AMSANT submission to Select Committee on a Northern Territory Harm Reduction Strategy for Addictive Behaviours

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Introduction

AMSANT welcomes the opportunity to provide a submission to the Select Committee on a Northern Territory Harm Reduction Strategy for Addictive Behaviours. As the peak body for the community controlled Aboriginal primary health care sector in the Northern Territory AMSANT advocates for equity in health, focusing on supporting the provision of high quality comprehensive primary health care services for Aboriginal communities.

This submission responds directly to the Select Committee's terms of reference by identifying broad systems approaches and principles, which should be the basis of effective harm reduction and coordinated treatment for people with addictive behaviours in the NT. This submission does not go to the detail of targeted strategies and treatment options relating to specific addictive substances, however we would refer the Select Committee to our previous submissions addressing alcohol (NT Alcohol Policies and Legislation review 2017) and tobacco (NT Tobacco Action Plan 2017, National Tobacco Strategy evaluation 2018).

(1) Best practice, humanitarian approaches that effectively reduce the damage caused by illicit drug-use through effective harm reduction policies and legislation

Effective harm reduction must recognise that the realities of poverty, class, racism, social isolation, past trauma and other social inequalities affect both people's vulnerability to and capacity for effectively dealing with the harms associated with addictive behaviours.

Culturally Responsive Trauma Informed Care

The National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-2023 [MHSEWB Framework], reports that adverse childhood experiences can lead to a raft of emotional and behavioural difficulties with symptoms such as drug and alcohol abuse, psychosis, suicidal behaviour and anxiety and depression (p. 13). Moreover, childhood trauma of various sorts, including physical, sexual and emotional abuse, is a prevalent theme in studies of drug addiction with high percentages of patients having experienced some form of trauma (Mate, 2012).

Furthermore, the MHSEWB Framework suggests that the impacts of colonisation (alongside exposure to violence, poverty and AOD abuse), result in historical and present day trauma, causing disconnections in the aspects of life that keep people well and strong and in the N.T. this has a profound impact on the physical and mental health and wellbeing of many Aboriginal people (Calma, Dudgeon & Bray, 2017). This is demonstrated in the high burden of mental health, SEWB and AOD issues throughout Aboriginal communities in the NT (Nagel & Thompson, 2007).

However, culture and spirituality have both been identified as important factors in addressing this trauma through supporting resilience, positive social and emotional wellbeing, and living a life free of addiction to alcohol and drugs (Dudgeon et al., 2014). Further, the SEWB and Mental Health Framework recognises the important role played by Elders, and traditional cultural healers, such as the Ngangkari (traditional healers of the Ngaanyatjarra Pitjantjatjara Yankunytjatjara Lands), in enhancing spiritual wellbeing (P. 7).

AMSANT also recognises the important role that ceremony, music, dance and art can play in healing trauma and improving mental health and wellbeing. These kinds of protective, healing practices and knowledges have existed within Aboriginal communities for thousands of years and should be valued, supported and further developed to minimise harms and support the improved mental health of all Aboriginal people in the NT. AMSANT's holistic Social Emotional Wellbeing (SEWB) framework provides an important foundation on which to support and develop the protective aspects of culture, which can facilitate processes of healing.

AMSANT understands Culturally Responsive Trauma Informed Care (CRTIC) to be an approach of best practice that will safeguard staff and organisations from further traumatisation. Evidence suggests that, with time and resources put towards embedding CRTIC into all aspects of service delivery including organisational policy, systems and practices, efficiency and effectiveness will be enhanced resulting in better health outcomes long term (Atkinson, 2013; Browne et al., 2016).

There are vast differences between Aboriginal community's belief systems, their languages and historical experiences of colonisation. As such, a generic and mainstream model of trauma informed care would be unsuitable and potentially harmful in its delivery to rural and remote communities. By implementing CRTIC the approach becomes contextually tailored and localised to the nuances of each place, thus determining the outcome of equality (Browne et al., 2016).

Thus, trauma informed systems that sit within a SEWB framework are a positive way forward in supporting the social and emotional health of these vulnerable members of our community.

AMSANT has identified 8 core principles that capture the broader concepts of being Trauma Informed. These are:

1. Understand trauma and its impacts;
2. Create environments in which families and social groups feel physically, emotionally and spiritually safe;
3. Provide culturally competent staff – staff respect specific cultural backgrounds including reflection of self as a cultural bearer;
4. Empower and support clients' control;
5. Share power and governance including individuals and families in the design and delivery of programs;
6. Integrate and coordinate care to holistically meet the needs of individuals;
7. Support relationship building as a means of promoting healing; and
8. Enable recovery.

Following these principles and integrating knowledge about trauma into service systems that interact with people who engage in addictive behaviours – including health and criminal justice

– will enable delivery of services that invest in health and wellbeing, and support marginalised individuals to re-engage with their communities. The application of Trauma Informed practices provides the process that maintains the connections of SEWB.

> **Recommendation:** That the NT Harm Reduction Strategy for Addictive Behaviours endorse the adoption of a culturally responsive trauma informed approach to service delivery by all organisations and bodies that provide services to people engaged in addictive behaviours.

Addressing the social determinants

Housing and family/community violence

There have been a number of studies done on cocaine-addicted rodents to assess the impacts of environment on drug addiction. The findings from these studies indicate that environmental enrichment (EE) in lived in housing conditions can have both a preventative and restorative effect in drug taking scenarios (Theil et al., 2011). Preventative or protective factors include things such as positive family and peer relations, improved economic status and higher education levels (Solinas et al., 2010, p. 573). In treatment scenarios it was found that a combination of abstinence and EE was effective as an intervention strategy (Solinas et al., 2010; Theil et al., 2011).

Housing is an essential component of EE. The human rights of individuals provide that housing is a basic human right that is fundamental to survival and the needs of refuge and safety (Tsemberis, 2011). However, in many circumstances housing for drug-addicted individuals is earned by demonstrating participation in treatment and abstinence and as a result many are unsuccessful if fulfilling the requirements (Tsemberis, 2011). Significantly, evidence has shown that stable housing can provide a foundation for the process of recovery, that they are much more able to deal with addiction when they have their housing needs met (Tsemberis, Gulcur & Nakae, 2004). Conversely, homeless individuals have significantly poorer health outcomes (Holmes & McRae-Williams, 2008)

Incidence of trauma (including violence) within Aboriginal communities of the N.T. continues to increase (Purdie, Dudgeon & Walker, 2014). There are direct correlations between violence and addiction with individuals having been exposed or subjected to violence having a higher likelihood of developing addition and adopting violent behaviour as a coping methodology (Holmes & McRae-Williams, 2008).

Stigma, discrimination and racism

Stigmatisation and racism negatively affects social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples (MHSEWB Framework, 2017, p.12). A recent study with Aboriginal people living in, or regularly visiting Darwin explored Aboriginal understandings and experiences of race and race relations and identified that respondents felt stereotyped, judged and patronised when engaging with non-Aboriginal people. Additionally, they felt that this group displayed ignorance about Aboriginal culture as well as an active evasion and denial of the historic treatment of Aboriginal people (Habibis et al., 2016).

A similar study (Holmes & McRae-Williams, 2008), examining the views and experiences of Aboriginal people living in the 'Long Grass'[1] in Darwin found a significant lack of empathy for the life circumstances of the people studied. Aboriginal people in public places were usually regarded with suspicion by mainstream society and perceived to be: irresponsible, choosing a morally corrupt lifestyle, a source of contagion, neglectful of their children, and engaging in unhealthy social behaviours including alcohol abuse.

Moreover, incidence of discrimination are evident within the healthcare system where institutional racism can influence detection or diagnosis of physical and mental illness, as well as reducing the likelihood of seeking treatment. The Royal Commission into Aboriginal Deaths in Custody noted that many Aboriginal men with a forensic history are diagnosed as having personality disorders and their depression is missed (GPPHCNT, 2007).

Early Childhood Development

There is now overwhelming evidence that factors in pregnancy and early childhood have profound influence on adult outcomes, including mental health issues (Center on the Developing Child at Harvard University, 2010; MHSEWB Framework, 2017). Shonkoff et al. (2011) state that biological and structural disruptions caused by adverse childhood experiences place individuals at high-risk for chronic disease and increased likelihood to adopt unhealthy lifestyles as a coping mechanism. Long term, improving early childhood environments through improving social and cultural determinants of health and also through targeted early childhood and family support programs will lessen an individual's vulnerability to addiction (Shonkoff et al., 2011).

AMSANT believes that regional ACCHSs should be resourced to implement evidence-based programs such as the Australian Nurse Family Partnerships Program (ANFPP) and the Abecedarian program, both of which have been successfully delivered with promising outcomes by the Central Australian Aboriginal Congress (CAAC). Family support programs that target at risk families and education about child development and prevention/detection of child abuse should also be supported. It is crucial that funding for these kinds of early intervention and family support programs be transferred from multiple mainstream organisations – which often have little experience of implementing programs in the challenging contexts of remote communities – to the management of properly resourced ACCHSs.

> **Recommendation:** That the NT Harm Reduction Strategy for Addictive Behaviours adopt a social determinants of health perspective, acknowledging the fundamental influence of social and cultural circumstances on people engaging in addictive behaviours, and defining specific actions to address these determinants.

[1] 'Staying in the Long Grass' is a locally specific terminology used by Holmes and McRae-Williams 2008 in their study to describe people living rough in Darwin. We recognise that this term is considered offensive to some members of the community and use it only in reference to this particular study.

(2) Best practice strategies that have a coordinated treatment approach to deal with the broad-range of addictive behaviours

Social and Emotional Wellbeing, embedded within Comprehensive Primary Health Care

AMSANT strongly supports the use of a SEWB framework in understanding and addressing complex health, mental health and substance abuse issues within Aboriginal communities. Such a framework encompasses domains of connection to culture, body, mind and emotions, land, family and kinship, spirituality and community (Gee et al., 2014).

The 2006 Senate Inquiry into Mental Health identified that service providers reported dual diagnosis - patients who have both a mental health and an AOD diagnosis – to be the 'expectation not the exception' in treated populations. Evidence has shown this is also true in the context of Aboriginal communities, with mental health disorders due to substance misuse the most common diagnosis in Aboriginal men attending specialist community mental health services and the second most common diagnosis in Aboriginal women (GPPHCNT 2007).

In spite of this, most community controlled health services in the NT do not have the level of funding required to fully realise AMSANT's evidence-based model to integrate AOD and community mental health care into ACCHSs in the NT under a Comprehensive PHC framework (refer to AMSANT 2011, and AMSANT 2016). This is largely because a significant proportion of new funding for mental health/AOD services for Aboriginal people continues to be allocated via competitive tendering processes rather than being directed towards Aboriginal primary health care providers.

A further problem is the tendency for governments to adopt politically motivated policies that lack an evidence base. For example, recent attempts to address alcohol misuse in the NT through mandatory treatment (AMT) programs have been found to have little evidentiary basis for their efficacy, as well as a questionable legal and ethical basis, including in regard to the potentially discriminatory application of the AMT Act to Aboriginal and Torres Strait Islander peoples (Lander et al., 2015). The failure of punitive and coercive interventions like this reflects the need to engage and work with people suffering from AOD misuse and dependency issues over the long term.

> **Recommendation:** That AMSANT's model to integrate mental health and AOD treatment under a Comprehensive PHC framework be adopted, and adequate funding directed to ACCHSs to ensure capacity to deliver the services.

Collaborative needs based funding

The development of Aboriginal Comprehensive PHC delivered through ACCHSs has been nationally significant, resulting in improved evidence-based primary health care for Aboriginal communities. Further, it delivers a model that is able to incorporate broader services such as early childhood, family support and SEWB services incorporating AOD and mental health, into a comprehensive framework.

The NT Aboriginal Health Forum (NTAHF), whose members include the NT and Commonwealth governments and AMSANT, supports a collaborative needs based funding process to realising this full suite of services in the Northern Territory. This approach to funding is supported by an agreed set core primary health care functions that encompass a wide range of clinical services, support

services, social and preventative programs and policy and advocacy functions (NTAHF 2011), delivered by ACCHSs and NT Government clinics.

Conversely, competitive tendering is a problematic and inefficient funding process in the context of the Northern Territory where there are high numbers of Aboriginal clients and many small remote and regional communities with few locally based service providers. The experience of the ACCHSs sector in the NT has demonstrated that a competitive tendering approach usually leads to suboptimal outcomes by reducing service integration and increasing fragmentation, undermining the effectiveness of individual services and overlooking existing relationships and knowledge due to a lack of Aboriginal input and governance.

The Indigenous Advancement Strategy (IAS) is a notable example of the inadequacy of a competitive tendering approach, with evaluations of the Strategy revealing both the administration and policy direction of this competitive grants process to be significantly flawed. The IAS was found to have disadvantaged Aboriginal and Torres Strait Islander organisations, failed to recognise the enhanced outcomes from Aboriginal led service delivery, and failed to distribute resources effectively to meet regional or local needs (ANAO 2017).

Competitive tendering processes like the IAS have facilitated the entry of numerous non-Aboriginal NGOs into the delivery of services to Aboriginal people that frequently do not have strong links with the community or other local service providers, have no history of successful service delivery in challenging cross-cultural and infrastructure-poor environments, and lack the long-term commitment required for sustainable and effective service provision and local employment.

Collaborative, needs based funding that preferences Aboriginal Community Controlled organisations for the delivery of services to Aboriginal people will lead to better outcomes for Aboriginal people with addictive behaviours due to a greater community engagement and capacity to develop a service in partnership with the community.

> **Recommendation:** That the NT Government recognise Aboriginal Community Controlled organisations as the preferred providers of services to Aboriginal people in all procurement and grants processes, and continue to support the collaborative needs based funding approach of the NTAHF.

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