9. THE HARMFUL USE OF ALCOHOL AND OTHER DRUGS (RECOMMENDATIONS 63-71)

1. Introduction

The Royal Commission into Aboriginal Deaths in Custody (‘RCIADIC’) noted that very little quantitative information is available on the extent and nature of Indigenous alcohol use, and of its consequences.\(^1\) A considerable portion of Chapter 15 of the National Report\(^2\) is focussed on the state of current knowledge in respect of the relationship between Indigenous people and alcohol and other drugs.

Chapter 15 of the National Report deals primarily with the implications of alcohol use in Indigenous communities, "as it is a widely used drug and its use too often has serious consequences at the individual, family and community levels."\(^3\)

The recommendations made by the RCIADIC in relation to the harmful use of alcohol and other drugs (Recommendations 63-71) centred principally around the need for additional research to be conducted in order to develop a more comprehensive understanding of a number of issues in this area.

2. Summary

This Report considers that the majority of Recommendations 63-71 relating to the harmful use of alcohol and other drugs are not appropriate for implementation through legislation or government policy.

However, of those Recommendations that are appropriate for implementation through legislation or policy, being Recommendations 63, 65, 67 and 68, this Report concludes that they have generally been implemented, to some extent, by relevant Commonwealth (and in some cases State or Territory) government bodies.

The National Report notes that the majority of its Recommendations in this area call for a Commonwealth response, rather than individual State or Territory-based action. Consequently, to the extent that these Recommendations have been implemented, it has mostly been by the Commonwealth.

3. Establishment of a National Task Force (Recommendation 63)

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\(^1\) Royal Commission into Indigenous Deaths in Custody, National Report, 1991, Chapter 15, paragraph 15.2.11.

\(^2\) The ‘National Report’ refers to the findings of the RCIADIC. The National Report and recommendations can be found here: <http://www.austlii.edu.au/au/other/IndigLRes/rciadic/>.


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The RCIADIC noted that it “consider[s] that action could be taken to fill gaps in knowledge in this area, with the aim of assisting Indigenous people and those working with them to better understand Indigenous drinking and to therefore develop appropriate responses.” As a means to achieving this goal, the RCIADIC recommended as follows:

**Recommendation 63:** That having regard to the desirability of Aboriginal people deciding for themselves what courses of action should be pursued to advance their well-being ATSIC consider, in the light of the implementation of the National Aboriginal Health Strategy, the establishment of a National Task Force to focus on:

- the examination of the social and health problems which Indigenous people experience as a consequence of alcohol use;
- the assessment of the needs in this area and the means to fulfil these needs; and
- the representation of Indigenous Health Services and other medical resources in such a project.\(^5\)

A number of Indigenous programs and organisations fell under the overall umbrella of ATSIC until it was disbanded in 2005\(^6\). However, it does not appear that ATSIC established a coordinated National Task Force to investigate the social and health problems associated with alcohol use in Indigenous communities.

### 4. Establishment of an Ongoing Program of Data Collection and Research (Recommendation 65)

In light of the significant gaps in the research available with respect to the relationship between alcohol and drugs in the Indigenous community, the RCIADIC recommended as follows:

**Recommendation 65:** That if Aboriginal people identify it as a priority (and ATSIC is well placed to make such a judgment) the Ministerial Council on Drug Strategy, as the body which manages the NCADA, act to develop and implement, in conjunction with Aboriginal people and organisations, an ongoing program of data collection and research to fill the many gaps which exist in knowledge about Aboriginal alcohol and other drug use and the consequences of such use. Particular areas of need are:

- Information about alcohol consumption among urban Aboriginal groups;
- Information about alcohol consumption among Aboriginal youth;
- Longitudinal data in all areas;

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\(^5\) Ibid, Recommendation 63.

\(^6\) The Indigenous and Torres Strait Islander Commission Amendment Act 2005 (Cth).
d. An emphasis on good quality data utilising standard methodology and definitions; and

e. Evaluation research which assists in developing improved Aboriginal prevention, intervention and treatment initiatives in the alcohol and other drugs field.

4.1 National Drug Strategy (NDS)

The National Drug Strategy 2010-2015 (‘NDS’) and its forerunner, the National Campaign Against Drug Abuse (‘NCADA’) have been operating since 1985. The aim of the NDS is to build safe and healthy communities by minimising alcohol, tobacco and other drug-related health, social and economic harm among individuals, families and communities.

A number of sub-strategies and initiatives sit underneath the NDS, including:

(a) **Research Centres**

The Australian Government funded three national drug research centres of excellence: the National Drug and Alcohol Research Centre, the National Drug Research Institute and the National Centre for Education and Training on Addiction. These research centres undertake work in a number of key priority areas including the treatment and prevention of drug use for Indigenous people.

(b) **National Drug Strategy Indigenous and Torres Strait Islander Peoples Complementary Action Plan (2003-2009)**

This was developed to provide national direction on drug-related problems that concern Indigenous and Torres Strait Islander people.

(c) **National Aboriginal and Torres Strait Islander Peoples Drug Strategy**

In addition to the National Drug Strategy Indigenous and Torres Strait Islander Peoples Complementary Action Plan the NDS also contains, as a sub-strategy, the updating or development of a National Aboriginal and Torres Strait Islander Peoples Drug Strategy.

(d) **National Indigenous Alcohol and Drug Committee (NIDAC)**

In 2004, the Australian National Council on Drugs (‘ANCD’) the principal advisory body to the Australian Government on alcohol, tobacco and other drugs policy, recognised harmful alcohol, tobacco and other drug use by Indigenous people as a priority, and established an Indigenous Stakeholders Group to look at the best means to address Indigenous alcohol, tobacco and other drug problems.

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7 **Royal Commission into Indigenous Deaths in Custody, National Report, 1991, Chapter 15, Recommendation 65.**

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The formation of the NIDAC was officially announced by the ANCD in December 2004. Its purpose is to assist the ANCD in providing advice to government on a range of issues that impact Indigenous communities and to ensure that these issues remain a priority to the government.

An important component of NIDAC's work is to contribute to the development of policy and strategies relevant to Indigenous alcohol, tobacco and other drug problems taking into account the NDS and the National Drug Strategy Aboriginal and Torres Strait Islander People's Complementary Action Plan.

The NIDAC Strategic Plan for 2012-2014 identifies priority areas of focus and provides direction for NIDAC through the broad objectives and activities identified in the plan. The Committee recognises that the complexities of alcohol, tobacco and other drug use among Indigenous people demands a holistic and flexible approach and that the priorities listed are not intended to cover all challenges. Rather, they represent priority areas of concern to which the Committee can make contributions, and assist the ANCD in supporting the Australian Government's 2010 - 2015 National Drug Strategy and National Drug Strategy Aboriginal and Torres Strait Islander People's Complementary Action Plan. NIDAC also maintains the flexibility to respond to emerging alcohol, tobacco and other drug issues as they arise.

4.2 Australian Bureau of Statistics (ABS)

Research and data collection appears to have been conducted principally by the ABS. The ABS conducts two relevant surveys being the:

(a) National Indigenous and Torres Strait Islander Social Survey (NATSISS)

Conducted every 6 years with the first survey having been conducted in 2002. The survey collects information on a wide range of subjects, including family and culture, health, education, employment, income, financial stress, housing, and law and justice.

(b) National Indigenous and Torres Strait Islander Health Survey (NATSIHS)

Conducted every 6 years with the first survey having been conducted in 2004-2005. The survey collects information about health-related actions, health risk factors (including alcohol consumption), health status, socioeconomic circumstances and women's health. The most recent survey, the 2012-2013 NATSIHS, surveyed around 9,300 respondents. It is currently being progressively released with the most recent release, relating to biomedical results, occurring on 10 September 2014.

While both the NATSISS and the NATSIHS are prepared using results provided by Indigenous people, the extent to which the ABS consults with Indigenous people in

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connection with the development and implementation of the NATSISS and the NATSIHS is not clear.\(^8\)

4.3 COAG - Overcoming Indigenous Disadvantage: Key Indicators report

In April 2002, the Council of Australian Governments commissioned a Steering Committee to produce a regular report relating to key indicators of Indigenous disadvantage. The Steering Committee is advised by a working group made up of representatives from all Australian governments, the National Congress of Australia’s First Peoples, the Australian Bureau of Statistics and the Australian Institute of Health and Welfare.

This report has the long-term objective of informing Australian governments about whether policy programs and interventions are achieving positive outcomes for Indigenous people. The intention being that this will help guide where further work is needed.

The latest edition of the report “Overcoming Indigenous Disadvantage: Key Indicators 2014” was released on 19 November 2014, and included a section on Aboriginal alcohol consumption and harm together with another section on Drug and other substance use and harm. Numerous previous editions of the report were published bi-annually commencing in 2003.

5. Regular Research Program (Recommendation 67)

**Recommendation 67:** That the National Drug Abuse Data System of NCADA institute a regular research program to establish baseline data and monitor changes over time in relation to the health, social and economic consequences of alcohol use among Aboriginal people.\(^9\)

As mentioned above NCADA has subsequently become the NDS. It appears that NCADA’s National Drug Abuse Data System was discontinued with, as mentioned above, its role being taken over by the NIADC and ABS. Please see section 4.

6. Accurate Identification of Indigenous People in Data Sets (Recommendation 68)

**Recommendation 68:** That responsible authorities accurately identify Aboriginal people in administrative data sets, such as those covering mortality, morbidity and other social indicators, where such action will provide basic information to assist Aboriginal organisations to achieve their research and service development goals. While it is acknowledged that primary responsibility for the management of such data

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\(^8\) The ABS also issues a number of other Survey results and Articles, available at: <http://www.abs.gov.au/websitedbs/c311215.nsf/web/Aboriginal+and+Torres+Strait+Islander+People++Health>.


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sets lies within the States and Territories, Commonwealth agencies such as ATSIC, the AIH and the AIC should be involved in this exercise in a co-ordinating role.\textsuperscript{10}

6.1 Commonwealth

At a Federal level, the ABS is the agency responsible for the collection of administrative data sets. Please see section 4.2.

In May 2002, the ABS issued a release entitled "Mortality and Morbidity: Mortality of Aboriginal and Torres Strait Islander peoples"\textsuperscript{11} which stated that:

"Although the identification of Aboriginal and Torres Strait Islander peoples continues to be less than satisfactory in some administrative collections, considerable progress has been made over recent years towards nationally consistent and comprehensive coverage. It is anticipated that it will be several years before coverage is sufficient for accurate benchmarks to be established for future monitoring of health outcomes for Indigenous peoples. Despite these limitations in the availability of data, this article provides an insight into the substantial differences between the health of Indigenous peoples and that of the total population."

6.2 New South Wales

NSW Health published a report on 12 July 2013 entitled "Improved reporting of Aboriginal and Torres Strait Islander peoples on population datasets in New South Wales using record linkage - a feasibility study".

The report identified potential methods to promote the compilation of greater quality datasets relating to Indigenous people, primarily by linking the information found to major datasets. The report linked datasets from major national and State-based organisations, including the Australian Bureau of Statistics death registration data, Registry of Births, Deaths and Marriages birth registration data, New South Wales Prenatal Data Collection, New South Wales Emergency Department Data Collection, New South Wales Admitted Patient Data and the New South Wales Central Cancer Registry.

6.3 Queensland

Since the RCIADIC in 1991, the Indigenous status of patients in Queensland has been recorded in all hospital-based data collections from public and private hospitals and all birth and death registration forms record Indigenous status.

6.4 Australian Capital Territory

In the ACT, the Indigenous and Torres Strait Islander Health Unit analyses quality issues in data reporting, including by adding an Indigenous/Torres Strait Islander identifier on ACT pathology forms and developing a specific information and

\textsuperscript{10} Ibid, Recommendation 68.
\textsuperscript{11} Issue 4102.0 - Australian Social Trends, 2002.

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awareness program to support and encourage health workers to identify clients of Indigenous/Torres Strait Islander origin and Indigenous/Torres Strait Islander patients. The unit has also introduced a new procedure to improve data collection for Indigenous/Torres Strait Islander clients who present at health services in the ACT.

The ACT Government has also developed the Aboriginal & Torres Strait Islander Health Portal.\textsuperscript{12}

6.5 Northern Territory

The Northern Territory Overarching Bilateral Indigenous Plan to Close the Gap in Indigenous Disadvantage 2010-2015 ('OBIP') was signed in 2010. It included an agreement to create a timeline with specific activities to improve data quality in the Northern Territory.

6.6 Remaining States

In South Australia, Tasmania, Western Australia and Victoria, there has been no apparent implementation of this Recommendation.


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