

Reducing Alcohol and Drug related harm

Sunshine Coast Indigenous Health Forum

Ted Wilkes

Kiya

I acknowledge and pay my respect to the Gubbi Gubbi people on whose land we meet

Kiya



Kiya. Gnuny Kwell Jarrah Waitj.

Hello. My name is Forrest Emu – my English name is Ted Wilkes

Gnitj Nyungar Marmun

I am an Indigenous man from south-western Australia

Gnung Maarm Boodja Wadjuk Boodja Derbarl Yerrigan

My land is Perth and the Swan River

Gnitj djen gnullagnut baardlunginy, gnuny demarrgar maarnger djurit

I follow the footsteps of my ancestors the old people

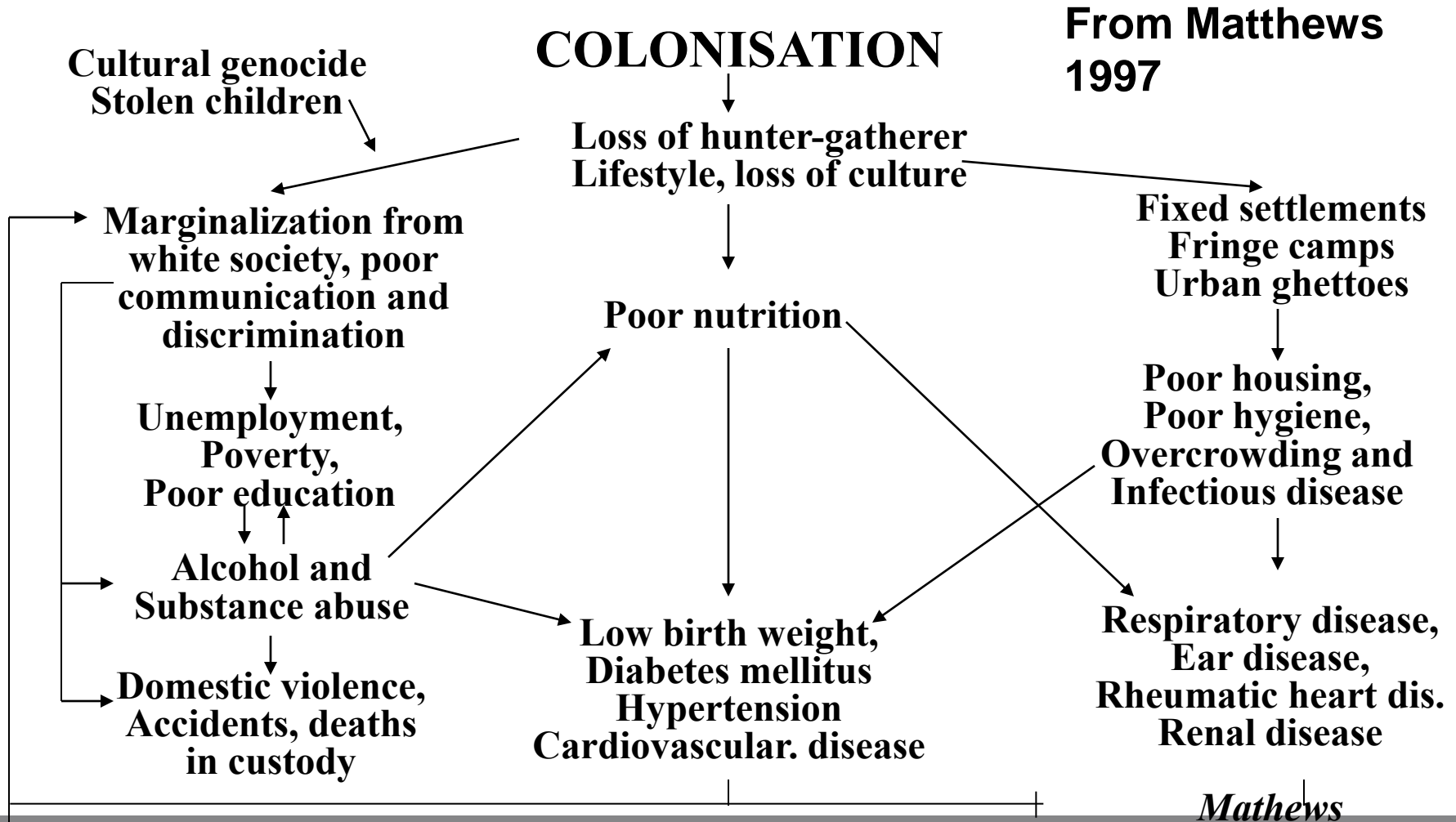
Gnuny Djurapin wangkiny djinunginy nidja

I am happy to be here to share my experience

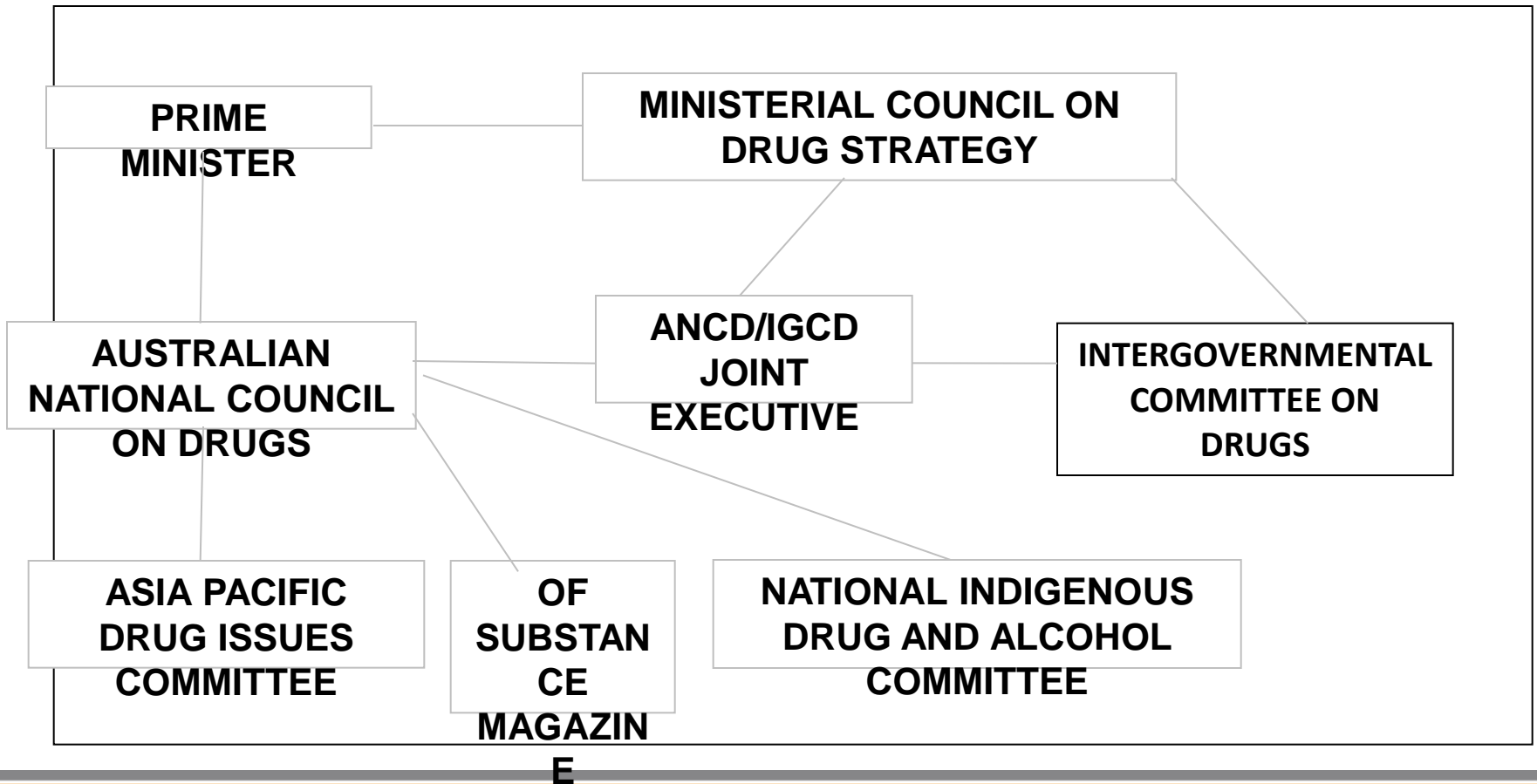
Aims

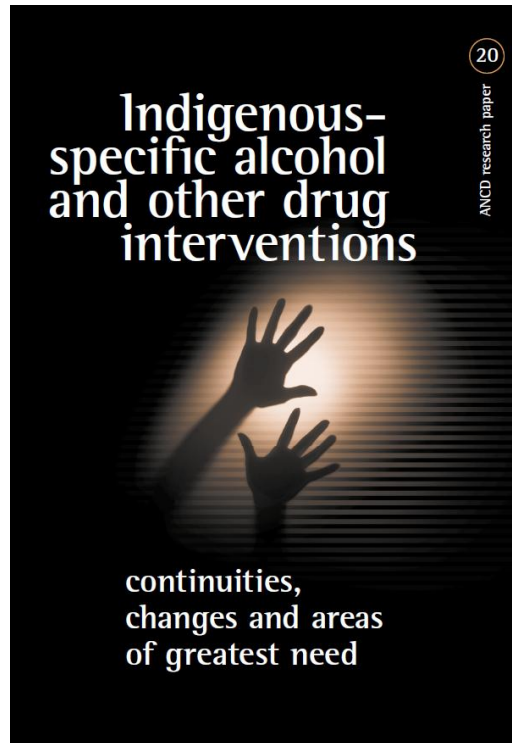
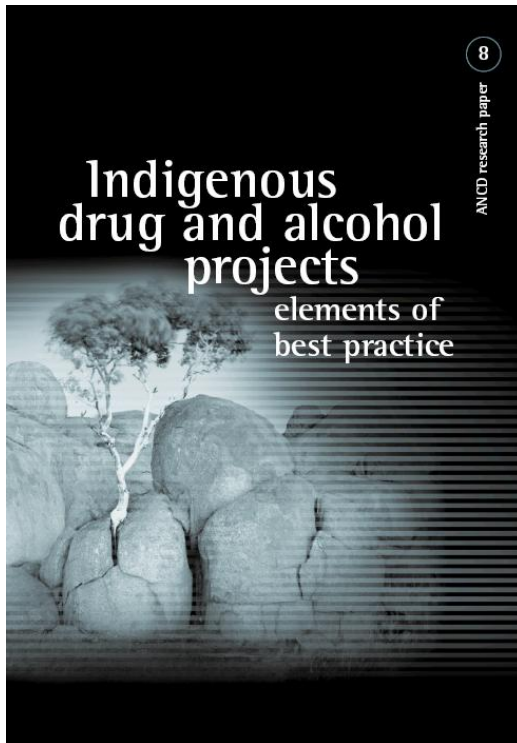
- **To provide an overview of the strategies needed to ‘close the gap’ in alcohol and other drug related harm between Indigenous and non-Indigenous Australians**
- **To identify some of the challenges to the implementation of those strategies**

Impact of white colonization on Aboriginal health today



National Advisory Structure





Australian Government
Australian Institute of Health and Welfare
Australian Institute of Family Studies

Closing the gap clearinghouse

Reducing alcohol and other drug related harm

Resource sheet no. 3 produced for the Closing the Gap Clearinghouse
Dennis Gray and Edward Wilkes, December 2010

Summary

What we know

- Rates of risky consumption of alcohol and other drugs (AOD) and related harms among Indigenous Australians are generally twice those in the non-Indigenous population.
- High levels of AOD-related harm among Indigenous Australians are both a consequence of, and contribute to, the health and social gap between them and non-Indigenous Australians.
- Reduction of harmful AOD use must include broad strategies to address the underlying social factors which predispose towards, or protect against, harmful use; and strategies specifically targeting harmful use itself.
- AOD-specific strategies should aim to prevent or minimise the uptake of harmful use; provide safe 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 others' harmful AOD use.

What works

- The National Drug Strategy Aboriginal and Torres Strait Islander Peoples Complementary Action Plan provides a comprehensive framework for the provision of AOD-specific interventions, including supply, demand and harm reduction strategies.
- There is extensive national and international evidence for effective intervention and, although it is limited, the evidence from Indigenous studies is congruent with these broader findings.
- Effective supply reduction strategies include price controls, restrictions on trading hours, fewer alcohol outlets, dry community declarations, substitution of C91 fuel for unleaded petrol, and culturally sensitive enforcement of existing laws.
- Effective demand reduction strategies include early intervention, provision of alternatives to AOD use, various treatment modalities, and ongoing care to reduce relapse rates.
- Effective harm reduction strategies include provision of community patrols, sobering-up shelters, and needle and syringe exchange programs.
- Factors which facilitate the effective provision of AOD services to Indigenous Australians include Indigenous community control, adequate resourcing and support, and planned, comprehensive intervention.

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Reducing alcohol and other drug related harm

Closing the Gap – *What We Know*

Rates of risky AOD consumption and related harms among Indigenous Australians are generally twice those in the non-Indigenous population

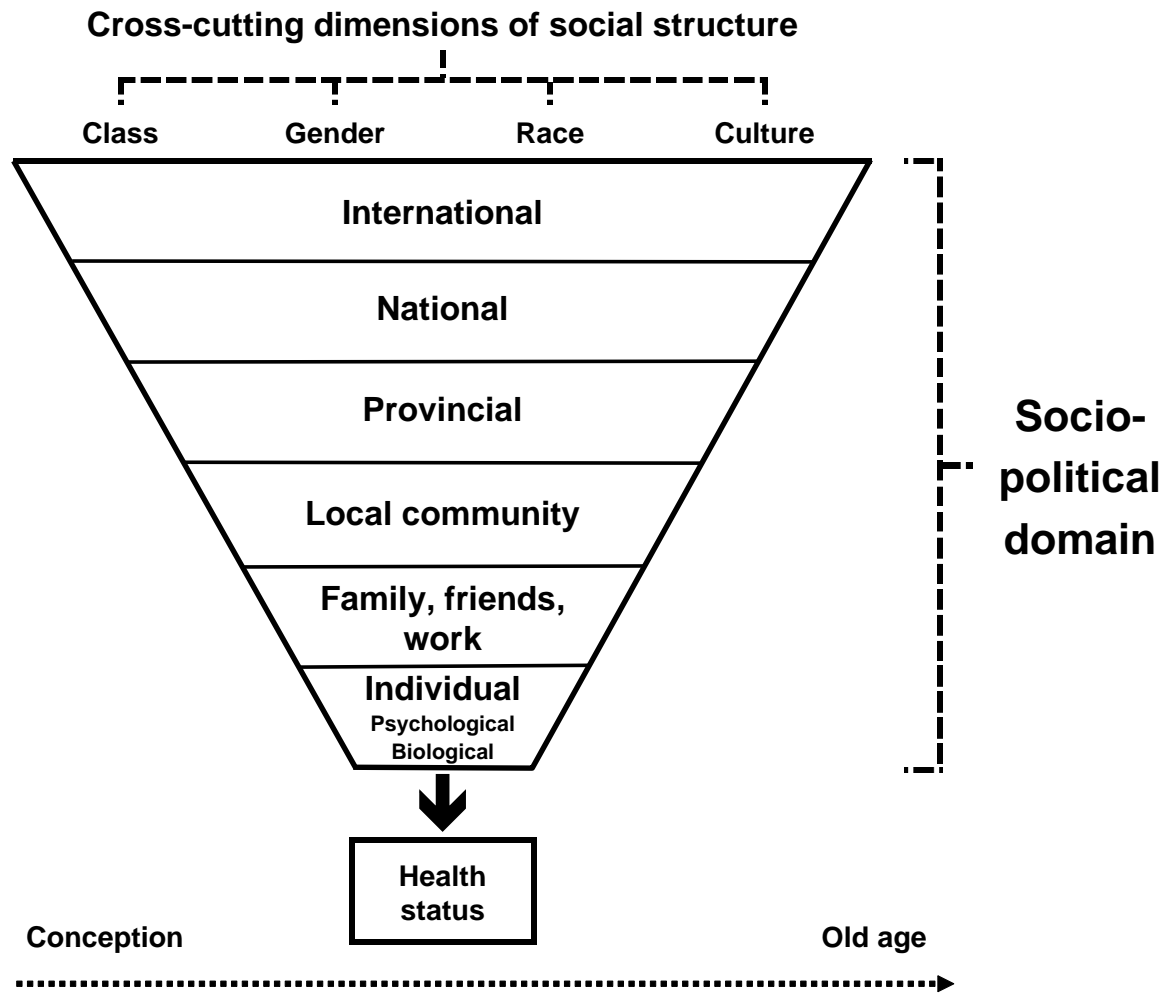
Changes in prevalence of recent AOD use

Substance	Indigenous '94–08 % change	Non-Indigenous '93–07 % change
Tobacco	-7	-34
Alcohol	24	14
Cannabis	3	-30
Amphetamine type stimulants	306	128

Closing the Gap – *What We Know*

Levels of AOD-related harm among Indigenous Australians are both a consequence of, and contribute to, the health and social gap between them and non- Indigenous Australians.

Structural determinants of health/drug use



Adapted from Lynch (2000)

What we know: The Solid Facts

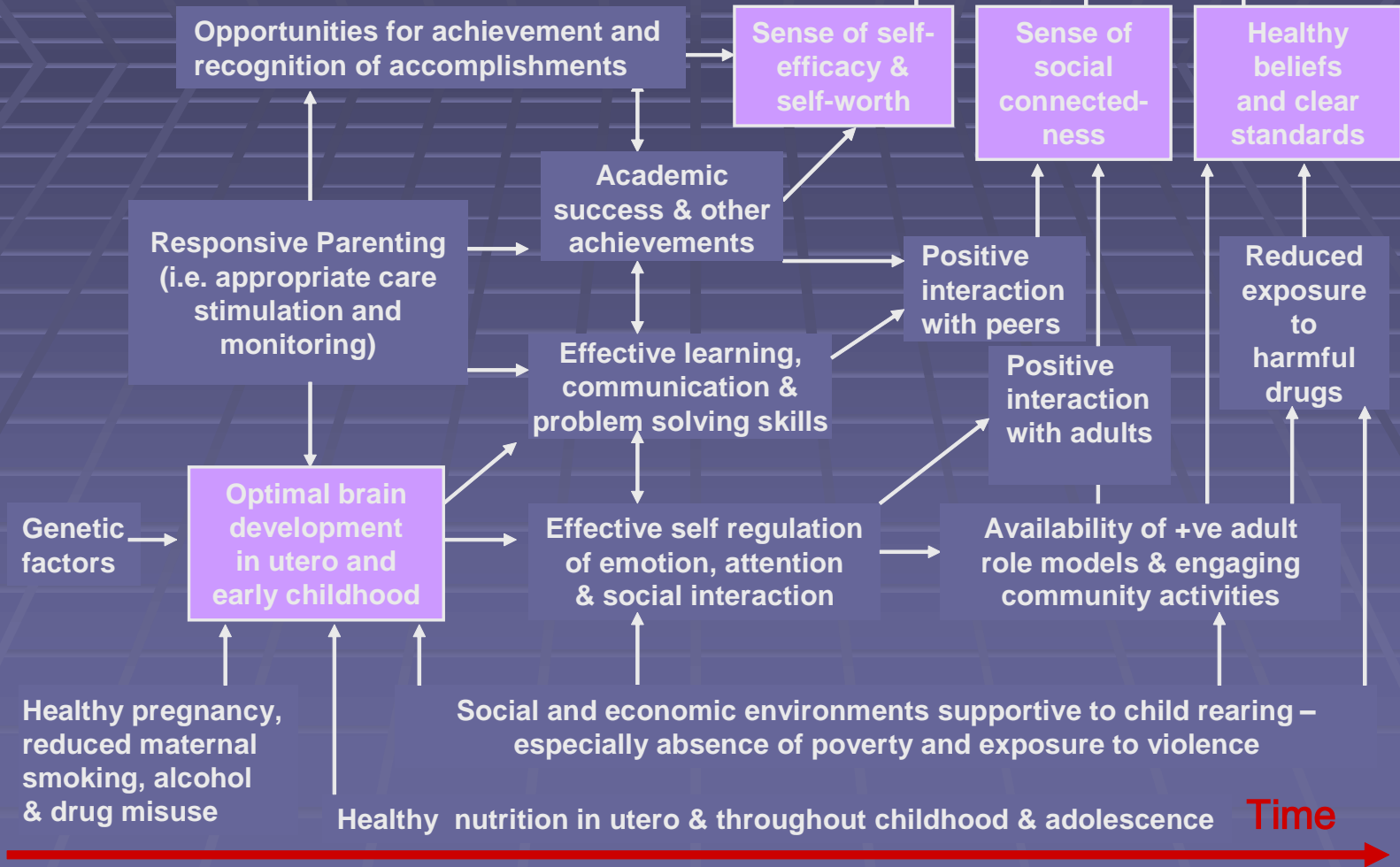
Alcohol dependence, illicit drug use and cigarette smoking are all closely associated with markers of social and economic disadvantage

(Wilkinson & Marmot 2003:24)

Pathways to Resilience

(Silburn, 2003)

**Personal achievement,
social competence and
emotional resilience**



Closing the Gap – *What We Know*

Reduction of harmful AOD use must include:

- **broad strategies to address the underlying social factors which predispose towards, or protect against, harmful use**
- **strategies specifically targeting harmful use itself.**

Closing the Gap – *What We Know*

Comprehensive AOD-specific strategies should aim to:

- **Prevent or minimise uptake of harmful use**
- **Provide safe care for those who are intoxicated**
- **Provide treatment for those who are dependent**
- **Support those who are disabled or cognitively impaired**
- **Support those whose lives are affected by others' harmful AOD use**

Closing the Gap – *What Works*

National Drug Strategy Aboriginal and Torres Strait Islander Peoples Complementary Action Plan

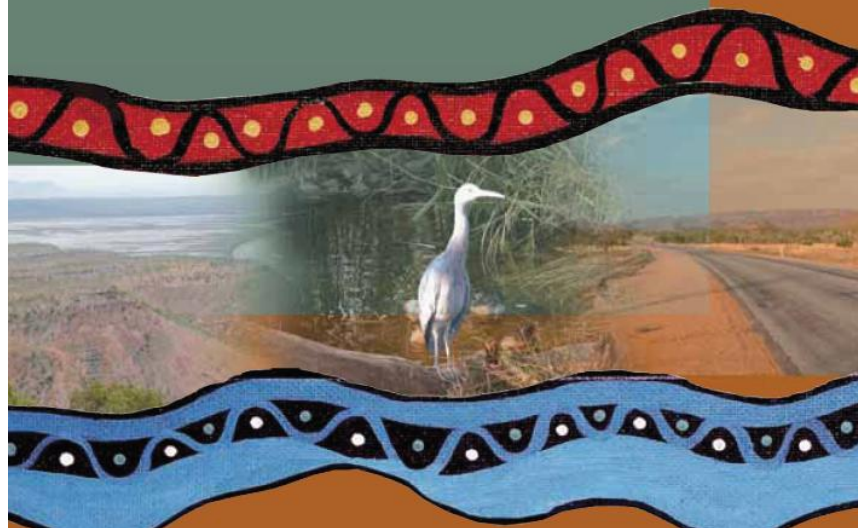
**provides a comprehensive framework for the
provision of AOD specific interventions, including
supply, demand and harm reduction strategies**

MINISTERIAL COUNCIL ON DRUG STRATEGY

NATIONAL DRUG STRATEGY

Aboriginal and Torres Strait Islander Peoples
Complementary Action Plan 2003–2009

ACTION PLAN



Closing the Gap – *What Works*

There is extensive national and international evidence for effective intervention and – although it is limited – the evidence from Indigenous studies is similar to these broader findings

What works? – Demand Reduction

- **Early intervention** ✓✓
- **Alternatives to alcohol and other drug use** ✓
- **Education and persuasion** ✓
- **Treatment** ✓✓
 - **Residential treatment**
- **On-going care to reduce relapse rates** ✓✓

What works – Supply Reduction

- **Price controls** ✓✓
- **Reduced trading hours** ✓✓
- **Fewer alcohol outlets** ✓
- **Dry community declarations** ✓
- **Substitution of Opal fuel for unleaded petrol** ✓✓
- **Culturally sensitive law enforcement** ✓

What works – Harm Reduction

- **Community patrols** ✓
- **Sobering-up shelters** ✓
- **Needle and syringe programs** ✓✓
- **Care for the physically and cognitively impaired** ✓

Closing the Gap – *What Works*

- **Indigenous support and control**
- **Response to local community needs**
- **Adequate resources and support**
- **Catering for clients with complex needs**
- **Balance of broad-based and substance specific services**
- **Planned, integrated sets of interventions**

Closing the Gap – *What Doesn't Work*

- **Interventions designed for non-Indigenous populations imposed without local Indigenous community control and culturally appropriate adaptation.**
- **Local dry area bans (i.e. location-specific as opposed to community-wide bans) are not effective in reducing AOD use and simply shift such use to other areas, often where there is greater risk of harm.**

Closing the Gap – *What Doesn't Work*

- **Voluntary alcohol accords have limited effect.**
- **Alone, education and persuasion programs have limited impact. They need to be employed in conjunction with other interventions.**
- **Interventions which stigmatise AOD users are counter-productive.**
- **Interventions which focus upon dependent users, and ignore heavy episodic users, have limited impact.**

Closing the Gap – *What Doesn't Work*

Barriers to effective service provision include

- **short-term one-off funding**
- **provision of services in isolation**
- **failure to develop Indigenous capacity to provide services**

Gaps in service provision

- **Geographical imbalances**
- **Large numbers of projects funded by small amounts of non-recurrent funding**
- **Few treatment services for adolescents and young adults**
- **Limited provision of services for clients with comorbid substance misuse and mental health problems**
- **Little on-going care provision**
- **Uneven coordination of service provision and client case management**
- **Inadequate resourcing of workforce development**
- **Limited capacity of Indigenous organisations to expand service provision**

Closing the Gap

Despite gaps in our knowledge, there is ample evidence to show what can be done to reduce AOD related harm.

What is needed is the commitment to do it – *with and not for Indigenous people.*

BRIDGES AND BARRIERS :

Addressing Indigenous incarceration and health

Copies can be obtained from:

nidac@ancd.org.au www.nidac.org.au

Alternative ways of thinking are needed to break the cycle

- Every Indigenous young person should have an individual education support fund
- Amend the eligibility criteria of current diversion programs
- Establish a network of Indigenous-specific residential rehabilitation centres for courts to utilise as a real and viable alternative to incarceration
- Improve the level of health services available to all Indigenous prisoners and juvenile detainees
- Identify and support Indigenous-specific programs and best practices that are effective in reducing offending and re-offending

Key Short Term Recommendations

- An increased number of Indigenous-specific diversion programs, - with links to Aboriginal community-controlled health services in their region.
- **Appropriate Indigenous-specific programs to assist family members with the return and re-integration of offenders into their community.**
- Improve the level of health services available to all Indigenous prisoners and juvenile detainees by: providing health screening on reception; encouraging the take up of treatment after health screening; providing a continuum of health care and referral within and beyond the corrections system, and by allowing Indigenous health services access to prisoners and detainees.
- **Provide every Indigenous young person with an individual education support fund to assist and promote their participation and retention within the education system.**
- Amend the eligibility criteria of diversion programs to not rule out offenders who have: prior convictions related to AOD, selective multiple charges, and co-existing mental illness or health problems.

Key Long Term Recommendations

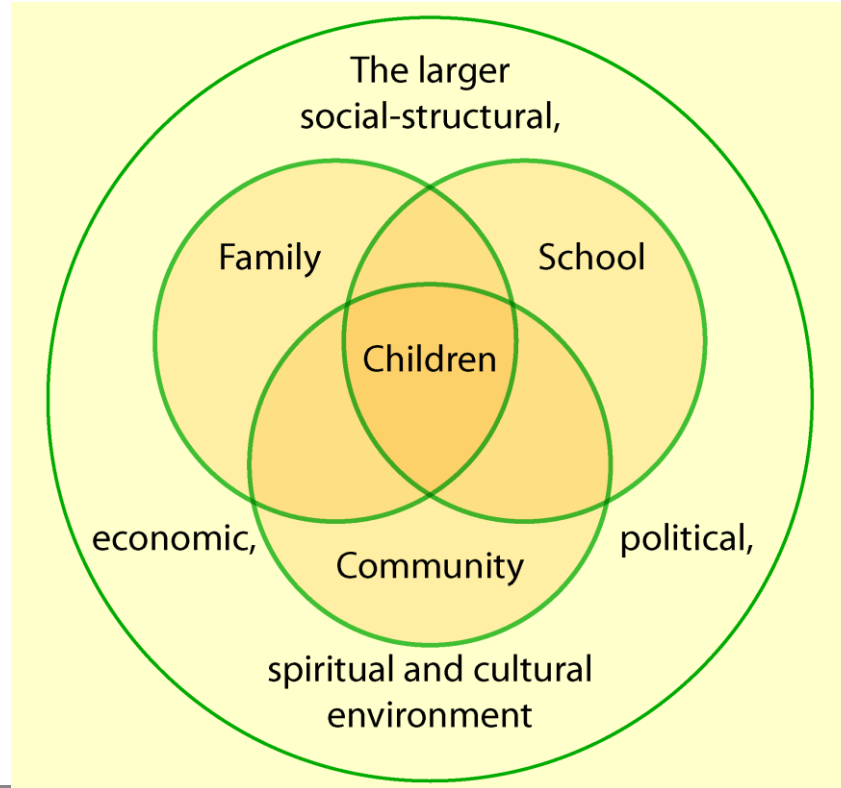
- Fund a network of community-based Indigenous youth wellbeing and activity centres with links to education and health services.
- Develop a national AOD campaign for Indigenous Australians to reduce demand and supply, as well as decrease the incidence of fetal alcohol spectrum disorder.
- Establish a 'break the cycle' network of Indigenous-specific residential rehabilitation centres for courts to utilise as a viable alternative to incarceration.
- Develop a national employment strategy to train and establish a specialist Indigenous workforce of psychologists, doctors and nurses which can provide substance misuse, mental health and general health services.

WA Aboriginal Child Health Survey

The survey – an overview

A survey of 5,300 Aboriginal and Torres Strait Islander children under the age of 18 living in 2,000 families across Western Australia

Survey Model: children within contexts of influence



Life Stress Events

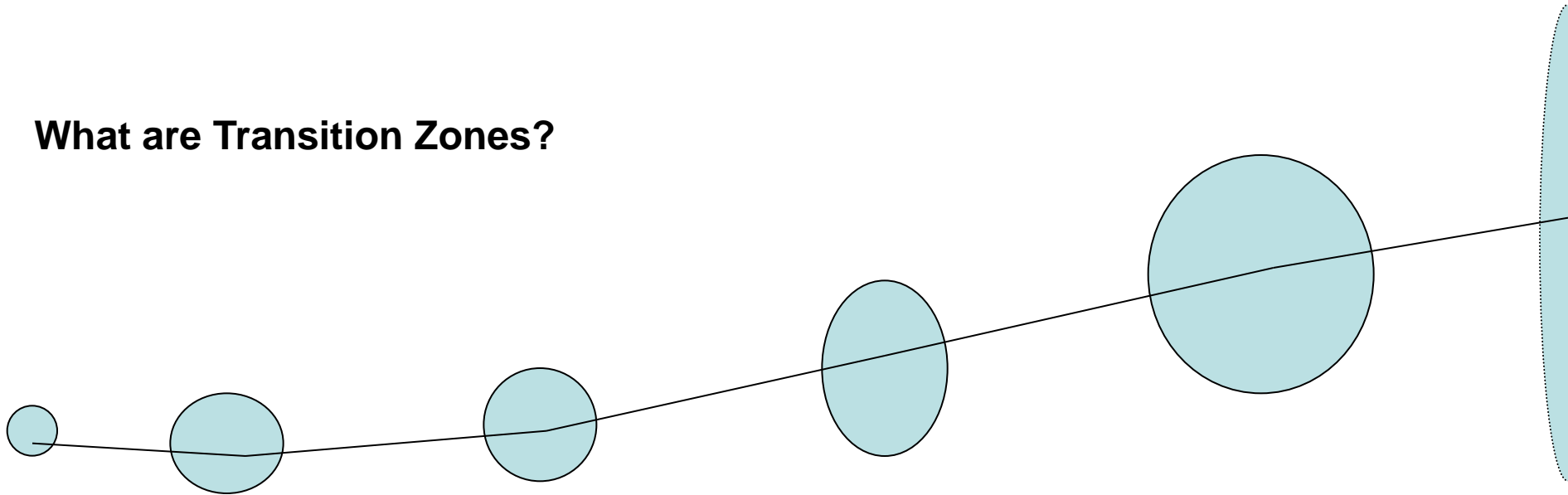
Carers were asked whether any of a range of 14 major life stress events had occurred in their family in the 12 months prior to the survey.

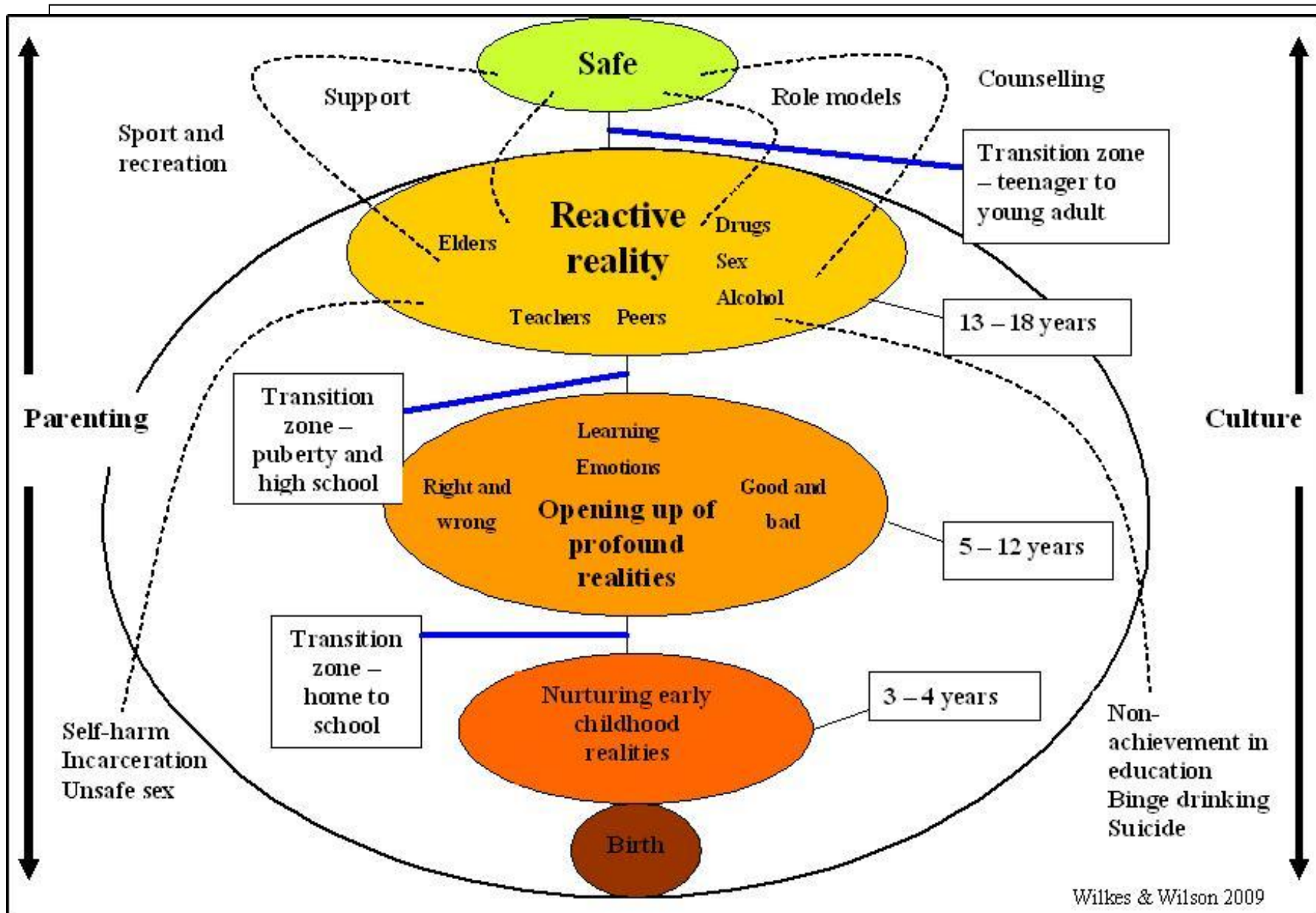
- ▶ For analysis, a count of the number of events reported by each family was produced
- ▶ While the specific events differed from those used in the 1993 WA CHS, the WAACHS results show a substantial degree of multiple life stresses.

No of life stress events	Percentage of carers	95% CI
0–2	30.5	(28.3–32.8)
3–4	26.1	(24.0–28.2)
5–6	22.3	(20.2–24.4)
7–14	21.2	(19.3–23.1)

Young Aboriginal people transition into adult life with little knowledge of the harmful effects of alcohol and other drugs:

What are Transition Zones?





Teaching children

- **Teach kids at a young age because it might get hard when they get older. That's a lesson that I've learnt, you are always learning, I think I didn't do that right with my own kids but I want to try and get it right with my grandchildren that I do have.**

Source: SNAICC report 2004

Parenting

- *Research into Indigenous family issues reveal that there is a multiplicity of social, cultural and historical factors affecting the ability to parent effectively*

Source: SNAICC report 2004

Closing the life-expectancy gap between Indigenous and non-Indigenous Australians



Budawin jennong