

EXECUTIVE SUMMARY

“I WANT TO BE HEARD”

AN ANALYSIS OF NEEDS OF ABORIGINAL AND TORRES STRAIT ISLANDER ILLEGAL DRUG USERS IN THE ACT AND REGION FOR TREATMENT AND OTHER SERVICES

Background

This is the report of a study, conducted over a three year period, 2001 to 2004, of the needs of Aboriginal and Torres Strait Islander illegal drug users in the Australian Capital Territory (ACT) and its surrounding region for treatment and other services. The study was a collaborative undertaking between The Australian National University’s National Centre for Epidemiology and Population Health and the Canberra-based Winnunga Nimmityjah Aboriginal Health Service. Staff members from both Winnunga and NCEPH composed the research team, and were supported by a broadly-based Reference Group, most of the members of which were Aboriginal people; some were elders of the Ngunnawal Community, the traditional owners of much of the Canberra region. The National Health and Medical Research Council (NHMRC) ‘Darwin Criteria’ of excellence in Aboriginal and Torres Strait Islander health research (community participation and the sustainability and transferability of the research outcomes) were the core principles that guided the development and implementation of the research.

The study was funded by the NHMRC under a special National Illicit Drugs Strategy funding round.

This needs assessment had its genesis in widespread concerns expressed by local Aboriginal organisations and individuals, and others, about the prevalence of illegal drug use among young Aboriginal and Torres Strait Islander people in the region, and the massive impacts it is having on individual, extended family and Community life. Community leaders pointed to severe unmet needs in the areas of prevention (including the upstream social determinants of health and illness), early intervention, and treatment. They also pointed to the serious adverse impacts of the legal drugs, particularly alcohol and tobacco products.

The specific aims of the research were:

- to gather qualitative and quantitative data from Aboriginal and Torres Strait Islander illegal drug users in the ACT and Region about their needs in the areas of drug treatment and those related to culture, health, education, employment and housing;
- to undertake the research in a manner acceptable to, and supported by, local Aboriginal Community organisations and individuals; and
- to disseminate the findings to relevant agencies, including Aboriginal and mainstream service providers and local and federal politicians and public servants.

Research methods

Over a two year period we conducted 95 confidential face-to-face interviews with Aboriginal and Torres Strait Islander illegal drug users from the ACT and Region. This included both people who inject drugs and those who use other routes of administration such as smoking. Both quantitative and qualitative data were collected using a structured questionnaire. Ethical approval was provided by the Human Research Ethics Committees of The Australian National University, ACT Health and NSW Health's South Western Sydney Area Health Service.

Prior to commencing field work, we implemented transfer of skills training, one of the methods employed to implement the NHMRC principles of Aboriginal and Torres Strait Islander health research. The transfer of skills took place between NCEPH and Winnunga Nimmityjah staff (both Aboriginal and non-Indigenous staff) and involved a two-way learning process. It covered such topics as sexual abuse awareness, mental health first aid and interviewing techniques.

The questionnaire that was developed for the study incorporated some standardised scales from other sources (so as to facilitate comparisons of the study population with other groups of drug users) as well as questions specific to this study. It was developed collaboratively by the research team members from Winnunga and NCEPH, along with valuable input from the Reference Group. The final questionnaire contained questions on sociodemographic variables, culture, drug use behaviours, needle using behaviours, general health, sexual behaviour and criminal histories. Specific questions were asked about needs related to culture, treatment, education, employment and health.

Interviewees were recruited from various agencies and by word of mouth; snowball sampling techniques were used and a flyer and a toll-free phone number were also employed.

The comfort and well-being of the interviewees determined how the interviews were conducted: trained Aboriginal and non-Indigenous researchers were present at each interview, interviewees were invited to bring along a support person, where possible, male and female interviewers were available and, whenever sensitive questions were to be asked (eg, about sexual health), the support person was invited to temporarily leave the interview to avoid any breach of confidentiality. The interview process included providing participants with health education information where needed, and referrals to helping services. In one case the interview was terminated early as the process was becoming distressing to the participant.

Of the 95 Aboriginal and Torres Strait Islander illegal drug users we interviewed, 62 were men and 33 were women. Their ages ranged from 16 to 50 years, with a mean of 29 years, and 44 were 25 years of age or younger. In all, 54 stated that they had injected illegal drugs in the 12 months prior to interview and 41 had used other routes of administration, primarily smoking cannabis. The injecting drug users were significantly younger than the non-injectors.

We estimate that we interviewed 10 to 20 per cent of the target population.

Drug use histories

As noted above, 54 interviewees had injected illegal drugs in the 12 months prior to interview and 41 used other routes of administration. The mean age of initiation into illegal drug use of any type was just 14 years, around five years younger than for other Australians who have ever used illegal drugs. Cannabis was the first illegal drug used by most participants. The mean age of first injecting was 20 years; in 63 per cent of the cases the drug involved was heroin and in 35 per cent amphetamines.

Cigarette smoking prevalence among the people we interviewed was far higher than the national prevalence: all but four were current smokers. Some 79 per cent were current drinkers and three-quarters of these were drinking at levels classified by the NHMRC as

placing them at risk of alcohol-related harm. Some 56 per cent of drinkers showed some level of alcohol dependence.

Cannabis (known as ‘yarndi’ by many Aboriginal people) was the illegal drug used by the highest number of people interviewed: all but one had smoked it and just eight had ceased use of this drug. Over one-third smoked cannabis daily, and 27 per cent said it was their most problematic drug. Some 54 of the 70 people currently smoking cannabis at least weekly were assessed as being dependent on this drug.

In all, 74 of the 95 people we interviewed had used opioids (the group of drugs also known as narcotic analgesics which includes morphine, heroin, codeine, Panadeine Forte, Mersyndol, etc). The mean age of first use was 21 years which is similar to that of the national population. Early use of this type of drug was reported, with 27 people stating that they first used it at 16 years or younger. Sixty were current users and 14 had stopped using. Of the 60 current opioid users, 41 (68%) were using these drugs daily or sometimes daily. The 49 current users of heroin had been it for an average of six years, and more than two-thirds of them were assessed as being highly dependent on heroin. A few people showed dependence on other opioids including Panadeine Forte and Mersyndol.

Benzodiazepines were being used by 49 people, with a little less than half having been prescribed these drugs. Sixteen people were dependent on this class of drugs. Amphetamine-type-substances (here ‘amphetamines’) have become of increasing concern in recent years, with large increases in use and harm linked to this class of drugs being reported across the nation.

Eighty of the 95 people we interviewed advised that they had ever used amphetamines and 48 were current users. The mean age of first use was 19 years, two years younger than the national population. Intravenous use was reported by two-thirds of the current users; 14 people (29% of the current users) were taking it daily, almost daily or sometimes daily. Some 42 per cent of the amphetamine users were dependent on the drug.

Some other illegal drug use was reported. Hallucinogens (mainly mushrooms and ‘cardboard trips’) had been used by 48 people but only four were current users. Some

people had experimented with petrol sniffing or cocaine, but there is no evidence of chronic or dependent use of these drugs.

Polydrug use is generally the norm for people who use illegal drugs. The Aboriginal and Torres Strait Islander illegal drug users we interviewed had used an average of five types of drugs over the year prior to interview, with their use ranging from one to eleven drug types. Almost all interviewees smoked both tobacco and cannabis.

Treatment history

It is generally accepted that different people will respond to different treatment modalities at different stages of their drug using careers. No one treatment is ideal for everyone, so a range of approaches and services needs to be available. Since drug dependence is a chronic, relapsing condition, it is important that we accept that relapse is common and needs to be planned for. Treatment has multiple goals, including reduced drug use; less harmful patterns of drug use; improved physical, mental and spiritual health; and improved social functioning including a stronger Aboriginal/Torres Strait Islander identity and connectedness to Community.

In all, 84 of the 95 people we interviewed had accessed some form of treatment service for their drug use or drug-related problems at some stage, although just a few were currently in any form of treatment. Seventy one per cent had accessed an outpatient Aboriginal Community-controlled Health Organisation for services directly related to their drug use. This treatment included medical care, nursing care, and counselling from Aboriginal Health Workers. People were generally pleased with the quality of service they received. Whilst a minority of respondents had obtained treatment from either an Aboriginal organisation or a mainstream organisation, the majority had accessed both.

In other parts of Australia, harm reduction services such as needle/syringe programs are increasingly being provided by and for Aboriginal and Torres Strait Islander people, although most of the injectors we interviewed obtained their sterile injecting equipment from a mainstream needle/syringe program (35 people) or a pharmacy (25 people). An additional 13 had obtained them from a peer-based service and 17 from friends. None reported obtaining injecting equipment from an Aboriginal Health Service.

Pharmacotherapy involves the use of prescribed medication to assist with drug withdrawal, maintenance or recovery from drug dependence. Methadone maintenance is the most thoroughly studied approach and is the optimal treatment approach for the majority of dependent opioid users. Buprenorphine is becoming increasingly available and is used in a similar manner. In all, 41 per cent of the people we interviewed who had used opioids had been prescribed methadone and/or buprenorphine. Most had mixed feelings about this treatment regime, though some were very positive about their experiences of methadone.

Alcoholics Anonymous (AA) provides assistance to many people experiencing severe alcohol-related problems, and 34 per cent of the people we interviewed who had used alcohol had been to AA meetings. They had mixed feelings about this, some finding them very helpful while others found the opposite. The same applied to Narcotics Anonymous which operates in a similar manner.

Residential rehabilitation services are particularly useful for people with entrenched problems who have not been able to benefit from out-patient drug treatment services. Overall, 28 per cent of the people we interviewed had experienced this treatment modality, being residents of either an Aboriginal and/or a mainstream facility. Seventeen had been in an Aboriginal residential rehabilitation service and two of them reported that that they had stopped the use of some drugs as a result of that experience. Similar numbers had experienced non-Indigenous rehabilitation services with similar outcomes. Most people had found the experience helpful in a variety of ways, though some mentioned that the absence of Aboriginal staff in the mainstream services was problematic.

Withdrawal services (usually called detoxification or 'detox' for short) aim to provide a safe and comfortable environment while people undergo the effects of withdrawing from alcohol or other drugs. It is not treatment but, for many people, is a first step which later leads to active treatment. Withdrawal services can be either in-patient or out-patient; sometimes drugs are used to relieve the symptoms of withdrawal, sometimes this is not needed. Twenty-seven per cent of the people we interviewed had experienced medicated inpatient withdrawal services either in the ACT or interstate.

Generally these experiences were satisfactory but, again, some would have preferred to have Aboriginal staff available.

Other treatment approaches used by the people we interviewed included out-patient counselling, treatment by general medical practitioners, and treatment services in prison.

Various reasons were given for not being in treatment at the time of interview, despite the fact that people were experiencing diverse problems linked to their drug use. Many simply stated that they did not want or need treatment, and some wanted a specific type of treatment that is not available. While the majority wanted to stop their drug use, others wanted opportunities to continue using, but in a safer, less stigmatised and less expensive manner. This applied particularly to the cannabis users.

Some people had found their own ways of stopping using drugs at various times in the past. In some cases this entailed a spiritual change that was effected with the help of other Aboriginal/Torres Strait Islander people. For some, experimental use ended without moving to dependent patterns of drug use. Some stated that they simply matured out of problematic drug use while others substituted one drug for another.

Treatment needs

We asked people to express their preferences as to what kind of organisation from which they would prefer to receive the various types of treatment, namely: Aboriginal organisations; mainstream organisations with special, culturally-attuned programs for Aboriginal/Torres Strait Islander people; or ordinary mainstream organisations. Overall, a small majority favoured Aboriginal organisations, which emphasises the need for such services to be available within the general range of services. Special mainstream services were also looked on favourably, emphasising that mainstream services need to be attuned to the special needs of their Aboriginal and Torres Strait Islander clients. Only a small proportion of interviewees chose standard mainstream services or expressed no preference. As one might expect, a majority wanted Aboriginal/Torres Strait Islander staff to be involved in their care. Similar proportions favoured completely Aboriginal/Torres Strait Islander staff, on the one hand, and a combination of Aboriginal/Torres Strait Islander and appropriately skilled and culturally

aware non-Indigenous staff, on the other. Only a small number indicated that the cultural background of treatment staff did not matter to them.

Interviewees provided some suggestions for treatment and related interventions that are needed in addition to those mentioned above. These included family services, self-help groups, sobering-up shelters, medically prescribed drugs, nurses attached to Aboriginal Health Services, mentors and weekend treatment.

A number of people highlighted the need, in the Canberra region, for an Aboriginal residential treatment facility. One man stressed that this should be a multi-purpose agency, rather than focus just on drug treatment. A few people argued that we need, in this region, a place where Aboriginal people would be able to 'go bush' as part of a culturally-based approach to their treatment.

Learning about culture, as part of resolving problematic drug use, was highlighted by more than half the people interviewed. Many thought that this was best done in a residential treatment facility. Being supported while in treatment through maintaining family contacts was emphasised by respondents (some of whom had prior experience of residential treatment at locations far from their families) while others pointed to apparently simple things like having personal contact with other Aboriginal people while in treatment, and having ready access to family by means of the telephone.

We asked what other things might enhance the treatment experience and outcomes and received a range of suggestions. These included furthering their education; including education about their culture, while in residential treatment, learning about the effects of drugs, learning about one's self, learning life skills and general activities to forestall boredom.

Many people pointed to the need for more Aboriginal/Torres Strait Islander staff in treatment services. Some felt that the rules applied in many treatment centres are too inflexible. Waiting periods for treatment are a continuing problem, especially with respect to residential treatment. The need for a booklet providing information about alcohol and other drug services for Aboriginal/Torres Strait Islander people was also identified. We are pleased that one will be produced as part of this study.

While our attention here has focused on treatment needs for problematic alcohol and illegal drug use, we do not ignore the issue of tobacco smoking. An epidemic of smoking and of tobacco-related morbidity and mortality is raging within the Aboriginal Community. Recent experience in Canberra and interstate has demonstrated that smoking cessation interventions among Aboriginal people hold promise, and need to be expanded as a matter of priority.

Physical health

The familiar World Health Organization concept of health, namely that physical, mental and social well-being are necessary for people to achieve optimal health, fits well with the Aboriginal holistic concept of health. Accordingly, we report on the physical and emotional health of the people who participated in our study, and on the diverse social determinants of their health status.

Overdoses are a continuing threat to the health of opioid users, particularly those who inject: 23 (31 %) of the 74 people we interviewed who had ever used opioids had overdosed after injecting. All but three of these people were still using opioids, mostly heroin. Of the 60 current opioid users, 20 (33%) had a history of overdosing and most had overdosed on more than one occasion. Fifty-six people (59%) we interviewed had seen someone else overdose (most of whom had recovered). On most occasions this had been a relative or friend but some people said they had witnessed overdoses of people they did not know. Most people had witnessed more than one overdose. While most ACT-based interviewees know that ambulance officers do not notify police when called to a non-fatal overdose, fear of police involvement remains a factor in determining how people respond to others' overdoses. Half of the people we interviewed advised that they knew what first aid to implement in the case of an overdose, and some had participated in full cardiopulmonary resuscitation training. Some pointed out, however, that various factors combine to stop them from trying to assist someone who had overdosed.

The HIV risk behaviour of the injecting drug users we interviewed was assessed. Disturbingly, 18 had high risk scores, although the average score of the respondents was lower than in other groups of injectors studied elsewhere.

All but one of the people we interviewed had heard of HIV/AIDS, and many understood well the risk factors for its transmission. Over half said that they had been tested for HIV during the twelve months prior to interview; none was HIV positive.

Hepatitis viruses are severe health issues for Aboriginal and Torres Strait Islander people generally, and for Aboriginal and Torres Strait Islander drug users in particular. All but two of the people we interviewed had heard of hepatitis C and a little over half knew some of the methods by which it is transmitted. Most said they had been tested for this viral infection at some time, and 59 per cent said they had been tested within the previous twelve months. Twenty-three people said that their most recent test revealed that they were hepatitis C positive and all of these were current injecting drug users (45% of the current injecting drug users).

Condom use was assessed, and we conclude that ten interviewees were engaging in unsafe sex. Most of the women had been screened for cervical cancer by means of a Pap smear within the recommended maximum time interval of two years. None of the interviewees reported any symptoms suggestive of a current sexually transmitted infection.

The needle use behaviour of the 53 participants who inject drugs was investigated. Four said that they injected daily, and an additional 28 sometimes injected every day and sometimes less frequently. Together these made up 60 per cent of the injectors. Almost half said that they never injected alone (a risk factor for fatal overdose) but, worryingly, five people said that they always inject alone. While many injected in safe places such as their own home or a friend's home, some injected in unsafe places such as public toilets or other public places. In research elsewhere in Australia, Aboriginal and Torres Strait Islander injecting drug users reported higher rates of needle sharing than non-Indigenous injecting drug users. In all, 68 per cent of the injectors we interviewed stated that they had always used a sterile needle and syringe in the previous twelve months, though 32 per cent had not. These people also reported a high level of sharing of other paraphernalia used for injecting, a known risk factor for hepatitis C transmission. Most people who had not always used sterile needles and syringes had reused equipment that they had previously used on themselves. The others had shared the injecting equipment, mostly with partners or friends. One reported having shared

with a stranger. The reasons given were the absence of sufficient sterile injecting equipment or the (false) perception that it is safe to share with someone you know well.

Occasional incidents of accidental sharing were reported (eg, picking up someone else's syringe thinking it was your own). Some 20 injectors reported always washing their hands before injecting (an important preventive measure against hepatitis C transmission) and 21 people said they always washed after injecting. None reported discarding used injecting equipment in public places.

Drug use in prison, particularly needle/syringe sharing, is a major public health problem and the people we interviewed confirmed this. Eleven advised that they had injected in prison and most had shared injecting equipment some or all of the times they injected in that situation owing to the absence of sterile needles and syringes.

Emotional well-being

Emotional well-being (or mental health) is an important component of overall health status and is of particular concern to Aboriginal and Torres Strait Islander people. It was with respect to his emotional well-being that one man we interviewed voiced the words we have used in the first part of the title of this report: 'I want to be heard.' He went on to say, 'What I am saying could help someone else, that makes me feel good.'

Other people we interviewed had relatively poor levels of emotional health. Indeed, more than half the sample had scores indicative of emotional health problems and we advised them to seek assistance.

Australia's tragic history of the separation of Aboriginal children from their families and Communities has left its mark on the emotional well-being of Aboriginal and Torres Strait Islander people generally. The psychological reverberations of this removal - the creation of the 'Stolen Generations' - can be seen through the generations. Six of the people we interviewed had themselves been part of the Stolen Generations. Twenty seven people said they had family members who had been part of the Stolen Generations. One referred to a 'Stolen Generation anxiety' that exists throughout Aboriginal Australia. Linked to this are deep problems with personal identity.

Other emotional health issues that interviewees raised included their childhood and ongoing experiences of racism, being victims and/or perpetrators of physical violence, having been sexually abused as a child and having grown up in a family where alcohol and/or other drug abuse occurred.

Pleasingly, some were able to point to positive life events to balance out some of these negatives, including close, nurturing relationships with family and others, and a rewarding school life.

The social determinants of health and well-being

We are conscious of the argument of distinguished Aboriginal and Torres Strait Islander health research policy makers that the internationally accepted social determinants of health may not apply directly to Aboriginal and Torres Strait Islander people. Until the research has been done to identify any Aboriginal and Torres Strait Islander-specific determinants, or different aspects of those already identified, we will use the determinants already well understood from research in other contexts. Attention is given to people's cultural needs, formal education, work, income, relationship with significant others, housing and diet.

On the scale we used to assess people's overall social functioning, the mean score for the people interviewed placed them in the 'average' level of social functioning. Ten had scores indicating poor social functioning. The injecting drug users had higher levels of social dysfunction than the non-injectors.

Culture

We conclude that the most important social determinant of health for Aboriginal and Torres Strait Islander people is their culture. The dispossession of Aboriginal and Torres Strait Islander people of their land, and the impact of the separation of families, has meant that many Aboriginal and Torres Strait Islander people have lost core aspects of their traditional culture. On the other hand, Aboriginal culture is strong and flourishing in even the most heavily settled parts of the nation, albeit in some ways different from the cultures found in localities where people live a more traditional lifestyle. Members of the local Aboriginal Community have pointed out that culture is

further eroded amongst Aboriginal and Torres Strait Islander illegal drug users when they immerse themselves in the way of life of the illegal drug using culture. The concern is that relationships with others who use illegal drugs are not mere fraternising, but immersion in a totally alien way of life in which Aboriginal norms and values have no place.

Almost all of the 95 Aboriginal illegal drug users we interviewed stated that they knew something about their culture but wanted to learn more. The few people who that said they did not want to learn about their culture said something like: “I know what I need to know, I know I’m Aboriginal, where I’m from, my people.” Many interviewees expressed the desire to learn their traditional language, while others were not specific about which aspects of culture they most wanted to learn about, having broad learning needs in this domain. Some expressed their personal needs to learn about their own heritage. Other respondents tied their drug use directly to their loss of, and need for, Aboriginal culture, and expressed the wish to learn about life in the bush as a way of regaining culture.

Two-thirds felt that cultural and spiritual workshops would be useful, including those for younger people. Several mentioned the importance of having their own Elders running such workshops, feeling uncomfortable about the idea of them being conducted by people from other tribal groups.

Formal education

The people we interviewed had generally left school early: almost one-third had left before 15 years of age and a similar proportion had left school at age 15. One-third had attained a Year 10 Certificate and just nine per cent a Year 12 Certificate. About one-third had completed a post-secondary trade certificate or other work-related training.

Most interviewees said that they could read and write well, but the lack of skills in this area on the part of the others was a source of great frustration for them. Four people said that they could not read or write at all. Some two-thirds of the total sample expressed the wish for more formal education, either school or post-secondary courses. They identified both internal barriers to further education, such as continuing to use

drugs, and external barriers such as childcare, transport, financial insecurity and unstable housing.

Occupational status

In all, 65 of the 95 interviewees were on benefits, 18 engaged in home duties, 12 were tertiary students and only nine were in full-time employment. Twenty-two of the unemployed people stated that they usually had a paid job, most frequently labouring or other unskilled work. Half of the people on benefits were receiving unemployment benefits, with others receiving disability, supporting parent, youth allowance or Abstudy benefits.

As one would expect, almost all of the unemployed people advised that they wanted paid employment, and most were able to identify their preferred type of work. We asked what would help the respondents get a paid job and the largest number of responses by far were for 'courses' or something similar such as 'qualifications' or 'reading and writing.' Others mentioned practical issues such as childcare or transport, whereas still others mentioned personal factors such as self-confidence or overcoming the barrier of having a criminal history or dealing with racism. Some acknowledged that drug use is itself an impediment to obtaining satisfying employment, while others reversed the situation, believing that obtaining an education or work qualifications would help them give up harmful drug use.

Income

Many illegal drug users have low incomes and, considering the cost of purchasing illegal drugs, little money left for the necessities of life. Seventy people provided details of their income: their median annual income was \$9,650 (range: zero to \$25,506). The mean weekly income was just \$196.

Gambling

Gambling is an issue for some of the people we interviewed. About half stated that they like to gamble and, among these people, poker machines were the preferred type of gambling. Half of these said that they had become indebted owing to their gambling

and half said that they had sometimes gambled in an attempt to get money to buy drugs. Almost one-third of the gamblers advised that at some time they had felt the need to seek help because of their gambling behaviour. No Aboriginal and Torres Strait Islander-specific help services for gamblers are available in the ACT.

Significant others

Close, nurturing social contacts are a prerequisite of good health. Just over half (54 of 95) of the respondents stated that they were in a relationship, all with members of the opposite sex. Thirty of these were married or in a *de facto* relationship, 12 just said they had a partner and another third said they had a boyfriend or girlfriend. Two-thirds (61 respondents) were parents and some two-thirds of the parents had dependent children. Others had other people, eg, their parents, dependent upon them. The majority of people with dependants were adamant that they did not need help. Such reluctance to acknowledge a need for help may be associated with the fear stemming from Stolen Generations about any intervention, particularly government intervention, in the care of children. On the other hand, it may also be because extensive kinship networks mean that, for the majority, there are other relatives available to help care for dependants.

Housing

Two-thirds of interviewees (61 people) were living in some sort of government-provided public housing. Only five lived in a home that they or their parents owned. Five were homeless itinerants and, in all, more than one-third of the people we interviewed had housing needs. Two-thirds of the people with stable housing advised that they were happy with their accommodation. The others - those dissatisfied with their housing - explained why, giving such reasons as wanting their own place (when living with others), overcrowding, wanting a home with a yard rather than living in a flat, inadequate safety, racist neighbours, etc.

Diet

Food security and food quality are important issues for health, and Aboriginal and Torres Strait Islander people tend to be worse off than others in these domains. Most (83 of 95) of the people we interviewed stated that they ate something every day, but

over a third never ate breakfast, only sometimes ate breakfast or had just a biscuit. Fifteen per cent never or only sometimes ate lunch, and the majority ate a cooked dinner in the evenings. A quarter stated that they do not eat properly and the reasons given include their drug use, financial problems, emotional problems or because of where they were living.

Other social issues

Respondents mentioned some other aspects of life that, if improved, could help them stop problematic drug use. These included a change of environment, diverting pastimes such as sport or art, better transport and a general change in lifestyle.

Conclusion

The 95 illegal drug users we interviewed represent 10-20 per cent of the Aboriginal and Torres Strait Islander drug using population in the region. The evidence gathered supports the need for new and expanded services, and for the improvement of existing services, so as to better address the physical, emotional and social problems of Aboriginal and Torres Strait Islander illegal drug users in our community.

RECOMMENDATIONS

Cultural education and development

1. That Aboriginal organisations be resourced to develop and implement cultural education programs for drug using members of their Communities and others with similar needs. This could include cultural and spiritual workshops, learning about language, traditional ways, history, hunting and bush food, Women's Business, Men's Business, identity, etc.

Establishment of an Aboriginal residential treatment centre

2. That Aboriginal and Government organisations collaborate to investigate how best to respond to Community requests for the establishment of an Aboriginal-run residential treatment centre in the ACT for Aboriginal and Torres Strait Islander drug users and

other people (eg, their family members) affected by their drug use. This should include a focus on learning about culture and Aboriginal identity; include close contacts with family members; and include life skills learning programs. It would need to be staffed by a combination of professionally-trained treatment personnel and Aboriginal facilitators would need to be employed for clients to learn about their culture.

Establishment of an Aboriginal Halfway House

3. That a Halfway House for Aboriginal and Torres Strait Islander people be established so that people can receive help and support on their discharge from withdrawal services. This Halfway House should be linked to existing Aboriginal services.

Aboriginal involvement in service development and delivery

4. That the service mix in the ACT and surrounding region be reviewed to ensure that it is appropriate to the needs of Aboriginal and Torres Strait Islander drug users needing prevention, treatment and harm reduction services. The mix of services should include both Aboriginal-managed and staffed organisations and mainstream organisations which have both Aboriginal and Torres Strait Islander and non-Indigenous staff. The Indigenous staff of such agencies need to be properly trained and culturally aware so as to be able to meet the needs of Aboriginal and Torres Strait Islander clients.

5. That mainstream services continue to actively recruit, train and support Aboriginal/Torres Strait Islander staff.

6. That the ACT be significantly involved in the workforce development initiatives for Aboriginal and Torres Strait Islander drug and other alcohol workers foreshadowed in the *National Drug Strategy Aboriginal and Torres Strait Islander peoples' complementary action plan 2003 - 2006*.

School education

7. That, on account of the two-way relationship between young people's drug use and poor school achievements, increased efforts be made to identify Aboriginal and Torres Strait Islander school students who are failing to achieve their potential in formal education, and to provide them with the remedial education and social supports that they need to overcome barriers to educational success. The 2004 ACT Social Plan provides a sound philosophical and practical foundation for these interventions.

Employment

8. That case managers working with unemployed Aboriginal and Torres Strait Islander people, including current or former drug users, be funded and trained to actively address, with their clients, the particular barriers Aboriginal and Torres Strait Islander people face in gaining entry to work training and to employment, including sometimes low levels of educational attainment, histories of contact with the criminal justice system, stigmatisation and racism.

Funding of Aboriginal alcohol and other drug services

9. That the ACT, NSW and Australian Governments increase the level of financial support they provide to agencies working to improve the quality of life of Aboriginal and Torres Strait Islander people in the ACT and region, including former and current drug users and their families, so that the findings of this study can be fully implemented.

Outreach services

10. That, in light of the high levels of unmet needs adversely impacting on the well-being of Aboriginal and Torres Strait Islander illegal drug users, a markedly increased range and amount of outreach services be funded, and staff trained, to help meet their needs in such areas as health education, access to health care services, adhering to the requirements of treatment programs, work training, employment, connectedness to Community, etc. Preference should be given to outreach services provided by Aboriginal and Torres Strait Islander staff of Aboriginal-controlled organisations. Outreach services would be well placed to provide support to Aboriginal and Torres Strait Islander clients on discharge from withdrawal services.

Drug-specific recommendations

11. That, in light of the extremely high levels of tobacco smoking among Aboriginal and Torres Strait Islander illegal drug users and other Aboriginal and Torres Strait Islander people in Canberra and the region, and new evidence of the effectiveness of quit programs for Aboriginal and Torres Strait Islander people, a new quit smoking program be funded and implemented for this population group, delivered by trained Aboriginal/Torres Strait Islander health workers.

12. That, in light of the heavy use of the non-prescription compound analgesic Mersyndol among some Aboriginal and Torres Strait Islander illegal drug users, and the

adverse side effects of heavy use, its scheduling be re-examined to ascertain if it should be available only on prescription.

Treatment issues

13. That health professionals in contact with Aboriginal and Torres Strait Islander people in Canberra and the region who are concerned about responses to illegal drug use make specific efforts to educate Community leaders and other Community members about the benefits of methadone treatment for opioid dependence, and its effectiveness relative to other treatment modalities. This intervention is needed in light of the misinformation circulating in the Community on these matters, misinformation that could be a barrier to Aboriginal and Torres Strait Islander opioid users obtaining high quality treatment for their dependency.

14. That Governments increase the number and (where appropriate) the size of residential drug treatment centres which cater for Aboriginal and Torres Strait Islander drug users so as to reduce the long waiting periods that are currently such a barrier to accessing treatment.

Meeting multiple needs

15. That, in developing services for Aboriginal and Torres Strait Islander illegal drug users, planners take account of the multiple, interacting needs of drug users identified in this study, and move increasingly to make available multi-function services able to meet the needs of the whole person. Needs identified in this study, in addition to the prevention and treatment of problematic drug use, include cultural education, school education, job training, employment, housing, transport, help with dependants, etc.

The information and education needs of current users

16. That health care workers and injecting drug user peer educators be trained and otherwise resourced to undertake systematic overdose prevention education, including resuscitation. This needs to be provided to drug users and, where appropriate, to their families and friends.

17. That increased efforts be made to address the hepatitis C epidemic in injecting drug users, including increased support for peer educators, education programs about needle sharing, the role of contaminated injecting environments, alternatives to injecting, and increased availability of sterile injecting equipment, particularly for users not in close contact with existing services.

Other needs

18. That the prevention of drug-related harm among Aboriginal and Torres Strait Islander individuals, families and the Community be given more attention and resourcing than it receives at present. Prevention includes addressing the up-stream social determinants of health and illness, case finding, early intervention with people initiating drug use, school and community drug education, patterns of law enforcement that minimise net harm to users and the community, etc.

19. That, considering that gambling is a serious problem for many drug Aboriginal and Torres Strait Islander drug users and their families, Aboriginal/Torres Strait Islander-specific gambling help services be funded and developed.

20. That, in view of the fact that more than half the Aboriginal and Torres Strait Islander illegal drug users we interviewed demonstrated impaired emotional health, increased services be provided to deal with the emotional health needs of Community members generally. This needs to address the inter-generational impacts of the history of Aboriginal and Torres Strait Islander/non-Indigenous relationships in Australia (including dispossession of land, the Stolen Generations and loss of culture). Specific attention should be given to the needs of carers.

21. Prison is a prime place for contracting bloodborne viruses like HIV and hepatitis C, which are then spread into the community. Further investigation and discussion is needed of a range of innovative strategies to combat this hazard

Evaluation

22. That new or expanded policies and programs developed to implement these recommendations are subject to systematic evaluation and modified, as needed, in the light of evaluation research findings.