Preventing alcohol and other drug related harm among Indigenous Australians

Dennis Gray & Ted Wilkes
The Indigenous Research Team

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Ed Garrison
Program history

- Established in 1992 – response to RCIADIC
- Staffing and capacity building
- Importance of collaboration
  - Indigenous community controlled organisations
  - Other research organisations
  - Internal NDRI collaborations
Program Activities

- Research
- Capacity building
- Dissemination
Research

Over 50 research projects

- Political economy of Indigenous alcohol use
- Evaluation of Tennant Creek alcohol restrictions
- Attitudes of Town Camp residents to alcohol restrictions
- Randomised controlled trial of smoking interventions
- Cannabis use in two remote communities
- Needs of Aboriginal people who inject drugs
- Policing of volatile substance use
- Elements of best practice in Indigenous AOD services
Capacity Building

- Building capacity within NDRI
- Building capacity within Aboriginal community-controlled organisations
- Broad-based collaborative projects
- Contributions to various national and state/territory committees and expert working groups
Dissemination

- Publications – over 80 books, book chapters, journal articles and technical reports

- Reviews / secondary research projects
  - Substance use and primary health care – *Aboriginal Primary Health Care*
  - Substance use – *The Health of Aboriginal Australians*
  - *Alcohol restrictions: evidence and outcomes*
  - Review of 'Moving beyond the restrictions’

- Over 300 media items on Indigenous AOD research and issues
Indigenous-specific alcohol and other drug interventions

continuities, changes and areas of greatest need
Areas of greatest need in the provision of Indigenous-specific AOD services

Aimed to report on:

- Current alcohol and other drug services for Indigenous Australians
- Funding of current alcohol and other drug services for Indigenous Australians
- The appropriateness of current services and funding for them
- The identification and assessment of unmet needs
Indigenous drug and alcohol projects 1999–2000

Indigenous-specific alcohol and other drug interventions
continuities, changes and areas of greatest need
Indigenous specific AOD interventions 2006–2007

- Multi-service
- Treatment - residential
- Treatment - non-residential
- Support, Referral & On-going care
- Harm reduction
- Prevention
- Workforce development

www.ndri.curtin.edu.au
Indigenous-specific AOD intervention projects
Queensland, 2006–07
### Indigenous-specific AOD intervention projects by project type 2006–2007

<table>
<thead>
<tr>
<th>Project type</th>
<th>2006–2007</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Sub-total</td>
<td>Total</td>
</tr>
<tr>
<td>Prevention</td>
<td>109</td>
<td>32</td>
</tr>
<tr>
<td>Harm reduction</td>
<td>89</td>
<td>26</td>
</tr>
<tr>
<td>Treatment: non-residential</td>
<td>52</td>
<td>15</td>
</tr>
<tr>
<td>Treatment: residential</td>
<td>30</td>
<td>9</td>
</tr>
<tr>
<td>Multi-service</td>
<td>9</td>
<td>3</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Support, referral, on-going care</td>
<td>28 (8)</td>
<td>15</td>
</tr>
<tr>
<td>Workforce development</td>
<td>23 (7)</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>340</strong></td>
<td><strong>100</strong></td>
</tr>
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</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Orgs.</td>
<td>Projects</td>
<td>% Projects</td>
<td>Orgs.</td>
</tr>
<tr>
<td>Indigenous organisations</td>
<td>177</td>
<td>226</td>
<td>82</td>
<td>159</td>
</tr>
<tr>
<td>Non-Indigenous NGO</td>
<td>16</td>
<td>17</td>
<td>6</td>
<td>44</td>
</tr>
<tr>
<td>Government</td>
<td>20</td>
<td>34</td>
<td>13</td>
<td>21</td>
</tr>
<tr>
<td>Total</td>
<td>213</td>
<td>277</td>
<td>100</td>
<td>224</td>
</tr>
</tbody>
</table>
Changes in service provision

- Only 52 per cent of organisations conducting projects in 1999–2000 were doing so in 2006–2007

- Only 48 per cent of projects being conducted in 1999–2000 were being conducted in 2006–2007
## Operational expenditure


<table>
<thead>
<tr>
<th>Organisation type</th>
<th>1999–2000</th>
<th>2006–2007</th>
<th>% change 99–00 to 06–07</th>
</tr>
</thead>
</table>
|                   | Recurrent | Recurrent | Non-
|                   | $000*     | $000*     | recurrent $000*          |
|                   | Total $000* | $000* | % | Total $000 | $000* | Total $000 | % | $000* | $000* |
| **Indigenous**    | 36,818    | 1,361     | 38,179 | 90  | 48,819    | 12,625     | 61,444 | 69  | 61       |
| **Non-Indigenous**| 2,110     | 144       | 2,255  | 5   | 8,690     | 1,301      | 9,991  | 11  | 343      |
| **NGO**           | 1,552     | 615       | 2,167  | 5   | 17,097    | 879        | 17,977 | 20  | 730      |
| **Government**    | 1,552     | 615       | 2,167  | 5   | 17,097    | 879        | 17,977 | 20  | 730      |
| **Total**         | 40,481    | 2,119     | 42,601 | 74,607 | 14,805    | 89,412     | 110    |     |          |
| **Per cent**      | 95        | 5         | 83     | 17   |           |            |         |     |          |

* In 2006–2007 dollars

- Adjusted for inflation, operational expenditure increased by 110 per cent – from $42.6 to $89.4 million

- The percentage of people aged ≥15 years identifying as Indigenous Australian increased from 180,000 to 283,000

- On a per capita basis, expenditure increased by 34 per cent – from $236 to $316
### Sources of funding for AOD projects

<table>
<thead>
<tr>
<th>Funding agency</th>
<th>2006–2007</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$000  %</td>
</tr>
<tr>
<td><strong>Commonwealth</strong></td>
<td></td>
</tr>
<tr>
<td>DoHA: OATSIH</td>
<td>39,040  44</td>
</tr>
<tr>
<td>DoHA: Drug Strategy</td>
<td>6,535  7</td>
</tr>
<tr>
<td>Aboriginal Hostels</td>
<td>2,973  3</td>
</tr>
<tr>
<td>Attorney General’s</td>
<td>2,969  3</td>
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<tr>
<td>Other</td>
<td>2,515  3</td>
</tr>
<tr>
<td></td>
<td>54,032 60</td>
</tr>
<tr>
<td><strong>State/territory</strong></td>
<td></td>
</tr>
<tr>
<td>Health/AOD</td>
<td>22,288 25</td>
</tr>
<tr>
<td>Indigenous Affairs</td>
<td>8,233  9</td>
</tr>
<tr>
<td>Other</td>
<td>2,267  3</td>
</tr>
<tr>
<td></td>
<td>32,788 37</td>
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<tr>
<td><strong>Other</strong></td>
<td></td>
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<tr>
<td>Local govt.</td>
<td>32 &lt;1</td>
</tr>
<tr>
<td>NGO</td>
<td>2,560  3</td>
</tr>
<tr>
<td></td>
<td>2,592  3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>89,412</td>
</tr>
</tbody>
</table>

Total operational expenditure 2006–2007
Per capita operational expenditure 2006–2007
Estimated numbers and rates of alcohol-attributable deaths 2000–2004
Areas of Greatest Need – Key findings

- No correlation between provision of services and population or level of harm
- High turnover of projects – lack of continuity
- A number of regions were clearly under-serviced
- Few interventions addressing:
  - harm reduction and treatment for adolescents and young people
  - needs of women and families
  - co-morbid mental health problems
  - on-going care services
Areas of Greatest Need – Key findings

- Reduction in the number of Indigenous organisations and increase in the number of non-Indigenous NGOs providing services and resourcing of them
- Significant increase in the percentage of non-recurrent funding
- Limited resourcing of capacity building – incl. workforce development
- Many of key result areas of Complementary Action Plan not achieved
Reducing alcohol and other drug related harm

Resource sheet no. 3 produced for the Closing the Gap Clearinghouse
Denise Gray and Edward Willers, 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 minimize 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 Opioid for unlabelled 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.

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.

- 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.
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; and
- strategies specifically targeting harmful use itself.
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 whose who disabled or cognitively impaired;
- support those whose lives are affected by others’ harmful AOD use.
Closing the Gap – *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.

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Effective supply reduction strategies include:

- price controls
- restrictions on trading hours
- fewer alcohol outlets
- dry community declarations
- substitution of Opal fuel for unleaded petrol
- culturally sensitive enforcement of existing laws
Closing the Gap – *What Works*

Effective demand reduction strategies include:

- early intervention
- provision of alternatives to AOD use
- various treatment modalities
- ongoing care to reduce relapse rates
Effective harm reduction strategies include:

- provision of community patrols
- sobering-up shelters
- 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
- planned, comprehensive intervention
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.
Barriers to effective service provision include

- short-term one-off funding
- provision of services in isolation
- failure to develop Indigenous capacity to provide services
Closing the Gap – *What We Don’t Know*

- There is a paucity of regional and local level AOD use prevalence data that can enable better targeting of intervention and service provision.

- There are too few high-quality outcome and process evaluations of Indigenous-specific interventions, which can guide the enhancement of AOD interventions.
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.
Reducing alcohol and other drug related harm

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