



SUBMISSION

Consultation draft National Alcohol Strategy 2018-2026

February 2018

**from the Aboriginal community controlled health sector, comprising:
National Aboriginal Community Controlled Health Organisation (NACCHO);
Aboriginal Health and Medical Research Council (AH&MRC);
Victorian Aboriginal Community Controlled Health Organisation (VACCHO);
Queensland Aboriginal and Islander Health Council (QAIHC);
Aboriginal Health Council of South Australia (AHCSA);
Aboriginal Health Council of Western Australia (AHCWA);
Tasmanian Aboriginal Corporation (TAC);
Aboriginal Medical Services Alliance Northern Territory (AMSANT); and
Winnunga Nimmityjah Health and Community Services**

Introduction

NACCHO appreciates the opportunity to make a submission to the Consultation Draft National Alcohol Strategy 2018-2026. NACCHO has 144 member organisations across Australia; providing services in over 300 fixed, outreach and mobile sites. Our Sector has direct interaction with over 50% of the total Aboriginal population nationally and close to 100% of the Indigenous population living within a 60-minute access in those areas in which an Aboriginal community controlled health service (ACCHO) is located.

An ACCHO is a primary health care service initiated and operated by the local Aboriginal community to deliver holistic, comprehensive and culturally appropriate health care to the community which controls it, through a locally elected board of directors. ACCHOs operate in urban, regional, remote and very remote Australia. They range from large multi-functional services employing over 100 medical professionals and health workers providing a wide range of services in urban and regional centres, to small services which still provide the bulk of comprehensive primary care services, often with a preventative, health education focus along with early childhood development and chronic disease management.

ACCHOs form a network, but each is autonomous and independent both of one another and of government. The ACCHO model of service is in keeping with the philosophy of Aboriginal community control and the Aboriginal holistic view of health. Collectively, ACCHOs are the largest employer of Aboriginal and Torres Strait Islander people in Australia.

In the sense of market penetration, ACCHOs hold a unique position and, by virtue of them being community controlled, their boards of directors have direct responsibility and accountability to their communities, as well as their accountabilities for governance and contract compliance with the Commonwealth and funders. ACCHOs have the greatest demonstrated ability of any network of organisations to reach Aboriginal people and to engage with them in relation to their healthcare and broader human service needs.

Every day, our members see the harmful effects to their clients caused by alcohol misuse. Therefore, NACCHO welcomes the draft Strategy's aim to provide a national framework to prevent and minimise alcohol-related harms among individuals, families and communities by:

- identifying agreed national priority areas of focus and opportunities for action;
- promoting and facilitating collaboration, partnership and commitment from the government and non-government sectors; and
 - targeting a 10% reduction in harmful alcohol consumption.
 - alcohol consumption at levels that puts individuals at risk of injury from a single occasion of drinking, at least monthly.
 - alcohol consumption at levels that puts individuals at risk of disease or injury over a lifetime.

Key issues

The 2017 Prime Minister's Report on Closing the Gap targets emphasised ACCHOs as the 'critical providers' in the national efforts to close the health gap. The 2017 Closing the Gap progress and priorities report also recommended ACCHOs as the preferred providers for the delivery of primary health services to Aboriginal peoples, and the key cultural advisors for the planning activities of primary health networks. But more needs to be done by mainstream health services in achieving

measurable and sustainable outcomes against the Closing the Gap targets. The Indigenous Australians Health Program accounts for about 13% of government expenditure on Indigenous health or around \$800m per annum. Given that other programs are responsible for 87% of expenditure on Indigenous health, it is not reasonable to expect that the IAHP is fully responsible for Closing the Gap outcomes.

Role for ACCHOS

NACCHO is concerned that the draft strategy does not recognise the integral and important role of ACCHOs in delivering early alcohol intervention and prevention services for Aboriginal people. Nor does the draft strategy acknowledge that ACCHOs are at the forefront in providing a range of wraparound health services, directly contributing to effective health outcomes, including reducing alcohol related harms in Aboriginal communities. Aboriginal people are identified as an at-risk group under the draft strategy. The actions must then promote the role of ACCHOs in the delivery of alcohol early intervention, prevention and treatment services, and of co-occurring mental health, social and emotional wellbeing services.

Alcohol use, including harmful use of alcohol and alcohol addiction, is a health issue. NACCHO contends that implementing justice and policing approaches to health issues, like the approaches proposed under the draft strategy, will not achieve sustainable harm reduction outcomes or address the co-occurring and contributory factors that impede recovery. Strategies that are implemented in isolation of complementary health, social and diversionary approaches continue to fail Aboriginal people, and prevent effective policy implementation and outcomes for Governments and communities. The draft strategy requires a planned, holistic, strategic and culturally secure approach to ensure its effectiveness for Aboriginal people and communities. Without this approach we are concerned that the draft strategy will lead to punitive outcomes for Aboriginal people, including increased incarceration rates, rather than improved health and alcohol reduction outcomes.

It has been the State and Territory Affiliates and NACCHO members' experience that effective and sustainable health outcomes are only achieved in Aboriginal communities when they are supported by appropriate investment in complementary strategies, which also aim to address the complex co-occurring issues.

Investment in ACCHOs is required to expand services and enable ACCHOs to work alongside justice and other agencies to inform the planning and development of a range of complementary approaches, including diversionary programs and alternatives to the criminalisation of Aboriginal people who experience alcohol problems.

Additionally, we have some concern that there is no clarity within this draft that describes the relationship between this document and the National Aboriginal and Torres Strait Islander Peoples Drug Strategy. It would be beneficial for further consideration and clarity to be made against this.

Co-occurring mental health, alcohol and other drug issues

The draft strategy is silent on co-occurring mental health and alcohol and other drug use. Furthermore, the draft strategy ignores the broader context of alcohol use, including its correlation to the disadvantage experienced by Aboriginal people across the spectrum of social determinants.

Poorer health, social, education and social-emotional outcomes are causative factors in alcohol use and harms and in poorer mental health and social and emotional wellbeing outcomes for Aboriginal

people in Australia. The draft strategy must incorporate actions directed towards addressing complex co-occurring alcohol, mental health and social and emotional wellbeing issues.

Cultural security and self-determination

ACCHOs are founded on an understanding of the holistic concept of health and social and emotional wellbeing adopted by Aboriginal peoples. Understanding and responding to this holistic view of health ensures that effective health and harm reduction strategies are delivered in Aboriginal communities. It is ACCHOs, not mainstream services that are best placed in this regard. ACCHOs provide culturally secure primary health care services, directly linking their cultural knowledge of community, cultural awareness and cultural understanding in routine practice in the delivery of services. The draft strategy must include actions to support ACCHOs to work alongside their communities in a process of self-determination, to enable the planning and development of culturally responsive actions for reducing alcohol harms.

Barriers to culturally secure service delivery

Agencies responsible for leading the development and implementation of policy proposals, such as those proposed under the draft strategy, often adopt approaches without seeking to understand the views and experiences of ACCHOs, Aboriginal people or communities. This is culturally insensitive and prevents meaningful contribution from ACCHOs, and from Aboriginal people and communities. Actions under the draft strategy for partnerships and collaboration must also be culturally secure.

The barriers and challenges experienced at the local level by ACCHOs and Aboriginal people when seeking to contribute to planning and consultation processes for implementing government policy must be recognised and addressed.

Priority areas and strategies

The draft National Alcohol Strategy document has very little reference to strategies for Aboriginal and Torres Strait Islander people. It is mentioned as a priority group but nothing specific. It would be beneficial for our sector to have clarity on this and for there to be consideration to have specific Aboriginal and Torres Strait Islander indicators. Having relevant indicators would also assist in implementing this strategy.

Monitoring progress should outline specific strategies to measure the Strategy's impact on Aboriginal communities, and possibly other priority population groups.

Funding

We have concerns that currently the overall funding for reducing harms from alcohol consumption attracts a fraction of the funding compared to smoking cessation. To ensure this strategy has an immediate impact we are eager to hear if any re-allocations of funding will be considered.

Cashless Welfare Card

There was no mention of the implementation of the Cashless Welfare Card. It is important to consider what the further roll-out of the card would mean for some of our communities. There have been troubling results in communities where this has been implemented. In any case, the need for additional wrap around services becomes a significant issue in these communities.

Summary

Implementation of the draft strategy requires investment in ACCHOs for the expansion of early intervention, prevention and alcohol treatment services and co-occurring mental health, social and emotional wellbeing services. As the established leaders in Aboriginal primary health care service delivery, ACCHOs must be the preferred providers for alcohol harm reduction services and programs for Aboriginal people.

NACCHO contends that initiatives, like those under draft strategy, will continue to fail Aboriginal people and communities if ACCHOs are not the preferred providers, and if Aboriginal leadership and self-determination is not supported and embraced by Governments. Aboriginal health needs to be in Aboriginal hands

NACCHO recognises that certain regulatory measures, when implemented through genuine planning and consultation with Aboriginal communities, can be effective strategies for reducing alcohol harms. Notwithstanding this, NACCHO asserts that genuine consultation with ACCHOs, Aboriginal people and communities is imperative to ensure the draft strategy actions are culturally secure, sustainable and effective. Moreover, investment is required in ACCHOs to plan and establish complementary health and treatment approaches, and therapeutic jurisprudence diversionary programs.

There are some priority areas have been missed, these are:

1. capacity building in Aboriginal primary health care – training opportunities for Aboriginal Health Workers to upskill;
2. better coordination of service providers, multi-sectoral – both national and in jurisdictions; and
3. use of electronic screening tools – feasibility, validated for Aboriginal populations.

Recommendation

NACCHO recommends that the Commonwealth engage in genuine and meaningful dialogue with NACCHO, ACCHOs, Aboriginal people and communities before progressing further with the draft strategy implementation. In this way the future risks posed by the draft strategy can be addressed, and further disadvantage and criminalisation of Aboriginal peoples and communities can be avoided.

We welcome the opportunity to discuss this submission in further detail.