



**House of Representatives House Standing Committee on
Indigenous Affairs**

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

**Western Australian Network of Alcohol and other Drug Agencies
(WANADA)**

Written Submission

April 2014

The Western Australian Network of Alcohol and other Drug Agencies

The Western Australian Network of Alcohol and other Drug Agencies (WANADA) is the peak body for the alcohol and other drug service sector in Western Australia, offering advocacy, representation, leadership and support to over 90 member services, including metropolitan, regional, remote and Aboriginal specific organisations.

Introduction

WANADA has consulted with member services to inform this response. Services report that they:

- feel the impact of patterns of supply, trends and prevalence. AOD services need to be involved in local level planning;
- provide support including referral, case management or shared care to wherever possible ensure social determinants of harmful alcohol and other drug use is addressed in an holistic way; and
- typically prioritise support to pregnant women; ensure information on foetal alcohol spectrum disorders is made available; and recognise foetal alcohol spectrum disorder is a concern for a percentage of the consumers accessing or referred to the service.

The services that WANADA members predominantly provide, however, are related to treatment and support. Consequently this submission is responding to these specific Inquiry Terms of Reference points.

All alcohol and other drug treatment and support services in Western Australia provide services to Aboriginal and Torres Strait Islander peoples. There are also a significant number of Aboriginal specific alcohol and other drug services.

Recommendations

1. Service models need to apply recognised culturally secure practice approaches, and where possible services need to seek support from local community leaders to make the model specific to the local community
2. All mainstream best practice guidelines must be reviewed for cultural security from an Aboriginal or Torres Strait Islander point of view
3. State and Commonwealth governments consider justice reinvestment initiatives to reduce alcohol related harm in Aboriginal communities.

4. Funding for services needs to incorporate dedicated resources to apply appropriate strategies to reduce alcohol and other drug related harm, including:
 - engagement with the local Aboriginal and Torres Strait Islander community
 - partnership building with specific Aboriginal and Torres Strait Islander services, to inform program development and enhance referrals
 - capacity building and workforce development in cultural awareness and competency, family sensitive practice, working in a culturally appropriate way with grief, loss, shame and trauma
 - recruiting and retaining dedicated Aboriginal and Torres Strait Islander staff
 - consultation and supervision with cultural advisors

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

*Aboriginal people or Indigenous Australians experience [alcohol and other drug] AOD problems, particularly related to alcohol, at a disproportionate rate to non-Indigenous Australians. Problematic AOD use among Aboriginal people is associated with a range of health problems, such as high rates of alcohol-related death and hospital admissions, as well as social problems, such as family violence, child abuse and neglect, unemployment, and high levels of imprisonment. There is a clear need to provide effective AOD treatment for Indigenous Australians in a culturally appropriate manner, however mainstream models of practice in the AOD field have overwhelmingly been developed within western systems of knowledge and may ignore an Aboriginal 'world view'. Application of these models to working with Aboriginal people can be detrimental and lead to Aboriginal people disengaging from seeking support and treatment. This is especially the case if the treatment approach directly undermines Aboriginal cultural ways of working and results in Aboriginal people feeling disempowered as their cultural beliefs/values and family systems are ignored, misunderstood or disrespected. In the past there have also been efforts to impose approaches from Indigenous people in other countries on Aboriginal Australians. This approach is often embedded in western disease ideology, which is very different to an Aboriginal concept of holistic health and well-being, and can weaken Australian Aboriginal culture and lead to devastating outcomes.*¹

There is a growing awareness for the need to ensure best practice approaches are culturally secure. The best practice guidelines promoted to Western Australian alcohol and other drug services acknowledge the need for culturally secure ways of working, recognise the diversity of the Aboriginal community, offer general models for working with Aboriginal people, and have developed specific culturally secure practice examples such as *Strong spirit strong mind*.²

¹ Marsh, A., O'Toole, S., Dale, A., Willis, L., & Helfgott, S. (2013) *Counselling Guidelines: Alcohol and other drug issues*. Government of Western Australia, Drug and Alcohol Office. P 176

² Casey, W., & Keen, J. (2010). *Strong spirit strong mind. Making sense and supporting change: a guide for our people*. Perth, WA: Government of Western Australia Drug and Alcohol Office.

Culturally secure best practice models:

- *incorporate an Aboriginal holistic concept of health and well-being*
- *are grounded in an Aboriginal understanding of the historical factors, including traditional life, the impact of colonisation and the ongoing effects*
- *aim to strengthen Aboriginal family systems of care, control and responsibility*
- *address culturally secure approaches to harm reduction*
- *work from within empowerment principles³.*

The Western Australian guideline identifies some mainstream models, such as social learning theory and social model of health that are complementary to Aboriginal ways of learning.

Comments provided by WANADA members, consulted to support this submission, indicates that the considerations in these guidelines are being taken on board with good effect.

‘When working with individuals and families, an approach that seeks to offer supports across the whole person and family, sustained over time, seem to offer the best chance for lasting change’.

‘Feedback from most of our Aboriginal clients tells us that maintaining links with family and culture is paramount. Connecting back into community in healthy ways, encouragement and support from family/mentors who support these choices and alcohol free activities, clubs, social events all allow for our clients to continue their recovery journey whilst still feeling connected to culture and community’.

‘We use a lot of yarning sessions instead of formal counselling’.

‘We observe respectful processes when working with individuals or groups such as exchange information rather than ask questions, being patient and listening, following up on commitments, being gender appropriate, checking that we understand each other, working with Aboriginal concepts of health and wellbeing. The service provided does not just address an issue in isolation but recognises the connected nature of things’.

‘The Aboriginal People who access the service come from a variety of family/cultural backgrounds. Some people come from highly successful families who have achieved prominent profiles in the community [...], others come from families where excessive alcohol and drug use is not encouraged or condoned. Some come from families where the excessive and harmful use of alcohol is ingrained in the family on a multigenerational level as well as entrenched family violence, poor health, sexual assault, high incarceration rates. These clients need the most support in finding activities and cultural mentors to support them in ongoing recovery post treatment’.

‘First and foremost -We ask our Aboriginal staff and clients what works best for them’.

³ Marsh, A., O’Toole, S., Dale, A., Willis, L., & Helfgott, S. (2013) *Counselling Guidelines: Alcohol and other drug issues*. Government of Western Australia, Drug and Alcohol Office. P 176

In relation to best practice treatments and support for minimising alcohol misuse and alcohol-related harm, WANADA supports developed culturally secure evidence based approaches developed by the WA government with the recognition that these have been developed in consultation with Aboriginal and Torres Strait Islander participation.

WANADA recommends:

- Service models apply recognised culturally secure practice approaches, and where possible services seek support from local community leaders to make the model specific to the local community
- All mainstream best practice guidelines must be reviewed for cultural security from an Aboriginal or Torres Strait Islander point of view

Best practice strategies for minimising alcohol misuse and alcohol-related harm

The Western Australian *Counselling guidelines: Alcohol and other drug issues* (2013) ⁴ provides a list of strategies for services and workers in the alcohol and other drug sector. These include:

- *Opportunities for partnerships and collaboration with Aboriginal services and individuals should be pursued to increase culturally respectful practice.*
- *Opportunities should be taken, within AOD agencies and other sectors, to build capacity for responding effectively to AOD problems in Aboriginal people and communities to improve cultural competence.*
- *Agencies should employ skilled Aboriginal people and provide them with training and resources to increase their effectiveness in contributing to the Aboriginal AOD area.*
- *Prior to working with Aboriginal clients non-Aboriginal workers should participate in cultural awareness training.*
- *If non-Aboriginal counsellors are working with Aboriginal clients they should seek ongoing cultural supervision from healthcare providers with competence in working with Aboriginal people.*
- *Aboriginal clients should be offered referral to or additional support from Aboriginal-specific AOD services where possible and desired by the clients.*
- *Counsellors should be aware of the importance of family systems to Indigenous Australians and recognise that the concept of family in Aboriginal culture includes immediate and extended family and relatives. With the permission of the client, include family members in the counselling as much as possible.*
- *A flexible approach is needed when working with Aboriginal clients, as family, community and cultural obligations will often take precedence over appointments.*
- *Counsellors should be aware of the high levels of grief and loss that are a constant factor in the lives of many Aboriginal people, their families and communities.*

⁴ Marsh, A., O'Toole, S., Dale, A., Willis, L., & Helfgott, S. (2013) *Counselling Guidelines: Alcohol and other drug issues*. Government of Western Australia, Drug and Alcohol Office.

- *Counsellors should be aware of the impact of intensely distressing levels of shame that many Aboriginal clients experience, which can become exacerbated when dealing with a non-Aboriginal counsellor/worker.*
- *Cognitive behavioural approaches work well with Aboriginal people provided they are used in culturally secure ways.⁵*

Many of the *Guideline's* strategies were reported by WANADA members as being applied.

'Aboriginal people don't think about or really recognise the causes of harm. So much of their focus is on other things going on around them. They feel empowered when drunk/intoxicated. When sober they don't know how to deal with things and when overcome with grief and distress make a decision to drink to forget or get the empowerment to express their feelings sometimes in an unfriendly manner. Our service provides community and home visits to build relationships so that there are fewer barriers to accessing treatment when it is needed. The community now lets us know who to visit and when'.

'Aboriginal People engage well with our service. Cultural Safety training of all staff, cultural education for all resident clients Aboriginal and non-Aboriginal, celebration of days of cultural significance, a Reconciliation Action Plan, employment of Aboriginal AOD support workers, access to specific healthcare, regular smoking of the property, purpose built Aboriginal Meeting place on the property all contribute to engaging Aboriginal People in the program'.

'We provide a culturally secure service with staff undertaking cultural security training'.

'Clients are more willing if not forced to do something and this has increased the use of our service. .We always leave the door open for community and individuals to come in'.

'Fostering relationships with individuals and agencies that work well with Aboriginal People and building on those relationships to develop trust and mutual support is invaluable in securing best outcomes for Aboriginal clients'

'We endeavour to work with Aboriginal staff or leaders where possible and work alongside rather than do things "for" communities'.

Some barriers to applying the strategies in the *Guidelines* were also identified.

'The majority of Aboriginal people accessing our service are referred by corrective services. Given the shamefully disproportionate number of Aboriginal people in WA's prisons and the social stress primarily related to issues associated with alcohol more needs to be done – more resources need to be spent - earlier to prevent this level of harm'.

'Recruiting and retaining staff, particularly Aboriginal staff, is a challenge faced by many services'.

⁵ Marsh, A., O'Toole, S., Dale, A., Willis, L., & Helfgott, S. (2013) *Counselling Guidelines: Alcohol and other drug issues*. Government of Western Australia, Drug and Alcohol Office. P 177

'We do need more Aboriginal counsellors not only in our organisation but also the AOD sector'.

'We would like to employ mentors to assist the community with needs associated with alcohol use'.

Barriers to engagement include a lack of trained Aboriginal staff – we have to select and train people but this takes time, and after one or two years of training many decide to take a break and leave - leaving us back to square one, or faced with the possibility of losing program funding'.

'Because of the nature of life in communities with extreme weather and isolation people tend to not stay in employment in the same way they do in settled urban areas'.

'A barrier to both recruitment and community engagement is the short-term nature of many initiatives intended to address alcohol and other drug-related issues'.

'Sustained programs - with the entrenched and at times serious nature of problems, changes of government usually bring about an end to existing programs and request for suggestions for new programs. All the hard work in relation to relationship building and establishing services has to start again'.

In relation to best practice strategies for minimising alcohol misuse and alcohol-related harm, WANADA recommends:

- State and Commonwealth governments consider justice reinvestment initiatives to reduce alcohol related harm in Aboriginal communities.
- Funding for services needs to incorporate dedicated resources to apply appropriate strategies to reduce alcohol and other drug related harm, including:
 - engagement with the local Aboriginal and Torres Strait Islander community
 - partnership building with specific Aboriginal and Torres Strait Islander services, to inform program development, enhance referral
 - capacity building and workforce development in cultural awareness and competency, family sensitive practice, working in a culturally appropriate way with grief, loss, shame and trauma, ensuring dedicated Aboriginal and Torres Strait Islander positions,
 - consultation and supervision with cultural advisors