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**Response to House of Representatives
Standing Committee on Health, Aged
Care and Sport – Inquiry into the Health
Impacts of Alcohol and Other Drugs in
Australia**

Southern Aboriginal Corporation

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Introduction

Southern Aboriginal Corporation (SAC) welcomes the opportunity to provide a submission to the House of Representatives Standing Committee on Health, Aged Care and Sport Inquiry into the Health Impacts of Alcohol and Other Drugs in Australia.

SAC is a leading Aboriginal Community Controlled Organisation (ACCO) operating across the Great Southern, Southwest and Wheatbelt regions of Western Australia. SAC offices are located in Albany, Katanning, Bunbury and Narrogin, from which services are delivered to 17 regional and remote locations. SAC supports the unique and evolving needs of our local communities by promoting Noongar social and cultural values and implementing a culturally informed, trauma integrated healing approach.

SAC has a unique understanding of the complex context in which Aboriginal people experience Alcohol and Other Drug (AOD) abuse; harmful use of alcohol, tobacco and other drugs, for example, is tied to an explicitly racist history whereby alcoholic spirits were used by White Settlers to control, coerce and provide payment for labour of Aboriginal people. Per research into community-based models of AOD support for First Nations people in Australia:

Colonial constructions of the “drunken Aborigine” have also stemmed from this problematic history and persist in contemporary stereotypes about First Nations peoples in Australia. This colonial history – of dispossession, trauma and violence – continues to influence substance use within First Nations communities today.¹

Every day, SAC works with clients who continue to be displaced and discriminated against by the systems that dispossessed Aboriginal people from their land, their culture and their communities at the time of colonisation.

The intersection between AOD abuse and family and domestic violence in Aboriginal communities adds further complexity to what is already a major public health concern; there is, for example, a dearth of epidemiological data that link three contributing epidemics: alcohol misuse, violence and trauma.²

SAC seeks to provide feedback to the Standing Committee given the importance of facilitating better access to culturally safe, trauma informed and Aboriginal controlled AOD services for Aboriginal people in Western Australia. We have a particular vested interest in promoting improved access to services and achieving progress against the State and Federal Government’s respective obligations under the National Agreement on Closing the Gap.

¹ Krakouer, Savaglio, Taylor and Skouteris, ‘Community-based models of alcohol and other drug support for First Nations peoples in Australia: A systematic review’, Drug and Alcohol Review, September 2022, 41, [Community-based models of alcohol and other drug support for First Nations peoples in Australia: A systematic review \(wiley.com\)](https://onlinelibrary.wiley.com/doi/10.1111/dar.12700).

² Ramamoorthi, Jayaraj, Notaras and Thomas, ‘Alcohol-Related Violence among the Australian Aboriginal and Torres Strait Islanders of the Northern Territory: Prioritizing an Agenda for Prevention’, Iranian Journal of Public Health, May 2014, 43(5), [Alcohol-Related Violence among the Australian Aboriginal and Torres Strait Islanders of the Northern Territory: Prioritizing an Agenda for Prevention-Narrative Review Article - PMC \(nih.gov\)](https://pubmed.ncbi.nlm.nih.gov/25711111/).

Response to Terms

Assessment of current service delivery across the AOD sector for Aboriginal people, value for money and the best outcomes for individuals, their families and society

In 2016, SAC led community engagement across the Great Southern region of Western Australia to find potential solutions to address the substance abuse epidemic that was, and continues to, plague the region. As the only geographic region in Western Australia without a dedicated residential rehabilitation facility for AOD abuse, SAC recognised then, and continues to recognise now, the detrimental impact of substance abuse on Aboriginal people and communities across the Great Southern. SAC's engagement with almost 400 members of the local community identified methamphetamine as the most problematic substance abused across the region, followed by alcohol and marijuana. Abuse was, and continues to, result in:

- Increased rates of drug induced family and domestic violence;
- Safety risks to children and young people in drug-dependent homes, leading to increased rates of child removal;
- Negative impacts on spiritual, mental and physical health and wellbeing for those under the influence of substances and their family members;
- Increased rates of incarceration for drug-related offences;
- Intergenerational drug use in families; and
- Increased rates of hospitalisation for drug-related illnesses, causing long-term health impacts or early death.

In 2022, a Needs Assessment of the Great Southern for the 2022-2024 period determined that:

- 21.6% of Albany residents were at long-term risk from alcohol consumption;
- Albany had the highest rate of unintentional drug induced deaths in country WA between 2014 and 2018; and
- Between 2018 and 2020, 63% of emergency department presentations related to AOD in Albany were made after hours, and presentation rates per 100K population per year in Albany (468) were well above the state rate (369).³

While we recognise the great work done by existing AOD services for the local community, the lack of cultural safety inherent in service delivery to Aboriginal people by non-Aboriginal Community Controlled Organisations creates barriers to access for Aboriginal communities across the region. Research into the lived experiences of Aboriginal Australians in AOD treatment services argues that cultural safety is imperative:

...because it can enhance personal empowerment and subsequently improve service delivery. Since cultural safety is best enabled by people of the same culture, respecting Indigenous peoples as experts in their lives is pertinent to effective, culturally safe and appropriate AOD services for Indigenous peoples.

It is imperative to better understand the lived experiences of Indigenous peoples within AOD treatment settings in Australia, whereby lived experiences refer to unique

³ WA Primary Health Alliance, 'Great Southern: Needs Assessment 2022-2024', 2022, [Needs-Assessment Country-WA Great-Southern.pdf \(wapha.org.au\)](#).

*personal perspectives and subjective experiences, choices and options that influence identity.*⁴

In Western Australia, the 2024-25 State Budget will deliver more than a billion dollars to mental health, alcohol and other drug services. This includes over \$32 million for community bed-based AOD services and \$85 million for community treatment AOD services.⁵ Despite these investments being made in the context of the WA Closing the Gap Implementation Plan 2023-2025, which explores the various partnerships through which the state has worked with ACCOs to provide AOD treatment and support services for affected Aboriginal peoples, the Great Southern region remains without a dedicated residential AOD rehabilitation centre. This is despite SAC's ongoing advocacy for a Great Southern Drug and Alcohol Rehabilitation Centre, developed and run by SAC in partnership with a clinical provider, to provide therapeutic detox and rehabilitation for Aboriginal and non-Aboriginal people across the region. This is, in our view, a missed opportunity by the State Government to achieve progress against its obligations under the National Agreement on Closing the Gap, to ensure that:

- a. Aboriginal and Torres Strait Islander people enjoy long and healthy lives (Outcome 1);
- b. Aboriginal and Torres Strait Islander children are born healthy and strong (Outcome 2); and
- c. Aboriginal and Torres Strait Islander people enjoy high levels of social and emotional wellbeing (Outcome 14).⁶

When we consider the complex interplay between substance abuse and family and domestic violence in Aboriginal communities, the problematic nature of this lack of investment becomes even clearer. In the years between SAC's 2016 consultation and the present day, for example, rates of reported drug offences, family assaults and breaches of violence restraining orders combined have almost doubled in Albany.⁷ In the same period, rates of Aboriginal children in the out-of-home care system in the Great Southern region have continued to grow; at 30 June 2023, over 57% of children in care in the region were Aboriginal.⁸

The impact of AOD abuse on Aboriginal people's psychological wellbeing is also profound; research into co-occurring psychological distress and AOD use among Indigenous Australians using data from the National Aboriginal and Torres Strait Islander Health Survey determined that approximately 1 in 25 Aboriginal individuals experienced co-occurring risky alcohol, substance use and psychological distress.⁹ Co-occurring conditions were almost more common among those who had been a victim of physical harm in the last 12 months. The research concluded that the provision of holistic support is

⁴ Heath, Martin and Krakouer, 'Exploring the lived experiences of Indigenous Australians within the context of alcohol and other drugs treatment services: A scoping review', Drug and Alcohol Review, November 2022, 41(7), [Exploring the lived experiences of Indigenous Australians within the context of alcohol and other drugs treatment services: A scoping review - PMC \(nih.gov\)](#).

⁵ Mental Health Commission, Government of Western Australia, 'Budget Breakdown 2024-25', [budget-breakdown-2024-25.pdf \(mhc.wa.gov.au\)](#).

⁶ Government of Western Australia, 'Closing the Gap: Implementation Plan 2023-2025 Western Australia', October 2023, [ctgseptember 0.pdf \(www.wa.gov.au\)](#)

⁷ Western Australia Police Force, Crime Statistics, [Crime Statistics | Western Australia Police Force](#).

⁸ Department of Communities, Government of Western Australia, 'Child Protection Activity Performance Information 2022-2023', [Child Protection Activity Performance Information 2022-23 \(www.wa.gov.au\)](#).

⁹ Hobden, Bryant and Freund, 'Co-occurring psychological distress and alcohol or other drug use among Indigenous Australians: Data from the National Aboriginal and Torres Strait Islander Health Survey', April 2024, 58(8), [Co-occurring psychological distress and alcohol or other drug use among Indigenous Australians: Data from the National Aboriginal and Torres Strait Islander Health Survey - Breanne Hobden, Jamie Bryant, Robert Davis, Todd Heard, Jenn Rumbel, Jamie Newman, Bron Rose, David Lambkin, Rob Sanson-Fisher, Megan Freund, 2024 \(sagepub.com\)](#).

likely to be beneficial for those who report physical harm in a health or legal setting, which “could occur through conducting screening and referrals for psychological distress and AOD use, in addition to addressing physical harm.”¹⁰ From this perspective, when Aboriginal victims of family and domestic violence present to SAC to engage the services of SAC’s Family Violence Prevention Legal Service (FVPLS) unit, SAC is in a unique position to conduct screening and referrals for psychological distress and AOD use, which currently occurs through its intake and risk assessment process. FVPLS staff, however, are then required to make those referrals externally to non-Aboriginal organisations, due to the absence of in-house AOD support within SAC. Data from SAC’s FVPLS unit indicates that 40% of clients in the 2023-24 financial year identified as requiring AOD assistance and 31.6% of clients did not access AOD rehabilitation in part due to lack of service availability.

At a Federal Government level, the 2024-2025 Federal Budget allocated \$41.6 million over two years to extend funding for 20 existing treatment and prevention services; however, the funding measure is primarily focused in South Australia, where a number of AOD services were facing funding cessation at the end of the 2023-24 financial year.¹¹

The ability of current AOD service providers in the Great Southern region of Western Australia, therefore, to achieve the best outcomes for Aboriginal people experiencing AOD abuse, their families and broader communities is limited by the barriers experienced by Aboriginal people in accessing non-Aboriginal controlled rehabilitation and AOD support.

Effectiveness of current programs and initiatives across all jurisdictions to improve prevention and reduction of AOD related health, social and economic harms for Aboriginal people

Achieving sustainable prevention and harm reduction outcomes for Aboriginal people in an AOD context requires investment in planned, holistic, culturally safe and trauma informed services for Aboriginal people. Early intervention and sustained longer-term, intensive treatments can, from our experience, be highly effective in reducing harmful AOD use and preventing AOD related harms among our local Aboriginal communities.

In the Great Southern region of Western Australia, the absence of a residential AOD rehabilitation facility is a missed opportunity by the State and Federal Governments respectively to invest in prevention and reduction of AOD related health, social and economic harms for Aboriginal people. The severity and complexity of AOD related harms for Aboriginal people across the region requires tailored interventions, treatments and support options, unique to the needs of affected individuals, their families and communities. For this reason, and in light of the ongoing impacts of alcohol and drug abuse on Aboriginal people across the Great Southern region, SAC continues to advocate for a funding commitment for construction and operation of Stage 1 of the Great Southern Drug and Alcohol Rehabilitation Centre (GSDARC).

GSDARC would be developed and run by SAC, in partnership with a clinical service provider. The facility would service both Aboriginal and non-Aboriginal people and would be operated under a recognised

¹⁰ Hobden, Bryant and Freund, ‘Co-occurring psychological distress and alcohol or other drug use among Indigenous Australians: Data from the National Aboriginal and Torres Strait Islander Health Survey’, April 2024, 58(8), [Co-occurring psychological distress and alcohol or other drug use among Indigenous Australians: Data from the National Aboriginal and Torres Strait Islander Health Survey - Breanne Hobden, Jamie Bryant, Robert Davis, Todd Heard, Jenn Rumbel, Jamie Newman, Bron Rose, David Lambkin, Rob Sanson-Fisher, Megan Freund, 2024 \(sagepub.com\)](#).

¹¹ Australian Alcohol and Other Drugs Council, ‘Federal Budget 2024-25: Summary Snapshot’, [Federal Budget 2024/25 – NADA](#).

therapeutic community model. Enrolments from the Great Southern would receive priority, with candidates from other regions considered in the event of vacancies. Programs would be designed using local cultural connection as part of therapeutic programming, drawing on our understanding of best practice as embedded in local culture.

Stage 1 of the centre is proposed to include:

- Two 11-bed residential blocks (one male and one female);
- A 4-bed detox facility with medical and staff rooms;
- A main building facility with kitchen, dining room, program rooms, group counselling and therapy rooms, staff offices, reception and administration areas, four case worker therapy rooms and service areas; and
- Ancillary rooms and external resident-use areas.

The facility would be located within 30 minutes of the Albany hospital, on land between 500 and 1000 acres in size with areas of native vegetation in combination with arable land to provide opportunities for cultural and healing activities and skill development at later stages of rehabilitation.

Subject to further design and costing, Stage 2 of the project would include construction and operation of a Women's Halfway House on the facility grounds, and a Men's Halfway House within the Albany community. Stage 3 would include an additional 22 beds for drug and alcohol rehabilitation, four additional counselling rooms, on-site family residences, half-size AFL oval and a basketball court.

SAC continues to advocate for a minimum \$9 million in new funding for capital and operational costs to enable SAC to meet the overwhelming community need for a dedicated AOD Residential Rehabilitation facility in the Great Southern region, strategically aligned to the AOD Treatment Services funding stream under the Indigenous Advancement Strategy administered by the National Indigenous Australians Agency.¹²

Cross Jurisdictional Residential AOD Rehabilitation Models for Aboriginal People

In 2018, the NSW Aboriginal Residential Healing Drug and Alcohol Network evaluated six residential rehabilitation services for Aboriginal people affected by AOD. The Network subsequently developed a standardised program logic for Aboriginal residential rehabilitation services, based on the findings of their evaluation. Key findings included:

- Each of the services identified six core treatment components as critical: healing through culture and country, therapeutic activities, case management, life skills, time out from substances and follow-up support;
- Healing through culture and country was identified as being the central treatment component of all services; and
- Services agreed upon the importance of three core organisational components: clinical governance and supervision, staff skills and links to other networks and services.

¹² National Indigenous Australians Agency, 'Preventing harms for Aboriginal and Torres Strait Islander people from Alcohol and Other Substance Misuse', [Preventing harms for Aboriginal and Torres Strait Islander people from Alcohol and Other Substance Misuse | NIAA](#).

We endorse the standardised program logic models of core treatment and core organisational-level components and flexible program activities developed by the Network.¹³

Cross-sector contribution to prevention, early intervention, recovery and reduction of AOD harms in Australia

Contemporary research into AOD coexistence with mental health conditions, family violence and poverty has led to a significant focus on violence and AOD abuse as outcomes of social and economic disadvantage. Per the Centre for Excellence in Child and Family Welfare, drug and alcohol misuse is considered a “serious family violence risk factor, with increased risk of the victim being killed or almost killed.”¹⁴ This necessitates cross-sector approaches to prevention, early intervention, recovery and reduction of AOD harms.

In a family and domestic violence context, the Family Violence Prevention Legal Service units, which are the only Aboriginal Community Controlled Organisations across Australia providing culturally safe and trauma informed legal assistance and non-legal support services to Aboriginal victims of family and domestic violence, are uniquely placed to comprise part of an integrated service delivery model for Aboriginal people experiencing or at risk of harm from AOD abuse. The units have a unique understanding of the complex context in which Aboriginal people experience violence, including the role of AOD abuse as a contributing factor to violence. The FVPLS units undertake comprehensive risk and safety assessments for clients, which are critical to identifying their cooccurring needs. There is, in our perspective, an opportunity for tangible investment by State and Federal Governments into the integration of clinical AOD screening, assessment and treatment into the FVPLS service delivery model, in an effort to provide a comprehensive, coordinated approach to AOD prevention, early intervention, recovery and reduction of harms in a family and domestic violence context. Building the internal capacity of the FVPLS units to provide inhouse clinical AOD supports for victims of family and domestic violence would:

- a. Minimise the risk of future family violence victimisation as a result of AOD abuse by a perpetrator;
- b. Minimise the risk of future family violence victimisation as a result of AOD abuse by a victim;
- c. Minimise the risk of future AOD harm as a result of family violence victimisation; and
- d. Minimise the risk of retraumatising clients from having to visit and tell their story to more than one service provider.

Where the current service system for Aboriginal people experiencing or at risk of harm from AOD abuse and concurrently experiencing or at risk of harm from family and domestic violence, future discussion with and investment in the integrated service delivery models of the Family Violence Prevention Legal Service units appears to be, in our perspective, a best practice approach.

¹³ NSW Aboriginal Residential Healing Drug and Alcohol Network, ‘*Understanding clients, treatment models and evaluation options for the NSW Aboriginal Residential Healing Drug and alcohol Network (NARHDAN): A community-based participatory research approach*’, 2018, <https://www.niaa.gov.au/sites/default/files/documents/2024-05/understanding-clients-treatments.pdf>.

¹⁴ Centre for Excellence in Child and Family Welfare, ‘*Key Family Violence Risk Factors*’, 2020, <https://www.cfecfw.asn.au/wp-content/uploads/2020/10/MARAM-Risk-Factors.pdf>.