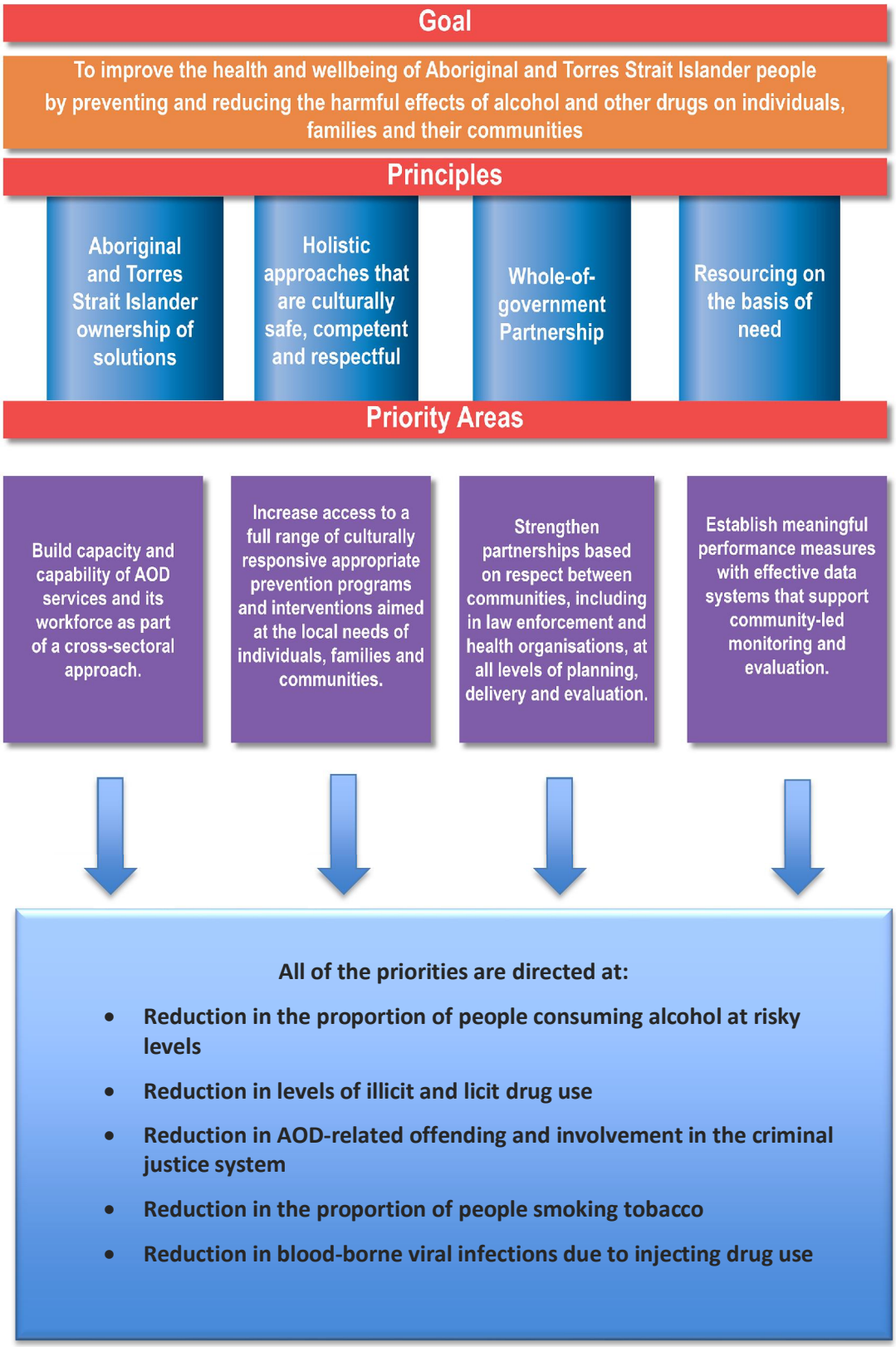
A range of diversionary programs are available in the Australian police and justice systems. Although most of these programs are mainstream, some are specifically tailored for Aboriginal and Torres Strait Islander people. A large majority of these programs relate to drug and mental health issues and are often dealt with by police and specific courts (for example, drug and mental health courts). Programs that address the concerns of Aboriginal and Torres Strait Islander defendants by involving Elders or facilitators in delivery work better. Positive outcomes found for diversion programs include reduced drug and substance use, and improved social functioning.[20]

In 2008, the majority of Aboriginal and Torres Strait Islander adults reported feelings of positive wellbeing, particularly in remote areas. But nearly one-third felt high or very high levels of psychological distress – more than twice the rate for non-Indigenous Australians.

- Three-quarters (77%) of Aboriginal and Torres Strait Islander adults reported that they or their close friends or family had experienced at least one life stressor in the previous 12 months.
- More than one-quarter of Aboriginal and Torres Strait Islander adults reported they had recently experienced discrimination.

(The health and welfare of Australia's Aboriginal and Torres Strait Islander people Australian Institute of Health and Welfare, 2008)

5. The Strategy



Principles

The following principles provide background and intent to the Strategy as a whole and, in particular, guide the identified priority areas, outcomes and actions.

Aboriginal and Torres Strait Islander ownership of solutions

Aboriginal and Torres Strait Islander people should be meaningfully included and genuinely consulted regarding the development of solutions to harmful AOD use. Aboriginal and Torres Strait Islander ownership of solutions should occur from inception and planning, right through to implementation and provision, and monitoring and evaluation of any solutions at the federal, state, regional and local levels of policy making, program development and service delivery.

Aboriginal and Torres Strait Islander health and AOD organisations are uniquely placed to understand the health and wellbeing of their local communities (including development of locally tailored solutions) and need to be empowered to participate in and lead the decision making that affects their lives.

Holistic approaches that are culturally safe, competent and respectful

Aboriginal and Torres Strait Islander health and wellbeing is understood in a holistic context. Aboriginal peoples have a holistic view of health that focuses on the physical, spiritual, cultural, emotional and social well-being of the individual, family and community. A holistic approach emphasises the importance of strengthening cultural systems of care, control and responsibility. AOD use should be seen in the context of the individual, family and community/environment. AOD use impacts on each of these areas and this needs to be considered when choosing and developing appropriate interventions. Approaches need to respect the cultural rights, values, beliefs and expectations of Aboriginal and Torres Strait Islander people. Aboriginal and Torres Strait Islander leadership, community consultation, direction, negotiation and involvement form an essential part of this process as does working in partnership with Aboriginal and Torres Strait Islander communities.[2]

Whole-of-government effort and partnerships

Solutions to harmful AOD use invariably require multiple government-agency engagement at the Commonwealth, state/territory and local government level in policy development, program management and service delivery. Appropriate responses should involve all relevant government departments, including, but not limited to, justice and law enforcement, health, housing, employment, welfare, and child and family services. In addition to government agencies, there is a need for this to be done in partnership with Aboriginal and Torres Straits Islander community-controlled organisations and the non-government sector.

Resourcing on the basis of need

In order to achieve improvement of outcomes in relation to AOD issues for Aboriginal and Torres Strait Islander peoples, available resources should be provided in a well-targeted manner that supports sustainability and evidence-based results, includes a range of short-term and long-term funding models, and is coordinated across funding sources.

Goal

The goal of this Strategy has been developed within the context of the broader NDS aim 'to build safe and healthy communities by minimising alcohol and other drug-related health, social and economic harms among individuals, families and communities'.

The goal is:

> *To improve the health and wellbeing of Aboriginal and Torres Strait Islander people by preventing and reducing the harmful effects of AOD on individuals, families, and their communities.*

Priority areas

Influenced by the principles and building on the current evidence base and community consultation, four priority areas for action have been identified.

Following the Principle of Aboriginal and Torres Strait Islander Ownership of Solutions, the development of actions to achieve each outcome should be led by local communities in collaboration with government and non-government sectors.

Priority area one
Build capacity and capability of the AOD service system, particularly Aboriginal and Torres Strait Islander community-controlled services and its workforce, as part of a cross-sectoral approach with the mainstream AOD services to address harmful AOD use.

Priority area two
Increase access to a full range of culturally responsive and appropriate programs, including prevention and interventions aimed at the local needs of individuals, families and communities to address harmful AOD use.

Priority area three
Strengthen partnerships based on respect both within and between Aboriginal and Torres Strait Islander peoples, government and mainstream service providers, including in law enforcement and health organisations, at all levels of planning, delivery and evaluation**.**

Priority area four
Establish meaningful performance measures with effective data systems that support community-led monitoring and evaluation.

6. Priority Areas, Outcomes and Example Actions

Priority area one

Build capacity and capability of the AOD service system, particularly Aboriginal and Torres Strait Islander community-controlled services and its workforce services, as part of a cross-sectoral approach with the mainstream AOD services to address harmful AOD use.

Capacity refers both to the ability to deliver services or programs for which an organisation has been funded at appropriate standards, and the ability to address AOD issues in the community that it serves. Service delivery capacity can include skill development and workforce development, administrative and clinical processes, resources and infrastructure that enable effective, consistent and quality service delivery. Importantly, organisations should also be supported to have sound governance structures in place to ensure long-term sustainability of services. Building the sustainability and also the capacity of the AOD service system will improve the opportunities for services or programs to better meet the needs of the community being served, but also reduce levels of unmet need for services.

Service delivery can be enhanced by clear reporting requirements, flexible service options and support from peak bodies and other sector development agencies. The potential burden of over-reporting in Aboriginal and Torres Strait Islander communities can detract from the time and quality of services that are otherwise dedicated to delivering AOD services.

> Aboriginal and Torres Strait Islander young people were hospitalised more commonly for mental and behavioural disorders, at 1.8 times the non-Indigenous rate. The leading causes were schizophrenia, alcohol misuse and reactions to severe stress.
> (The health and welfare of Australia's Aboriginal and Torres Strait Islander people. Australian Institute of Health and Welfare, 2011)

It is well known that the continued development of a skilled workforce delivering services to Aboriginal and Torres Strait Islander communities, families and individuals, and a skilled Aboriginal and Torres Strait Islander health workforce is integral to addressing the needs of Aboriginal and Torres Strait Islander people, including those working in the AOD sector. Aboriginal and Torres Strait Islander and mainstream workers in the AOD sector must be supported and qualified to provide the necessary care, treatment and targeted prevention programs. An understanding of mental health and broad social and emotional wellbeing issues is critical given the strong interface with harmful use of AOD in terms of both prevention and treatment. Given the relationship, it is important that the AOD workforce is provided with appropriate information, training and resources across a broad range of areas, such as mental health and suicide prevention to enable them to work effectively with Aboriginal and Torres Strait Islander people.

Aboriginal and Torres Strait Islander people bring unique skills to the workforce and should be supported to work in the AOD sector at the vocational education training (VET), graduate and post-graduate levels. Support for pathways to careers in the Aboriginal and Torres Strait Islander AOD sector will have significant benefits, including increasing the education and economic participation of Aboriginal and Torres Strait Islander practitioners and health workers and the cultural competency of services. Equally, the mainstream AOD workforce must be culturally competent, knowledgeable and skilful with respect to Aboriginal and Torres Strait Islander people and their health. Aboriginal and Torres Strait Islander people are more likely to access and will experience better outcomes from services that are respectful and culturally safe places.

Priority area 1

Build capacity and capability of the AOD service system, particularly Aboriginal and Torres Strait Islander community-controlled services and its workforce, as part of a cross-sectoral approach with the mainstream AOD services to address harmful AOD use.

Outcomes	Example actions
Outcome 1.1 • Community-controlled AOD services are supported to lead the delivery of programs to address harmful AOD use. • Community-controlled AOD services take leadership in design and delivery of programs to address harmful AOD use.	• Acknowledge community ownership as the guiding principle for planning, delivery and evaluation. • Review existing community-controlled service models to identify strengths and areas for further investment. • Development, delivery and access to nationally recognised culturally secure programs that aim to strengthen the capability, capacity and governance of the community-controlled boards and senior management. • Enable community-controlled services to plan, implement and evaluate services based on locally identified need. • Establish clear timeframes for handing over services to Aboriginal controlled AOD services.
Outcome 1.2 Mainstream AOD services are supported to deliver programs to address harmful AOD use in Aboriginal and Torres Strait Islander communities, families and individuals.	• Embed the AOD content from National Aboriginal Health Worker competencies training package in competency training packages for mainstream AOD service providers. • Acknowledge access (through awareness, convenience, availability, affordability, cultural safety and respect) as a guiding principle for planning, delivery and evaluation of services. • Identify and address structural impediments that act as a disincentive for community ownership and participation. • Review existing services to identify strengths and areas for further investment. • Provide access to cultural supervision for mainstream staff. • Enable services to plan, implement and evaluate services based on locally identified need.

Priority area 1

Build capacity and capability of the AOD service system, particularly Aboriginal and Torres Strait Islander community-controlled services and its workforce, as part of a cross-sectoral approach with the mainstream AOD services to address harmful AOD use.

Outcomes	Example actions
Outcome 1.3 Workforce initiatives are developed to enhance the capacity and capability of community-controlled AOD services.	• Provide a nationally accredited and standardised education program for supporting links and networks across Aboriginal and Torres Strait Islander and mainstream services. • Develop and deliver additional educational resources, greater support and cultural sensitivity training for all staff to assist Aboriginal and Torres Strait Islander staff retention and hence skill enhancement. • Establish mentoring networks within the community-controlled sector to provide leadership and support. • Development, delivery and access to nationally recognised culturally secure AOD specialist training for Aboriginal and Torres Strait Islander AOD workers. • Further enhance the capacity of the workforce to manage mental health and suicide risk associated with harmful use of AOD. • Establishment of a National Aboriginal AOD worker competency and training package. • Promote and support career pathways for Aboriginal and Torres Strait Islander AOD workers. • Support for building the capacity of other professional groups such as Aboriginal and Torres Strait Islander doctors and psychologists. • Mechanisms established to facilitate consideration of Aboriginal and Torres Strait Islander AOD workforce matters in mainstream work force planning. • Develop strategies to address the special workforce needs of rural and remote areas. • Develop organisational policies and practices to support and retain the Aboriginal and Torres Strait Islander workforce once employed. • Continue efforts to improve the quality of administrative data and, where possible, to compile national data sets based on data from each state and territory, to analyse these data sets, and to disseminate information and statistics.

Priority area 1 **Build capacity and capability of the AOD service system, particularly Aboriginal and Torres Strait Islander community-controlled services and its workforce, as part of a cross-sectoral approach with the mainstream AOD services to address harmful AOD use.**	
Outcomes	**Example actions**
Outcome 1.4 Cross-sectoral effort is supported and enhanced to ensure an integrated approach.	• Ensure strategies from relevant cross-sectoral plans (e.g. Suicide Prevention, Social and Emotional Wellbeing) are considered when addressing harmful AOD use at all levels of planning. • Inclusion of Aboriginal and Torres Strait Islander representatives in planning processes. • Include appropriate education and training in the pre-entry and in-service programs of agencies involved in the law enforcement and criminal justice system. • Develop protocols across agencies to facilitate shared care and efficient referral pathways. • Develop capacity for responsible service of alcohol training for bar staff. • Develop closer partnerships between sobering up shelters, community patrols, police and health services. • Continue involvement in partnerships between AOD services, police, retailers, local government and communities to limit the supply of volatile substances, methylated spirits and other intoxicating retail products. • Access to culturally appropriate evidence-based resources and information on mental health and suicide prevention.

The following are examples of the types of indicators that could be used to demonstrate progress in relation to this priority area:

- Number of community-driven and community-accountable prevention programs, for example alcohol management strategies.
- Number of culturally and community-focused diversionary programs available to Aboriginal and Torres Strait Islander people, and particularly young Aboriginal and Torres Strait Islander people.
- Number of trained Aboriginal and Torres Strait Islander workers in the AOD field.
- Level of qualifications of Aboriginal and Torres Strait Islander workers, including doctors, nurses, and psychologists in the AOD field in collaboration with universities and other training institutions.
- Proportion of AOD and Social and Emotional Wellbeing services delivered by community-controlled organisations.
- Capacity of the AOD workforce to manage mental health and suicide risk.
- Number of services which train staff in suicide prevention and mental health first aid.

Priority area two

Increase access to a full range of culturally responsive and appropriate programs, including prevention and interventions aimed at the local needs of individuals, families and communities to address harmful AOD use.

Reduced or limited access to appropriate AOD interventions can lead to increased harms within any population. This is also the case for Aboriginal and Torres Strait Islander peoples. However, it is not enough that access is increased; prevention programs and interventions that are implemented within Aboriginal and Torres Strait Islander communities should also be culturally appropriate and, where possible, locally referenced.

> Aboriginal and Torres Strait Islander Australians were about 1.5 times more likely to drink alcohol at risky levels than non-Indigenous Australians.
> (The health and welfare of Australia's Aboriginal and Torres Strait Islander people. Australian Institute of Health and Welfare, 2011)

Culturally appropriate solutions that reflect Aboriginal and Torres Strait Islander cultural norms, practices and sensitivities are more likely to be effective than those targeting the broader population. More specifically, prevention programs targeting Aboriginal and Torres Strait Islander peoples that engage local perspectives can best incorporate and address local needs.
Where access to relevant programs, information and services is limited, effort and resources should be placed to develop local services and/or to improve access to existing but more remote services. Initiatives that address harmful AOD use may be delivered by AOD specific organisations or via allied sectors such as general health or justice settings. Barriers such as distance, family or community commitments, discrimination and/or stigma surrounding AOD use should be creatively addressed when considering ways to increase access.

Aboriginal and Torres Strait Islander communities are diverse and their needs vary greatly across Australia. Accordingly, the 'one-size-fits-all' blanket solutions approach to health, and specifically to AOD, does not work. Conversely, Aboriginal community ownership supports place-based solutions. Locally designed initiatives developed on the ground, by the people for the people, have a greater likelihood of success. Aboriginal and Torres Strait Islander communities and individuals also need to be informed of what support is available to them. AOD organisations and associated sectors need to promote their prevention programs and services, which support Aboriginal and Torres Strait Islander people in these populations. Furthermore, while local solutions should be tailored to address local needs, successful interventions can include characteristics or specific actions that may be useful for other settings. It is therefore important that good practice is communicated and shared widely to encourage and/or inspire others.

Priority area 2

Increase access to a full range of culturally responsive and appropriate programs, including prevention and interventions aimed at the local needs of individuals, families and communities to address harmful AOD use.

Outcomes	Example actions
Outcome 2.1 Culturally appropriate Aboriginal and Torres Strait Islander programs and services are supported that address prevention programs, the impact of alcohol, tobacco and other drugs on individuals and families, and within their communities.	• Invest in community-driven cultural sensitivity programs for both mainstream and community-controlled services delivering AOD programs. • Identify key program areas from non-AOD sectors to participate in cultural sensitivity programs. • Training and resources to support law enforcement agencies to facilitate culturally appropriate responses to AOD use. • Identify core cultural elements that act as protective factors for the individual, family and community, and use in program development. • Support local communities to develop and deliver cultural sensitivity programs.
Outcome 2.2 Participation of Aboriginal and Torres Strait Islander people using AOD services is improved.	• Support community-led identification of barriers to service taking into account physical, socio-economic, gender-based. inter-generational disadvantage (for individuals, families and communities) and geographical issues. • Ensure identified barriers are addressed in program design and development in both community-controlled and mainstream services. • Support participation of Aboriginal and Torres Strait Islander people in diversion programs. • Incorporate identified community strengths in strategies to overcome barriers to access.

Priority area 2 **Increase access to a full range of culturally responsive and appropriate programs, including prevention and interventions aimed at the local needs of individuals, families and communities to address harmful AOD use.**	
Outcomes	**Example actions**
Outcome 2.3 A range of interventions are developed that cross the three pillars of harm minimisation and are aimed at the individual, family and community.	• Review and revise service models to ensure that outcomes address individual, family and community need. • Plan, deliver and evaluate strategies that aim to prevent harmful AOD use. • Plan, deliver and evaluate strategies to reduce demand, supply and harm using an integrated approach that considers impact at the local community level. • Establish a balanced approach to harm minimisation based on local context and identified issues. • Ensure community-owned solutions drive overall approaches to harm minimisation. • Coordinated dissemination of evidence-based resources.
Outcome 2.4 Interventions are based on locally identified needs and form part of an integrated and cross-sectoral approach at the regional level.	• Aboriginal Community Controlled organisations, broader AOD and health service providers (including hospitals as well as law enforcement agencies) cooperate to identify and respond to emerging drugs of concern (e.g. 'ice'). • Utilise locally developed plans that identify community strengths, needs and solutions to develop, deliver and evaluate programs. • Map AOD service delivery and prevention programs to Aboriginal and Torres Strait Islander communities to identify key points of collaboration and coordination. • Coordinate interventions across sectors and geographical locations. • Utilise and support culturally secure ways of working with community, such as outreach. • Link sports and recreation programs with other services and opportunities (for example, health services).

The following are examples of the types of indicators that could be used to demonstrate progress in relation to this priority area:

- Access of Aboriginal and Torres Strait Islander people to AOD programs, measured by awareness, convenience, availability, affordability, cultural safety and respect.
- Number of community-driven and community-accountable prevention programs, for example alcohol management strategies.
- Number of culturally and community-focused diversionary programs available to Aboriginal and Torres Strait Islander people, and particularly young Aboriginal and Torres Strait Islander people.
- Dispensing of free nicotine replacement treatments.
- Access to needle and syringe exchange programs (both in mainstream and community-controlled services).
- Access to pharmacotherapies.
- Number of Aboriginal and Torres Strait Islander people on opioid replacement therapy and referred from harm reduction services to general and mental health services and other social and welfare support services.
- Number of through-care programs in correctional and juvenile detention centres.
- Provision of after care services.
- Inclusion of cultural competencies within the range of organisations that interact with AOD clients.
- Referral of offenders whose offences are AOD-related to treatment, for example counselling services or residential rehabilitation diversion programs and culturally appropriate AOD services within prisons.
- Proportion of AOD and Social and Emotional Wellbeing services delivered by community-controlled organisations.
- Access to low aromatic fuel in regions at risk of petrol-sniffing.

Priority area three

Strengthen partnerships based on respect both within and between Aboriginal and Torres Strait Islander peoples, government and mainstream service providers, including in law enforcement and health organisations, at all levels of planning, delivery and evaluation.

Working in the spirit of genuine partnership with mutual respect is vitally important when addressing harmful AOD use for Aboriginal and Torres Strait Islander people.

Evidence shows that strengthening capacity within Aboriginal and Torres Strait Islander populations is one of the most effective ways of improving health and wellbeing in these settings.[21] Capacity building relates not just to the individual, but also to families, communities and organisations.

We also know that:

- Strengthening the organisational capacity of both Aboriginal and Torres Strait Islander and government organisations is critical to raising the health, wellbeing and prosperity of Aboriginal and Torres Strait Islander communities.
- Improving the governance processes of Aboriginal and Torres Strait Islander organisations is likely to require strengthening of Aboriginal and Torres Strait Islander and government organisational values, goals, structures and arrangements that influence employees' behaviour and wellbeing.
- Involvement of Aboriginal and Torres Strait Islander people in decision-making about their own development is critical.[22]

Two key themes arising from community consultations are the importance of respecting and supporting Aboriginal community ownership and control of solutions to address AOD use and harms, and adopting a partnership approach based on respect. An effective way to achieve this is by developing and strengthening partnerships across all sectors that engage with Aboriginal and Torres Strait Islander peoples, as well as by ensuring that the latter's perspectives, needs and participation are incorporated at all stages of any prevention and intervention programs.

It is well evidenced that there are particularly close links between Aboriginal and Torres Strait Islander people offending, and harmful use of AOD.[23] Aboriginal and Torres Strait Islander offenders are generally more likely to report being under the influence of alcohol at the time of the offence or arrest, and are more likely to attribute their offending to AOD use than are non-Indigenous offenders.[23]

Critical to this work is development of solutions that have community support, are realistic in intent and do not compound the disadvantage they seek to address. Preventative and health promotion strategies should include culturally appropriate supply reduction strategies to reduce overall harm.

New approaches are needed to address the causes of crime and redirecting effort towards justice reinvestment through community-based initiatives. Since Aboriginal and Torres Strait Islander people are more likely to be disadvantaged in terms of known risk factors for offending, justice reinvestment is an important strategy for reducing the number of people that come into contact with the justice and correctional systems. Justice reinvestment recognises the association between incarceration and disadvantage, and the role for the justice system of investing in communities. To reduce offending and re-

offending, justice reinvestment includes targeted programs or interventions for communities identified as having high offender rates.

This requires effective partnerships to address a range of issues. These issues include those associated with AOD use and the links to offending and incarceration, participation rates in drug-diversion programs, and supply reduction strategies such as alcohol restrictions.

In the majority of diversion programs that have been evaluated, and for which the evaluations are available, Aboriginal and Torres Strait Islander people are less likely than their non-Indigenous counterparts to be referred and accepted into these programs. Aboriginal and Torres Strait Islander offenders who have participated in various forms of diversion are also more likely to reoffend following a diversion episode than are non-Indigenous offenders who have been diverted.[24]

Some 'fundamental understandings' may help the development of effective partnership arrangements with Aboriginal and Torres Strait Islander organisations. They include[25]

- An understanding that Aboriginal and Torres Strait Islander organisations were established as mainstream services were unable to provide services that were culturally safe, competent and respectful.
- An understanding that Aboriginal and Torres Strait Islander professionalism is different. Aboriginal and Torres Strait Islander professionals incorporate a range of unique skills, knowledge and understandings into the development of prevention programs, diversion programs and service delivery. These skills include knowledge and understandings of history and culture, as well as having a shared experience of what it is to be Aboriginal and/or Torres Strait Islander. Many Aboriginal and Torres Strait Islander professionals belong to the local community and can provide local knowledge and understanding and connection to culture and community.
- Supporting self-determination for Aboriginal and Torres Strait Islander people - respecting the principle of Aboriginal community controlled health services as the first choice for services for people. Taking opportunities to support these organisations to grow and develop through financial support and assistance with capacity building.
- Understanding that services will only be effective if they are culturally safe, competent and respectful.
- Understanding the concept of genuine partnership. Partnerships should be based on equity and cultural respect.

Priority area 3 **Strengthen partnerships based on respect both within and between Aboriginal and Torres Strait Islander peoples, government and mainstream service providers, including in law enforcement and health organisations, at all levels of planning, delivery and evaluation.**	
Outcomes	**Example actions**
Outcome 3.1 Community driven partnerships are strengthened at the local level to address harms associated with alcohol and other drugs.	• Review and revise existing partnership agreements to ensure local community leadership of solutions. • Ensure community leaders and Elders lead revised partnerships. • Develop partnerships that support an integrated and cross-sectoral approach to prevention programs and diversion programs as well as service delivery. • Resource coordination and collaboration efforts to ensure sustainability and effectiveness. • Undertake law enforcement initiatives in partnership with communities to support implementation of culturally appropriate health promotion, prevention and early intervention activities.
Outcome 3.2 Community leaders and Elders take responsibility and a leading role, in partnership with government, to design, deliver and evaluate alcohol, tobacco and other drugs programs.	• Identify and resource community leaders at the local level. • Develop community driven plans that articulate local strengths, needs and solutions. • Incorporate localised plans into regional and jurisdictional cross-sectoral responses to harmful AOD use. • Develop partnerships for involvement of community Elders and/or facilitators in diversion activities.

Priority area 3 **Strengthen partnerships based on respect both within and between Aboriginal and Torres Strait Islander peoples, government and mainstream service providers, including in law enforcement and health organisations, at all levels of planning, delivery and evaluation.**	
Outcomes	**Example actions**
Outcome 3.3 Partnerships between Aboriginal and Torres Strait Islander community-controlled AOD services and mainstream AOD services are enhanced and strengthened.	• Formalise partnerships at a regional level between community-controlled services and mainstream services. • Ensure joint planning and evaluation of prevention programs and services provided to Aboriginal and Torres Strait Islander communities at the regional level. • Ensure joint planning and evaluation of tertiary programs and services provided to Aboriginal and Torres Strait Islander communities at the regional level. This may include joint care planning while the client is in tertiary care and discharge planning coordination of care. • Encourage equal information and knowledge exchange to support integrated service delivery. • Equip communities to play an active role in addressing local liquor licensing issues.
Outcome 3.4 Partnerships between government and AOD service providers (both community-controlled and mainstream services) are based on mutual respect and community strengths.	• Ensure community leaders and Elders inform key government decision-making processes. • Streamline mechanisms for partnering with different levels of government. • Utilise culturally respectful approaches to partnerships that support community-owned solutions.

Priority area 3 **Strengthen partnerships based on respect both within and between Aboriginal and Torres Strait Islander peoples, government and mainstream service providers, including in law enforcement and health organisations, at all levels of planning, delivery and evaluation.**	
Outcomes	**Example actions**
Outcome 3.5 Current and emerging issues associated with AOD use and the criminal justice system are effectively addressed.	• Support the incorporation of justice reinvestment and diversion policies and practice in new government initiatives. • Support culturally and community-focused diversionary programs available to Aboriginal and Torres Strait Islander people, particularly young people. • Ensure that policing initiatives are supported by community leaders and Elders. • View incarceration for non-violent offenders with AOD issues as a last resort. • Ensure appropriate information and education is provided to assist workers to be aware of current and emerging issues, at a local, state / territory, and national level to enable development of culturally appropriate tailored responses.

The following are examples of the types of indicators that could be used to demonstrate progress in relation to this priority area:

- Number of community-driven and community-accountable prevention programs, for example alcohol management strategies.
- Number of culturally and community-focused diversionary programs available to Aboriginal and Torres Strait Islander people, and particularly young Aboriginal and Torres Strait Islander people.
- Number of through-care programs in correctional and juvenile detention centres.
- Proportion of AOD and Social and Emotional Wellbeing services delivered by community-controlled organisations.
- Inclusion of cultural competencies within the range of organisations that interact with AOD clients.
- Formal agreements between agencies to coordinate services.
- Implementation of joint case management strategies.
- Number of referrals of offenders whose offences are AOD-related to treatment, for example counselling services or residential rehabilitation diversion programs and culturally appropriate AOD services within prisons.

Priority area four

Establish meaningful performance measures with effective data systems that support community-led monitoring and evaluation.

There has been significant progress in the availability and quality of statistical information on Aboriginal and Torres Strait Islander peoples over the last decade in Australia. In addition, specific surveys of Aboriginal and Torres Strait Islander peoples are being conducted regularly to address gaps in health and welfare information and allow for monitoring of changes over time. There are also a number of ongoing programs and strategies to develop more consistent and complete Aboriginal and Torres Strait Islander people identification across administrative data sets.[26]

Culturally secure evidence-based approaches to information and service design and delivery requires both a robust evidence base and the ability to meet the cultural needs of Aboriginal and Torres Strait Islander people and communities.

Despite a broader acceptance that there are principles and approaches that are successful, the 'evidence base' for Aboriginal and Torres Strait Islander-specific interventions relating to harmful use of AOD is limited for a range of reasons. These include a low number of formal evaluations of interventions, as well the complexity related to the diverse number of potential settings and solutions that exist within Aboriginal and Torres Strait Islander communities. There is therefore a need to improve the data (and supporting systems) available to build the evidence base and support those interventions that do show promise or success.

Effective use of existing data and collection of new data should be gathered in a way that promotes knowledge building and effective solutions for Aboriginal and Torres Strait Islander settings. Aboriginal and Torres Strait Islander communities agree that there is a need to promote accountability through monitoring and evaluation. Accountability is an important component of interventions – not only to the bodies involved in delivering an intervention but also to the local community in which the intervention operates. By establishing clear reporting and data frameworks that involve the community, knowledge gained in interventions can be shared and leveraged to support that community. Developing and evaluating initiatives' outcomes against clear, community-driven objectives and needs ensures that their effectiveness can be not only measured but also endorsed by the communities in which they are set.

Priority area 4 : **Establish meaningful performance measures with effective data systems that support community-led monitoring and evaluation.**	
Outcomes	**Example actions**
Outcome 4.1 Performance measures reflect meaningful outcomes aimed at the individual, family and community.	• Link performance measures to locally identified need. • Support community leadership in the development of performance measures. • Develop performance measures that span across individual, family and community outcomes. • Ensure monitoring is linked to performance measures.
Outcome 4.2 Data systems and quality assurance programs are in place to inform investment in sustainable program delivery.	• Conduct the supplemental National Drug Strategy Household Survey of Urban Aboriginal and Torres Strait Islander Peoples triennially and expand it to include rural and remote areas of Australia. • Expand the National Aboriginal and Torres Strait Islander Health Survey and the National Aboriginal and Torres Strait Islander Social Survey to include questions specifically relating to AOD use, and include rural and remote communities in survey sampling. • Collect data in accordance with best practice guidelines for collecting Aboriginal and Torres Strait Islander status in health data sets, with a particular emphasis on the design of relevant questions and custodianship of data in relation to control, access, ownership and usage. • Continue efforts to improve the quality of administrative data and, where possible, to compile national data sets based on data from each state and territory, to analyse these data sets and disseminate information and statistics. • Enhance existing data sets and planning models to support transparent, consistent and evidence-based health planning that is appropriate for AOD services in Aboriginal and Torres Strait Islander community-controlled health services. • Collection of data in a manner that is consistent with the Alcohol and Other Drug Treatment Services National Minimum Data Set. • Implement programs that align with relevant quality frameworks for continuous improvement.

The following are examples of the types of indicators that could be used to demonstrate progress in relation to this priority area:

- Engagement in different types of drug treatment and treatment completion.
- Client satisfaction with treatment.

- Number of services undertaking continuous quality improvement.
- Number of formally accredited AOD services.
- Community devised measures are identified in local level initiatives.
- Support is provided to guide disciplined community based work in developing indicators.

7. Governance

The Strategy has been developed as a sub-strategy under the *National Drug Strategy 2010–2015*. The Intergovernmental Committee on Drugs (IGCD) manages the ongoing work of the NDS.

The Strategy is not intended to be prescriptive or to define detailed implementation strategies. Rather, it sets a national direction for reducing harm associated with AOD use among Aboriginal and Torres Strait Islander peoples. It acknowledges that responsibility for implementing policies and programs to reduce the harmful use of AOD in Aboriginal and Torres Strait Islander communities is a matter that cuts across different levels of government and agencies, and a range of sectors within the community. In this respect 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.

Examples of the types of indicators that could be used to demonstrate progress towards reducing harm associated with AOD use among Aboriginal and Torres Strait Islander peoples include:

Individual

- Proportion of people consuming alcohol at risky levels.
- Levels of illicit and licit drug use.
- AOD-related offending and involvement in the criminal justice system.
- Proportion of people smoking tobacco.
- Proportion of blood-borne viral infections due to injecting drug use.

Family

- Access of Aboriginal and Torres Strait Islander people to AOD programs, measured by awareness, convenience, availability, affordability, cultural safety and respect (PA 2).

Community

- Number of community-driven and community-accountable prevention programs, for example alcohol management strategies (PA 1, 2, 3).
- Number of culturally and community-focused diversionary programs available to Aboriginal and Torres Strait Islander people, and particularly young Aboriginal and Torres Strait Islander people (PA 1, 2, 3).
- Capacity of the AOD workforce to manage mental health and suicide risk (PA 1).

- Number of services which train staff in suicide prevention and mental health first aid (PA1).
- Dispensing of free nicotine replacement treatments (PA 2).
- Access to needle and syringe exchange programs (both in mainstream and community-controlled services) (PA 2).
- Access to pharmacotherapies (PA 2).
- Number of Aboriginal and Torres Strait Islander people on opioid replacement therapy and referred from harm reduction services to general and mental health services and other social and welfare support services (PA 2).
- Number of through-care programs in correctional and juvenile detention centres (PA 2, 3).
- Provision of after care services (PA 2).
- Number of trained Aboriginal and Torres Strait Islander workers in the AOD field (PA 1).
- Number of culturally and community-focused diversionary programs available to Aboriginal and Torres Strait Islander people, and particularly young people (PA 3).
- Proportion of AOD and Social and Emotional Wellbeing services delivered by community-controlled organisations (PA 1, 2, 3).
- Access to low aromatic fuel in regions at risk of petrol-sniffing (PA 2).
- Number of formal agreements between agencies to coordinate services (PA 3).
- Implementation of joint case management strategies (PA 3).
- Engagement in different types of drug treatment and treatment completion (PA 4).
- Client satisfaction with treatment (PA 4).
- Number of services undertaking continuous quality improvement (PA 4).
- Number of formally accredited AOD services (PA 4).
- Community devised measures are identified in local level initiatives (PA 4).
- Support is provided to guide disciplined community based work in developing indicators (PA 4).

Society

- Referral of offenders whose offences are AOD-related to treatment, for example counselling services or residential rehabilitation diversion programs and culturally appropriate AOD services within prisons (PA 2, 3).
- Level of qualifications of Aboriginal and Torres Strait Islander workers, including doctors, nurses and psychologist in the AOD field in collaboration with universities and other training institutions (PA 1).
- Inclusion of cultural competencies within the range of organisations that interact with AOD clients (PA 2, 3).

8. Definitions

Aboriginal and Torres Strait Islander health
Means not just the physical well-being of an individual but refers to the social, emotional and cultural well-being of the whole Community in which each individual is able to achieve their full potential as a human being thereby bringing about the total well-being of their Community.
It is a whole of life view and includes the cyclical concept of life-death-life.

Community control
Community control is a process that allows the local Aboriginal and Torres Strait Islander community to be involved in its affairs in accordance with whatever protocols or procedures are determined by the community. The term 'Aboriginal community control' has its genesis in Aboriginal peoples' right to self-determination. An Aboriginal community-controlled service is:

- an incorporated Aboriginal organisation;
- initiated by a local Aboriginal community;
- based in a local Aboriginal community;
- governed by an Aboriginal body that is elected by the local Aboriginal community; and
- delivering a holistic and culturally appropriate service to the community that controls it.

Collaboration
Strategies to improve the connections between government, services and Aboriginal and Torres Strait Islander people in order to improve outcomes for individuals, families, communities and societies.

Culturally sensitive
Awareness of differences between Aboriginal and Torres Strait Islander culture and non-Aboriginal culture and the impact this has on relationships and communication. This includes an acknowledgement and understanding of Aboriginal and Torres Strait Islander peoples' traditions and ways of life, and application of these new understandings, free from prejudices and preconceptions.

Demand reduction
Includes strategies to prevent the uptake of drug and alcohol use, delay the first use of drugs and reduce the harmful use of alcohol, and the use of tobacco and other drugs. This includes supporting people to recover from alcohol and other drug use and reintegrate into the community.

Drug
The term 'drug' includes alcohol, tobacco, illegal (also known as 'illicit') drugs, pharmaceuticals and other drugs that alter brain function, resulting in changes in perception, mood, consciousness, cognition and behaviour.

Harm minimisation
Overarching policy for the Strategy, including the three pillars of demand, supply and harm reduction. It is important not to confuse the terms harm minimisation and harm reduction. In some countries the two terms are interchangeable but, in Australia, harm minimisation is the *overarching policy* and harm reduction is *a strategy within the policy.*

Harm reduction
Strategies to reduce the adverse health, social and economic consequences of the use of alcohol, tobacco and other drugs.

Holistic health
A comprehensive view of health, regarded as not only individual physical wellness, but also the social, emotional and cultural wellbeing of a whole community. In order to achieve whole-of-life, culturally appropriate and relevant health outcomes in prevention, treatment, and continuing care, holistic health care may include traditional cultural practices alongside curative or treatment services.

Illegal drug
A drug that is prohibited from manufacture, sale or possession – for example cannabis, cocaine, heroin and amphetamine-type stimulants (ecstasy, methamphetamines).

Aboriginal and Torres Strait Islander ownership
Meaningful inclusion of and genuine consultation with Aboriginal and Torres Strait Islander peoples and communities.

Other drugs
Other psychoactive drugs, legal or illegal, potentially used in a harmful way – for example kava, or inhalants such as petrol, paint or glue.

Pharmaceuticals
A drug that is available from a pharmacy, over the counter or by prescription, that may be subject to harmful use – for example opioid-based pain relief medications, opioid substitution therapies, benzodiazepines, over-the-counter codeine and steroids.

Supply reduction
Strategies to prevent, stop, disrupt or otherwise reduce the production and supply of illegal drugs, and to control, manage and/or regulate the availability of legal drugs.

9. References

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