

Harnessing Good Intentions

A review of the Aboriginal and Torres Strait Islander AOD Treatment sector

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Review of the drug and alcohol prevention and treatment services sector

- Review of mainstream treatment services conducted by National Drug & Alcohol Research Centre (NDARC), University of NSW
- Review of the Aboriginal and Torres Strait Islander treatment sector conducted by the National Drug Research Institute (NDRI), Curtin University

Objectives

Report on:

- Gaps in current service provision
- Areas of unmet need
- Priority groups
- Service planning processes
- Funding models and arrangements
- Strengths, weaknesses and challenges

What did we do?

- Interviewed 30 Aboriginal and 33 non-Aboriginal people from ACCOS, NGOs and government bodies
- Reviewed submissions to NIDAC for the National Aboriginal and Torres Strait Islander Peoples Drug Strategy (NATSIPDS)
- Reviewed other relevant reports, including:
 - NIDAC/ANCD Areas of Greatest Need
 - Review of the NDS Complementary Action Plan
 - NIDAC submission to NATSIPDS
 - NDARC working papers for national review

The starting point

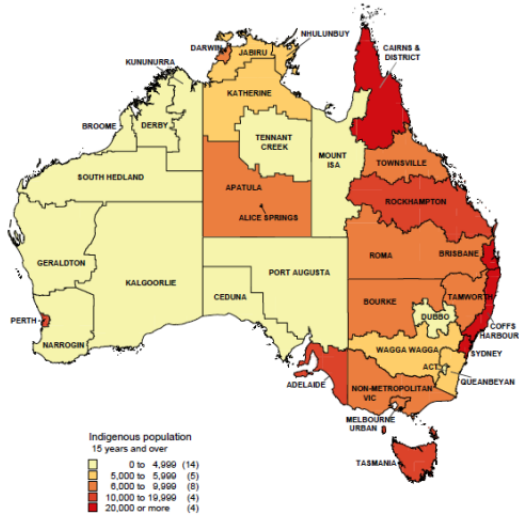
- Substance use disorders are chronic relapsing conditions
- They are embedded in a web of other health and social problems
- Treatment strategies should be broader than clinical responses
- Treatment needs to be person-centred and delivered as seamlessly as possible
- Treatment results in better outcomes if culturally safe and secure

'Need' and 'demand'

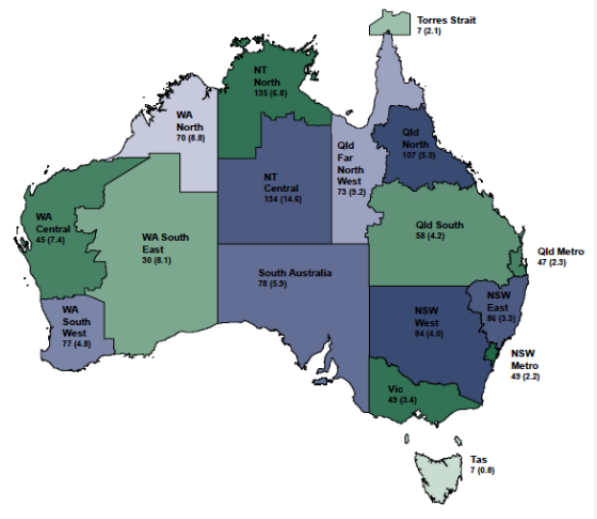
- 'Need' versus 'demand'
- Insufficient data to quantify either need or demand
- Available data show prevalence of ATOD problems *at least twice* the level in non-Aboriginal population
- Due to complexity of problems need greater intensity of service provision
- Measurable levels of ATOD-related harm indicate a considerable level of un-met demand

Treatment services: gaps and priorities

- Alcohol and cannabis priorities, but increased concern about amphetamine type stimulants
- Gaps
 - Access to full range of services in some regions
 - Limited access to culturally secure services
 - Gender specific and youth services
 - On-going care for those completing intensive treatment
- Gaps unevenly distributed
- National priorities not necessarily those of particular communities
- Some funding based on historical allocations rather than current priorities
- Evidence of lack of planning



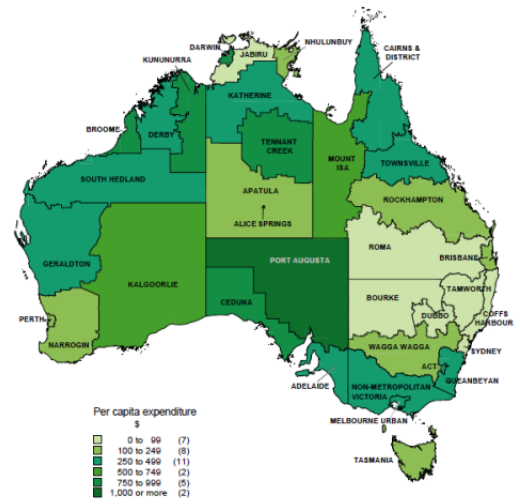
Indigenous residential population aged ≥15 years by ABS Indigenous region, 2006



Estimated numbers and crude population rates (per 10 000 Indigenous residents) of alcohol-attributable deaths by (former) ATSC zones, 2000–04



Indigenous-specific alcohol and other drug intervention projects by ABS Indigenous region, 2006–07



Per capita operational expenditure on Indigenous-specific alcohol and other drug intervention projects by ABS Indigenous region, 2006–07

Source: Gray D, et al. *Indigenous-specific Alcohol and Other Drug Interventions: Areas of Greatest Need*. Canberra Australian National Council on Drugs, 2010

Organisational issues

- Effective service dependent on effective organisation
- Culturally safe and secure treatment results in better outcomes
- Best way to ensure treatment is culturally secure is through Aboriginal community-control
- Concern community-control being undermined by:
 - Top down planning and exclusion from decision making
 - Contracting of service provision to non-Aboriginal organisations
- Need for up-skilling of boards of management
- Up-skilling and expansion of ATOD workforce a priority
- Need for a body that can more directly represent local service providers

A model for service delivery

- Clear model of service needed to address fragmentation
- Aboriginal people more likely to attend ACCHO/AMS
- Large number of ACCHOs provide specialist ATOD services
- Since 1980s calls for better integration of PHC and ATOD services
- ACCHOs a logical hub for coordination of ATOD services
- Coordination between PHC and ATOD providers could be facilitated by service agreements and funding contracts
- If acceptable to stakeholders NACCHO and affiliates can provide existing framework of representation

Treatment service planning (1)

- NDS, CAP and new NATSIPDS provide strategic planning framework
- Stakeholders see these as top-down, aspirational
- CAP evaluation: endorsed by stakeholders; KRAs too broad; lacked performance measures; monitoring poor
- Providers: planning limited to broad strategy; focuses too heavily on resource allocation at expense of operational planning
- CAP lacks agreed upon organisational framework for implementation

Treatment service planning (2)

- Stakeholders: goals of CAP poorly translated into operational plans
- Stakeholders supportive of planning but felt:
 - governments had poor understanding of gaps and priorities
 - lack of consultation and involvement in decision making
 - narrow definition of 'treatment'
 - lack of flexibility in resource allocation
- Stakeholders: operational planning will produce better outcomes and return on investment when informed by communities
- Need structure/s to facilitate community input into decision making
- An ACCHS-PHC centred model could provide more effective focus for planning

Funding

- Funding of ATOD services is an investment
- No-one reported that funding is adequate
- Grants are too small to support service demand
- Efficiencies are likely through increased coordination
- Transfer of treatment funding to PM&C is a retrograde step
- Aboriginal Hostels funding for beds should be consolidated under treatment grants funding
- Aboriginal people have selected their own preferred tenderers – they have established ACCOs
- Provision of funding through block grants is the most practical option – not competitive tendering
- Unless adequate funding is provided, ATOD-related problems will increase

Summary

- ATOD treatment service provision is fractured
- A model for the provision services needs to be negotiated between service providers and governments (preferably an ACCHS-PHC centred model)
- The model needs to supported by:
 - improved service planning
 - organisational and community development
 - consolidated funding allocated on the basis of need

Acknowledgements

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Questions?

Thank you for your time.