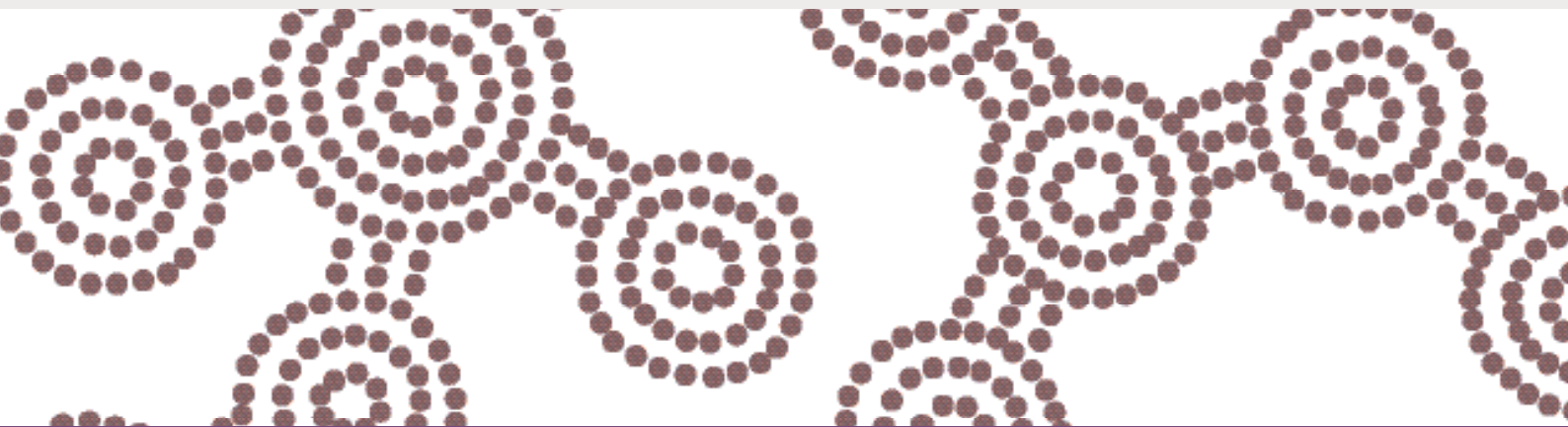


# Alcohol and Drugs Research Innovation Agenda (ADRIA) Grant Rapid Review

November 2021



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## **ACKNOWLEDGEMENTS**

The authors wish to thank Ajala Smith (Research Assistant, Indigenous Studies Unit, University of Melbourne) for her assistance identifying and assessing the relevance of the literature.

## **CONFLICT OF INTEREST**

The authors declare that they have no professional or commercial interests relevant to the rapid review.

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## Executive Summary

This rapid review examines Alcohol and Drug (AOD) evidence related to Aboriginal and Torres Strait Islander people in Victoria, Australia. Understanding the gaps and priorities for future AOD research provides the opportunity to inform resource allocations and strategically guide research to deliver targeted outcomes, benefiting providers and communities alike.

This review is framed by the following overarching question:

*What are the gaps and priorities in Aboriginal and Torres Strait Islander AOD research that require further exploration to inform program design, service excellence and policy development, and thereby improve cultural and social and health outcomes of Aboriginal and Torres Strait Islander people living in Victoria?*

To answer this question, the review addresses literature on the key features of the Victorian AOD service system, critical components of effective AOD program design, relevant AOD health-related issues. It further explores how the Victorian AOD policy framework embeds aspirations relating to Aboriginal Social and Emotional Wellbeing and mental health. Finally, the review outlines the key findings related to emerging local and promising evidence. Each of these areas outline the contextual issues and key findings of the related documents, including the gaps in the literature.

For this rapid review, a search was conducted of literature from the last decade in databases Pubmed and Embase and Indigenous HealthInfoNet. The search identified literature on AOD topics on screening and intervention for unhealthy alcohol use, alcohol treatments, tobacco use, smoking during pregnancy, evaluations of intervention training programs for health professionals, volatile substance use and the effects of tobacco control interventions for Aboriginal and Torres Strait Islander peoples.

One of the most significant findings emerging from this rapid review is the limited evidence related to AOD programs for Aboriginal and Torres Strait Islander Victorians. There are major gaps in the literature in all areas addressed, highlighting the urgent need to build the evidence base to inform program design, service excellence and policy development.

Concerningly, there is very limited Aboriginal and Torres Strait Islander-specific evidence reporting on effective AOD interventions, strategies, and programs. One systematic review on reporting strategies (Dzidowska et al 2020), evaluated evidence-based management of alcohol misuse in primary care since 1979, and found that only five of the 45 projects included in the study reported on patient outcomes, and none showed significant improvement (19). This does not indicate that AOD programs are ineffective, what it tells us is that there are significant gaps in the evaluation of programs.

Therefore, the learnings of the majority of AOD programs and services for Aboriginal and Torres Strait Islander peoples cannot be translated and built into future program design and policy.

Much of the literature also reported on the inadequacy of data measuring AOD use, health impacts, and service and program effectiveness for Aboriginal and Torres Strait Islander people in Victoria. Without accurate and consistent collection of data on Aboriginal and Torres Strait Islander people, it is difficult to determine the levels and prevalence of AOD use or the effectiveness of AOD services and programs. Without this evidence base, understanding demand for programs and services, and their efficacy is not possible. Further, much of the AOD-related data for the Aboriginal and Torres Strait Islander population is of poor quality due to data collection issues. For example, there is no available data reporting on AOD treatment episodes for the Aboriginal and Torres Strait Islander population in Victoria due to the incomplete collection of Aboriginal and Torres Strait Islander status. This is a recurrent issue for many population datasets pertinent to the Aboriginal and Torres Strait Islander population. Other issues are related to the questions asked when collecting data due to a failure to appropriately embed cultural considerations. For example, inaccuracies in data quantifying alcohol consumption for the Aboriginal and Torres Strait Islander population are attributed to asking inappropriate questions when clients self-report (35). However, when questioning styles are culturally appropriate, for example using gender-specific voices and images, improved results have been reported in some studies (35).

Despite the limitations related to gaps in the literature, there is a small, yet promising, body of literature focusing on the benefits of embedding cultural, and social and emotional wellbeing (SEWB) components within AOD programs, services and policies that target Aboriginal and Torres Strait Islander Victorians. Further, emerging evidence highlights the importance of involving Aboriginal and Torres Strait Islander communities and local leaders in the design and implementation of programs for improved outcomes for Aboriginal and Torres Strait Islander people.

Drawing on the findings of this review, we recommend the following set of research priorities based on the gaps in knowledge and promising emerging evidence.

1. More evaluations of Aboriginal and Torres Strait Islander AOD programs and services examining effectiveness, appropriateness, and accessibility
2. Benefits of community-led AOD services and programs
3. Family centric AOD services and programs
4. The impact of intersectionality for AOD programs and services accessibility
5. Cultural appropriateness of AOD programs and services
6. Multi-systemic approaches to AOD treatment for Aboriginal and Torres Strait Islander people

We further acknowledge that the area of AOD services, programs, and policies for Aboriginal and Torres Strait Islander Victorians is under-researched, thus have no recommendations related to areas of research saturation.

## Introduction

Harmful AOD use is identified as a significant factor related to the health gap between Aboriginal and Torres Strait Islander and non-Indigenous Australians (Department of Health and Human Services 2017, Catto and Thomson 2008). A complex set of interrelated social, historical, and economic factors influence AOD use amongst Aboriginal and Torres Strait Islander people living in Victoria, including the legacy of colonisation, and associated intergenerational trauma (King et al 2009; Nathan et al 2020; AIHW 2011). Other factors include economic marginalisation, discrimination, cultural dispossession, family conflict and violence, and a family history of alcohol misuse (Victorian Department of Health & Human Services 2018).

Up to 14% of the health gap between Aboriginal and non-Aboriginal people in Victoria has been attributed to poor mental health and substance use disorders (Royal Commission 2021, p. 145). Further, the proportion of Victorian AOD clients who identified as Aboriginal and Torres Strait Islander has increased from 7% in 2015–16 to 8.5% in 2019–20 (Department of Health and Human Services 2017, 20; AIHW 2021, Victorian department of Health and Human Services, 2018). Young Aboriginal and Torres Strait Islander Victorians (aged 25 years or younger) are particularly impacted by harmful AOD use, comprising 9% percent of alcohol and drug service clients (Royal Commission 2021, p.150, Department of Health and Human Services 2017, p. 20).

Across Australia, the proportion of Aboriginal and Torres Strait Islander people who abstain from alcohol is higher than that of non-Indigenous people. However, Aboriginal and Torres Strait Islander people are 208 times more likely to be hospitalised for alcohol-related conditions and nine times more likely to die from alcohol-related harms (Victorian Department of Health & Human Services 2018). Early detection of unsafe drinking patterns (i.e., of hazardous, harmful, or dependent alcohol use) plays a key role in reducing the overall burden of alcohol conditions, particularly, before people develop health problems or experience social impacts such as incarceration-related alcohol use (Harrison et al 2019).

In 2018-19 the Victorian Government invested \$259.9 million in drug services, representing an increase in investment of 57 percent across the last four State Budgets. A primary aim of the increased investment was to expand the number of drug rehabilitation programs available to Victorians (Victorian Department of Health & Human Services 2018). The Victorian Alcohol and Drugs Workforce Strategy 2018-2022 further acknowledged that significant expansion of the Aboriginal AOD workforce

is required, including the provision of additional specialist counselling and treatment for Aboriginal Victorians facing alcohol and other substance misuse issues (Victorian Department of Health & Human Services 2018).

## Methodology

For this rapid review we included meta-reviews, systematic reviews, literature reviews, scoping reviews, and all types of single studies (case-control, case studies, randomised controlled trials, qualitative and mixed-methods studies). We also included commentaries and policy documents. We employed an adapted version of the 6S Pyramid of Evidence (see Figure 1) to guide our analytical approach to the review, placing a heavier weighting on the findings drawn from documents at the top of the pyramid (meta-reviews), than those at the bottom (commentaries).

*Figure 1 7S Pyramid of Evidence*



Source: adapted from Dobbins et al. 2017<sup>1</sup>

We identified research evidence by searching PubMed, Embase and Indigenous HealthInfoNet. These databases were deemed most suitable for the review from preliminary testing of multiple databases. Our selection of databases was further guided by the need to include both scholarly and grey literature

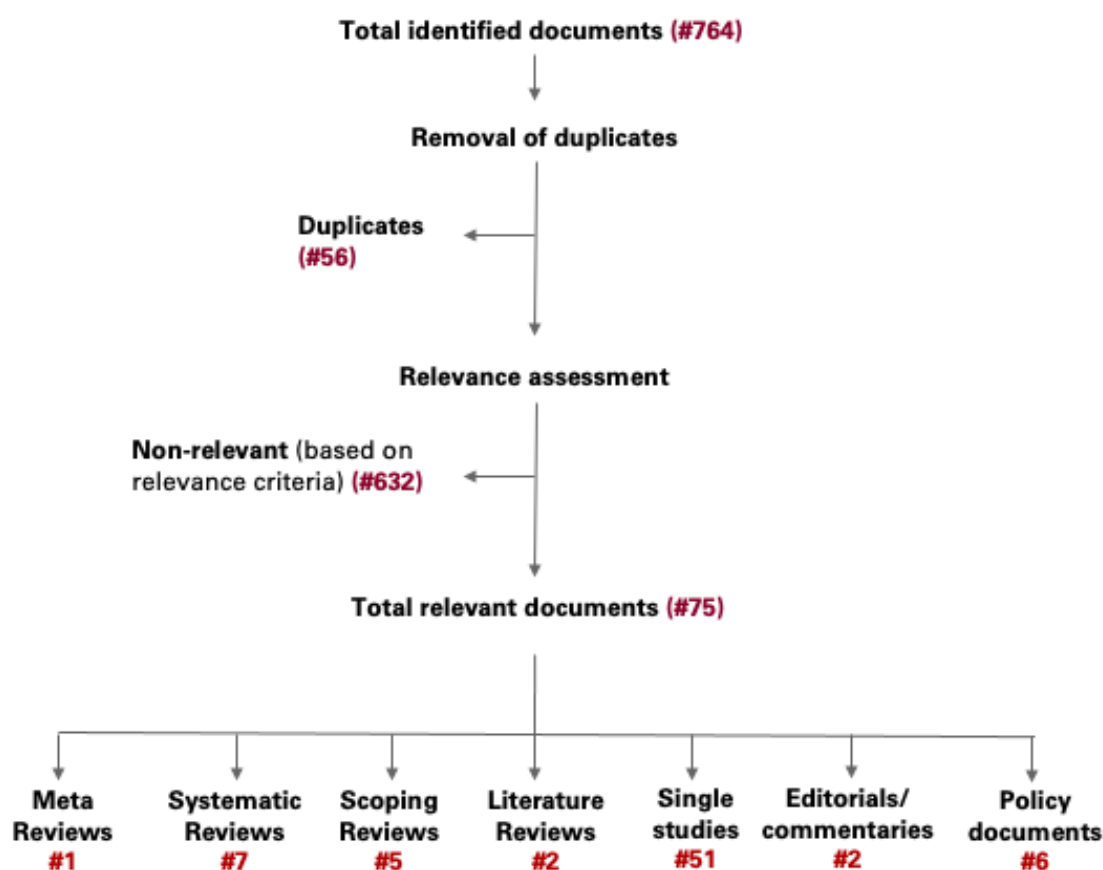
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<sup>1</sup> Dobbins, M. (2017). Rapid review guidebook steps for conducting a rapid review. Retrieved from <http://www.nccmt.ca/uploads/media/media/0001/01/a816af720e4d587e13da6bb307df8c907a5dff9a.pdf>

to address known gaps of AOD program and service evaluations in the literature (23). The key search terms and words were selected using an iterative process, verified by the project leads. After conducting our literature searches, we used the PICOS model to determine the appropriate inclusion and exclusion of literature (see Figure 2 and Appendix 1 for more details).

By applying this methodology, we found a total of 74 relevant documents after screening 764 documents identified in the search. Of the final documents, we identified one meta-review, seven systematic reviews, five scoping reviews, two literature reviews, 51 single studies, two commentaries and six policy documents for inclusion.

Figure 2. Health-Evidence Search Results Flow Chart



## Key features of the Victorian AOD service system

In Victoria, there are a wide range of AOD-specific services and programs, many embedded within a suite of multi-systemic interventions and treatments for related issues including mental health, criminal justice, and family violence. AOD-specific programs include outreach; counselling, consultancy, and

continued care; residential and home-based withdrawal services; day programs; residential rehabilitation and support accommodation; pharmacotherapy; online and phone-based counselling and specialist AOD programs. Some programs provide Aboriginal and Torres Strait Islander focus on holistic care, including general practice, counselling, rehabilitation and mental health. It is a referral-based system and relies on court-ordered referrals, referrals from other services, or self-referral

In 1998, The Premier's Drug Advisory Council (PDAC) determined that AOD treatments in Victoria were too inaccessible, ineffective, and potentially detrimental for young people [8 Brunn 2018]. Early intervention for AOD use for young people is of critical importance for several reasons: to prevent the negative impacts it may have on the developing brain; and, to prevent the development of persistent AOD symptoms in adulthood (Brunn 2018). Early intervention is vital for Victoria's most disadvantaged and vulnerable young people, including those in out-of-home care and Youth Justice settings.

Recent research on Aboriginal and Torres Strait Islander drug and alcohol programs in Victoria underscore the complexities associated with drug and alcohol use for Aboriginal and Torres Strait Islander communities and their intersection with social, legal, and housing issues (Goutzamanis et al. 2021). Goutzamanis and others (2021) noted a high rate of unemployment (97%), high risks of serious mental illness (88%), increasing numbers of clients using methamphetamines and an increasing incidence of forensic patients (73% had current or pending legal issues). These data highlight gaps in our knowledge of:

- the appropriateness of Aboriginal and Torres Strait Islander AOD programs for forensic patients;
- the appropriateness of current treatment models for methamphetamine users; and,
- the outcomes for Aboriginal and Torres Strait Islander methamphetamine users accessing different treatment models.

Further, the additional complexities of young people as a client group requires different and more responsive approaches to programs and services than for adults [8 Brunn 2018].

### ***AOD programs for adult Aboriginal and Torres Strait Islander populations***

A meta review by Purcell-Kodr et al (2020) of unhealthy drinking patterns for Indigenous people in Australia, New Zealand, and the United States of America, indicated that alcohol treatments delivered in primary care settings benefit from cultural and bi-cultural approaches to care (Purcell–Khodr et al 2020). Treatment effectiveness was not reported in all studies, yet pharmaceuticals such as naltrexone and disulfiram, showed some efficacy. The authors noted that there is a need for more studies in this area that quality research with cultural appropriateness (47).

Two comparative studies focusing on Indigenous populations in New Zealand, North America, and Australia (a study on Foetal Alcohol Spectrum Disorder (FASD) prevention interventions and a study

of the outcomes and effectiveness of suicide prevention programs in Aboriginal and Torres Strait Islander communities) found little evidence of effective change. The quality of the interventions was rated as poor with little evidence of reductions in either prenatal alcohol exposure or suicide (Symons et al. 2018, Clifford et al. 2013). Both studies recommend programs need to embed rigorous methods and evaluations. Clifford and others (2013) note that the involvement of community and improved funding for evaluation of programs mirrored those of AOD interventions.

The use of mutual recovery groups (i.e. the use of peer support groups to assist with social emotional and practical supports) in Aboriginal and Torres Strait Islander addiction programs has been inadequately researched, especially in Australia (Dale et al 2019). Their role in promoting long-term recovery is promising. They can be used as a stand-alone treatment, or as a preventative strategy for relapse either during an AOD program or on completion of more formal treatment. By incorporating culturally appropriate forms of peer support by including Aboriginal and Torres Strait Islander languages, and concepts and using trauma-informed practices and practitioners this kind of mutual recovery model can be made more suitable for Aboriginal and Torres Strait Islander AOD programs (see Dudgeon et al 2016, Dudgeon et al 2020, Whiteside et al 2021).

### ***AOD programs targeting Aboriginal and Torres Strait Islander young people***

A review of the nine key principles<sup>2</sup> identified in *The National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-2023* found that although most programs addressed the principles, there were limited culturally adapted services available for Aboriginal and Torres Strait Islander young people with severe and complex mental health conditions (Gupta et al. 2020 26). One review of Indigenous community-based mental wellness programs in Canada, the United Kingdom and Australia (Venugopal et al 2021) investigated culturally safe programs initiated by Indigenous communities. These initiatives addressed general approaches to mental wellness, substance use, suicide prevention, and/or co-existing conditions, and many were tailored for Indigenous youth. The study found that programs that embedded cultural teachings or activities, cultural knowledge, traditional healing techniques and cultural safety were more successful in their implementation and outcomes.

There is limited national, and no Victorian, evidence outlining the programs and services that target Aboriginal and Torres Strait Islander young people in Victoria. However, there is some information

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<sup>2</sup> The nine principles: 1. health as a holistic concept; 2. the right to self-determination; 3. the need for cultural understanding; 4. the impact of history in trauma and loss; 5. recognition of human rights; 6. the impact of racism and stigma; 7. recognition of the centrality of kinship; 8. recognition of individual and community cultural diversity; and, 9. recognition of Aboriginal strengths.

related to features of effective programs and treatments for all young people in Victoria. These include: 'Youth-friendly' spaces that are geographically accessible; promote inclusiveness (counteracting stigmatisation); safe spaces (physically and emotionally); offer outreach services; case management; and effective referral networks and connections (Brun 2018). Other factors associated with effective treatment include length of treatment and exposure and the intensity and durations of interventions in relation to severity and complexity (Brun 2018). Further research is required to specifically examine the needs and outcomes for Aboriginal and Torres Strait Islander Young people in Victoria accessing AOD services, with a particular focus on outcomes of programs that embed cultural knowledges.

### ***Family and community programs and services***

Holistic care includes engagement and collaboration between service providers, carers, families, communities and AOD clients. In particular, community participation in the delivery of AOD programs targeting smoking, alcohol and mental health all showed improved effectiveness, accessibility, and acceptability. Substance abuse services that included community members, culturally relevant activities and local Aboriginal and Torres Strait Islander beliefs and knowledge have improved outcomes (Harrison et al, 2019). Further, many studies that incorporate community support and engagement have not been well evaluated, often failing to report on outcomes such as community empowerment (Farah Nasir et al 2021, Bovill et al, 2019). Interventions delivered through community-controlled organisations and supported by community members have been found to improve accessibility for Aboriginal and Torres Strait Islander clients and especially for adolescents (Isaacs et al 2010, Geia et al 2018, Conigrave et al, 2021, Farah Nasir et al, 2021).

Harrison et al. 2019, found that culturally specific healthcare services that are led and delivered by Aboriginal and Torres Strait Islander people can improve care and treatment access (Harrison et al 2019). The diversity of programs offered (even within Aboriginal community-controlled health services) can vary between services, providing differing expertise and practice of screening and interventions (Harrison et al 2019). Although some Aboriginal community controlled health services provide the services of an AOD worker or team, others do not. AOD expertise and health practitioners can be experienced in screening, brief intervention, counselling, or medicines. However, standards of care vary widely (Harrison et al 2019). Further research is required to determine how community participation can assist in program design, implementation, and delivery of interventions. Evaluation remains a key gap in assessing the effectiveness of interventions (Johnston et al. 2013, Murrup–Stewart et al. 2021, Shakeshaft et al. 2014).

Treatment models that address the complexity of substance abuse issues are critical and those that connect clients and collaborate with other services are more successful (Whiteside et al. 2021). Whiteside and others (2018) found that families and workers supporting people with

methamphetamine and other drug use in regional Victoria were impacted by stress and required wellbeing interventions. As a response, an Aboriginal and Torres Strait Islander-led approach to empowerment, the Family Well Being program, has demonstrated a positive impact on social connectedness, engagement in education and employment and mental health for individuals and the community (Whiteside et al. 2021). This promising program focuses on reflection and problem solving and was integrated into a variety of health and well-being services in the Mallee District Aboriginal Services (MDAS).

### ***Geographical distribution of services: the regional disadvantage<sup>3</sup>***

Significant gaps in AOD service provision have been identified for regional and rural areas across Victoria (Brunn 2018), particularly for different sub-populations with specific needs, including Aboriginal and Torres Strait Islander people, and young people. Although not directly addressed in the literature, these findings indicate that these intersectional factors compound barriers to access.

## **Key AOD health-related issues relevant to the Victorian Aboriginal and Torres Strait Islander population**

AOD-related health issues are a key contributor to the disparity between Aboriginal and non-Aboriginal health outcomes in Australia (Chamberlain et al 2017; Hart et al 2010). Up to 14% of the health gap between Aboriginal and non-Aboriginal people in Victoria has been attributed to poor mental health and substance use disorders (Royal Commission 2021, p. 145). However, AOD use and associated health issues must be understood within the context of colonisation, dispossession, and racism, which play a causal role for these health issues and their treatment.

Rates of illicit drug use and alcohol consumption amongst Aboriginal people in Australia are higher than that of the general population (Hart et al, 2010). Further, Aboriginal and Torres Strait Islander people experience AOD related harms at disproportionately higher rates than the general population (James et al. 2020). Hart and others (2010, p.2) note, 'elevated levels of substance use and abuse are of concern because they are associated with substantial, yet preventable mortality, morbidity and social burden'. Stigma from AOD use can prevent people from seeking help and exacerbates structural disadvantages. Further, a lack of culturally safe treatment programs and services intensifies the marginalisation of Aboriginal and Torres Strait Islander people who engage in harmful AOD use (Urbanoksi et al. 2020). Further, young Aboriginal and Torres Strait Islander people (15-19 years) are particularly vulnerable to AOD related harms, as they are up to five times more likely to be hospitalised or die due to an AOD related condition (James et al. 2020).

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<sup>3</sup> See Appendix 2 for detailed list of AOD related services across Victoria

Of the 74 sources identified in our searches, smoking emerged as the most common focus with 15 (20.5%) of the results discussing treatment or programs concerning smoking or smoking cessation. Of these results, three (20%) concerned maternal smoking during pregnancy. Alcohol was the next most researched substance with 10 (13.7%) articles focussing on alcohol consumption. Illicit drug use or generalised substance use were the focus of 6 articles (8.2% each). Volatile substance use was the focus of 2 (2.7%) articles.

### ***Smoking-related health issues***

Despite the rate of research around smoking, Chamberlain and others (2017) argue that further research is required, as smoking remains prevalent in Aboriginal and Torres Strait Islander communities (Chamberlain et al 2017; Briggs et al 2003; Thomas et al 2015a; Thomas et al 2015b; Thomas et al 2015c; Thomas 2015d). Smoking is linked to cardiovascular disease, respiratory disease, cancer, cataracts, and chronic obstructive pulmonary disease (68, 7). Multiple sources recognised smoking as a leading cause of the burden of disease and preventable mortality among Aboriginal and Torres Strait Islander peoples (Chamberlain et al 2017; Briggs et al 2003; Davey et al 2015; Nicholson et al 2015b; Thomas et al 2015b).

Rates of smoking during pregnancy are notably higher amongst Aboriginal and Torres Strait Islander women with 52% reporting smoking during pregnancy, compared to 15% of non-Indigenous women (Bovill et al. 2020). This is linked to socioeconomic status, stress and entrenched social disadvantage (Bovill et al. 2020). Smoking during pregnancy poses significant health issues, including low birthweight in infants and shorter life expectancy among Aboriginal people (Bovill et al. 2020).

### ***Alcohol-related health issues***

The review identified 10 sources which focused on interventions for alcohol consumption – with 1 document specifically focusing on alcohol-related road accidents. Although one document suggested policymakers have generally prioritised addressing alcohol misuse, our search revealed a greater focus on smoking interventions in the research (Briggs et al. 2003). Again, most literature does not focus on the specific harms caused by alcohol consumption or misuse, but on hospitalisation and morbidity statistics (Harrison et al. 2019, Lee et al. 2018). Three papers acknowledged that Aboriginal and Torres Strait Islander people are more likely than non-Indigenous people to abstain from alcohol, however those who choose to drink are also more likely to do so at risky or high-risk levels (Hart 2010, Harrison et al. 2019, Purcell-Khodr et al. 2020). The contribution of alcohol to the health gap is substantial both nationally and internationally (Harrison et al 2019; Pauly et al 2019). Health issues caused by chronic or dependent alcohol use include injuries and poisoning, liver disease, cancer, strokes, and gastrointestinal illness as well as social harms like loss of housing, finances, relationships and legal issues and unemployment (Pauly et al. 2019, Pauly et al. 2018, Purcell-Khodr et al. 2020).

Alcohol consumption is also identified as a risk factor in terms of vehicle accidents and rates of suicide (24). Several sources indicated that colonisation and oppression are factors that contribute to a higher risk posed by alcohol consumption to Aboriginal health and wellbeing, and they argue that this is consistent across Australia, Canada and New Zealand (Harrison et al. 2019, Pauly et al. 2018, Purcell-Khodr et al. 2020).

### ***Illicit drug and volatile substance-related health issues***

This review identified six papers on Illicit drug use with two specifically focused on specific drugs and classes of drugs like methamphetamines and opioids (Quinn et al. 2020, Wallace et al. 2021). A further six focused on generalised substance abuse and two on volatile substance abuse. Williams and others (2006) identified substance abuse as a major problem for Aboriginal and Torres Strait Islander-specific services. Rates of illicit drug and alcohol use were reported to be significantly higher amongst the Aboriginal and Torres Strait Islander population compared to the non-Aboriginal population (Hart et al. 2010). Further, Aboriginal and Torres Strait Islander people are 2.3 times more likely to experience the impact of drug-related health problems than non-Indigenous Australians (James et al. 2020).

Health issues associated to drug use by Aboriginal and Torres Strait Islander people include infections and vein damage in the context of intravenous drug use, heart problems, overdoses, Hepatitis C and B, HIV, malnutrition, depression, paranoia, and a loss of self-worth (Van der Sterren et al. 2006). Volatile substance use or use of inhalants pose risks of cognitive impairment and damage to the kidneys, liver, heart, and lungs. Illicit drug use also has significant repercussions for the social and emotional health of families and communities (Van der Sterren et al. 2006). Although level of amphetamine use in Victoria are rising, Aboriginal and Torres Strait Islander people are over-represented in all drug use categories in drug treatment services (James et al. 2020).

*Table 1. Summary of key findings related to AOD health-related issues relevant to the Victorian Aboriginal and Torres Strait Islander population*

<b>Health Topic</b>	<b>Key Findings</b>
Smoking	Almost half of all Aboriginal and Torres Strait Islander smokers had attempted to quit smoking previously and two-thirds wanted to quit (Nicholson et al 2015b). However, were less likely to successfully do so (Nicholson et al. 2015a; Thomas et al. 2015a; Thomas et al 2015c; Thomas et al. 2015d).
Smoking during pregnancy	'Smoking during pregnancy is one of the strongest risk factors for the high rates of low birthweight of infants born to Aboriginal mothers. Low birthweight has been

	<p>linked to shorter life expectancy among Aboriginal people.’ (Bovill et al. 2019 p. 396).</p> <p>Whilst Aboriginal and Torres Strait Islander women are more likely to smoke during pregnancy, they are also more likely to make frequent quit attempts, suggesting that support services are not meeting the needs of Aboriginal and Torres Strait Islander women during pregnancy (Bovill et al. 2020, p. 2).</p>
Alcohol use	<p>Anecdotal evidence suggests there is a high awareness of social harms derived from alcohol abuse but less awareness of its health effects (Purcell-Khodr et al. 2020).</p> <p>Alcohol-related road accidents are a large contributor to the injury burden borne by Aboriginal and Torres Strait Islander people, as the second leading cause of injuries after suicide (Fitts and Palk 2016, p. 74).</p>
Sexually transmitted infections (STIs).	<p>Illicit drug use amongst young Aboriginal and Torres Strait Islander people (16–29 years of age) is associated with risky sexual behaviours and STI diagnoses (Wand et al. 2016). Wand et al surveyed 2877 Aboriginal and Torres Strait Islander people aged 16 to 29; 50% of participants reported use of at least one illicit drug in the prior year. The participants who reported illicit drug use reported significantly higher rates of sexual risk behaviours (2016).</p>

## Critical components of effective AOD program design

The most critical components of effective design of AOD programs are those that address the associations between AOD use, SEWB and the socioeconomic context of the client. AODs are often misused as a form of self-medication, related to underlying psychological conditions, trauma and distress and other related socioeconomic issues. *The Victorian Drug and Alcohol Principles* recommend the use of a variety of biopsychosocial interventions and the provision of collaborative treatment approaches. The involvement of people with a lived experience of drug and alcohol problems is encouraged (Victorian Alcohol and Drug Treatment Principles 2018). Although the Victorian Government has outlined treatment principles to guide health service providers that include an emphasis on prevention, recovery, and harm minimisation, how this will be evaluated and assessed to improve services has not been articulated (Victorian Alcohol and Drug Treatment Principles 2018). The need to move beyond a benevolent approach to research that privileges Aboriginal and Torres Strait Islander people as knowledge holders was identified by Bovill and others (2019). Their focus on a smoke-free pregnancy and the inclusion of Aboriginal and Torres Strait Islander women in the research was considered valuable to the work.

Other critical components of AOD services for Aboriginal and Torres Strait Islanders identified in the literature include providing services that are culturally sensitive (Dale et al 2021, Day and Francisco 2013, Farah Nasir et al 2021, Geia et al 2018, Harrison et al 2019, Murrup-Stewart et al 2021, Purcell-Khodr, 2020), ensuring community involvement in program planning, implementation and evaluation goes beyond consultation and are evidenced deliverables written (Dale et al. 2021, Day and Francisco 2013, Farah Nasir et al. 2021, Geia et al. 2018, Harrison et al. 2019, Murrup-Stewart et al. 2021, Purcell-Khodr et al. 2020); and treatment models that combine effective treatment with wellbeing, employment, housing and legal support were more effective (Johnston et al. 2013, Murrup-Stewart 2021, Shakeshaft et al. 2014).

### **Accessibility**

Early detection and treatments facilitates better access to services. This includes geographical (urban, regional, remote), cultural and social impacts that are barriers to access AOD services. Given substance abuse can be episodic, and relapse can require flexible service availability, and how providers deal with clients in the mid to long term is unclear. In rural and remote settings across Victoria, access to outpatient therapy and rural withdrawal programs is evident but access to pharmacotherapy and residential rehabilitation is limited due to supply (Berends 2010). Confidentiality, distance, and stigma are noted as barrier to accessing AOD services in rural and remote communities. Workforce retention can be difficult in these areas. Hospital involvement in AOD treatment in rural Victoria also varies dependent on other health demands (Berends 2010).

### **Suitability of treatments**

There was a lack of evidence about whether the kinds of treatments on offer in Aboriginal and Torres Strait Islander AOD services were suitable for amphetamine users, and whether current treatment programs offered in Victoria by AOD programs are appropriate for forensic patients (Goutzamanis et al. 2018) Complex treatment models involving community participation and AOD usage were not well evaluated and required increased funding and better research evaluation (Whiteside et al. 2021). Ongoing funding for AOD services that produce evidence about outcomes and report on reduction of AOD usage and broader health and SEWB outcomes is required.

### **Evaluation**

Evaluation of AOD programs reviewed by the sources reported a lack of evaluation. Between the commissioning of programs, consultation, implementation and the acquittal, evaluation is neither funded, planned, or delivered in any substantive way. In a review of Alcohol Management Plans (AMP), Clough and others (2017) conclude that policy makers face an array of complexity when evaluating AMPs, including issues of criminalisation and discrimination, treatment and diversion

services, and low cultural awareness of liquor retailers. As a result, they note it is difficult to know which factors have been effective in reducing - or exacerbate - AOD use.

*Table 2. Summary of key findings related to critical components of AOD program design*

Critical component	Key Findings
Culturally sensitive drug and alcohol services	<ul style="list-style-type: none"> <li>• A systematic review of alcohol treatments in primary care showed benefits from inclusion of cultural and bicultural approaches to care (Purcell-Khodr et al, 2020)</li> <li>• Community support and community-based workforce offering a flexible approach to withdrawal care improved accessibility, acceptability, and success of interventions (Purcell-Kodr et al, 2020)</li> <li>• A review of volatile substances interventions noted that culturally relevant activities and the use of traditional healing models and the provision of programs in a culturally safe environment showed some evidence of effectiveness (MacLean et al 2012, p.285)</li> <li>• Training and support for the participation and involvement of an Aboriginal Community Controlled Health Services workforce improved screening for alcohol use (Conigrave et al 2021)</li> <li>• Venugopal et al (2021) culture stood out as a major theme for community-based mental wellness initiatives among rural and remote Aboriginal and Torres Strait Islander communities. Cultural teachings, cultural activities, appropriate use of culture, land-based programming and knowledge sharing integrated into community programming were all characteristics of the more successful programs.</li> </ul>
Accessible drug and alcohol services	<ul style="list-style-type: none"> <li>• Lack of trust in mainstream programs, was prevalent in Aboriginal and Torres Strait Islander communities especially in relation to mental health services. (Isaacs et al. 2010)</li> <li>• Dale et al emphasise the importance of involving Aboriginal and Torres Strait Islander peoples in the design, delivery, and validation of mainstream peer support programs for substance use recovery. They suggest Aboriginal and Torres Strait Islander-led interventions will improve accessibility of programs and improve outcomes (Dale et al. 2021).</li> </ul>

<p>Holistic treatment models</p>	<ul style="list-style-type: none"> <li>• The Family Well Being program has been trialled as an Aboriginal and Torres Strait Islander-led approach to empowerment. It focuses on reflection and problem solving and was integrated into a variety of health and well-being services in the Mallee District Aboriginal Services (MDAS). It demonstrates a positive impact on social connectedness, engagement in education and employment and the community’s mental health (Whiteside et al. 2021).</li> </ul>
<p>Addressing the severity and complexity of substance use issues</p>	<ul style="list-style-type: none"> <li>• Goutzamanis and others (2018) note that clients in an Aboriginal and Torres Strait Islander alcohol and other drug services in Victoria had a high rate of unemployment (97%), high risks of serious mental illness (88%), increasing numbers of clients using methamphetamines and an increasing incidence of forensic patients (73% had current or pending legal issues).</li> <li>• Pauly and others (2019) describe a Managed Alcohol Program in Canada for people with severe alcohol problems and homelessness which acts as a harm management program. By providing housing and supports, not contingent on sobriety they reduce the precariousness of life and begin to offer some space for therapeutic interventions.</li> <li>• Whiteside and others (2021) note the accessibility and effectiveness of a program which provides community-based support for AOD issues, mental health issues and economic issues, recognising their complexity.</li> </ul>
<p>Support for ACCOs to provide culturally appropriate care</p>	<ul style="list-style-type: none"> <li>• Harrison and others (2019) have developed a model for supporting Aboriginal Community Controlled Services to deliver culturally appropriate, collaborative alcohol screening and treatment services. It offers training to community health workers to provide culturally accessible care, collect data about outcomes and enables quality improvement and ongoing outcomes reporting.</li> </ul>
<p>Better reporting of AOD intervention programs and their outcomes: better program design needed to</p>	<ul style="list-style-type: none"> <li>• Geia and others (2018) reported on a systematic review of AOD programs and notes the lack of evidence about their impacts on key indicators of AOD usage. Also noted are the prevalence of research designs that would not be able to contribute to ‘evidence-based practice’. The most effective AOD programs were likely to be associated with community involvement.</li> <li>• Dudgeon and others (2020) noted the importance of an evidence-based approach to suicide prevention and the improvement of mental health. They recommend Aboriginal and Torres Strait Islander self-determination and culturally informed suicide prevention strategies. Community determination of suitable metrics for evaluation and relevant outcomes measures.</li> </ul>

evaluate key outcomes measures.	
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## Aboriginal and Torres Strait Islander social and emotional wellbeing and mental health in the Victorian AOD policy framework

SEWB is recognised as fundamental to Aboriginal and Torres Strait Islander health (Murrup-Stewart et al. 2020), with Bovil et al. (2019, p. 396) noting:

Aboriginal people define health not only as a state of physical wellbeing, but rather a holistic construct that incorporates social, emotional, and cultural wellbeing. Acceptable interventions need to align with Aboriginal definitions, values and priorities to report specific details that will lead to innovation and practice change in primary healthcare settings.

This holistic approach to health and SEWB recognises that connection to culture and country is an essential part of health of the individual, including mental health (Royal Commission 2020). Disconnection from culture, community and country can lead to poor SEWB outcomes, which negatively impacts physical and mental health (Royal Commission 2020). Poor SEWB is closely linked to AOD use. Further, comorbid mental health issues often complicate AOD treatment for Aboriginal people in Victoria (Royal Commission 2020). Health policy and research that do not recognise the importance of SEWB risk mirroring 'colonial disregard' for the link between culture, country and community and wellness (Murrup-Stewart 2020, p. 1834). However, due to the biomedical underpinnings of the Australian health care system (Schultz et al. 2019) and policy framework, SEWB is often neglected (Schultz et al. 2019).

Victorian policy recognises that the concept of Aboriginal health and wellbeing takes a holistic and 'whole-of-life' view, encompassing social, emotional, and cultural wellbeing. Underlying this policy is a recognition of the connection between the wellbeing of the individual, the wellbeing of the wider community, and connection to spirit, land, culture, community, and family (Royal Commission 2020). Victorian AOD policy has often been guided by consultation, with the explicit recognition that improving social and emotional wellbeing and mental health outcomes for Aboriginal people in Victoria requires cross-sectoral collaboration and must be led by Aboriginal self-determination (Royal Commission 2020).

The Victorian Government has acknowledged the need for integrated services, which embed AOD programs within a broader mental health framework (Department of Health and Human Services 2017). This is further outlined in the Victorian Government's 2017–2027 Aboriginal Social and Emotional Wellbeing Framework, *Balit Murrup*, which calls for improved access to 'timely, integrated, local and culturally responsive' AOD services (Department of Health and Human Services 2017, p. 11). The Royal Commission recommended the creation of a new Aboriginal SEWB Centre to be hosted and maintained by the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) (Royal Commission 2020, p. 105). This Centre is intended to provide 'clinical, organisational and cultural governance planning and development' and 'guidance, tools and practical supports for building clinical effectiveness' (Royal Commission 2020, p. 105). The Royal Commission further recommended that by the end of 2022, the Victorian government should ensure there is at least one highest-level emergency department suitable for mental health and alcohol and other drug treatment in every region which can provide integrated treatment, care, and support (Royal Commission 2020). There were no specific recommendations made by the Royal Commission regarding AOD treatment or Aboriginal and Torres Strait Islander-specific services.

The Royal Commission's focus on social and emotional wellbeing is consistent with existing Victorian government policy. From 2017, Victorian health policy has recognised the importance of social and emotional wellbeing to the health of Aboriginal Victorians with both the *Balit Murrup: Aboriginal Social and Emotional Wellbeing Framework* and the *Korin Balit-Djak: Aboriginal health, wellbeing, and safety strategic plan 2017–2027* engaging with the concept and committing to programs or policies which uphold and support Aboriginal social and emotional health.

The Victorian Government has committed to implementing all the Royal Commission's recommendations (Department of Health and Human Services 2020). The Government has pledged \$116 million to fund Aboriginal-led centres and services to provide culturally safe and appropriate care for Aboriginal people in Victoria (State Government of Victoria 2021). The Government has also pledged to fund programs for specialist care and integrated support for people living with comorbid mental health and AOD use or addiction (State Government of Victoria 2021). The Government has also announced 30 scholarships to expand the Aboriginal mental health workforce in partnership with VACCHO (Department of Health 2021). This is a continuation of the 10 Aboriginal-specific clinical and therapeutic positions and the Aboriginal Mental Health Workforce Training Program funded in the 2017–18 budget (Department of Health and Human Services 2017, p. 13). However, there was no standalone funding or funding commitments made regarding Aboriginal specific AOD programs or services.

## ***SEWB and mental health AOD-related research***

Ten of the sources identified in our review specifically focused on SEWB. However, these sources contained little evidence of the association between AOD use and social emotional wellbeing (Day and Francisco 2013, p. 350; Gupta et al. 2020, p. 6; Murrup-Stewart et al. 2021). Similarly, literature focusing on specific AOD related harms or consumption rarely considered SEWB. However, terminology such as SEWB and cultural wellbeing appeared more frequently in recently published literature, reflecting the increased awareness and acceptance of the concept in recent years (Bovill et al. 2021).

Victoria has operated a 'No Wrong Door' Policy since 2007, which directs mental health services to welcome people who present with substance use related concerns and substance use services to extend care to people presenting with comorbid mental health issues (Roberts and Mayberry 2014). However, concerns among service providers highlight that this approach is often not followed in practice. An explanation for this divide between policy and practice is that the relationship between psychiatry and addiction is an uncomfortable one (Roberts and Mayberry 2014). A similar observation was made by Van der Sterren and others (2006), who report frustration amongst Aboriginal Health Workers arising from working with clients who use drugs. One participant noted: 'they'll [clients using drugs] use our services and use up all our time, all our counsellors... And we're not getting anywhere with them.' (p.222). This implies a significant barrier to accessing AOD programs, which could contribute to poorer mental health and SEWB outcomes. This perspective is further supported by evidence from the Royal Commission (2020).

The search also found a several sources that noted emotional and spiritual wellbeing and Western practices hold conflicting values and beliefs that impact on the provision of mental health needs and AOD related services (Van der Sterren et al. 2006, Roberts et al. 2014, Purcel-Khodr et al. 2020, Dale et al. 2021, Murrup-Stewart et al. 2021).

### ***Holistic approaches and multi-systemic interventions***

There is some evidence that programs offering holistic approaches to alcohol and drug treatment which target multiple aspects of clients' SEWB, report better outcomes (Quinn et al. 2019, Peircy 2021). For example, one residential program addressing substance use and co-existing mental health conditions in young people (aged 18-35) compared the outcomes for two groups over a six-month period. Both groups received the standard treatment, however, the second group were also taught to build mindful practices, emotional regulation and to strengthen social connection (Quinn et al 2019.) Both groups showed a significant improvement in SEWB and decreased alcohol and methamphetamine use. However, the second group also reduced their tobacco use and exhibited fewer problems associated with their methamphetamine use (Quinn et al 2019).

## Lack of Evaluation of SEWB programs and services

The health and SEWB inequities experienced by Aboriginal and Torres Strait Islander peoples are poorly understood, due to low levels of evaluation across Aboriginal and Torres Strait Islander health programs and services in Australia (Finlay et al. 2021). One evaluation of 1,082 Aboriginal and Torres Strait Islander specific health and SEWB programs found that 90% failed to assess or measure their effectiveness (Finlay et al. 2021). Finlay and others (2021) identified a further concern related to the utility of evaluations for the programs that were evaluated, as very few employed culturally appropriate methodologies. This concern was also reported in the work of Murrup-Stewart (2021) and in the Royal Commission into Victoria's Mental Health System (2021).

Table 3. Summary of key findings related to the links between social and emotional wellbeing, AOD and mental health

Key Links	Key Findings within literature
Culture and wellness	While culture was a major theme in community-based mental wellness initiatives, the studies evaluating these programs found that few appropriately embedded cultural elements and lacked Aboriginal and Torres Strait Islander leadership, suggesting a disconnect between Aboriginal and Torres Strait Islander communities and leadership, and evidence-based programming (Venugopal et al. 2021).
Cultural and Bicultural care and client engagement	Cultural and bi-cultural care was perceived as highly important to clinical staff and clients in several studies (Khodr-Purcell et al. 2020).
Ongoing stigma	Cultural attitudes and stigma towards people who use AOD, in tandem with a feeling among mental health practitioners that it is taboo or inappropriate to ask patients about AOD use, may be an enduring barrier in providing appropriate AOD related care in mental health services (Roberts and Mayberry 2014).
Tension between mental health services and substance use services	There are cultural and practice-based differences between Victoria's mental health and substance treatment workforce, leading to low AOD screening rates, which further complicates treatment for comorbid mental health/AOD use treatment (Roberts and Mayberry 2014).
Critical considerations for improved service delivery	Gupta et al 2020 found that critical elements for improved service delivery in Aboriginal mental health and wellbeing context included: <ul style="list-style-type: none"> <li>• Involvement of families/caregivers (with consent of the patient/client).</li> <li>• Acknowledgement of the role of community in mental health promotion.</li> </ul>

	<ul style="list-style-type: none"> <li>• Greater interprofessional collaboration and information sharing.</li> <li>• Improved access to specialist services.</li> <li>• Involvement of Aboriginal Practitioners to provide case management, clinical treatment, and responsive presence within community networks.</li> <li>• Integrated team care packages tailored to the individual needs of patients/clients.</li> <li>• Improved mental health system with implementation via partnership with relevant stakeholders, including government.</li> <li>• Culturally safe environment.</li> <li>• Application of an integrated education/healing model.</li> <li>• Support for professionals.</li> <li>• The provision of trauma healing in early childhood. (Gupta et al. 2020, p 16).</li> </ul>
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## What does emerging local and promising evidence tell us?<sup>4</sup>

Community-led services and programs that include participatory development tools that support education, ongoing community support for individuals and engage community members, existing staff and clients in social connectedness, employment, and community mental health have shown positive outcomes (Whiteside et al. 2021, Vance et al. 2017).

From a service provider perspective, there is no comprehensive, strategic framework to guide evaluations that measure the impact community-led AOD programs and services. AOD Programs are not routinely evaluated by service providers in Victoria. Further, although some services provide holistic ‘wrap-around’ approaches that include teaching problem-solving and reflective skills and linking AOD services with legal, homelessness, child protection, family violence and community services, this is not common practice (see Appendix 2). Some service providers are equipped to manage initial referrals of AOD clients, but less so for long-term or episodic relapses, which require further rehabilitation. There is no standardisation for AOD services across Victoria.

In Victoria, examples such as the Family Well Being (FW) and Grit & Resilience (G&R) programs encourage problem solving and reflection, alongside community engaged understandings of mental

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<sup>4</sup> Beneficial AOD developments/themes/interventions e.g., the Integrated service trials (social & emotional wellbeing, mental health & AOD) – core offerings in AOD, substance & addiction relating to mental health in acute and non-acute settings. Include information on program design; evaluation; service excellence; policy and policy development?

health and SEWB (Whiteside et al. 2021, Quinn et al. 2019). The FW approach measures community and individual well-being and is designed to capture outcomes enabling research translation (Vance et al. 2017). Preliminary evaluation of the FW program indicates impact on social connectedness, engagement in education, employment and community mental health treatments are positive (Whiteside et al. 2017). The G&R programs focused on young people and reducing substance use and mental health included mindful practices, teaching emotional regulation, and encouraging social connection (Quinn et al 2019). Outcomes included a greater reduction in tobacco use, with clients exhibiting fewer problems associated with methamphetamine use.

Vance and others (2017) found that young people and their family had greater faith in the management process of health provision when there was a deeper focus on Aboriginal and Torres Strait Islander culture. Successful outcomes were recorded for 72% of clients over a 5-year period, in a group that was previously been described as non-responsive (Vance et al. 2047).

Nationally, on-line prevention programs targeting Australian schools and substance use, depression and anxiety have led to an increased knowledge of alcohol, cannabis, and mental health, and demonstrated an overall reduction of drinking, heavy episodic drinking, and symptoms of anxiety (Teeson et al. 2020). This study was the first to report on the effectiveness of online universal school-based interventions in adolescence. However, the study was impacted by research ethics restrictions related to cannabis use, which could not be analysed.

*Table 4. Summary of key findings related to emerging local and promising evidence*

Area of evidence	Key Findings
Community involvement in programs can improve their effectiveness and have positive impacts community-wide.	The positive outcomes from the Family Well Being Program demonstrated the links to well-being community-wide (i.e., for both the individual and the community) (Whiteside et al. 2021). Bovill and others (2021) described an Aboriginal and Torres Strait Islander-led and co-designed program to reduce smoking in Aboriginal and Torres Strait Islander women during pregnancy. An Aboriginal and Torres Strait Islander designed clinical trial incorporating collaboration with a number of Aboriginal and Torres Strait Islander communities and Aboriginal and Torres Strait Islander data ownership. The <i>Which Way?</i> project illustrates how research design and implementation can employ Aboriginal and Torres Strait Islander ethics and co-develop meaningful policy and practice change. (Bovill et al. 2021).
Mindfulness programs that encourage	The GRIT program shows promising signs of offering additional support to established AOD programs (Quinn et al. 2020). Many AOD clients have a

<p>reflection can be usefully combined with other treatments for complex comorbid conditions</p>	<p>variety of concurrent conditions substance abuse, mental health issues and employment and housing difficulties. This kind of intervention is available to clients after training and may offer some stability and time to reflect.</p>
<p>The Developmental Neuropsychiatry Program (DNP) program</p>	<p>The DNP program is offered to a group of young Aboriginal and Torres Strait Islander clients who have previously been unresponsive to treatments (Vance et al. 2017). The involvement of a culturally responsive model of care and the engagement of family and teachers in the clients support is an intervention model which could be applied to many kinds of problems in an Aboriginal and Torres Strait Islander youth population. The DNP program shows how culturally aware research can be used in complex cases and how health workers (Aboriginal and Torres Strait Islander and non-Indigenous) can be trained to deliver care to this vulnerable group.</p>
<p>Brief interventions for lifestyle factors in chronic diseases (especially smoking, alcohol and drugs)</p>	<p>Sebastian and others (2020) recommend better training options for health workers involved in brief interventions to Aboriginal and Torres Strait Islander community members. This includes improved funding models and adaption of resources into culturally appropriate materials including translation into community languages.</p> <p>Teeson and others (2020) demonstrated the efficacy of an on-line intervention to educate about alcohol and drugs and to reduce anxiety in teenagers.</p>

## Concluding recommendations: Research gaps and priorities

Based on the findings from this rapid review, the key areas urgently requiring further exploration and generation of evidence to drive improved program design, service excellence and policy innovation are outlined below.

### **EVALUATION OF ABORIGINAL AND TORRES STRAIT ISLANDER AOD PROGRAMS AND SERVICES EXAMINING EFFECTIVENESS, APPROPRIATENESS, AND ACCESSIBILITY**

1. A core challenge facing AOD programs and services in Victoria are related to the lack of standardisation of services state-wide.
2. Gaps between AOD services and mental health requires further investigation.
3. Culturally safe services that allow for Aboriginal and Torres Strait Islander worldviews may contribute to better outcomes not only with adult clients but with youth.

### **BENEFITS OF COMMUNITY-LED AOD SERVICES AND PROGRAMS**

Research focusing on local Aboriginal and Torres Strait Islander community participation in program design, implementation, and delivery of AOD programs and subsequent outcomes is highlighted in the literature as an important area for future research.

1. There are unknown risks related to shifting Aboriginal and Torres Strait Islander services out of mainstream
2. More knowledge is required related to how mainstream services can engage with local Aboriginal and Torres Strait Islander communities to improve their accessibility and outcomes for Aboriginal and Torres Strait Islander client.
3. While there is evidence to suggest that Aboriginal and Torres Strait Islander-led AOD services offer specific benefits to Aboriginal and Torres Strait Islander clients, more research is required in this area to determine what design components and service features lead to the most successful outcomes.
4. Some evidence shows that Aboriginal and Torres Strait Islander services sometimes provide more 'wrap-around' services that are required by many Aboriginal and Torres Strait Islander AOD clients, however the sector remains unmapped.

### **FAMILY CENTRIC AOD SERVICES AND PROGRAMS**

A small number of studies have evaluated family-centric AOD programs, which have shown great promise, particularly for young people. However further research is required in this area to improve

understandings of why this is the case, and whether there are specific family-centric programs that work better than others.

1. Whole of community, holistic wellbeing centered AOD services are the key to managing long-term AOD clients and reducing the potential risk by minimising youth uptake. However, the data is limited, and this needs further study to understand how services and not just individuals in those services are making change
2. Education programs for young people, families and communities require more in-depth and nuanced research in terms of the potential to minimise harm in the long term

## **INVESTIGATIONS OF THE IMPACT OF INTERSECTIONALITY FOR AOD PROGRAMS AND SERVICES ACCESSIBILITY**

Although this review found little evidence explicitly referencing the negative impact of intersectionality for Aboriginal and Torres Strait Islander people seeking AOD programs and services, multiple papers discussed service access difficulties for specific sub-populations within the Aboriginal and Torres Strait Islander population such as geographic residence, age, and gender. This gap in knowledge requires further investigation.

1. Research focusing on enablers and barriers to AOD programs and services for different sub-populations within the Victorian Aboriginal and Torres Strait Islander population would enable greater understandings of how to reduce barriers to accessing services.
2. Research mapping how clients are referred to services, how services are identified for clients and the outcomes of those services requires further investigation to better understand client pathways across all Aboriginal and Torres Strait Islander Victorians.
3. How feelings of cultural safety impact on Aboriginal and Torres Strait Islander engagement with AOD services is vital to the success of clients, including better understandings of those who relapse, or for young people. Further to this line of enquiry is the related issue of how professional staff get trained to ensure cultural safety is not a barrier to clients success rates.

## **CULTURAL APPROPRIATENESS OF AOD PROGRAMS AND SERVICES**

There is need for further evaluations of the cultural appropriateness of AOD programs and services given the literature available notes its centrality to good outcomes for Aboriginal and Torres Strait Islander clients of AOD services.

- Standards that link services with a holistic, cultural and community centered approach require further study.
- Research examining effective cultural safety training for AOD service providers would be useful across the sector.

## **MORE RESEARCH FOCUSING ON MULTI-SYSTEMIC APPROACHES TO AOD TREATMENT FOR ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE**

Research on multi-systematic approaches findings (Gupta et al, 2020) suggests the need for holistic approaches that include families/caregivers, community engagement with mental health promotion, interprofessional collaboration and culturally safe environments.

- Further investigation of whether silos of service provisions impact on or deter self-identification or referrals to rehabilitation and mental health.
- Research examining services that provide a broad spectrum of services related to AOD misuse for Aboriginal and Torres Strait Islander clients would better identify how to 'cluster' services or create stronger referral links between identified programs.

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## Further research

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## Appendices

### APPENDIX 1. DETAILS OF SEARCH STRATEGY USED TO IDENTIFY RELEVANT SYNTHESSES

The search terms used were: (Victoria\* OR Victorian OR Vic OR Victorias) AND (Aboriginal\* OR "indigenous" OR koori\* OR "first nation\*" OR "Torres strait islander\*") AND (AOD OR alcohol\* OR drug OR drugs OR mental\* OR marijuana OR cannabis OR methamphetamine\* OR kava OR opioid\* OR opiate\* OR substance OR heroin OR narcotic\* OR tobacco OR smoking OR "illicit drug\*"). Due to a more limited search capability, the Indigenous HealthInfoNet searches were conducted with the search terms: '(alcohol OR drug) AND Victoria'.

Our literature search, conducted on 14 and 15 September 2021, was undertaken by two people to verify the outcomes. All searches were tracked, documented, and saved. Following the removal of duplicate results, 707 references were located. References were then assessed using inclusion and exclusion criteria. The results from the searches were assessed by >1 reviewer for inclusion. A set of inclusion/exclusion criteria were developed following the PICOS format to ensure the most relevant literature was determined from the searches conducted. A document was included if it fit within the scope of these criteria. Details of the inclusion and exclusion criteria are included at Appendix 1. Duplicate results across the databases were deleted.

After reviewing the abstracts and titles of the references against the inclusion and exclusion criteria we identified a total of 73 articles for further analysis. All citations were saved in Zotero.

We supplemented our research evidence through targeted searches of current policy documents, such as *Balit Murrup: Aboriginal social emotional wellbeing framework 2017-2027* and the reports of the Royal Commission into Victoria's Mental Health System.

The inclusion/exclusion criteria were developed following the PICOS approach to ensure the most relevant literature was determined from the searches conducted.

The inclusion criteria employed for the rapid review were:

- Participants: People aged >12 years old (with a focus on Aboriginal and Torres Strait Islander people). Predominant focus on people living in Victoria but may be expanded if required due to gaps in the literature.
- Interventions: (i.e.) Alcohol and/or other Drug programs and/or services (with a focus on Victorian programs)
- Comparisons: compared to no intervention, another intervention, current practice.
- Outcomes: Including, but not limited to a reduced incidence of AOD use, increased awareness, changes to health-seeking behaviour and/or changes to health risk behaviour, increases in uptake of screening/testing, improved health and/or cultural and/or social outcomes.
- Study types: Systematic reviews and meta-analyses, economic evaluations, grey literature (including unpublished evaluations undertaken by government or non-government organisations).

The exclusion criteria employed were:

- AOD programs/services for non-Indigenous populations outside of Australia
- Literature published prior to 2000
- Studies on children (<12 years)

After reviewing the abstracts and titles of the references against the inclusion and exclusion criteria we identified a total of 74 articles for further analysis. All citations were saved in Zotero.

## APPENDIX 2. AOD SERVICES AND PROGRAMS IN VICTORIA

Location (LGA)	Service/Program Name	Summary of Service/Program	Aboriginal & Torres Strait Islander Specific (service/ program or components)	Current or past
State-wide	Koori Youth Alcohol and Drug Service	Inpatient withdrawal and residential rehabilitation.	Koori youth 15-20 years with an alcohol and or drug dependency	Current
Greater Region of Melbourne				
Melbourne	Uniting - Aboriginal and Metropolitan Ice Partnership	Set up to address the Aboriginal and Torres Strait Islander community needs associated with methamphetamine use.	The partnership between Uniting, The Victorian Aboriginal Health Service (VAHS) and Odyssey House Victoria offers outreach support and better access to a range of AOD treatment services.	Current
Melbourne	Uniting - Wadamba Wilam	Wadamba Wilam (Renew Shelter) provides intensive outreach support to Aboriginal and Torres Strait Islander peoples experiencing homelessness and mental health challenges.	Services delivered through a partnership with Neami National, the Victorian Aboriginal Health Service (VAHS), and the Northern Area Mental Health Service (NAMHS). Support is provided: <ul style="list-style-type: none"> <li>• Mental health</li> <li>• Housing</li> <li>• Physical health</li> <li>• Social and cultural wellbeing</li> </ul>	Current

			<ul style="list-style-type: none"> <li>• Substance use</li> <li>• Employment</li> <li>• Education</li> </ul>	
Melbourne	Uniting - Aboriginal Consultant	Aboriginal Consultant supports our workforce to strengthen cultural understanding and responsiveness, and the development of new treatment services and programs. They support Aboriginal people across our AOD programs and services.		Current
Fitzroy/ Collingwood	Victorian Aboriginal Health Service (VAHS)	Medical and Dental services, Women and Children programs, counselling, community programs and more.	All community with some programs and services only available to Aboriginal and Torres Strait Islander people.	Current
Northcote	Ngwala Willumbong – Koori Community Alcohol and Drug Centre	<ul style="list-style-type: none"> <li>• Sobering Up Program after hrs</li> <li>• Koori Community Alcohol and Other Drug Worker</li> <li>• Outreach Alcohol and Other Drug Support Service</li> <li>• Djambi Tiddas Mentoring Program</li> </ul>		Current
Coburg	Uniting - Aboriginal Alcohol and Drug Services Coburg	Working with people experiencing the effects of alcohol and other drugs (AOD) use, on their path to wellness and recovery.		Current
Thornbury	Aboriginies Advancement League	Family support, neighbourhood house, advocacy, counselling and educational programs, drug and alcohol awareness. Only Aboriginal Funeral Service provider.		Current

Preston	Victorian Aboriginal Community Services Association Ltd – Aboriginal Centre for Males Referral Service	Clients can be referred to culturally friendly services that specialise in DOA	<ul style="list-style-type: none"> <li>• Support the health and well-being of Aboriginal and Torres Strait Islander males &amp; families</li> <li>• Improve access to family violence services for Aboriginal and Torres Strait Islander males in the NWMR</li> <li>• Offer programs that have a prevention and early intervention focus</li> </ul>	Current
Preston	Uniting - Aboriginal Alcohol and Drug Services Preston			Current
Heidelberg	Transition Clinic	<ul style="list-style-type: none"> <li>• For pregnant women with complex needs including chemical dependency and mental health issues</li> <li>• Aboriginal Women and Family Support Unit</li> </ul>		
Richmond	Australian Community Support Organisation	Services target people experiencing issues arising from their use of alcohol and drugs.		
St Kilda	Galiamble Men's Recovery Centre	Galiamble Men's Alcohol and Drug Recover Centre is a 24-hr residential alcohol and rehabilitation centre for men located in St Kilda.	All recovery programs are based on the twelve-step total abstinence model and embrace a holistic treatment approach which recognises the physical, emotional and spiritual needs of Aboriginal people.	Current

St Kilda	Ngwala Willumbong Co-Op Ltd. Galiamble Men's Recovery Centre	<ul style="list-style-type: none"> <li>• Primarily an Aboriginal male service when space is available non Aboriginal men can utilise the service</li> <li>• Health programs</li> <li>• Alcoholics Anonymous and Narcotics Anonymous Services</li> <li>• Anger Management</li> <li>• Family violence</li> </ul>		Current
St Kilda	Ngwala Willumbon Co-Operative	Drug and alcohol services. Residential recovery, Access and Outreach programs. A range of specialist culturally appropriate services for individuals, families and communities.	For Aboriginal community members experience alcohol and drug problems.	Current
St Kilda	Ngwala Willumbon Co-Op LTD – Winja Ulupna Women's Recovery	<ul style="list-style-type: none"> <li>• Koori and Non Koori women</li> <li>• Residential rehabilitation program for women with alcohol and or drug dependency</li> <li>• Services include parenting skills, health, anger management and family violence</li> <li>• Statewide</li> </ul>	<ul style="list-style-type: none"> <li>• Facility can take up to 8 clients at a time</li> <li>• Stay a minimum of 3 months</li> </ul>	Current
St Kilda	Star Health	<ul style="list-style-type: none"> <li>• Mental Health Services</li> <li>• Generalist Health</li> <li>• Generalist Counselling</li> <li>• Drug and Alcohol Counselling</li> </ul>		

		<ul style="list-style-type: none"> <li>• Mobile Health Outreach Service</li> <li>• NSP</li> <li>• Mens Responsibility Program</li> <li>• Family Violence Counselling</li> <li>• Indigenous People: Health and Social Programs.</li> <li>• Our Rainbow Place: A local gathering place for Aboriginal and Torres Strait Islander people to share a meal and social activity.</li> </ul>		
Frankston	Pendap Peninsula Drug and Alcohol Program	<ul style="list-style-type: none"> <li>• Outpatient &amp; Home based withdrawal</li> <li>• Youth Services age 12-21 years</li> <li>• Aged Drug and Alcohol Program</li> <li>• Drink Drive Restoration Project</li> <li>• Post Withdrawal support</li> <li>• Youth Support Accommodation</li> <li>• Koorie Program</li> <li>• Counselling</li> </ul>	Peninsula Health is a consortium member for the Frankston and Mornington Peninsula Drug and Alcohol Services (FaMDAS). FaMDAS are the central intake point for Alcohol and Other Drug (AOD) services across Frankston and the Mornington Peninsula.	Current
Frankston	Peninsula Health Frankston	<ul style="list-style-type: none"> <li>• Homeless Outreach program</li> <li>• Generalist Health Service</li> <li>• Drug and Alcohol Service</li> <li>• NSP</li> <li>• Koori Services</li> </ul>		Current

		<ul style="list-style-type: none"> <li>• Counselling Services</li> <li>• Dental Program</li> <li>• Self Help and Support Programs</li> <li>• Youth outreach</li> <li>• Men's program: exploring non violent solutions</li> </ul>		
Lilydale	Anglicare Victoria Lilydale	Provides homeless help, family counselling, DOA Services, mens and Boys Programs, Family Violence Support, Indigenous Juvenile Justice Program, Koori Mentoring Program		Current
Regional				
Ballarat	Ballarat & District Aboriginal Co-Op Ltd	Provides Drug and Alcohol services including counselling case management and referral for the Koori community and their families who have drug and alcohol issues	<ul style="list-style-type: none"> <li>• DOA service</li> <li>• Medical Clinic</li> <li>• Health program</li> </ul>	Current
Geelong	Chemical Dependency Department in Pregnancy Care	Pregnancy clinic which provides specialist care for women with drug and alcohol and or mental health issues, whilst undergoing regular pregnancy health check-ups.	Note: This is a mainstream service run from Geelong Hospital	Current
Gippsland Lakes	Gippsland Lakes Community Health INC	Generalist Health that includes AOD counselling, Housing support services, Centrelink Rural Services, Koori Juvenile Justice Program.		

Horsham	Goolum Aboriginal Co-Op	Provides substance Abuse Programs, Generalist Health Services, Youth Justice Program, Stolen Generation		Current
Shepparton	Goulburn Valley Comm Health Services	Drug and Alcohol Service, supported accommodation: short term for women with children with drug and alcohol issues, Family Violence Program, Financial Counselling, Gamblers Help, Koori Services: Indigenous families affected by substance misuse, Youth service: Drug and Alcohol, Womens Help, NSP.		Current
Warrnambool	Gunditjamarra Aboriginal Cooperative	<ul style="list-style-type: none"> <li>• Drug and Alcohol Services</li> <li>• Medical Services</li> <li>• Counselling</li> <li>• Health and Community Care</li> </ul>		Current
Lake Tyers	Lake Tyers Health & Children's services	<ul style="list-style-type: none"> <li>• Generalist Health Services</li> <li>• Social and Emotional Support</li> <li>• Aboriginal outreach support for clients with drugs and alcohol issues</li> <li>• Children Day Care</li> <li>• Training Programs</li> </ul>		Current
Mildura	Mildura Aboriginal corporation	<ul style="list-style-type: none"> <li>• Primary Health Care</li> <li>• Family Welfare Services</li> <li>• Housing Services</li> <li>• Respite Care</li> <li>• Mental Health Care</li> <li>• Alcohol and Drug Counsellor</li> </ul>		Current

Murray Valley	Murray Valley Aboriginal Health Services	<ul style="list-style-type: none"> <li>• Aboriginal and Torres Strait Islander health service</li> <li>• Audiological service</li> <li>• Parenting and family support service</li> <li>• Sexual health service</li> <li>• Support group service</li> <li>• Home care support service</li> <li>• Permanent residential aged care service</li> <li>• General practice service</li> </ul>		Current
Toolamba	Ngwala Willumboong Co-Op Yitawudik Mens Recovery Centre	<ul style="list-style-type: none"> <li>• Residential Alcohol Rehabilitation Centre for Aboriginal men over the age of 18 who suffer from alcohol and /or drug dependency</li> <li>• Accommodates up to 8 clients at a time</li> </ul>		Current
Echuca	Njernda Aboriginal Medical Centre	<ul style="list-style-type: none"> <li>• Medical Service for both Indigenous and non-Indigenous people</li> <li>• Alcohol and Drug Unit</li> <li>• Family Support Unit</li> </ul>	<ul style="list-style-type: none"> <li>• Social &amp; Emotional Wellbeing Worker is responsible for the delivery of targeted mental health initiatives to the local Aboriginal Community</li> </ul>	Current
Sale	Ramahyuck Aboriginal Cooperative	<ul style="list-style-type: none"> <li>• Primary Health Services</li> <li>• Alcohol and Drug counselling for Koorie Community</li> <li>• Dental Health</li> </ul>		Current

Shepparton	Rumbalara Aboriginal Co-operative Ltd	<ul style="list-style-type: none"> <li>• Integrated Family Services</li> <li>• Aboriginal in-Home Support Program</li> <li>• Early Intervention and Parenting</li> <li>• Kinship and Care</li> <li>• Aboriginal Family Decision Making Program</li> <li>• Aboriginal Family Preservation Program</li> </ul>		Current
Bairnsdale	Tanderra House Koorie Community A/D Resource Centre	<ul style="list-style-type: none"> <li>• Priority given to the Aboriginal community</li> <li>• Drug and Alcohol rehabilitation service</li> <li>• Support and Counselling</li> </ul>		
Wathaurong Aboriginal Co-op	Geelong	<ul style="list-style-type: none"> <li>• Provides support and health services for the Koorie community</li> <li>• Generalist Health</li> <li>• Dental Service</li> <li>• Alcohol and Drug Counselling</li> </ul>		
Hastings	YSAS – Koori Youth A&D Healing Services	<ul style="list-style-type: none"> <li>• Residential Koori Youth Alcohol and Drug Rehabilitation</li> <li>• Open to all Aboriginal and Torres Strait Islanders throughout Victoria</li> </ul>		
Multi-sited				

Melbourne, Maryknoll, Ballarat	Windana	Windana provides holistic, evidence-based services tailored to each person's unique situation.	<ul style="list-style-type: none"> <li>• Youth Residential Withdrawal Service</li> <li>• Adult Residential Withdrawal service</li> <li>• Therapeutic Community for Adults – Maryknoll</li> <li>• Therapeutic Community for Adults – Ballarat</li> <li>• Non-Residential withdrawal service</li> <li>• Counselling Service</li> <li>• Family Program</li> <li>• Windana Health &amp; Healing</li> </ul>	Current
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### APPENDIX 3. ALCOHOL AND OTHER DRUGS POLICY

	Policy/Legislation	Key Sections
Victorian Government: Aboriginal and Torres Strait Islander specific		
1	Victorian Aboriginal Affairs framework 2018-2023.	Goal 13 Objective 13.1 Increase the cultural safety and responsiveness of services(p.47) Goal 14 Objective 14.1 Improve Aboriginal mental health and social and emotional wellbeing (p.47)
2	Korin Balit Djak: Aboriginal Health, Wellbeing and Safety Strategic Plan. 2017-2027	Policy Context for Strategies Relevant state and Federal policies pp.16-17
3	Balit Murrup: Aboriginal social emotional wellbeing framework 2017-2027, Melbourne, 2017.	Priority focus 3.1: Health and human services are culturally safe (pp.45-47) Strategic direction 4.2.2: Increase access to Aboriginal community-led family violence prevention and support services (p.61) Strategic direction 5.2.1: Invest in primary prevention, early detection, and early intervention to reduce chronic disease and its impacts p.70 Strategic direction 5.2.4: Manage illness better through culturally responsive, connected supports and care (p.73)
4	Burra Lotjpa Dunguludja: Victorian Aboriginal Justice Agreement –	Underlying causes of Aboriginal over-representation (in the legal system) pp. 18-20

	Phase 4, Melbourne, 2018.  Aboriginal Justice Partnership	
4	Wungurilwil Gagapduir: Aboriginal Children and Families Agreement, Melbourne, 2017.	Objective 3: Commit to culturally competent and culturally safe services for staff, children, and families (pp34-37.
5	Aboriginal and Torres Strait Islander cultural safety framework For the Victorian health, human and community services sector.	Overarching Framework
6	Victorian Aboriginal and Local Government Action Plan	Objective F: Enhanced municipal public health planning and delivery to improve health and well-being outcomes for Aboriginal communities p.30
7	Victorian Aboriginal Economic Strategy 2013-2020	Link to the broader Aboriginal Affairs agenda p.10
8	The Victorian Aboriginal Housing and Homelessness Framework	1.2 Establish stable affordable housing as the foundation for breaking cycles of disadvantage and homelessness p.27, p. 67

	The Victorian Aboriginal Housing and Homelessness Framework Overview	
9	Dhek Dja: Safe Our Way : Strong Culture, Strong Peoples, Strong Families	Strategic priorities: pp.33-42
10	Victorian Cultural Responsiveness Framework	Section 3.3 3.4 pp. 11-12
Victorian Government Health and Well-being Policies		
11	Victorian Health Priorities Framework 2012-22	Improving every Victorian's health status and health experiences pp. 50- 54
12	Ending Family Violence Victoria's Plan for Change	Aboriginal-led Prevention p.5 Aboriginal communities p.7 Urgent need for change: At risk groups Culturally appropriate prevention pp. 1-3
13	Victorian Public Health and Wellbeing Plan 2019-2023	Improving Mental well-being p.26 Reducing tobacco related harms p.28 Reducing harmful alcohol and drug use p.29
14	Victoria's 10-year Mental Health Plan.	Higher demand and unmet need p.10 Provide services that fit together as a whole p.20 Understand, respect, and respond to diversity p.21
National Aboriginal and Torres Strait Islander Policy and Planning Documents		

15	NACCHO Investing in Healthy Futures 10-point plan 2013-2030	Health Workforce p.8 Health Infrastructure p.9 Accountability, Reporting, Monitoring and Evaluation p.10
16	Lowitja Policy Brief - Culture Is Key: Towards Cultural Determinants-Driven Health Policy	Overarching principles
17	Lowitja Close the Gap 202 Report: We nurture our culture for our future, and our culture nurtures us.	Recommendations p.6
18	Lowitja Planning, Implementation and Effectiveness in Indigenous Health Reform	Key findings and recommendations pp 1-2
<b>Federal Government Indigenous Specific Policy Documents</b>		
19	National Agreement on Closing the Gap (& Closing the Gap Report 2020)	Priority Reform 2 Building the Community Controlled sector Target 13 Decrease family Violence Target 14 Decrease Indigenous Suicide

	National Aboriginal And Torres Strait Islander Health Plan 2013–2023	Priorities Health Enablers pp. 14-25 Priorities whole of life: Adolescent and Youth Health pp 34 Healthy Adults pp. 36-37
20	National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-2023	Outcome 1.1: An effective and empowered mental health and social and emotional wellbeing workforce p.17 Outcome 1.2: A strong evidence base, including a social and emotional wellbeing and mental health research agenda, under Aboriginal and Torres Strait Islander leadership p.18 Outcome 1.3: Effective partnerships between Primary Health Networks and Aboriginal Community Controlled Health Services p.19
21	Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013-2023	Strategies: 1A-1F pp.10-12
22	Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2016-2026	Understanding the cultural constructs of health pp.6-10
23	Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy	Cultural Safety Strategies and Initiatives p.10
24	Aboriginal and Torres Strait Islander Health	Tobacco use p. 52 Alcohol use p. 53

	Performance Framework Summary Report 2020	
25	National Safety and Quality Health Service Standards User Guide for Aboriginal and Torres Strait Islander Health	Action 1.21 Improving cultural competency pp.22-29
26	National Housing and Homelessness Agreement <a href="https://www.niaa.gov.au/indigenous-affairs/land-and-housing/national-housing-and-homelessness-agreement">https://www.niaa.gov.au/indigenous-affairs/land-and-housing/national-housing-and-homelessness-agreement</a>	Part 2 Objectives, outcomes 15d. Improved housing for Indigenous Australians p. 4
27	Report card for the Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013–2023	Progress on deliverables: youth Tobacco pp.27-28 Areas for further action p.30 Healthy Adult goals pp. 33-34
National		
28	National Framework for Alcohol and Other Drug Treatment 2019-2029	4. Effective Treatment: Culturally responsive Holistic and Coordinated p.12

29	National Drug Strategy 2017-2029	Underpinning strategic principles: priority populations p.2
30	National Men's Health Strategy 2020-2030	Impact of diversity on health pp.17-18 Action area 1.1: Recognise and value the diversity of men and boys living in Australia p.28
31	National Women's Health Strategy 2020-2030	The health of Aboriginal and Torres Strait Islander women and girls p.16 Principle 2 Health Equity between women p.18
32	National Fetal Alcohol Spectrum Disorder Strategic Action Plan 2018-2028	State and Territory Programs p.13 Priority Areas Prevention pp.16-20, support & management pp. 23-26 Priority groups pp. 29-31
33	Fifth National Mental Health and Suicide Prevention Plan	Priority Area 4: Improving Aboriginal and Torres Strait Islander mental health and suicide prevention pp.30-35
34	National Aboriginal and Torres Strait Islander Suicide Prevention Strategy 2021-2031 (May DRAFT)	Indicative equity in funding p.41
<b>State/Territory Aboriginal and Torres Strait Islander Health Plans</b>		
35	NSW Aboriginal Health Plan 2013-2023	Policy context pp.7-8
36	Northern Territory Aboriginal Health Plan 2021-2031	Strategic direction Improving Health Service Delivery to Aboriginal people pp.19-20

37	Northern Territory Health Aboriginal Cultural Security Framework 2016-2026	Priority areas p.24
38	Making Tracks toward closing the gap in health outcomes for Indigenous Queenslanders by 2033	Figure 18: Indigenous Health Outcomes; Tackling smoking p. 54 Transition to adulthood p.54 Health risks p.60
39	Aboriginal Cultural respect In Tasmania's Health Services	Top concerns p.10 Top priorities P.11
40	ACT Aboriginal and Torres Strait Islander Agreement 2019-2028	Overview of policy objectives