NACCHO SUBMISSION

TO THE

HOUSE OF REPRESENTATIVES

STANDING COMMITTEE ON FAMILY AND COMMUNITY AFFAIRS

INQUIRY INTO SUBSTANCE ABUSE IN AUSTRALIAN COMMUNITIES

NACCHO is the national peak body in Aboriginal health, representing about one hundred Aboriginal community controlled health services throughout Australia.

Aboriginal communities desperately need holistic, Aboriginal controlled drug and alcohol services.

Recommendations regarding these and other issues are attached in the following submission.

There are now a plethora of reports and recommendations about the appalling state of Aboriginal health, and further reports are not required. Instead what is needed is the will to change and to take action.

RECOMMENDATIONS

These recommendations are addressed in detail in this submission

1. Acknowledge the context of Aboriginal substance misuse
2. Recognise Aboriginal community control as the overriding principle governing all programs & strategies
3. Acknowledge the key role of Aboriginal community controlled health services in addressing substance misuse
4. Recognise that Aboriginal issues are qualitatively and culturally different from the mainstream and need to be separately addressed
5. Recognise the entire spectrum of needs and prioritise and direct funding on that basis.
6. Fund culturally appropriate services for Aboriginal people most in need, including people in custody, youth, and women with children.
7. Fund substance misuse positions in NACCHO structures at the State and Territory level
8. Fund introduction of necessary technological infrastructure
9. Establish a coherent funding structure to address unmet needs
10. Fund NACCHO to establish a Aboriginal community-controlled research capacity
11. Reduce the number of Aboriginal people in custody
12. Train Aboriginal Health Workers in prevention & promotion techniques
13. Fund the implementation of a coordinated inhalant misuse prevention strategy in Central Australia.
14. Improve co-ordination between Commonwealth, State/Territory & local governments.

1. Acknowledge the context of Aboriginal substance misuse

Non-Aboriginal Australians must recognise that alcoholism is an introduced illness caused… by political, social, economic & cultural deprivation imposed by non-Aboriginal society. Until such time that non-Aboriginal Australians as a whole accept this & acknowledge the need to redress this situation, there will be no lasting resolution of the alcohol abuse problem in the Aboriginal community.

10.1 NAHS

Having introduced alcohol to Aboriginal people & then having used it as a weapon against them, non-Aboriginal people now blame Aborigines for their poverty, unemployment, and other problems, wrongly attributing the cause of all Aboriginal problems to their 'abuse of alcohol'.

p.197 NAHS

Substance misuse is one of the biggest issues facing Aboriginal communities today. Communities consistently identify problems with alcohol and other drugs as one of their highest priorities. Substance misuse is both cause and effect of many associated problems, including family and community violence, poor self-esteem, trouble with the law and breakdown of families. Aboriginal peoples have acknowledged the gravity of these problems and are actively engaged in combating them.

It is important that inquiries such as this, which are conducted primarily by non-Aboriginal people and institutions, understand Aboriginal substance misuse problems in their true context. Too often, discussions of Aboriginal alcohol and other drug issues become victim-blaming attacks which are ignorant and fundamentally racist. To avoid this danger, two facts must be acknowledged.

First is the link between low socio-economic status and a range of health and social problems, including substance misuse. As the most disadvantaged population in Australia, it is not surprising that Aboriginal peoples suffer great harm from substance misuse.

The second fact is that for Aboriginal peoples, low socio-economic status is overlaid and intensified by unique traumas, including dispossession from land, destruction of culture, language and law, and intentional separation of families. These traumas are not exclusively confined to the history books – some continue to be perpetuated today. Loss and grief continues as people lose friends and relatives who die before their time. Access to traditional lands is regulated by complex and adversarial legal processes, Aboriginal language programs continue to battle for funding, and the Federal Government continues to withhold an apology for the Stolen Generations and has in fact denied its existence. Racism continues to be a reality of everyday life for most Aboriginal people.

Substance misuse is caused by this underlying damage. Actions which are not predicated on this context will be ineffective or indeed counter-productive.

Recommendation 1

The context of Aboriginal substance misuse should be acknowledged. This understanding should form the basis of all policies affecting Aboriginal health.

2. Necessity of community control

Community control of health services has long been a goal for Aboriginal communities. Aboriginal community control is required first because of a lack of access to appropriate services within a mainstream context, and secondly in order to put self-determination into practice at the local level.

Aboriginal community controlled health services have successfully demonstrated their effectiveness. This should not be surprising given that it is the local communities which know their needs best.

In addition, evidence is now emerging for the 'spin-off' benefits of community control benefits of which Aboriginal communities have known for years. It appears that even when poverty is not a factor, health still remains unequally distributed throughout society. The key factor underpinning the social gradient in health is what has been called psychosocial factors: the amount of control people have over their day to day lives, including whether they feel in charge enough to be motivated in maximising the use of available health care and other services and resources[1]. The psychosocial benefits of local control of health services are therefore likely to be far more significant than is currently recognised.
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Aboriginal community controlled is the practical demonstration of Aboriginal self-determination in Aboriginal health and is essential in enabling Aboriginal people to access their right to culturally appropriate health care.

There seems to be a reaction against the concept of community control within government at present. Bureaucrats are happy for programs to be community based, or community driven, but baulk at a requirement that they be community controlled. Governments must renew their commitments to community control throughout the health system, and be prepared to hand over control to where it will be most effective.

Recommendation 2

Federal, State and Territory, & local governments should recognise Aboriginal community control as the key feature of all programs & strategies

[1] Mastering the Control Factor 9 Nov 1998

3. Acknowledge the role of Aboriginal community controlled health services

Aboriginal community controlled health services are by definition autonomous organisations controlled by the local Aboriginal community. Services are run by an elected Board of Directors and, within budgetary and other constraints, seek to address the health needs of the community as defined by that community. It is therefore not surprising that each Aboriginal community controlled health service has different priorities and different ways of trying to address those priorities. This is also the case for substance misuse issues.

Whatever their particular priorities, Aboriginal community controlled health services are often the bedrock of services for Aboriginal people. They are the one thread of service continuity in many peoples lives, through episodes of hospitalisation, custodial sentences, and time in rehabilitation programs. Staff at Aboriginal community controlled health services are called upon when other services need help, for example, they are often called in when police need assistance in managing an Aboriginal person taken into custody. They also often act as the safety net when people fall through the cracks between other services. In crisis situations of domestic violence, acute housing shortages or mental illness, it is often the Aboriginal community controlled health service which steps in to provide whatever is most needed, whether that be support, referral or transport. In general, Aboriginal community controlled health services are not funded to provide these services – they are squeezed in and around budget restrictions. Staff at the Aboriginal community controlled health service know that they are often the last hope for many people, and if they don't provide the service, it just won't happen.

In terms of funded programs, some services provide treatment services for people already severely affected by substance misuse. In general, however, funds for direct service provision by Aboriginal community controlled health services tends to focus at the early intervention end of the spectrum of substance misuse issues. Aboriginal community controlled health services are ideally suited to provide such services, for some of the following reasons:

Access

Many substance misuse specific services have certain entry restrictions, for example, do not accept clients with a dual diagnosis, clients must be detoxed before entry, they may only take clients within certain age ranges and the like. In contrast to this, Aboriginal community controlled health services accept clients without restrictions.

Opportunistic

Most substance misuse programs rely on self-identification – that is an admission that my use of substances is problematic and a willingness to seek help. Aboriginal community controlled health services see a range of clients, many of whom will not identify themselves as suffering from substance misuse. In the course of a normal visit, health professionals are able to raise the issue of substance misuse in an overall health context that does not first require self-identification.

Holistic

Within budgetary constraints, Aboriginal community controlled health services seek to provide a service based on the Aboriginal concept of health as an integrated whole. Clients are seen as part of a family and a community, as well as an individual. The whole person, body, mind and spirit, is considered in treating health issues. Therefore substance misuse issues will often be integrated in overall health promotion activities, rather than identified as a stand-alone activity.

Stigma

Just as in mainstream communities, there is often a stigma associated with identifying as substance-dependent person. Many Aboriginal people would prefer to have a confidential discussion during a routine visit to the clinic, rather than going to a specific substance misuse service.

Staffing profile

Depending on funding, Aboriginal community controlled health services are staffed by a range of clinically trained personnel, including Aboriginal Health workers, nurses, doctors and counsellors. These staff are well-placed to advise clients of the health risks of substance misuse and to ensure that their full health status, and family and social context are considered in planning their treatment.

Community knowledge

Aboriginal Health Workers are generally drawn from the local area wherever possible. Aboriginal community controlled health services therefore have a wealth of local community knowledge on which to draw. Health workers know the families and social situations from where their clients come, and are often aware of substance misuse issues.

Wuchopperen has provided regular clinics for the prison for a long time. We send an Aboriginal Health Worker & a doctor out there, & now we get funding for this. But we continue to have trouble getting our Social Health Team in there – even when people ask for us to come. The trouble is they don't recognise our expertise as experienced Aboriginal community people – they only recognise formal qualifications like psychology degrees. They don't understand that a 40 year old Aboriginal man is not going to open up to a white female psychiatrist just out of uni.

Social Health worker, Wuchopperen AMS, Cairns, Queensland

Range of services provided

The range of services provided by Aboriginal community controlled health services is vast. Some examples of substance misuse services provided by the services include:

- Ante-natal care, incorporating information on drug and alcohol use during pregnancy & support for mothers with drug dependencies;
- Counselling, both general and through specific social and emotional well-being programs
- Opportunistic advice and education on substance misuse integrated with routine visits
- Methadone programs
- Needle exchange
- Referral to specific programs and support throughout and after programs
- Prison outreach programs (including clinical and counselling support)
- Pre-sentencing assessments and counselling
- Support groups (eg for narcotics and alcohol dependent people)
- Community action (eg night patrols, parents action groups)
- Men's health groups (which often cover a range of related issues including alcohol and other drug use, domestic violence and self-esteem)
- Women's health groups
- Youth programs
- First aid programs for injecting drug users
- Coordinators of community service orders, including for juvenile offenders
- Support for people undergoing home detox
- On-going support and crisis management

Recommendation 3

The key role of Aboriginal community controlled health services in substance misuse should be acknowledged.

4. Aboriginal substance misuse issues must be addressed separate from the mainstream

Aboriginal substance misuse stems from a unique set of traumas. In the Australian context, Aboriginal peoples have alone been the target of actions, policies and practices which drove them from their lands, massacred and poisoned them, separated families and controlled all aspects of their lives. It is only within this present generation that basic citizenship rights were granted.

Aboriginal children often grow up in environments where racism has been internalised and low self-esteem entrenched. They grow up with trans-generational trauma; the bitterness and suffering of their parents and grandparents who were separated, punished and institutionalised by white society. The rewards of Australian society, such as influence, education, employment and affluence, are all too often denied them.

With this background in mind, it is not surprising to find that while there are some commonalties between Aboriginal and mainstream substance misuse issues, fundamentals are very different. Mainstream rehabilitation and other services, while often well-intentioned, are usually inappropriate for Aboriginal people.

While it is true that mainstream services must meet their obligations to all Australians, including Aboriginal peoples, NACCHO's experience is that mainstream programs cannot provide culturally appropriate services for Aboriginal people. On this basis, NACCHO argues for better funding for Aboriginal specific, holistic community controlled services as a priority.

You can spend weeks working with someone, encouraging them to make a change in their lives. Then, when they are ready, you have to battle to find them a detox bed (at the hospital). When you finally get them in the door, it can all be undone by a nurse making some critical comment like 'So are you going to stay this time then are you?'

That person that you've been working with for ages will be out the door before you can blink - & they'll never want to go back. The hospitals just don't have the staffing , protocols or training to support our people through detox.

Health worker, Wellington AMS

Recommendation 4

Federal, State and Territory governments to recognise that Aboriginal issues are qualitatively different from the mainstream and need to be addressed separately

5. Needs based funding

Here in western Sydney, we have almost no access to detox beds. The hospital places in our area are always full, so you're always trying out of area. There's St John of God, but that's private & they charge $380/day for that. Then there's Wisteria House, but that's only for individuals, & a lot of our people need to have both parents & the kids looked after. Also many of our people are ruled out because they've got dual diagnosis (mental illness & substance misuse) and most of the detox places won't take them.

Health Worker, Daruk AMS,. NSW

Substance misuse needs range across an entire spectrum, and it must be recognised that it is not only chronic alcoholics or injecting drug users who require services. Appendix IX of the NAHS outlines the need to intervene at all stages of substance misuse in order to minimise harmful consequences.

Models have been developed showing the continuum of needs in relation to substance misuse, from young mothers with education needs about using alcohol and other drugs during pregnancy, to those caring for people suffering alcohol-induced brain damage. (please see '*The Community Report on Services Relating to Alcohol in Indigenous Communities*')

Substance misuse specific services for Aboriginal communities currently include:

- Mainstream services, which are often either inappropriate, over-stretched or both;
- a scattering of Aboriginal-specific rehabilitation services and programs, which are chronically under-funded; and
- the range of services provided by Aboriginal community controlled health services, as outlined in Recommendation 2.

With the best efforts of all these players, current services are often isolated points on the needs continuum – throwing into relief the range of unmet needs for aftercare, halfway houses, community development programs, education and healthy lifestyles promotion.

Government structures and funding requirements currently do not allow for the recognition of this range of needs.

For example, the argument that treatment is funded disproportionate to prevention appears to be emerging. NACCHO has the following concerns with this position:

- First, it implies a dichotomy between treatment and prevention. These are points on a continuum and should not be constructed as an 'either or' duality; and
- Secondly, the emphasis on 'disproportionate' allocation of funds to treatment services may deflect attention from the fact that most treatment services are severely under-funded and, within their limited resources, attempt to meet very real needs in the communities they serve; and
- Finally, funding 'imbalances' should be redressed by the injection of new funds into prevention rather than by reducing funding to existing services.

Recommendation 5

Recognise the entire spectrum of needs and prioritise and direct funding on that basis.

6. *Neediest groups within Aboriginal communities*

We have no Aboriginal specific youth treatment service to send our youth to. We were trying to get kids into Ted Noffs program or one of the other two in Sydney – that's the closest services.

That's 5 hours drive away from here (Wellington). That sort of geographical isolation from home is not helping our kids at all.

Health worker, Wellington Aboriginal Corporation Health Service, NSW

Although no-one is well-supplied with substance misuse services, there are some particular groups within Aboriginal communities who are even worse off than others. These neediest groups include:

- Women with children;
- Youth; and
- People with both mental illness and substance misuse problems (a dual diagnosis, or co-morbidity);
- People in custody.

Women with children

Rehabilitation and other Aboriginal specific treatment services currently cater predominantly for adult males whose primary substance misuse problem is alcohol. This reflects the demographics and characteristics of substance misuse issues at the time such services were being established.

However, substance misuse issues now directly affect many women and adolescents. In addition, even when children are affected indirectly, their needs must be considered when attempting to treat the adults in the family.

The needs of young pregnant women need to also be urgently addressed.

We have only one option for women with kids who want to detox. That's at Jarrah House at Prince Henry Hospital, & even if we can get them in, its one & a half hours away from their home – longer if you're relying on public transport That's a long way away from family & friends.

Worker at Daruk AMS, NSW

Both existing and new rehabilitation services must be properly funded to extend the coverage beyond adult males to consider the needs of the whole family.

Youth

'While it is mandatory that we do all that we can to assist the users and ex-users and the alcoholics, the AMS Redfern feels that its primary aim and responsibility is to curb the spread of heroin and other drug addiction among Aboriginal youth.' *(Section C, Appendix IX NAHS)*

It is now 11 years ago that this statement was made in the the National Aboriginal Health Strategy. Unfortunately it seems there has been little positive change since that time, in fact, the problem has increased drastically.

Aboriginal youth are still harming themselves through substance misuse, and the problem has continued to grow since the NAHS was written.

We now have blood borne viruses, such as Hepatitis C, which are spreading throughout communities. Alcohol misuse is still common, but is usually found with the use of a range of other substances. Poly-drug issues are the norm, and many treatment services (both Aboriginal and mainstream), are simply not properly equipped to deal with them.

The problem must be tackled at every point along the continuum of intervention. It is important that these interventions be controlled by the Aboriginal community (Recommendation 2 refers). Funding is required to establish a range of programs including:

- Anti-racism education in schools;
- Healthy lifestyle alternatives (eg sporting and cultural camps)
- Training and employment schemes for Aboriginal youth; and
- Treatment services (including detox and rehabilitation) appropriate for Aboriginal youth.

People with both mental illness or incapacity & substance misuse problems

Services are generally not equipped to address the needs of people with both a mental illness and a substance misuse problem. These problems are often inter-related and rates of co-morbidity are reported to be very high.

In addition to mental illness, there are many people who suffer chronic and irreversible damage from substance misuse, for example brain damage related to alcohol abuse or petrol sniffing. These people require a different form of care again – long term support and care, including respite care to allow their carers a break. Their needs are quite distinct from short-term rehabilitation programs.

People in custody

Many Aboriginal people emerge from the prison system having had no contact with rehabilitative services. Many others enter a custodial sentence with a relatively minor drug issue, only to emerge from the system with much more major dependencies on heroin.

When we take a drug history from kids in detention these days, they don't even mention alcohol & marijuana. They'll tell you about whatever they're sniffing or shooting up, but you have to specifically ask them about alcohol & yarndi. That's because its baseline – the norm. They don't even recognise them as drugs.

Health worker, Daruk AMS NSW

As a matter of principle, alcohol and other drugs should not be available within prisons. However, as the achievement of drug-free detention facilities of all sorts seems beyond the abilities of the current custodial system, we need to acknowledge the problem and take steps to address the issue.

Culturally appropriate detoxification support, methadone and needle exchange programs, rehabilitation services and counselling should be available in all detention centres.

In addition, these programs should be integrated with self-development programs which help to address the underlying problems causing the substance misuse issue. Support such as anger management, cultural pride and self-esteem, re-training and vocational skills, as well as pre- and post-release programs, should all be available.

Recommendation 6

Fund culturally appropriate services for Aboriginal people most in need, including people in custody, youth, and women with children.

7. Substance misuse resourcing infrastructure

It was less than two years ago that NACCHO received funding for substance misuse resources at the national level for the first time, and we now have a substance misuse policy officer. Since then, a substance misuse strategic plan has been developed which seeks to map out the most pressing needs in the area over the next five years.

The plan aims to consolidate and focus the enormous resources of experience, knowledge and expertise in the Aboriginal community controlled health sector. This needs to happen both vertically (between NACCHO structures at the national, State and Territory and local levels) and horizontally (between NACCHO member services). This internal process will form the basis for more effective relationships between NACCHO and other government and non-government organisations in the substance misuse field. The 5 year plan promises to be a significant step forward in substance misuse – delivering better co-ordination, more effective dissemination of new ideas and approaches and ultimately better services for communities.

However the implementation of this plan will be impossible without an investment of further resources. As a first step, NACCHO is proposing that positions be funded at the State and Territory level, initially on a 3 year basis. A proposal for such positions is currently being considered by the Office of Aboriginal and Torres Strait Islander Health, Department of Health and Aged Care.

Co-ordination, dissemination of new approaches, support and networking will all be facilitated by the funding of positions at the State and Territory level.

Recommendation 7

Commonwealth to fund substance misuse positions in NACCHO structures at the State and Territory level

8. Technological infrastructure

One of the most significant impediments to more effective support for substance misuse workers is the lack of technological infrastructure. Geographical separation should be minimised through the use of current technology, but in Aboriginal organisations, the technology is largely unavailable.

Workers on the ground need to be supported and linked by e-mail, mobile phones with Australia-wide coverage, lap-top computers and teleconferencing with video links. Member services need to be able to input and access data on a wide range of subjects though a community controlled data base, after confidentiality and cultural issues have been properly addressed.

It is not enough to simply fund the initial cost of computer and other hardware. The needs for training, on-going support and maintenance must also be included.

The identification of technological needs required should be managed through the substance misuse positions at State and Territory level (Recommendation 5 refers).

Recommendation 8

Commonwealth to fund technological infrastructure to link substance misuse positions, including on-going training and support

9. Establish a coherent funding structure to address unmet needs.

Substance misuse, especially among our young people, was identified as a high priority for the community. We decided we had to do something about it ourselves, as the mainstream services were not appropriate. We got money under the NIDS (National Illicit Drugs Strategy) to do a feasibility study for a residential rehabilitation centre targetting Aboriginal youth 15 – 18 years of age, & we thought at last things were going to change.

Then we were told by the State Health Department that they would not be contributing a cent to the idea – that we had gone outside the planning process & the Commonwealth should never have given us the money in the first place.

I don't know what's going to happen now, but our kids are still in trouble with no help in sight.

Health Worker, WACHS (Wellington Aboriginal Corporation Health Service),

The National Illicit Drugs Strategy (NIDS) has been one of the largest ever commitments of new funding to substance misuse. However, even this initiative has not come close to addressing many areas of need. Monies allocated via the NIDS program have generally been subject to a grant application process. Problems with this process are:

- Funding depends on quality of grant application submitted, rather than the relative merit or priority of the proposal;
- Grants can only be awarded to a limited number of applicants and demand far exceeds supply. For example, in the first round of the Community Partnerships Initiative, 168 applications were received and only 24 gained funding. In the second round, 397 applications were received and only 63 were funded. Round 2
- Grant funding amounts are generally small (the average grant under the second round of the Community Partnerships Initiative was $61,904).
- Grants are non-recurrent. Applications, especially under the Community Partnerships Initiative are meant to demonstrate their 'sustainability' but this is unrealistic. Drug and alcohol programs will never generate income to cover expenditure and to pretend otherwise is counter-productive.

Regional planning process have been established under the State and Territory Framework Agreements. However to date the effectiveness of these processes has been mixed. Major issues are:

- The Commonwealth lacks sound accountability measures for States and Territories once monies are handed over; and
- The Aboriginal community controlled sector can participate only to the level at which it is funded by government, either Commonwealth or State[2]. Our sector does not come to the table as equal partners with Commonwealth and state bodies.

More fundamentally, these and other moves towards needs based funding depend on the availability of new funding. NACCHO has made it clear that needs-based funding must be achieved through the allocation of new funding to areas of highest unmet need – not be reducing funding for existing services.

Needs-based funding cannot be implemented in a context where containment of Government expenditure is the major objective, and funding increases for Aboriginal primary health care are only incremental. Community needs across the country cannot be met within current funding levels. A move to needs-based funding will require a major injection of new resources into Aboriginal health, which in turn will require political will.

Recommendation 9

Establish a coherent funding structure to address unmet needs

[2] For example, the Queensland peak body for Aboriginal community controlled health (Queensland Aboriginal and Islander Health Forum) has no funded Secretariat, but receives project funding only (currently one position).

10. Allocate resources and funds for a community-controlled research capacity to build our own evidence based information & identify gaps

Aboriginal people often say they feel they have been researched to death. As deaths of relatives and friends, and sickness and disability continue, there has always been a researcher on hand to tabulate, record and analyse. However, such research has often come and gone with little change on the ground.

This negativity has lead to a view in some areas that Aboriginal communities are opposed to research. This is not the case. NACCHO strongly supports the need for research which is directed and owned by Aboriginal communities. Research that is developed separate from community participation and partnership, and therefore not based on community needs, is neither acceptable nor likely to benefit communities.

Research needs to be tailored to the needs of Aboriginal communities, and should be able to be applied in order to lead to real health improvements on the ground.

Unfortunately, funding for research projects is generally made available under various budget allocations with short lead times. These processes presume an existing set of priorities from which to draw projects.

For these reasons, the Aboriginal community controlled sector needs to develop a priority research framework for substance misuse based on principles of transferability, sustainability and community participation.

Recommendation 10

Allocate resources and funds for a community-controlled research capacity to build our own evidence based information & identify gaps

11. Diversion from custodial sentences

As recorded by the National Aboriginal Health Strategy (NAHS) and the Royal Commission into Aboriginal Deaths in Custody, Aboriginal people are many times more likely to be placed into custody than non-Aboriginal people.

Tragically, Aboriginal peoples' contact with the law often begins early in life. Young children may start in the juvenile justice system with periods in youth detention centres, only to later progress to the adult prison system when they attain 18 years of age.

Aboriginal people need to be diverted from custodial sentences wherever possible. The rediscovery of these principles through the current emphasis on drug courts and the like is long-overdue.

However it must be emphasised that this can only occur where there are sufficient numbers of culturally appropriate services to which Aboriginal people can be diverted. This is not the case at present, and therefore this recommendation can only be progressed in concert with others in this submission.

This young Aboriginal girl detoxed in custody, but as part of her bail conditions, she could only be released into the care of a rehabilitation centre. Even though we searched high & low, it took us 3 weeks to find her a rehab bed, so she had to wait in custody for that much longer.

Health Worker, Daruk AMS, NSW

Recommendation 11

Aboriginal people must be diverted from custodial sentences where ever possible, and likelihood of incarceration must be reduced (eg repeal mandatory sentencing)

12. Workforce needs

We always have trouble filling our positions with the right people, but we did get someone really good for the mental health position.

We only kept her for a year though. We could only pay her $28,000 pa & a government department offered her $48,000.

We just can't compete with the government– they have the budget & we don't.

Manager, Daruk AMS, NSW

As acknowledged in the review of substance misuse services undertaken by the Office of Aboriginal & Torres Strait Islander Health in 1998, Aboriginal community controlled health services have a key role in the prevention and early detection of substance misuse issues (Recommendation 2 refers).

The Aboriginal community controlled sector must be adequately resourced to ensure that Aboriginal Health Workers are kept abreast of new and emerging techniques in such areas as prevention, screening and brief interventions.

Issues which must be considered in any training include:

Salary increases
At present, Aboriginal community controlled health services have very limited capacity to recognise higher qualifications with higher salary. If pay increases are given, the ultimate effect is fewer staff. This results in staff improving their skills with no hope of getting higher pay, and eventually these staff are lost to government services. To be effective, training programs have to address underlying funding issues.

Back-filling
Even though the importance of training is well recognised, services often desperately short staffed to begin with are not able to release staff to attend training sessions. Even short courses close to services raise this issue, and when people have to travel long distances to gain training the problem is intensified. Some limited funds for back-filling of positions is available, however there is not a pool of trained relief staff on which to draw. Aboriginal community controlled health services often run on the bare minimum of staff, so that the absence of even one person can be unsustainable. Back-filling of positions must be addressed if training is to be accessible to Aboriginal community controlled health services.

Culturally appropriate
Training offered must be culturally appropriate and tailored to the specific needs of the service.

Career paths
Aboriginal Health Workers must be recognised as a professional entity. Therefore any training must be accredited and articulate with further recognised training to ensure that workers have access to defined career paths.

Recommendation 12

Increase capacity of Aboriginal Health Workers in prevention & promotion activities through training in new techniques

13. Inhalant misuse

Inhalant misuse, especially petrol sniffing, is a massive problem in Central Australia, including most of the desert region communities of Western Australia , South Australia & Northern Territory. There is currently a general lack of programs to address the needs of the most disadvantaged youth in the region.

Sniffing is a symptom of the crises faced by most young Aboriginal people and their families in the region. These crises include inter-generational poverty, poor health, joblessness, substance misuse, welfare dependency, family violence, trauma, low education levels and despair.

All youth in the area are in danger of falling into substance misuse of various kinds, but especially into a progression from inhalant misuse, to poly-substance misuse involving alcohol, nicotine and cannabis, unless steps are taken to prevent it. General youth programs are required to contain and manage this phenomenon. Resources are needed to address the underlying and associated issues, not just sniffing itself. The main emphasis must be on prevention and the bolstering of general youth programs, rather than the specific targeting of current sniffers.

These youth programs must be provided in a competent manner. They should be intensive and consistent, and have strong health promotion, socialisation and cultural support foci. They should not be simply a revamped version of normal sport and recreation programs. The practice and duties carried out by Youth Workers are distinct from those of generalist sport and recreation workers. The Youth Workers will have some social work skills, skills in which Recreation Officers do not usually have training.

Any strategy to address sniffing effectively must widen to take account of the total context and deal with the other forms of self-destructive behaviour which will be substituted if sniffing itself is eliminated. Specific sniffer-oriented programs are a necessary adjunct to the general programs, but will never be sufficient in themselves to meet the needs of the growing number of alienated, at-risk youth in our communities.

The Commonwealth, as well as the state governments of the Northern Territory, Western Australia and South Australia have an obligation to assist in providing the resources that communities need to address the problems facing their young people.

The Central Australian Regional Indigenous Health Planning Committee is currently considering an inhalant strategy, which will focus mainly on prevention. The implementation of this Strategy will provide a basic level of support for the high numbers of young Central Australians who are vulnerable to self-harm and death from inhalant abuse and related activities. It would ensure the co-ordination needed to make existing and new services productive.

The critical or core issues which require priority action on the part of funding agencies and service providers are:

- A whole of government response and commitment by the Northern Territory, South Australia and Western Australia Governments as well as the Commonwealth to addressing sniffing and its underlying causes;
- The funding of a Youth Link Up Service to co-ordinate and develop on-the-ground prevention, respite and treatment services in the Northern Territory parts of Central Australia, and equivalent services in the desert regions of Western Australia & South Australia;
- The establishment of a substantial brokerage fund for the provision of Youth Workers in communities identified by the Youth Link Up Service as priority areas;
- The commitment by primary health care providers to working closely and supportively with the Youth Link Up Service and the Youth Workers, and to the provision of early intervention procedures in relation to sniffing; and
- The development of a Tri-state Youth Network to address and resolve cross-border issues. This Network would consist of the Youth Link Up services in the Northern Territory and counterpart services in South Australia & Western Australia

Recommendation 13

Fund the implementation of a coordinated inhalant misuse prevention strategy in Central Australia.

14. Lack of co-ordination between Commonwealth, State/Territory & local governments.

We work across that many lines of control its unbelievable. Just the length of Swanson Street alone crosses 3 health regions. I've got the ridiculous situation that a worker can't cross the Yarra, because its out of our catchment. Aboriginal people don't work like that – I don't think anyone does.

Our funding is cobbled together from whatever sources we can find – we'll go wherever we can get a dollar. The only problem then is each funding sources has its own accountability requirements, & they really eat into the time we have to put into delivering a service. For example, I've got to run 11 different data collection software systems to satisfy all the requirements – it doesn't make any sense.

Co-ordinator, Ngwala Willumbong, Victoria

The lack of co-ordination between different levels of government probably delivers less than ideal health care for all Australians. However, for those whose health is poorest, that is, Aboriginal people, the consequences have been disastrous.

The recent Inquiry into Indigenous Health undertaken by the House of Representatives Standing Committee on Family and Community Affairs commented in its Discussion Paper on this matter. The Discussion Paper suggested that rather than reiterating the recommendations from previous reports, the Inquiry should focus on why previous recommendations have not been effective and on identifying barriers to achieving change. It acknowledges that 'given the key role of States and Territories, and since the Commonwealth does not play a major role in service delivery, the Commonwealth's capacity to directly influence the coordination, planning and provision of Indigenous health and related services at the moment is very limited.' (2.13 Discussion Paper). Unfortunately the final recommendations of the Inquiry do not appear to come to grips with this fundamental stumbling block.

Aboriginal organisations are always being exhorted by governments to improve collaboration and co-operation. While there are many examples of such successful partnerships at the local level, unfortunately the relationship between Federal and state governments does not often provide an inspiring example.

Recommendation 14

Improve co-ordination between Commonwealth, State/Territory & local governments.