



KOORI
ALCOHOL
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PLAN

2010–2020

Terminology

Throughout the plan, the term Aboriginal or Koori refers to both Aboriginal and Torres Strait Islander people. Aboriginal is used in preference to Indigenous; although Indigenous is retained when it is part of a title of a report, program or quotation.

The term community refers to the Victorian Aboriginal community throughout the document, unless otherwise stipulated.

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Cover artwork: *Current Healing*

By Joanne Dwyer, Gunditjmara Woman

The river demonstrates the turbulence and division alcohol abuse creates within individuals, families and communities.

Campfire yarning circles are representative of all communities coming together and working in partnership to undertake the working of the ten-year plan to calm the currents. The campfires are painted in different shades to highlight the diversity of each community.

The larger figures echo the community leaders, Elders, respected persons and workers who will be guiding and challenging the thinking actions of each community towards positive change.

Depictions of Elders past remain ever present in spirit to ensure that cultural integrity is upheld throughout this plan.

The honey ants are symbolic, as they are vigilant and dedicated to their communities, and also make personal sacrifice to ensure the protection and survival of their communities.



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Minister's message



Since *Victoria's alcohol action plan 2008–2013 – Restoring the balance* (VAAP) was released in May 2008, the Victorian Government has continued to focus on reducing alcohol-related harm. While the whole community will benefit from these programs, the VAAP acknowledges that there is a need to specifically address alcohol-related harm in Victorian Aboriginal communities.

In Aboriginal communities, alcohol use and misuse has a different history, place and pattern. Aboriginal Victorians are less likely to drink than non-Aboriginal Victorians, but those who do drink are more likely to do so at harmful levels. This can have devastating consequences, which are reflected in Aboriginal peoples' over-representation in the youth, criminal justice and child protection systems, and poorer health outcomes.

Through the *Closing the gap* partnership agreement Victoria has committed to end the gap in life expectancy by 2030. Preventing and reducing alcohol-related harm is an important element of Victoria's strategy to achieve this.

The *Koori alcohol action plan* will achieve long-term change by working in partnership and supporting Victorian Aboriginal communities to reduce alcohol misuse and the negative consequences associated with it.

A key strength of the plan is that it has been initiated and developed with extensive and active community consultation, interest, concern and participation, in partnership with the Victorian Aboriginal Community Controlled Health Organisation (VACCHO). I am keen to see this partnership continue to strengthen as the plan is implemented.

Community consultation for the plan was held across Victoria in regional centres and smaller communities. Specific forums were held to ensure the voices of young people, Elders and those working in the alcohol and drug area were heard. As a second stage of consultation, round-table discussions were held to facilitate debate and discussion that refined themes, directions and priorities.

Four key themes emerged from these consultations, which form the structure and basis of the plan. They include:

- strengthening communities
- responsible access to alcohol
- improved information and understanding
- improving responses and services.

Over the next 10 years, we will address alcohol-related harm in Victorian Koori communities, focusing on the implementation of this plan. Our success will depend on continuing community-wide efforts and a strong partnership between government and community.

The Hon Lisa Neville MP
Minister for Mental Health



CEO – Victorian Aboriginal Community Controlled Health Organisation message

The Victorian Aboriginal Community Controlled Health Organisation's (VACCHO) vision is that Aboriginal people will have a quality of health and wellbeing which enables individuals and communities to reach their full potential. To Aboriginal people health does not simply mean physical wellbeing but refers to the social, emotional and cultural wellbeing of the individual and the whole community. The enduring health gap between Aboriginal and non-Aboriginal Australians continues as stark evidence of the inequality of Aboriginal Victorians.

Alcohol misuse serves as a significant contributor to the gap. It exacerbates poor health. It adversely affects the social, emotional, spiritual wellbeing of our Aboriginal people and communities and it erodes the foundations of the material factors of a healthy life for our people today.

It is critical to recognise that alcohol use among Aboriginal people occurs in different social, historical and cultural contexts to the non-Indigenous population, and therefore requires a specific Koori Alcohol Action Plan (KAAP) that is tailored by the local community for the local community.

While Aboriginal people are less likely to drink than non-Aboriginal people, if they do drink, they are more likely to drink at hazardous levels. Aboriginal people disproportionately experience the effects of harmful alcohol use more than non-Aboriginal Australians and its impact is compounded by other social determinants. Consequently, alcohol misuse can cripple individuals, families and communities, making the KAAP critical to *Closing the gap*.

The people who are likely to be adversely affected or harmed by an Aboriginal persons problematic drinking are themselves, and those family and community members around them. Additionally, the people who are likely to support a person in addressing their alcohol use and behaviour under the influence of alcohol are these same Aboriginal people around them.

The KAAP is a testament to the insight that can be achieved when community participation, partnership and consultation are central to the development of a strategy. I commend the whole-of-government approach which drew upon state-wide Aboriginal community consultations undertaken by VACCHO in partnership with the Department of Health. As a result, here we have a plan instilled with Aboriginal culture and values that aims to prevent and reduce the harms of alcohol misuse in Koori communities.

As Aboriginal people in Victoria, we are resilient and proud cultures that enrich our lands and wider community with spirit and tradition. The issues pertaining to alcohol misuse among Aboriginal Victorians are as abundant as they are complex. Such issues require a multifaceted approach that can only be achieved through partnership, community consultation and engagement. I believe the KAAP supports this approach and will continue to do so over the next ten years providing it is supported with the appropriate level of resources. The success of the KAAP implementation will depend not just on funding, but on our ability to continue nurturing the engagement on which the KAAP was developed. I believe this is possible and I look forward to witnessing the benefits of the KAAP resonating through both present and future generations of our Koori people.

Ms Jill Gallagher

Chief Executive Officer, Victorian Aboriginal Community Controlled Health Organisation



Summary of actions within the Koori alcohol action plan

Themes	Aim	Actions
1. Strengthening communities	To reduce the harms associated with alcohol use by building on and developing partnerships that strengthen Aboriginal communities.	<p>1.1. Support and promote family-based approaches to strengthen parents' and carers' roles.</p> <p>1.2. Support and promote developing and strengthening local community-based programs that meet local cultural needs and priorities.</p> <p>1.3. Support and promote community-based, alcohol-free activities that encourage a sense of community and the responsible use of alcohol, focusing on a range of activities including sporting, cultural and artistic events, and celebrations.</p> <p>1.4. Support and promote programs and initiatives providing education, training and employment opportunities, in particular working to keep at-risk, vulnerable young people engaged with schools, family and community.</p> <p>1.5. Strengthen community through the support and promotion of positive environments, Elder and peer role models and success stories.</p> <p>1.6. Support and promote initiatives to prevent and reduce the impact of alcohol on Aboriginal family violence.</p>
2. Responsible access to alcohol	To address access-to-alcohol issues, focusing on young people, with the aim of preventing and reducing alcohol-related harms.	<p>2.1. Explore initiatives to reduce the supply of alcohol to young people, including developing a culture where giving alcohol to underage young people is unacceptable.</p> <p>2.2. Support and promote the Responsible service of alcohol guidelines among community members and licensed premises, so there is widespread understanding of these provisions.</p> <p>2.3. Promote partnerships between local communities and regional Liquor Licensing Compliance Directorates to ensure they work proactively with licensed premises, including those serving Koori communities, to enforce compliance to improve community safety.</p>

<p>3. Improved information and understanding</p>	<p>To improve the provision of information and understanding regarding alcohol and associated harms, to encourage safer consumption and patterns of use.</p>	<p>3.1. Develop locally-driven, Aboriginal-specific alcohol awareness campaigns that aim to increase awareness of:</p> <ul style="list-style-type: none"> • the physical impacts of risky drinking • the impact of alcohol on the developing brain and body • the impact of alcohol on unborn babies. <p>3.2. Develop locally-driven, Aboriginal-specific alcohol awareness campaigns that aim to increase awareness of the social harms of alcohol misuse and the co-occurrence and impact of alcohol and family violence.</p> <p>3.3. Promote awareness of services providing advice and information around:</p> <ul style="list-style-type: none"> • different treatment options and types • local, regional and statewide treatment services. <p>3.4. Build the evidence base by ensuring communication and education programs are evaluated.</p>
<p>4. Improving responses and services</p>	<p>To improve responses and services with a focus on proactive and partnership approaches.</p>	<p>4.1. Ensure cultural competency within all alcohol and other drug-related services so that workers understand the cultural needs of Koori clients, including social, spiritual, emotional and physical wellbeing, and gender health needs.</p> <p>4.2. Provide appropriate screening in primary care settings and referral to prevention, early intervention and treatment services.</p> <p>4.3. Provide services in a holistic way with screening, assessment and treatment plans coordinated to ensure clients have access to the range of health and support services they need.</p> <p>4.4. Improve preparation and planning for clients' entry into residential services and for clients' successful re-entry into community and family life when they leave residential and corrections services.</p> <p>4.5. Encourage family-inclusive service delivery and include family members as appropriate in alcohol and other drug treatment programs.</p> <p>4.6. Strengthen local and regional partnerships between Aboriginal community-controlled health organisations, Aboriginal family violence services and alcohol and other drug-related services, so that links are built to ensure that appropriate assessment, referral and joint case work occurs.</p> <p>4.7. Explore the provision of clinical and nursing support to Koori resource centres.</p> <p>4.8. Develop a Koori alcohol and other drug workforce plan that includes specific actions to improve the capacity of the workforce to respond to alcohol problems.</p> <p>4.9. Enhance reporting systems to reflect the broad range of agency activity that supports Koori alcohol and other drug clients.</p>

Introduction



In May 2008, the Victorian Government released *Victoria's alcohol action plan 2008–2013: Restoring the balance* (VAAP). The VAAP is a five-year plan of action to restore the balance between the benefits and risks of alcohol consumption for all Victorians. The VAAP articulates the government's commitment to preventing and reducing harms associated with alcohol misuse in Victoria.

The VAAP recognises that alcohol use in the Aboriginal and Torres Strait Islander population occurs in different social, historical and cultural contexts to that of the non-Aboriginal population. Patterns of alcohol use are significantly different, and Aboriginal people and Torres Strait Islanders disproportionately feel the effects of harmful alcohol use.

Action 1.3 of the VAAP calls for the development of a specific Koori alcohol action plan.

A whole-of-government Koori alcohol plan will be developed to prevent and reduce the harms of alcohol misuse and family violence in Koori communities, and will encompass prevention, early intervention and treatment.

While the whole community will benefit from the initiatives in the VAAP, specific actions are required to prevent and reduce the harms associated with problematic alcohol use within Victorian Aboriginal communities. To ensure cultural relevance and meaningful outcomes, the *Koori alcohol action plan* has been developed in partnership with Victorian Koori communities.

Acknowledgements

In developing this plan, we acknowledge:

- the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) as Aboriginal Community Organisation partner in the development of the plan
- the Traditional Owners and their Elders past and present of all locations where community consultations were held
- all community consultation participants for providing their knowledge and expertise, personal experiences, and time and energy in discussing such a sensitive issue within the community
- the local Koori communities in Halls Gap, Bendigo, Robinvale, Ballarat and Framlingham for initiating local community consultations
- VACCHO and Ingenuity – SED Consulting for producing the *VACCHO Koori alcohol action plan regional consultation findings report* in November 2009
- *Koori alcohol action plan* reference group members
- *Koori alcohol action plan* policy officers group members.



About the *Koori alcohol action plan*

The *Koori alcohol action plan* is a whole-of-government ten-year plan, developed by the Department of Health in partnership with VACCHO and Victorian Aboriginal communities.

The overarching objectives of the plan are to achieve long-term change by working in partnership and supporting Victorian Aboriginal communities to reduce alcohol misuse and the negative consequences of harmful alcohol use.

During the Victorian Aboriginal community consultations, four key themes emerged, which now form the basis of the plan. These are:

- strengthening communities
- responsible access to alcohol
- improved information and understanding
- improving responses and services.

Alcohol misuse in Aboriginal communities contributes to the very complex set of issues and problems that Koori individuals, families and communities face on a daily basis. The Victorian Government is responsible for the many departments, services and agencies that seek to prevent and respond to these problems. Given this, a whole-of-Victorian-Government response is required to comprehensively address alcohol-related harm in Aboriginal communities across the state. This response includes actions and commitments from the Department of Justice, Victoria Police, the Department of Planning and Community Development, the Department of Education and Early Childhood Development, the Department of Human Services and the Department of Health.

Recent policies and reports

The plan builds on the history of work that precedes it, and has been informed by, and developed in the context of, current policies, strategies and reports that include:

Victorian

- *Victorian Indigenous affairs framework 2010–2013*, Department for Victorian Communities, 2010
- *Because mental health matters – Victorian mental health reform strategy 2009–2019*, Department of Health, 2009
- *A new blueprint for alcohol and other drug treatment services 2009–2013*, Department of Human Services, 2008
- *National partnership agreement on closing the gap in Indigenous health outcomes: Implementation plan. Jurisdiction: Victoria July 2009–June 2013*
- *Victorian Aboriginal suicide and self-harm prevention and response action plan 2010–2015*, Department of Health, 2010

- *Victorian Aboriginal justice agreement phase 2*, Department of Justice, 2006
- *Strong cultures, strong peoples, strong families: Towards a safer future for Indigenous families*, Department of Planning and Community Development, 2008
- *Balert Boorron: The Victorian plan for Aboriginal children and young people (2010–2020)*, Department of Education and Early Childhood Development, 2010
- *Wannik learning together – Journey to our future. Education strategy for Koori students*, Department of Education and Early Childhood Development, 2008
- *Victorian Aboriginal health plan*, Victorian Advisory Council on Koori Health, 2009
- *Department of Human Services Aboriginal services plan January 2008–December 2010*, Department of Human Services, 2008
- *Department of Human Services Aboriginal cultural competency framework*, Department of Human Services, 2008
- *Parliament of Victoria Drugs and Crime Prevention Committee, Inquiry into strategies to reduce harmful alcohol consumption*, 2006
- *Dardee Boorai: Victorian Charter of Safety and Wellbeing for Aboriginal Children and Young People*, Department of Education and Early Childhood Development, 2008.

National

- *Australian guidelines to reduce health risks from drinking alcohol*, National Health and Medical Research Council, 2009
- *National drug strategy: Aboriginal and Torres Strait Islander Peoples complementary action plan 2006–2009*, Ministerial Council on Drug Strategy, 2006
- *Bridges and barriers – Addressing Indigenous incarceration and health*, National Indigenous Drug and Alcohol Committee, 2009.

The development of the Koori alcohol action plan

In developing the plan, established principles of working with Aboriginal communities were adapted from the *Aboriginal justice agreement Phase 2 (AJA2)*. In summary, these are to:

- acknowledge the uniqueness, diversity, history and culture of the Koori community
- acknowledge the negative impact that dispossession of traditional lands, languages, cultures, the separation of children and families, and past policies have had on the social and economic position of the Koori community
- agree that Koori communities are entitled to live in a safe, harmonious and nurturing environment, free from racism and discrimination
- ensure that honesty, transparency and accountability are central to all facets of the plan and its implementation

- ensure the right of Koori communities to participate as equal partners in the development, delivery and evaluation of the plan
- develop and implement the plan through the delivery of best-practice initiatives that are holistic, culturally appropriate and specific to Koori status, gender and age.

The plan has evolved from Victorian Koori community need, as identified by Aboriginal communities, particularly through the Department of Justice Aboriginal Justice Forum, an initial driver of this plan.

A Koori alcohol action plan reference group was established to guide the development of the plan, made up of representatives from peak Aboriginal community organisations, government departments and agencies including:

- Victorian Aboriginal Community Controlled Health Organisation (VACCHO) [Co-chair]
- Victorian Aboriginal Health Service (VAHS)
- Victorian Aboriginal Community Services Association Limited (VACSAL)
- Department of Justice
- Department of Education and Early Childhood Development
- Department of Planning and Community Development
- Department of Premier and Cabinet
- Aboriginal Affairs Victoria (AAV)
- Victoria Police
- Office of Aboriginal and Torres Strait Islander Health (OATSIH)
- Australian Drug Foundation (ADF)
- Telkaya Aboriginal Alcohol and other Drug Workers Network
- VicHealth.

In keeping with the Victorian Government’s commitment to partnership with the Victorian Aboriginal community, the reference group is co-chaired by the Chief Executive Officer, VACCHO and the Executive Director, Mental Health, Drugs and Regions Division, Department of Health.

A short-term, whole-of-government policy officers group was also established to assist with cross-government planning, collaboration and information exchange, and includes representation from government departments across all relevant jurisdictions.

The consultation process

Partnership and consultation have been central elements of the plan’s development. Statewide Aboriginal community consultations were undertaken by VACCHO in partnership with the Department of Health. VACCHO commissioned SED Consulting - Ingenuity Business Group to manage and undertake the consultations and produce the *VACCHO Koori alcohol action*

plan regional consultations report. The focus of the consultation was to listen to what Victorian Aboriginal people had to say about alcohol use in their communities and their visions for the future. A partnership approach ensures the plan builds on local values and priorities. This is consistent with the *Victorian Indigenous affairs framework (VIAF)* and is critical to the plan's ability to successfully respond to community needs in relation to alcohol-related harm.

The community consultations were held between June and November 2009, with six regional consultations held in Halls Gap, Geelong, Mildura, Echuca, Shepparton, Sale and one in metropolitan Melbourne. In addition, five local communities took up the option to conduct their own local-level consultations in Halls Gap, Bendigo, Robinvale, Framlingham and Ballarat, where two youth forums were held. Consultations were also conducted with the Telkaya Koori Alcohol and Other Drug Worker Network to provide Aboriginal alcohol and other drugs (AOD) worker perspectives and the Victorian Alcohol and Drug Association (VAADA) to gain service provider insights.

As part of the consultation process, VACCHO and the Department of Health committed to presenting feedback to consultation participants of the key findings of the *VACCHO Koori alcohol action plan regional consultations report* for endorsement. To ensure this good faith reporting, three round tables were held across the state; in Shepparton, Ballarat and Melbourne. Invitations were sent to key stakeholders, including at least two regional consultation forum community representatives and one local consultation forum representative, to provide feedback to their respective communities. The round-table process was valuable in informing communities of initial consultation outcomes, as well as clarifying key themes and priorities of the plan. In all community consultations, acknowledgement of the past and what history has to teach us, was seen as integral to any plan towards capacity building and strengthening Victorian Aboriginal communities for future generations.



Historical context

History and context of Victorian Aboriginal alcohol consumption

Alcohol use in the Aboriginal and Torres Strait Islander population occurs in different social, historical and cultural contexts to the non-Indigenous population, and as such, the pattern of alcohol use is significantly different to that of the non-Indigenous population.¹

There are many causes of alcohol use and misuse in Aboriginal communities that need to be understood in the context of the history of Australia since European settlement. This history included dispossession of land, lore and language and systemic racism that produced conflicting policies that at various times called for ‘smoothing the pillow of a dying race’², containment, removal and assimilation. These policies, which defined every aspect of Aboriginal life, produced inter-generational social and economic disadvantage, which has contributed to the way alcohol is used and misused in Victorian Aboriginal communities today.

When the British arrived in Australia, they brought with them a culture that gave undue and unhealthy importance to alcohol. It was often used as wages in lieu of money and early colonists were known to binge drink heavily. Many of these attitudes to alcohol were observed and subsequently adopted by Aboriginal Australians.

As Aboriginal people adopted the drinking habits of non-Aboriginal Australians, laws were enacted across the country to curb what was seen as dangerous and threatening behaviour by Aboriginal people under the influence of alcohol.

For almost 100 years from 1864 to 1957, Aboriginal Victorians, like most of Australia’s Aboriginal population, had a segregated and restricted experience of alcohol within their communities due to state-based legislation that prohibited the sale and supply of alcohol to Aboriginal people. During this time, Aboriginal Victorians were also being governed by assimilationist and isolationist policies and laws. These resulted in the removal of Aboriginal people from their traditional lands, and Aboriginal children from their families into slave labour, which caused great pain, heartbreak and instability for many Aboriginal communities.

Legislative restrictions concerning Aboriginal Victorians and alcohol bred a ‘fringe’ drinking culture that was segregated from circumstances that promoted responsible, safe levels of drinking, such as drinking in a licensed venue as an equal. This exclusion was a serious social disability that promoted clandestine and insular drinking experiences among Aboriginal people. Drinking occurred in groups, on river banks and in parks. An adverse consequence of fringe drinking was binge drinking that focused on getting drunk quicker (to avoid being caught with alcohol and incarcerated), in large groups, and often in areas that were outdoors, uncontained and socially visible.

This pattern of drinking had both positive and negative consequences. It afforded people a sense of identity and belonging denied as part of the prohibitions. It allowed people to be with family, receive news of other family and community members, and entertain each other with stories, songs and other social activities. On the other hand, it made it easier for drinkers to put pressure on their relations to drink or to give them money for alcohol. It affected social relations between blacks and whites and it eliminated the opportunity for people to interact as equals over a drink.³

Despite this negative past, today Aboriginal Australians are less likely to drink than non-Aboriginal Australians. However, those who do drink, are more likely to drink at high to very high levels, and are more likely to binge drink. We also know that Aboriginal and Torres Strait Islander peoples disproportionately feel the effects of harmful alcohol use more than non-Aboriginal Australians, as witnessed in the high Aboriginal incarceration rates and courses of alcohol and other drug treatment rates due primarily to alcohol.

While gaps exist in understanding the links between alcohol and the general health and wellbeing of Aboriginal Victorians, we understand that alcohol misuse is a major contributor to the poor health and social, emotional, spiritual and cultural wellbeing of Aboriginal Victorians today.

Current data on Victoria’s Aboriginal population

There are more than 36,000 Aboriginal Victorians living in the state⁴ with approximately 30 distinct Victorian Aboriginal communities based around location, language and cultural groups, and extended familial networks.⁵ More than half of Victoria’s Aboriginal population lives in regional areas.⁶

One of the most significant differences between Victoria’s general and Aboriginal population is that while the broader population is ageing, the Aboriginal population is young, with more than half aged under 25 years, and more than a third younger than 15 years of age.⁷

There are also significant differences in family structure, with Aboriginal households more likely to include dependent children and to be single parent families.⁸

Victorian Aboriginal population profile

- In 2010, 36,000 Aboriginal Victorians:
- with a median age of 22 years
- with 34 per cent under 15 years old and 10 per cent over 55 years old.⁹
- 52 per cent of the Aboriginal population lives outside metropolitan Melbourne.¹⁰
- 52 per cent of Aboriginal people aged over 15 years are employed.¹¹
- 68 per cent of people aged 15 years or older have at least year-10 schooling; 25 per cent completed year 12 or equivalent.¹²
- In 2020, it is estimated that there will be more than 46,000 Aboriginal Victorians, with a median age of 24 years. Thirty-three per cent will be under 15 years old and 12 per cent over 55 years old.¹³

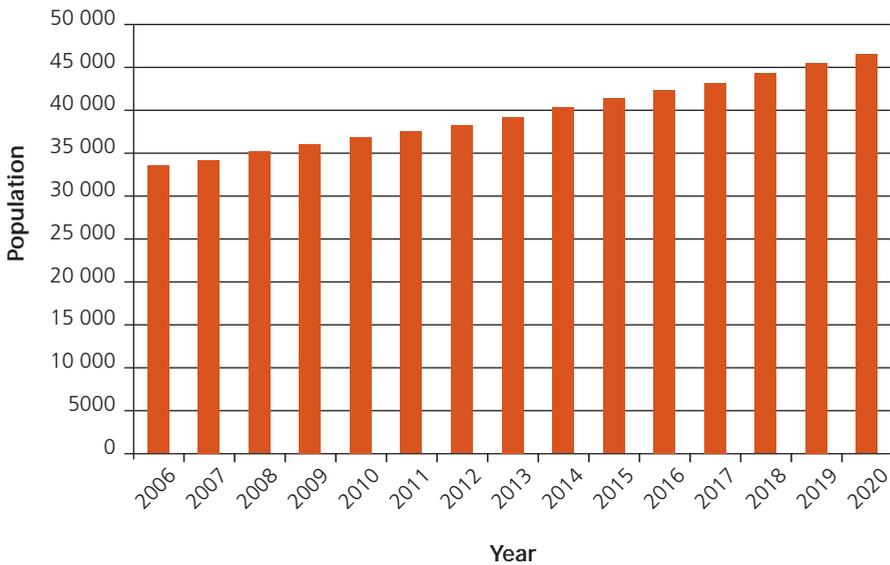


Figure 1: Aboriginal population of Victoria (forecast)

Source: ABS 2009, Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians

How alcohol affects Aboriginal Victorians

- 26 per cent of Aboriginal Victorians do not drink alcohol and 58 per cent drink at low-risk levels.¹⁴
- Almost 700 alcohol-related Aboriginal inpatient hospital admissions are made each year.¹⁵
- More than 475 alcohol-related emergency department Aboriginal presentations are made each year.¹⁶
- More than 1,000 Aboriginal Victorians seek treatment for alcohol-related problems each year.¹⁷
- About 750 Aboriginal people are apprehended for public drunkenness each year.¹⁸
- Over a two-year period, approximately 90 people were processed for public drunkenness on five or more occasions.¹⁹
- The rate of parental alcohol abuse identified in substantiated Aboriginal child protection cases was 55.3 per cent (compared to 30.4 per cent in non-Aboriginal cases).²⁰



Some reasons for drinking

During the regional and local consultations, the breadth and diversity of community voices were evident, and the complexity of alcohol use in the community is reflected in the following quotes.

Alcohol is a tool to connect to the mob. GRAMPIANS CONSULTATION

People drink because they have a lack of hopes, dreams, aspirations and forward planning. Some people are 'stuck in a rut' that they don't know how to get out of. MILDURA CONSULTATION

Drinking gives people a sense of belonging. HUME CONSULTATION

Alcohol is a masking agent and a defence mechanism which provides our community members with a false sense of security. They drink when they are disappointed with life and themselves. LODDON MALLEE CONSULTATION

To be with friends. BALLARAT YOUTH FORUM

Importance of families and communities

'Traditional Aboriginal understandings of the person, view the person as living and being in relationship with the family, the community, the tribe, the land and the spiritual beings of the law/dreaming. It is inherently inter-relational and interdependent. Unlike Western culture, the person is perceived not as an isolated, independent self, but a self-in-relationship. Aboriginal approaches to looking after children perceive culture and the maintenance of culture as central to healthy development.'²¹

Families, kinship and community are important strengths, each having a powerful influence on people's sense of belonging and connectedness. 'An Aboriginal family differs from a nuclear family, and extended family relatives can play a significant role in childrens' upbringing.'²²

Families guide norms, including behaviour around alcohol and other drug use, and therefore play a pivotal role in prevention, early intervention and culture change around alcohol use. Such approaches recognise the strengths and supports that can come from family, when making difficult changes to harmful drinking patterns.

Having a social drink seems the norm in most scenes and isn't really the problem. The knowing when to stop is the problem and then the flow on from not being able to stop. BARWON-SOUTH WESTERN CONSULTATION

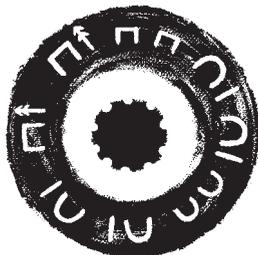
There is an expectation that people will have a drink. Concepts of 'go hard or go home' or 'all or nothing' with no thought of the in-between. GRAMPIANS CONSULTATION

Alcohol is how we engage with the opposite sex. Gives us courage. ROBINVALE CONSULTATION

How do I socialise with people if I don't want to drink and they are all drinking? We all struggle with that question. BARWON-SOUTH WESTERN CONSULTATION

Source: VACCHO Koori alcohol action plan regional consultations report

Alcohol abuse has a particular impact on families' capacity to stay strong and support their young people. When developing policies and programs to prevent and reduce the harms associated with alcohol misuse, it is vital to include family-centred prevention, early intervention, treatment and community-strengthening responses.



Impact of alcohol

At each consultation, there was a general consensus that, as in the wider community, alcohol is used in both a sensible manner and misused within Koori communities. As such, alcohol is associated with both positive and negative occasions and outcomes, again similar to that of the wider community.

It was noted that while alcohol use may differ in each community, it was generally acknowledged that alcohol misuse can have devastating consequences. Alcohol can affect individuals across their lifespan and have inter-generational consequences, with multiple impacts on health and safety outcomes, and the wellbeing of families and communities.

Aboriginal people are less likely to drink than non-Aboriginal Australians,²³ with Victorian-specific 2007–2008 data showing 26 per cent of Aboriginal Victorians had never consumed alcohol or not consumed in the past 12 months, compared to 19 per cent of the general population, as illustrated in Figure 2. Aboriginal people who do drink, however, are more likely than the general population to do so at medium or high-risk levels for longer-term harm.

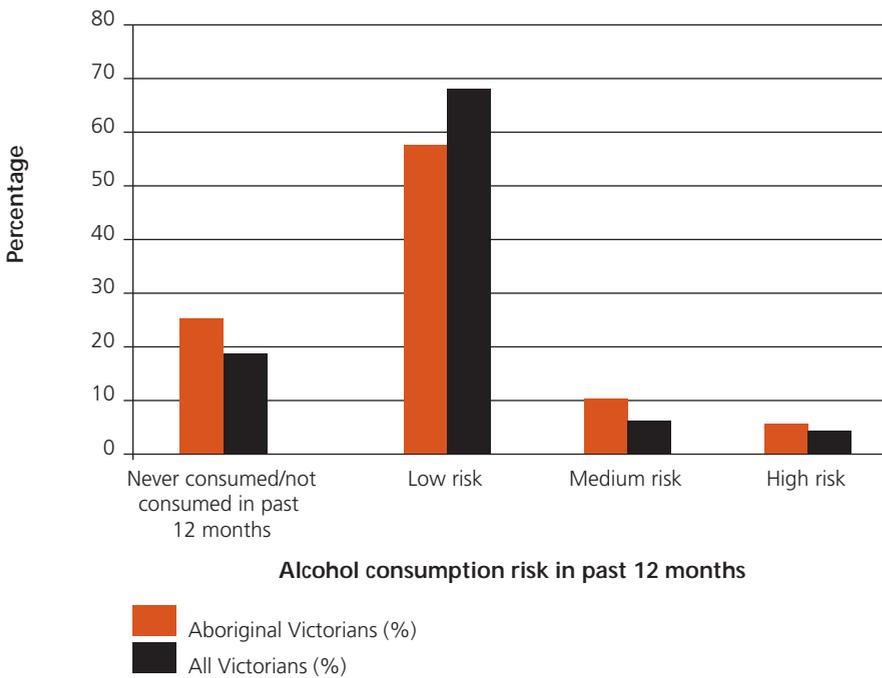


Figure 2. Alcohol consumption and risk of long-term harm among Aboriginal Victorians and non-Aboriginal Victorians

Source: National Aboriginal and Torres Strait Islander Social Survey 2008; National Health Survey 2007–08

When considering short-term harm or binge drinking nationally, the statistics are striking. Among Aboriginal people, 24 per cent of men compared to 12 per cent of non-Aboriginal men, and 15 per cent of women compared to 4 per cent of non-Aboriginal women, reported drinking at levels that place them at short-term risk in the past week.^{24,25}

For Aboriginal people who are drinking at short-term risky rates, this occurs across all age groups, as shown in Figure 3.

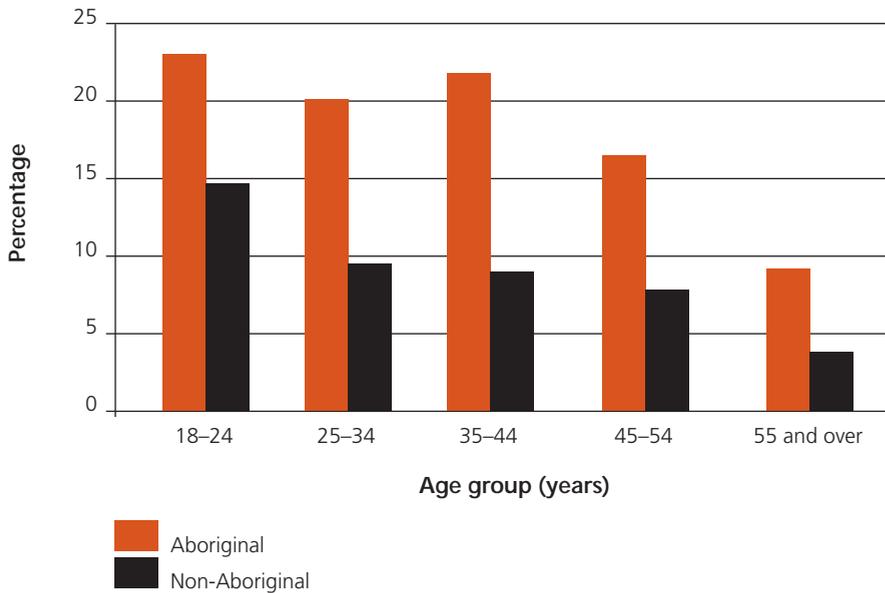


Figure 3. Short-term risky alcohol consumption by age for Aboriginal and non-Aboriginal Australians.

Source: ABS 2004–05 NATSIHS, 2004–05 NHS

Short-term and longer-term harms

Alcohol use has potentially serious short and long-term health consequences. Nationally, alcohol has been associated with seven per cent of deaths and six per cent of the burden of disease among Indigenous Australians.²⁶ The burden of disease for alcohol dependence among Aboriginal people is four-and-a-half times higher than that of the total Australian population.²⁷

High levels of alcohol consumption increase the risk of injury, overdose, drowning, violence, suicide and self-harm, and road trauma. It also increases the risk of chronic health conditions, including liver cirrhosis, pancreatitis, heart disease, kidney disease, blood disorders, brain damage and a number of cancers.²⁸

Hospital data

Compared to the general Victorian population, Aboriginal Victorians experience higher rates of alcohol-related harms as evidenced from both emergency department and hospital admission data. As shown in Figure 4, Aboriginal men in particular, present at higher rates for alcohol-related harm. Overall, alcohol was involved in 2.5 per cent of Aboriginal emergency department presentations, compared to 0.9 per cent of non-Aboriginal emergency department presentations. There are also higher alcohol-related hospital admission rates for Aboriginal Victorians compared to the general population, with higher rates for Aboriginal males at 34 per 1,000, while the general male population is six per 1,000 (Figure 4).

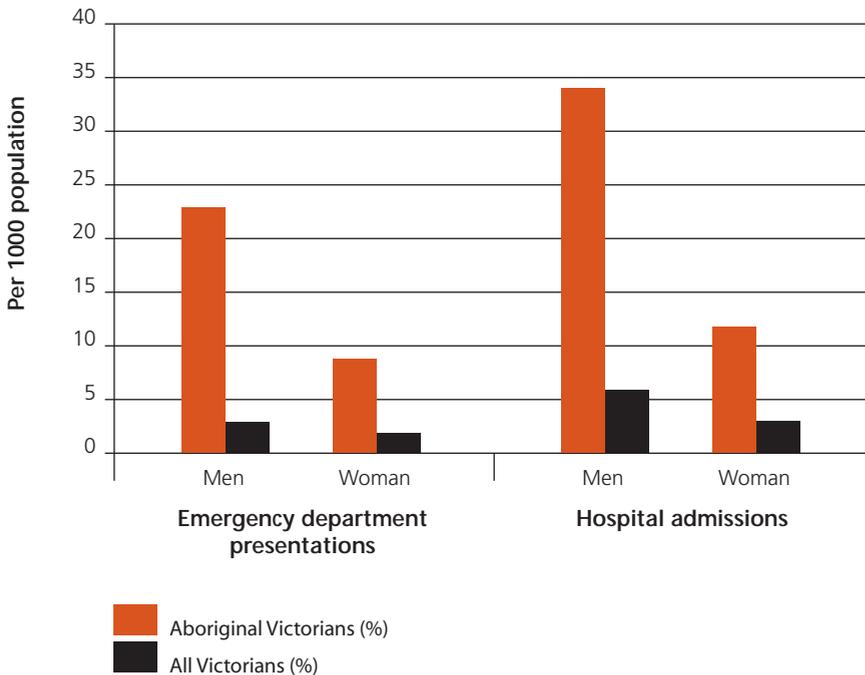


Figure 4. Rates of alcohol-related emergency department presentations and hospital admissions for Aboriginal and non-Aboriginal Victorians by gender.

Source: 2008–09 Hospital admission and emergency department data.²⁹

Alcohol use during pregnancy

Alcohol use during pregnancy can result in harm to the unborn child, including low birth weight, premature birth and increased risk of cognitive and behavioural problems. Foetal alcohol syndrome is a preventable cause of intellectual impairment in babies, although it is very difficult to measure. In the Northern Territory and Western Australia, Aboriginal children are overrepresented in cases of foetal alcohol syndrome.³⁰ An audit in Victoria found that while Aboriginal children are not overrepresented, foetal alcohol syndrome is almost certainly underreported.³¹

Community safety

Aboriginal people disproportionately feel the effects of law enforcement, both as victims of crime and perpetrators of it. The impact of alcohol on crime is evident in homicide figures. Nationally, 70 per cent of Indigenous homicides over the period 1999–2007 involved both the offender and victim having consumed alcohol, compared to 23 per cent of non-Indigenous homicides.³² Stealing, break and entry, vandalism, gambling, drug dealing, sex work and violent crimes are all associated with intoxication.³³

Between January 2006 and March 2008, 1,568 Aboriginal Victorians were processed by Victoria Police for public drunkenness on 3,165 occasions. There was a high rate of recidivism with 94 persons being processed for drunkenness on five or more occasions, with some individuals being processed on more than 20, 30 and 40 occasions over the two-year period.³⁴

The National Indigenous Drug and Alcohol Committee (NIDAC) points out that:

‘...one of the major issues confronting the criminal justice system is the strong link that alcohol consumption and drug misuse have with the risk of imprisonment. Alcohol is well known as a common precursor to offending among Indigenous Australians, with indications that it could be a factor in up to 90 per cent of all Indigenous contacts with the justice system. Additionally, Indigenous offenders are more likely to report being under the influence of alcohol at the time of the offence or arrest, and Indigenous male offenders are more likely to be dependent on alcohol than non-Indigenous male offenders... These findings highlight the importance of implementing strategies to address alcohol and substance misuse as a means of diverting Indigenous offenders away from the criminal justice system and into education and treatment.’³⁵

Alcohol and family violence

Violence in Aboriginal communities has devastating consequences for community members. Aboriginal family violence encompasses a range of acts that are criminal, such as physical and sexual assault, and non-criminal, such as lateral violence, and emotional and spiritual abuse. In the majority of family violence cases, alcohol and other drugs are present.³⁶

Nationally, Aboriginal women identify alcohol as a major cause of violence and chaos within their lives.³⁷

The National Drug Strategy Household Survey undertaken in 2004 found that a significant proportion of Aboriginal people who experienced drug or alcohol-related physical or verbal abuse reported that their abuser was a partner, ex-partner or relative. While the sample size was small and findings must be viewed with some caution, the survey found that:

- 30 per cent of Indigenous people who had experienced alcohol or drug-related verbal abuse reported that they were abused by a partner or ex-partner and 41 per cent were abused by a relative
- 26 per cent of Indigenous people who had experienced alcohol or drug-related physical abuse reported that they were abused by a partner or ex-partner and 19 per cent were abused by a relative
- 23 per cent of Indigenous people who experienced fear as a result of an alcohol or drug-related incident reported that they were put in fear by a partner or ex-partner and 38 per cent were put in fear by a relative.³⁸

Community violence, or violence within the Indigenous community (often between families), is also an emerging concern for local areas in Victoria. This contributes to overall levels of violence reported by Indigenous people and the trauma experienced within families and kinship networks.³⁹ Aboriginal community consultations undertaken as part of the *Victorian family violence ten-year plan*, found continuing high levels of assaults between extended families as a consequence of drug and alcohol misuse.⁴⁰

Suicide and alcohol abuse

There is a strong link between alcohol abuse and suicide attempts and self-harming behaviour. People who abuse drugs and alcohol have higher rates of suicide than the general population. For Aboriginal communities, suicide remains a significant issue, with national data suggesting a rate of suicide that is estimated to be between two and three-times higher than the rate in the non-Aboriginal population.⁴¹ Aboriginal suicide is a complex issue that can link to both chronic and cyclical disadvantage, and incorporates socio-economic aspects, intergenerational trauma, disproportionate rates of contact with the justice system, imprisonment, family violence, and alcohol and drug misuse.

Many commentators have discussed the attribution of alcohol to Aboriginal suicide. Hunter et.al.⁴² argue that Aboriginal suicide is often impulsive and frequently occurs in the context or aftermath of intoxication.

In 2009, the Department of Health, in partnership with VACCHO, began developing the *Victorian Aboriginal suicide and self-harm prevention and response section plan 2010–2015*. This action plan was developed with input from the Victorian Aboriginal Suicide Prevention and Response Action Group, which was made up of representatives from Aboriginal health and community services organisations and key government agencies, and lead by the Minister for Mental Health. The action plan focuses on four priority areas of action:

- building community resilience
- improving access to care and support for those at serious risk
- improving the response to crisis and to the community post suicide
- improving the evidence base, data collection and analysis.

The action plan identifies short to long-term strategies that range from universal suicide prevention through to crisis support and tertiary intervention for vulnerable groups.

In May 2010, the Victorian Government announced that funding of \$1.8 million would be allocated over four years for the development of Aboriginal youth suicide prevention community programs. The Department of Health, in partnership with VACCHO, will develop and implement demonstration projects based on the priority areas listed above, which seek to address suicide and self harm within Aboriginal youth.

Alcohol and other drug treatment services and access



Aboriginal people access AOD treatment through both general and Aboriginal-specific services. In 2008–09, 53 per cent of those accessing treatment, (that is, 1,010 Aboriginal people), identified alcohol as their primary drug of concern.⁴³

People accessing help for alcohol-related problems often have a range of needs and many also use other drugs. Fifty-five per cent of Aboriginal people accessing drug services for alcohol problems have at least one other drug of concern. Using other drugs with alcohol significantly increases the risks associated with drug use,⁴⁴ and is likely to magnify the harms. Of Victorian Aboriginal people accessing treatment, and describing alcohol as their key drug of concern, drugs of secondary concern were cannabis (36 per cent), nicotine (19 per cent) and amphetamines (10 per cent). Alcohol was also identified as a secondary concern for Aboriginal people accessing treatment for cannabis (55 per cent), heroin (18 per cent) and amphetamines (13 per cent).⁴⁵

The Victorian alcohol and other drug service system has a framework for alcohol and drug treatment that comprises a range of interventions. Harm minimisation is an approach which acknowledges that people may engage in risky activities, and considers the actual harms associated with the substance use (rather than just the AOD use itself), and how these harms can be minimised or reduced. Harm minimisation is the approach adopted by Victoria's AOD treatment services and is based on the premise that people need to be provided with the knowledge and skills necessary to make informed choices about risky behaviours.

With this approach, an AOD worker can focus on understanding the health, social and emotional, and economic results of their client's misuse of AOD. A worker is then more able to explore ways to minimise (reduce) the harms and hazards for both the client and the community.

Within an Aboriginal context, it is very important that the programs offered reflect a harm-minimisation approach and are tailored to the particular strengths and needs of the community. There are a range of services and programs funded by the Victorian Government, and delivered in partnership with Aboriginal communities, that seeks to respond to alcohol misuse and related health and social harms in culturally competent ways.

Koori alcohol and other drug services

There are Koori-specific services that Aboriginal people can access, depending on their needs, location and preferences. The majority of Koori-specific services are based in Aboriginal community-controlled health organisations (ACCHOs). However, a number operate from a general AOD service setting. A range of Koori AOD services is listed below.

Koori community AOD worker program (metro and regional) and Koori drug diversion program (metro and regional/forensic)

Eighteen ACCHOs and general AOD service agencies employ Koori AOD workers who outreach to communities in the surrounding area where the agency is located.

Koori AOD workers undertake a number of activities to reduce the use of, and harms caused by, AOD in their communities, including:

- outreach to community members
- referrals to treatment and counselling services (including withdrawal and rehabilitation services)
- liaising with services on behalf of clients
- health promotion.

In addition, there are Koori drug diversion workers located in general AOD agencies close to where Koori Courts are located. The aim of the Koori Drug Diversion Program is to divert Aboriginal Victorians away from the criminal justice system and to provide support and assistance with their illicit drug problems by linking them with AOD treatment.

Smith Street Aboriginal outreach positions

Since October 2006, two Aboriginal outreach positions have been established to focus on Victorian Aboriginal community needs around Smith Street, Collingwood, supported by the Department of Health and the Department of Justice. The outreach workers (male and female) are based at the Victorian Aboriginal Health Service (VAHS) and work with the Aboriginal community, providing support and linkages to a range of Aboriginal-specific and general alcohol and drug services.

Koori community alcohol and drug resource centres

Following the *Royal Commission into Aboriginal deaths in custody 1987–1990*,⁴⁶ Koori community alcohol and drug resource services were established in Victoria. These services were originally designed to provide a safe environment for a person to sober up, and as an option for crisis response, such as overnight accommodation. Services operate at:

- Ngwala Willumbong Cooperative in Melbourne
- Gippsland and East Gippsland Aboriginal Cooperative interim service in Morwell,
- Gippsland and East Gippsland Aboriginal Cooperative in Bairnsdale
- Rumbalara Aboriginal Cooperative in Shepparton
- Mildura Aboriginal Cooperative

Since their establishment, the models being utilised by the Koori community alcohol and drug resource centres have evolved differently across each location, in response to the needs of local Aboriginal communities. A departmental review of the models was undertaken with service provider and key stakeholder participation and was completed in 2010. The review highlights the key strengths of the existing models and the important role that they have in the overall service system. It also highlights the importance of strengthening the residential models that currently operate in rural areas, with a particular focus on providing enhanced health responses to the Koori communities accessing them.

Accordingly, in the 2010–11 State Budget, the Victorian Government committed funds towards resource services located in Shepparton, Bairnsdale and Mildura. The announcement specified \$4.5 million over four years to introduce a new nursing capacity within Koori resource services, to provide medical and health support to Aboriginal people accessing services due to drug and alcohol misuse.

These initiatives will be developed in close partnership with each of the services and will include consultation with local community and key stakeholders. The initiatives will build on and strengthen collaborations and good working relationships in local areas, and will seek to strengthen the services provided to Aboriginal people.

Koori Youth Alcohol and Drug Healing Service

The Koori Youth Alcohol and Drug Healing Service is a partnership between Ngwala Willumbong and the Youth Substance Abuse Service (YSAS). The service offers a residential rehabilitation facility for Koori people aged 15–20 years with AOD-related problems. It is available statewide and provides access to health, education and other support services.

The program includes and integrates aspects of Koori culture with a focus on individual and peer learning, and varies according to the background and cultural awareness of individuals and the group. The interim Koori Youth Alcohol And Drug Healing Service commenced operation in June 2007 in Bittern on the Mornington Peninsula, and construction has commenced for the permanent 12-bed facility in Hastings on the Mornington Peninsula, where it is anticipated to open in 2011.

Substance abuse programs

OATSIH funds a range of substance abuse programs throughout the state, including:

- The Substance Abuse Worker Program: positions are located in Aboriginal medical services (AMS), which undertake a number of activities to reduce the use of and harms caused by alcohol and other drugs in Koori communities, and provides support to individuals and families
- The Substance Abuse Residential Program, which offers Koori men, women and youth, whose lives have been affected by drugs and alcohol, an environment for positive change. The program adopts a holistic approach that recognises the physical, emotional and spiritual needs of Koori people. Residential programs include:
 - Galiamble (men)
 - Winja Ulupna (women)
 - Percy Green (men)
 - Baroona Youth Healing Place (youth)
 - Warrakoo Residential Rehabilitation and Treatment Program.

The Koori Withdrawal Access Program, which is based in the Melbourne metropolitan area aims to develop protocols and build strong partnerships with general withdrawal services to improve the access and treatment outcomes for Koori clients.

The locations of these services and programs are mapped below.

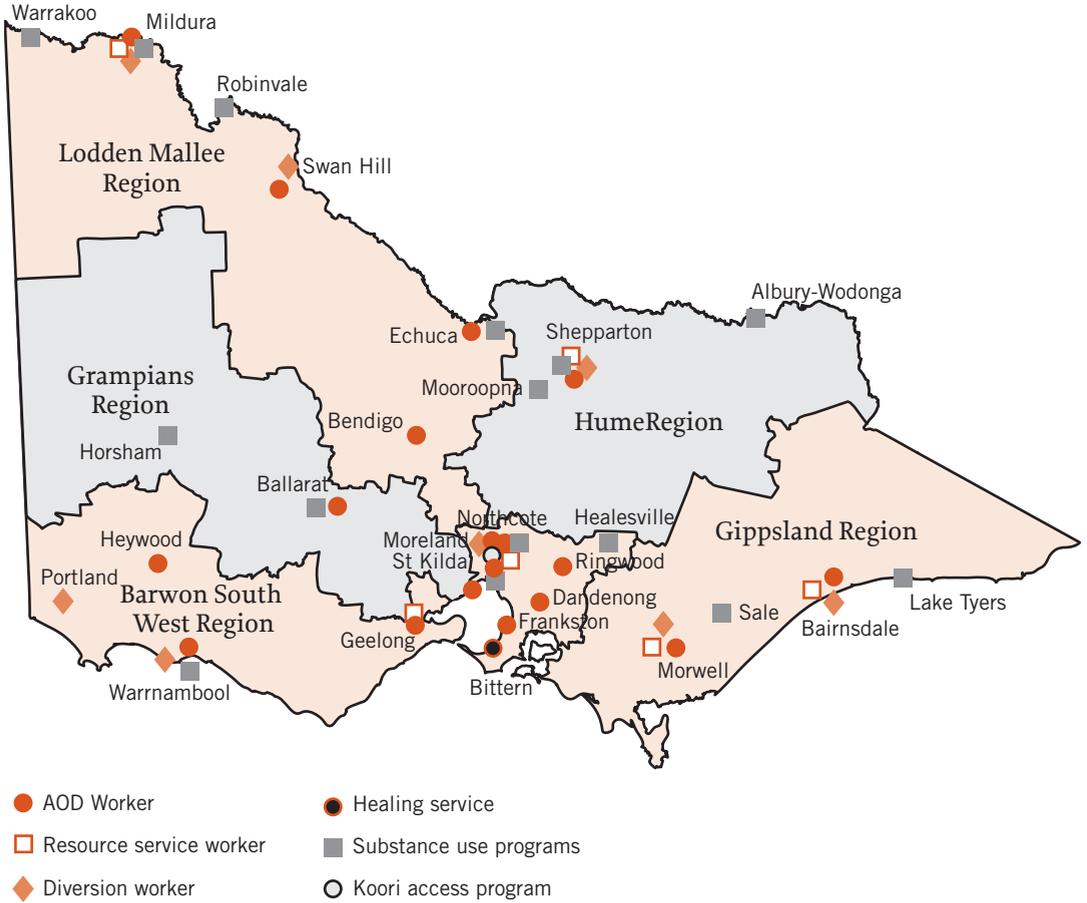


Figure 5: Location and type of Koori-specific alcohol and drug-related services in Victoria

Frontline Youth Initiative

A particularly important program initiated through the Department of Justice’s Aboriginal Justice Agreements has been the Frontline Youth Initiative (Frontline), supported through the Community Grants Program run by the Koori Justice Unit. This program aims to promote healthy and pro-social lifestyles for Koori children and youth, thereby reducing contact with the criminal justice system. Frontline grants are the result of a close collaborative process with the Koori community, who identify priority outcomes and generate ways in which to achieve them. The Community Grants Program also offers another funding stream to enable community organisations to undertake research or pilot programs, known as the Community Initiatives Program.

To date, more than 60 community-based initiatives have been funded through Frontline, involving around 670 Aboriginal young people and more than 1,000 community members. A 2008 survey sample of 283 participants engaged in nine different projects indicated that Frontline delivered positive impacts for participants including:

- One in four participants returned to education or training programs.
- Eight percent of working-age participants secured new ongoing employment.
- Of the 31 young people with prior negative contact with the justice system, only five had incurred further contact.
- None of the 'at risk' young people had negative contact with the justice system during their engagement with Frontline projects.

The quality and innovative range of the initiatives received by the Attorney-General for Frontline funding approval is a positive reflection of the preliminary work which has gone into the development of these programs, making them not only community-based, but community-run and owned. In 2009 DEECD and the Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) also contributed funding towards the Frontline Youth Initiative.

Youth justice initiative

The Department of Human Services' Youth Justice Initiative is aimed at preventing offending and recidivism by young Aboriginal people. Specific activities include the:

- Yannabil Visitors Program
- Koori Pre- and Post-Release Program
- Koori Intensive Bail Support
- Koori Youth Justice Program
- Koori Early School Leavers and Youth Employment Program.

These programs engage families and communities in the rehabilitation process.



Major programs and strategies



Victorian Indigenous affairs framework 2010–2013

The VIAF is the policy base for whole-of-government reforms to improve the quality of life experienced by Aboriginal Victorians and to reduce the life expectancy gap between Aboriginal and non-Aboriginal Victorians. Originally established in 2006 to underpin and define efforts across government and the community, VIAF targets reflect the long-term commitment necessary for generational change to occur. The Council of Australian Governments (COAG) national partnerships, which the framework predated, are also helping to accelerate the pace of Victorian reform. Major priorities of the VIAF include improved outcomes in health and wellbeing, education, early childhood, economic development and family violence and justice outcomes.⁴⁷

The Aboriginal justice agreement

The first phase of the Aboriginal Justice Agreement (AJA1) was launched in June 2000 and represented a landmark agreement. The AJA enshrined a formal partnership between the Victorian Government and the Koori community aimed at reducing the overrepresentation of Kooris in the criminal justice system. Reviewed in 2004, it was recommended that the government and the Koori community renew this commitment, and in 2006 AJA2 was launched with aims to improve justice outcomes through:

- minimising Koori overrepresentation in the criminal justice system
- improving Koori access to mechanisms designed to uphold their human, civil and legal rights.

AJA2 has focused on preventing and reducing the further progression of young Kooris into the criminal justice system and in reducing reoffending of Kooris (youth and adult) already in contact with the system. It is built on a strategic framework of prevention, early intervention, increased diversion and reduced reoffending, to halt the progression of young Kooris into the justice system.

AJA2 takes a multi-dimensional approach and looks at intervening at every point in the criminal justice continuum to maximise the opportunity for diversion or reduced reoffending. It also focuses on changing the justice system to be more responsive and inclusive in its approach to Kooris. Through AJA2, a number of important initiatives have been founded and expanded, many related to preventing or reducing alcohol-related harm.

The Koori community partnership that underpins the AJA is embodied through the Aboriginal Justice Forum and a network of nine Regional Aboriginal Justice Advisory Committees (RAJACs) and 10 Local Aboriginal Justice Action Committees (LAJACs). Over 52 initiatives have been implemented as part of the second phase of the AJA, involving the police, courts, Corrections Victoria, Youth Justice and the Koori community.

The Victorian Government has confirmed through the *Statement of Government intentions 2010*, the priority placed on working in partnership with the Koori community to improve justice outcomes through the development of the third phase of the AJA.

Strong cultures, strong peoples, strong families: Towards a safer future for Aboriginal families 2008

This 10-year plan was written by the Indigenous Family Violence Partnership Forum consisting of Aboriginal community representatives, Aboriginal organisations and government agencies from across the state. The plan seeks to build on Aboriginal cultural norms and history to make Victoria a safer place for all Aboriginal families.

Encompassing a broad range of actions to prevent and eliminate family violence, *Strong cultures, strong peoples, strong families* recognises the connection between violence and drug and alcohol misuse, and makes recommendations related to alcohol regarding access to treatment services, linkage and partnerships between services support for victims and perpetrators of family violence, and awareness raising.

Four Aboriginal healing services provide a holistic approach to addressing family violence in Aboriginal communities and are located in Loddon Mallee South, East Gippsland, North and West Metropolitan, and Eastern Metropolitan regions. While each of the healing service models is tailored to meet the needs of individual communities, common service delivery components include counselling, group work, healing circles, narrative therapy, cultural camps, mediation, art programs, song and dance, behaviour change and bush medicine.

The plan recognises the importance of local efforts. The Indigenous Family Violence Regional Action Groups have a leadership role in developing and implementing community-led responses that educate, prevent, reduce and respond to family violence. The groups pre-date the plan, and had an important role in advising its development. Ten groups were established in 2002–03, each with an Indigenous family violence support worker employed to provide support, and a statewide coordinator.

Balert Boorron: the Victorian plan for Aboriginal children and young people (2010–2020)

Released in August 2010, *Balert Boorron* (which means ‘strong child’ in the Wautharong language), is the Victorian Government’s 10-year plan to drive reform and improve outcomes for Aboriginal children and young people. *Balert Boorron* outlines the common aim of Victorian Aboriginal communities and the Victorian Government to ensure Aboriginal children have the best start in life, are able to succeed in school, and grow into capable, active adults. Shaped by comprehensive research of Victoria’s 33,500 Aboriginal people, the Department of Education and Early Childhood Development’s *State of Victoria’s children 2009: Aboriginal children and young people in Victoria* (2010), *Balert Boorron*’s 44 future directions include:

- improving services to ensure Aboriginal women have access to high-quality antenatal care, with particular focus on the first trimester of pregnancy and reducing smoking during pregnancy
- promoting access to culturally appropriate parenting programs promoting resilience, particularly for young and first-time parents, and increasing engagement of Aboriginal fathers and men

- increasing opportunities for Aboriginal children to participate in sport, such as the three dance academies for Koori girls in Ballarat, Eaglehawk and Mooroopna announced in the 2010 State Budget
- providing Aboriginal students with mentors to further their career aspirations
- ensuring that all Aboriginal children can participate in kindergarden.

Wannik education strategy 2008

The *Wannik learning together – Journey to our future* strategy (Wannik) was released in February 2008 after the Department of Education and Early Childhood Development conducted the most comprehensive review of education provision for Koori students ever undertaken in Victoria. On the basis of the outcomes of this review, Wannik has been developed in close partnership with the Victorian Aboriginal Education Association Incorporated (VAEAI). It seeks to improve education outcomes for Koori students through a comprehensive package of actions that requires schools to work in partnership with Koori communities to develop an understanding of Koori culture with the involvement of Koori parents.

The strategy is responsive to community needs at the local level and implemented in partnership with, rather than for, the community. Wannik broad strategies include:

- supporting greater student and parental engagement
- providing more literacy and numeracy support
- supporting and encouraging high-achieving students
- expanding and developing the Koori workforce.

Specifically, Wannik includes:

- 109 Koori education support officers and nine Koori education coordinators responsible for facilitating and managing the delivery of programs from early childhood through to school completion
- four Koori Pathways Schools in Mildura, Glenroy, Morwell and Swan Hill designed to provide individualised assistance and support to Koori students aged 12–16 years, who are not engaged in their mainstream school, or who are at risk of disengagement
- three Koori youth transition support officers who provide disengaged Koori young people with tailored assistance to access support services and to re-engage in sustainable education, training or employment options
- 15 Koori literacy coaches who have been employed to offer intensive professional development to teachers with significant numbers of Koori students
- scholarships for high-achieving VCE students – the first 24 scholarships have been awarded.

Wannik complements initiatives in the early years announced in the 2007–08 budget. These included free access to three and four-year-old kindergarden for Koori children and increasing the number of Koori kindergarden teachers in Aboriginal children's services.

More broadly, *Dardee Boorai: the Victorian Charter of Safety and Wellbeing for Aboriginal Children and Young People 2008* frames the commitment to improve outcomes for Aboriginal children and young people within a human rights framework, particularly the *Victorian Charter of Human Rights*. It provides a framework defining key actions and measures of progress required in improving the safety, health, development, learning and wellbeing of Aboriginal children and young people. *Balert Boorron* was developed to deliver on its commitments.

Koori maternity services

Koori maternity services (KMS) are funded by the Department of Health and provide culturally appropriate care to Aboriginal women during pregnancy, birth and in the immediate period after birth. Currently, there are 11 KMS based in ACCHOs; two in metropolitan Melbourne and nine in rural Victoria. VACCHO is funded through the KMS program to provide leadership and support to the services. The services have received funding since 2001.

The principal focus of KMS is on increased access to antenatal care, postnatal support and hospital liaison, as a means of improving health and wellbeing outcomes for Aboriginal and Torres Strait Islander women and babies.

All sites employ an Aboriginal health worker and provide a service which includes health promotion, support for pregnant Aboriginal women, and linkage and co-ordination with other relevant services. Nine services also employ a midwife who provides antenatal and postnatal care. Current program expansion will see antenatal and postnatal care provided at all KMS sites. Advocacy and facilitation of relationships with the birthing hospital are important components for KMS workers.

These services increase the pregnancy care options for Aboriginal women, many of whom receive antenatal care from a wide variety of care providers, including public maternity services, hospitals and general practitioners.

Over the past ten years, the KMS have worked to achieve a reduction in low birth weight, a reduction in smoking rates in pregnancy, and improvements in the access to appropriate maternity care. The services have been successful in improving access to antenatal care earlier in pregnancy. These are ongoing priorities for the services. It is acknowledged by VACCHO Aboriginal health workers that alcohol use during pregnancy is one of the health promotion issues which need to be addressed sensitively during antenatal care, but is important as it impacts on positive outcomes for mothers and babies.⁴⁸

Local Indigenous networks

Since 2005, the Victorian Government has been working with Aboriginal communities to build community resilience through the local Indigenous networks (LINs), which are the basis of a representative structure for Aboriginal Victorians. The 38 LINs that the government committed to have now been established across Victoria. LINs are the foundation of a three-tiered representative structure that includes eight regional Indigenous councils (RICs) and the Premier's Aboriginal Advisory Council (PAAC). LINs are not new organisations, but community networks made up of local Aboriginal people who are committed to representing their community and working together to make their community stronger, and improving the lives of Aboriginal Victorians.

LINs provide communities with an opportunity to identify aspirations, local challenges and issues. The RICs and PAAC will provide a means to represent whole-of-community aspirations, issues and challenges to the Victorian Government, so they can be addressed.

Each LIN will also oversee the development of a local community plan, focusing on what steps need to be taken in order to make the community stronger, with a focus on areas such as sport and recreation, healthy living, and participation in employment, training and civic activities.

Indigenous Community Engagement Brokers are located in each Victorian region to support the work of LINs and assist in the development and implementation of the community plans. The brokers are part of the Department of Planning and Community Development regional teams and are supported by the Community-Strengthening Program in Aboriginal Affairs Victoria.

More than 1,200 people are already involved in the LINs and it is envisaged that the role and significance of these networks will continue to grow.

Work is also underway under the auspices of the Premier's Aboriginal Advisory Council Reference Group to determine how government can support Aboriginal communities in strengthening inter-generational cultural transmission. This initiative will also explore links between strong culture and improved social and economic outcomes.

The Aboriginal health national partnership

In 2008, the Council of Australian Governments (COAG) committed \$1.57 billion over four years under the *National partnership agreement on closing the gap in Indigenous health outcomes*. It is referred to as the Aboriginal health national partnership and is centred on five priority reform areas, which include:

- tackling smoking
- primary health care services that can deliver
- fixing the gaps and improving the patient journey
- healthy transition to adulthood
- making Indigenous health everyone's business.

Victoria's contribution to this reform agenda is \$57.97 million over four years, of which \$47.39 million was announced in the 2009–10 State Budget.

Each Department of Health region has a Closing the Health Gap Committee. Regional committees have been responsible for developing regional implementation health plans around the priority reform areas. A total of \$32.12 million will be allocated to regions over four years, to implement initiatives and activities to work towards closing the gap.

Alcohol is one of the top five contributors to the shorter life expectancy of Aboriginal Australians. Alcohol accounts for six per cent of the burden of disease. In comparison, tobacco accounts for 10 per cent, high body mass nine per cent, physical inactivity seven per cent, and high blood cholesterol four per cent.⁴⁹ Alcohol consumption in pregnancy is also one of a number of factors that can exacerbate child mortality rates.⁵⁰

Mental health services

Mental health services in Victoria are provided by a range of providers, including area mental health services (community-based and acute inpatient), psychiatric disability rehabilitation and support services, prevention and recovery care services, emergency department mental health services and primary care mental health teams.

A number of Aboriginal specialist support services are provided in Victoria. These include Koori mental health liaison officers (KMHLOs) in rural Victoria. The KMHLO project seeks to improve access to culturally responsive mental health services for Aboriginal people. The project has involved funding Koori liaison officer positions in all rural regions and at the Royal Children's Hospital's Child and Adolescent Mental Health Service (12.5 positions in total) to promote strategic linkages between Aboriginal communities, ACCHOs, other Aboriginal services and specialist mental health services.

The KMHLO project operates in conjunction with the Improving Care for Aboriginal Patients (ICAP) general hospital support program, and both are supported by VACCHO. While the ICAP program is intended to support the hospital inpatient stay of an Aboriginal person requiring treatment for a physical illness, more recognition is being given to the multifaceted nature of hospital presentations. The same is true of mental health presentation and the need to consider, not only co-occurring drug and alcohol problems (dual diagnosis), but also the physical health of the person.

As well as having a right to equitable access to acute inpatient facilities statewide, Aboriginal people from across Victoria can use five acute inpatient beds funded at St Vincent's Hospital in Melbourne for the priority use of Aboriginal people. Occupancy rates of these dedicated beds vary throughout the year.

The VAHS family counselling service provides a mental health, social, spiritual and emotional wellbeing service for Aboriginal people and entry to the five dedicated Aboriginal beds.

Because mental health matters: Victorian mental health reform strategy 2009–2019

Victoria's *Because mental health matters* gives priority to the development of culturally responsive services that focus on early intervention and recovery, delivered in ways that allow for local solutions and build on the strength, expertise and resilience that exists in Aboriginal organisations and communities. The reform directions also recognise the centrality of culture to well-being and the critical importance of self-determination.

The focus on Aboriginal mental health, social, spiritual and emotional wellbeing in the strategy recognises that many Aboriginal people have experienced inter-generational grief and trauma due to separation, loss of connectedness to land and place, poverty and economic marginalisation, together with discrimination and social exclusion. This has led cumulatively to poorer social, spiritual and emotional wellbeing for Aboriginal people and their families.

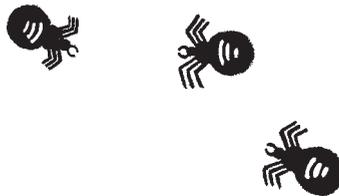
The extensive consultations undertaken with Aboriginal organisations and community leaders as part of the development of the strategy, identified that Aboriginal people are often reluctant to access general services due to a variety of factors, including the perceived lack of sensitivity of

services to the cultural dimensions underlying their presenting problem, previous experiences of racism, and past policies of institutional discrimination and removal. The consultations also highlighted that Aboriginal people face many of the same issues reported by the broader community. These include:

- difficulty in accessing mental health information, advice and referral
- difficulty navigating complex service systems
- need for a more coordinated and integrated response for those with multiple and complex needs
- inadequate discharge and treatment planning as they leave acute inpatient service settings.

In particular, the level of access to, and the responsiveness of, mental health services for Aboriginal people living in the metropolitan area was identified as a critical service gap. This is especially true for Aboriginal young people.

In response to this, as part of the commitment through the *Mental health reform strategy*, funding of \$874,000 over four years has been allocated to the development of a metropolitan-wide mental health service for Aboriginal people. This initiative is undertaken in collaboration with the VAHS, VACCHO and local mental health services. In addition to this, the VAHS family counselling service provides mental health and counselling services accessible by Aboriginal people in Victoria, while some of the larger ACCHOs provide mental health, social, spiritual and emotional wellbeing services to their communities.





KAAP ACTIONS:

Theme 1. Strengthening communities

AIM: To reduce the harms associated with alcohol use by building on and developing partnerships that strengthen Aboriginal communities.

ACTION 1.1 Support and promote family-based approaches to strengthen parents' and carers' roles

There is a strong link to strong families and the success within these families. The importance of families needs to be highlighted and not forgotten. Empowering families will strengthen communities.

BARWON-SOUTH WESTERN CONSULTATION

The importance of family to instil hope and allow younger generations to be the best that they can was highlighted throughout the consultations. Situations were described where families are under pressure and where young people may drink and rebel. There are challenges for all parents and carers when children often have more freedom than previous generations, and alcohol is more readily available than it was in the past. Parents and families need to be better supported to develop strategies for managing alcohol use and misuse in relation to their own children. This is particularly challenging for parents who may be misusing alcohol themselves.

The people who the young people look up to are letting them down.

FRAMINGHAM LOCAL FORUM

People these days are less likely to pull the young ones up when they do anything wrong – back when we were growing up it was like we had our parents, but all adults in the community would be watching out for you and pulling you up when you stepped out of line. These days it's not as evident, particularly in larger communities.

BARWON-SOUTH WESTERN CONSULTATION

Young kids today have the freedom to follow the older kids and often this is where the drinking starts.

ECHUCA FORUM

The plan advocates for a holistic approach to addressing alcohol-related harm. Holistic approaches, as described in the *Aboriginal cultural competency framework*, are community-focused, strengths-based and recognise the importance of cultural and community connections.³¹ This approach was also recommended by the *Indigenous drug prevention research stocktake* where

‘community-based and family-focused interventions are more likely to be successful than those that focus only on individuals.’⁵²

ACTION 1.2 Support and promote developing and strengthening local community-based programs that meet local cultural needs and priorities

A strong sense of culture was identified as important for an individual, family and, in turn, for their community. The value of culture and community is reflected in definitions of Aboriginal health.

*Aboriginal health is not just the physical wellbeing of an individual, but it is the social, emotional and cultural wellbeing of the whole community in which each individual is able to achieve their full potential, thereby bringing about the total wellbeing of their community.*⁵³ (NACCHO 1996)

It was argued in consultations that cultural identity leads to a sense of pride and belonging, which can promote a healing process. There is a need to move beyond negative stereotypes and towards celebrating success and highlighting the positive aspects of Koori culture. Culture is important for all community members, and teaching young people about their culture is seen as particularly important.

We need to revert back to some of our old traditions - our Elders need to lay down the ‘Lore’ and instil more traditional skills to our youth, for example, painting, dance, hunting, storytelling. MILDURA FORUM

Young people need to learn about our history and traditions.

ROBINVALE CONSULTATION

Teaching young people about who they are, and being able to identify the important people in their lives ... understanding who their family members, tribe and totems are, to develop a support plan to help their journey in life.

ECHUCA FORUM

ACTION 1.3 Support and promote community-based, alcohol-free activities that encourage a sense of community and the responsible use of alcohol, focusing on a range of activities including sporting, cultural and artistic events and celebrations

It was argued that communities have a central role, and need to take control and set their own rules and standards around drinking, and that when the whole or majority of the community gets behind a concept or program, it has a greater level of success and impact.

We need to change cultural aspects within community and address it as a community concern. We're still blackfellas and still connected to each other, but we don't need to kill ourselves. HUME CONSULTATION

Both youth and general consultation participants said that most community-based activities involve alcohol. The case for social and community events which do not involve alcohol or which promote responsible alcohol use was strongly argued for.

How do I socialise with people if I don't want to drink and they are all drinking? We struggle with the answer to this question.

BARWON-SOUTH WESTERN FORUM

It was noted that some community approaches to alcohol consumption have been reactive, rather than proactive, with communities taking a stance against alcohol misuse following tragedies such as a death or severe injury. Participants expressed a desire to be more proactive. Suggestions of how this could be achieved included a need to focus on positives and promote activities, programs, initiatives and people that achieve positive outcomes. Participants agreed that one of the strengths of localised approaches is that the specific cultural needs of that community can be addressed.

ACTION 1.4 Support and promote programs and initiatives providing education, training and employment opportunities, in particular working to keep at-risk, vulnerable young people engaged with schools, family and community

Many participants discussed the limited education, employment and community-focused opportunities that are available to them. Participants spoke of community members not being linked into employment, education or other activities. This lack of engagement creates the perfect space for drinking.

People drink because they have a lack of hopes, dreams, aspirations and forward planning. Some people are 'stuck in a rut' that they don't know how to get out of. MILDURA CONSULTATION

You need to provide alternatives to people, get them doing other things than just drinking. Things like sport, cultural and craft type activities can provide a bit of a time out from drinking. BARWON SOUTH WEST CONSULTATION

Related to this, escapism was described as a motivation for drinking. It was noted that people drink to fill a void in their life, pressures with day-to-day living, and historical experiences, including forced removal from family environments and country, physical and emotional abuse, and past grief, pain and trauma.

Our community is continually grieving and we need to address our hurt and loss from this grieving. We have had 66 deaths over the last eight years. Of recent times, we have had 10 suicides (eight men and two women). It is hard to rebuild from this. ECHUCA FORUM

Throughout the consultations, concerns were raised regarding the limited opportunities for young people. Discussions focused on the apparent difficulty of school systems to actively respond to the needs of Koori students. It was noted that some struggle through the vital years of schooling, missing out on the foundation skills to assist in later life.

There needs to be a greater focus on career planning for our youth, which may have to occur at an earlier age for our Aboriginal kids, due to the tendency to leave school at an earlier age. LODDON MALLEE CONSULTATION

ACTION 1.5 Strengthen community through the support and promotion of positive environments, Elder and peer role models and success stories

Consultation participants described situations where there are limited role models within their communities. They suggested that the development of role models who promote healthy lifestyles, for example, through sport, music and art, should be encouraged and supported. The VACCHO report emphasised the importance of positive influences and the role that peer-led approaches can play.

Creating resilient, healthy young people through the development of alternative methods of expression and strength in identity can be more easily achieved by surrounding them with positive influences. It is also evident that young people respond better to other young people and their peers when tackling sensitive issues. In addressing youth issues, consideration needs to be given to youth-focused approaches and youth involvement.⁵⁴

Celebrations of successes, both great and small, need to be embraced, particularly around overcoming addictions.

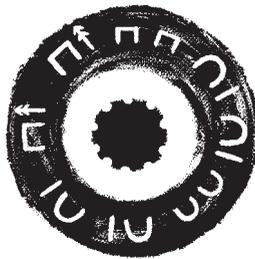
We need to identify champions in the community. They have to be people who have broken the cycle. Who have 'been there done that'.

GRAMPIANS CONSULTATION

ACTION 1.6 Support and promote initiatives to prevent and reduce the impact of alcohol on Aboriginal family violence

Both anecdotal evidence and research support the link between alcohol abuse and family violence. The National Drug Strategy Household Survey⁵⁵ found that a significant proportion of alcohol and/or illicit drug-related incidents occurred between current or ex-partners or between relatives.

Community consultations undertaken through Indigenous Family Violence Regional Action Groups, as part of the development of the Indigenous *strong culture, strong peoples, strong families: towards a safer future for Indigenous families and communities 10-year plan* highlighted the links between family violence and alcohol misuse. A recurring theme was the need to establish links between family violence services and alcohol and drug services, so that Aboriginal Victorians are provided with a holistic response. The need for community education and awareness activities that emphasise the impact of AOD on the community and the links with family violence was also raised.





Theme 2. Responsible access to alcohol

AIM: To address access-to-alcohol issues, focusing on young people, with the aim of preventing and reducing alcohol-related harms.

ACTION 2.1 Explore initiatives to reduce the supply of alcohol to young people, including developing a culture where giving alcohol to underage young people is unacceptable

The use of alcohol by young people was raised as a concern at all consultations. It was noted that the early teenage years are particularly important, as this is when social lives begin to change and there is increased risk of alcohol misuse occurring.

Consultation participants noted that it is easy for young people to access alcohol, and that they are able to do so from a range of sources. It was reported that in some areas, children as young as nine, and others in their early teens, are able to access alcohol. In some cases, parents or other adults in community (such as an uncle or older cousin) buy alcohol for young people. In other instances, young people are able to access alcohol through older youths they associate with. Youth consultation participants reported accessing alcohol via a range of sources, including friends, parents, older siblings or strangers. It was noted that it only takes one person within the group to be able to access alcohol.

It is easy to get grog, you just have to ask the right person. Sometimes we just wait around at the bottle shop and eventually you always get someone to say yes. BALLARAT YOUTH FORUM

We need to parent our kids, not try to be their friends. I made the mistake of trying to be a friend to my child and it hasn't worked. I had to stop and think about the situation and then realised that my job is to be the parent, not the friend. GRAMPIANS FORUM

Suppliers need to be stricter on selling to underage people.

ROBINVALE CONSULTATION

Some consultation participants were concerned about situations where young people are socialising and drinking alcohol with older people. Participants recalled instances where adults were 'hanging out' with young people and supplying them with alcohol, and in some cases encouraging them to perform tasks, including criminal behaviour.

ACTION 2.2 Support and promote the *Responsible service of alcohol* guidelines among community members and licensed premises, so there is widespread understanding of these provisions

It was widely noted in consultations that the ease of access to alcohol is an issue and that the variety of venues where alcohol can be obtained is increasing. While it was argued that understanding why people drink and addressing these issues is central to minimising the harms associated with alcohol misuse, it is also important to note participants' concerns around access to alcohol, regulations and distribution.

It seems like alcohol is available all the time, every day and night at the supermarket, discount liquor stores and pubs and clubs. ECHUCA FORUM

Sporting clubs promote a drinking culture – they thrive on alcohol-driven income and often this is the starting place for drinking for younger people, in particular boys. BARWON-SOUTH WESTERN CONSULTATION

There is increasing evidence that reducing the supply and availability of alcohol can play an important role in reducing alcohol-related harm.⁵⁶ Concerns about the community-wide availability of alcohol are being addressed through the VAAP. Initiatives, including the promotion of *Responsible serving of alcohol* training and the Liquor Licensing Compliance Directorate, are also relevant to Koori people and communities.

ACTION 2.3 Promote partnerships between local communities and regional Liquor Licensing Compliance Directorates to ensure they work proactively with licensed premises, including those serving Koori communities, to enforce compliance to improve community safety

An Allen's Consulting report commissioned by the Department of Justice, identified five risk factors regarding alcohol-related harm and licensed venues: operating hours; patron intoxication; extent of overcrowding; staffing and management practices; and venue type.⁵⁶ The research literature identifies several associations between patron intoxication and alcohol-related harm. Among the strongest of these associations are those between intoxication and acts of aggression, violence and accidental injuries.⁵⁸ Licensed premises can take a number of measures to control and influence the level of patron intoxication. Controlling intoxication is recognised as the 'cornerstone of best practice' for licensed premises.⁵⁹

Established within the Department of Justice, the Liquor License Compliance Directorate ‘... supplements Victoria Police operations, undertaking a risk-based compliance regime informed by licence type, Victoria Police intelligence, and previous inspection performance.’⁶⁰ With two regional liquor licensing inspectors in each rural region (Geelong, Bendigo, Morwell, Ballarat and Wangaratta) and 27 inspectors and four team leaders in metropolitan Melbourne, there is new capacity to establish working relationships between licensed premises and Koori communities to promote compliance to reduce alcohol-related harms and therefore improve community safety.



Theme 3. Improved information and understanding

AIM: To improve the provision of information and understanding regarding alcohol and associated harms to encourage safer consumption and patterns of use.

ACTION 3.1 Develop locally-driven, Aboriginal-specific alcohol awareness campaigns to increase awareness of the physical impacts of risky drinking, the impact of alcohol on the developing brain and body, and the impact of alcohol on unborn babies.

Empowering community through education about alcohol was widely considered as crucial. Investing in education programs was seen as central to strengthening community through the enhancement of knowledge and understanding. Consultation participants stressed that the majority of people living within the Koori community are not aware of the full extent of the impact of alcohol on a person's physical, spiritual, emotional and financial health and wellbeing. In addition, it was noted that very few people are aware of, or make the link between, alcohol misuse and the negative outcomes, including the physical and health harms that may result.

From consultations, it was evident that many young people had very limited understanding of the risks associated with alcohol use and misuse. Furthermore, young participants spoke of not really knowing about the impact of alcohol on their health and the possibility of alcohol preventing them from reaching their full potential. Few youth consultation participants were able to elaborate on what are the health impacts of alcohol. There were mixed responses regarding whether the youth consultation participants had been taught about alcohol at school, with comments suggesting that the information provided was quite general and not presented in an engaging manner.

People don't really talk about the impact of alcohol. BUDJA BUDJA CONSULTATION

There needs to be more education and awareness around alcohol – often younger people do not associate that the health problems of some of our older generation are a direct link to their drinking. There is a great need within the community to demystify the effects of alcohol use.

BARWON-SOUTH WESTERN CONSULTATION

The issue of alcohol use during pregnancy was discussed at the consultations, where it was acknowledged that there is a need for culturally appropriate community education around the impacts on the health of women and their unborn babies if alcohol is consumed during pregnancy. This approach is also reflected in *Healthy pregnancies, healthy babies for Koori communities*.

Aboriginal health workers and community leaders in Victoria already recognise the need to address heavy alcohol use by pregnant women and young women who may become pregnant. At the same time, it is important that health promotion interventions do not raise unnecessary fears in the Aboriginal community or increase unnecessary guilt among Aboriginal women who have consumed alcohol while they are pregnant. Accurate information about alcohol and its effects on the unborn baby, and culturally relevant and sensitive interventions, are needed to address concerns about drinking among Aboriginal women in Victoria.⁶¹

ACTION 3.2 *Develop locally-driven, Aboriginal-specific alcohol awareness campaigns that aim to increase awareness of the social harms of alcohol misuse and the co-occurrence and impact of alcohol and family violence*

It was noted that education needs to be provided to many different audiences, including young people, families, professionals, community organisations and service providers. A variety of messages, communication and engagement methods are required.

Consultation participants noted that community leaders and organisations play a crucial role in reaching the wider Koori community and are a catalyst in distributing information. It was also noted that young people respond better to their peers when addressing youth issues, therefore consideration needs to be given to youth-focused approaches.

It was argued that current means of informing the community about alcohol are not reaching, or having a significant impact on, Koori community members. To improve this, media campaigns need to include Koori people, as well as depicting scenarios that are realistic for Koori communities. A specific example given during consultation was that despite regular drink driving campaigns, significant numbers of Aboriginal men still lose their licences due to drink-driving offences. People argued a more-targeted approach is required.

There should be more Aboriginal people in media campaigns, so community can relate and make the connections that alcohol affects an Aboriginal person the same way it affects a non-Aboriginal person.

MILDURA FORUM

When summarising the findings of current Aboriginal alcohol prevention research, the *Indigenous drug prevention research stocktake and gap analysis* reiterates the need for local community-driven, culturally-relevant education strategies that cater to the specific needs of its target groups.

The two groups associated with hazardous levels of drinking – adolescents and pregnant women – should be seen in the context of the communities in which they live. The need for social acceptance, the cultural importance of reciprocity and sharing, and the symbolic role of drinking together in reunion suggest that broad-based social strategies are needed, strategies which include education about alcohol and other drugs.⁶²

In *Strong culture, strong peoples, strong families*, Action 6.2.4: 'Ensure the development of Indigenous alcohol and other drug initiatives that raise awareness and reduce the impact of alcohol and other drug misuse on the Indigenous community' supports the need for education campaigns around the connection between violence and drug and alcohol misuse in Aboriginal communities.

ACTION 3.3 Promote awareness of services providing advice and information around different treatment options and types, and local, regional and statewide treatment services

People are often unaware of the services and supports that are available in their communities, in particular, alcohol and other drug treatment programs. There was also a lack of understanding of what it means to be in treatment and what treatment options are available. As the VACCHO report noted:

*'Koori and 'mainstream' services need to be accountable to community. There needs to be information provided to the community on the services which are being offered within each of the communities.'*⁶³

Consultation participants said that the community also needs information and resources, to be able to understand the needs of people with alcohol issues and how a community can contribute to a person's recovery. Community members require the skills, knowledge and understanding to provide support to vulnerable people within their communities.

There needs to be support for people to find the answer to questions such as:

How do I live sober?

How do I live substance free?

How do I remain sober? ECHUCA FORUM

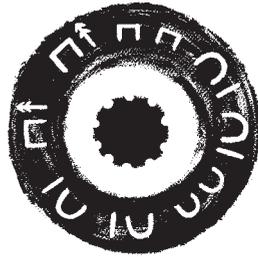
ACTION 3.4 Build the evidence base by ensuring communication and education programs are evaluated

The effectiveness of public health (social marketing) campaigns is well demonstrated in areas such as smoking cessation and road safety. In particular, there is evidence to support the principle that the greater an individual's exposure to a health message, the greater the likelihood that their attitude will be influenced and their behaviour will modify.

The National Preventative Health Taskforce has concluded that social marketing campaigns are particularly powerful when supported by a range of other approaches and resources.⁶³

Research with Koori communities into what messages are needed, and how they can best be delivered, will provide a solid basis for the development of longer-term strategies about the harms of alcohol misuse. By working with Koori communities in developing these campaigns, key messages about alcohol, in particular those about the health effects of alcohol consumption, will be delivered in a sustained and integrated way to achieve maximum impact.

For social marketing campaigns to be effective, however, they need to be informed by research and be evaluated to determine the degree to which they achieve their intended outcomes. These evaluations will provide important information that will guide the development of future campaign activities.





Theme 4. Improving responses and services

AIM: To improve responses and services with a focus on proactive and partnership approaches.

ACTION 4.1 Ensure cultural competency within all alcohol and other drug-related services so that workers understand the cultural needs of Koori clients (including social, spiritual, emotional and physical wellbeing and gender health needs)

Aboriginal people access treatment and support from both general and Aboriginal controlled services, and there is a need and a desire for professional services from both Koori and general services.

There needs to be a coming together and commitment from all community service providers to ensure that they do their utmost to provide the professional support and care our communities' needs. MILDURA CONSULTATION

While some general services provide high-quality, culturally aware care for Aboriginal clients, there are real concerns held by some Aboriginal people and workers about accessing or referring to general services.

Aboriginal workers need to have the confidence to refer their clients to other services. ECHUCA FORUM

We prefer to utilise our Koori services at the co-op and often don't get the real benefit from mainstream services, because they don't understand.

BUDJA BUDJA CONSULTATION

Mainstream services have a lot of barriers to get around before they can provide appropriate services to Koori clients. TELKAYA NETWORK CONSULTATION

It was argued that the first step in improving cultural competency is to develop an understanding of what makes a service provider culturally competent. Cultural awareness training is one aspect of assisting a service to improve its cultural competency.

There needs to be an emphasis on making mainstream organisations Koori friendly and understanding our needs. BUDJA BUDJA CONSULTATION

Most people understand the basic definition of what culture is. But there needs to be a basic understanding about how Aboriginal culture affects Aboriginal people. GIPPSLAND CONSULTATION

It was suggested that general services successfully providing culturally appropriate services should be promoted and modelled to other services. Loddon Mallee consultation participants had a range of suggestions for improving support for Aboriginal clients in general services, which included:

- *treating clients as individuals*
- *giving clients time*
- *giving clients choices*
- *giving clients' information: explain services to them and what each one can offer. Maybe go through the positives and negatives of each service to ensure that they understand the service*
- *listening: talk enough to be able to assess, but most individuals want to talk to someone who will listen*
- *being sensitive to the client's needs*
- *following up with people: show genuine concern, break down barriers, stigma and stereotypes*
- *being proactive, not reactive.*

LODDON MALLEE REGIONAL FORUM, ECHUCA

Issues of confidentiality can be a challenge in developing flexible and integrated services. At the same time, information needs to be shared appropriately among professionals.

Confidentiality within some services is a real issue. There needs to be flexibility in providing support, for example, home visits to clients.

GRAMPIANS CONSULTATION

In particular, the needs of men seeking treatment or support services were emphasised. Services providing accessible, flexible and culturally appropriate help to Aboriginal men are critical.

There needs to be help and support for the men provided in a comfortable environment, understanding needs, non-judgemental and Koori focused.

BUDJA BUDJA CONSULTATION

ACTION 4.2 Provide appropriate screening in primary care settings and referral to prevention, early intervention and treatment services

Throughout the consultations, people emphasised the importance of accessible and proactive services. Participants noted that in many cases problems were not addressed until they had escalated ‘out of control’. Delays between the onset of a problem and treatment reflect both people’s treatment-seeking patterns and service models.

Often there is limited communication between GPs and the cultural supports within the ACCHO. GPs often aren’t aware of the full situation and don’t check up. ECHUCA CONSULTATION

Services and people only focus on you when your problem is really bad and often impacting on them. There is no in-between. HUME CONSULTATION

People may delay seeking help because of the stigma associated with using AOD services. Services themselves may also be difficult to access, with potential delays in getting an appointment and commencing treatment.

It was also noted that there is often only a small window of opportunity between when people recognise they have a problem and seeking help. If they have to wait for help, there may be an opportunity lost.

ACTION 4.3 Provide services in a holistic way with screening, assessment and treatment plans coordinated to ensure clients access the range of health and support services they need

Consultations highlighted the importance of services being flexible in their scope to address clients’ often complex needs. For example, it was argued that service providers should recognise and respond to alcohol misuse as a symptom of a range of underlying mental health and chronic disease issues. A case management approach was advocated where the client is treated as a ‘whole’ person.

There needs to be a holistic approach and understanding that it is more than just an alcohol or drug problem. People have not spoken about why they drink. BUDJA BUDJA CONSULTATION

ACTION 4.4 Improve preparation and planning for clients' entry into residential services and successful re-entry into community and family life when they leave residential and corrections services

Services also need to be able to support people when they return home following residential treatment, rehabilitation or corrections. Participants who were clients of AOD services clearly stated that they need continual support and care on returning to community. Support from family and community members is also important. Fostering ongoing family and community engagement during treatment would help ensure better support.

This is a whole-of-community issue. Clients go away to rehab and come back to a negative environment. SHEPPARTON CONSULTATION

There needs to be holistic approaches to justice services and people integrating back into community, including drug and alcohol and justice supports. BUDJA BUDJA CONSULTATION

People with alcohol or other addictions need support every day to get them through. GRAMPIANS CONSULTATION

ACTION 4.5 Encourage family-inclusive service delivery and include family members (as appropriate) in alcohol and other drug treatment programs

Given the importance of families in community life and wellbeing, the need for families to be included in the treatment process was identified. Participants who had been clients of AOD treatment services spoke of having to leave family and community to undertake treatment, and struggling with these separations.

If someone has an alcohol problem in Ballarat, they need to leave their family to gain professional treatment (rehabilitation). GRAMPIANS CONSULTATION

Kooris are family orientated so this makes the process really difficult. It is really hard to leave the community. GRAMPIANS CONSULTATION

We need to address co-dependency. Who supports the families who have drinkers in their families? GIPPSLAND CONSULTATION

It was argued that family and community connections must be a core consideration when addressing alcohol use and related issues. Programs need to also focus on healing the whole family. Suggestions were made regarding ways of incorporating family into treatment programs, including enabling children to stay with their parents, particularly in residential rehabilitation settings.

ACTION 4.6 Strengthen local and regional partnerships between ACCHOs, Aboriginal family violence services and AOD and related services, so that links are built to ensure appropriate assessment, referral and joint case work occurs

Partnership and cooperative approaches are required to reduce and prevent alcohol-related harm. Partnership is an overarching objective of the plan, central to the AJA2 and the VIAF. The importance of partnerships was emphasised in the consultations.

To improve the situation requires a whole-of-service and community commitment, the AOD workers cannot change the world by themselves.

HUME REGIONAL CONSULTATION

Consultation participants anticipated that stronger partnerships between Aboriginal community-controlled health organisations and general services would see Koori community members have greater confidence in accessing the latter. Both general and Aboriginal organisations need to be active in the creation and maintenance of partnerships.

We (Indigenous services) are always the ones who have to initiate discussion, always seem to be the one linking in and this needs to be a two-way street. TELKAYA NETWORK CONSULTATION

One example of a successful partnership is the Ngwala Willumbong and YSAS joint program management of the Koori youth healing service. A model of working together has been established that includes mutual respect and understanding and learnings from each other's organisational strengths.

ACTION 4.7 Explore the provision of clinical and nursing support to Koori resource centres

Part of the Victorian response to the Royal Commission into Aboriginal Deaths in Custody recommendations was the establishment of Koori community alcohol and drug resource services (KCA&DRS). These services provide an alternative to incarceration for Aboriginal people found to be intoxicated or drug-affected in public. The KCA&DRS were originally designed to offer a safe environment for a person to sober up and to offer short-term accommodation in a safe, non-threatening environment, with a focus on meeting the needs of the individual through appropriate referral processes, with no provision for medical or health support.

In response to these concerns, the Victorian Government has recently committed \$4.5 million over four years for new nursing capacity to three Koori community alcohol and drug resource services. These services will provide medical and health support to Aboriginal people accessing those services due to drug and alcohol misuse. These initiatives will be developed and implemented in close partnership with each of the services and will include consultation with local community and key stakeholders.

ACTION 4.8 Develop a Koori AOD workforce plan that includes specific actions to improve the capacity of the workforce to respond to alcohol problems

The importance of acknowledging the role of Koori support workers was raised during all consultations. The issue of burnout was frequently mentioned, with a number of factors considered to contribute to high-turnover rates, including large case loads, complex needs of clients, the out-of-hours contact, lack of confidence with some general services, and workers' skill levels not always matching the service and support required.

Build the capacity of the services that we have. For example, you can't just have one drug and alcohol worker to support the whole community.

MILDURA CONSULTATION

There should be professional development to ensure that workers have at least a general understanding of services in the local area.

ECHUCA CONSULTATION

Aboriginal members of the AOD workforce have knowledge and expertise that needs to be valued and drawn upon. The workforce needs to be developed, and recruitment and retention issues need to be addressed to ensure the workforce continues to be strengthened.

Government needs to embrace our expertise and give us a voice. We have identified the needs over and over again and only government can provide the financial support and structure that is needed to solve this problem within community.

TELKAYA NETWORK CONSULTATION

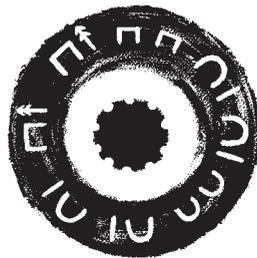
Also noted during the consultations and the 'Inaugural joint meeting of the Aboriginal Justice Forum and the Aboriginal Human Services Forum' (Warrnambool 2009), was the need to support both professional development and regular regional network opportunities, in order to share learnings across the range of Aboriginal workforce sectors. These include Koori AOD workers, Aboriginal health workers, Koori mental health liaison officers, ICAP workers, social, emotional and wellbeing workers, Aboriginal education workers and Koori justice workers.

ACTION 4.9 Enhance reporting systems to reflect the broad range of agency activity that supports Koori AOD clients

It was also argued that reporting requirements must reflect the broad range of agency activity that supports Koori AOD clients. Consultations highlighted the challenge (particularly with ACCHOs and AOD workers with Koori clients) in being able to capture the range of services and supports provided. When working with Koori clients, there needs to be a greater focus on identifying and reporting qualitative approaches. The challenge of accurately reflecting the extra support and activities that are often provided to clients, and recording such information in funding reports, was discussed. Examples of important activities which are hard to capture, include out-of-hours activities, such as involvement in community events, and involvement in other cultural-based activities.

Data collection mechanisms are fairly useless as they never reflect the breadth of work completed by staff in supporting their clients.

TELKAYA NETWORK CONSULTATION



Measuring outcomes



Objective: Reduce risky drinking	Source
Reduction in the proportion of Aboriginal Victorians drinking at risky and high-risk levels Increased awareness of low-risk drinking guidelines among Aboriginal Victorians Changes in attitudes of young Aboriginal Victorians towards risky drinking, including attitudes towards getting drunk and perceptions of risk	National Aboriginal and Torres Strait Islander Health Survey National Aboriginal and Torres Strait Islander Social Survey Other commissioned research
Objective: Reduce the consequences of risky drinking on health, productivity and public safety	Source
Reduction in deaths from conditions attributable to alcohol consumption Reduction in hospital admissions attributable to alcohol consumption Reduction in emergency department presentations attributable to alcohol consumption	Victorian Admitted Episodes Dataset Victorian Emergency Minimum Dataset Other commissioned research

The government will monitor progress against these outcome measures over the ten-year period of the plan. It is, however, important to note that some outcome measures will require more than ten years to achieve substantial improvement.

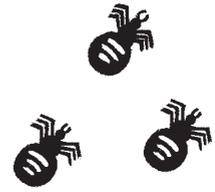
Through the VIAF, the Victorian Government is regularly reporting against a series of strategic areas for action and change indicators. Under Strategic Area for Action 4 – Improve health and well-being, the strategic change indicator 4.5: Reduce risky alcohol consumption among Indigenous people, is being measured by emergency department presentations due to alcohol consumption in Aboriginal people.

Other VIAF indicators related to harmful alcohol consumption include rates of chronic conditions, Aboriginal child protection substantiations and the proportion of Aboriginal people remanded in custody.

The Victorian Government has also committed to reporting on the implementation of the VAAP and against the national performance indicators through the *Ministerial Council on Drug Strategy*.

While the objectives of the plan are the same as the VAAP, there are some differences in available information. This is reflected in the outcomes and sources detailed above.

Appendix 1. Good practice examples of current activities



The Koori offender support and mentoring program

An initiative of the AJA, this program has been a successful collaboration between the Koori community and Victoria's community correctional services. The program is designed to assist Kooris in completing their community-based orders. The Koori Offender Support and Mentoring Program builds upon a successful pilot, the Aboriginal Women's Mentoring Program, initiated and delivered by the Rumbalara Aboriginal Cooperative from 2002–06. The pilot helped to achieve a significant reduction in the number of breaches recorded by local young Koori females on community-based dispositions.

Of the 28 Koori women who participated, approximately 80 per cent successfully completed their order without breach. The pilot was successful largely because the Shepparton Koori community identified the need for such a program, assisted in its development and took ownership. The program has now expanded to four other locations across Victoria: Bairnsdale, North West Metro, Mildura and La Trobe. Koori Elders and Respected Persons provide support, advice and cultural connection to program participants who are on a community-based order, intensive corrections order, community corrections treatment order or parole.

Mullum Mullum Indigenous gathering place: eastern metropolitan region Indigenous youth network

Funded by Frontline, this program provides activities for Koori youth in the Eastern Metropolitan region. The project targets two age groups of Koori youth; 9–13 years and 14–18 years. Activities such as camps, movie nights and cultural strengthening will occur at times that are most suitable to the target groups. A key focus is on connecting youth to peers and older mentors. Youth are engaged in positive activities that will reduce the incidence of youth ending up in the criminal justice system, including monthly dance parties (alcohol-free), camping or cultural tours, school holiday programs, youth website development and the Learner Driver Education Program. A further project of developing leaders who have participated in the youth network has also commenced, to enhance sustainable outcomes in this region.

Fitzroy Stars Football Club's Community and Social Health Engagement Program

The Fitzroy Stars Football Club's (FSFC) Community and Social Health Engagement Program (CASHE), funded through Frontline, is a partnership between the Victorian Government and the Koori community. CASHE looks to build the capacity of FSFC to increase the participation of children, families and Elders in the tasks of running a football club, as well as achieving their social and community-wide aims. Through broad-ranging partnerships with local Koori and non-Koori agencies and community organisations, the FSFC offers programs and activities relating to fitness, healthy living, diet and nutrition, drug and alcohol support and counselling, self esteem, and education and employment opportunities. The program also provides important diversionary and rehabilitative measures for participants who have had contact, or are at risk of contact, with the criminal justice system, to help them make choices that will have a positive impact on their lives. The FSFC does not sell alcohol to raise revenue for the club.

The FSFC is an Aboriginal football club formed in the early 1970s and based in the Aboriginal community in Melbourne's northern suburbs. The FSFC became an integral part of the way people spent their weekends, giving families a place where they could participate in sport. It became an important weekly meeting place where the community could come together, catch up and play sport.

Enjoying considerable success in its day, the club competed in finals on a regular basis, winning premierships in 1974, 1977, 1985, 1989, 1990 and 1992. The club was out of action for a number of years, due to the collapse of a number of football leagues in which it was competing, but now the Fitzroy Stars are back in the game, competing in the Northern Football League now based at the Aborigines Advancement League's Sir Doug Nicholls Oval. And like its oval's name-sake, FSFC is committed to doing more than playing great football. The club's mission is to promote fitness and healthy living, offer pathways to employment and help build bridges between the Aboriginal and non-Aboriginal community.

Hellenic sporting club Mildura United Inc (Mildura united soccer club)

This Frontline funded Koori Youth Contact Minimisation Project encourages and supports, both personally and financially, Koori youth to participate in formal organised sport throughout the year, and encourages and supports local Elders and parents to be involved as mentors, coaches, umpires, committee members and support workers. The project aims to provide a program that develops physical skills, increases self-esteem, improves team-building and leadership skills, and provides a mechanism where Koori youth can become accountable and responsible for improving their own future long-term employment or sporting potential.

A resounding success story, with approximately 200 youth in its ranks and nine teams, the Mildura United Soccer Club has provided younger members of the Mildura Koori community with a healthy recreational activity, and an alternative to offending. Players train twice a week and games are held on Sundays. Activities offered by the club have been extended to include netball and basketball.

The Lakes Entrance new year's eve marshals' program

Every year, Lakes Entrance hosts a New Year's Eve celebration which draws attendance from locals in the East Gippsland region, as well as large volumes of tourists visiting the area. The New Year's Eve Marshals' Program involves the employment (and training) of community members as marshals at the Lakes Entrance New Year's Eve fireworks event.

A partnership program between the Lake Tyers Community Renewal Project, the Koori community in Lakes Entrance and Bairnsdale and local police, the marshals' program has been operating since New Year's Eve 2005. It was developed in response to the high level of Koori contact with police at the 2003 Lakes Entrance New Year's Eve event, where there were 74 police interactions during the night.

The community marshals acted as liaison and mediation officers between the local Aboriginal community and the police, and provided mediation, transport and other supports. For the 2008 New Year's Eve event, residents from Lake Tyers and community members from Lakes Entrance and Bairnsdale worked from 6 pm to 2 am. The Koori marshals met with police at 6 pm for a briefing of duties and responsibilities. The nearby rotunda was used as a base, as well as a drop-in area for community members to come by for a cup of tea. Marshals were clearly identified by their vests, and had walkie-talkies to connect them to police.

The police have reported a significant reduction in police interventions with the Koori community since the commencement of the program. The local Lakes Entrance police provided the following figures to the department.

- New Year's Eve 2002: 74 police interventions involving Kooris in Lakes Entrance.
- New Year's Eve 2005: one police intervention involving a Koori (first year of marshalling)
- New Year's Eve 2006: one police intervention involving a Koori
- New Year's Eve 2007: nil incidents involving Kooris.

Kalay Wartee (Sister Brother) Indigenous mentoring program

Giving young Kooris support and guidance to achieve their goals is one of the main aims of the Kalay Wartee (Sister Brother) Indigenous Mentoring Program, a joint initiative of Gunditjmarra Aboriginal Cooperative and Brophy Family and Youth Services in Warrnambool. The program involves one-to-one mentoring of young Aboriginal people aged 8–18 years. The mentors are local volunteers from the community, both Aboriginal and non-Aboriginal, who are matched up with young mentees to offer support and friendship. The program promotes meaningful connections between the young people and their families, communities and culture by focusing on the mentee's educational, personal, cultural and social skill development, through participation in a range of activities with their mentors.

Initially funded in 2006 by the Office for Youth as a two-year pilot project, Kalay Wartee is now supported by Frontline. Kalay Wartee founder and coordinator, Adeline McDonald, said the program was unique because it was specifically developed for the local Koori community. 'We wanted to concentrate on breaking the cycle of poor attendance at school, lack of work prospects and disconnection from family and culture,' she said.

The program is also helping to reduce contact between Koori youth and the criminal justice system, and strengthening the capacity of families to support their own children.

Kalay Wartee success stories

ANZ TRAINEESHIP: One student mentee has been accepted to participate in the ANZ scholarship, giving her a full-time job at the local ANZ bank over the school holidays, and one day a week during the school term, allowing her to get some great work experience while she is still at school.

3KND RADIO: Two mentees are participating in the 3KND Kool'n'Deadly project for people aged 16–25 from around Victoria, to learn and engage in radio broadcasting. The participants will receive a short-course certificate from the Australian Film, Television and Radio School.

GNURAD-GUNDIRJ CAMPUS (SCHOOL FOR STUDENT LEADERSHIP): A mentee is one of 45 students from throughout Victoria who was chosen to attend Gnurad-Gundidj, a residential year nine leadership school based in the south west of the state. She will spend nine weeks living on campus and, though a bit unsure about leaving family for the first time, with the help and support from her mentor and family, she was happy to give it a go.

Telkaya – the statewide Koori AOD worker network

Telkaya is a Wamba Wamba word meaning to be well, to improve, to be peaceful.

Telkaya is a network made up of Department of Health and OATSIH-funded Koori alcohol and other drug workers from across Victoria. The network originally started in 1987 when the first two Koori alcohol and other drug workers were employed by the then Health Commission. As these positions were new, the workers were a little unsure about what was expected from their roles and responsibilities, so they met to discuss what they were doing, the expectations from community and the Health Commission, as well as their own personal expectations. They provided each other with cultural support and informal debriefing, with support and guidance from Kevin Coombes – a Koori respected Elder and then fellow government employee.

By 1995, the Victorian Government was funding a total of ten Koori alcohol and drug workers, employed by either Aboriginal health cooperatives or directly by the Department of Human Services, and nine sobering-up services located across Victoria were receiving recurrent funding. In 1997, the department reviewed its Koori alcohol and drug services, and renamed the services the Koori Community Alcohol and Drug Resource Centres (KCA&DRS). Key service requirements were developed and implemented for both the resource centres and the Koori community AOD worker roles. Twelve years on, the network has grown to around one hundred funded positions within the Koori alcohol and drug sector.

The purpose of Telkaya is to:

- provide cultural support and debriefing opportunities to one another
- share knowledge and experiences in service delivery
- build relationships with one another and external agencies
- provide collective advice to stakeholders
- receive sector briefings

- provide an opportunity for professional development
- provide drug and alcohol sector-specific support for individuals who are isolated in their workplace.

Since 2007, Telkaya has had an elected executive committee made up of eight workers from the network and five non-voting members, including members from Ngwala, VACCHO, OATSIH and the Department of Health, and has achieved some very significant milestones, including:

- developing a charter, work plan and code of conduct endorsed by the funding bodies
- receiving funding from OATSIH for the coordinator position and network meetings
- a commitment from the department for ongoing funding for network meetings
- the official naming and launching of the network
- a message stick designed for the network in consultation with all members.
- development of 'Message stick: an orientation manual for Koori alcohol and other drug workers in Victoria'

Through networking, sharing knowledge and resources, Telkaya is dedicated to healing mind, body and spirit. Telkaya supports proud, deadly and passionate workers, reinforcing our culture through respect.

THE TELKAYA MOTTO

Ngwala Willumbong Cooperative Ltd Koori Withdrawal Access Program

The Koori Withdrawal Access Program aims to develop protocols and build strong partnerships with general withdrawal services to improve the access and treatment outcomes for Aboriginal and Torres Strait Islanders.

Our experience tells us that while Aboriginal people with substance abuse problems often need access to specialist general alcohol and drug services, many are reluctant to do so for a wide variety of reasons.

The Koori AOD service sector is also limited to the provision of outreach counselling and support, which does not always meet the specialist needs of our clients and their families.

Koori access workers can help clients to gain access and be supported through the withdrawal programs that operate from most of the Melbourne-based general withdrawal services.



List of acronyms

AAV	Aboriginal Affairs Victoria
ACCHO	Aboriginal community-controlled health organisations
ADF	Australian Drug Foundation
AJA1	<i>Aboriginal Justice Agreement</i> Phase 1
AJA2	<i>Aboriginal Justice Agreement</i> Phase 2
AMS	Aboriginal medical services
AOD	Alcohol and other drug
CASHE	Community and social health engagement
COAG	Council of Australian Governments
FSFC	Fitzroy Stars Football Club
ICAP	Improving care for Aboriginal patients
KCA&DRS	Koori community alcohol and drug resource services
KMHLO	Koori mental health liaison officer
KMS	Koori maternity services
LAJACs	Local Aboriginal Justice Action Committees
LIN	Local Indigenous networks
NIDAC	National Indigenous Drug and Alcohol Committee
OATSIH	Office of Aboriginal and Torres Strait Islander Health
PAAC	Premier's Aboriginal Advisory Council
RAJACs	Regional Aboriginal Justice Advisory Committees
RIC	Regional Indigenous councils
VAADA	Victorian Alcohol and Drug Association
VAAP	<i>Victoria's alcohol action plan 2008–2013: Restoring the balance</i>
VACCHO	Victorian Aboriginal Community-Controlled Health Organisation
VACSAL	Victorian Aboriginal Community Services Association Limited
VAEAI	Victorian Aboriginal Education Association Incorporated
VAHS	Victorian Aboriginal Health Service
VIAF	Victorian Indigenous Affairs Framework
YSAS	Youth Substance Abuse Service



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