

***NSW SUMMIT ON ALCOHOL
ABUSE***

TALKING ABOUT GROG

RECOMMENDATIONS

Monday 25 August 2003

Talking About Grog - Recommendations

Working Group One- Informing and Engaging the Community

1. Address underlying issues of Aboriginal peoples' usage of alcohol and establish an evidence base as to why people drink and how we deal with issues stemming from alcohol use.
2. Support a locally based approach to ensure local people develop local strategies to inform and engage Aboriginal people, families and communities through the development of a locally determined appropriate infrastructure.
3. Implement a media strategy that sees the media leading the message that being drunk is not cool (story lines in television shows, advertising and a media protocol around reporting on Aboriginal issues).
4. Develop partnerships between communities and appropriate agencies to facilitate education from pre-school through to adulthood to create awareness of the health and social harms of drinking and that being drunk is not cool.
5. Supporting Aboriginal communities in reclaiming kinship and culture to unify communities and families.

Working Group Two - Preventing Abuse and Harm

1. Develop and provide cultural programs for young Aboriginal people such as cultural centres in local Aboriginal communities developed, operated and controlled by appropriate and respected local Aboriginal people.
2. Develop Aboriginal-specific alcohol and drug education programs for all members of the community from preschool-aged children to senior Aboriginal people, including the development of educational programs addressing illegal drug use and abuse.
3. Respected Aboriginal people in local and regional traditional Aboriginal communities to develop their own protocols and own community priorities for addressing alcohol and drug abuse issues such as prevention and rehabilitation.
4. Increase the Tax Levy on the sale of alcohol and use this funding to support locally-based, and locally-managed alcohol rehabilitation and support centres for Aboriginal people, particularly for young Aboriginal people.
5. Identify traditional, respected local community members and Elders from all traditional boundary groups in NSW and develop local, regional and state-wide Aboriginal leadership forums to ensure appropriate and authorised Aboriginal people are making decisions.

Working Group Three- Alcohol Dependence, Disease and Treatment.

1. Establish and provide funding for a community controlled and culturally appropriate training program for awareness, treatment and addiction, aimed at communities and frontline workers, with involvement from elders and other community experts. Training to be provided by AH&MRC Aboriginal health college.
2. Provide cultural trainers in communities who are able to provide cultural training to enhance the clinical skills of frontline workers involved in alcohol and other drugs.
3. Provide training to frontline health workers in brief intervention. This should be a mandatory component of training for all primary health care workers and should be aimed at both aboriginal and non aboriginal workers.
4. Provide dedicated Aboriginal beds/places in a diverse range of treatment services, at all area health services, from detoxification to residential rehab and relapse prevention. This should include the development of an Aboriginal and Torres Strait Islander specific detox service.
5. Address the need for services specific to indigenous women, to take into account the unique family social structure that exists in indigenous society.
6. Endorse the NSW Aboriginal and Torres Strait Islander Substance Abuse Plan.

Working Group Four- Effective Health Care Service Delivery

1. Ensure the provision of long term (5-10-15 year) and additional funding of:
 - I. education and training of all NSW health care workers on drug and alcohol issues amongst Aboriginal people
 - II. existing drug and alcohol services for Aboriginal people which are known to be effective

Funding must be tied to health outcomes, and be flexible to changing circumstances at local levels.

2. Develop and implement consultation and collaboration models in relation to alcohol use, between Aboriginal community groups and the following:
 - i. Government departments
 - ii. Corrective services
 - iii. Non government organisations, eg. St Vincent de Paul
 - iv. Private sector, eg. hotels' associations, other liquor licensees
 - v. Local councils

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3. Develop and implement models of effective alcohol service delivery. This would include the uptake of culturally appropriate case management models by all drug and alcohol clinicians in NSW. This must be promoted amongst GPs through education about relevant rebates available through Medicare under Enhanced Primary Care.
4. Every Area Health Service and Aboriginal community controlled health service must employ a minimum of one male and one female specialist drug and alcohol worker.
5. Increase the numbers of Aboriginal drug and alcohol specific workers by:
 - i. NSW Aboriginal Health Partnership identifying and developing career pathways for health professionals
 - ii. TAFE and other entities offering accredited training in drug and alcohol issues specific to Aboriginal people
 - iii. Ensuring that funding of Aboriginal community controlled services supports appropriate remuneration of staff

Working Group Five- Alcohol Related Injury and Trauma

1. Develop a state-wide liquor accord with Aboriginal communities which can be used for local application in NSW including the monitoring and enforcement of the RSA.
2. That no new offences/penalties be imposed as a result of the Summit.
3. No government funding be provided to events including sporting where alcohol is advertised, available or consumed and that government impose bans on sporting events sponsored by the alcohol industry.
4. Support and expand existing programs such as the Community Patrols, Granny Patrols, detox services, and local road safety officers programs and other alternate transport programs.
5. Facilitate the development of a locally owned/controlled educational package to address alcohol issues. This must address issues identified by the targeted community.

Working Group Six- Family Health and Wellbeing

1. That the NSW Government provides resources and funding to allow Indigenous groups and organisations to run community managed, holistic family alcohol based programs.
2. That the NSW Government develop and implement an education campaign on the dangers of drinking and the impact of drinking on reproduction, focussing specifically on Indigenous communities.

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3. That the NSW Government request that NSW Health, Department of Community Services, the Department of Juvenile Justice and NSW Police develop integrated models of service delivery to deal with alcohol and homelessness in Indigenous communities.
4. That the NSW Government when establishing programs for Indigenous communities should take account of diversity amongst Aboriginal communities in NSW.
5. That the NSW Government in partnership with Aboriginal Community Controlled Organisations establish programs for men and young men and family to deal with crisis accommodation in a holistic manner. Establish programs for men and young men.

Working Group Seven- Workforce Development and Infrastructure

1. Compulsory cultural education is required for frontline workers and other workers who come into contact with Aboriginal clients with alcohol and other drug issues. This training can be provided by the following modes: pre-service education, community cultural education, refresher education, and all must then build onto and incorporate local knowledge.
2. Increased and enhanced preventive, clinical training is required for all primary health care workers who work with Aboriginal clients with alcohol and other drug issues. This training must encompass the areas of:
 - I. brief intervention;
 - II. training in holistic assessment;
 - III. and identifying treatment and dependency issues.
 - IV. The issues surrounding this training need to incorporate the issues of backfilling and appropriate remuneration.
3. Training for Aboriginal Health Workers needs to consider brief intervention; training in holistic assessment; and identifying treatment and dependency with appropriate time away from work to train, with appropriate remuneration and back-filling of positions.
4. Appropriate Drug and Alcohol Networks need to be developed which build on partnerships with other agencies; provide debriefing and clinical supervision for Aboriginal workers; with innovative models for health services.
5. More frontline workers taking into consideration: more gender specific factors when providing primary health care for Aboriginal clients in drug and alcohol. This needs to be done in a range of settings such as: area health, residential rehab, detox, Aboriginal medical services,

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outreach, across government and NGOs. These models must incorporate culturally appropriate treatment models

Working Group Eight- Alcohol Related Crime and Anti-Social Behaviour

1. All initiatives must be community-based, holistic (local problems, local solutions)
 - I. initial drug and alcohol assessments must be done by community based services, and include social and emotion well-being concepts
 - II. alcohol accords must be directed and managed by the community
 - III. criminal justice agencies to devise localised contextual solutions by engaging with community members to address the paucity emerging in those communities
2. Any suggested new legislation must be subject to the agreement signed between the Attorney General and the Aboriginal Justice Advisory Council, allowing for social impact assessments:
 - I. tougher penalties for those responsible for supplying alcohol to minors
 - II. family violence – victim should be able to stay in the home
3. Professional training and development for judiciary and police officers on culture and context:
 - I. better recruitment processes to ensure suitable police officers, and encourage Aboriginal persons to apply
 - II. more ACLOs, particularly females
4. GITS (Getting Together Scheme- outcome from Drug Summit, facilitated through the Department of Community Services) – needs to be extended across NSW, with emphasis on being Aboriginal specific in the first instance
5. Recognition of evidence-based research.

Working Group Nine- Alcohol and the Justice System

1. Establish further community consultation at a local, State and Federal level, including youth.
2. ensure formalised agreement between Government and Aboriginal and Torres Strait Islander communities before an policy or legislative enactment or change.
3. Establish more local facilities and training in the areas of need – for ongoing rehabilitation centres such as Safe Houses, Cooling-off Houses and Aboriginal Alcohol Intervention Workers.

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4. Establish mediation panels with Elders and community members and provide mentoring and support for these groups.
5. Implement cultural awareness programs and strategies across the Justice System that are properly resourced at a local level.

Working Group Ten- Responsible Supply and Consumption

1. Recruit Aboriginal licensing officers who are locally or regionally based, have similar enforcement powers to NSW Police, and who can undertake spot random checks of local alcohol related licensing issues outside of core (9 to 5) working hours.
2. Establish a two-way feedback helpline that callers can use to get information about local liquor licensing matters, and where callers can raise concerns about the impact of alcohol misuse/abuse on their local community.
3. Introduce health warning labels on liquor products, initially on a trial basis.
4. Implement a total ban on alcohol advertising, or conduct an Indigenous education campaign to raise awareness about the negative effects of alcohol misuse/abuse.
5. Implement sustainable education programs about alcohol from early childhood through to high school.
6. Increase Indigenous community involvement in the liquor licensing application process (eg via Aboriginal working groups), to look at a range of licensing issues including the review of trading hours and the service of alcohol.