22. COPING WITH ALCOHOL AND OTHER DRUGS: STRATEGIES FOR CHANGE (RECOMMENDATIONS 272-288)

1. Introduction

The extent to which alcohol has played a role in the deaths of Indigenous persons in custody cannot be underestimated. To quote the words of Commissioner Elliot Johnston, author of the Royal Commission Report:

"Indeed the topic of alcohol use, in particular permeates this report, and the harmful use of alcoholic beverages is one of the most important factors in Aboriginal people being placed in custody and dying there." ¹

Commissioner Johnston went on to state:

"Commencing with alcohol, the drug most seriously implicated as an issue underlying Aboriginal deaths in custody, (our emphasis) I discuss strategies and programs which aim to prevent the development of harmful alcohol abuse, and then consider early intervention and treatment initiatives."²

Unsurprisingly, the Royal Commission dedicated two chapters to the specific issue of alcohol and drug dependency. The first - Chapter 15 (The Harmful Use of Alcohol and other Drugs) looked at the extent and nature of the use of alcohol and other drugs, the consequences of their consumption and the factors that help explain harmful use. Chapter 32 (Coping with Alcohol and other Drugs - Strategies for Change) then builds on that material, focusing on what is being done, and what could be done in the future to help redress the problems identified.³

With respect to Chapter 32, (Coping with Alcohol and other Drugs: Strategies for Change) the Royal Commission made 17 Recommendations, which fall broadly into the following two subject areas:

1.1 Alcohol Availability

(a) Resource allocation to ascertain whether licensees are meeting their legal obligations for the serving of alcohol;

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¹ Royal Commission into Aboriginal Deaths in Custody, National Report (1991) Chapter 31, p 32.1..
² Ibid, 32.2.
³ Ibid.

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(b) The availability of alcohol generally (especially in communities where there is a high concentration of Indigenous persons) and what controls are available to limit the availability;

(c) Community input to the liquor licence objection process (including resource allocation for Aboriginal organisations to facilitate this process);

(d) Strengthening of laws to discourage "sly grogging";

(e) Resource allocation for the regulation of "beer canteens"; and

(f) Campaigns and health promotion strategies that are appropriate and include the involvement of Indigenous persons.

1.2 Early Intervention and Treatment

(a) Establishment of early intervention programs in Aboriginal health services and local hospitals. With respect to such programs, the employment of suitable skilled and trained staff (being Indigenous staff, where possible);

(b) Aboriginal organisations to consider adopting alcohol free workplace policies and programs which employ multipurpose Aboriginal drug and alcohol workers; and

(c) Petrol sniffing: that the Commonwealth and State and Territory Governments co-ordinate policies, resources and programs.

We set out below our findings and analysis in relation to each Recommendation in greater detail.

2. Alcohol Availability (Recommendations 272-281)

2.1 Ensuring legal obligations of holders of liquor licences are met (Recommendation 272)

Recommendation 272: That Governments review the level of resources allocated to the function of ensuring that the holders of liquor licences meet their legal obligations (in particular, laws relating to serving intoxicated persons) and allocate additional resources if needed.

This Report has found that none of the State or Territory Governments appear to have undertaken any form of publicly available review of the level of resources made available to the function of ensuring that liquor licence holders are meeting their legal obligations, with a view to allocating more if needed or otherwise.

However, most States and Territories have recently published statutory reviews of their liquor licensing laws and/or guidelines which liquor licensees are expected to follow (outlined below). Whilst these reviews are not directly relevant to the
Recommendation, they do address ways to incentivise liquor licensees to comply with their legal obligations. A common approach throughout the reviews is to introduce risk-based liquor licensing whereby annual licence fees depend on previous offences/compliance (amongst other factors).

In acknowledging the above, there has also been a nationwide review undertaken on the liquor licensing laws more generally. The report *Liquor Licensing Legislation in Australia: Executive Summary, an examination of Liquor Licensing Legislation in Australia as at December 2010* has reported, relevant to this Recommendation:

(a) that across all jurisdictions, the relationship between police and liquor licensing authorities was identified as having improved substantially in recent times with greater recognition of the respective roles and willingness to work together;

(b) the need for liquor licensing authorities to be more adequately resourced. From a policing perspective, this would create greater opportunities for joint operations with liquor licensing authorities; and

(c) that police need to be more fully engaged in liquor licensing decision making processes, such as raising objections to new licences or changes to existing licences. Participants supported improved police training in this area and the provision of appropriate resources.

In respect of this Recommendation, this Report focuses on those measures (legislative and otherwise) the various State and Territory Governments have taken to ensure that liquor licensees meet their legal obligations in terms of serving intoxicated persons. Where this Report was unable to find any specific measures having been undertaken or resources allocated, this Report addresses the relevant legislation as it pertains to licensees and the serving of intoxicated persons.

In terms of the legal obligations pertaining to licensees, it is an offence in all jurisdictions to sell or supply liquor on licensed premises to intoxicated persons.

A summary of each jurisdiction is provided below.

### 2.1.1 Australian Capital Territory

In the Australian Capital Territory (ACT), in 2011 the Australian Institute of Criminology (AIC) examined the effectiveness of policing strategies directed at reducing and preventing alcohol-related crime in licensed premises in the ACT (‘AIC Report’). To improve the effectiveness of policing, the AIC

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recommended, amongst other things, changes to liquor licensing and the regulation of licensed premises through the *Liquor Act 2010* (ACT), as well as the development of a dedicated team of officers tasked with the responsibility of monitoring, regulation and enforcement of liquor licensing legislation in the ACT. The extent to which the recommendations of the review have been put into practice is currently unknown.

In terms of the legislative requirements now in force in the ACT, under the *Liquor Act 2010* (ACT) which commenced on 1 December 2010, it is an offence for a liquor licensee to serve an intoxicated person (section 105). It is unclear whether the ACT Government has developed a dedicated team of officers to enforce the liquor licensing legislation as suggested by the AIC Report. However, under the *Liquor Act 2010* (ACT), not only a police officer but also an investigator appointed by the Commissioner for Fair Trading may enter a liquor licensed premises at any time when it is open for business to inspect or examine the premises (sections 154 and 157).

The ACT Government recently commissioned a review of its liquor licensing legislation. In February 2014, ACIL Allen Consulting published their *Two Year Review of ACT Liquor Laws and Licensing Fees*.\(^6\) The report examined compliance of liquor licensees with their legal obligations, noting that between 2010 - 2013 there had been a slight downward trend in total inspections of licensed premises and a change in the nature of infringements. The question whether additional resources were needed to ensure compliance was not addressed. Instead, the report considered that the calculation of licence fees could include two additional risk factors - compliance history and best practice management - to incentivise licence holders to comply with their legal obligations to reduce licence fees.

### 2.1.2 New South Wales

In New South Wales, it is an offence for a licensee or an employee or agent of the licensee, on licensed premises, to sell or supply liquor to an intoxicated person (section 73(2) of the *Liquor Act 2007* (NSW)).

A five-year statutory review of the *Liquor Act 2007* (NSW) was published in December 2013.\(^7\) This report did not directly review the amount of resources allocated to ensuring liquor licensees' compliance with their licence conditions. However, it did recommend (at Recommendation 52) that the Government should consider using young-looking adults to assess licensees' behaviour when serving persons in order to inform enforcement strategies. The Government has indicated that it supports this approach in-

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principle. The Government also supported Recommendation 29 that a risk-based licensing system be introduced to incentivise liquor licensees to comply with their legal obligations.

In March 2015, the NSW Office of Liquor, Gaming and Racing issued new guidelines titled *Prevention of Intoxication on Licensed Premises* which establishes the elements liquor licensees must successfully prove to establish a defence to a section 73 offence charge.

2.1.3 Queensland

In Queensland, Queensland Health, through its Alcohol, Tobacco and other Drugs Services, has funded the "Safety Action" projects in Cairns, Townsville, Mackay from 1996 and the Sunshine Coast and Mount Isa since 1997. These projects sought to establish a collaborative relationship between licensees, police and the community aimed at reducing the incidence of excessive alcohol consumption, providing education in patron care, and promoting public safety in the vicinity of licensed premises. The collaboration has a particular focus on encouraging licensees to effectively discharge their responsibilities under the *Liquor Act 1992* (Qld) with respect to the serving of intoxicated people.

2.1.4 Victoria

In Victoria, the Victorian Government (through Aboriginal Affairs Victoria) produced the Royal Commission Implementation Reports in 1992, 1993 and 1995/6. The Victorian Department of Justice in its report titled *Victorian Implementation Review of Recommendations from the Royal Commission into Aboriginal Deaths in Custody* (October 2005) indicated that it considered this Recommendation to be "fully implemented". At page 255, the Victorian Implementation Review provides a general summary of Victorian liquor licensing laws, and indicates that, at the time of the review, 226,000 licensees, bar staff and hospitality students had undertaken Responsible Service of Alcohol Training since 1992.

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The Victorian Implementation Review also noted that the Liquor Control Reform Act 1988 (Vic) has the objective of contributing to minimising harm arising from the misuse or abuse of alcohol by:

(i) providing adequate controls over the supply and consumption of liquor;

(ii) ensuring as far as practicable that the supply of liquor contributes to, and does not detract from, the amenity of community life; and

(iii) restricting the supply of certain alcoholic products.

Victoria’s alcohol action plan, Reducing the alcohol and drug toll: Victoria’s plan 2013-2017 (December 2012), indirectly reviewed compliance with liquor licences, noting that a risk-based licensing system would incentivise liquor licensees to comply with their legal obligations.12

2.1.5 Tasmania

In Tasmania, under the Liquor Licensing Act 1990 (Tas), it is an offence if a person authorised by a liquor licensee to sell liquor on the licensed premises sells liquor to a person who appears to be drunk (section 78). To ensure compliance by liquor licensees with the liquor licensing laws, a police officer may enter licensed premises at any time to ascertain if licensees are selling liquor in compliance with the Liquor Licensing Act 1990 (Tas) s 89. In addition, a person authorised by the Commissioner for Licensing may at any time enter and inspect licensed premises, s 85.

The Tasmanian Government has recently commissioned a series of review papers concerning the Liquor Licensing Act 1990 (Tas). One of these, the Review of the Liquor Licensing Act 1990: Proposals Paper (July 2014), advised amending the legislation to ensure that offences exist for failing to meet licence obligations and expanding the current fine process to give authorised officers the power to enforce certain offences in the legislation.13

2.1.6 South Australia

In South Australia, under the Liquor Licensing Act 1997 (SA), it is an offence if liquor is sold or supplied on licensed premises to an intoxicated person, or in circumstances in which the person’s speech, balance, coordination or behaviour is noticeably impaired and it is reasonable to


believe that the impairment is the result of the consumption of liquor (section 108). In enforcing the _Liquor Licensing Act 1997_ (SA), a police officer or a person authorised by the Liquor and Gambling Commissioner may at any reasonable time enter and inspect licensed premises, and require the provision of information relating to the sale, purchase or supply of liquor (section 122).

No statutory review could be found. However, the _South Australian Alcohol and Other Drug Strategy 2011-2016_ identified (at priority action 2.11) that "mechanisms for engaging constructively with liquor licensees to improve compliance with legislation and regulation" needed to be strengthened. It is unclear what measures have been put into practice in response to this. Further, the _General Code of Practice Guidelines_ were reviewed in February 2014 to provide clarity to licensees to help them more easily comply with their obligations. Licensees must comply with the _General Code of Practice Guidelines._

### 2.1.7 Western Australia

In Western Australia, under the _Liquor Control Act 1988_ (WA), it is an offence if a licensee, whether personally or by an employee or agent, permits drunkenness to take place on the licensed premises (section 115(1)). In addition, it is an offence if a person on licensed premises sells or supplies liquor, or causes or permits liquor to be sold or supplied, to a drunk person or to allow or permit a drunk person to consume liquor (section 115(2)). To ensure that licensed premises conform to proper standards and comply with the liquor licensing laws, a police officer or a person authorised by the Director of Liquor Licensing may at any reasonable time enter and inspect licensed premises, and require the provision of information relating to the sale, purchase or supply of liquor (section 154).

A statutory review of the _Liquor Control Act 1998_ (WA) was presented to the Western Australian Government in December 2013. One of its aims was to strengthen enforcement provisions and increase compliance therewith. Having reviewed the liquor licensing provisions, it concluded that sweeping changes were unnecessary but existing powers should be used more effectively and more often when breaches occur. Further, it recommended that risk-based licence fees be introduced; however, unlike

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the other jurisdictions, it concluded that the main factor should be size of premises, rather than past compliance/non-compliance.

2.1.8 Northern Territory

In the Northern Territory, the Northern Territory Department of Business works with industry and licensees with respect to liquor restrictions. The Northern Territory Department of Health works with the government and community to develop alcohol management policies for the whole of the Territory.

Liquor licence holders are responsible for ensuring that harm is minimised as a result of the sale and consumption of liquor and for providing a safe environment for the people attending a venue or function. The *Liquor Act 1978* (NT) sets out a range of offences for which the licensee may be liable. These include, but are not limited to, sale of liquor to an intoxicated person (section 102) or permitting an intoxicated person to remain on licensed premises (section 121). A licence may be suspended or cancelled or penalties may be imposed for breaches of the *Liquor Act 1978* (NT), the Code of Conduct or licence conditions. Liquor accords are local agreements between licensees, regulators and the community on the service of liquor in a particular locality. Liquor accords provide opportunities for licensees to work collaboratively with regulators, police, councils and other stakeholders to address alcohol issues that impact their local area. Essentially they are agreements between stakeholders to take certain actions aimed at reducing alcohol-related harm. Licensees are encouraged to be part of a liquor accord. Once committed to an accord, the licensee must abide by the accord conditions.

2.2 Appointment of community workers to inspect licensed premises (Recommendation 273)

*Recommendation 273: That consideration be given to legislating for the appointment of community workers who would have the power to inspect licensed premises to ensure that licensees comply with the applicable legislation and licence conditions.*

In the jurisdictions of the ACT, NSW, Victoria, Tasmania, South Australia, Western Australia and the Northern Territory, the relevant liquor legislation does not specifically make provision for the ability of a community worker to access licensed premises to ascertain whether licensees are complying with the liquor legislation and/or licence conditions. As noted for Recommendation 272, for many jurisdictions, it is only the police or a like authorised person under the liquor legislation who holds the power to access and inspect licensed premises for this purpose. Recent statutory reviews (as set out above in Recommendation 272) have not considered extending the scope of persons authorised to inspect licensed premises to include community workers. To elaborate further on the jurisdictions of the ACT, Western Australia, the Northern Territory and Victoria:

2.2.1 Australian Capital Territory

May 2015
In the ACT, section 154 of the *Liquor Act 2010 (ACT)* provides that an authorised person who is an investigator (defined under the *Fair Trading (Australian Consumer Law) Act 1992* as the Commissioner of Fair Trading or someone authorised by the Commissioner), or police officer holds the power to inspect licensed premises.

**2.2.2 Western Australia**

In Western Australia, inspection of licensed premises is facilitated by Departmental Licensing Inspectors and the Western Australian Police. While under section 15 of the *Liquor Control Act 1988 (WA)* the Director of Liquor Licensing can authorise any person to undertake the functions of a liquor licensing inspector, any such authorisation in respect of community workers has not been made.

**2.2.3 Northern Territory**

In the Northern Territory, the Minister may appoint such persons as the Minister thinks necessary to be inspectors of licensed premises who may perform the duties of an inspector under the *Liquor Act 1978 (NT)* and such other duties as the Northern Territory Licensing Commission or the Director of Licensing directs (section 18). An inspector may, at any time when premises are open for the sale of liquor, enter and inspect those premises (section 19(1)), and may, at any time, enter and inspect premises when there are reasonable grounds for believing, amongst other things, that an offence against the Act has occurred, is occurring or is likely to occur on those premises (section 19(3)). A police officer can also exercise the same powers as an inspector (section 19(10)).

**2.2.4 Victoria**

The Victorian Implementation Review (see Recommendation 272 above) considered that it considered this Recommendation to be "no longer relevant".

**2.2.5 Queensland**

In Queensland, under the *Liquor Act 1992 (Qld)* a "community police officer" for the purposes of the Act has powers with respect to regulating and monitoring compliance.

A "community police officer" means a person who is:

(a) appointed as a community police officer under the *Aboriginal and Torres Strait Islander Communities (Justice, Land and Other Matters) Act 1984 (Qld)* for a community area; and

(a) authorised under that Act to exercise the powers of an investigator under Part 7 of the *Liquor Act 1992 (Qld)* for the administration and enforcement of a prescribed provision.
The powers of an investigator include, for the purpose of finding out whether the *Liquor Act 1992 (Qld)* is being complied with, the power to enter licensed premises at any reasonable time of the day or night when it is open for the conduct of business or otherwise open for entry (section 176(1)) and search any part of the premises and inspect anything in or on the premises (section 178).

2.3 **Availability of liquor, especially in Aboriginal localities**  
(Recommendation 274)

**Recommendation 274:** That governments consider whether there is too great an availability of liquor, including too many licensed premises, and the desirability of reducing the number of licensed premises in some localities, such as Alice Springs, where concentrations of Aboriginal people are found.

This Report has found that, in most jurisdictions there has been little, if any, consideration by the relevant State or Territory Government as to whether there is too great an availability of liquor and licensed premises. Victoria is an exception. The terms of reference provided to the Victorian Coordinating Council on the Control of Liquor Abuse ('CCCLA')\(^\text{17}\) specifically included questions on the liquor availability issue. Unfortunately these questions were not reported on in the final report (refer further next paragraph). This Report found that the liquor availability issue is being dealt with more indirectly through the grant of new licence applications (and the objection process to such that is present in the liquor legislation). Accordingly, where our researchers included comment on this basis we have included their findings.

2.3.1 **Victoria**

For Victoria, the Victorian Implementation Review considered this Recommendation to have been fully implemented. In October 2002 the Minister directed CCCLA to assess and report on, including provision of any relevant recommendations, any impact that a concentration of packaged liquor licences operating in any area in Victoria is having on the level of misuse and abuse of alcohol in that community. The terms of reference included looking at whether available evidence indicates that:

(a) any such concentration in respect of packaged liquor licences leads to the irresponsible sale of liquor; and

(b) a certain number of packaged liquor licences in relation to the population of an area can constitute a saturation of such licences in that area.

As noted above, unfortunately for the purposes of this Report, CCCLA did not report on these matters.

\(^{17}\) An advisory council established in 1998 under section 5 of the Liquor Control Reform Act 1998 (now called "Liquor Control Advisory Council") to advise the Victorian Minister for Consumer Affairs on problems related to alcohol abuse and any other matters referred to it by the Minister.
2.3.2 Queensland

This Report found that, in Queensland, the *Queensland Government Progress Report on Implementation*\(^\text{18}\) ("Queensland Implementation Review") indicated that the reduction of licensed premises and the introduction of reduced trading hours is in some form already contemplated under the legislation with the *Liquor Act 1992 (Qld)* requiring applicants for liquor licences to prove public need before an application for a liquor licence is granted.

2.3.3 Tasmania

In Tasmania, the Tasmanian Government has produced an overarching policy on alcohol titled *Tasmanian Alcohol Action Framework 2010-2015 - Rising Above the Influence* ("Tasmanian Framework")\(^\text{19}\) which provides a means for the Government to address alcohol issues in a planned and coherent manner. The Tasmanian Framework identifies the regulation of physical availability of alcohol as one of the most effective interventions in preventing alcohol-related problems in Tasmania, and recognises the control of availability by reducing the hours and days of sale, and reducing the number and type of liquor outlets. Further, the Tasmanian Framework identifies Aboriginal and Torres Strait Islander peoples as a high risk group and as a priority area for action for the Government.

2.3.4 Western Australia

In Western Australia, although a liquor licence may be suspended on public interest grounds under the *Liquor Control Act 1988 (WA)* s 91, there is no evidence that any existing licensed premises has had its licence suspended due to close proximity to large populations of Aboriginal people. However, there have been many instances of licensed venues having conditions imposed based on public interest grounds. Also, where an application for the grant of a liquor licence is required to be advertised by the Director of Liquor Licensing under the *Liquor Control Act 1988 (WA)* s 67, a person who resides or works in the locality to which the application relates may object to the grant of a liquor licence if the grant would be likely to cause undue offence or disturbance to the locality or the quiet or good order of the locality would in some other manner be lessened (ss 73 and 74). The Director of Liquor Licensing must determine in the public interest whether such an objection should be heard (s 73).

2.3.5 Northern Territory

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In the Northern Territory, the Northern Territory Department of Business website notes that liquor consumption in the Northern Territory is well above the national average. Regional Alcohol Management Plans provide a framework for a range of alcohol measures, setting up different rules and regulations about liquor in different areas of the Territory. From time to time, temporary liquor restrictions may also be put in place for local circumstances.

The *Liquor Act 1978* (NT) allows for the Minister to declare a "designated area" following incidents of alcohol related violence in public spaces within the vicinity of licensed premises. Once an area has been declared a designated area, the police will have the power to issue banning notices to any person who has committed, or is likely to commit, a specified offence. The ban will last for up to 48 hours. The ban may apply to the whole of the designated area or all licensed premises within it. Where a person is found guilty of a specified offence, or where a person has received multiple banning notices for the same area, the courts will have the ability to issue an exclusion order which generally will ban a person from the area for up to 12 months. The *Liquor Act 1978* (NT) provides that the Director-General can declare any of the following liquor restrictions:

(a) **Private Restricted Premises** - to prevent bringing, possessing or consuming liquor in a private premise (including a Territory Housing home).

(b) **Public Restricted Area** - to prevent the consumption of liquor in public areas such as Alice Springs town without a permit.

(c) **General Restricted Area** - to prevent the bringing, possessing or having control of liquor, consuming, selling or otherwise disposing of liquor without a permit or licence.

Many Northern Territory Aboriginal communities have been using the restricted areas (now called General Restricted Areas) since 1979, to support liquor management in their communities. Under Part VIII of the *Liquor Act 1978* (NT), a community may apply to the Director-General to have a restricted or "dry" area declared. The *Liquor Legislation Amendment Act 2007* (NT) provides that the Northern Territory Minister responsible for gambling and licensing can declare a Special Restricted Area. This prevents bringing, possessing, supplying or engaging in conduct for supply, consuming or disposing of liquor in any designated area, for example, a town camp. Currently there are over 100 general restricted areas in place, all of which are on Aboriginal land.20

2.4 NT Government to review liquor legislation (Recommendation 275)

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20 The Northern Territory Department of Business’s website contains a list of restricted areas. Refer http://www.dob.nt.gov.au/gambling-licensing/liquor/liquor-restrictions/restricted-areas/Pages/restricted-areas.aspx.

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Recommendation 275: That the Northern Territory Government review its liquor legislation in the light of the size of the Aboriginal population of the Territory and its needs, and include in such a review the desirability of appointing at least one Aboriginal person to be a member of the Northern Territory Liquor Commission.

In the Northern Territory, there have been a number of amendments to the liquor legislation, introduced specifically to address alcohol-related harm to Aboriginal people in the Northern Territory. The Liquor Act 1978 (NT) and the Liquor Regulations 1978 (NT) have been amended to introduce "Commonwealth prescribed areas", similar to General Restricted Areas that have been in use since 1979 imposing liquor restrictions in those areas (as noted above). Further, the Liquor Act 1978 (NT) has been amended by the Stronger Futures in the Northern Territory Act 2012 (Cth) to introduce a range of measures aimed at reducing alcohol-related harm to Aboriginal people in the Northern Territory, by applying many of those measures in "alcohol protected areas" (which are particular areas of the Northern Territory that are prescribed by the rules (section 27)). The Liquor Act 1978 (NT) has also been amended by the Alcohol Mandatory Treatment Act 2013 (NT) to assist and protect from harm misusers of alcohol, and other persons, by providing for the mandatory assessment, treatment and management of those misusers.

The Northern Territory Government disbanded the Liquor Commission and rolled it, and a number of other entities, into the Northern Territory Licensing Commission. While this entity controlled a number of aspects of licensing there appears to have been no consideration as to the appointment of Aboriginal persons to the board. Under the Licensing Commission Act 1999 (NT), the Northern Territory Licensing Commission must have included a chairperson and at least 2 other persons as members, and at least one member must have been a lawyer admitted for at least 5 years (section 6). As such, there was no requirement for a member of the Northern Territory Licensing Commission to be an Aboriginal person.

From 1 January 2015, the powers of the Northern Territory Licence Commission have been vested in the role of the Director-General of Licensing. The Director-General is to be appointed by the Minister and Sean Clement Parnell was appointed to be the Director General of Licensing from 1 January 2015 to 30 June 2015 by the Minister on 19 December 2014.

2.5 Local option as to liquor sales trading hours (Recommendation 276)

Recommendation 276: That consideration be given to the desirability of legislating to provide for a local option as to liquor sales trading hours, particularly in localities where there are high concentrations of Aboriginal people.

The findings of this Report in relation to Recommendation 276 are variable. Many jurisdictions have enacted legislation which provides for ‘dry’ areas (alcohol free zones). For others, this Report only found more general measures are in place, such as the ability to enter into an accord (Tasmania) or the objection process to the grant of new applications or existing licences (Victoria, Queensland and Western Australia) and very little with respect to "local option" trading hours for liquor sales.

2.5.1 Australian Capital Territory
In the ACT, the *Liquor Regulation 2010 (ACT)* may prescribe a permanent "alcohol free place" where liquor must not be consumed. The Commissioner may also declare a public place to be a place where liquor is not to be consumed for a period longer than a month (temporary alcohol free place).

### 2.5.2 New South Wales

In NSW, the *Liquor Licensing Act 2007 (NSW)* and the *Local Government Act 1993 (NSW)* contain broad provisions allowing the creation of dry zones and temporary dry zones in any area. If the proposed dry area would include a recognised Aboriginal community, consultation with the Minister for Aboriginal Affairs is required. Licence conditions may restrict the trading hours for licensed premises in a restricted trading area. In addition, in NSW under the *Liquor Licensing Act 2007 (NSW)*, any two local parties (one of whom must be a licensee) may enter into a local liquor accord which can cease the sale of liquor or restrict the liquor sold on premises.

### 2.5.3 Queensland

In Queensland, under the *Liquor Act 1992 (Qld)*, areas or community areas or parts of such can be classified as "restricted" for the purposes of the Act (s 173G) and a restricted area can be declared to be subject to prohibition on possession of liquor (s 173H). In a restricted area so classified, it is an offence for a person to possess more than the prescribed quantity of a type of liquor for the area without permit (s 168B), and permitted liquor may be consumed only in the public place and only during the period or the times if such is designated under the *Liquor Act 1992 (Qld)*. Under Part 5 Division 2 of the *Aboriginal and Torres Strait Islander Communities (Justice, Land and other Matters) Act 1984 (Qld)* a person who resides in the area of an Indigenous local government or Indigenous regional council may apply to the court for the area for a declaration that the premises are a dry place (s 28). It is an offence for a person to possess or consume alcohol in or on a dry place (s 34).

The Queensland Implementation Review notes that the reduction of licensed premises and the introduction of reduced trading hours was already contemplated under the *Liquor Act 1992 (Qld)*. A licensee may sell liquor on licensed premises only during the ordinary trading hours prescribed in the *Liquor Act 1992 (Qld)* (s 9), and to trade outside the ordinary trading hours, the licensee must apply for an extended trading hours approval (section 85). An application for an extended trading hours approval must be advertised (s 118), and the Minister (s 119A) or any member of the public may object to the application if the application were granted, undue offence or disturbance to persons who reside, work or do business in the locality to which the application relates or an adverse effect on the amenity of the community may happen (s 119). In deciding whether to grant the application, the Commissioner for Liquor and Gambling must consider comments from the police officer who is responsible for giving and
receiving advice about liquor licensing issues under the *Liquor Act 1992* (Qld) for the locality (s 121).

### 2.5.4 Victoria

In Victoria, the Victorian Implementation Review indicated that while consideration was given to "local option" provisions in the context of the review no additional "local option" provisions were legislated in response to that review. It was indicated that all applications for new licences and the extension of existing trading hours were subject to objection by any affected member of the public on amenity grounds. The Victorian liquor legislation also provides that any person can object to the grant, variation or relocation of a packaged liquor licence on the grounds that the approval of the application would contribute to the misuse or abuse of alcohol.

### 2.5.5 Tasmania

In Tasmania, the *Liquor Licensing Act 1990* (Tas) does not contain any provisions imposing local restrictions (including on trading hours) on the sale of alcohol from licensed premises. The *Tasmanian Alcohol Action Framework Legislative Scoping Study*21 (*Tasmanian Scoping Study*) reviewed Tasmanian legislation dealing with the sale, supply and demand for alcohol and the management of alcohol related harm and recommended changes to Tasmania's liquor licensing. The Tasmanian Scoping Study recommended, amongst other things, that local government authorities consider, inclusion in relevant zones in their planning schemes, standards including local area objectives and/or desired future character statements about the location and nature of licensed premises. Pursuant to the Tasmanian Scoping Study, the Tasmanian Government undertook a review of the *Liquor Licensing Act 1990* (Tas).

The review resulted in 24 proposals, including the provision of outlet density to the Board when making licensing decisions, providing powers to the Minister to prohibit alcohol products in the best interests of the community, and providing the Licensing Board and Commissioner for Licensing with the power to apply a range of conditions to all licence and permit types.22

Liquor accords currently operate in Tasmania, but without any regulatory underpinning. They are voluntary agreements between key stakeholders such as licensees, the Liquor and Gaming Branch, Tasmania Police, local government authorities, the Tasmanian Hospitality Association and community and business groups located within the locality of the accord. Further, local Councils have also been active in initiating "dry areas". For

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example, Kingborough Council has passed a by-law under section 145 of the *Local Government Act 1993* (Tas) which allows the Council to declare certain areas in the Kingborough municipality to be alcohol free zones. While it is not the declaration of a “dry area” per se, Brighton Council, in Tasmania has passed a by-law which prohibits the consumption of alcohol or intoxicated persons anywhere on Council reserves.

### 2.5.6 South Australia

In South Australia there is the capacity for "dry areas" to be established by local Councillors under the *Liquor Licensing Act 1997* (SA). They are applied for by local Councillors and community views are represented by obtaining a letter of support from the local Member of Parliament and the local Police. The *South Australian Alcohol and Other Drug Strategy 2011 - 2016*\(^{23}\) also recognises the need to work with regional and remote communities to address alcohol abuse and misuse.\(^{24}\) Liquor accords also exist in South Australia but without any regulatory underpinning. They are goodwill agreements between licensees, Councils, the Office of the Liquor and Gambling Commissioner, the police and community resident groups and organisations. They may include the development of a code of practice and other initiatives for licensees and their patrons to provide for the responsible service and consumption of alcohol.

### 2.5.7 Western Australia

In Western Australia, the *Liquor Control Act 1988* (WA) allows the Director of Liquor Licensing, to impose conditions on licensees restricting the sale and supply of liquor from licensed premises (where it is determined to be in the public interest). A condition may include a limitation, prohibition or an authorisation on any licence or permit and can relate to any aspect of business carried out under the licence, or any activity that takes place at the licensed premises.

The legislation also allows for the development of local liquor accords (refer also previous Recommendation 272 (para 0) and this Recommendation 276, para 0). In Western Australia a liquor accord may be agreed between liquor outlets, the Western Australian Police, local government authorities and the Western Australian Department of Health. The licensing authority may impose, cancel or vary a condition at the request of parties to an accord. Western Australia contains a significant number of localities where accords have been implemented or local liquor restrictions developed. The majority of these were granted on public interest grounds which included considerations of the local Aboriginal population.

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2.5.8 Northern Territory

In the Northern Territory, the *Liquor Act 1978 (NT)* provides that conditions may be imposed on liquor licences. These conditions are determined by the Director-General of Licensing and may include restrictions of days and times when licensed premises may sell liquor. Additional conditions may be imposed by the relevant Minister including trading hour restrictions, type of liquor and amount that may be sold.

2.6 Involvement of the Aboriginal communities to object to the granting, renewal or continuance of liquor licences

**Recommendation 277:** That legal provision be available in all jurisdictions to enable individuals, organisations and communities to object to the granting, renewal or continuance of liquor licences and that Aboriginal organisations be provided with the resources to facilitate this.

This Report has not found any evidence to indicate that Aboriginal organisations had been provided with the resources to object to the granting, renewal, or continuance of liquor licences. This Report therefore focuses on the standard objection process under the relevant liquor legislation in each jurisdiction.

2.6.1 Australian Capital Territory

In the ACT, there exists under the liquor legislation the standard objection process to a liquor licence application. A proposed licensee must comply with the public consultation requirements under the *Liquor Act 2010 (ACT)* by both displaying a sign about its application for a liquor licence at the relevant premises and publishing a notice about its application for a liquor licence in a daily newspaper (ss 26 and 34). If the proposed licensee displays a sign or publishes a notice, anyone may give a written representation to the Commissioner for Fair Trading stating how the relevant premises are not suitable premises for the licence (s 35).

2.6.2 New South Wales

In NSW, the liquor legislation specifically provides that consideration must be given by the liquor authority as to the impact that the granting of certain licences will have on the local community. In this regard, the views of the local community are to be canvassed.

2.6.3 Queensland

In Queensland, the Queensland Implementation Review reported that the *Liquor Act 1992 (Qld)* already meets the requirements of this Recommendation by enabling residents of a community to make a written submission objecting to the granting of a licence or an extended hours
permit. Under the legislation, the Commissioner must also have regard to comments made by community justice groups when deciding whether to grant an application in relation to permits, licences and trading hours.

On a general note, the Community Justice Group Program was developed by the Queensland Government in response to the Royal Commission into Aboriginal Deaths in Custody (RCIADIC).25 The Aboriginal and Torres Strait Islander Communities (Justice, Land and Other Matters) Act 1984 (Qld) provides that a function of a community justice group is to make recommendations to the Minister administering the Liquor Act 1992 (Qld).26

2.6.4 Victoria

Under the Liquor Control Reform Act 1998 (Vic), any person or a licensing inspector or the local council to which the application relates may object to the grant or variation of a licence if the grant or variation would detract from or be detrimental to the amenity of the area to which the application relates or would be conductive to or encourage the misuse or abuse of alcohol (section 38).

2.6.5 Tasmania

In Tasmania, the situation is similar to the other jurisdictions. The liquor legislation allows for representations to be made by any persons in respect of the application for a liquor licence. There is no evidence to suggest, however, that specific resources have been allocated in Tasmania to Aboriginal organisations for the specific purpose of liquor licence objections.

2.6.6 South Australia

In South Australia, an application for the grant of a liquor licence must be advertised under the Liquor Licensing Act 1997 (SA) (section 52). Any person may object to the application if it is the case that where the application is granted, there is likely to be undue offence or disturbance to people who reside, work or worship in the locality to which the application relates or an adverse effect on the amenity of the locality (s 77).

Under the Aboriginal Lands Trust Act 2013 (SA) the Governor of South Australia may, on the recommendation of the Aboriginal Lands Trust, make regulations restricting or prohibiting the consumption, possession, sale or supply of alcoholic liquor on a specified part of the lands vested in the Aboriginal Lands Trust constituted under Aboriginal Lands Trust Act 1966 (SA) (section 21). In addition, under the Anangu Pitjantjatjara Yankunytjatjara Land Rights Act 1981 (SA) Anangu Pitjantjatjara Yankunytjatjara, the body corporate which is made up of all Pitjantjatjara, Yankunytjatjara and Ngaanyatjarra and Aboriginal people, may make by-

26 Liquor Act 1992 (Qld) Part 6A (Restricted Areas).
laws restricting or prohibiting the consumption, possession, sale or supply of alcoholic liquor on the lands nominated in that Act (s 43). Also, under the *Maralinga Tjarutja Land Rights Act 1984* (SA) Maralinga Tjarutja, the body corporate which is made up of all Aboriginal people, may, with the Minister’s approval, make by-laws restricting or prohibiting the consumption, inhalation, possession, sale or supply of regulated substances on the lands nominated in that Act (section 43).

Although there is no specific evidence that Aboriginal organisations are provided with resources to facilitate objections to the granting, renewal or continuance of liquor licences, other developments have taken place. Drug and Alcohol Services South Australia runs multiple Aboriginal drug and alcohol services and programs. A three year Aboriginal Alcohol Prevention Project with the Aboriginal Health Council of South Australia aimed to build the capacity of Aboriginal communities in South Australia to address the prevention of alcohol issues. This included the capacity of Aboriginal communities to take action on liquor licensing issues.

### 2.6.7 Western Australia

In Western Australia where an application for the grant of a liquor licence is required to be advertised by the Director of Liquor Licensing under the *Liquor Control Act 1988* (WA), a person who resides or works in the locality to which the application relates may object to the application if it is the case that where the application is granted, undue offence or disturbance to persons who reside or work in the vicinity would be likely to occur or the quiet or good order of the locality would in some other manner be lessened (ss 73 and 74). The Director of Liquor Licensing must determine in the public interest whether such an objection should be heard (section 73). There is no evidence that Aboriginal organisations are provided with resources to facilitate such objections as part of the legislative regime, though Aboriginal organisations are often a party to an objection.

### 2.6.8 Northern Territory

Similarly, the Northern Territory *Liquor Act 1978* (NT) provides that persons are entitled to object to certain applications for licences. Objections may only be made on the grounds that the licence will affect the amenity of the neighbourhood or the health, education, public safety or social conditions of the community. People residing or working in the neighbourhood, owners of land or lessees in the neighbourhood, members of the police force, fire and rescue service, agencies or public authorities, community-based organisations or groups may all make objections under the legislation. Again, there is no evidence that Aboriginal organisations have been allocated any resources to facilitate this process.

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27 Division of the South Australian Department for Health and Ageing.
2.7  Empowering communities to control availability of alcohol
(Recommendation 278)

**Recommendation 278:** That legislation and resources be available in all
jurisdictions to enable communities which wish to do so to control effectively the
availability of alcoholic beverages. The controls could cover such matters as
whether liquor will be available at all, and if so, the types of beverages, quantities
sold to individuals and hours of trading.

This Report has found that in many jurisdictions, the only method by which a
community group could seek to control the availability of alcohol is through the
general objection process under the relevant liquor legislation (for example,
representations with respect to the grant of new licences or existing licence holders).
This is the case in ACT, NSW, Queensland, Victoria, South Australia and Tasmania.

This legislative right of objection has been perceived as an adequate response to
this Recommendation.

2.7.1  Victoria

For example, in Victoria, the Victorian Implementation Review noted that
that primary objective of the liquor legislation is to minimise the harm arising
from the misuse or abuse of alcohol by providing adequate controls over
the supply and consumption of liquor ensuring as far as possible that the
supply of liquor contributes to, and does not detract from the amenity of
community life, and restricting the supply of certain alcoholic products. The
Victorian Implementation Review went on to indicate that, fundamental to
that objective is the right afforded to the community to object to licence
applications and otherwise bring its views on such matters to the attention
of the Director of Liquor Licensing. Objections may be lodged by members
of the community against applications for the grant, variation or relocation of
licences.

The remaining jurisdictions have introduced some additional measures taking place
which are discussed below.

2.7.2  Queensland

In Queensland, since 2002, 19 Indigenous communities in Queensland
have been declared as alcohol restricted areas under the *Liquor Act 1992*
(Qld). Alcohol management plans, which have been developed in
consultation between the Government and communities, are aimed at
reducing alcohol related harm. Community alcohol management plans
include dry place declarations in the home, bans on home brew, increased
health and social services including alcohol and drug detoxification
services, recreational activity, improved housing and economic
development opportunities. The Queensland Government is currently
undertaking a review of alcohol management plans in Queensland. The
review was still ongoing on 31 March 2015.
2.7.3 Western Australia

In Western Australia, the Aboriginal Communities Act 1979 (WA) allows for the creation of community by-laws to regulate the supply of liquor. However these provisions can suffer from the lack of an adequate enforcement regime. As noted previously, the Governor, on the recommendation of the Minister, can declare an area of the State a restricted area that prohibits the bringing in, possession and consumption of liquor. This legislation also allows for the application of enforceable penalties, and police have powers to enforce, seize and dispose of liquor within the regulated area. The Director of Liquor Licensing, can, where it is in the public interest, impose conditions on licensees, restricting the sale and supply of liquor from licensed premises.

2.7.4 Northern Territory

In the Northern Territory the Stronger Futures in the Northern Territory Act 2012 (Cth) enables a person or entity to apply for approval of an alcohol management plan under section 16. The Act provides that Commonwealth funding will be used to develop and implement these alcohol management plans in remote Aboriginal communities, to develop tailored solutions to alcohol abuse. Any alcohol management plan must be developed in partnership between government and community representative with continued community consultation and engagement. Diverse representation is expected, where possible, including women, children, clan groups and traditional owners. It is hoped that strategies would include the specific problems of sly grogging and home-made alcohol, restrictions on sale, supply and take-away among others.

2.8 Elimination of “sly grogging” (Recommendation 279)

Recommendation 279: That the law be reviewed to strengthen provisions to eliminate the practices of “sly grogging”.

"Sly grogging" describes the practice of selling liquor without a licence and is particularly problematic in the Northern Territory in dry and restricted areas. Not surprisingly, the Northern Territory holds the most comprehensive legislation in relation to sly grogging of all jurisdictions.

2.8.1 Northern Territory

Under section 95 of the Liquor Act 1978 (NT) police have wide powers to make random searches of vehicles or people suspected of sly grogging, as well as searching private residences with a reasonable suspicion of sly grogging activities. On the spot fines and court prosecution are possible penalties. Any containers found that the inspector reasonably believes contain liquor may be emptied, destroyed or taken to a police station for destruction. These powers apply to general restricted areas, public restricted areas, restricted premises and regulated places, as those terms are defined under that Act.
2.8.2 Remaining States

In South Australia, ACT, NSW, Victoria, Queensland, Western Australia and Tasmania anyone who sells liquor without a licence is guilty of an offence, and police have the power to search premises or vehicles on suspicion of the presence of alcohol or drugs.

Additionally, in Queensland, a "Sly Grog Hotline" has been set up for the purpose of reporting incidents of selling liquor without the appropriate licence. Under the Liquor Act 1992 (Qld), it is an offence for a person to sell liquor without the appropriate authority of a licence or permit (section 169). Also, it is an offence for a licensee to sell or supply liquor on or from premises other than the premises to which the licence relates (section 170). If a police officer or an investigator appointed by the Commissioner for Liquor and Gaming suspects on reasonable grounds that an offence is being committed in or on any place, vehicle, boat or aircraft, the investigator may enter the place, vehicle, boat or aircraft (sections 175 and 176) and search and inspect anything in or on the place, vehicle, boat or aircraft (section 178).

In Western Australia, the Liquor and Gaming Legislation Amendment Act 2006 (WA) increased the fine for selling alcohol without a licence (s.109(1)) from $10,000 to $20,000, and the fine for carrying or offering liquor for sale at an unlicensed premises (s.109(3)) from $5,000 to $10,000. Community Councils may make community by-laws under the Aboriginal Communities Act 1979 (WA) (refer comments regarding Recommendation 278, para 2.7.3) which may include measures to eliminate sly grogging at the discretion of the Council. The Police have stated that despite harsh penalties, practical enforcement of the law is difficult as offenders are hard to catch, especially in remote Aboriginal communities with limited police and law enforcement resources.
2.9 Issues involving Beer Canteens (Recommendations 280 and 281)

Recommendation 280: That ATSIC and other organisations be encouraged to provide resources to help Aboriginal communities identify and resolve difficulties in relation to the impact of beer canteens in communities.

Recommendation 281: That Aboriginal communities that seek assistance in regulating the operation of beer canteens in their communities be provided with funds so as to enable effective regulation, especially where a range of social, entertainment and other community amenities are incorporated into the project.

As previously discussed, ATSIC was abolished in 2005. The phrase "beer canteen" means a licensed premises owned, operated and administered by Indigenous communities in Queensland, which is known as a licensed social club (or club) in the Northern Territory.

Our research revealed that limited work is being undertaken to directly address the beer canteen issue, however, Queensland and the Northern Territory have some work in progress.

Queensland appears to be the only jurisdiction that has given specific consideration to the beer canteen issue. Under the Liquor Act 1992 (Qld), the Commissioner for Liquor and Gaming may impose conditions on beer canteens in a restricted area to ensure the responsible service and consumption of alcohol (section 103V and sections 107 to 107C). Also, the Queensland Department of Aboriginal and Torres Strait Islander and Multicultural Affairs website provides that there are alcohol restrictions in place in discrete Aboriginal and Torres Strait Islander communities across Queensland. These restrictions either ban or limit the amount and type of alcohol that can be taken into a particular community.

More generally, while the Northern Territory has no specific legislation or policy to address this Recommendation, the Commonwealth Stronger Futures in the Northern Territory Act 2012 (Cth) commits funding for the Commonwealth government to reduce alcohol-related harm to Aboriginal people in the Northern Territory.

3. Early Intervention and Treatment (Recommendations 282-288)

3.1 Aboriginal involvement in media campaigns and other health promotion strategies (Recommendation 282)

Recommendation 282: That media campaigns and other health promotion strategies targeted at Aboriginal people at the local and regional level include Aboriginal involvement at all stages of development to ensure that the messages are appropriate.

This Report's findings in respect of the implementation of Recommendations 282 were variable. In some jurisdictions (such as Tasmania) this Report did not find any specific health programs or health promotion strategies targeted at Aboriginal communities at either local or regional levels. In other jurisdictions, however, there have been some positive developments where Aboriginal input has been canvassed,
both in the general area of policy development and also through the introduction of specific targeted health programs.

3.1.1 Australian Capital Territory

In the ACT, ACT Health works closely with a number of Aboriginal organisations, including the Aboriginal and Torres Strait Islander Elected Body (ATSIEB), United Gunganawal Elders Council, Gunganawal Bush Healing Farm (an Aboriginal drug and alcohol residential rehabilitation program) and Gugan Gulwan Youth Aboriginal Corporation to ensure culturally appropriate messages are conveyed.

The ACT Health Directorate Reconciliation Action Plan 2012 – 2015 lists as one of its key actions:

"The Health Directorate distributes effective social marketing and health promotion resources that are culturally sensitive and appropriate for use by Aboriginal and Torres Strait Islander organisations."

The ACT Health Directorate has developed a number of protocols to guide staff on engaging and consulting with Aboriginal and Torres Strait Islander communities of the ACT.

3.1.2 New South Wales

In NSW, as part of its Drug and Alcohol Plan 2006–2010, NSW Health aimed to develop specific partnerships within NSW Health to address the needs of Aboriginal Communities. One of the priority areas stated was for culturally appropriate drug and alcohol policy and strategies. A new ten year NSW State Health Plan (2013-23) was released in December 2012. The Plan was developed by the NSW Government in partnership with the Aboriginal Health and Medical Research Council of NSW, and recognises that a continued meaningful partnership between the NSW Local Health Districts (‘LHDs’) and Aboriginal Community Controlled Health Services (‘ACCHS’) is critical, particularly as ACCHS is widely acknowledged for its effectiveness in delivering comprehensive primary

health care to Aboriginal people. The Plan is underpinned by principles of trust, mutual respect and Aboriginal participation in health service delivery. NSW Health is responsible for implementing the Plan and reporting on progress, with NSW Aboriginal Health Partnership to monitor progress.

Also in NSW, the NSW State Health Plan “Towards 2021” includes various goals for Aboriginal health, including:

(a) reductions in smoking by pregnant Aboriginal women,
(b) reducing obesity (including through a Knockout Health Challenge); and
(c) halving the gap between Aboriginal and non-Aboriginal infant mortality by 2018 through an Aboriginal Maternal and Infant Health Strategy.\(^{33}\)

### 3.1.3 Queensland

In Queensland there is an Aboriginal and Torres Strait Island Health Branch within Queensland Health whose role is to improve health outcomes for Aboriginal and Torres Strait Islander Queenslanders by providing leadership, high-level advice and direction on effective and appropriate policies and services in specific program areas across government.\(^{34}\)

### 3.1.4 Victoria

In Victoria, the Victorian Department of Human Services (‘VIC DHS’) advised the Victorian Implementation Review that where relevant, its programs are designed to include Aboriginal involvement at all stages of development in order to ensure that the messages are culturally appropriate and will lead to the desired outcomes. It was stated that VIC DHS recognise that the quality of experience, skills and training of Indigenous workers is crucial in providing appropriate health promotion to the Aboriginal community.

Specific examples of Aboriginal involvement in media campaigns and health promotion strategies by VIC DHS include:

(a) Indigenous community alcohol resource services that provide harm minimisation activities including health promotion, information, referral and sobering-up centres through funding to

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\(^{34}\) ‘Making Tracks towards closing the gap in health outcomes for Indigenous Queenslanders by 2033’, Queensland Health Aboriginal and Torres Strait Islander - Cultural Capability Framework 2010-2033, Transition to Aboriginal and Torres Strait Islander Community Control of Health in Queensland: A Draft Strategic Policy Framework of Koori Alcohol Plan.
Aboriginal organisations. Approximately seven of these are funded by VIC DHS;

(b) the existence of Indigenous community alcohol and drug workers who provide harm minimisation activities, health promotion, information, linkages and referral. There are approximately 16 of these workers funded by VIC DHS through Aboriginal organisations and some mainstream organisations;

(c) the development of the Koori Drug and Alcohol Plan 2003-04 (‘Koori Plan 2003-04’)\(^{35}\) which sought to address identified Indigenous community priority areas from an alcohol and drug treatment, prevention and early intervention perspective. The Koori Plan 2003-04 was developed in consultation with the Koori Drug Strategy Advisory Committee (‘KDSAC’). KDSAC consists of members from peak Aboriginal organisations and relevant government departments; and

(d) more recently the development of the Koori Alcohol Action Plan 2010-2020 (‘KAAP’),\(^{36}\) which was initiated and developed with extensive and active community consultation in partnership with the Victorian Aboriginal Community Controlled Health Organisation (‘VACCHO’).

KDSAC has been active in Victoria in terms of Aboriginal drug and alcohol strategy:

(a) VIC DHS gave VACCHO $80,000 in funding to develop a range of information materials and resources for the Indigenous community on specific drugs. VACCHO produced a range of posters and facts sheets on drugs including tobacco, alcohol, inhalants, speed and heroin. These have been distributed to agencies and services across the State; and

(b) VIC DHS has produced resources about inhalant abuse designed for use in the Indigenous Victorian community. A committee made up of representatives from the Indigenous community oversaw the development of the resources, which have been distributed to drug and alcohol agencies across Victoria.

Between July 2001 and February 2002, the Victorian Government ran an illicit drug community awareness and advertising campaign. The campaign was aimed at young people in general but also included drug awareness information targeted to the Indigenous community. The campaign


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promoted awareness of the harmful effects of cannabis and heroin to Indigenous audiences, and promoted access to Directline telephone drug and alcohol counselling service.

Additionally in Victoria, the Koori About Better Communication About Drugs Project has been developed by and with the Victorian Indigenous community, and has recently been renamed the Koori Families And young fella Connecting and Sharing (‘FACES’) Program. The FACES Program has involved the development of a parent education program designed for use within the Victorian Indigenous community. The program is an early intervention, drug prevention program designed for carers of young Indigenous adolescents. The program includes the recruitment and training of Indigenous facilitators to enable regional Aboriginal services to be able to adapt and deliver the program to local communities, across the state. The program has an emphasis on Aboriginal cultural parenting practices, and will be promoted by and with key stakeholders and Indigenous organisations state-wide.

Also in Victoria, the Premier's Drug Prevention Council has provided funding for the development of a training program for Victorian Indigenous health care providers on Foetal Alcohol Syndrome (‘FAS’), and the development of culturally appropriate resources for Victorian Indigenous communities to increase awareness of FAS.

3.1.5 South Australia

In South Australia, the South Australian Aboriginal Health Partnership (‘SAAHP’) seeks to foster cooperation and collaboration between the State and Commonwealth Governments and Aboriginal Health Council of South Australia Inc to improve Aboriginal health and wellbeing in South Australia.

In September 2012 the South Australian Government released a “Report of Actions Taken”\(^{37}\) was issued as a response to the Deputy State Coroner’s recommendations regarding the deaths of Kunmanara Kugena (female), Kunmanara Windlass, Kunmanara Peters, Kunmanara Kugena (male), Kunmanara Gibson and Kunmanara Minning. This Report addressed the implementation of some of the RCIADIC Recommendations and stated that in the development of media campaigns and health strategies, Drug and Alcohol Services South Australia (‘DASSA’) should try to ensure that the target groups of such campaigns/strategies are always involved in the development of such campaigns/strategies.

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A recent example of a specific health promotion strategy in South Australia is the Remote Aboriginal Tobacco Project. The Project was rolled out from 1 July 2008 to 30 June 2012 in partnership with Aboriginal Health Council of South Australia, Pika Wiya Health Services, Port Augusta, Port Augusta Hospital and Regional Health Services and Males in Black, Port Augusta. The Project’s activities involved facilitating Quit skills and SmokeCheck training with Aboriginal health professionals, promoting smoking cessation and Aboriginal specific events in the region, undertaking education projects at local schools/youth centres, and developing pathways for smoke free Aboriginal community control health service through policy development.

3.1.6 Western Australia

In Western Australia, the Western Australian Department of Health, Aboriginal Health Division states that it "is responsible for facilitating a collaborative and coordinated approach within WA Health’s public health system to improve health outcomes for all Aboriginal people living in Western Australia." Aboriginal targeted health materials available through the Western Australian Department of Health (for example, brochures, posters and booklets) appear to be written in consultation with Aboriginal people based on the language and concepts used. As part of the 2013 National Aboriginal and Torres Strait Islander Health Plan, the Federal government consulted with Aboriginal groups to seek their input. Only two consultations were held in Western Australia in late 2012, in Broome and Perth.

In 2005, the Western Australian Department of Health established the "Aboriginal Cultural Respect - Implementation Framework" (‘WA Framework’). The WA Framework aims to set achievable goals and a methodology for the implementation of the National Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2004-2009. The WA Framework includes in its strategies the imperative to:

(a) develop partnerships with cultural groups (e.g. the Kimberley Aboriginal Lore and Culture Centre) and community representatives who can advise on local cultural protocols;

(b) develop partnerships with ACCHS;

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40 The Cultural Respect Framework for Aboriginal and Torres Strait Islander Health, prepared by the Australian Health Ministers’ Advisory Council’s Standing Committee on Aboriginal and Torres Strait Islander Health Working Party (Comprising the Northern Territory, Queensland and South Australia) aims to influence the corporate health governance, organisational management and delivery of the Australian health care system to adjust policies and practices to be culturally respectful and thereby contribute to improved health outcomes for Aboriginal and Torres Strait Islander peoples. Refer <https://www.health.gov.au/internet/main/publishing.nsf/Content/health-oatsih-pubs-crf.htm/$FILE/Cultural_Respect_Framework.pdf>.
support the development of staff exchange strategies with ACCHS; and

c) encourage local Aboriginal communities and organisations to be involved in the development of services.

The Western Australian Department of Health also awards annual Aboriginal Health Promotion Project Grants of up to $100,000 to organisations that strive to run innovative health promotion programs for Aboriginal people. In 2012-13, 32 grants of up to $5000 were made in Western Australia.

In 2012, the Western Australian Department of Health established the "WA Health Aboriginal Cultural Learning Framework" ('WA Learning Framework'), which built on the work of the earlier WA Framework. The WA Learning Framework provides direction for the period 2012-2016. The WA Framework prioritises three key areas:

(a) attracting, upskilling and retaining Aboriginal staff within the health workforce, especially in areas where they have been traditionally under-represented;

(b) fostering a supportive and respectful workplace culture for Aboriginal staff to enhance the Department's understanding of Aboriginal perspectives;

(c) identifying and developing the leadership potential of Aboriginal staff within the Department.

3.1.7 Northern Territory

In the Northern Territory, at a policy level, the Northern Territory Department of Health has an Aboriginal Policy and Stakeholder Engagement Division which provides policy advice and leadership to improve health and well-being outcomes for Indigenous people in the Northern Territory. The Division's Stakeholder Engagement Framework emphasises the importance of stakeholder involvement, including media involvement.

In the Northern Territory there are a variety of health campaigns that have been mindful of Aboriginal involvement in the establishment of such campaigns. These included:

42 Refer 41Above.

22. COPING WITH ALCOHOL AND OTHER DRUGS: STRATEGIES FOR CHANGE (RECOMMENDATIONS 272-288)
(a) The "Enough is Enough" alcohol reforms, which were introduced in the Northern Territory as part of its alcohol management plans. The campaign was also supported by community awareness campaigns which involved ongoing community education to promote safe and responsible drinking. Resources with Indigenous content were produced as part of these campaigns. The campaigns included:

(i) a "Championship moves awareness" campaign (15 March 2010), which campaign aimed to tackle alcohol-related violence, encourage friends to look out for friends, and to make a smart move and step in to prevent a fight or incident before it escalates; and

(ii) a "grog running awareness" campaign, which targeted illegal grog running in remote areas. The media campaign targeted 31 remote communities, and featured radio advertisements and talking posters in English and 10 Indigenous languages.

Some other current campaigns include:

(b) the campaign, "No Smokes", which is a project of the Menzies School of Health Research that was funded by the Australian Government Department of Health and Ageing. The campaign recognises that there are communications differences and conceptual differences, particularly with Aboriginal people who speak different languages and come from traditional societies where concepts of health differ. The campaign involves Aboriginal people, and has Aboriginal faces leading the campaign, making it more accessible and enabled the campaign to speak to the relevant issues; and

(c) Larrakia Radio, which in a joint venture with the Australian Federal Government Department of Health and Ageing is presenting a radio campaign to address one of the most important health issues within Aboriginal communities, ear health. The target of the campaign is a number of topics within Indigenous ear

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44 In 2004–2005, more than half (55.9%) of Indigenous NT adults aged 18 years and over were current smokers. [Department of Health and Community Services (2006), Smoking in the Northern Territory: Health Gains Fact Sheet 2. Department of Health and Community Services, Darwin Refer: <http://digitallibrary.health.nt.gov.au/dspace/bitstream/10137/65/1/lgains_factsheet_smoking.pdf>]. Based on this data, the rate of smoking among NT Indigenous adults is approximately 1.8 times the NT non-Indigenous rate, and 2.6 times the national rate. See <http://nosmokes.com.au/footer/about-us/>.

45 Radio Larrakia stated aims are to promote Larrakia language and Larrakia culture to the Darwin and surrounding region combined with news, music, sport and information in a radio format through broadcast media.


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health issues including broadcasting personal stories from Aboriginal community members, elders and community health clinic workers, interviews and open broadcast discussions, including educational messages from the Commonwealth Department of Health and ear health specialists.

3.2 Early intervention programs (Recommendation 283)

Recommendation 283: That the possibility of establishing early intervention programs in Aboriginal health services and in hospitals and community health centres with a high proportion of Aboriginal patients be investigated. This could include the training needs of staff in intervention techniques.

In some jurisdictions (notably NSW, Western Australia and Tasmania) there is little evidence indicating the establishment of early intervention programs for Aboriginal health in hospitals and community health centres. In other jurisdictions, there have been some positive developments (for example Victoria and Queensland).

3.2.1 Commonwealth

At a Commonwealth policy level, one of the longer-term priority actions identified in the Department of Health’s National Strategic Framework for Aboriginal and Torres Strait Islander Health 2003-2013 is to:

"Promote lifestyle interventions such as the Lifescipts initiative, to assist in reducing levels of smoking and risky & high risk alcohol consumption (including during pregnancy), to promote healthy eating and physical activity, and to reduce the risk of chronic disease."

This is echoed in the subsequent National Aboriginal and Torres Strait Islander Health Plan 2013–2023 which lists one of the strategic objectives is to:

"Continue support for counselling, health promotion and early intervention services to promote social and emotional wellbeing amongst Aboriginal and Torres Strait Islander people, including members of the Stolen Generations."

3.2.2 Australian Capital Territory

In the ACT, the Gugan Gulwan Youth Aboriginal Corporation runs a variety of early intervention programs aimed at reducing alcohol abuse amongst the Aboriginal community including lunch and night outreach programs and specific young men's drug and alcohol groups.


22. COPING WITH ALCOHOL AND OTHER DRUGS: STRATEGIES FOR CHANGE (RECOMMENDATIONS 272-288)
3.2.3 **New South Wales**

In NSW, early intervention programs are a key initiative of the NSW Health Drug and Alcohol Plan 2006-2010, which specifically states that "it is vitally important that all non-Aboriginal services are able to provide services that are culturally appropriate for Aboriginal people." The National Drug and Alcohol Research Centre at the University of NSW undertook research on the effectiveness of family-based interventions for Aboriginals with alcohol dependency, and published in 2013 an article entitled "Training and tailored outreach support to improve alcohol screening and brief intervention in Aboriginal Community Controlled Health Services." 48

The UNSW Research notes that whilst Aboriginal Community Controlled Health Services ('ACCHS') are well placed to help reduce alcohol harm in Indigenous communities and alcohol Screening and Brief Intervention ('SBI') is cost-effective, healthcare professionals do not tend to utilise these services, because (amongst other reasons) individual practitioners (such as general practitioners, registered nurses and Aboriginal health workers) perceive they lack the time and expertise.

On the effect of an intervention on the delivery of alcohol SBI, the UNSW Research found that specialist training of healthcare professionals on:

(a) alcohol treatment guidelines for Indigenous Australians;
(b) practical training in how to use the alcohol assessment tool;
(c) skills-based training in alcohol brief intervention using FLAGS (Feedback, Listen, Advice, Goals and Strategies) method; and
(d) an evidence-based brief intervention framework,

does significantly increase rates of alcohol screening and brief intervention in rural communities. We could not locate any evidence however that the NSW Government has acted in response to any of the issues identified in the UNSW Research.

3.2.4 **Victoria**

In Victoria, a research project called "Early Intervention for Young People with Alcohol and Drug Problems" was conducted in 2001-2002 by a consortium comprising of The Centre for Youth Studies, The Australian Drug Foundation, Turning Point Alcohol and Drug Centre and the Centre for Adolescent Health. Representation from community-based Aboriginal alcohol and drug resource centres and Aboriginal alcohol and drug resource workers contributed to the working party for this project. The

project identified case studies of effective early interventions programs in Victoria that addressed alcohol and drug misuse amongst young people.

The final report from the project is yet to be published but it is anticipated the report will make recommendations for:

(a) an early intervention checklist to be utilised in any intervention between an alcohol and drug worker and a young person who is misusing alcohol and or drugs, and

(b) the drafting of a template document with key questions to be addressed prior to developing/scoping research projects addressing alcohol and drug misuse in the community.

These recommendations will have obvious application to Indigenous populations.

The subsequent publication "A new blueprint for alcohol and other drug treatment services, 2009–2013" noted the need for stronger links between Indigenous-specific treatment providers and mainstream treatment providers, given that many indigenous Australians use generalist treatment services. A 6 bed state-wide residential Koori youth alcohol and drug service is currently operating on the Mornington peninsula, with a permanent service under construction.

The Victorian Government is currently investigating the benefits of alcohol and drug "brief interventions" and is developing clinical guidelines for training all alcohol and drug and other health practitioners in the use of such interventions with consideration of early intervention activities and programs. Evidence indicates success of a brief intervention for problematic alcohol use.

3.2.5 Queensland

In Queensland, consistent with the Council of Australian Governments' Indigenous Reform Agenda, the Queensland Government published a long-term policy and accountability framework titled "Making Tracks toward closing the gap in health outcomes for Indigenous Queenslanders by 2033" (‘QLD Making Tracks Framework’). The QLD Making Tracks Framework provides an overarching policy framework to guide the Queensland Government's effort towards closing the health gap by 2033


and to maintain sustainable health outcomes thereafter. Following an examination of the available evidence regarding the health status of Indigenous Queenslanders and what is known about the health interventions that are most likely to close the health gap, the QLD Making Tracks Framework identified the need for a multi-faceted approach that includes, amongst other things:

(a) increased and sustained effort across the entire health system - by delivering culturally capable and responsive mainstream health services complemented by targeted Indigenous specific programs and services, and improved integration across service settings;

(b) intervention across an individual's life span - a focus on 0-8 years for a strong start to life, 8-18 years to avert the uptake of risky health behaviours; and adulthood to better manage existing illness; and

(c) attention to the needs of urban populations and those living in remote communities.

3.2.6 Tasmania

In Tasmania, our research did not reveal any specific early intervention programs in Aboriginal health services in Tasmania. However, more generally, the Tasmanian Drug Strategy 2005-2009 has as one of its six key principles that prevention and early intervention are critical in responding to drug use, which was reaffirmed in the Tasmanian Drug Strategy 2013-2018. The Tasmanian Alcohol and Drug Service provides funding for the Circular Head Aboriginal Corporation which provides alcohol education programs.

3.2.7 South Australia

In South Australia, DASSA has an Aboriginal Workforce Development section which both encourages the employment of Aboriginal workers and provides training to address alcohol and drug issues. Programs in this area include the provision of training in Certificate III in Community Services Work for Aboriginal workers and the provision of an annual Alcohol, Tobacco and Other Drugs Aboriginal workers forum. All DASSA frontline staff receive mandatory training in cross-cultural awareness. DASSA also contracts Aboriginal organisations to provide services on its behalf (for example the tobacco, blood borne virus and alcohol prevention programs with the Aboriginal Health Council SA).

3.2.8 Western Australia

In Western Australia, other than limited specific mention of early intervention programs on the Western Australia Department of Health website, no information is available regarding the specific aim of establishing early intervention programs in Aboriginal health services or in hospitals or community health centres with a high proportion of Aboriginal patients. The WA Drug and Alcohol Office provides a number of health education resources specifically for Aboriginal people, which can be ordered on its website (e.g., posters, brochures) for distribution by community health groups. Independent Aboriginal wellbeing organisations have taken a proactive role to early intervention in Aboriginal healthcare. Meerilinga (which caters to parents of all backgrounds, not exclusively Aboriginal parents), for example, provides a wide range of services and educational materials related to maternal and child health directly targeted at Aboriginal mothers and parents, including preventative health care such as alcohol and nutrition information for mothers.

3.2.9 Northern Territory

In the Northern Territory, two remote communities, Ntaria and Gunbarlanya implemented the BEAT Project - best practice in early intervention, assessment and treatment of depression and substance misuse between 2010 and 2014. The project was being conducted by the Menzies School of Health Research, with funding from Beyond Blue and the Northern Territory Department of Health. The staff were trained in screening for depression and pathways to follow up care. Results of the project will be used to guide the management of depression and associated physical illness and alcohol and drug use among high-risk Aboriginal and Torres Strait Islander young people, perinatal women, and adults with chronic disease.

The Northern Territory Department of Health, Alcohol and Other Drugs Program aims to minimise harm associated with the use of alcohol, tobacco and other drugs, through a range of prevention, education, treatment and community action initiatives. In the Corporate Plan for 2009-2012, (Strategic Directions Priority Action Area - Targeting Smoking, Alcohol and Substance Abuse) (‘Corporate Plan’), priority no. 3 was to “enhance access to alcohol and other drug interventions through primary and acute health care services." The Corporate Plan states that this is to be achieved through:

(a) implementing evidence-based harm minimisation strategies and key initiatives associated with the chronic conditions;

55 For example, the “First tucker for baby - Parent Handbook” Available at: <http://www.meerilinga.org.au/library/file/nutrition-taste-bubs/IND_tastebubs_v2_final_web.pdf>.
(b) prevention and management strategy and maternal and child health programs;

(c) implementing systematic provision of primary level alcohol and other drugs intervention activity across remote health service delivery;

(d) implementing the hospital based interventions project in Royal Darwin Hospital and Alice Springs Hospital; and

(e) delivering tobacco cessation training in all Northern Territory hospitals and health centres.

Some of the key achievements outlined in the 2010-2011, 58 2011-2012, 59 2012-2013 60 and 2013-2014 61 Northern Territory Department of Health Annual Reports relevant to this Recommendation include:

(a) men’s health promotion activities, programs, and interventions being implemented in remote communities contributing to the Territory 2030 target for increasing life expectancy among Aboriginal Territorians;

(b) undertaking Tobacco Cessation Education and Therapy Programs through Indigenous Education and Therapy in remote communities where traditional models such as QUIT are not appropriate; 62

(c) enhancement of the Northern Territory Quitline to make it more accessible and culturally appropriate to Indigenous smokers;

(d) grants designed to assist rural and remote Aboriginal communities to develop tobacco interventions at the local level;

(e) an alcohol and other drugs hospital intervention team providing services to Royal Darwin Hospital and Alice Springs Hospital, including education, brief intervention and shared care to reduce harms related to substance abuse in child and maternal health;


62 A total of 20 professional staff and 27 alcohol and drug frontline workers are now qualified to provide evidence based tobacco cessation interventions across the Territory, completing their National Accredited Cessation Course in 2010-11.

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(f) the implementation of the Indigenous Risk Impact Screen and Brief Intervention Program ('IRIS') The program provides a culturally secure and validated screening instrument and brief intervention designed to meet the specific needs of Aboriginal and Torres Strait Islander communities. The course is funded by the Australian Government and is aimed at frontline workers and will be rolled out across Australia. Alcohol and Other Drugs ('AOD') program staff have been trained and certified to deliver the training across the Northern Territory;

(g) the allocation of additional funding for the AOD program to manage and deliver the treatment elements of the reform process. This included funding for new treatment beds, additional staff and a range of services including early intervention, withdrawal support and expanded outreach services. There has been a strong focus on enhancing current AOD service providers and building a collaborative sector. Training was provided for alcohol misuse interventions to 70 medical practices and 50 remote health centres throughout the Northern Territory. A culturally appropriate assessment tool for health professionals has also been developed and a suite of resources on alcohol interventions was sent to all medical practices across the Northern Territory;

(h) the delivery of Aboriginal-specific alcohol education and training programs by AODP during 2012-13 which included 25 programs on the National Indigenous Alcohol Guidelines and 48 Indigenous Alcohol Flipchart Training Programs which address the full range of risks associated with alcohol misuse including alcohol and youth, domestic violence, decision making, drink driving, brain injury, culture and pregnancy;

(i) the development of a new culturally appropriate cannabis education and prevention flipchart resource for low literacy and numeracy groups by AODP in 2012-13, in partnership with the National Cannabis Information and Prevention Centre and Menzies. Training has been provided to 93 staff from government and non-government services to enable them to deliver cannabis interventions across the Northern Territory;

(j) the introduction of Alcohol Mandatory Treatment ('AMT') in Darwin, Nhulunbuy, Katherine and Alice Springs with 109 additional beds available and more than 400 people referred for treatment since AMT began in July 2013; and

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63 AODP allocated $1.58 million for prevention, community development and training activities in 2012-13. AODP work in this includes advice, education, support and planning on alcohol and other drug issues to communities.
(k) finalising Volatile Substance Abuse (‘VSA’) Management Plans for the Milingimbi community and Kakadu region, developing VSA assessment guidelines and expanding youth VSA treatment services.

3.3 Alcohol-free workplace policies (Recommendation 284)

**Recommendation 284:** That Aboriginal organisations consider adopting alcohol-free workplace policies and be encouraged and given support to develop employee assistance programs.

A review of the workplace policies of Aboriginal organisations is beyond the scope of this Report. This Section of this Report considers the workplace guidelines existing in each jurisdiction relevant to the work health and safety (‘WHS’) obligations of an employer pertaining to alcohol and drug issues (but which may not be specifically focussed towards an Aboriginal audience).

### 3.3.1 Commonwealth

At a national level, the National Drug Strategy Aboriginal and Torres Strait Islander Peoples Complementary Action Plan 2003-2009\(^{64}\) (‘Complementary Action Plan’) addresses issues facing Aboriginal and Torres Strait Islander people in the use of alcohol, tobacco and other drugs. One of the principles identified in the Complementary Action Plan is that Aboriginal and Torres Strait Islander peoples must be centrally involved in planning, development and implementation of strategies to reduce harm arising from alcohol, tobacco and other drugs and psychoactive substances in their communities. In particular, the Complementary Action Plan identifies as one of its objectives, workforce initiatives to enhance the capacity of Indigenous and mainstream organisations to provide quality services. The Complementary Action Plan recommends the following workforce initiatives:

(a) support and encourage employer organisations to implement workforce strategies at a regional level;

(b) implement workplace interventions to reduce exposure to environmental tobacco smoke;

(c) provide support for Torres Strait Islander organisations and workplaces to implement smoke-free workplace legislation;

(d) provide on-site help for health workers wanting to quit smoking;

(e) provide harm reduction training for Torres Strait Islander workers to assist those who smoke to still address smoking issues in their work with communities; and

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May 2015
(f) provide strategies/policies in the work place to ensure the health and wellbeing of all workers.

3.3.2 Australian Capital Territory

In the ACT, the ACT Government has developed the "Guide to Promoting Health and Wellbeing in the Workplace"\(^{65}\) to enable both ACT Aboriginal and non-Aboriginal organisations and workplaces to move through the stages of creating an effective workplace health and wellbeing program that meets their employees' needs. The ACT Health Guide recommends that organisations:

(a) promote services and programs that provide information, advice, counselling and referral to treatment services for staff who may be concerned about their alcohol use, or that of family or friends;

(b) offer education and training to employees about safe consumption of alcohol;

(c) develop and implement a workplace policy that encourages responsible alcohol use at work related events; and

(d) offer workplace employee assistance programs to help employees reduce their alcohol intake.

Also, the ACT Government has developed "The Health and Wellbeing Action Plan Example"\(^{66}\) and recommends organisations promote a smoke free workplace environment and to support workers to quit smoking.

3.3.3 New South Wales

In NSW, the New South Wales Guide to Developing a Workplace Alcohol and Other Drugs Policy\(^{67}\) sets out that the first step for employers in dealing constructively with an alcohol or other drug related hazard in their workplace is to develop a policy in consultation with employees. It also includes an Employee Assistance Program ('EAP'). An EAP is an effective early intervention service that provides professional and confidential counselling and referral services for employees to assist them resolve personal, health or work-related concerns. While the purpose of the Guidelines is to assist employers more generally to comply with WHS laws (rather than to encourage Aboriginal workplaces to adopt alcohol-free

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22. COPING WITH ALCOHOL AND OTHER DRUGS: STRATEGIES FOR CHANGE (RECOMMENDATIONS 272-288)
policies), the Guidelines implement some aspects of this Recommendation. In particular, the Guidelines encourage the development of employee assistance programs for employees with drug and alcohol problems.

3.3.4 Queensland

In Queensland, the framework for alcohol and drug management in the workplace, developed by Workplace Health and Safety Queensland68 (‘QLD Workplace HS Framework’), outlines a framework for developing a policy on reducing the work-related risks associated with drug and alcohol use. The QLD Workplace HS Framework applies to all Aboriginal and non-Aboriginal workplaces in Queensland, including those in industries for which there are legislative provisions requiring the development of drug and alcohol management (including testing) programs (i.e. those relating to rail safety workers, passenger transport and heavy vehicle drivers). The QLD Workplace HS Framework recommends:

(a) the introduction of a drug and alcohol testing regime;

(b) the utilisation of various forms of testing programs including voluntary self-testing, random testing, upon reasonable belief, and testing after a workplace health and safety incident;

(c) the procedures for the counselling and, if necessary, disciplining workers following a positive test; and

(d) the provision of an Employee Assistance Program (EAP) which is an effective early intervention service that provides professional and confidential counselling and referral services for workers to assist them resolve personal, health or work-related concerns.

3.3.5 Victoria

In Victoria, no Aboriginal specific alcohol free workplace programs have been identified. However, the Guidelines for Developing a Workplace Alcohol Policy,69 which applies to both Aboriginal and non-Aboriginal organisations, provides that the first step for employers in dealing constructively with alcohol problems in their workplace is to develop an alcohol policy in consultation with management and workers (or their health and safety representatives or union). It outlines that the aims of any workplace alcohol policy and procedures should be prevention, education, counselling and rehabilitation and it should be part of an organisation’s overall health and safety strategy. In particular, the Guidelines recommend:


(a) the establishment of a health and safety committee, which can be used to help develop and monitor the implementation of the policy;

(b) sufficient publication of the policy around the workplace and for the details of the policy to be included in induction and on-going training; and

(c) the development of Employee Assistance Program (EAP), but provides that:

(i) the workplace alcohol policy must deal directly with unsafe conditions, stressors and one-off situations and not rely solely upon an EAP; or

(ii) where an employer does not establish an EAP (i.e. an EAP may not be appropriate for many small workplaces), he/she should investigate appropriate services to which employees can be referred.

3.3.6 Tasmania

In Tasmania, “WorkSafe Tasmania Drugs and Alcohol: A guide for employers and workers” are Guidelines which apply to both Aboriginal and non-Aboriginal organisations. These were produced by Workplace Standards Tasmania with the aim of assisting employers to discharge their WHS obligations with respect to alcohol and drug-affected employees.

3.3.7 South Australia

In South Australia, the Workplace Health and Wellbeing Toolkit, which was developed by the Government of South Australia as part of its Healthy Workers - Health Futures initiative, applies to both Aboriginal and non-Aboriginal organisations. This Toolkit provides employers with a step-by-step guide to designing, implementing and evaluating a workplace health and wellbeing program with the aim of assisting employers to discharge their WHS obligations and create a workplace that is healthier, happier and more productive. Whilst the purpose of the Toolkit is to assist employers more generally to comply with WHS laws and develop/maintain a health and wellbeing program (rather than to encourage Aboriginal workplaces to adopt alcohol-free policies), the Toolkit implements some aspects of this Recommendation. In particular, the Toolkit encourages the development of

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a formal workplace alcohol policy as well as employee assistance programs for employees with drug and alcohol problems.

### 3.3.8 Western Australia

In Western Australia, Healthier Workplace WA (‘HWWA’) provides assistance to workplaces across Western Australia to implement and evaluate a workplace health and wellbeing policy. In particular, HWWA’s specialist program “Healthy Workers Alcohol Program” (coordinated by the WA Drug and Alcohol Office) provides free information, resources and specialist workplace support and advice on alcohol-related harm and issues in the workplace. HWWA also supports and promotes those recommendations of Worksafe WA in its “Guidance Note - Alcohol and Other Drugs at the Workplace”\(^\text{72}\) for eliminating or reducing the use of alcohol and other drugs in the workplace. The Guidance Note outlines that a constructive way for employers to address alcohol and other drugs safety is to develop a workplace alcohol and other drugs policy, with supporting procedures, through consultation with workers as well as introduce employee assistance programs.

### 3.3.9 Northern Territory

In respect of the Northern Territory, this Report focusses on the aims of the Stronger Futures - Alcohol and Other Drug Workers in support of Alcohol Management Plans Implementation Plan (‘Stronger Futures Plan’).\(^\text{73}\) The aim of the Stronger Futures Plan is to development capacity and training of staff to identify and treat substance misuse through the:

(a) addition of 20 new full-time equivalent workers to provide alcohol and drug services to remote communities;

(b) provision of training or professional development and support to these workers;

(c) provision of housing in four sites to support the new workforce; and

(d) evaluation of the implemented service delivery model associated with these workers.

The Commonwealth Departments of Health and the Department of Social Services (formerly the Department of Families, Housing Community

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Services and Indigenous Affairs) proposes to work closely with communities
to determine where these services are needed the most. It is anticipated
that delivery of the above in the Northern Territory will be driven by the
Department of Health over a period of 10 years from 2012 to 2022.

The Stronger Futures in the Northern Territory (Alcohol Management Plans)
Rule 2013 came into effect on 25 February 2013. This legislative
instrument prescribes the minimum standards that Alcohol Management
Plans must satisfy.

3.4 Employment of multipurpose Aboriginal drug and alcohol community
workers (Recommendation 285)

Recommendation 285: That Aboriginal organisations and councils (including
ATSIC) be encouraged to give consideration to the further implementation of
programs to employ multipurpose Aboriginal drug and alcohol community workers,
and that appropriate assistance is sought in the training of Aboriginal people to fill
such roles.

In considering this Recommendation, this Report considered policies or programs
that exist in each jurisdiction which encourage the employment of Aboriginal people
in the health sector which also include the focus of specific resources that may be
available to such persons relevant to Aboriginal drug and alcohol issues. As noted
previously, under the Aboriginal and Torres Strait Islander Commission Amendment
Act 2005 (Cth) ATSIC was abolished and the Regional Councils ceased operation on
30 June 2005. This Report does not focus on any ATSIC programs.

3.4.1 Commonwealth

In the Commonwealth sphere the National Drug Strategy 2010–2015
(‘NDS’) was approved by the Ministerial Council on Drug Strategy on 25
February 2011. The NDS highlights that disadvantaged populations
(including Aboriginal and Torres Strait Islanders) are at greater risk of
harm from alcohol, tobacco and other drug misuse. The NDS recognises
that drug-related problems play a significant role in disparities in health and
life expectancy between Indigenous and non-Indigenous Australians. The
NDS suggests that ongoing partnerships with Aboriginal and Torres Strait
Islander communities are needed to help reduce the causes, prevalence
and harms of alcohol misuse and tobacco and other drug use among
Aboriginal and Torres Strait Islander peoples. The NDS lists a commitment
to workforce development as necessary to achieve the aims of the NDS. It
recommends that Indigenous health and law enforcement workers are at
the front line for delivery of services related to preventing and minimising
drug use and associated problems in their communities and indicates that it
will continue to support the development of a qualified workforce.

74 Ibid.
3.4.2 **Australian Capital Territory**

ACT Health’s Aboriginal and Torres Strait Islander Health Workforce Action Plan 2013-2018 (‘Workforce Action Plan’) was officially launched on 11 July 2013.\(^{76}\) The Workforce Action Plan is formally linked to ACT Health’s Workforce Plan 2013-2018 and focuses on increasing the number of Aboriginal and Torres Strait Islander peoples employed in ACT Health and the health sector as well as providing them with professional development opportunities, supportive networks and relevant education and training.

3.4.3 **New South Wales**

In NSW, the NSW Government Mental Health and Drug and Alcohol Committee (‘MHDAO’) has a number of drug and alcohol workforce development initiatives, including Aboriginal drug and alcohol traineeships. The aim of the traineeships is to increase the number of tertiary qualified Aboriginal drug and alcohol workers across NSW, both in the Non-Government Organisation and the Government sectors. The traineeships will increase opportunities for Aboriginal drug and alcohol workers to undertake supported practical and theoretical training in the area of drug and alcohol and related issues.

In addition, the NSW Health Aboriginal Workforce Strategic Framework 2011 - 2015\(^ {77}\) aims to increase the Aboriginal workforce across the public health sector in clinical, non-clinical and leadership roles. The Framework, which is to be reviewed in July 2015, focuses on addressing health workforce skill gaps as well as supporting the economic and social wellbeing of Aboriginal people. The key priorities of the Framework are to:

(a) increase the representation of Aboriginal employees to 2.6% across NSW Health;

(b) increase the representation of Aboriginal people working in all health professions;

(c) develop partnerships between the health and education sectors to deliver real change for Aboriginal people wanting to enter the health workforce and improve career pathways for existing Aboriginal staff;

(d) provide leadership and planning in Aboriginal workforce development;


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(e) provide employment to Aboriginal university graduates in health professions; and

(f) build a NSW health workforce which closes the gap in health outcomes between Aboriginal and non-Aboriginal people by providing culturally safe and competent health services.

Also in NSW, in 2010, with the assistance of a grant from the Foundation for Alcohol Research and Education, a Handbook for Aboriginal Alcohol and Drug Work ('Handbook') was written with and for Aboriginal and Torres Strait Islander health professionals in response to the need for a comprehensive resource to help clinicians address alcohol and drug issues. It was publicly launched by the Governor of NSW and Chancellor of the University of Sydney, Her Excellency Professor Marie Bashir, on 7 June 2012. The Handbook was created in partnership between the University of Sydney and Aboriginal and non-Aboriginal agencies and health professionals. Four of the six editors are Aboriginal. The Handbook was first distributed to alcohol and drug professionals from around Australia at the National Indigenous Drug and Alcohol Conference in Western Australia and is available online. It has since been recommended as a text for trainees in the field in South Australia, Western Australia and Queensland.

3.4.4 Queensland

For Queensland, the Indigenous Wellbeing Centre ('IWC'), funded by the QLD Department of Health and the QLD Department of Communities, delivers the alcohol, tobacco and other drugs ('ATOD') program. The IWC promotes the uptake of primary prevention initiatives that focus on alcohol, tobacco and other drug use, in order to enhance the social and emotional health and wellbeing of the community. The program operates in close collaboration with other organisations and upskills staff to ensure culturally and linguistically appropriate approaches is incorporated into all practice. Some of the initiatives developed through the ATOD program include community-based alcohol and other drug intoxication awareness challenges, a responsible service of alcohol training program, the "Night out not a knock out - know your standards" campaign, the development of a visual standards drink tool kit to use at community events, the preparation of alcohol management plans, and a range of health promotion strategies.

Individuals and families can seek support from IWC and access its services either at office locations or have an IWC ATOD worker travel to meet them. Proactive education and program promotion through IWC school programs, community event attendance and collaboration with external community agencies ensure IWC is accessible through many and varied avenues. A key resource for schools, community agencies and the wider integrated community as a whole, IWC’s Youth Alcohol and Drug Program as well as


22. COPING WITH ALCOHOL AND OTHER DRUGS: STRATEGIES FOR CHANGE
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ATOD workers provide vital resources and support for individuals, their families, and the wider community.

3.4.5 Victoria

In Victoria, the Victorian Implementation Review acknowledged that while the overarching responsibility for employment policy rests with the Commonwealth, the Victorian Government needs to contribute to increased Indigenous employment by enhancing employment opportunities in private industry and State and local government, as well as through supporting development of Indigenous-owned enterprise. Since the release of the Victorian Implementation Review, the Victorian Government has implemented the Youth Employment Scheme which provides traineeship opportunities for unemployed and disadvantage young people aged between 15 and 24 and aims to increase the employment of young Indigenous people in State Government Agencies. In addition, the Victorian Government has employed an Indigenous Employment Co-ordinator to work with locally-based Indigenous employment officers in local government and community organisations in sharing information regarding employment initiatives with Indigenous communities, contributing to linkages with Aboriginal enterprises, and improving their connection to Commonwealth initiatives.

3.4.6 Tasmania

In Tasmania, the Tasmanian Department of Health and Human Services prepared the Alcohol, Tobacco and Other Drug Services Tasmania Future Service Directions: A five year plan 2008/09 - 2012/13 (‘Tasmanian Plan’).

The Tasmanian Plan sets out the strategic focus of the Tasmanian Department of Health and Human Services for the alcohol, tobacco and other drugs service sector in Tasmania.

The Tasmanian Plan recognises that:

(a) there is a high demand for specialist alcohol and drug support services by Aboriginal organisations; and

(b) in supporting the Aboriginal community, the focus should include workforce development and improving access to specialist alcohol and drug services.

Initiatives under the Tasmanian Plan include:

(a) working in partnership with the Tasmanian Aboriginal community to develop an Aboriginal workforce development strategy; and

(b) establish the capacity of Aboriginal community organisations to address alcohol, tobacco and other drug issues.

In 2012, the Alcohol, Tobacco and Other Drug Steering Committee reviewed the implementation of the Tasmanian Plan and found that whilst there was still some considerable work to be done to fully implement the plan, there had been significant success in implementing the Tasmanian Plan.  

3.4.7 South Australia

In South Australia, there is established an Aboriginal Drug and Alcohol Council (SA) resource package on illicit drugs for Indigenous workers (‘Package’), however the text is not publicly available. The Aboriginal Drug and Alcohol Council SA website describes the Package as being designed to help Aboriginal drug and alcohol workers gain skills and qualifications that are needed by Indigenous communities with the aim of developing a competent workforce of Aboriginal and Torres Strait Islander workers who have illicit drug, community development and cultural skills. The Package includes:

(a) a worker’s manual containing a guide about illicit drugs and how to help people with drug problems and pamphlets containing information about particular drugs, the effects of those drugs and safety information; and

(b) an information and skills program, which is designed to enhance knowledge about drugs and skills for helping people with drug problems.

3.4.8 Western Australia

In Western Australia, the Aboriginal Employment Strategy 2011 - 2015 (‘WAAE Strategy’) was developed in conjunction with public sector agencies and Aboriginal employees and focuses on long term, sustainable employment opportunities and career pathways for Aboriginal people.

across the public sector. The WAAE Strategy, which contains a range of recommendations and initiatives that can be implemented by public sector agencies, aims to achieve a target of 3.2% of public sector employment for Aboriginal employment across all classifications by 2015 (representing the estimated Aboriginal proportion of the total working age population in 2015). The WAAE Strategy outlines that the success in improving Aboriginal outcomes and meeting the 2015 target is the responsibility of all public sector agencies.

Also in Western Australia, the Western Australia Country Health Service Aboriginal Employment Strategy 2010 - 2014 aims to improve health outcomes for Aboriginal people by providing culturally respectful and competent services throughout the WA Country Health Service. To achieve this, the Country Health Service has identified the following five priority areas for action:

(a) increase employment opportunities to attract and retain Aboriginal staff;

(b) focus on workforce skill development;

(c) develop a workforce culture and environment that supports the employment and retention of Aboriginal people;

(d) redesign the workforce to enable employment and new work roles; and

(e) plan for workforce needs and evaluation of initiatives.

3.4.9 Northern Territory

In respect of the Northern Territory, this Report focussed on the Stronger Futures Plan. As noted in respect of Recommendation 284, there is a general commitment under the Plan to develop the capacity of Aboriginal and Torres Strait Islander service delivery organisations and increasing employment opportunities for Aboriginal and Torres Strait Islander people.

The Stronger Futures Plan states that this commitment will be achieved by:

(a) the provision of an additional 20 new full-time equivalent alcohol and drug workers through primary health care centres and Aboriginal medical services;

(b) providing employment opportunities for local workers; and

(c) providing professional development and support framework to provide training aimed at supporting alcohol and drug workers.

3.5 Coordination of policies, resources and programs in petrol sniffing (Recommendation 286)

Recommendation 286: That the Commonwealth government, in conjunction with the States and Territories and NGOs, act to coordinate more effectively the policies, resources and programs in the area of petrol sniffing.

This Report has found that the Commonwealth, Western Australia, South Australia and the Northern Territory governments have worked together closely to address the area of petrol sniffing and have attempted to coordinate their policies and programs. These States and the Northern Territory, in addition to parts of northern Queensland, have been the focus of the coordinated efforts in relation to petrol sniffing.

3.5.1 Petrol Sniffing Strategy (Nationwide)

In 2005, the Commonwealth Government, in association with State and Territory Government agencies developed the Petrol Sniffing Strategy ('Eight Point Plan') in an attempt to develop a co-ordinated strategy to deal with the issue of petrol sniffing in regional and remote Aboriginal communities.

The Eight Point Plan formed the basis of the Petrol Sniffing Strategy which sets out the following recommendations:

(a) roll-out of low aromatic fuel;
(b) consistent legislation dealing with petrol sniffing across jurisdictions;
(c) activities to strengthen and support communities;
(d) youth diversionary activities;
(e) rehabilitation and treatment facilities;
(f) appropriate levels of policing;
(g) communications and education strategies; and
(h) evaluation.

The Petrol Sniffing Strategy is managed through the Commonwealth Department of Families, Housing Community Services and Indigenous Affairs (now the Department of Social Services), Attorney General's Department, the Department of Education, Employment and Workplace Relations (now split as the Department of Education and Training and the Department of Employment) and the Department of Health and Ageing (now the Department of Health).
Prior to the introduction of the Petrol Sniffing Strategy in 2005, the Department of Health managed the Comgas Scheme to address the problem of petrol sniffing in regional and remote Indigenous communities. The Scheme replaced regular unleaded petrol with Avgas, an aviation fuel low in aromatic content that did not provide a "high" when sniffed. In 2004, the Department of Health and the Australian Institute of Petroleum supported BP Australia Pty Ltd to develop a new aromatic unleaded fuel called Opal. In February 2005, Opal replaced Avgas and the Comgas Scheme became the Petrol Sniffing Prevention Program.

The Petrol Sniffing Prevention Program manages the implementation of actions outlined in the Petrol Sniffing Strategy (Eight Point Plan). The Department of Health manages the Petrol Sniffing Prevention Program and undertakes specific activities which include:

(a) ensuring subsidised low aromatic fuel to specific regions;
(b) communication activities and information on petrol sniffing and low aromatic fuel;
(c) advice on treatment and rehabilitation services for petrol sniffers;
(d) collecting data; and
(e) program evaluation.

Low aromatic fuel is now available in selected communities, petrol stations and roadhouses in regional and remote Australia assisting to reduce the incidence and impact of petrol sniffing in Indigenous communities. In December 2012, the Government announced that Shell Australia would commence producing low aromatic fuel in the latter half of 2013. BP Australia will continue to supply its low aromatic fuel (Opal) to central and South Australia, and parts of Western Australia. Shell Australia will be the primary supplier of low aromatic fuel to northern Australia covering areas such as the Top End of the Northern Territory, the Gulf of Carpentaria, Cape York and East Kimberley. Shell Unleaded 91 Low Aromatic is currently available at eight Shell branded fuel sites in the Northern Territory, West Australian Goldfields and Queensland.\(^4\) The Australian Government and Shell propose to continue the rollout of the scheme during 2015 into the:

(a) Katherine region (including Mataranka and Pine Creek);
(b) Cape York region;
(c) Queensland Gulf of Carpentaria region (including Camooweal, Mount Isa, Cloncurry, Normanton, Karumba and Burketown);

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(d) Tennant Creek region;
(e) East Kimberley region (including Kununurra, Wyndham, Halls Creek and Fitzroy Crossing); and
(f) Coober Pedy region.\textsuperscript{85}

A bulk storage facility for low aromatic unleaded fuel was established in Darwin to support the expanded rollout of the fuel to northern Australia.\textsuperscript{86}

Two Senate Community Affairs References Committee report titled "Grasping the opportunity of Opal: Assessing the impact of the Petrol Sniffing Strategy" (2009)\textsuperscript{87} and "Beyond petrol sniffing: Renewing hope for Indigenous communities" (2006) \textsuperscript{88} examined the Petrol Sniffing Strategy and made a number of recommendations, including that Council of Australian Governments (‘COAG’) urgently revisit the RCIADIC Recommendations, prioritise those Recommendations that have not been implemented and establish the implementation of these Recommendations as a standard item on the COAG agenda. The Commonwealth Government has responded to the Senate reports indicating that it considered that by virtue of the measures implemented it is meeting the requirements of this Recommendation.

3.5.2 Review of the Petrol Sniffing Strategy

A whole of Government strategic review of the Petrol Sniffing Strategy was also completed on 14 January 2013 by Origin Consulting, titled "Whole of Strategy Evaluation of the Petrol Sniffing Strategy: Future Directions for the PSS Final Report" (‘Origin Review’). The Origin Review assesses the effectiveness, sustainability, impact and continuing relevance of the Petrol Sniffing Strategy as a way of coordinating government effort on petrol sniffing.

The Origin Review concluded that the Petrol Sniffing Strategy, particularly through the introduction of low aromatic fuel and youth services, has achieved a dramatic reduction in the prevalence of petrol sniffing in remote Australia, and that the benefits of the Strategy include:

\begin{itemize}
\item \textsuperscript{(a)} providing a shared framework for the response to petrol sniffing;
\end{itemize}


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(b) providing a focal point for investment by agencies and leveraging programs and funds to address sniffing related issues;

(c) reflecting the complex nature of sniffing; and

(d) visibly demonstrating government action to stakeholders.

Relevantly, the Origin Review also found that:

(a) while there was a concern at commencement of the Strategy that there were insufficient police in many remote areas, this has been addressed by State and Territory Governments such that the focus of the strategy going forward should be to ensure police have sufficient training and skills;

(b) national management of the Strategy has generally been effective, but the strength of cross-jurisdictional relationships has varied; and

(c) funding arrangements across agencies varied and particular funding difficulties had been experienced in state agencies.

The Petrol Sniffing Strategy focuses on the jurisdictions of Western Australia, the Northern Territory and South Australia.

The Origin Review was publicly released on 16 April 2013. The findings of the Origin Review will be used to prioritise future work under the Petrol Sniffing Strategy.

3.5.3 Interim Report on petrol sniffing by Menzies School of Health Research

In 2011 the Department of Health commissioned a report into the prevalence of petrol sniffing in 41 Aboriginal communities across Australia between 2005 and 2012, in order to contribute to monitoring the impact of an ongoing rollout of low aromatic fuel (LAF) in communities beset by petrol sniffing. In 2013, the Menzies School of Health Research released an interim report into its findings (‘Interim Report’). The Interim Report summarised its findings as indicating that:

"while the rollout of LAF continues to be associated with significantly reduced levels of petrol sniffing compared with baseline levels recorded in 2005-07, there are also signs of continuing and in some cases increasing levels of petrol sniffing.

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This is particularly apparent in communities that are not yet incorporated into a regional strategy for rolling out LAF.\textsuperscript{90}

The Interim Report also noted anecdotal evidence that sniffing of other volatile substances and marijuana use may be increasing and have partially supplanted petrol, but stated that the researchers were unable at that stage to quantify any such shifts.\textsuperscript{91}

The study underpinning the Interim Report was scheduled for completion in 2014 and the final report was due to be provided to the Government in late 2014. It is not clear whether the report has been completed and provided to the Government and it has not yet been public released.

The Department of Prime Minister and Cabinet is also currently conducting an audit to assess the effectiveness of the Department’s management of initiatives to reduce petrol sniffing in Indigenous communities. This audit report is due to be tabled in Autumn 2015.\textsuperscript{92}

3.5.4 Commonwealth

The \textit{Low Aromatic Fuel Act 2013} (Cth) (‘LAFA’) prohibits the supply of regular unleaded petrol to certain areas. Under LAFA, the Commonwealth Government can designate "low aromatic fuel areas" or "fuel control areas" and specify rules relating to the supply, transport and possession of fuel in these areas. Low aromatic fuel areas and fuel control areas can only be designated after consultation with a number of stakeholders including community members, fuel industry and State and Territory governments. Section 7 of the LAFA expressly provides for State and Territory laws to operate concurrently. To date the Commonwealth has not used these mandatory powers, appearing to prefer negotiations with fuel retailers.\textsuperscript{93}

Also at a national level, the Office for Aboriginal and Torres Strait Islander health commissioned the National Health and Medical Research Council (‘NHMRC’) to develop a clinical practice guideline and a quick-reference summary to support health workers treating clients who use volatile substances. NHMRC, has produced the guideline and quick-reference summary entitled "Consensus-Based Clinical practice guide for the management of volatile substance use".\textsuperscript{94} The guideline and quick-reference summary is intended for use by health professionals including

\textsuperscript{90} Ibid, at p4
\textsuperscript{91} Ibid, at p20
\textsuperscript{92} Publication no longer available online as at 6/5/15: ‘Delivery of the Petrol Sniffing Strategy in Remote Indigenous Communities’, Australian Government.
\textsuperscript{93} See: http://www.abc.net.au/news/2014-12-08/low-aromatic-non-sniffable-fuel-rollout-darwin-storage-launch/5951634
doctors, nurses, Aboriginal health workers, Ngangkari (traditional healers), alcohol and other drug workers and allied health professionals.

3.5.5 Australian Capital Territory, Tasmania, New South Wales and Queensland

In respect of the ACT, Tasmania, NSW and Queensland, this Report did not find anything in addition to the Commonwealth findings set out above. It is noted that the Petrol Sniffing Strategy initially focused specifically on Western Australia, the Northern Territory and South Australia and has since been expanded to include parts of northern Queensland.

3.5.6 Victoria

In Victoria, the Victoria Implementation Review has indicated that it considers this Recommendation to have been fully implemented. In September 2001, the Victorian Government in partnership with the Indigenous community established a working group to tackle the issue of solvent abuse among young Indigenous people. The aim of the working group was to develop and implement short-term strategies to address the immediate needs of the Indigenous community with regard to inhalant abuse. The committee made a number of recommendations to the Victorian Inquiry into the Inhalation of Volatile Substances and initiated the development of an Indigenous resource package for the solvent abuse. The resource package is based on a South Australian kit "Petrol Sniffing and Other Solvents" and is distributed to Victorian alcohol and drug workers by way of training at VACCHO.

In February 2003 VIC DHS produced a guide titled "Management response to inhalant use - Guidelines for the community care and drug and alcohol sector" (most recently updated in August 2014). The intent of the Guidelines is to assist front line workers in a variety of settings to manage people who use inhalants. The two key audiences are out-of-home care settings and alcohol and drug treatment settings. The Guidelines have particular references to working with Indigenous clients and to petrol sniffing.

The VIC DHS advised that in Victoria the inhalation of paint and other fumes, commonly known as chroming, is a far more prevalent form of Volatile Substance Abuse (VSA) than is petrol sniffing. Efforts have therefore been concentrated on resourcing treatment and prevention programs for chroming.

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An inquiry was undertaken by the Victorian Parliamentary Drugs and Crime Prevention Committee into the inhalation of volatile substances. The inquiry made the following comments and specific recommendations:

(a) that culturally appropriate training and resources on solvent abuse issues be provided to Indigenous alcohol and drug workers;

(b) that Indigenous specific holistic healing centres be funded to adequately cater for the specific cultural needs of Indigenous communities with regard to substance abuse issues; and

(c) that the development and funding of Aboriginal and Torres Strait Islander specific leisure facilities, including youth, sport and recreational clubs and programs, be extended in order to provide structured activities that will engage young people, enhance their self-esteem, promote Indigenous culture and tradition and develop a sense of community.

More generally, programs have been implemented in Victoria that have an impact on the incidence of chroming but are not specifically targeted at Indigenous communities. These include a state funded "Retailers' Kit", that has been prepared in a collaborative approach between Government and retailers to assist in preventing solvent abuse by helping retailers sell solvents responsibly, and that sets out legal rights and responsibilities. The Retailers Kit contains such things as guidelines for the responsible sale of solvents and Frequently Asked Questions (FAQ) about solvent abuse. The Kit has been requested by and distributed to over 3000 retailers in Victoria.

At the August 2003 meeting of the Ministerial Council on Drug Strategy (‘MCDS’) the Victorian Minister for Health proposed the development of a national approach to inhalant abuse, including the establishment of a national committee. This was endorsed by the MCDS at that meeting. As a result, a National Inhalant Abuse Taskforce was established. The Taskforce is chaired by Victoria and includes representatives of a number of Commonwealth and State departments as well as the Central Australian Cross Border Reference Group on Volatile Substance Use, National Drug and Alcohol Research Centre and the Australian National Council on Drugs.

3.5.7 South Australia

In 2004, the South Australian government declared "petrol" and "volatile" substances to be drugs for the purposes of the Public Intoxication Act 1984 (SA). In 2011, the South Australian Deputy State Coroner noted the limitations of this legislation as only applying to public intoxication and recommended that specific targeted petrol sniffing and volatile substance
laws be enacted in South Australia. To date no such laws have been passed.

The Drug and Alcohol Services South Australia developed the Anangu Pitjantjatjara Yankunytjatjara Lands (‘APY Lands’) Substance Misuse Service in response to petrol sniffing and other substance abuse. The APY Lands Substance Misuse Service provides a range of treatment programs for Aboriginal people who live or come from the APY Lands who are experiencing problems caused by substance misuse. The service provides assessment and treatment for people who misuse petrol, alcohol, cannabis and other substances.

In 2013, the South Australian Government enacted the *Aboriginal Lands Trust Act 2013* (SA) to continue the Aboriginal Lands Trust and to enable the Trust to acquire, hold and deal with land for the continuing benefit of Aboriginal South Australians. This Act allows for the Governor, on the recommendation of the Trust, to make regulations regulating, restricting or prohibiting the consumption, possession, sale or supply of regulated substances (including petrol) on Trust Land. In 2014, regulations were passed restricting the use, sale and supply of petrol for the purposes of inhalation or consumption in two Trust communities.

### 3.5.8 Western Australia

In Western Australia, with the cooperation of the state government, Opal fuel has been rolled out in the Goldfields, Kimberley, Pilbara and Kakadu regions, replacing regular petrol in many service stations. There have also been extensive advertising campaigns regarding the introduction of Opal fuel - for example, the Western Australia Department of Health "stop petrol sniffing" website, brochures, radio announcements, community information sessions and an Opal fuel-sponsored fishing competition. The Western Australia Department of Health also reports that it has placed "regional coordinators" in Kalgoorlie, East Pilbara, Kununurra and Midwest region, which act through local networks to implement the Eight Point Plan (refer previous para 3.54 to this Recommendation). An example is the Aboriginal Coordination Centre in Kununurra.

The Western Australia Department of Health’s Drug and Alcohol Office publishes the booklet entitled "Sniffing and Chroming: A guide for parents and carers worried about their children" aimed at Aboriginal parents. It also offers free Alcohol and Drug Information Service and Parent Drug Information Service telephone hotlines which offer advice and counselling.

### 3.5.9 Northern Territory

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In the Northern Territory, the Northern Territory Department of Health operates a program called the Alcohol and Other Drugs Program which aims to minimise the harm associated with drugs, including alcohol and petrol, through a range of prevention education, treatment and community action initiatives. The Program includes information and advice services provided by the Alcohol and Drug Information Service for the public, and the Drug and Alcohol Industry Advisory Service for medical professionals. There are approximately 27 alcohol and other drugs prevention, intervention, and treatment service providers across the Northern Territory. Three of these are operated by the Department of Health and all of these include services for petrol sniffing.

The Commonwealth also funds the Northern Territory Central Australian Youth Link Up Service (‘CAYLUS’) \(^98\) to support community initiatives addressing substance misuse affecting young people in central Australia. The CAYLUS Youth Wellbeing Program provides education, prevention, diversionary and treatment activities to Indigenous communities with a focus on inhalant misuse.

In addition to the Commonwealth initiatives, the Northern Territory has the Volatile Substance Abuse Prevention Act (NT) and Regulations which prescribe assessment by health practitioners for persons considered to be at risk of severe harm from the inhalation of volatile substances, including, but not limited to, petrol. Residents and community councils can request the Minister declare the respective area a management area and develop and implement a management plan to control the possession, sale and supply, use and storage of volatile substances that can cause individuals and communities harm. There are currently 21 declared management areas under this Act in the Northern Territory.

### 3.6 Alcohol and other drug prevention, intervention and treatment programs to Aboriginal people (Recommendation 287)

**Recommendation 287:** *That the Commonwealth, States and Territories give higher priority to the provision of alcohol and other drug prevention, intervention and treatment programs for Aboriginal people which are functionally accessible to potential clients and are staffed by suitably trained workers, particularly Aboriginal workers. These programs should operate in a manner such that they result in greater empowerment of Aboriginal people, not higher levels of dependence on external funding bodies.*

**Recommendation 288:** *That all workers, both Aboriginal and non-Aboriginal, involved in providing alcohol and other drug programs to Aboriginal people, receive adequate training. Priority needs to include:*

\(^98\) ‘Central Australian youth link up service (CAYLUS)’, *Health Info Net*, available at: [http://www.healthinfonet.ecu.edu.au/key-resources/programs-projects?pid=968].

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(a) Relevant cross-cultural awareness and communication training for non-Aboriginal workers such as health and welfare staff who provide services to Aboriginal people;

(b) Skill training for Aboriginal alcohol and other drug treatment workers, particularly those who have recovered from alcohol problems themselves but have no formal training in the area.

Overall, in the majority of jurisdictions, it appears that these Recommendations have been implemented at both a policy level and at the level of specific programs relating to alcohol and drug, prevention and treatment programs accessible to Indigenous persons. In addition, the programs that are offered would appear to have been developed on the basis of cross cultural awareness and seek to employ appropriately trained and skilled workers. It is however debatable whether these policies and programs have operated in a manner that has resulted in greater empowerment of Aboriginal people.

3.6.1 Commonwealth

At the Commonwealth level, in 2009, the National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes99 (‘NPA’) was signed by the Council of Australian Governments. The NPA was established to address targets set by the COAG for closing the gap in health outcomes between Indigenous and non-Indigenous Australians. It recommends that in order to ensure that health services are respectful of, and responsive to, the needs of Aboriginal and Torres Strait Islander people, targeted investment is required to improve the quality and cultural security of health service delivery, and to address systemic discrimination in the health system, where it is found to exist. It also aimed to reduce the factors that contribute to chronic disease, including tobacco, and to provide for integrated alcohol, drugs and mental health services. The NPA expired on 30 June 2013. It provided that the implementation of its objectives was predominantly the responsibility of the States and Territories.

There has been considerable debate over whether the introduction of the Stronger Futures in the Northern Territory Act 2012 (Cth) and the Stronger Futures Plan has operated to the detriment of empowering Aboriginal people, with a focus on centralised control. For example:

(a) Noting that the legislation requires that the Minister and NT Licensing Commission to consult with local communities before declaring the area subject to alcohol restrictions, the Human Rights Law Centre noted in a submission on the Stronger futures bill that is was:

"vital that these provisions respect rights of participation [as] participation in decision making is vital to ensure the protection and promotion of the rights of Aboriginal and Torres Strait Islander peoples and the empowerment and development of individuals and communities".  

(b) In February 2012 the National Congress of Australia's First Peoples (Congress), a national representative body for Aboriginal and Torres Strait Islander Australians, provided a statement to a Senate Standing Committee on the bill preceding the *Stronger Futures in the Northern Territory Act 2012* (Cth). In this statement the Congress submitted it that did not support the imposition of a legislative approach when investing in programs and services would achieve a superior result, as measured by key indicators and the empowerment of Aboriginal peoples. The Congress also expressed concern that the level of Government control provided for by the bill may act to disempower indigenous communities and leaders.

(c) In a dissenting report on the introduction of the *Stronger Futures in the Northern Territory Act 2012* (Cth), the Australian Greens political party referred to a submission by the Chief Executive Officer of the Aboriginal Medical Services Alliance of the Northern Territory in which he stated that:

"the draft legislation will directly impact on health and wellbeing outcomes through its impacts in relation to the social determinants of health, impacts that we argue the government appears largely ignorant of. ... control and empowerment, culture and social exclusion and racism. These determinants are impacted in various ways by the Stronger Futures legislation with serious and unintended though predictable impacts, predictable because this is what the evidence shows us. For example, there is Canadian research which showed that first nation communities in Canada with the lowest levels of youth suicide were those with significant elements of community control and cultural empowerment. The Stronger Futures bills, by comparison, in failing to abandon an intervention approach, will further undermine the control and empowerment of individuals and communities and will enhance factors associated with..."

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22. COPING WITH ALCOHOL AND OTHER DRUGS: STRATEGIES FOR CHANGE (RECOMMENDATIONS 272-288)
social exclusion and racial targeting. Such adverse outcomes can be expected in relation to, for example, the continuation of compulsory income management, the expansion of powers of the federal, state and territory authorities, continued blanket bans on alcohol and restricted materials, and continuation of the extraordinary star chamber powers of the Australian Crime Commission directed at Aboriginal communities."

3.6.2 Australian Capital Territory

In the ACT there is the intent to build upon the NPA. Specifically, the ACT initiatives include:

(a) funding two new Aboriginal Liaison Officers (ALOs) at Calvary Hospital to ensure that Aboriginal and Torres Strait Islander people from the ACT and Regional NSW can access mainstream healthcare services;

(b) implementing cultural respect indicators;

(c) providing cultural awareness training to all ACT Health professional staff;

(d) ensuring that new ACT Health programs, strategies and policies take into account any impact on, and address the needs of the ACT Aboriginal and Torres Strait Islander population by undertaking an internal evaluation of the ACT Health Aboriginal Health Impact Statement;

(e) providing culturally appropriate support to Aboriginal and Torres Strait Islander patients and their families when attending hospitals by creating a culturally appropriate "safe" space or "breakout room" at the Canberra Hospital for Aboriginal and Torres Strait Islander patients and their families;

(f) setting up on-line information website about Aboriginal and Torres Strait Islander culture and health issues accessible on the ACT Health intranet and internet websites; and

(g) as noted above, ACT Health works closely with a number of Aboriginal organisations (including Aboriginal and Torres Strait Islander Elected Body (‘ATSIEB’), United Ngunnawal Elders Council, Ngunnawal Bush Healing Farm (an Aboriginal drug and alcohol residential rehabilitation program) and Gugan Gulwan Youth Aboriginal Corporation to ensure culturally appropriate messages are conveyed.

3.6.3 New South Wales

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In NSW, the Partnership Agreement between NSW Department of Health and Aboriginal Health and Medical Research Council (‘AHMRC’) (‘Partnership Agreement’)\(^{102}\) that has existed since 1995 was updated and signed on 30 April 2008. The AHMRC has advocated for partnerships between ACCHS and local health districts in the spirit of the NSW Aboriginal Partnership Agreement. The need for such partnerships was acknowledged in a statement of intent, which was signed by both sides of Parliament in 2010 and commits current and future governments to improving the health and wellbeing of Aboriginal people in NSW. One focus of the AHMRC is the problem of drug and alcohol abuse. The Aboriginal Drug and Alcohol Network (‘ADAN’) was established in 2003 as a result of a recommendation from the Talking About Grog summit held in 2002. ADAN membership comprises Aboriginal drug and alcohol workers from ACCHS, local health districts and Non-Government organisations from across NSW.

The Aboriginal Workforce Strategic Framework 2011-2015 (‘Framework’) published by NSW Government Ministry of Health on 22 July 2011 focuses on addressing health workforce skill gaps as well as supporting the economic and social wellbeing of Aboriginal people.\(^{103}\)

Relevant to these Recommendations, the key priorities of the Framework are:

(a) to increase the representation of Aboriginal people working in all health professions;

(b) to increase the representation of Aboriginal employees to 2.6% across NSW Health;

(c) to develop partnerships between health and education sectors to deliver real change for Aboriginal people wanting to enter the health workforce and improve career pathways for existing Aboriginal staff;

(d) to provide leadership and planning in Aboriginal workforce development;

(e) to provide employment to Aboriginal university graduates in health professions; and

(f) to build a NSW health workforce which closes the gap in health outcomes between Aboriginal and non-Aboriginal people by providing culturally safe and competent health services.


22. COPING WITH ALCOHOL AND OTHER DRUGS: STRATEGIES FOR CHANGE (RECOMMENDATIONS 272-288)
The NSW Ministry of Health will oversee the implementation of the Framework and will be supported by the NSW Health Aboriginal Workforce Strategic Steering Committee. The Steering Committee will guide implementation of the Framework and is composed of representatives of the NSW Ministry of Health, local health districts and other public health organisations.

In December 2012 the NSW Government also released the NSW Aboriginal Health Plan 2013-2023, which aims to close the gap in health outcomes for Aboriginal people by, amongst other things:

(a) building trust through local partnerships;

(b) strengthening the Aboriginal workforce; and

(c) ensuring culturally safe work environments and health services.

3.6.4 Queensland

In Queensland, a number of specific programs and initiatives have been implemented. Firstly, as noted previously in respect of Recommendation 283, this Report's findings centre on the application of the IRIS Program which aims to provide a culturally secure and validated screening instrument and brief intervention designed to meet the specific needs of Aboriginal and Torres Strait Islander communities. The screening program is a two factor screen that assesses alcohol and other drug use and associated mental health issues. The IRIS requires a participant to complete a structured questionnaire consisting of demographic questions and questions about their substance use and mental health, calculates the scores from the IRIS Screen Instrument pertaining to each risk, compares the participant's scores for alcohol and other drugs against the risk cut-off scores and proceeds to brief intervention.

Depending upon the results of IRIS, a participant is then offered an intervention appropriate to their level of risk: low to high risk. Brief intervention is typically provided to participants who are not seeking alcohol treatment but are identified opportunistically, most often through primary care settings. There, the intervention is relatively short (typically 5-20 minutes), less structured and delivered by a non-specialist. Brief intervention focuses on raising awareness of the harms or risk arising from the individual's drinking, advising on change, negotiating a goal for drinking (e.g. drinking within the recommended limits or cessation) and identifying strategies for achieving this goal.

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Under the IRIS Program, the IRIS team also offers to provide training to all workers who have contact with Aboriginal and Torres Strait Islander clients and communities. Training is provided at sites and communities across Queensland and programs include:

(a) a two day workshop that trains participants how to use the IRIS toolkit in a culturally appropriate framework; and

(b) a four day "Train the Trainer Program" that provides further training for those participants who wish to facilitate their own two day workshops.

Secondly, the "SmokeCheck" program ('SmokeCheck') is a brief intervention program delivered by health workers to identify, encourage and support Aboriginal and Torres Strait Islander people who smoke tobacco to more positive and healthy behaviour changes. SmokeCheck, developed by Queensland Health with North Queensland Indigenous communities as a strategy to help bring down smoking rates, is for health professionals working with Aboriginal and Torres Strait Islander clients. SmokeCheck trained health professionals typically include Indigenous health workers, nurses, doctors, alcohol, tobacco and other drug workers, social workers and counsellors. The SmokeCheck team offer training to health workers so they can learn how to best help and encourage their clients to stop or reduce their smoking. This includes targeted information booklets for health workers to use with their clients. There is a range of SmokeCheck materials to support health workers in delivering SmokeCheck brief intervention, including client booklets for each stage of change, as well as a specific resource for smoking and pregnancy.

On a policy level, in Queensland, the QLD Making Tracks Framework, in articulating the Queensland Government’s vision for closing the health status gap by 2033, identifies effective health services as one of the priority areas for action. In particular, the QLD Making Tracks Framework recognises the importance of engaging Aboriginal people in the effective delivery of health services:

"The effectiveness of existing health services can be enhanced to provide more culturally sensitive and responsive programs and can be staffed by a workforce that has had both the clinical and cultural training to make them competent practitioners of health service delivery for Indigenous Queenslanders. Attracting and retaining an effective health workforce, career pathways for Aboriginal and Torres Strait Islander health staff and strategies for

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encouraging greater participation of Indigenous Australians in the health workforce is an ongoing priority.”

The QLD Making Tracks Framework also recognises the importance of supporting and developing community controlled health services at page 22:

“Services and programs can be informed by better engagement with Indigenous communities and by the involvement of Aboriginal and Torres Strait Islander people in planning and program design and implementation … The patient experience across the health system, particularly between primary and acute care services, can be improved through better integration of services, through increased collaboration with non-government health service providers (particularly Aboriginal and Torres Strait Islander Community Controlled Health Services) … .”

Under the Making Tracks Framework, the Queensland Government intends to set out details of its intentions for immediate action towards closing the health gap within current policy, funding and service delivery arrangements in triennial implementation plans. An initial implementation plan for the period 2009-10 to 2011-12 was prepared alongside the framework and a 2015-2018 triennial plan is currently under development.109

Finally in Queensland, there is the Transition to Aboriginal and Torres Strait Islander Community Control of Health in Queensland: A Draft Strategic Policy Framework dated October 2010 (‘QLD Strategic Policy’).110 The Qld Strategic Policy outlines the policy directions for the Queensland Government that will enable greater community control over the planning, management and delivery of local Queensland health services. To progress the development of a transition to community control policy in Queensland, a joint working group has met regularly to consider governance structures that support Aboriginal and Torres Strait Islander self-determination at a State level, particularly in relation to Indigenous health policy, funding and accountability. The joint working group includes:

(a) the Queensland Aboriginal and Islander Health Council;
(b) Apunipima Cape York Health Council;
(c) Gurriny Yealamucka Health Service Aboriginal Corporation; and
(d) General Practice Queensland.

The Yarrabah, Kowanyama and Mapoon communities are currently proposed as the pilot communities for transition to Aboriginal and Torres Strait Islander community controlled health. Aboriginal and Torres Strait Islander community controlled health organisations in Queensland currently receive funding from the Commonwealth and Queensland governments for the delivery of primary health care, substance use, social and emotional wellbeing and mental health services for Aboriginal and Torres Strait Islander people.

3.6.5 Victoria

In Victoria, the Victorian Implementation Review listed Recommendation 287 as "fully implemented" and Recommendation 288 as "partially implemented". At a policy level, VIC DHS funds a number of programs to address the abuse of alcohol, drugs and other substances in Aboriginal communities under the framework of the "Koori Alcohol Action Plan 2010-2020"\(^{111}\) ("Action Plan"). The Action Plan is a whole of government 10 year plan developed between the Victorian Department of Health in partnership with VACCHO and Victorian Aboriginal communities. Its overarching objective is 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. The Plan states that a key strength of the Action Plan is that it was developed following extensive community consultation held across Victoria in regional centres and smaller communities. That is, it notes that specific forums were held to ensure the voices of young people, Elders and those working in the alcohol and drug area. The Plan states that the four key themes that emerged from the consultations and which form the structure and basis of the Action Plan include strengthening communities, responsible access to alcohol, improved information and understanding and improving responses and services.\(^{112}\)

In terms of evidence of specific program delivery, VIC DHS advised the Review that it had funded a training program for Indigenous alcohol and drug workers in 2001 and 2002 in Certificate III and IV in Community Services (Alcohol and Other Drugs). This program was considered to be very successful and received an award for Innovative Service Delivery at the 2001 Community Services Industry Training Award. In 2001, 27 Indigenous workers completed the program and in 2002, 21 Aboriginal alcohol and drug workers graduated from the program. Graduates attain a Certificate from Swinburne University of Technology. DHS considered that the success of the training program was due largely to:


(a) the flexible delivery methods which were culturally appropriate to the needs of workers;

(b) the co-delivery of the training by Swinburne University of Technology and Aboriginal trainers from Ngwala Willumbong Limited; and

(c) the delivery of the training being undertaken in Aboriginal Co-operatives in four sites across the State, making it accessible to participants.

In 2004, VIC DHS also supported accredited training in advanced case management and advanced counselling skills was delivered to this sector by Swinburne University of Technology in collaboration with Ngwala Willumbong, Moreland Hall and Young Substance Abuse Service ('YSAS'). In 2004 the accredited training in advanced case management and advanced counselling was completed with 17 workers successfully completing the training.

3.6.6 Tasmania

In Tasmania, the Strategic Plan (refer previous Recommendation 285, para 3.4.6) recognises that there is a high demand for specialist alcohol and drug support services by Aboriginal organisations with the following recommendations:

(a) improved access to specialist alcohol and drug services;

(b) early intervention, including services to adolescents and young people;

(c) consultation from the Alcohol and Drug Service; and

(d) liaison and outreach services to other organisations which provide drug and alcohol support to Aboriginal people, to support the Aboriginal community.

Other initiatives under the Strategic Plan include working in partnership with the Tasmanian Aboriginal community to:

(a) develop cultural awareness training to alcohol and drug workers and an Aboriginal workforce development strategy to ensure services are more accessible and responsive to the needs of Aboriginal clients;

(b) establish reciprocal learning approaches to build the cultural competence of mainstream services and establish the capacity of Aboriginal community organisations to address alcohol, tobacco and other drug issues;
3.6.7 South Australia

In South Australia, we conducted primary research for this Recommendation and contacted the Chief Executive Officer of the Aboriginal Drug and Alcohol Council (‘ADAC’) (Mr Scott Wilson). Mr Wilson confirmed that that the only funding received from the Commonwealth to date for such programs was on a limited basis and no funding has been provided by the South Australian Government. It was Mr Wilson’s view that few programs are available to Aboriginal people and that many facilities which may have been able to cater for Aboriginal people, such as day centres, have been closed. It was also Mr Wilson’s understanding that the majority of staff in these centres are not Aboriginal and the few Aboriginal staff that do exist have no formal training. These centres are also dependent on Commonwealth Government funding.

3.6.8 Western Australia

In Western Australia, the Western Australia Strategy Against Drug Abuse Action Plan for 1999-2001\textsuperscript{115} anticipates that “education and training programs will be expanded for Aboriginal services and communities”. Local


Drug Action Groups in remote communities have been trained to provide alcohol and drug workers through the Community Development Employment Program and have been supported to provide an innovative "grog program" in the Warmun community. This program will serve as a demonstration for other remote community programs utilising existing community resources.

At the State level, for example, the Aboriginal Alcohol and Drug Service ('AADS') is an incorporated body operating in WA. Its objectives include (among other things):

(a) to ensure AADS staff are adequately trained, dedicated and responsive to the needs of Aboriginal individuals and families affected by AOD misuse;

(b) to build capacity of the community and family to combat AOD misuse through the establishment of strong service partnerships, the sharing of knowledge and resources and the affective deployment of programs; and

(c) to develop and deploy programs that are sustainable and that can strengthen and protect Aboriginal culture, language as it exists in a contemporary setting.

AADS has been funded by the Commonwealth and WA government for over 19 years.

It does not appear that cross-cultural awareness and communication is a compulsory element in all alcohol and drug training programs, but programs do exist that include these items as part of the curriculum. Aboriginal people working in the drug and alcohol sector can enrol in the WA Drug and Alcohol Office’s nationally recognised training program, the Aboriginal Alcohol and Other Drug Worker Training Program: Certificate III and IV in Community Services Work. The program is considered a national leader in the delivery of culturally sensitive training of drug and alcohol workers. In relation to those who have recovered from alcohol problems, the Western Australia Drug and Alcohol Counsellors’ Training Program, which is designed for people interested in becoming a volunteer drug and alcohol counsellor, expressly states that applicants who have had drug or alcohol problems within the past two years are not eligible to apply.

The plan referred to above is built on by the Western Australian Government’s Drug and Alcohol Interagency Strategic Framework for Western Australia 2011-2015, which lists as a key initiative the desire to provide nationally recognised Aboriginal workforce development programs.


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and career pathways, including Aboriginal traineeships, and culturally secure training for non-Aboriginal staff. The West Australian Government launched its "Mental Health, Alcohol and Other Drug Services Plan 2015-2025" in December 2014 for consultation. This plan refers to the desire to build on existing programs to enhance cultural competency in staff and to develop a skilled Aboriginal workforce.

3.6.9 Northern Territory

In relation to the Northern Territory, the Commonwealth Substance Misuse Service Delivery Grants Fund has provided funding for 22 Northern Territory Indigenous organisations to assist Aboriginal and Torres Strait Islander communities to provide service delivery in alcohol and other drug treatment through the workforce, improving health outcomes with education and developing quality evidence-based and culturally-secure resources around substance misuse. While there are currently no professional bodies specifically for Aboriginal and Torres Strait Islander alcohol and other drug workers, there are cross-cultural training courses available to doctors in the Northern Territory and two alcohol and other drugs worker training courses specifically to train Aboriginal and Torres Strait Islander people.