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***ABN** 66 085 654 397*

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Inquiry into the Health Impacts of Alcohol and Other Drugs in Australia

The AH&MRC Acknowledges the Traditional Owners of the lands on which the AH&MRC stands, the lands of the Bidjigal and Gadigal people of the Eora Nation. The AH&MRC pays respect to Elders past, present and emerging.

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AH&MRC Response:

The Aboriginal Health and Medical Research Council of NSW welcomes the opportunity to provide a submission to the House of Representatives Standing Committee on Health, Aged Care and Sport Inquiry into the Health Impacts of Alcohol and Other Drugs in Australia.

This submission addresses critical gaps in the availability and adequacy of alcohol and other drug (AOD) support services for Aboriginal and Torres Strait Islander people (hereafter referred to collectively as Aboriginal people). Despite representing a significant percentage of the demographic receiving AOD treatment, Aboriginal communities face substantial barriers, including insufficient service provision in regional, rural, and remote areas, higher rates of illicit drug use, and other systemic challenges related to discrimination and social determinants of health.

The AH&MRC has highlighted two key issues for the Committee's review:

1. The absence of protective measures for Aboriginal and Torres Strait Islander communities when seeking Alcohol and Other Drug Support Services.

In-effective programs and rehabilitation models for Aboriginal communities.

The legacy of colonisation and institutional control continue to significantly affect the lives and health of Aboriginal and Torres Strait Islander people. This has resulted in significant disparities across alcohol and other drug use statistics, as well as health outcomes between Aboriginal people and non-Indigenous Australians. High levels of alcohol and other drug consumption[1] is interlinked with chronic disease, mental health issues, and hospitalization for injury and violence. For this inquiry, the impacts of alcohol and other drugs on First Nations communities is contextualised through adverse mental, physical, systemic, and kinship outcomes.

In 2011, alcohol dependence was responsible for approximately 8.3% of the total burden of disease among Aboriginal people, a figure that was 2.3 times higher than the national average[2]. In 2022 and 2023, Aboriginal people were more than 6 times likely to receive treatment for alcohol or drug use as their non-Indigenous counterparts[3]. Aboriginal and Torres Strait Islander people living with an AOD dependence face significant challenges due to limited AOD supports offered, and as such, are disrupted from equitable access to food, education and economic opportunity, employment and independence. This disadvantage is compounded by existing socioeconomic risk factors including poverty, racism, and homelessness. The financial burden of alcohol, tobacco, and other drugs has risen markedly across Australia, leading to a decreased quality of life. In Aboriginal communities, existing health disparities and service gaps exacerbate this issue, as limited and non-existent access to relevant and culturally safe services further deteriorates quality of life. Reducing this burden of AOD dependence requires substantial commitment to recognising the debilitating health and socioeconomic inequalities facing Aboriginal people, as well as the need to implement targeted support for rural, regional, and remote communities.

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[1] Impact of alcohol and illicit drug use on the burden of disease and injury in Australia: Australian burden of disease study 2011, summary Australian Institute of Health and Welfare.
[2] Australian Institute of Health and Welfare (2016) Australian Burden of Disease Study: impact and causes of illness and death in Aboriginal and Torres Strait Islander people 2011.
[3] *Alcohol and other drug treatment services in Australia annual report, Aboriginal and Torres Strait Islander (first nations) people Australian Institute of Health and Welfare*.

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Other Commonwealth Government policies and practices in areas that may appear unrelated have had serious negative impacts on Aboriginal and Torres Strait Islander communities in NSW, such as the ongoing housing crisis frequently highlighted in the media. There is a growing belief that the Commonwealth is either unable to serve the best interests of its constituents or to effectively develop a national plan that addresses issues such as the rising cost of living. Housing, a critical factor in alleviating financial strain, remains a key concern for Indigenous Australians.

Interventions for Rural, Regional, and Remote Communities

The Aboriginal Health and Medical Research Council of NSW supports a coordinated whole-of-government public health approach to addressing the impacts of alcohol and other drug use in Aboriginal communities. Recent data identified that Aboriginal and Torres Islander people accounted for 18% of people aged 10 and over who received AOD support for their own or someone else's alcohol or drug dependence[4]. Despite the significant need for adequate AOD support services, it is evident that Aboriginal people experience ongoing access barriers. This submission recognises that regional, rural, and remote Aboriginal communities experience alcohol and drug dependence at a far greater disadvantage than those in local metropolitan areas.

Alcohol and drug abuse continues to result in increased rates of incarceration for drug-related offences, and increased rates of hospitalisation for drug-related illnesses, causing long-term negative health outcomes for many Aboriginal communities. Risky alcohol consumption accounted for the death of 458 Aboriginal and Torres Strait Islander people in 2019, 63% of which were due to alcohol-induced liver disease[5]. In 2019 and 2020, over 30,000 Aboriginal and Torres Strait Islander people were hospitalised because of alcohol and drug-related injuries[6]. It's important to note that this data does not accurately account for psychological injuries experienced because of AOD abuse, which evidently is poorly reported in literature. Psychological distress due to alcohol and drug dependence is largely misunderstood; wherein most cases are due to risky alcohol consumption, rather than alcohol dependence.

Geographic isolation and a lack of transportation available to rehabilitation hubs further compounds the disadvantage experienced by Aboriginal communities. Every effort should be made to provide equitable access to AOD services, ensuring that culturally appropriate and safe transport options are available. By prioritising culturally safe practices and addressing logistical barriers like transportation, service providers can make meaningful strides toward closing the gap in health outcomes for Aboriginal communities.

Achieving sustainable prevention and harm reduction outcomes for Aboriginal communities in the AOD context requires dedicated investment in holistic, culturally appropriate, and trauma informed services. This includes the investment of long-term service provision, and the need for expanded treatment standards that integrate both clinical and evidence-based approaches. Aboriginal Community Controlled Health Organisations (ACCHOs) receive limited funding for the provision of AOD services yet are still required to provide coordinated care for local communities. In regional and remote NSW, ACCHOs are often best placed to provide AOD support to Aboriginal people due to their locality, cultural safety, and holistic service offerings and it is imperative that they are recognised for their significance in providing health services and regular patient care for their clients. Further to this, despite the severe impact on Aboriginal youth in rural, regional and remote areas, support for Aboriginal

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[4] *Alcohol and other drug treatment services in Australia annual report, Aboriginal and Torres Strait Islander (first nations) people Australian Institute of Health and Welfare*.

[5] *2.16 risky alcohol consumption AIHW Indigenous HPF*.

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adolescents under 18 years remains alarmingly scarce. Whilst only representing 3% of Australia's population aged 10 and over, Aboriginal youth represent 17% of clients within AOD treatment services[7]. Addressing this gap is critical to breaking the cycle of harm and ensuring long-term outcomes for vulnerable demographics. Tailored interventions, with a focus on cultural relevance and holistic support, are essential to mitigating these risks and promoting the health, well-being, and prospects of Aboriginal young people. Aboriginal youth with multiple and complex needs represent a small, yet highly vulnerable group, disproportionately bearing a significant burden of harm. This harm often stems from a history of childhood socioeconomic disadvantage, trauma, and abuse, which can manifest in excessive AOD use. Such profound impacts, including diminished employment and productivity opportunities, heightened risk of self-harm and injury, increased levels of physical and mental health disabilities, and premature mortality due to poor health, suicide, and accidental death, are all interconnected.

Ineffective Programs and Rehabilitation Models

Racism and the absence of protective measures fail to address the logistical, economic, and social challenges faced by many Aboriginal communities. Many Aboriginal people seeking AOD support rely on the limited services available in remote or rural areas, where access to healthcare is already scarce. Receiving early, regular, and culturally safe AOD support is associated with better outcomes for First Nations communities.

The lack of investment in the ACCHO sector to deliver culturally appropriate and safe AOD support has meant that many Aboriginal people continue to face instances of linguistic, geographic, and economic barriers when accessing mainstream services. A key aspect of this is the fear of stigma, discrimination, and instances of racism through engagement. Previous reports on the delivery of AOD supports found that Aboriginal and Torres Strait Islander clients receive less tailored care compared to non-Indigenous clients, often due to a lack of culturally competent services and insufficient resources in the Aboriginal Community Controlled Health Organisation (ACCHO) sector, resulting in relapse. In 2022 and 2023, 56% of all clients in NSW were returning clients who had previously received AOD treatment from a service at some point from 2013-14[8]. Of these statistics, 20% were Aboriginal and Torres Strait Islander people.

Community-based treatment and support predominantly occurs in an individual's home or local community, whereby the community essentially becomes the "treatment facility"[9]. Much like the Glen Centre's 12 Week Program, these services are designed in line with the Aboriginal Drug and Alcohol Residential Rehabilitation Network (ADARRN) model of care[10]. This prioritises life skills in addition to withdrawal management, ensuring individuals are equipped to prepare for reintegration into society. Aboriginal knowledge systems can be relied on, wherein culturally responsive models are designed in conjunction with the local community to ensure reintegration with family is not just an ideal outcome, but a reality. Moreover, interventions that focus on harm reduction while fostering connections to culture, kinship, and heritage lead to even more positive results for Aboriginal and Torres Strait Islander people.

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[7] *ABS, 2021*.
[8] *Alcohol and other drug treatment services in Australia annual report, New South Wales Australian Institute of Health and Welfare*.
[9] Krakouer, J. et al. (2022) 'Community-based models of alcohol and other drug support for First Nations peoples in Australia: A systematic review', Drug and Alcohol Review, 41(6), pp. 1418–1427. doi:10.1111/dar.13477.
[10] *ADARRN* – http://adaarn.org.au

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The absence of long-term investment in capacity-building within Aboriginal communities limits their ability to develop sustainable, community-led AOD support programs. The AH&MRC and its member services are deeply committed to advancing access to services and driving progress in fulfilling the Government's obligations under the National Agreement on Closing the Gap. We believe that the issues raised in this submission are a missed opportunity to achieve progress against the State Government's obligations under the National Agreement, specific to Socioeconomic Targets 1 and 2: Aboriginal and Torres Strait Islander people enjoy Long and Healthy Lives (SEO1), and Aboriginal and Torres Strait Islander children are born Healthy and Strong (SEO2)[11].

The AH&MRC and its Member Services hold the view that issues with access to alcohol and other drug supports reflect a wider failure of the NSW Government to develop a coordinated program for regional, rural, and remote Aboriginal people who need a multi-pronged approach to improve quality of life, address financial barriers, and offer community-based rehabilitation. These concerns reflect broader themes that are prevalent across various mainstream agencies, including mainstream maternal services. These services often reveal a persistent lack of cultural responsiveness and insufficient planning for AOD services, resulting in inadequate engagement with Aboriginal communities and consequently poorer outcomes for Aboriginal peoples.

Recommendations:

The AH&MRC urges the Committee to consider the below recommendations:

- The development of culturally tailored programs that are co-developed with Aboriginal communities, to ensure the programs are both relevant and respectful of cultural values and the unique needs of Aboriginal peoples.
- A genuine commitment to work with the ACCHO sector, by way of long-term funding for AOD supports delivered through ACCHOs.

Ms Nicole Turner

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For further information please contact:

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[11] *Closing the Gap targets and outcomes | National Agreement on Closing the Gap, 2020.*