

Indigenous-specific Drug and Alcohol Interventions:

Elements of Best Practice

Annalee Stearne

Outline

- National Drug Research Institute
- Indigenous Australian Research Program
- Indigenous Drug and Alcohol Projects 1999–2000
- Indigenous Drug and Alcohol Projects: Elements of best practice
- Indigenous Specific Alcohol and Other Drug Interventions: Continuities, Changes and Areas of Greatest Need

National Drug Research Institute

Established in 1986, as the National Centre for Research into Prevention of Drug Abuse, became the National Drug Research Institute (NDRI) in September 1999.

Priority areas

- Monitoring national alcohol and other drug consumption
- Stopping blood-borne virus transmission among IDUs
- Educational, legislative & regulatory strategies
- School drug and education programs
- Community-based drug prevention
- Identifying research needs
- The influence of social contexts
- Preventing drug misuse among Indigenous Australians

Current Research Team

- Professor Dennis Gray
- Associate Professor Ted Wilkes
- Mr Ed Garrison
- Dr Mandy Wilson
- Dr Julia Butt (Cannabis Interventions)
- Ms Annalee Stearne

Preventing drug misuse among Indigenous Australians

The Indigenous Australian Research Program was established in 1994, as a response to a recommendation in the 1991 Royal Commission into Aboriginal Deaths in Custody.

Partnerships in the prevention of alcohol and other drug misuse among Indigenous Australians

Indigenous Australian research at NDRI aims to:

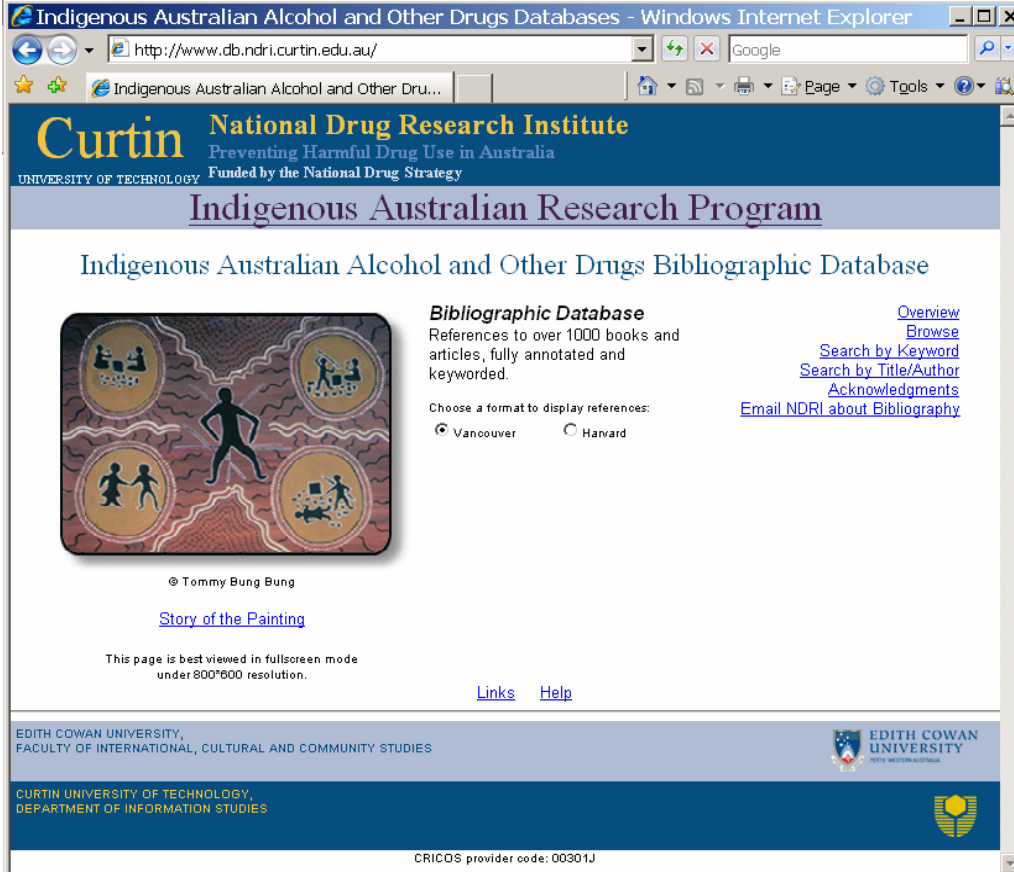
- identify factors which can prevent alcohol and other drug related harms among Indigenous people;
- develop culturally appropriate means for measuring the extent and consequences of such misuse;
- develop the capacity of Indigenous-controlled community organisations to conduct their own research; and,
- disseminate information and provide advice on Indigenous alcohol and other drug issues.

Current Research Projects


- Evaluation of the 'Makin Tracks' 3 project
- Swine Influenza Containment Strategies
- Warlpiri Early Childhood Care and Development Program
- Aboriginal and Torres Strait Islander Cannabis Interventions
- Jaru Pirrjirdi Suicide Prevention Project
- The role of resiliency in responding to blood borne viral and sexually transmitted infections in Indigenous communities
- Support of Tangentyere Council Research Hub
- Bibliographic database on Indigenous Australian alcohol and other drug use

Bibliographic Database

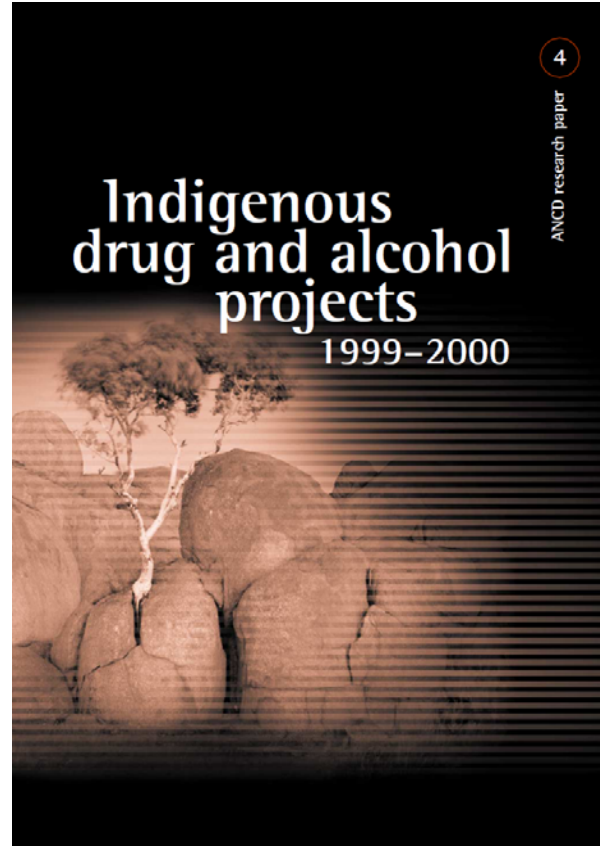
<http://www.db.ndri.curtin.edu.au/>



The screenshot shows a web browser window displaying the National Drug Research Institute (NDRI) website. The page features a blue header with the Curtin University logo and the text "National Drug Research Institute Preventing Harmful Drug Use in Australia Funded by the National Drug Strategy". Below this is a section titled "Indigenous Australian Research Program" and "Indigenous Australian Alcohol and Other Drugs Bibliographic Database". A central image shows a traditional Indigenous Australian painting with a central figure and four circular panels. To the right of the image, the text reads "Bibliographic Database References to over 1000 books and articles, fully annotated and keyworded." Below this, there are radio buttons for "Vancouver" (selected) and "Harvard" under the heading "Choose a format to display references:". On the right side, there are several blue links: "Overview", "Browse", "Search by Keyword", "Search by Title/Author", "Acknowledgments", and "Email NDRI about Bibliography". At the bottom of the page, there is a footer with the text "EDITH COWAN UNIVERSITY, FACULTY OF INTERNATIONAL, CULTURAL AND COMMUNITY STUDIES" and "CURTIN UNIVERSITY OF TECHNOLOGY, DEPARTMENT OF INFORMATION STUDIES". The CRICOS provider code "00301J" is also visible at the bottom.

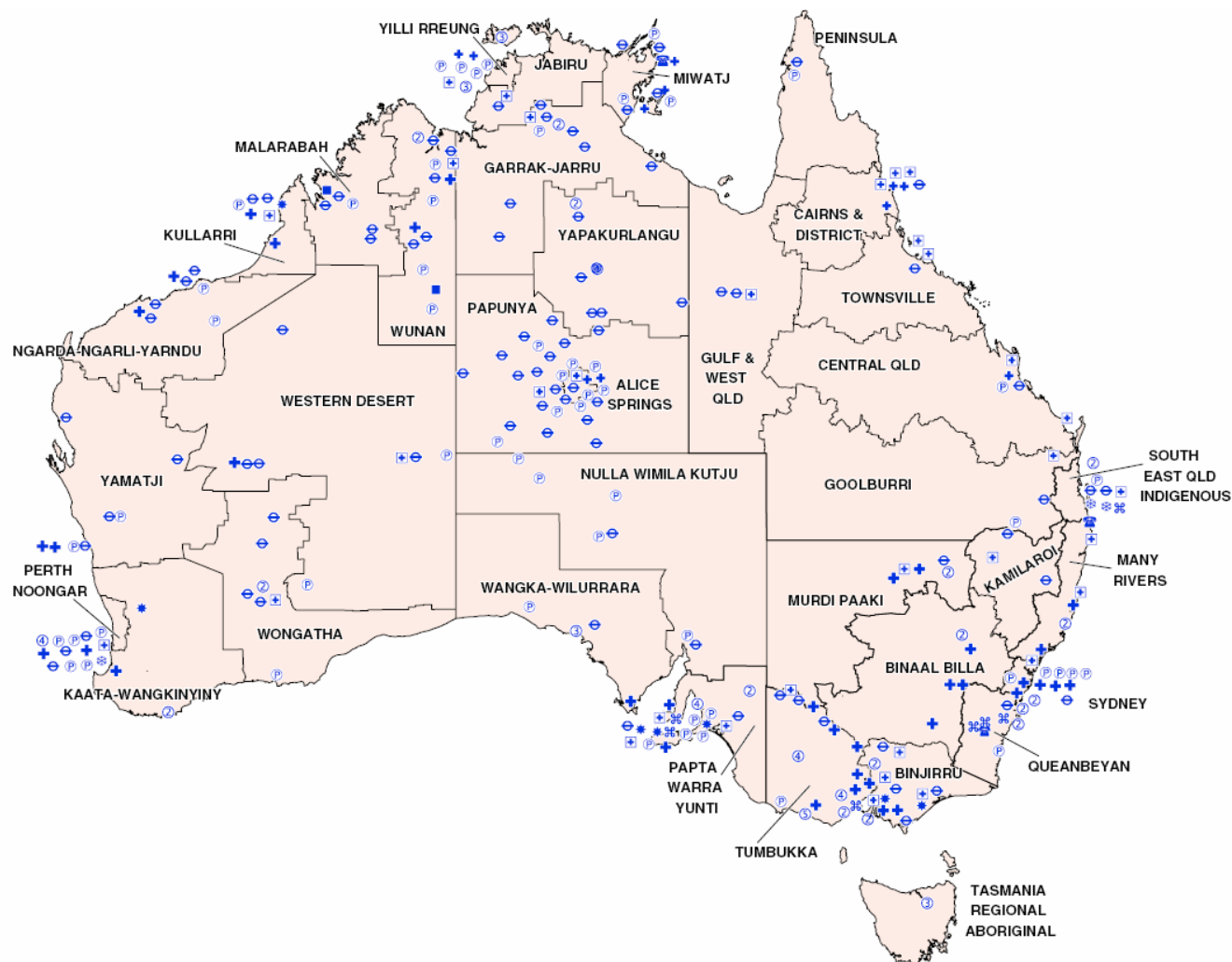
Indigenous Australian Alcohol and Other Drugs Databases - Windows Internet Explorer
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Preventing Harmful Drug Use in Australia
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Indigenous Australian Research Program
Indigenous Australian Alcohol and Other Drugs Bibliographic Database

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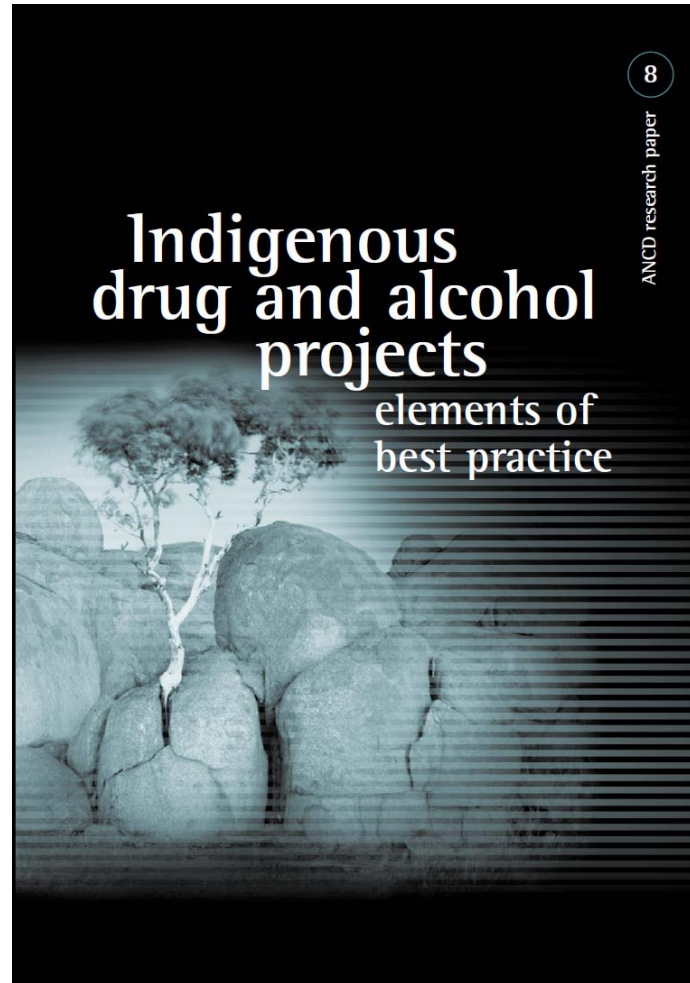
Indigenous Drug and Alcohol Projects 1999–2000



http://www.ancd.org.au/images/PDF/Researchpapers/rp4_indigenous_drug.pdf

Alcohol and other drug misuse intervention projects for Indigenous Australians by ATSI region, 1999–2000





http://www.ancd.org.au/images/PDF/Researchpapers/rp8_indigenous_best_practice.pdf

Indigenous Drug and Alcohol Projects: Elements of best practice

- Harm reduction: Tangentyere Council Night Patrol
- Prevention: Aboriginal Drug and Alcohol Council (SA)
- Non-residential treatment: WuChopperen Health Service Ltd: Drugs, Alcohol and Other Substances program
- Residential treatment: Milliya Rumurra Alcohol and Drug Rehabilitation Centre
- Multi-service: Council for Aboriginal Alcohol Program Services

Harm reduction

Tangentyere Council Night Patrol

- **Good collaboration:**

The night patrol has strong relationships with the local town council and sobering-up shelter, and a long-term, formal relationship with the local police service.

- **Culturally-appropriate service:**

The night patrol is made up exclusively of Indigenous workers who have family connections in the town camps, and who speak local Aboriginal languages.

Harm reduction

Tangentyere Council Night Patrol

- **Funding security:**

Tangentyere Council has established good relationships with funding agencies by being financially responsible. As a result, it now has security of funding.

- **Multi-service program:**

The night patrol is one component of a wider patrol program incorporating a day patrol, remote area night patrol and wardens scheme.

- **Effective service delivery:**

Patrollers undergo weekly training in relevant practices and protocols set out in the workers manual.

Prevention: Aboriginal Drug and Alcohol Council (SA)

- **Good collaboration:**

ADAC has a high public profile derived from strong networking, established partnerships, and inclusion on numerous State and national committees.

- **Self-improvement:**

ADAC is striving to better itself by participating in an ongoing quality assurance program which aims to make the organisation more efficient and accountable.

Prevention: Aboriginal Drug and Alcohol Council (SA)

- **Social accountability:**

Information about ADAC's programs and activities is easily accessed through its newsletter, website and regular community appearances.

- **Strong leadership and staff development:**

ADAC is driven by a committed and energetic leader who encourages staff members to further their skills and knowledge.

Non-residential treatment: WuChopperen Health Service: Drugs, Alcohol and Other Substances program

- **Quality staff:**

The DAOS project officer is well qualified and brings a great deal of energy and commitment to the program.

- **Strong leadership:**

The DAOS project officer has brought skills and expertise to the program, which she readily shares with all staff members.

Non-residential treatment: WuChopperen Health Service: Drugs, Alcohol and Other Substances program

- **Team work:**

Although for much of its history DAOS has had only one worker, Wu Chopperen employees across various program areas work together as a team; exchange information and ideas; and help develop each other's individual strengths.

- **Rigorous reporting requirements:**

All WuChopperen program staff report on client statistics each week, and report monthly to the manager. Project officers prepare their own external funding applications in an effort to maintain self-accountability.

Residential treatment: Milliya Rumurra Alcohol and Drug Rehabilitation Centre

- **Flexibility:**

The organisation has adapted to the fluidity of mainstream policies and procedures by changing its focus from abstinence to harm minimisation, and embracing a holistic approach to treatment.

- **Qualified staff:**

Milliya Rumurra seeks the best-qualified staff, while endeavouring to include a high proportion of Indigenous employees.

Residential treatment: Milliya Rumurra Alcohol and Drug Rehabilitation Centre

- **Collaboration:**

The organisation has been successful in establishing and maintaining relationships with almost every agency in Broome, and is represented on State and national bodies.

- **Good governance:**

There is a sound management structure; established policies and procedures; and good communication between staff, management and the council.

- **Sustainability:**

The rehabilitation centre has endured through difficult times and has maintained a strong and respected presence in the community.

Multi-service: Council for Aboriginal Alcohol Program Services

- **Staff training and support:**

Basic training is mandatory for all staff. In addition, CAAPS encourages employees to undertake further formal training at no cost.

- **Secure funding:**

CAAPS has established good relationships with funding agencies and, as a result, has security of funding.

- **Commitment to family and culture:**

CAAPS focuses strongly on traditional Aboriginal culture in an effort to promote self-esteem and a sense of identity among both clients and staff.

Multi-service: Council for Aboriginal Alcohol Program Services

- **Collaboration:**

The organisation has formal or informal links with most agencies in Darwin.

- **Self-improvement:**

CAAPS is striving to better itself through an ongoing quality assurance program aimed at making the organisation more efficient and accountable.

- **Good governance:**

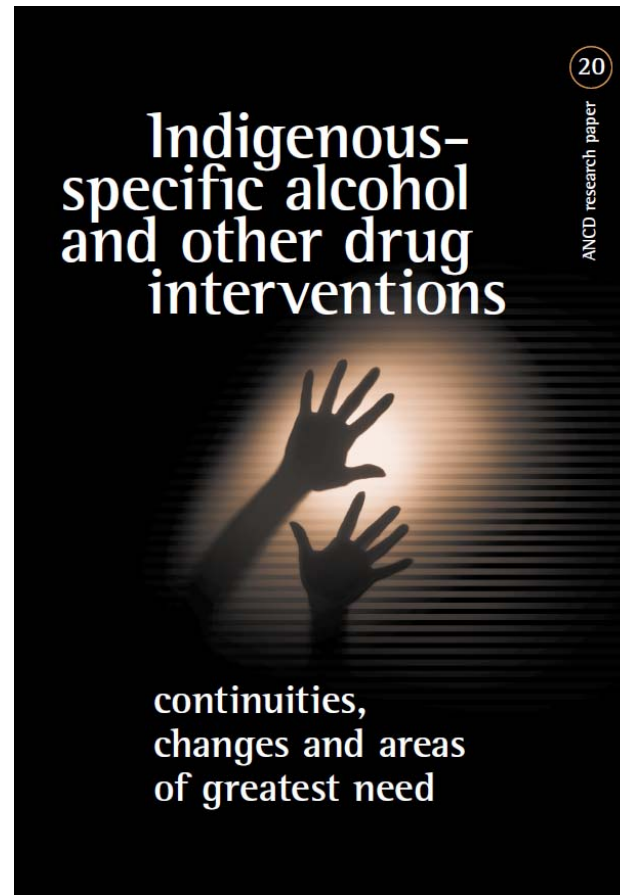
The organisation maintains an open and honest dialogue between staff, management and the council, and ensures information is disseminated among all employees.

Key Factors

These include:

- the unique histories and contributions of individual services;
- leadership by key individuals;
- appropriate staff conditions, training and development;
- cross-sectoral collaboration, particularly at the local level;
- social accountability to the broader Indigenous community;
- providing a multi-service operation;
- sustainability of services and programs; and,
- allowing Indigenous perspectives to direct services.

Indigenous Specific Alcohol and Other Drug Interventions: Continuities, Changes and Areas of Greatest Need



http://www.ancd.org.au/images/PDF/Researchpapers/rp20_indigenous.pdf

Indigenous Specific Alcohol and Other Drug Interventions: Continuities, Changes and Areas of Greatest Need

Aim: 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

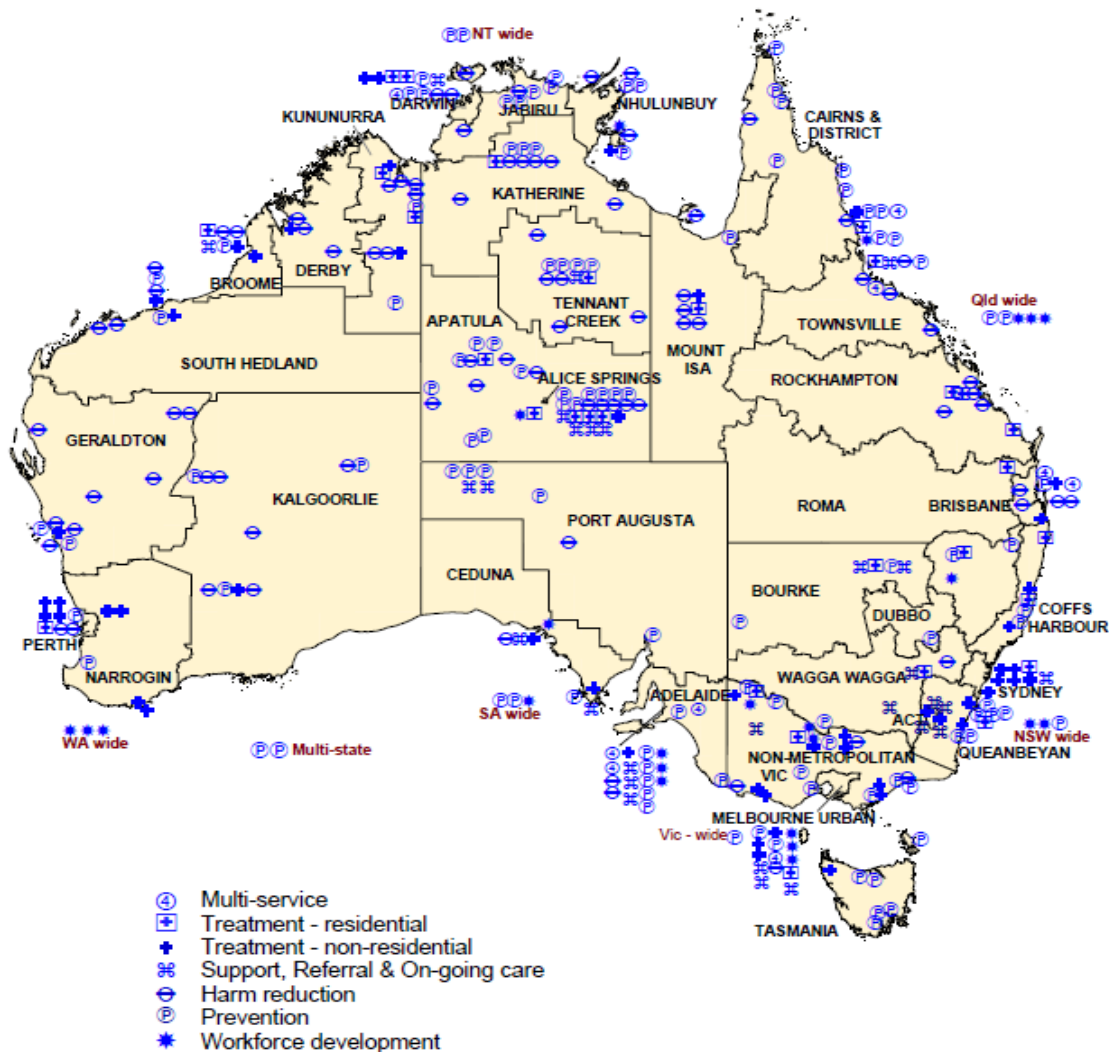
Indigenous specific AOD intervention projects 1999–2000 and 2006–2007

| Organisation type | 1999–2000 | | | 2006–2007 | | |
|--------------------------|------------|------------|------------|------------|------------|------------|
| | Orgs. | Projects | % Projects | Orgs. | Projects | % Projects |
| Indigenous organisations | 177 | 226 | 82 | 159 | 248 | 73 |
| Non-Indigenous NGO | 16 | 17 | 6 | 44 | 59 | 17 |
| Government | 20 | 34 | 13 | 21 | 33 | 10 |
| Total | 213 | 277 | 100 | 224 | 340 | 100 |

Changes in service provision 1999–2000 and 2006–2007

- 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

Indigenous specific AOD interventions 2006–2007



Major findings (1)

- Many of key result areas of *Complementary Action Plan* not achieved
- Reduction in the number of Indigenous organisations providing services
- Increase in the number of non-Indigenous NGOs providing services
- High turnover of projects – lack of continuity
- Main increase in number of projects been in preventive area
- Limited numbers of on-going care services
- Workforce development limited

Major findings (2)

- Variation in numbers of projects and service coverage by region – some areas under-serviced, including urban centres
- No correlation between provision of services and population or level of harm
- Recognition of the need to address use of illicit drugs
- Few interventions addressing:
 - harm reduction and treatment for adolescents and young people
 - needs of women and families
 - co-morbid mental health problems

Major findings (3)

- Significant increase in the percentage of non-recurrent funding
- Reduction in the percentage of funding for Indigenous community-controlled services
- Corresponding increase in funding for non-Indigenous NGOs
- No correlation between levels of funding and need or population size

Key recommendations

Need to:

- re-commit to NDS *Complementary Action Plan*
- target gaps in provision identified in report
- increase commitment to build the capacity of Indigenous communities to address harmful AOD use
- increase investment in training Indigenous workforce
- establish regional service provision planning committees

Thank you

ndri.curtin.edu.au

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