

**Towards a National A&TSI Health Plan**  
**Department of Health and Ageing**

**20 December 2012**

ABN: 39 008 455 525

The Alcohol and other Drugs Council of Australia (ADCA) welcomes the Department of Health and Ageing's consultation towards developing a National Aboriginal and Torres Strait Islander (A&TSI) Health Plan.

ADCA is the national peak body representing the interests of the Australian non-government sector for alcohol and other drugs (AOD). It works with the government, non-government, business and community sectors on evidence-based, socially just approaches aimed at preventing or reducing the health, economic and social harm that alcohol and other drugs cause across Australian society. ADCA has a particular interest in the development of a national A&TSI Health Plan due to the association between the A&TSI morbidity gap and alcohol and other drug use – notably the high incidence of harmful consumption of alcohol in A&TSI populations (Australian Institute of Health and Welfare 2005).

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The need for an effective and successful plan is reflected in the number of recent Inquiries and consultations targeted to address health related issues for A&TSI peoples. In the last six months alone we have seen an Inquiry into the Low Aromatic Fuel Bill associated with inhalant use in NT communities, a consultation around a national A&TSI suicide prevention strategy, and a consultation on the development of minimum standards for Alcohol Management Plans in the NT, as part of the *Stronger Futures* legislation. ADCA's submissions to these activities are attached.

The recently developed National Report Card on Mental Health and Suicide Prevention calls for the mental health and wellbeing of A&TSI peoples to be included as a national priority and recommends incorporating mental health outcomes into the 'closing the gap' strategy. The association between AOD and mental health are well recognised. And recently the House of Representative's Standing Committee on Social Policy and Legal Affairs handed down its report to the Inquiry into Fetal Alcohol Spectrum Disorder (FASD). While FASD is a national issue, the problem has a disproportionate impact on many indigenous communities.

In addition, A&TSI communities are also taking action to address the AOD issues threatening their own communities. Recently an alcohol summit was convened in the Northern Territory by the Aboriginal Peak Organisations of the Northern Territory. ADCA CEO David Templeman was invited to speak at this summit and a copy of the Summit Communique is also attached.

There are many things happening to address issues relating to A&TSI health but there do not appear to be the necessary linkages to tie everything together and translate policy into effective action on the ground. At the policy and political level, for example, these links would tie the parallel initiatives in mental health, suicide prevention and the National Indigenous Complementary Drug Strategy. ADCA would like to see tighter collaboration between A&TSI specific departments, organisations, agencies, committees, taskforces and programs such as the Department of Families, Housing, Community Services and Indigenous Affairs, the Office of Aboriginal and Torres Strait Islander Health, the National Indigenous Drug & Alcohol Committee, and the Department of Health and Ageing's Aboriginal and Torres Strait Islander Suicide Prevention Advisory Group.

This submission has been prepared in consultation with ADCA's Aboriginal and Torres Strait Islander Working Group (WG) Chair, Ms Jeannie Little OAM, and WG members. Further, ADCA shares the views highlighted in the Public Health Association Australia submission.

In working towards closing the morbidity gap and improved health outcomes ADCA recommends the National A&TSI Health Plan employs strategies that address broad social determinants affecting A&TSI health (Feldman 2009). These include safe and secure housing, affordable access to and understanding of good nutrition, recognition of traditional food and medicine practices, improving school attendance, further education, employment, health literacy, health care transport for the remote, and developing skills in life planning.

Harnessing and strengthening the culture of A&TSI people to better facilitate healthy living will position the health plan to achieve better outcomes. Among A&TSI populations, alcohol dependence and harmful use of alcohol is 4.5 times greater than that of the general population (Vos et al. 2007). Due to the extensive rate of alcohol and other drugs misuse, ADCA strongly urges singling out this risk factor from other social determinants. AOD misuse is not only shown to cause generational disadvantage but also exacerbates social contributors to poor health such as domestic violence.

In addition, the National A&TSI Health Plan should recognise the shortfalls of law enforcement and the deplorable incarceration rate of A&TSI people which is known to exacerbate already poor health outcomes. Health statistics and health care of A&TSI people serving prison terms is poor and is in need of reform (Lynch 2003). ADCA urges that these issues be included in the National Health Plan.

ADCA believes the greatest gap in A&TSI health care is the recruitment and retention of culturally trained health care workers. Capacity building is essential to develop a stronger, culturally aware health workforce. ADCA recommends governments provide:

- Better A&TSI health workforce support and training avenues
- Formalised cultural competency programs that are acknowledged by the workforce and are modelled off two-year training programs such as those in Canada and New Zealand
- Guidance and assistance to A&TSI job seekers in the health sector
- Networking and information sharing platforms to establish strong peer support
- Incentives and funding for competitive employment packages, and
- Improved carers' support to assist patients to stay at home for longer. This is important to maintain links between social and emotional wellbeing, feelings of safety, and ties to country.

Better outcomes are achieved from supporting workers on the ground and facilitating culturally appropriate practices that educate A&TSI people in proactively managing community health.

In improving the health system for A&TSI peoples stronger government engagement with communities is essential. A&TSI health organisations are often frustrated by government processes in determining which department/ agency can assist their organisation. Restructuring government roles and services to reduce duplication particularly between Federal and State/ Territory jurisdictions will better identify gaps and improve funding allocation. ADCA would like to see rigorous assessment of the outcomes on the health of A&TSI communities from the recent defunding of community organisations, to identify the loss of services previously provided by those organisations, where service deficits can be filled, and whether existing providers have the capacity to fill these gaps.

Further to the above, ADCA believes government consultation processes are at the heart of achieving deliverable strategies and that the National A&TSI Health Plan consultation would have been better informed if:

- Consultations were conducted by visiting and building stronger relationships with A&TSI communities until community members were comfortable discussing their health plan with government workers, and
- Consultation discussions asked how to better engage with community members and what mode of service delivery would foster greater attendance and greater health outcomes (such as home visits, mobile clinics, health care centres).

Finally, there is still much to be achieved in addressing racism in the health care system. It is necessary that strong cultural practices are developed, stigma reduced, and greater respect applied within health care systems and services, particularly within the AOD health care sector where negative stigma associated with alcohol and other drugs is widespread.

ADCA looks forward to the development of the National Aboriginal and Torres Strait Islander Health Plan, and welcomes further consultation during its development. Please contact Meredythe Crane in the first instance via her email on [meredythe.crane@adca.org.au](mailto:meredythe.crane@adca.org.au) or by telephone on 02 6215 9808.



**David Templeman**  
**Chief Executive Officer, ADCA**

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#### **References:**

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