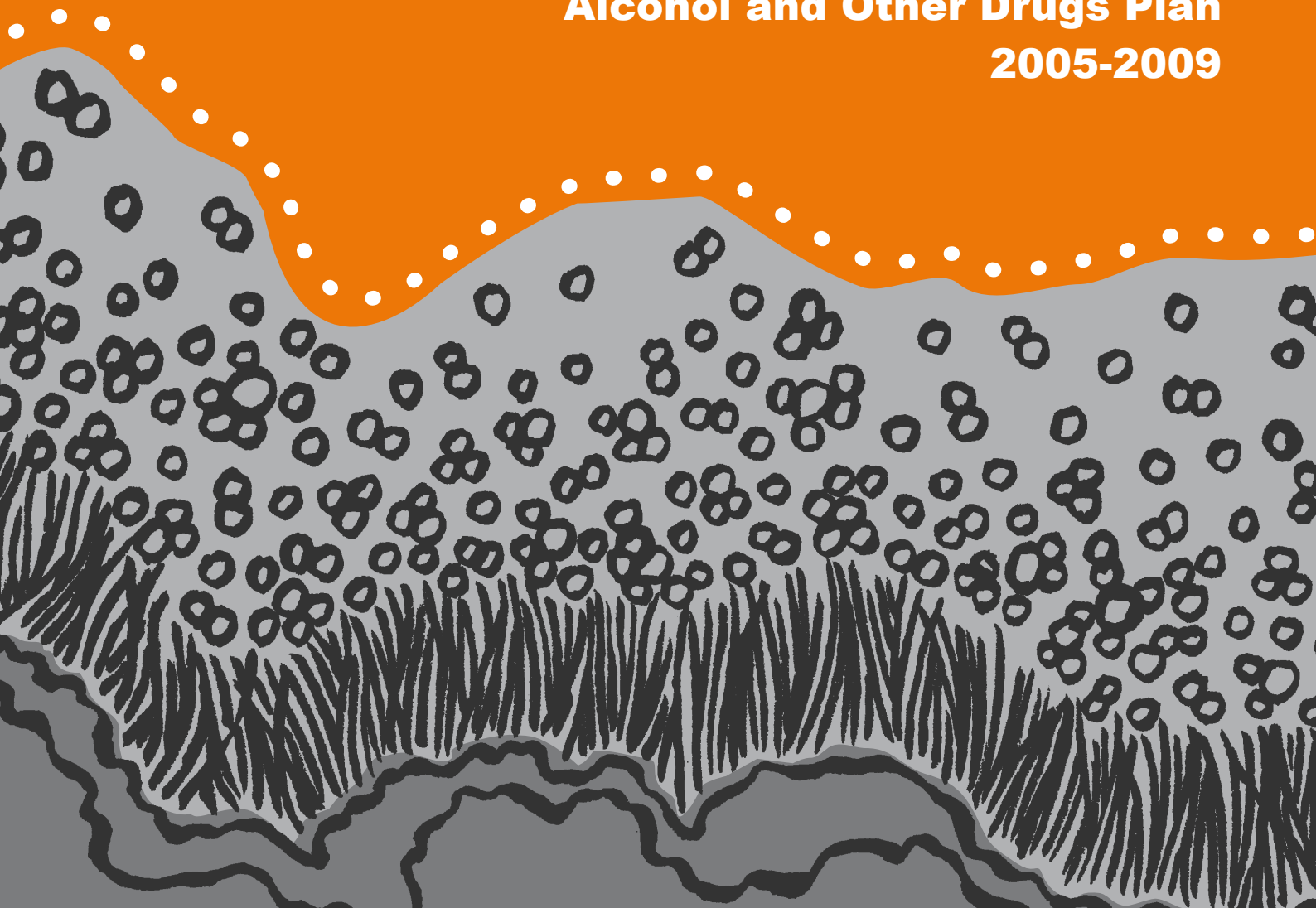
Strong Spirit Strong Mind

Western Australian Aboriginal Alcohol and Other Drugs Plan 2005-2009



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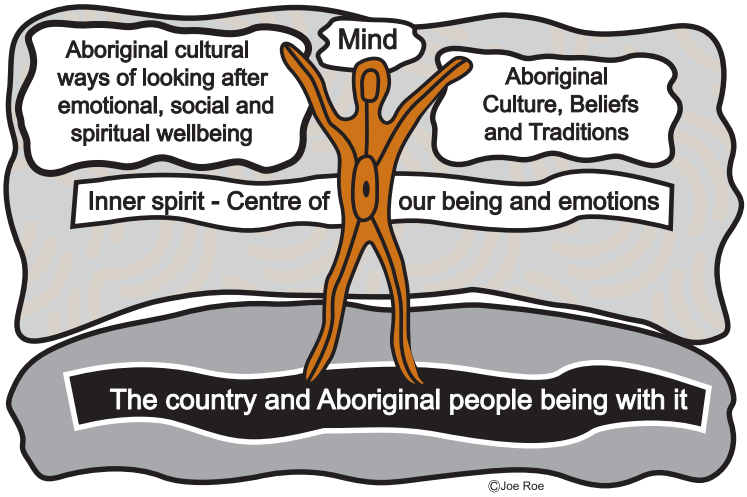
Western Australian Aboriginal Alcohol and Other Drugs Plan 2005–2009

About the Name

The words *Strong Spirit Strong Mind* given to the title of this plan evolved in consultations with Aboriginal people from across Western Australia when development of a range of culturally secure alcohol and other drugs resources occurred. The words encompass the importance of strengthening our 'inner spirit' and are based on the Aboriginal Inner Spirit (Ngarlu) Model by Joseph 'Nipper' Roe, who belongs to the Karajarri and Yawru people in north Western Australia. There is a word in many different language groups that describes inner spirit and many Aboriginal people share this belief.

'Our inner spirit is the centre of our being and emotions.
When our spirit feels strong our mind feels strong.
Strong inner spirit is what keeps our people healthy and connects them together.
Strong inner spirit keeps the community strong and our country alive.
Strengthening our inner spirit is a step towards a healed future.'



Like other Aboriginal people across Western Australia, Joseph has worked hard to improve the situation of individuals and communities in addressing alcohol and other drug use problems. The message in the words *Strong Spirit Strong Mind* adopted by this plan promotes the value of our Aboriginality and all of its accompanying spiritual characteristics as strengths in our ongoing effort to manage alcohol and other drug use in our community.

Front Cover Artwork by Barry McGuire (Mullark)

"The two lines symbolise a river of water and the water is like the information given to communities. The circles symbolise the major centres and the remote communities. The lines symbolise the direction the information is going to and coming from…"

Barry is from south Western Australia, born in Kellerberrin, which is located in the Balladong Nungar Boodja. His artist name, given to him by his family, was that of his grandfather and he paints to keep the name alive.

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PREFACE

The Strong Spirit Strong Mind: Western Australian Aboriginal Alcohol and Other Drugs Plan (AAOD Plan) is written to reflect as accurately as possible the views and thinking of Aboriginal people working on issues of alcohol and other drugs in the Aboriginal community.

All of the activity recommendations in the matrix of the AAOD Plan came from these people, along with non-Aboriginal people working for agencies, both government and non-government, in the alcohol and other drugs and Aboriginal health areas.

In the AAOD Plan's structure and descriptions around Activity Fields, Focus Headings and potential participants, the aim is to present as fully as possible an informed framework, which adds benefit to the way parties seek to collaborate and work on issues of Aboriginal use of alcohol and other drugs.

The AAOD Plan's implementation is not premised on the availability of new funding. Rather it encourages a whole-of-system approach across government and community organisations to ensure that Aboriginal alcohol and other drugs policy, program and service responses, make best use of available resources and partnership arrangements.

The AAOD Plan is consistent with the focus and implementation processes applied to the Western Australian Drug and Alcohol Strategy 2005 – 2009. The AAOD Plan's viability is improved in the presence of the Agency Drug and Alcohol Action Plans of key social and human service government departments, which will assist in broadening and integrating its implementation across the sector and under a larger pool of programs.

Where the AAOD Plan names an agency against any particular recommended activity, it is because the activity generally falls within the function of that agency, primarily, or secondarily as a partnership opportunity. Should an agency or agencies decide to address any activity, the AAOD Plan indicates that the agency mentioned first in any grouping should more often than not be the one to lead, initiate and promote action.

Mention of any jurisdiction and agency, government or non-government, within the full description of the AAOD Plan, does not in any way commit them to any one or all of the AAOD Plan's recommended activities, nor does it limit any jurisdiction or agency pursuing activity additional to or outside of the AAOD Plan's scope.

However, all agencies involved in the development and endorsement of this, the first Western Australian Aboriginal Alcohol and Other Drugs Plan, commit to work closely, cooperatively and with goodwill to deliver on the AAOD Plan to the best of their ability and resource capacity, and subject to each agency's organisational commitment to particular initiatives, for the benefit of the Aboriginal community.

1. INTRODUCTION

Alcohol and other drugs (AOD) use among Aboriginal people to a large extent is intertwined with broader social issues resulting from the continuing impact of colonisation and dispossession, family dispersal and hardship. This, along with current underlying statistics that mark Aboriginal people as the most disadvantaged of all Australians, makes for a significant challenge for any plan or strategy.

> Enquiries into the health of Aboriginal and Torres Strait Islander people have consistently commented on the detrimental effects of dispossession and alienation on health and wellbeing. The resulting grief, trauma and loss must be recognised as a contributing factor to the lower health and socio-economic status that Aboriginal and Torres Strait Islander peoples continue to experience today. The use of alcohol, tobacco and other drugs is both the cause and effect of much suffering in Aboriginal and Torres Strait Islander communities. Alienation, unemployment and despair arising from dispossession and dislocation all contribute to the use of these substances to attempt to relieve symptoms or temporary escape. The use of alcohol, tobacco and other drugs does serious harm to the physical health of individuals, but possibly even more harm to the social health of individuals and the fabric of communities.
>
> (National Drug Strategy Aboriginal and Torres Strait Islander Peoples Complementary Action Plan 2003-2006)

Although Aboriginal Western Australians share aspects of culture and have all been deeply affected by the impact of colonisation, different regions and communities will experience different problems or the same problems but to different degrees. Actions particularly applicable in regional and remote areas of Australia may not be appropriate for people living in urban settings. Strong Spirit Strong Mind: Western Australian Aboriginal Alcohol and Other Drugs Plan 2005-2009 (AAOD Plan) recognises both the similarities and differences among Aboriginal cultures and the importance of developing capacity within communities to better plan, develop and implement strategies that will help address AOD use in all Aboriginal communities.

2. BACKGROUND

In August 2003 the Ministerial Council on Drug Strategy endorsed the National Drug Strategy Aboriginal and Torres Strait Islander People's Complementary Action Plan 2003-2006 (Complementary Action Plan). That plan became the fifth of a set compiled under the National Drug Strategic Framework 1998/99 to 2002/03. The four others are mainstream, whole-of-population plans and strategies. These are:

- National Alcohol Strategy: A Plan for Action 2001 to 2003/04
- National Action Plan on Illicit Drugs 2001 to 2002/03
- National School Drug Education Strategy 1999 to 2003
- National Tobacco Strategy 1999 to 2002/03

Like the other plans and strategies, the Complementary Action Plan is not intended to be prescriptive or to overly define implementation strategies to be adopted at the state and regional levels. Rather, the Complementary Action Plan provides a range of objectives, key action areas and examples of actions that are described in the plan under six key result areas. They are, in brief:

1. Enhanced capacity of individuals, families and communities.
2. Whole-of-government effort and commitment in collaboration with communities.
3. Improved access to an appropriate range of health and well-being services.
4. A range of holistic approaches from prevention to treatment, and continuing care that is locally available.
5. Workforce initiatives to enhance the capacity of community and mainstream organisations to provide quality services.
6. Sustained partnerships among communities, government and non-government agencies.

The Complementary Action Plan helped guide Aboriginal community people in Western Australia in the development of the AAOD Plan. The AAOD Plan, also aligned to the over-arching Western Australian Drug and Alcohol Strategy 2005 – 2009, identifies and sets out recommended directions and activity particular to the needs and circumstances of Aboriginal people.

3. BASIC PRINCIPLES OF THE AAOD PLAN

The principles below derive from the consultative process described in section five of the AAOD Plan. These principles aim for a plan that:

- Reflects the "real world" of Aboriginal people and workers; ties stakeholders to processes that inform future action; is clear and practical, outlining priority areas that can proceed within existing resources, as well as describing needs and options which may require additional funding.
- Acknowledges Aboriginal people's right to control over their health, alcohol and other drug-related programs.
- Promotes comprehensive, holistic approaches that include physical, spiritual, cultural, emotional and social well-being, community development and capacity building to address Aboriginal AOD issues.
- Supports and encourages local input and planning, given to proper status and process, to drive and enhance initiatives.
- Is culturally secure and evidence-based in its focus and actions, and able to continually evolve to meet new challenges and priorities.
- Endorses resource availability based on need and at a level required to reduce the disproportionate levels of AOD-related harm, experienced in the Aboriginal community, compared to the broader community.
- Promotes a persistent vigilance in the presence of an increase in the degree of information sharing and exchange across agencies and sectors, to protect the confidentiality and privacy rights of individuals.
- Is clear and practical in providing priorities that can be developed within existing resources, along with offering direction for the future as increased funding opportunities may present.

4. ALCOHOL AND OTHER DRUG USE PATTERNS

Research on the pattern of alcohol consumption by Aboriginal people suggests that, compared to non-Aboriginal people, a lower proportion are regular drinkers and a higher proportion of Aboriginal people do not drink alcohol at all. However, those who do consume alcohol do so at hazardous or harmful levels. [1]

The Western Australian Aboriginal Child Health Survey (2005) is a survey about the emotional and social well-being of 5289 young Aboriginal people, aged up to 17 years, living in Western Australia. Of alcohol and marijuana use, the survey indicated the following:

- Sixty one per cent of males and 43% of females aged 17 years - a total of 27% of the survey sample - drank alcohol.
- In areas of extreme isolation only 8% of young people drank alcohol compared to 31% in the Perth metropolitan area.
- Almost one in five young people or 19% of the sample had been in a car with a drunk driver in the six months prior to the survey.
- Thirty per cent of young people in the sample had used marijuana at some time in their lives: 45% of 17-year-old males used marijuana at least weekly compared to 21% of females.
- Seventy five per cent of those sampled who drank alcohol and smoked cigarettes also regularly used marijuana, compared to 8% who neither drank alcohol nor smoked cigarettes.

The survey also found that Aboriginal children born to mothers who used alcohol or tobacco during pregnancy were more than one and a half times more likely to be at high risk of clinically significant emotional or behavioural difficulties than children born to mothers who had not used these substances during pregnancy.

In addition, the survey found that Aboriginal carers who were forcibly separated from their natural family by a mission, the government or welfare were more likely to live in households where there were problems caused by the overuse of alcohol or gambling. The children of Aboriginal carers who were forcibly removed had levels of both alcohol and other drug use approximately twice as high as children whose Aboriginal primary carer had not been forcibly separated from their natural family.

[1] Australian Bureau of Statistics and Australian Institute of Health and Welfare. *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples*, 2003, Canberra.

Figures from the WA Department of Justice show that although Aboriginal people make up 3% of the total Western Australian population, they comprise approximately 35% of the total adult prison population in the state. Of that number a large proportion are in prison for driving under the influence of alcohol (DUI) offences, and that for the first half of 2004, 70% of all people serving prison sentences, as a result of DUI offences, were Aboriginal. Eighty five per cent of those were young males under the age of 30 years. The WA Office of Road Safety advises that Aboriginal people comprise 9% of those killed and 8% of those seriously injured on the roads in Western Australia - a significant proportion of which stems from drink and drug-impaired driving. Additionally, the Office of Road Safety reports that there is a disproportionately high number of Aboriginal pedestrians who are hit by vehicles and often these pedestrians are intoxicated. About 30% of Aboriginal road fatalities fall into the category of "hit pedestrians" - a figure that is three times higher than for non-Aboriginal people.

The Report on the Harm Reduction Needs of Aboriginal People Who Inject Drugs (2001) conducted by the National Drug Research Institute found that the "prevalence of injecting drug use in Aboriginal people has increased by between 50% and 100% since 1994". Injecting drug use was responsible for 20% of HIV infections in Aboriginal people Australia-wide from 1993 to 2002, compared to 4% among non-Indigenous people (National Centre for HIV Epidemiology and Clinical Research, 2003). The report found that 58% of Aboriginal injecting drug users interviewed had been in prison, with 23% indicating they had injected drugs and shared needles and syringes while in prison.

5. DEVELOPMENT OF THE AAOD PLAN

A consultative forum held in mid 2004 set the agenda and formed the foundation of the AAOD Plan. Aboriginal people working in the AOD sector or related services in the metropolitan, rural and remote areas of Western Australia participated in the forum, along with government and non-government agencies. The wide representation at the forum ensured broad and varied input, and as a result, the AAOD Plan was developed with a culturally secure focus.

A working party of key stakeholders with representation from government and community organisations guided further development of the AAOD Plan with continued consultation occurring across agencies. Key Western Australian social and human services departments have contributed to the development of the AAOD Plan and more particularly, a partnership agreement between the Drug and Alcohol Office (DAO), Office of Aboriginal Health (OAH) and Office of Aboriginal and Torres Strait Islander Health (OATSIH) has been central to its development and will be important for its implementation. The AAOD Plan aims to present an informed framework that improves the way parties collaborate and work on issues relating to AOD use by Aboriginal people.

The final draft of the AAOD Plan was presented and discussed at a state-wide workshop held in June 2005 involving Aboriginal community-based AOD service agencies. The development of the AAOD Plan has occurred in the face of previous and current health and community planning work and as such seeks to complement and benefit from that work. Some of those other strategies and plans are:

- WA Aboriginal Child Health Survey: Vol. 2 The Social and Emotional Wellbeing of Aboriginal Children and Young People 2005.
- WA Aboriginal Primary Health Care Strategy 2005-09.
- WA Aboriginal Health Promotion Strategy 2005-08.
- WA Aboriginal Justice Agreement.
- WA Department of Health – A Cultural Respect Implementation Framework.
- WA Aboriginal Custodial Health Strategy.
- WA Inquiry into Response by Government Agencies to Reports of Child Abuse and Family Violence in Aboriginal Communities (Gordon Enquiry).
- WA Repeat Drink Driving Strategy.
- WA Aboriginal Sexual Health Strategy 2005-08.

Important terminology frequently used in the AAOD Plan is explained as follows:

- The terms ***Aboriginal***; Aboriginal and ***Torres Strait Islander***; and ***Indigenous***; in describing the first Australians, are used interchangeably to maintain accuracy with respect to other preceding documents and initiatives, and the term Aboriginal, more broadly used here, should be taken to mean Aboriginal; Aboriginal and Torres Strait Islander; and Indigenous peoples.
- The term ***Cultural Security*** is accepted to mean that deliberations, planning and application of policies, strategies, and programs must consider, acknowledge and incorporate the history, traditions, diversity and circumstances of the particular Aboriginal peoples, to which meaningful benefit is the intended outcome.
- The use of the term ***Holistic*** refers to the characteristics around approaches, strategies, programs and activities, the application of which requires dimensions which are all inclusive and encompassing, in degrees of addressing more than just the immediate and core issues and involving a broad and realistic sweep of stakeholders, across all sectors, focusing on the physical, spiritual, cultural, emotional and social well-being of the individual, family and community.

5.1 Tobacco Use

Tobacco use is not directly addressed in the AAOD Plan. The strategic plan for addressing tobacco issues in Western Australia is entitled Western Australian Tobacco Action Plan 2001-2004: Taking the Lead. While that document expired in 2004, a new Western Australian Tobacco Action Plan will be developed following the release of the National Tobacco Strategy 2005 - 2009. The Western Australian plan will provide an action plan for implementing key recommendations of the National Tobacco Strategy and will set public health policy on tobacco control for Western Australia.

5.2 Volatile Substance Use

Volatile substance use (VSU) is not directly addressed in the AAOD Plan, however, there are many activities in the plan that relate to reducing harm from VSU as well as AOD. VSU is more specifically detailed in work currently underway on the National Directions Paper, which is being drafted by the National Inhalant Abuse Taskforce. In Western Australia, the Volatile Substance Use Advisory Group, overseen by the Senior Officers' Group (SOG) and coordinated through DAO, is currently developing a framework and implementation plan for addressing volatile substance use issues in Western Australia.

6. STRUCTURE OF THE PLAN

In pursuing a holistic approach as shown below, the AAOD Plan has taken all of what was contributed at the 2004 Consultative Forum and aligned it across four targeted Activity Fields:

6.1 Activity Fields

- **Prevention and Early Intervention:** Activity directed at health enhancement that either reduces the risk of an individual experiencing AOD problems or reduces the actual levels of drug-related harm within a community. Prevention ensures the issue/problems will not occur in the first place and early intervention is action concerned with identifying and terminating or modifying the problem at the earliest possible time.
- **Supply and Control:** Activity designed to disrupt the production and supply of illicit drugs; reduce and impose limits on access to legal drugs such as alcohol, cigarettes and prescription medicines; and drug law reform measures to minimise negative impacts, while ensuring the dangers of drugs are also being addressed. This includes law enforcement at community and government levels.
- **Support and Treatment:** Activity that facilitates access by individuals and families to a comprehensive range of evidence-based, good practice services that address AOD problems in a manner that is as culturally secure as possible.
- **Harm Reduction:** Activity designed to reduce the impact of AOD-related harm on individuals, families and communities through provision of information on safer methods of use and information on the different levels of risk and harm. This approach encompasses abstinence as the least risky method but provides options for people not ready or able to make that choice.

6.2 Focus Headings

Under each of the above activity fields the activity descriptions of the AAOD Plan have been apportioned alongside four recurring focus headings. The 2004 Consultative Forum reflected a view that without commitment to the work described under these headings, application of effort across the targeted activity fields will be made more difficult. The focus headings are:

- **Capacity building:** The development of skills and capabilities in the individual, family, community and non-government and government sectors, to assist them to better identify and address issues and gain the knowledge and experience needed to solve problems and implement change. Capacity building is the foundation block for communities to work further towards control and empowerment through strong community leadership, adequately resourced and suitably structured management regimes and application of effort, which is sustained and guided by credible information, culturally given and applied.
- **Working Together:** Partnerships and Coordination: Aboriginal people face interrelated physical, social, emotional, economic and environmental inequalities that contribute to, and exacerbate, AOD use. A range of holistic approaches are required if any inroads are to be made in improving social and health outcomes for Aboriginal people. A whole-of-system approach across government and community organisations is imperative to ensure that program design and service delivery is effective and makes best use of available resources. This will require working across levels of government as well as with mainstream non-government agencies, Aboriginal organisations and individuals.
- **Access to Information and Services:** Effective and timely access to culturally secure information and services is important for Aboriginal people and communities dealing with AOD issues. This need is heightened given the poor status of Aboriginal people in the scale of globally accepted health, social, emotional and economic well-being indicators. With the lack of a basic framework of service and information flow, to address the obvious of AOD issues, leaves the community preoccupied with the immediate. This at the cost of affording the shift to second and third tier options, which offer better outcomes as they are able to be more strategic, whole of community/government and sustainable in character.
- **Workforce Development:** Workforce development not only relates to the number of skilled Aboriginal people employed and how effectively they contribute to the Aboriginal AOD area, but also the requirement to support and skill non-Aboriginal employees in effectively working to, for and with Aboriginal people. Workforce development not only applies to Aboriginal community services but also to non-Aboriginal non-government services, government services and government areas of policy and program management.

The following illustration shows the matrix used in the presentation of the recommended activities in the AAOD Plan, i.e. **Activity Fields** such as Prevention and Early Intervention and underpinning **Focus Headings** such as Capacity Building.

The numbering order as shown in the matrix is for referencing only and does not reflect order of priorities.

Matrix of the Plan

1.0 Prevention and Early Intervention			
1.1 Capacity Building	*1.2 Working Together*	*1.3 Access to Information and Services*	*1.4 Workforce Development*
2.0 Supply and Control			
2.1 Capacity Building	*2.2 Working Together*	*2.3 Access to Information and Services*	*2.4 Workforce Development*
3.0 Support and Treatment			
3.1 Capacity Building	*3.2 Working Together*	*3.3 Access to Information and Services*	*3.4 Workforce Development*
4.0 Harm Reduction			
4.1 Capacity Building	*4.2 Working Together*	*4.3 Access to Information and Services*	*4.4 Workforce Development*

7. ORGANISATIONAL ARRANGEMENTS

DAO, OAH and OATSIH are committed under partnership arrangements to work closely on issues of AOD, such as taking steps to integrate funding and reporting requirements and developing standards of service best practice. The agencies acknowledge that the AAOD Plan presents a significant opportunity to assist in shaping individual agency and partnership responses to Aboriginal AOD issues. As one of the primary whole-of-health issues, AOD will be promoted as a permanent agenda item for the Regional Aboriginal Health Planning Forums, which may lead to the development of planning forum AOD sub-committees. As such the AAOD Plan aims to follow similar implementation streams as the WA Aboriginal Primary Health Care Strategy and the Aboriginal Regional Health Plans that underpin it. Therefore, planning around AOD issues should become more integrated with, and centrally important to, the broader Aboriginal health planning agenda.

At an across-government level DAO will manage coordination through SOG, which will work with the Indigenous Senior Officers' Group to develop across-government responses to activity as outlined in the AAOD Plan. Broad application of the AAOD Plan across agencies and regions will be further advanced through engagement with the Human Services Regional Managers' Forums.

The AAOD Plan is consistent with the focus and implementation processes applied to the Western Australian Drug and Alcohol Strategy 2005-2009. This will ensure key social and human service government departments will respond to the AAOD Plan where appropriate, resulting in a broadening and integration of implementation across the sector and under a larger pool of programs. Such responses will be reflected in the individual Agency Drug and Alcohol Action Plans, which each of those departments are required to compile under the Western Australian Drug and Alcohol Strategy 2005-2009. To support this inter-agency work, productive linkages will be formalised through inter-agency arrangements such as memorandums of understanding. Such coordination will be managed through SOG and led by DAO.

Where an agency is listed in the AAOD Plan alongside recommended activities, it is because the activity falls within the agency's corporate scope, primarily, or secondarily as a partnership opportunity. The agency mentioned first in any grouping will more often take a leadership role in addressing the recommended activity.

8. MONITORING, REPORTING AND EVALUATION

Overall responsibility for monitoring the implementation of the AAOD Plan rests with a monitoring team consisting of DAO, OAH and OATSIH in close consultation with SOG and the Aboriginal AOD service provider sector.

DAO will have administrative responsibility for tracking the progress of the AAOD Plan's activity recommendations. It will provide half yearly reports to the monitoring team and SOG. Renewed priorities will be set each year against which an annual report will be provided consistent with across-government reporting requirements.

1.0 PREVENTION AND EARLY INTERVENTION		
1.1 Capacity Building	1.1.1 In consultation with key stakeholders produce and widely distribute a suite of comprehensive culturally secure AOD resources	• DAO
	1.1.2 Support school attendance (K-10) through APLOs and local community patrols	• DET, WAP
	1.1.3 Support the retention of students into post compulsory school education or the training sector	• DET, WAP
	1.1.4 Support initiatives that strengthen individuals, families and communities through cultural activities, such as women's groups, men's activities, family days, sporting activities, back to country and cultural activities	• DAO, OAH, WAP, DCD
	1.1.5 Identify and support community members to provide AOD information through existing programs like CDEP, Wardens Scheme, LDAGs, Friends of the Clinic Program, consumer groups and local Aboriginal community action groups	• DAO, OAH, DIA
	1.1.6 Establish and support LDAGs that bring together local community people to provide prevention and early intervention initiatives	• AHS, CDST, WAP, DAO
	1.1.7 Investigate the potential of adapting Marvan software package for community needs (a computer software program that utilises Aboriginal people and languages in developing health promotion messages)	• DAO, OAH, OATSIH
	1.1.8 Tailor training and development programs for local people to build on existing knowledge and skills and cultural expertise to enable communities to identify and generate their own solutions	• DAO, OAH, OATSIH, LSP

1.2 Working Together – Partnerships and Coordination	1.2.1 Ensure Aboriginal representation on School Drug Education Road Aware Regional Organising Committees	• SDERAs
	1.2.2 Support AOD agencies and communities to access Proceeds of Crime, Healthway and other funding sources	• CDST, AHS, WAP, WANADA
	1.2.3 Include prevention outputs in AOD service contracts and State Government Agency Plans	• OAH, OATSIH
	1.2.4 Maintain and further develop Aboriginal initiatives in AOD prevention in relation to road safety	• ORS, WAP, DAO
	1.2.5 Develop a state-wide network to improve information flow and communication among organisations and people working in the Aboriginal AOD area	• OAH, OATSIH, DAO, WANADA
	1.2.6 Establish an annual Aboriginal AOD forum/conference for services and communities through partnership funding arrangements (OAH, OATSIH, DAO)	• OATSIH, OAH, DAO
	1.2.7 Encourage all relevant local agencies to participate in Local Drug Action Groups	• CDST, WAP, LSP
	1.2.8 Ensure agencies work together on family based initiatives under a collaborative framework in a manner that supports the work being undertaken by the Early Years and Children First strategies	• AGR

1.3 Access to Information and Services	1.3.1 Ensure that communities should have ready access to culturally secure prevention and early intervention information and resources	• DAO, AHS
	1.3.2 Incorporate local language wherever possible into prevention and early intervention resources	• DAO, AGR, LSP
	1.3.3 Ensure mainstream programs such as Enough is Enough and Drug Aware should have an Aboriginal component included and that a range of different media is utilised	• DAO
	1.3.4 Prioritise alcohol and local drug issues, in the development of health promotion messages by local community workshops, for Aboriginal media	• AHS, OAH, DOH (CCH)
	1.3.5 Establish links between SDERA and DET to support and further develop the implementation of the Aboriginal teachers support material and the Aboriginal component of the In Touch Managing Drug Use in Schools program with a view to engaging the Aboriginal and Islander Education Liaison Officers and Aboriginal Student Support Parent Association committees in AOD issues	• DET, SDERA, OAH
	1.3.6 Maintain and further develop links between CDSTs and key AOD services with the At Education Risk programs	• DET, CDST
	1.3.7 Prioritise the development of health promotion resources and activities targeted towards AOD use in pregnancy	• DOH (CCH), DAO
	1.3.8 Develop networks to allow access to information that is culturally secure and enables exchange of information between communities	• LSP

	1.3.9 Support community elders and leaders to develop AOD knowledge and community interventions	• CDST, LSP, WAP
1.4 Workforce Development	1.4.1 Ensure that prevention and early intervention information strategies are included in AOD training	• DAO, WAP
	1.4.2 Promote understanding among Aboriginal workers of the role of prevention in addressing AOD problems	• DAO, CDST
	1.4.3 Provide education programs about the range of activities that can be recognised in prevention and early intervention initiatives	• DAO, LSP
	1.4.4 Support the development of skills in AOD agencies in community development activities that assist prevention among AOD services	• DAO, DCD
	1.4.5 Support agencies to provide job descriptions that recognise prevention and early intervention as part of a holistic approach to manage AOD issues	• DAO, OAH, WAP, OATSIH
	1.4.6 Develop Certificate IV in Community Services Work (Alcohol and Other Drugs, CHC41702) tailored with an emphasis on health promotion and community development for Aboriginal workers in AOD, health and welfare areas	• DAO
	1.4.7 Ensure consistency and articulation of Aboriginal AOD units of competency with the National Competency Framework for Aboriginal Health Workers (draft)	• DAO

2.0 SUPPLY AND CONTROL		
2.1 Capacity Building	2.1.1 Promote understanding of supply and control strategies at a community level, including liquor licensing issues, community by-laws and Alcohol Accords	• DAO, WAP, DIA, DRGL
	2.1.2 Establish an Aboriginal Advisory Group to inform the Liquor Licensing Authority	• DAO, WAP, DRGL, DLGRD
	2.1.3 Promote the sly grogging hot-line	• DRGL, DIA, DAO, WAP
	2.1.4 Provide appropriate support for warden officers, including educating communities about their role.	• WAP, DIA
	2.1.5 Explore the issue of increasing the powers of Aboriginal community warden officers	• DIA, WAP
	2.1.6 Increase the number of Aboriginal staff in supply and control related agencies involved in, for example, policing, customs and liquor licensing	• WAP, DRGL
2.2 Working together – Partnerships and Coordination	2.2.1 Support local Population Health units, CDSTs, LDAGs and local government authorities to work closely with the Liquor Licensing Authority and WAP to work with communities to control alcohol and other drugs	• AHS, CDST, WAP, DAO
	2.2.2 Develop a network of key stakeholder agencies to support supply and control measures e.g DCD, DIA, DOJ, Regional Development Commissions, local government authorities, ACCHSs and other community organisations	• CDST, DAO, WAP, DLRG

	2.2.3 Monitor indicators of harm in the community to inform appropriate community action, e.g increased levels of public violence, road accidents, driving under the influence, drink related imprisonments and sobering up centre statistics	• DAO, LDAG, WAP, DOH
2.3 Access to Information and Services	2.3.1 Support culturally secure alcohol server guidelines and training for application in key locations	• DAO, WAP, DRGL
	2.3.2 Develop an Aboriginal component of the Host Responsibility Program	• DAO
	2.3.3 Support local communities to participate in Alcohol Accord processes in key locations	• CDST, LSP, WAP, DAO
	2.3.4 Maintain dissemination of culturally secure information in relation to the Cannabis Control Act 2003	• DAO, WAP
	2.3.5 Review the Aboriginal Communities Act 1979 with a view to strengthening the capacity of communities to control alcohol and other drugs supplies including the role of wardens and APLOs and police officers	• DIA, WAP
	2.3.6 Establish multifunctional police stations in remote communities	• WAP
	2.3.7 Establish partnerships between AOD services, police, retailers, local government and communities to limit the supply of volatile substances, methylated spirits and other intoxicating retail products	• DAO, WAP, CDST, DLGRD

2.4 Workforce Development	2.4.1 Maintain and expand training for community leaders, wardens, office holders, elders and support agencies in alcohol supply control strategies	• DAO, CDSP, WAP
	2.4.2 Expand AOD training for police officers and Aboriginal police liaison officers such as in the responsible service of alcohol	• DAO, WAP
	2.4.3 Investigate the feasibility of developing a culturally secure responsible server program for the hotel industry	• DRGL, DAO, WAP
	2.4.4 Ensure that AOD training packages include information on supply and control strategies	• DAO, WAP

3.0 SUPPORT AND TREATMENT		
3.1 Capacity Building	3.1.1 Support Aboriginal community members with cultural expertise to inform mainstream services by establishing mechanisms such as reference groups, cultural mentors, consumers and their family groups	• DAO, OAH, OATSIH, LSP, AGR
	3.1.2 Develop culturally secure client feedback and complaints systems	• DAO, OAH, OATSIH, LSP
	3.1.3 Provide culturally secure information about support and treatment options	• DAO, OAH, OATSIH, LSP
	3.1.4 Support family systems of care, control and responsibility through professional services for families to provide treatment, intervention and support with their own people	• DAO, OAH, OATSIH, WAP, LSP
	3.1.5 Provision of appropriate housing and tenancy to those public rental tenants "at risk" as these may include people with AOD problems, and housing provides a significant protective factor for those at risk of AOD related harm	• DHW
	3.1.6 Establish mechanisms to facilitate exchange of information between communities through conferences, regional networks and peak bodies	• DAO, OAH, CDST, LSP, OATSIH
3.2 Working Together – Partnerships and Coordination	3.2.1 Establish referral pathways between specialist AOD agencies and general health and welfare services particularly ACCHOs and family violence services	• DAO, OAH, DCD, AHS, LSP
	3.2.2 Develop formal links between the emotional and social well-being programs in Building Solid Families and Bringing Them Home with AOD Services	• DAO, OAH, OATSIH, LSP

	3.2.3	Establish formal mechanisms to enable shared case management of individuals,to improve service effectiveness	• DAO, AHS, LSP, DCD, DOJ, AHS, MHS
	3.2.4	Maintain and further develop partnerships between specialist AOD services and hospitals to support the availability of withdrawal management options in regional locations	• DAO, AHS, DOH, Div. GPs
	3.2.5	Further develop partnerships between Aboriginal and mainstream AOD services to support access and engagement to treatment	• DAO, OAH, OATSIH
	3.2.6	Further develop partnerships between funding bodies to integrate contract management and expand the availability of support and treatment services	• DAO, OAH, OATSIH
	3.2.7	Develop and encourage the use of appropriate screening tools for Aboriginal people, in particular screening for AOD use during pregnancy	• DAO, OAH, DOH (CCH) OATSIH
	3.2.8	Ensure there is an Aboriginal component to all programs targeting misuse of medicines	• DAO, DOH, OAH
	3.2.9	Support in a culturally secure manner, children and young people in out-of-home care,as a result of parental AOD use	• DCD
	3.2.10	Work with children at risk of problems including AOD use, and their carers (ie grandparents), in a culturally secure manner	• DCD
	3.2.11	Develop the use of brief interventions and brief assessments across government agencies to identify people with AOD problems, and develop appropriate referral pathways between government agencies and AOD treatment and support agencies.	• DAO, DOH, AOH, OATSIH, Div. GPs

	3.2.12 Ensure a whole-of-government approach to work collaboratively to improve the social and structural determinants of health	• AGR
3.3 Access to Information and Services	3.3.1 Increase the number of Aboriginal employees in AOD services that provide a range of treatment and intervention options in Aboriginal communities	• DAO, LSP, AGR
	3.3.2 Ensure that the linkages between the justice system and treatment services designed to engage convicted drivers with alcohol issues into early intervention and treatment, supported with dedicated per client funding through the state's drink driving strategy, are effective for Aboriginal people and agencies	• DOJ, DAO, LSP, ORS
	3.3.3 Explore opportunities for development of specific Aboriginal programs in conjunction with the state's drink driving strategy	• DAO, ORS
	3.3.4 Support the development of low cost rehabilitation/respite services in each region to provide a dry out place for individuals and families that is linked to outreach AOD services for counselling and treatment and employing carers to support culturally secure activities	• DAO, OAH, OATSIH, AHL, DHW, AGR, DAO
	3.3.5 Develop options for post treatment support including telephone services e.g Kids Line, ADIS, self-help groups	• DAO, LSP, AGR, DCD
	3.3.6 Support strengthening families to take back the care control and responsibility of family members and provide intervention and support within their own families where there are AOD problems	• LSP, DAO, OAH, DCD, WAP
	3.3.7 Develop protocols across agencies to facilitate shared care and efficient clinical pathways particularly from primary health care into AOD services	• DAO, WANADA, LSP, AGR

	3.3.8 Develop protocols across agencies to facilitate shared care and efficient referral pathways	• DAO, DCD, DHW
	3.3.9 Further develop the links between mental health services and AOD services to enhance case management and referral pathways	• MHS, DAO,
	3.3.10 Explore opportunities for GPs in ACCHOs to become pharmacotherapy prescribers and encourage and promote alcohol and tobacco related pharmacotherapy	• DAO, OAH, OATSIH
	3.3.11 Support the adoption of brief intervention practices in ACCHOs and other key health care services	• DAO, OAH, OATSIH
	3.3.12 Explore the opportunity to conduct research trials in the use of alcohol pharmacotherapies	• DAO, OAH
	3.3.13 Support the implementation of Aboriginal best practice guidelines for services	• DAO, OAH, OATSIH, WANADA
	3.3.14 Develop materials and resources that support and encourage family orientated interventions	• DAO, AGR, LSP, CDST
	3.3.15 Develop strategies to provide support to Aboriginal elders, parents, families and communities where AOD problems may occur	• AGR, LSP, CDST
	3.3.16 Ensure agency employees have access to an employee assistance program for personal AOD problems that they may be experiencing	• DAO, OAH, WANADA
	3.3.17 Incorporate local language into resource development wherever possible	• LSP

	3.3.18 Ensure that AOD services have information about translation services where they are available	• DAO, WANADA
	3.3.19 Ensure that communities have ready access to culturally secure information and resources	• AGR
	3.3.20 Ensure treatment and support programs for the general prison population, including pharmacotherapies treatment, have an Aboriginal component	• DOJ, DAO
3.4 Workforce Development	3.4.1 Support the development and implementation of continuous quality improvement in AOD services	• DAO, OATSIH, OAH, WANADA
	3.4.2 Set Aboriginal employment targets for DAO and contracted AOD services	• DAO, OAH, OAH
	3.4.3 Ensure culturally appropriate support for workers including mentors, supervision and performance management	• DAO
	3.4.4 Encourage and recognise the need for a gender-balanced workforce in AOD services	• LSP, DAO, OAH, OATSIH
	3.4.5 Maintain and expand the Aboriginal AOD Worker Training Program, Certificate III in Community Services Work (Alcohol and other Drugs, CHC30802) for Aboriginal workers in AOD, health and welfare service areas	• DAO
	3.4.6 Support and encourage AOD workers to be positive role models for their community	• LSP, AGR, DAO

	3.4.7	Customise and implement the nationally recognised unit Working with Clients who are Intoxicated (CHCAOD6B) for Aboriginal workers employed in sobering up centres, patrols and for wardens and other relevant service providers	• DAO, WAP, DIA
	3.4.8	Provide training for doctors and other relevant staff in ACCHOs in screening, brief intervention, pharmacotherapies, engagement and referral	• DAO
	3.4.9	Support ACCHOs to role out cross-cultural training for general practitioners	• OAH, OATSIH
	3.4.10	Provide cultural awareness training and Aboriginal specific ways of working in AOD work for mainstream AOD services as part of the implementation of the Aboriginal AOD Best Practice Guidelines	• DAO
	3.4.11	Encourage and support participation from remote communities in appropriate AOD training	• DAO, OAH, OATSIH
	3.4.12	Promote transfer of skills between Aboriginal and non-Aboriginal staff through mentoring support and cultural supervision	• DAO, CDST
	3.4.13	Promote practical on-the-job work experience in workforce development programs for AOD workers to ensure consolidation of AOD skills	• DAO
	3.4.14	Ensure government departments work with Aboriginal clients in a culturally secure manner	• AGR
	3.4.15	Provide appropriate support and treatment for staff working in Aboriginal AOD service agencies who are experiencing AOD problems themselves or within their immediate families	• DAO, CDST, WANADA

	3.4.16 Develop Certificate IV in Community Services Work (Alcohol and other Drugs, CHC41702) tailored with an emphasis on clinical skills for Aboriginal workers in AOD services, health and welfare areas	• DAO
	3.4.17 Customise and implement modules from the Training Frontline Workers Young People, Alcohol and Other Drugs that comprise the nationally recognised unit Work Effectively with Young People for Aboriginal Workers (CHCYTH1C, or as an elective in the Certificate III or IV programs)	• DAO

4.0 HARM REDUCTION			
4.1 Capacity Building	4.1.1	Promote understanding of the links between alcohol and family violence, child abuse, neglect and sexual abuse	• DAO, DCD, WAP
	4.1.2	Promote understanding of the linkages between AOD use and suicide, mental health and other problems such as birth defects, dementia and physical disabilities	• DAO, AHS, WAP, DOH
	4.1.3	Promote an understanding of harm reduction strategies in relation to illicit drugs, particularly injecting drug use	• DAO, DOH (CCH), AHS
	4.1.4	Promote awareness of the Indigenous NHMRC Drinking Guidelines within the Aboriginal community	• DAO, AHS
	4.1.5	Empower Aboriginal people and communities to demonstrate intolerance and to apply positive interventions to reduce the incidence of AOD use during pregnancy	• AGR, CDST
	4.1.6	Expand the Enough is Enough alcohol program to Aboriginal communities	• DAO, AHS
	4.1.7	Participate in the development, implementation and evaluation of AOD use harm reduction strategies that are linked to causal factors of child protection and family violence issues	• DCD, DOH, DAO
	4.1.8	Provide appropriate AOD harm reduction activities and education in the school and vocational education settings	• SDERA, DET

4.2 Working Together – Partnerships and Coordination	4.2.1	Support agencies providing health, youth and welfare services to provide harm reduction education in AOD use, including needle and syringe programs (NSP)	• DAO, DOH, AHS, ACCHS
	4.2.2	Provide culturally secure harm reduction programs in prisons for Aboriginal prisoners, through specialist AOD services	• DOJ, DAO, DOH, ACCHS
	4.2.3	Develop closer partnerships between sobering up centres, community patrols, police and health services	• DAO, WAP, AHS, DIA, ACCHS
4.3 Access to Information and Services	4.3.1	Encourage and support the implementation of NSP within ACCHS and Aboriginal AOD services	• DOH, OAH, AHS, OATSIH, ACCHS
	4.3.2	Promote awareness of blood borne viruses (particularly Hepatitis C and HIV) in a culturally secure manner and assist in the development of appropriate treatment pathways	• DOH(CDC), DAO, CDST, LSP, ACCHS
	4.3.3	Provide information to communities to support an understanding of AOD harm reduction strategies as part of a holistic approach	• DAO, DOH, CDST, WAP, LSP, ACCHS
	4.3.4	Support the implementation of the National Aboriginal NHMRC Alcohol Guidelines (injuries)	• DAO, AHS, LSP
	4.3.5	Promote awareness that there is no safe level of drinking during pregnancy	• DAO, DOH (CCH), GPs LSP
	4.3.6	Ensure mainstream harm reduction programs, including within prisons, have an Aboriginal component (programs such as DROPP and Keeping Safe)	• DAO, AHS, CDST, LSP

	4.3.7	Promote safer injecting practices in the Aboriginal community through Aboriginal organisations, mainstream health services and availability of culturally secure resources	• DOH (CDC), DAO, AHS, LSP
	4.3.8	Provide appropriate harm reduction activities and education in the school and vocational education settings	• SDEP, DET
	4.3.9	Support implementation of the new AOD initiatives included in the WA Custodial Health Strategy	• DAO, OAH, DOJ
4.4 Workforce Development	4.4.1	Further support training for ACCHSs to deliver needle and syringe programs	• DOH (CDC), DAO, OAH, ACCHS
	4.4.2	Maintain delivery of the nationally recognised unit Provide Needle and Syringe Services for Aboriginal Workers (CHCAOD7C) within primary health care settings and AOD services	• DOH(CDC), DAO, OAH, ACCHS
	4.4.3	Support and train AOD workers and health workers to understand harm reduction strategies as part of a holistic approach	• DAO
	4.4.4	Ensure that harm reduction strategies are included in the training of Aboriginal workers, not just in regard to injecting drug use but also for all other drugs	• DAO
	4.4.5	Ensure that AOD training provided for DOJ to prisoners and prison staff have an Aboriginal component	• DAO

Acronyms

ACCHS	Aboriginal Community Controlled Health Services
AGR	Across Government Response
ADIS	Alcohol and Drug Information Services
AHS	Area Health Service
AHW	Aboriginal Health Worker
AIELO	Aboriginal and Islander Education Liaison Officer
AOD	Alcohol and Other Drugs
APLO	Aboriginal Police Liaison Officer
AQAF	Aboriginal Quality Assurance Framework
ASSPA	Aboriginal Student Support Parent Association
DOH (CDC)	Communicable Disease Control, Department of Health
DOH (CCH)	Community and Child Health, Department of Health
CDEP	Community Development Employment Program
CDST	Community Drug Service Team
DAO	Drug and Alcohol Office
DCD	Department for Community Development
DET	Department of Education and Training
DIA	Department of Indigenous Affairs
Div. GPs	Division of General Medical Practitioners
DRGL	Department of Racing, Gaming and Liquor
DROPP	Drug Overdose Prevention Program
GPs	General Medical Practitioners
DHW	Department of Housing and Works
LDAG	Local Drug Action Groups
LSP	Local Service Providers including AOD services
NHMRC	National Health and Medical Research Council
NSP	Needle and Syringe Program
OAH	Office of Aboriginal Health, Department of Health
OATSIH	Office of Aboriginal and Torres Strait Islander Health, Department of Health and Ageing
OMH	Office of Mental Health
ORS	Office of Road Safety
RAHPF	Regional Aboriginal Health Planning Forums
SDERA	School Drug Education Road Aware
SEWB and MH	Social and Emotional Well-being and Mental Health
WAP	Western Australian Police
WANADA	Western Australian Network of Alcohol and Other Drug Agencies

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