



Aboriginal Health - Everybody's Business

Substance Misuse

**A South Australian Strategy for
Aboriginal & Torres Strait Islander People
2005 - 2010**

South Australian Aboriginal Health Partnership

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Aboriginal Health – Everybody’s Business
Regional Resource Package
South Australian Aboriginal Health Partnership

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Department
of Health



Australian Government
Department of Health and Ageing



Cover design by Terry Stewart

The meaning of the design;

Circles are symbolic of gatherings and pathways symbolise a way of getting there. There are many paths to take in relation to tackling health and wellbeing issues within Aboriginal and Torres Strait Islander communities. The challenge for the South Australian Aboriginal Health Partnership (SAAHP) agencies is to work together on areas of common ground.

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Recognition

'Many Aboriginal and Torres Strait Islander communities and individuals already create and sustain nurturing, healthy and successful families, positive community culture and safe community environments.'

The Executive Committee of South Australian Aboriginal Health Partnership (SAAHP) acknowledges and recognises the existing work within Aboriginal and Torres Strait Islander communities towards their improved social, cultural, economic and health status within the current Australian context.

While the focus of state and national strategy documents such as this is centred on the chronic health issues affecting individuals and communities, much of the achievements of Aboriginal and Torres Strait Islander communities, families, individuals and agencies is largely invisible to the broader Australian community and commonly unacknowledged.

The strength and resilience of a people continuing to maintain and increase their place within an historically hostile, denigrating and imposed culture, is given little public value or recognition and is easily obscured by the pervasive pictures of substance misuse, social and emotional wellbeing, unemployment, third world health status and generational poverty.

The impact of these social, economic and health issues affect the physical, spiritual, cultural and emotional advancement and growth of all Aboriginal and Torres Strait Islander people.

The SAAHP also acknowledge the value adding of existing efforts and collaboration, recognising the essential role of community, family and individual participation in this process.

The SAAHP Executive present this strategic direction for substance misuse in the spirit of collaborative responsibility, to add value to existing efforts and collaborative partnerships towards sustainable change for all Aboriginal and Torres Strait Islander people.

Note:

1. For the remainder of this document reference to Aboriginal and Torres Strait Islander people collectively infers ***communities, families and individuals*** and recognises Aboriginal and Torres Strait Islander ***people*** as two separate groups.

Acknowledgements

The preparation of this State Substance Misuse Strategy could not have been achieved to this level of quality without significant collaboration and sustained energy, ideas, support, input and guidance from a range of key people.

It is with pride that we acknowledge the involvement of the following key groups and individuals in bringing this project to fruition.

- Aboriginal and Torres Strait Islander Commission
- Aboriginal Drug and Alcohol Council of SA
- Aboriginal Health Council of South Australia Inc
- Department of Health and Ageing
- Department of Health (formerly Department of Human Services)
- Department of Justice
- Drug and Alcohol Services Council
- Project Consultant
- The SAAHP Secretariat
- The SAAHP Substance Misuse Steering Group

Background

The South Australian Aboriginal Health Partnership (SAAHP) is comprised of four key agencies involved in health provision to Aboriginal and Torres Strait Islander people and communities throughout South Australia. The Partnership members are the Aboriginal Health Council of South Australia (AHCSA Inc), the Aboriginal and Torres Strait Islander Commission (ATSIC), the state Department of Health (DH) formerly Department of Human Services and the Commonwealth Department of Health and Ageing (DoHA).

In 1996, personnel from the Aboriginal Drug and Alcohol Council (ADAC) and the Aboriginal Health Council of South Australia (AHCSA Inc) wrote the first statewide Aboriginal Substance Misuse Policy and Strategic Framework entitled "Bringing it All Together", in conjunction with Aboriginal and Torres Strait Islander community-controlled organisations and other stakeholders.

Substance misuse has been a priority for the SAAHP since signing of the Aboriginal Health Framework Agreement (1997 and 2001) and in response to Aboriginal and Torres Strait Islander communities' identification of substance misuse as a major priority for action arising from "First Steps" (1997) consultation process.

Since 1997, efforts to implement the "Bringing it All Together" Substance Misuse Strategic Policy Framework have been slow, inadequately funded, poorly coordinated and erratic in nature. Meantime, as substance misuse harms continued there emerged an alarming and significant poly substance misuse amongst young Aboriginal and Torres Strait Islander people involving alcohol, heroin, prescription drugs, cannabis, amphetamines and volatile substances such as petrol, paint and glue.

In 2002, the SAAHP concentrated its efforts towards redrafting the original substance misuse policy framework and incorporated the forward thinking contained in the original document along with the changes in thinking which had occurred since 1996.

The most evident gap in the original document was the existence of a comprehensive and decisive strategic plan to guide and support Government, organisations and communities to provide effective and sustainable substance misuse programs and initiatives.

Furthermore, it became clear that the long-term sustainability and success of the strategy would be located in its level of accountability, the strength of local community support and the quality of coordination processes across the state and within (health) regions.

This document is the result of collaborative efforts between all four SAAHP organisations, Aboriginal and Torres Strait Islander people and communities and other stakeholders who operate within the mental health and substance misuse sectors.

Substance Misuse – Everybody’s Story

Communities, Families and Individuals

The historical and contemporary context within which most Aboriginal and Torres Strait Islander people in South Australia strive to attain and maintain wellbeing has created widespread social disadvantage and poor physical, social, spiritual and emotional health.

Social disadvantage and poor health simultaneously contribute to, and are a result of, significant substance misuse within Aboriginal and Torres Strait Islander communities.

Substance misuse causes harm in every area of life and is a significant contributor to other issues such as illness, poverty, unemployment, limited educational achievement, family violence, community violence and incarceration.

Similarly, social and emotional wellbeing and mental illness is seen to influence and be influenced by, substance misuse.

The reality of substance misuse for Aboriginal and Torres Strait Islander families, communities and individuals is one of continual strain, tension and demand.

Most individuals and families are witness to the adversity of substance misuse and manage the behaviours, consequences and demands of those who misuse substances.

Demands for food, money, transport or accommodation are commonplace and where responded to with resistance, may incur actual and/or implied violence and intimidation in order to coerce assistance for supply of or access to substances such as alcohol, cigarettes and prescribed medications.

The pressure to collude with and participate in, substance misuse behaviours is immense and pervasive for all families and individuals and requires enormous reserves of emotional resilience and support to resist.

Substance misuse problems for Aboriginal and Torres Strait Islander people (particularly alcohol and tobacco) have a strong correlation with the main causes of premature death and a comparatively high rate of hospitalisations, namely:

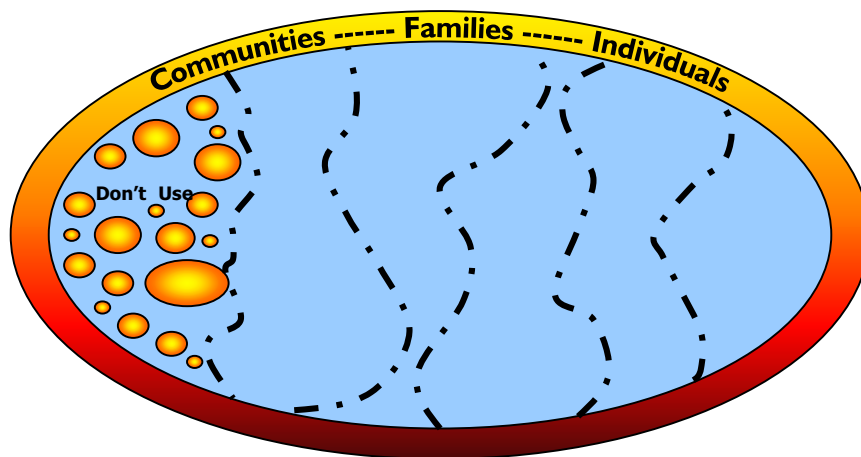
- Heart attack
- Stroke
- Respiratory disease
- Accidental injury
- Diabetes

While alcohol misuse is an ongoing and significant issue, the misuse of prescribed and illegal drugs, glue, petrol and tobacco is also of major concern and requires decisive action.

In particular, for young people, recruitment into substance usage (groups) is often part of day-to-day existence and the pressure to “try out” is often overwhelming. This recruitment of new (younger) users maintains the cycle of misuse, validates the (mis)use of substances and perpetuates the fragmentation of families and communities.

In describing the following groups of substance usage behaviours, the SAAHP recognise that this thinking is based on a ‘most likely’ scenario within the current South Australian context and is not definitive.

Substance Misuse – Everybody’s Story



People who 'Don't Use' substances

People within this grouping are by far the majority of all individuals (with the exception of tobacco usage) however this may differ considerably from location to location.

Although in the majority, the voice, influence and/or capacity of this group to affect considerable, sustainable change to the landscape of substance misuse is compromised by the day-to-day impacts on them of substance misuse.

These individuals either have never used, or have ceased using, substances and often includes people damaged by their substance misuse who are in the care of family or friends.

There is a significant level of resilience needed by 'Don't Use' people in keeping other family members safe, providing childcare and resisting the demands of others involved in regular and chronic substance misuse.

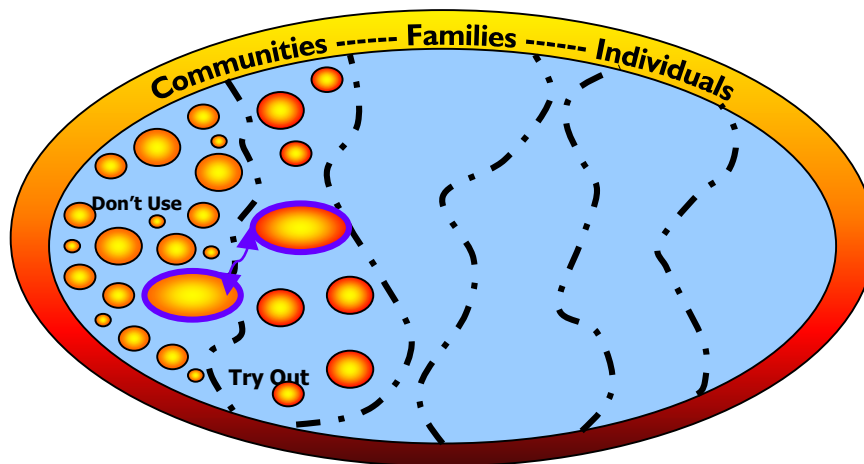
For many there is the risk of take up of or a return to, usage behaviours because the impacts are too great to manage in isolation or with minimal support.

Particularly for the younger people there is ongoing peer pressure to 'try out' or experiment with substances or even merely the existence of community 'role models' who then play a role in validating usage of substances.

For people within this grouping, changes in life circumstance eg family death, loss of employment or emotional distress can be triggers for their use of (some) substances and, depending on which substance, may result in considerable harm even in a 'one-off' experiment eg poly-drug usage.

Approaches that strengthen the resilience of individuals, families and children will redress the breakdown of family and community and interrupt the cycle of generational harm from substance misuse.

Substance Misuse – Everybody’s Story



People who 'Try Out' substances

Individuals within this grouping are the most rapidly changing and at risk. Those who 'try-out' are only those who have never used previously and, depending on the experience of usage, will either return to a 'don't use' status or advance their usage to something more regular or even permanent.

Usage of substances is largely experimental and infrequent and individuals are still engaged in other (self) rewarding activities such as school, work and sport.

Where the 'experimental' usage may actually be pleasurable or an effective escape, individuals can rapidly progress to become 'Sometimes' or 'Regular' users.

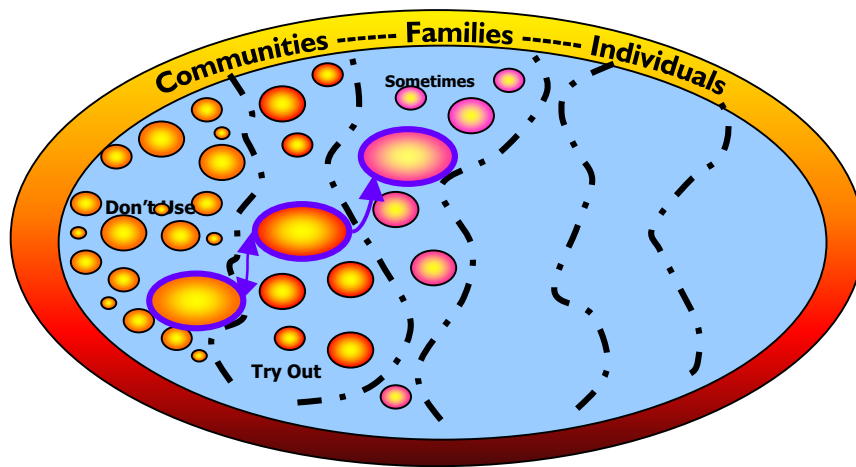
Often the trigger for 'Trying Out' will centre on substance availability or affordability or a critical personal change in physical or emotional wellbeing eg 'It dulls the pain' or 'It gets me away for a while from all them'.

Those who are newly experimenting ('trying out') may also come to the attention of the police, dependant on the substance being 'tried' and/or the location of usage.

There is a significant level of resilience needed by 'Try Out' people in remaining safe from escalated substance usage.

Approaches that strengthen the resilience of individuals, families and children will redress the breakdown of family and community and interrupt the cycle of generational harm from substance misuse.

Substance Misuse – Everybody’s Story



People who 'Sometimes' use substances

Individuals within this grouping are largely using substances within a social context while still engaged in other (self) rewarding activities such as school, work or sport.

Rather than seeking out substances, usage most likely occurs due to availability (i.e. affordability), location and/or prior 'experimental' (positive) experiences.

Usage by these individuals will be irregular and circumstantial eg party, time away from family/community or influx of extra money.

While usage is generally a manageable experience, these individuals can advance to a regular usage over time without conscious decision making eg "Didn't really think how much I was doing or time missed from work. It just kinda happened coz I wasn't feeling bad" or can make deliberate choices in the face of limited other options and/or supports eg "I like feeling good, so wanted to feel good more".

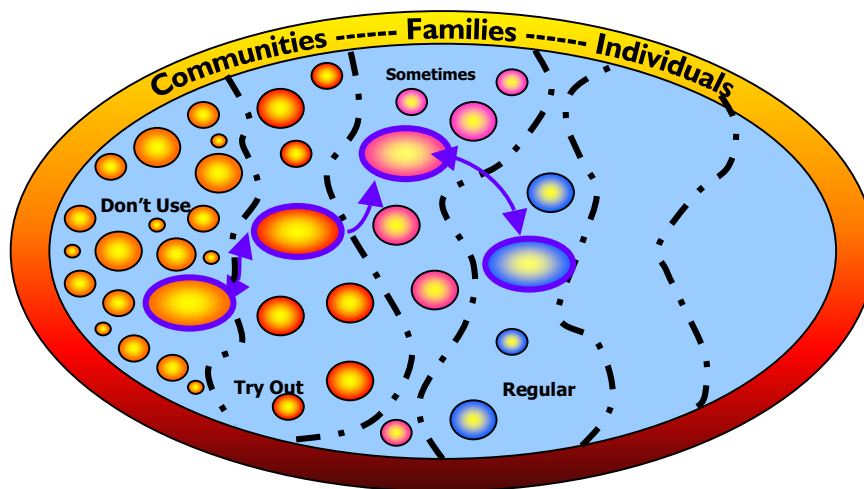
Again depending on the nature of the substances in use and/or the motivations, individuals may rapidly move to regular, sustained usage and even significant immediate physical or mental damage.

Those who are using more often are likely to increase contacts with police and the Justice system, dependant on the substance being used and/or the location or frequency of usage.

These individuals may experience their first period of incarceration and therefore face other associated health risks such as Hepatitis C, B, HIV, alongside the subsequent social and emotional wellbeing issues both within the justice system and upon return to community/family.

Approaches that strengthen the resilience of individuals, families and children will redress the breakdown of family and community and interrupt the cycle of generational harm from substance misuse.

Substance Misuse – Everybody’s Story



People who are 'Regular' substance users

Individuals within this grouping are those using substances as a significant part of their life and are likely to be prioritising usage over other (or all) activities.

Included in this group are people who regularly smoke tobacco. Regular substance users are actively seeking opportunities to use substances and in the absence of 'partners' to use with, will engage in usage as a solitary activity.

There is greater impact on friends and family through the degree and frequency of usage eg demands for money, increasing violence, lack of money for domestic usage (food, bills etc).

For these individuals there is also the increased risk associated with accident, injury, death as well as the physical damage that sustained usage may incur.

'Regular' users are likely to be disassociating from family in the seeking of others to 'use' with and/or actively recruiting family and friends to participate also.

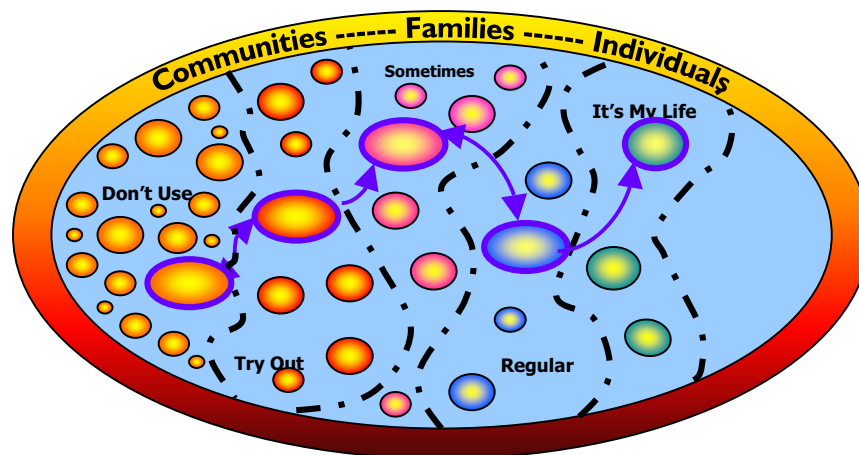
Increasingly, individuals are less able or inclined to reduce or cease usage, again depending largely on the motivations eg stress management, depression, chronic pain etc.

Individuals regularly using illicit substances and/or alcohol are likely to experience significant police contact and increasing periods of imprisonment.

The physiological and mental health risks for these individuals will be substantial when considering the risks of Hepatitis C, B, HIV, depression and anxiety. As such, there are the associated emotional impacts and health risks to other community and/or family members upon release.

Approaches that strengthen the resilience of individuals, families and children will redress the breakdown of family and community and interrupt the cycle of generational harm from substance misuse.

Substance Misuse – Everybody’s Story



People for who substances: “It’s My Life”

Individuals within this grouping are those who are already experiencing acute if not chronic health problems (physical and mental) depending again on the length of usage and choice of substance and typically, are not participating in any activity other than obtaining and using substances as the purpose of each day.

Significant demands are placed on others to support ‘habits’ eg money, transport to obtain etc and people will be significantly located within their own group of other users (either existing family/friends or just other users) as well as overtly recruiting new family members or friends to ‘join in’.

There is increasingly high risk of accident, injury, death, violence, abuse, crime and chronic ill health. Unless usage is occurring within their current family environment, these individuals will commonly experience frequent (or permanent) homelessness.

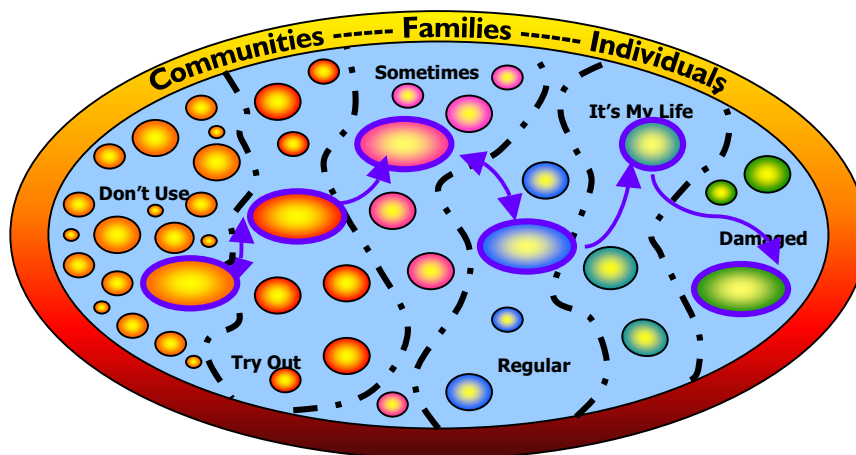
Therefore, once again the likelihood of involvement with the criminal justice system, including prison, is significantly high for these individuals. Given a diminished capacity to manage their own health and wellbeing, this group of people pose a complex range of physical and social health issues for themselves, their co-users, family, friends and community.

The attachment to a ‘user’ group will compensate the displacement of the individual’s usual family (where the family is not using). Recruitment of other family members often becomes important to validate and regain sense of attachment.

These individuals are most likely to be presenting to medical services through continual ‘accidents’ and injuries and/or the escalating physiological problems being incurred.

Approaches that strengthen the resilience of individuals, families and children will redress the breakdown of family and community and interrupt the cycle of generational harm from substance misuse.

Substance Misuse – Everybody’s Story



People who are 'Damaged' by their use of substances

Individuals within this grouping are those who have incurred permanent physical and/or psychological damage from using substances.

The extent of the harm done to their bodies and minds often means that they are no longer able to care properly for themselves without assistance from others.

In many instances, the burden of care may rest with the individual's family or nursing facility care.

Note: Diagram concept by Barbara Power (based on Northern Territory Aboriginal Living with Alcohol story board)

Approaches that strengthen the resilience of individuals, families and children will redress the breakdown of family and community and interrupt the cycle of generational harm from substance misuse.

Substance Misuse – Everybody’s Business

Purpose

The purpose of this section is to guide the strategic direction for key stakeholders towards the development of regional and organisational implementation plans to address the misuse of legal and illegal substances within Aboriginal and Torres Strait Islander communities.

This State Substance Misuse strategy should be read in conjunction with SAAHP’s Diabetes, Social and Emotional Wellbeing, Substance Misuse, Data and Information and Workforce Development State strategy documents towards a greater understanding of other health issues and their link with substance misuse.

Commitment

The SAAHP believe that the extensive work currently occurring throughout South Australia requires a more supportive and coordinated response from State and Commonwealth stakeholders to ensure consistency and sustainability of approaches as well as ensuring ‘real’ change in the health status of Aboriginal and Torres Strait Islander people and communities.

Approaches that strengthen the resilience of individuals, families and children will redress the breakdown of family and community and interrupt the cycle of generational harm from substance misuse.

Understanding and focussing efforts towards the ‘triggers’ that progress misuse of substances and protective factors that enable individuals to cease usage is core to a long-term elimination of substance misuse.

The Partnership will actively lobby for service agreements that enhance the achievement of strategic outcomes and the provision of effective responses to substance misuse issues for Aboriginal and Torres Strait Islander communities, families and people across South Australia.

Guiding Principles

These principles are evident within this strategy and are consistent with the:

- National Strategic Framework for Aboriginal and Torres Strait Islander Health (2003);
- National Strategic Framework for Aboriginal and Torres Strait Islander Mental Health and Social and Emotional Wellbeing 2004 – 2009;
- National Drug Strategy: Aboriginal and Torres Strait Islander People Complementary Action Plan (2003 – 2006);
- Living with Diabetes, The South Australian Aboriginal Experience, A State Strategy and Action Plan for Aboriginal Diabetes July 2000; and
- Iga Warta Principles, arising from the Department of Health 2000, Renal Summit.

Cultural Respect

- Respecting cultural diversity, views, values and expectations of Aboriginal and Torres Strait Islander people within planning and development of health and wellbeing programs and services

Community Control

- Acknowledging Aboriginal and Torres Strait Islander communities' right to control the health and wellbeing approaches and services in their local community and/or region

Holistic Approach

- Attending to the physical, spiritual, mental, cultural, emotional and social wellbeing and their role in contributing to health outcomes for Aboriginal and Torres Strait Islander peoples
- Including the environmental determinants of health such as food, water, housing and unemployment
- Including the social determinants of health and wellbeing, such as racism, marginalisation, history of - dispossession and loss of land and heritage

Local Planning

- Aboriginal and Torres Strait Islander people's central involvement in planning, development and implementation of strategies for better health and wellbeing
- Planning takes place at the local level to develop local responses to local needs and priorities as determined by the local Aboriginal and Torres Strait Islander population/community

Partnerships

- Combining the efforts of government, non-government and community controlled sectors, and working in partnership with communities to provide the best method in improving the broader determinants of health

Recognition of Diversity

- Recognising the diversity within and between Aboriginal communities in the development of programs and services
- Supporting the provision of differing approaches according to region, age and gender

Resources

- Ensuring that resources are sufficient to improve the health and wellbeing of Aboriginal and Torres Strait Islander people
- Sustainable resource building for communities through strengthening community expertise and capacity building of health services and communities

Capacity Building

- Providing information, skills development and/or knowledge acquisition to assist and support individual change
- Building the capacity of an community, families or individuals to manage change and/or maintain resilience

Accountability

- Supporting the effective use of funds by community controlled and mainstream health services and programs
- Ensuring accountability for effective resource application through long term funding
- Establishing genuine and meaningful planning and services development partnerships with communities
- Government maintaining responsibilities for ensuring all Aboriginal and Torres Strait Islanders have access to appropriate and effective health care

Strategic Planning – Model



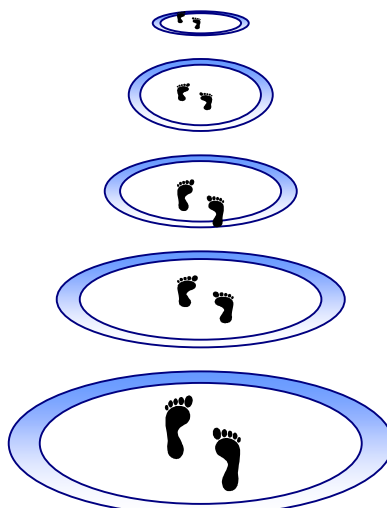
Refer Appendix 1

Strategic Direction - Vision

VISION

South Australian Aboriginal and Torres Strait Islander people living healthy lives equal to that of the general population, within well functioning communities that have effective health care and community services that are enriched by a strong living culture, dignity and justice

(Adapted from the National Strategic Framework for Aboriginal and Torres Strait Islander Health 2004 – 2009)



GOAL

To minimise the number of Aboriginal and Torres Strait Islander people misusing substances throughout South Australia

Strategic Direction - Outcomes

These outcomes are intended to be measurable within the 5 year time frame of this plan



Strategic Direction - Strategies

These describe the broader 'big picture' of work to be undertaken across the state during the next 5 years to realise the outcomes.

Strategies



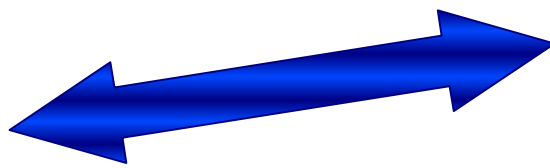
Strategic Planning – Coordinated Approach

- The SAAHP Executive has responsibility to ensure that the actions within this framework are implemented, resourced and monitored
- The Partnership members will undertake actions that facilitate an increased collaborative and coordinated statewide approach in addressing substance misuse and its associated problems

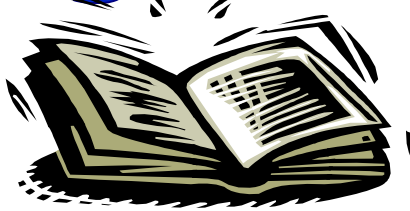
Statewide



Action

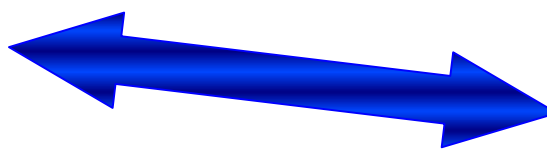


Regional



Action

- Each state health region is supported to develop regional implementation plans consistent with the statewide strategic direction
- Regional plans will facilitate the provision of services, programs, projects and resources consistent with the needs of the region
- Regional planning will support collaborative and coordinated regional partnerships inclusive of open and accountable reporting processes



- Organisations, Services and Agencies will utilise the regional plans to further describe the detailed actions needed to address substance misuse issues relevant to local needs and priorities
- Once developed, action plans will illustrate the local picture of substance misuse issues, priorities and initiatives

Organisational



Action

Statewide Management Responsibilities

Effective and collaborative coordination, monitoring and review are crucial to the achievement of the strategic outcomes and sustained change. Without this, change will continue to be slow, exhaustive and of greater cost both socially and economically.

Statewide

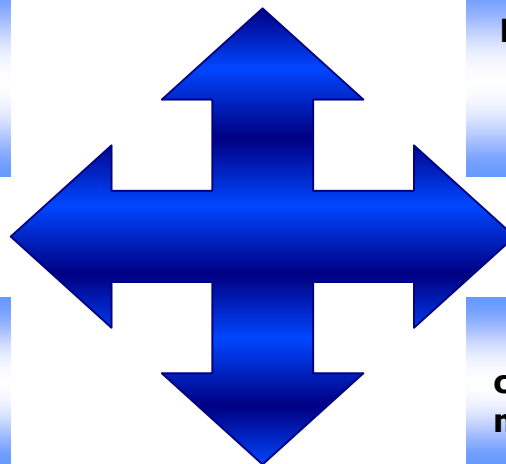
Develop organisational service agreements which support the achievement of strategic substance misuse outcomes

Ensure collaborative regional planning and development process

Facilitate collaborative regional monitoring, review and reporting processes

Support inter-regional information exchange opportunities

Develop regionally coordinated knowledge management processes



Coordinate strategic partnerships between, and collaborative participation of, relevant community controlled, public and private sector agencies, services and organisations

Action

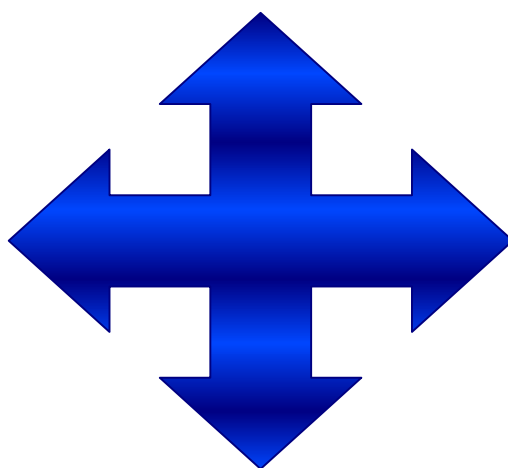
Regional Management Responsibilities

Regional collaboration with state and organisation partners enhances ongoing effectiveness and supports current and future regional planning. The approach also strengthens regional health intelligence and workforce capacity and supports effective and equitable service responses to meet the needs of communities, families and individuals.

Regional

Attend to annual reporting requirements consistent with regional-state partnership agreement

Implement regionally coordinated knowledge management processes



Develop collaborative regional substance misuse implementation plans

Advocate and lobby public, private and community sources to strengthen regional resources

Action

Organisational Management Responsibilities

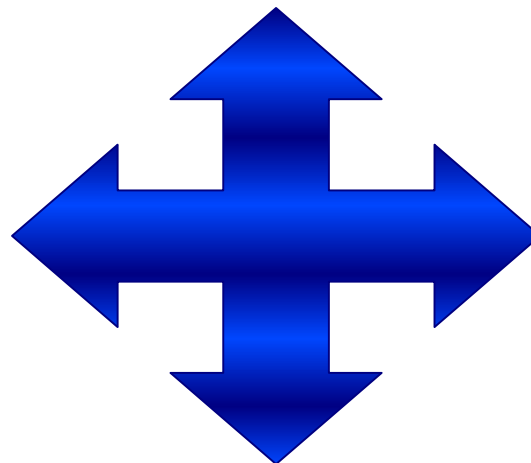
The effectiveness of service provision is determined by the existence of connected, credible and accountable organisations, with efficient organisational management and a workforce equipped to respond and resolve health related issues.

Organisational

Implement effective monitoring and review protocols and practices consistent with regional plans

Develop, and implement effective organisational capacity building initiatives

Provide coordinated ongoing workforce development programs



Establish and maintain effective community, public and private sector linkages and collaborative partnerships

Action

Statewide Service Provision - Communities

Sustainable change for communities hinges on building their capacity to accommodate and manage change.

Provide ongoing community leadership development projects and initiatives, inclusive of community elders

Establish inter-community support networks and information exchange opportunities



Provide safe public community spaces and activities

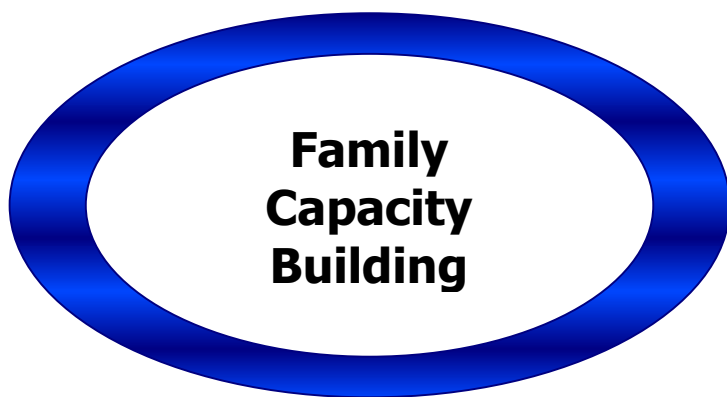
Establish community supported economy building programs and initiatives

Provide community supported supply & harm reduction programs and initiatives

Provide community supported health promotion programs and activities

Statewide Service Provision - Families

Sustainable change for families hinges on building their capacity to accommodate and manage change.



Provide community supported parenting and care-provider services and activities

Develop and implement regionally supported family renewal initiatives

Implement community involved child development programs and activities

Provide community involved family support initiatives and programs, inclusive of money matters

Statewide Service Provision - Individuals

Sustainable change for individuals hinges on building their capacity to accommodate and manage change.



The Next Steps

STATEWIDE LEVEL

- If you have state wide responsibilities, the section on statewide management responsibilities is your starting point. Further assistance can be obtained from the following:- Department of Health/Aboriginal Health Division (DH/AHD), the Department of Health and Ageing(DoHA) Office Aboriginal Torres Strait Islander Health (OATSIH), the Aboriginal Health Council of SA (AHCSA) and or the South Australian Aboriginal Health Partnership (SAAHP) secretariat.

REGIONAL LEVEL

- If you have regional responsibilities, the section on regional management responsibilities is your starting point. Further assistance can be obtained from the following:- DoHA/OATSIH, DH/AHD and or AHCSA when developing an Aboriginal and Torres Strait Islander Health plan that supports the priorities of all health service providers in your region.

ORGANISATIONAL LEVEL

- If you have organisational responsibilities, the section on organisational management responsibilities is your starting point. If you are in a mainstream organisation that is developing or updating its Aboriginal and Torres Strait Islander health plan talk to the AHCSA and AHD/DH about how planning can be supported and linked to the Aboriginal Community Controlled Health Service (ACCHS) sector strategic plan.

INDIVIDUAL LEVEL

- If you're interested as an individual, talk to your local Aboriginal Community Controlled Health Service and mainstream health organisation about their Aboriginal and Torres Strait Islander health plans and opportunities to become informed about and or involved in health service activity.

Abbreviations

ACCHS	Aboriginal Controlled Community Health Service
ADAC	Aboriginal Drug and Alcohol Council of South Australia Inc
AHAC	Aboriginal Health Advisory Committee
AHCSA	Aboriginal Health Council of South Australia Inc
ATSIC	Aboriginal and Torres Strait Islander Commission
ATSIS	Aboriginal and Torres Strait Islander Services
DH	Department of Health
OATSIH	Office of Aboriginal and Torres Strait Islander Health
SAAHP	South Australian Aboriginal Health Partnership
WHO	World Health Organisation

Glossary

Aboriginal Community Controlled Health Service (ACCHS)	<ul style="list-style-type: none"> ACCHS are primary health care services initiated by local Aboriginal and Torres Strait Islander communities to deliver holistic and culturally appropriate care to people within their communities. Their board members are elected from the local Aboriginal community (NATSIHC 2002)
Connectedness	<ul style="list-style-type: none"> A relationship that links and bonds one with community, family and friends
Demand	<ul style="list-style-type: none"> In the case of illicit drugs, the concept of 'demand' is commonly used in the broader sense of the level of interest in a particular community in using illicit drugs, not just in purchasing them
Demand Reduction Strategies	<ul style="list-style-type: none"> Strategies that seek to reduce the desire for and preparedness to obtain and use drugs. These strategies are designed to prevent the uptake of harmful drug use and include abstinence-orientated strategies aimed at reducing drug use. Their purpose is to prevent harmful drug use and prevent drug-related harm
Drug	<ul style="list-style-type: none"> A substance that produces a psychoactive effect. Within the context of the National Drug Strategic Framework, 'drug' is generally used to include tobacco, alcohol, pharmaceutical drugs and illicit drugs. The framework also takes into account performance – and image – enhancing drugs and substances such as inhalants and kava
Drug Related Harm	<ul style="list-style-type: none"> Any adverse social, physical, psychological, legal or other consequence of drug use that is experienced by a person using drugs or by people living with or otherwise affected by the actions of a person using drugs
Early Intervention	<ul style="list-style-type: none"> A therapeutic strategy that combines early detection of hazardous or harmful substance use and treatment of those involved (WHO 1994). It is directed particularly at individuals who have not yet developed physical dependence or major psychological complications. Early intervention is therefore a pro-active approach that is initiated by the health worker rather than the individual
Harmful Use	<ul style="list-style-type: none"> A pattern of psychoactive substance use that is causing damage to the health of the drug user (WHO 1994). The damage may be physical or mental. Harmful use generally has adverse social consequences as well
Harm Reduction Strategies	<ul style="list-style-type: none"> Strategies designed to reduce the impacts of drug-related harm on individuals and communities

HIV	<ul style="list-style-type: none"> ▪ (Human Immunodeficiency Virus) A human retrovirus that leads to AIDS
Misuse	<ul style="list-style-type: none"> ▪ The use of a substance for a purpose not consistent with legal or medical guidelines, as in the non-medical use of prescription medications (WHO 1994). It may also refer to high-risk use (eg excessive use of alcohol in situations where this is not illegal)
Knowledge Management Processes	<ul style="list-style-type: none"> ▪ A systematic approach to manage the use of information in order to provide a continuous flow of knowledge to the right people at the right time enabling efficient and effective decision making in their everyday business
Partnership Approach	<ul style="list-style-type: none"> ▪ In the context of national public policy, a partnership approach for the National Drug Strategy is defined as a close working relationship among Commonwealth, State and Territory, and local governments; affected communities; business and industry; community-based organisations; professional workers; and research institutions
Prevention	<ul style="list-style-type: none"> ▪ Broadly defined as an intervention strategy designed to change the social and environmental determinants of drug and alcohol abuse, including discouraging the initiation of drug use and preventing progression to more frequent or regular use among at-risk populations
Rehabilitation	<ul style="list-style-type: none"> ▪ The process by which an individual with a drug-related problem achieves an optimal state of health, psychological functioning and social wellbeing (WHO 1994)
Relapse	<ul style="list-style-type: none"> ▪ A return to drinking or other drug taking after a period of abstinence, often accompanied by reinstatement of dependence symptoms (WHO 1994)
Social and Emotional Wellbeing	<ul style="list-style-type: none"> ▪ Broadly, a comprehensive term used for the physical, psychological, and cultural welfare and happiness of an individual within his or her community
Supply Reduction Strategies	<ul style="list-style-type: none"> ▪ Strategies that are designed to disrupt the production and supply of illicit drugs. They may also be used to impose limits on access to licit drugs and their availability
Volatile Substances	<ul style="list-style-type: none"> ▪ A substance that vaporises at ambient temperatures (WHO 1994). Includes the organic solvent present in many domestic and industrial products eg glue, aerosols, paints, petrol and cleaning fluids

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Appendix 1 - Defining Terms

The following provides the thinking behind the development of the strategic goals, strategies, outcomes and actions within this current framework.

The defining of these terms is by no means definitive and is intended only to illustrate how the planning of this document arose.

