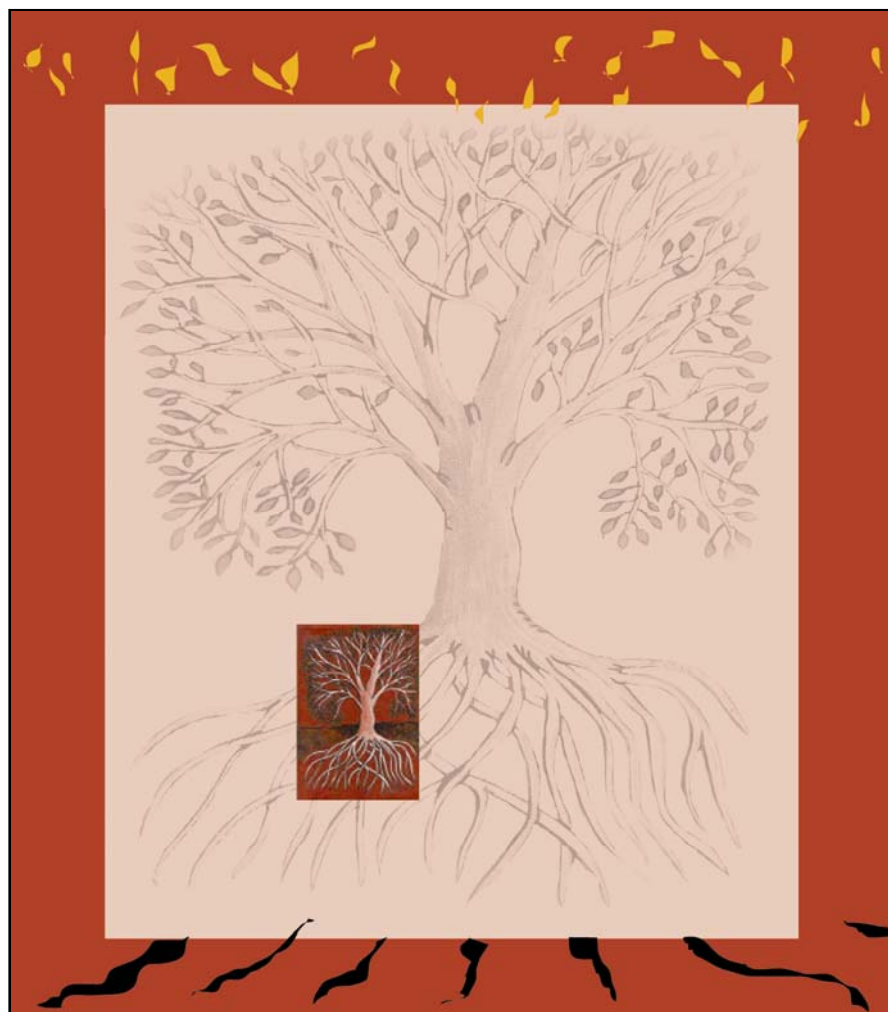

'I NEEDED TO HEAR THIS'

Evaluation of the implementation and impact of 22 recommendations emanating from the report *'I want to be heard': an analysis of needs of Aboriginal and Torres Strait Islander illegal drug users in the ACT and region for treatment and other services*

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Submitted for examination: September 2005

Disseminated: September 2006

This report is also available at

http://nceph.anu.edu.au/Publications/Indig_docs/I_Needed_To_Hear_This.pdf

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Acknowledgements

I would like to thank my supervisor Dr Phyll Dance for her enthusiasm, gentle encouragement, support and friendship throughout this research project. I would also like to thank my co-supervisor Dr Brendan Gibson for much needed advice on the interface between health policy and research. I am grateful to Professor Gabriele Bammer, Ms Jill Guthrie and Mr David McDonald for their comments¹. Finally, I would like to acknowledge the nineteen people who took time out of their busy schedules to be interviewed for this research.

¹ **Addendum 23.8.06**

In keeping with academic requirements, these comments were provided after the report had been examined.

List of abbreviations

ABS	Australian Bureau of Statistics
ACT	Australian Capital Territory
AIHW	Australian Institute of Health and Welfare
ANU	The Australian National University
CEO	Chief Executive Officer
CSMC	Corrective Services Ministers Council
DEST	Department of Education Science and Training
EBM	Evidence Based Medicine
Gugan Gulwan	Gugan Gulwan Aboriginal Youth Corporation
MLA	Member of the Legislative Assembly
NCEPH	National Centre for Epidemiology and Population Health
NHMRC	National Health and Medical Research Council
NGOTP	Non-Government Organisation Treatment Grants Program
Winnunga	Winnunga Nimmityjah Aboriginal Health Service

Interview participants

Throughout this report, comments from interview participants have been included with permission. I have referred to these interviewees by their surname and have included them in alphabetical order according to their position. I have not detailed their position due to word limit requirements. Table 1 presents a list of those quoted within this report and their positions at the time of interview (some positions have changed in the interim), which can be used as a reference.

TABLE 1 Interview participants quoted within this report

Federal Politicians	Position
Ms Ann Corcoran	Federal Member for Isaacs, the Australian Labour Party. Deputy to Ms Julia Gillard, Shadow Minister for Health and Ageing
Ms Annette Ellis	Federal Member for Canberra, Australian Labor Party
Senator Gary Humphries	Senator for the ACT, Australian Liberal Party
Mr Bob McMullan	Federal Member for Fraser, Australian Labor Party
State Politicians	Position
Mrs Jacqui Burke	Shadow Minister for Indigenous Affairs, ACT
Mr Simon Corbell	Minister for Health, Minister for Planning, ACT
Dr Deb Foskey	Member of the Legislative Assembly, ACT Greens Party
Mr Brendan Smyth	Leader of the ACT Liberal Party, ACT Shadow Minister for Health, Ageing, Business and Tourism
Federal Public Servants	Position
Mr Murray Cranston	Advisor to The Honourable Tony Abbot MP, Leader of the House of Representatives, Minister for Health and Ageing
State Public Servants	Position
Mr Noel Bon	Program Manager, Aboriginal and Torres Strait Islander Health ACT Regional Office, Government Department of Health and Ageing
Ms Helene Delany	Manager, Alcohol and Other Drugs Policy, ACT Health
Dr Paul Dugdale	Chief Health Officer, ACT Health
Mr Craig Ritchie	Manager, Aboriginal and Torres Strait Islander Health Unit, ACT Health
Dr Tony Sherbon	CEO, ACT Health
Ms Laurann Yen	General Manager, Community Health, ACT Health
Indigenous Service Providers	Position
Ms Kim Davison	Co-ordinator , Gugan Gulwan Aboriginal Youth Corporation, ACT
Ms Julie Tongs	CEO, Winnunga Nimmityjah Aboriginal Health Service, ACT
Non-Indigenous Service Provider	Position
Dr Mark Doverty	Director of Aboriginal Health, Alcohol and Drug Services, Southern Area Health Service

Abstract

Each year, large volumes of data and research are produced about the health and welfare of Australia's Aboriginal and Torres Strait Islander peoples, including the issue of illicit drug use. From this research, many recommendations are directed to politicians, public servants, mainstream and Aboriginal and Torres Strait Islander service providers. The opportunity to track the outcomes of these recommendations is, however, extremely rare.

This research was a 12 month, cross sectional descriptive study designed to evaluate the impact and implementation of 22 recommendations emanating from the *'I want to be heard': An analysis of needs of Aboriginal and Torres Strait Islander illegal drug users in the ACT and region for treatment and other services* (Dance 2004) report². That research was conducted in response to long-term concerns within the Australian Capital Territory (ACT) Indigenous communities regarding the proportion of Aboriginal and Torres Strait Islander people in the ACT and region who use illegal drugs (Dance 2004).

Nineteen interviews were conducted with relevant stakeholders including Federal and State politicians and public servants and Indigenous and mainstream service providers. Comments and discussions from these interviews revealed that of the 22 recommendations:

- Nine were found to align with pre-existing government initiatives or programs operating through service providers.
- Five were considered to be part of general community policy that was not Indigenous specific. However, pre-existing programs offered by Indigenous specific service providers were found to support these recommendations.
- Five recommendations were not expected to be implemented within the foreseeable future.
- The implementation progress of three recommendations was not established.

The following factors were found to influence the implementation of recommendations:

- The presentation of research reports and recommendations.
- The perspectives of stakeholders.
- Priorities of the general community.

² Henceforth abbreviated to the 'I want to be heard' report.

- The structure of government departments.
- The wider political and policy environment.

This study has impacted positively on the implementation of the 22 recommendations in the 'I want to be heard' report. The research process encouraged stakeholders to engage in discussions surrounding the report and implementing the recommendations.

Furthermore the political interest in the research was increased, with the report and recommendations the subject of a speech by Dr Foskey on 16th August 2005 to the ACT Legislative Assembly which was followed by an Assembly debate (ACT Legislative Assembly 2005). The research presented in this report represents an important step forward not only for the implementation of the 'I want to be heard' recommendations, but also for Aboriginal and Torres Strait Islander health in the ACT and Australia as a whole.

Introduction

This report presents findings from data gathered during interviews concerning the implementation progress of the 'I want to be heard' report recommendations. This follow-up report begins with background information on the population characteristics and extent of illegal drug use amongst Indigenous Australians. Details of the research presented in the 'I want to be heard' report and the aims of this follow-up study are shown. The report then details the methodology used for this research and the results obtained for each of the 'I want to be heard' recommendations. A discussion of the research findings precedes a brief conclusion, before the presentation of eight recommendations for improving the interface between government and research. The words 'I needed to hear this', which form the first part of the title of this report³, were expressed by one interviewee but embody the remarks of many.

According to the 2001 census, the experimental estimated resident Aboriginal and Torres Strait Islander population of Australia was 458,500, or 2.4 per cent of the total population⁴ (ABS 2003). This figure is predicted to increase to approximately 470,000 in 2006, based on current birth and mortality rates (ABS 2003). In the ACT, approximately 1.2 per cent of the total population, or 3909 people, define themselves as Aboriginal and/or Torres Strait Islander (ABS 2003; ABS 2003). However, community estimates place this figure at around 5000 (Dance 2004). The Indigenous population of the ACT is considered to be "highly mobile" (McConnell, 1998). In addition, the majority of Indigenous people live in inner and outer regional areas (ABS 2003). Given these considerations, the region surrounding the ACT must also be considered in population estimates. Although this can be difficult to define, the population of Aboriginal and Torres Strait Islander people in the larger Southern Area Health Service catchment area, was in 2004, thought to be 4217 (Dance 2004). Furthermore, the ACT is nestled within New South Wales which has the highest

³ This report, entitled '*I needed to hear this*': *Evaluation of the implementation and impact of 22 recommendations emanating from the report 'I want to be heard': an analysis of needs of Aboriginal and Torres Strait Islander illegal drug users in the ACT and region for treatment and other services*, will be henceforth abbreviated to the 'I needed to hear this' report.

⁴ Of this population estimate six per cent comprised people who identified as Torres Strait Islander and four per cent as both Aboriginal and Torres Strait Islander.

population of Aboriginal and Torres Strait Islander peoples in Australia (ABS 2003). Therefore, the population of Indigenous peoples within the ACT and region is estimated to be substantially greater than 5000.

Illegal drug use amongst Aboriginal and Torres Strait Islander peoples

Although evidence suggests that larger proportions of Aboriginal and Torres Strait Islander people use illegal drugs compared to other Australians (AIHW 1994; Summerill 2000; AIHW 2003), it is important to note that only a minority of Aboriginal and Torres Strait Islander people do use illegal drugs (Davis 1998; Dance 2004). Furthermore, for both Indigenous peoples and other Australians, it is the legal drugs rather than illegal drugs which cause most drug related morbidity and mortality (AIHW 2002).

Although obtaining accurate total estimations of the numbers of illegal drug users, or the types of drugs they use is difficult, as many as 500 Aboriginal and Torres Strait Islander people are estimated to be using illegal drugs in the ACT and region (Dance 2004). This is estimated to constitute around 10-20 per cent of the Aboriginal and Torres Strait Islander population in the ACT and region. This level of drug use has concerned Indigenous communities within the ACT for some time (Dance 2000). These concerns relate not only to the impacts on the users themselves, but also on their families and communities as a whole. Community leaders have highlighted areas of unmet need in prevention of drug use including the upstream social determinants of health, early intervention and treatment. Similar concerns have been expressed across Australia (Holly 2001). In response to community concerns and a growing body of research evidence, the National Health and Medical Research Council (NHMRC) (under the National Illicit Drugs Strategy) funded the research presented in the 'I want to be heard' report (Dance 2004).

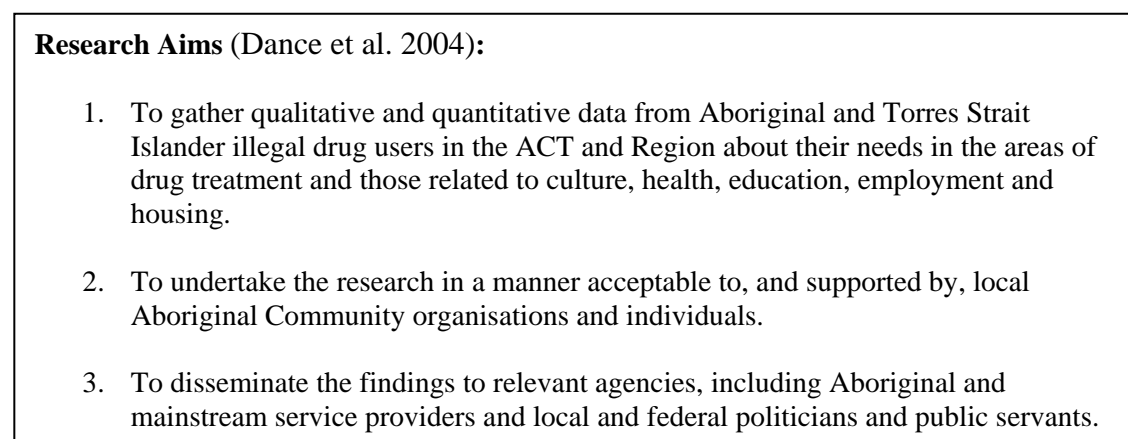
The 'I want to be heard' report

The research behind the 'I want to be heard' report was conducted over a three year period from 2001 to 2004. It was a collaborative enterprise between the National Centre for Epidemiology and Population Health (NCEPH) at The Australian National

University (ANU) and Winnunga Nimmityjah Aboriginal Health Service⁵. This research aimed to identify specific factors that contributed to illegal drug use in the community and outline strategies to improve the health status of the local Indigenous population. The report presents findings from both qualitative and quantitative data emanating from interviews with 95 Aboriginal and Torres Strait Islander illegal users in the ACT and region.

The research team was composed of staff members from both Winnunga and NCEPH who were supported by a broadly-based Reference Group (Appendix 1). This included elders of the Ngunnawal Community, the traditional owners of much of the Canberra region. The specific aims of the research are shown in Figure 1.

FIGURE 1 Aims of the research presented in the ‘I want to be heard’ report



A structured questionnaire was used to collect quantitative and qualitative data on sociodemographics, culture, drug use behaviours, needle using behaviours, general health, sexual behaviour and criminal histories. Information was also gathered on needs relating to culture, treatment, education, employment and health. Participants were provided with education, information and referrals to appropriate services.

Data collected from these interviews were used to formulate 22 recommendations which respond to the treatment needs of drug users and addressed many upstream social determinants of health (Appendix 2). The ‘I want to be heard’ report and its recommendations have been disseminated online, distributed to relevant Federal and

⁵ Henceforth referred to as Winnunga.

ACT politicians, public servants and to local mainstream and Indigenous specific service providers. The report has also been synthesised into an engaging community booklet available to members of the Indigenous community (2 Pac et al. 2005).

General comments on the Impact and Implementation of Research

Research into evidence based policy making and ways of implementing research has previously identified that disseminating research recommendations by itself fails to effectively change outcomes (Ziguras 1997; Woolf 2000). These findings, along with the recent emphasis on the importance and benefits of Evidence Based Medicine (EBM), have fuelled discussions surrounding the ideals of evidence based health policy (Lin 2003). Within this context, the challenges faced by the relationships between health policy makers and health researchers are important areas of focus (Lin 2003). Too commonly, research outlining areas of health need is simply published and distributed to government and service providers. The diverse perspectives of stakeholders and the impacts of ongoing public policy and funding commitments are, however, rarely considered (Scheffler 2002). Furthermore, analysis into the impact, implementation and effectiveness of research recommendations is infrequently part of the research process. The importance of this process is highlighted by studies evaluating public health programs which identify barriers to implementation and ways to improve impact, implementation and effectiveness (Kahn 2002; Hendricks 2003). In light of this evidence and out of respect for those whose testimonies contributed to the development of the 22 recommendations presented in the 'I want to be heard' report, this study was designed to investigate the impact and implementation of these recommendations.

Research Aims

The specific purposes of my research were:

- 1) To obtain information on the current stage of implementation of each of the 22 recommendations according to Federal and State politicians and public servants and mainstream and Indigenous service providers.
- 2) To identify recommendations that align with existing government initiatives or programs operating through service providers.

- 3) To identify recommendations considered to be part of general community policy and those which are specific to the needs of Aboriginal and Torres Strait Islander peoples.
- 4) To identify recommendations which are not expected to be implemented within the foreseeable future
- 5) To assess where recommendations were supported, not supported or not relevant to each interviewee.
- 6) To investigate the general impact of the report on those interviewed.
- 7) To identify the major factors influencing implementation of recommendations.
- 8) To investigate strategies to improve the implementation of research through government policy and ways to improve the relationship between research and policy decisions.

Process and Methods

The Research Framework

This was a cross-sectional descriptive study designed to assess the impact and implementation of 22 recommendations emanating from the 'I want to be heard' report. Data were collected through interviews with politicians, public servants and service providers. As the time line depicted in Figure 2 shows, this study commenced in August 2004 (which was two months after the June 2004 launch of the 'I want to be heard' report) with a six month background research and ethics approval phase. A recruitment and interview phase then commenced in February 2005 (8 months after the launch of the 'I want to be heard' report). The interview phase lasted five months and was completed in July 2005 (13 months after the launch of the 'I want to be heard' report). This was followed by an iteration phase (described fully below) which was completed in September 2005.

Ethical Considerations

The research was conducted according to the *Values and Ethics: Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research* (NHMRC 2003) and the *National Statement on Ethical Conduct in Research Involving Humans* (NHMRC 1999). Ethics approval was gained from the ANU Human Research Ethics Committee.

The key ethical implications of the study related to the confidentiality of comments made during interviews. Informed consent for participation in the research was gained at the beginning of the interview using the 'Information Sheet/Consent Form' (Appendix 3). Interviewees were given sufficient time to read the content of this form, followed by a verbal explanation. They were then asked to sign the declaration at the bottom of the form.

The Iteration Process

In keeping with key ethical considerations, interviewees were provided with a penultimate copy of their comments used in this report. Approval was achieved through designing a simple form for each comment, enabling an interviewee to quickly read their comment and the context in which it was to be presented (Appendix 4). The form contained a designated space for interviewees to amend any comments. A declaration was placed at the bottom of each form to confirm the interviewee's approval of the comment according to their specifications (if relevant), or non-approval of the comment. Interviewees were sent from one to eight comments via express post, along with a copy of the 'I want to be heard' report recommendations and a self-addressed express post envelope. Follow-up phone calls were made to those who had not returned their comments by the due date. This process enabled an ethical, simple and quick iteration method. The iteration phase continued for seven weeks (from the end of July to early September). In all, nine interviewees made amendments or detailed specifications under which their comments could be used.

Recruitment

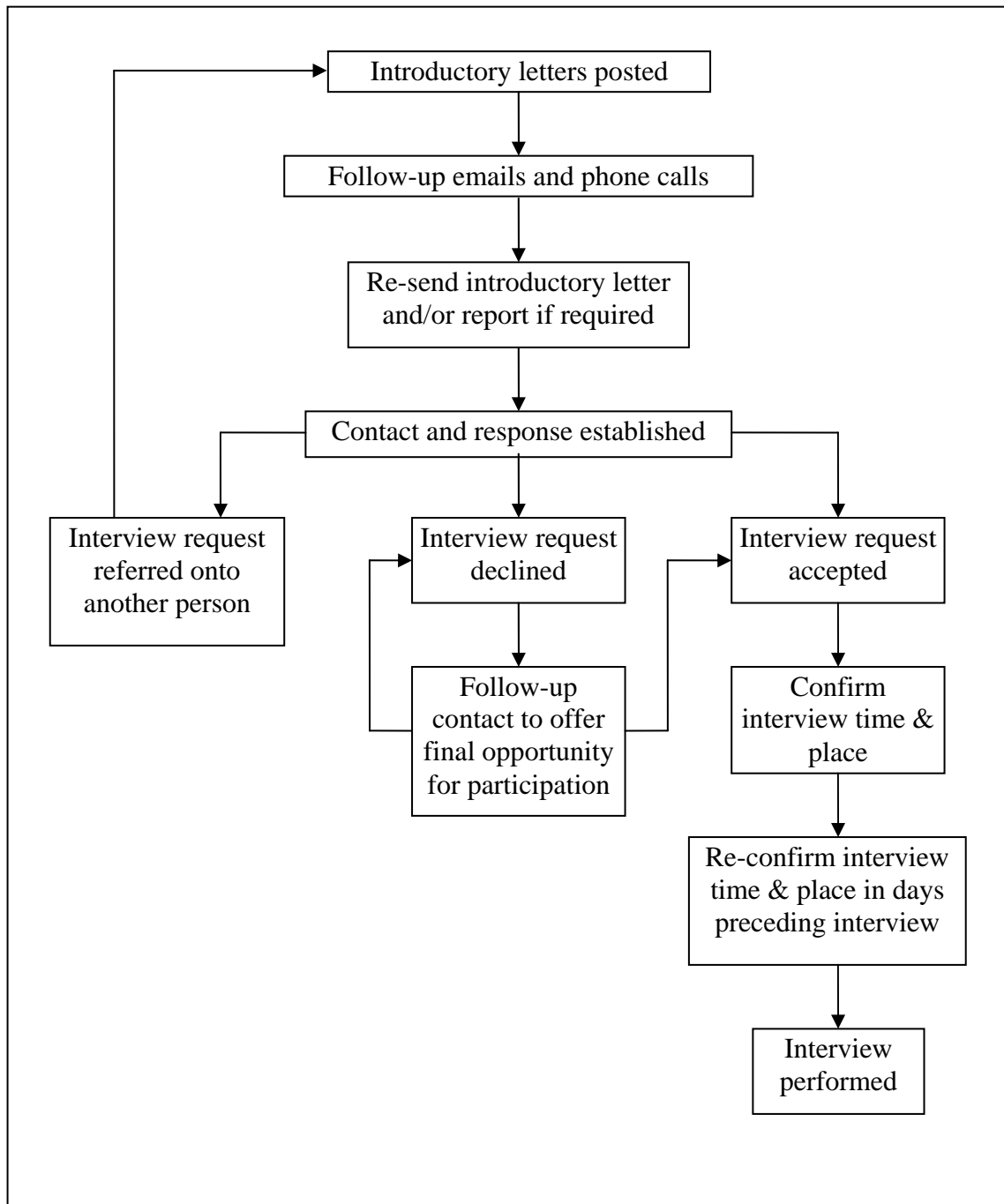
The research interviews aimed to gather data on the current implementation and impact of the 'I want to be heard' report at the levels of policy decision, development and implementation. To achieve this, a list was generated of relevant stakeholders from across the political spectrum, relevant members of the public service and local Indigenous and mainstream service providers. Initially, 24 names were on this list. Three of these people referred the interview request on to another relevant colleague. Thus a total of twenty seven people were contacted to take part in this research.

Figure 3 depicts the methodology of the recruitment and interview phase for this study. As shown, first contact was made through mail via an 'Introductory Letter' (Appendix 5), along with a copy of the 'I want to be heard' report if it had not been received previously. Follow-up phone calls and email were then used to establish a response to the interview request. In the case of a negative response, the person was contacted before the close of research and offered a final opportunity to be involved. A time line of the recruitment process for each person contacted is presented in Figure 4. This illustrates that the average time to complete the recruitment process for each person was 8.5 weeks (range 3 to 24 weeks)⁶. During this process, 19 people (70%) required the introductory information to be resent. Six these people (32%) people required this information to be resent more than once.

In summary, of the 27 people contacted, 19 were interviewed, three referred the interview on to a relevant colleague, four refused due to various reasons and one person was unable to process the interview request within the six month period.

⁶ This figure of 8.5 weeks includes the time taken to follow-up an initial negative response, but excludes the one person who did not establish a confirmed response to the interview request.

FIGURE 3 Methodology of the recruitment and interview phase to assess the impact and implementation of 22 recommendations emanating from the ‘I want to be heard’ report



The Interviews

In the days before each interview, the interviewee or someone at their office was contacted to confirm the meeting arrangements (Figure 3). In three cases, this revealed a miscommunication about these arrangements and enabled a solution to be found.

The interviews took place at locations convenient for each interviewee, most commonly their office. The data collection was based on general theme lists tailored to the position/role of the interviewee (Appendix 6). Average interview time was 30 minutes (range 20-70 minutes). Permission to audiotape the interview was gained during the consent procedure. Only one interviewee chose not to have their interview audiotaped. Notes were also taken throughout all interviews. An interview transcript was offered to each interviewee but only two people wanted this.

Each interviewee was presented with a copy of the 'I want to be heard' report recommendations during the interview. This was found to be useful in facilitating discussion on each recommendation.

Informing the Community, Service Providers and Stakeholders

As determined during the consent process (Appendix 3), all 19 interviewees will be sent a copy of this report. Approval for further dissemination will be obtained from interviewees before the report is released to members of the public, or the results are presented in conferences and peer review publications.

Results

Recommendations

Table 2 shows the response of interviewees to each recommendation, summarised as either supporting, not supporting, not relevant to the interviewee or no comment made. For each of the 'I want to be heard' recommendations (Appendix 2), the major opinions, comments and relevant initiatives expressed during interviews are presented below. Please refer to Table 1 (at the beginning of this document) for the position held by each interviewee quoted.

Recommendation 1: Cultural education and development

All interviewees said that cultural education and development was an essential and central issue to the health and wellbeing of Aboriginal and Torres Strait Islander peoples. The implementation of this recommendation was seen as a priority area by the majority. Mr Ritchie stated that this recommendation has been directly considered in the development of the ACT Aboriginal and Torres Strait Islander Health and Wellbeing Plan which is currently in draft stage and is expected to enter its implementation phase in 2006⁷. Ms Delany said that:

The ACT Alcohol, Tobacco and Other Drug Strategy 2004-2008 includes a range of actions to address the needs of Aboriginal and Torres Strait Islander people. The Strategy, however, recognises the value of further work to comprehensively address the needs in this area. This is expected to occur through the development and implementation of the ACT Aboriginal and Torres Strait Islander Health and Wellbeing Plan.

Furthermore, Mr Ritchie stated that this recommendation and the 'I want to be heard' report have been considered in the design of an Aboriginal and Torres Strait Islander treatment centre for the ACT called 'the bush healing farm'⁸.

⁷ **Addendum 23.8.06**

The ACT Aboriginal and Torres Strait Islander Health and Family Wellbeing Plan 2006-22 was released in 2006 (ACT Government 2006).

⁸ **Addendum 23.8.06**

The establishment of an Indigenous 'drug and alcohol rehabilitation centre (bush healing farm)' is one of the strategies in *The ACT Aboriginal and Torres Strait Islander Health and Family Wellbeing Plan 2006-22* (ACT Government 2006:14).

TABLE 2 Summary of the response of interviewees to each recommendation

Recommendation	No ^a	Supporting Recommendation		Not supporting Recommendation		Recommendation not relevant to position		No comment	
		n	%	n	%	n	%	n.	%
Cultural education and development	1	19	100	0	0	0	0	0	0
Establishment of an Aboriginal residential treatment centre	2	12	63	0	0	7	37	0	0
Establishment of an Aboriginal Halfway House	3	10	53	1	5	4	21	4	21
Aboriginal involvement in service development and delivery	4	19	100	0	0	0	0	0	0
	5	19	100	0	0	0	0	0	0
	6	19	100	0	0	0	0	0	0
School education	7	10	53	0	0	9	47	0	0
Employment	8	11	58	0	0	8	42	0	0
Funding of Aboriginal alcohol and other drug services	9	15 ^b	79	6 ^b	31	4	21	0	0
Outreach services	10	15	79	1	5	3	16	0	0
Drug-specific recommendations	11	8	42	0	0	11	58	0	0
	12	4	21	0	0	5	26	10	53
Treatment issues	13	5	26	1	5	9	47	4	21
	14	12	63	1	5	6	31	0	0
Meeting multiple needs	15	19	100	0	0	0	0	0	0
The information and education needs of current users	16	14	74	0	0	2	11	3	16
	17	19	100	0	0	0	0	0	0
Other needs	18	6	32	0	0	0	0	13	68
	19	3	16	0	0	16	84	0	0
	20	14	74	0	0	5	26	0	0
	21	8	42	0	0	0	0	11	58
Evaluation	22	19	100	0	0	0	0	0	0

^a 'I want to be heard' recommendation number. Please refer to Appendix 2 for a full list of the recommendations.

^b Of the 15 people who generally supported this recommendation, six also commented that it was too general for implementation.

The establishment of this treatment centre is subject to funding availability. At a service-provider level, various programs already exist to provide cultural education and development; however this recommendation supports advocacy funding applications to expand these programs. Examples of supporting comments include those expressed by Mr Smyth: ‘This is a main problem area, other problems flow from here’. Similarly, Mrs Burke said: ‘This recommendation resonates with me; I personally began thinking more about this as a result of reading the report’.

Recommendation 2: Establishment of an Aboriginal residential treatment centre

Of the nineteen people interviewed, twelve supported the establishment of an Aboriginal residential treatment centre. Most of these supporting comments were of a general nature, for example: ‘the unique needs of Indigenous peoples who are being treated for drug related problems must be recognised through this type of initiative’. The remaining seven people stated that the recommendation was not relevant to their position. Additional comments made concerning this recommendation from service-providers, politicians and public servants mainly related to the need for this treatment centre to accommodate the fact that some Aboriginal and Torres Strait Islander peoples are quite mobile (McConnell, 1998). In consideration of this several participants expressed the view that a treatment centre should be established on a regional basis. Mr Cranston explained that this recommendation does align with current Commonwealth policy through the Non-Government Organisation Treatment Grants Program (NGOTGP)⁹, which provides funding to various state treatment centres such as The Ted Noffs Foundation in the ACT¹⁰ and Banyan House in the Northern

⁹ Mr Cranston stated: ‘Since 1998 the Australian Government has allocated more than \$1 billion to the National Illicit Drugs Strategy ‘Tough on Drugs’. The Strategy includes a balanced package of measures aimed at law enforcement, education, treatment and research. The Non Government Organisation Treatment Grants Program (NOTGP) is an important component of this Strategy, The funding aims to strengthen the capacity of Non-Government organisations to achieve improved service outcomes and to increase the number of treatment places available. Since 1998, the Government has allocated more than \$124 million for treatment services nationally to a range of treatment types including outreach support, counselling, inpatient and outpatient detoxification and medium to long term rehabilitation. Currently 22 Indigenous services receive a total of over \$7.5 million’.

¹⁰ The Ted Noffs Foundation (henceforth abbreviated to Ted Noffs) provides essential services for young people and their families who are experiencing drug and alcohol problems and related trauma. Ted Noffs operates in New South Wales and the ACT.

Territory¹¹. In the ACT, the implementation of this recommendation is planned to occur through the establishment of ‘the bush healing farm’.

The ACT Health Minister, Mr Corbell made the following comment on the purpose of ‘the bush healing farm’ in a press release in 2004:

This farm could target improved health outcomes for Aboriginals and Torres Strait Islanders by developing the most culturally appropriate prevention, education, rehabilitation and outreach programs to address drug and alcohol abuse within these local communities (ACT Government 2004).

Recommendation 3: Establishment of an Aboriginal Halfway House

Ten interviewees supported the establishment of an Aboriginal Halfway House. Of these, many made similar comments to those made by Ms Tongs (also an author of the ‘I want to be heard’ report): ‘In the absence of a healing farm, there needs to be interim services provided which would include the establishment of a Halfway House’. Four interviewees indicated that implementation is not a priority at this time. Mr Ritchie, for example, said: ‘This may be considered after establishment of treatment centres such as ‘the bush healing farm’’. This recommendation was not supported by one interviewee. Reasons for lack of support were discussed by Dr Dugdale: ‘The client base may not be large enough to justify setting up a Halfway House or increasing size and number of residential treatment centres. I have concerns about staffing and recruitment’.

Recommendations 4, 5, 6: Aboriginal involvement in service development and delivery

All interviewees supported Recommendations 4, 5 and 6 (Appendix 2) relating to Aboriginal involvement in service development and delivery. These recommendations were generally seen as an important area for future policy development and implementation. The majority of interviewees expressed a similar view to the one held by Dr Foskey who said: ‘We must involve Indigenous people in decisions of direction’. Some interviewees commented more specifically on the issue of Aboriginal

¹¹ On August 29, 2003, the Prime Minister announced funding allocations to a range of Indigenous treatment services, including \$411,553 to Banyan House in the Northern Territory. This funding was part of \$6.1 million allocated under Stage 1 of the Non Government Organisation Treatment Grants Program (part of the National Illicit Drugs Strategy).

involvement in service delivery. Mr Bon, for example, mentioned that the pool of Indigenous staff available, with the qualifications and education standards required to fill these types of positions, is small.

These recommendations align with current Commonwealth strategies, including the Indigenous Employment Strategy. ACT strategies which align with these recommendations were discussed by Ms Delany:

In the ACT, workforce development and cultural awareness training issues are expected to be addressed within the context of the Aboriginal and Torres Strait Islander Health and Wellbeing Plan. In terms of service mix, the Aboriginal community is represented on ACT Health's Alcohol, Tobacco and Other Drugs Strategy Implementation and Evaluation Group. The group is made up of a range of both government and community organisations and has a key role in terms of advertising ACT Health on changing needs and the relative effectiveness of service options.

In discussions surrounding these recommendations, Dr Doverty commented on the NSW Government's Aboriginal Health Impact Statement, which recognises the importance of Aboriginal involvement in service development and delivery. This statement describes initiatives to re-orient mainstream services, needs and interests in respect to the Indigenous community through ongoing consultation and negotiation. This long term view provides an exciting benchmark for other Australian State and Territory Governments, including the ACT Government.

Recommendation 7: School education

Ten people supported the call for increased efforts to identify Aboriginal and Torres Strait Islander school students who are failing to achieve their potential and assist them to overcome barriers to educational success. Several of these people believed that more work needs to be done in this area and outlined the essential role school education plays in physical and mental health. The remaining nine interviewees felt that this recommendation was not relevant to their position. A comment of a somewhat different nature was voiced by Dr Doverty who discussed expanding this recommendation to highlight the importance of screening for otitis media among Indigenous children:

A lot of young Aboriginal kids unfortunately have learning problems relating to hearing deficiencies, such as otitis media, [which] are often very simple to fix. This maximises learning outcomes.

In the ACT, the Department of Education Science and Training manage the majority of funding and interventions targeted towards the education needs of Indigenous children, such as those detailed in the most recent 'Service to Indigenous People Action Plan' (DEST 2004) and the 'Indigenous Literacy and Numeracy Consultant Program' (DEST 2004). Indigenous service providers suggested a range of programs and strategies already provided which were pertinent to this recommendation. For example, Ms Davison talked about the 'Numeracy and Literacy Program' and 'Boys Program',¹² operating through Gugan Gulwan Aboriginal Youth Corporation¹³. This recommendation provides important support for funding applications to expand these types of services.

Recommendation 8: Employment

Eleven interviewees supported the need for funding and training of case managers for unemployed Aboriginal and Torres Strait Islander people to address the particular barriers to work training and employment they often face. The remaining eight people felt that this recommendation was not relevant to their position. The majority of comments related to the need for increased employment opportunities, incentives for both employer and employee, and opportunities for vocational training for school aged people. This recommendation aligns with current Commonwealth and state initiatives aimed at improving employment status of all Australians. Ms Delany commented on ACT funding provisions:

In the 2004-2005 budget, \$416 million was allocated over 4 years to strengthen and improve case management services in the ACT. Although this funding is for services for the general population, consideration is expected to be given to addressing barriers experienced by Aboriginal and Torres Strait Islander people (with a history of alcohol and drug problems) entering work training and employment.

¹² The "Boys Program" aims to assist the educational needs of at risk young Indigenous males.

¹³ Henceforth referred to as Gugan Gulwan.

Recommendation 9: Funding of Aboriginal alcohol and other drug services

Although fifteen interviewees generally supported the call for increased funding to Indigenous specific alcohol and other drug services, six of these people believed that this recommendation was too general and therefore difficult to implement. For example, Mr McMullan stated that: ‘This is an important point but the recommendation is too general’. Similarly, Senator Humphries said that the non-specific nature of the recommendation ‘is a perfect opportunity to buck pass that issue’. Discussions with Mr Corbell raised some important additional issues:

I know that we could and should spend more money there but that does not address the realities of trying to manage, at a government level, budgets [and] portfolios. [Researchers] should also [discuss the fact that] existing programs are achieving these outcomes, or not achieving these outcomes and if you were to restructure these programs to deliver services, we get a better health outcome. It may cost a little more money overall but we are getting a much better outcome.

Although analysis of Commonwealth expenditure on Indigenous health services indicates an increasing trend (Gardiner-Garden 2004), with a recent twelve million dollar boost to the NGOTGP in the 2004-2005 budget, this recommendation highlights the magnitude of need within the area of Aboriginal alcohol and other drug services.

Recommendation 10: Outreach services

Fifteen interviewees supported the need for an increased range and amount of outreach services. Three people felt that this recommendation was not relevant to their position and one did not support this due to concerns about sufficient numbers of Aboriginal and Torres Strait Islander peoples in the region to justify these services. Comments in support of this recommendation are generally reflected in those made by Dr Doverty who highlighted the importance of ‘bringing communities into [contact] with services, doctors, nurses [and] psychologists’. Others also commented on the nature of these services, such as Ms Ellis: ‘These solutions must be cross-cultural and long term. We must also improve mainstream services’. Senator Humphries discussed how this recommendation falls within his personal interests:

This recommendation is useful from my point of view. I'm interested, as a federal politician, in the splitting up of services between agencies and departments [and] the way that the dysfunction of that has not assisted people in getting the services they need when they need it. [Recommendation 10] is useful for me to be able to take to [my colleagues] and say that we need to break down those barriers.

This recommendation does align with current Commonwealth Government policy. Mr Cranston stated:

There is currently an organisation funded under the Non Government Organisation Treatment Grants Program (NGOTGP) in the ACT to provide outreach services. The Ted Noffs Foundation has been provided with \$391,361 over 2 years. This project is for the provision of a community outreach service and an agency based out client service. These services are linked into the current Ted Noffs day program to increase access to a continuum of integrated treatment services for young people.

Ms Delany commented on how this recommendation aligns with current policy priorities in the ACT:

Funding for four new outreach positions to work with Aboriginal and Torres Strait Islander people was allocated in 2004/2005. \$179,000 was allocated to two positions for detoxification outreach support workers and \$140,000 was allocated for two co-morbidity outreach support worker positions to work with those with both mental and substance abuse problems.

Currently, service-providers offer a range of outreach services. Ms Davison mentioned the Friday night 'Street Beat' operating through Gugan Gulwan and Ms Tongs discussed a range of mental and physical health programs operating through Winnunga. Many interviewees indicated that this recommendation supports the important holistic model of healthcare and suggested that improving mainstream services is an important part of efficiently providing outreach services. Most highlighted the many opportunities for growth in this area.

Recommendation 11 and 12: Drug-specific recommendations

Eight interviewees supported the need for Indigenous-specific tobacco smoking quit programs; with eleven stating that this was not relevant to their position. Many supporting comments were similar to the view of Ms Ellis: ‘The quit programs are something that we can really do a lot more about’. Although quit campaigns and initiatives are funded through both the Commonwealth Government and the State Governments, this funding is related to quit campaigns for the general population rather than specifically for the Aboriginal and Torres Strait Islander population. Mr Cranston stated: ‘In the recent Federal Budget the Commonwealth allocated \$25 million to an anti smoking campaign aimed specifically at our youth, including Indigenous youth’. Ms Delany discussed that in the ACT \$61,095 has been allocated to smoking cessation within disadvantaged community groups, including the Indigenous community. The allocation of funding to general community quit programs through other departments or organisations was the main reason for interviewees to state that this recommendation was not relevant/appropriate to their position. At the Indigenous specific health service provider level, Ms Tongs mentioned that Winnunga has a ‘No More Bundah¹⁴’ program, which is specifically tailored to assist Indigenous peoples to quit smoking.

Recommendation 12 concerning the scheduling of the compound analgesic Mersyndol was supported by only four interviewees, with ten making no comment on this recommendation. The majority of these interviewees felt their level of knowledge in this area was not sufficient to enable them to formulate an opinion. This view was expressed by interviewees who had read the relevant section of the report, as well as those who had not. Five interviewees felt that this recommendation could be better addressed by other people with more experience in the area. Some interviewees made similar comments to that of Mr Cranston:

Any decisions on this matter would need to go before the Therapeutic Goods Administration’s National Drugs and Poisons Schedule Committee which has representatives from both the State and Federal Governments.

¹⁴ In Wiradjuri language (the Wiradjuri people are a New South Wales language group), the word “Bundah” refers to tobacco smoking.

Recommendations 13 and 14: Treatment issues

Recommendation 13, discussing the importance of educating community members about the benefits of methadone, was supported by five interviewees. Nine interviewees stated that this recommendation was not relevant to their position, however the main reason for stating this was difficult to establish as most comments were non-specific. Four interviewees commented that research and discussions in this area are continuing, for example Dr Sherbon: 'We are working with community leaders on this issue'. Some interviewees discussed problems with implementing this recommendation, commenting on issues similar to those raised by Mr Bon: 'This is a grey area where Commonwealth policy is targeted at prevention of drug use rather than treatment after the fact'.

Recommendation 14 calls for governments to increase the size and number of residential drug treatment centres which cater for Aboriginal and Torres Strait Islander drug users, in order to reduce long waiting periods. This was supported by twelve interviewees; with six stating that this recommendation was not relevant to their position (mainly due to their lack of involvement in current residential drug treatment centres) and one not supporting the recommendation. Many of the supporting comments were similar to those of Mr McMullan, who discussed the importance of supporting and expanding services which are equipped to address the unique needs of the Indigenous population. Ms Davison supported the recommendation but added that greater flexibility is required in designing these types of programs. Many interviewees highlighted that current government directions support this recommendation. However, Mr Bon outlined that this tends to be a 'grey area and may be difficult to implement as it is unclear where responsibilities lie'. Reasons for lack of support for this recommendation were the same as for Recommendation 3 relating to concerns about staffing and recruitment.

Recommendation 15: Meeting multiple needs

All interviewees supported the need for holistic care, with many choosing to embellish their comments. Politicians and public servants of the Commonwealth Government held a similar view to Mr Cranston who stated: 'The Commonwealth Government acknowledges the importance of this recommendation'. This view was also reflected in comments by ACT politicians and public servants many of whom stated that current

policy and program developments are being directed towards holistic care. Mr Bon believed that: ‘movement in this direction is slow for large bureaucracies such as Commonwealth departments, but it is moving’. A strong commitment to providing holistic care was highlighted by representatives of the Aboriginal and Torres Strait Islander service providers. Ms Tongs commented that:

Winnunga provides holistic health care which includes looking for people who are at risk [such as] drug and alcohol clients, mental health clients [and] pregnant women. Mainstream services are more “body parts” focused.

Ms Tongs and Ms Davison also mentioned that the delivery of holistic care is challenging due to the funding structures and reporting systems required of the organisations.

Recommendation 16 and 17: The information and education needs of current users

Fourteen interviewees supported Recommendation 16 related to training of peer educators to undertake overdose prevention education. Two people indicated that this recommendation was not relevant to their position and three made no comment. Many interviewees commented that this aligns with more general Commonwealth Government and ACT Government initiatives for community peer support groups. However, these are not specific for Aboriginal and Torres Strait Islander peoples.

Recommendation 17 calling for increased efforts to be made to address the hepatitis C epidemic in injecting drug users, was supported by all interviewees and was generally seen as a major area of concern. Most comments were similar to that expressed by Mr Corbell:

Hep C’ is a major health issue in both Indigenous and non Indigenous communities and we really need to act to prevent long-term implications for our health system and our community. All of the recommendations are a priority but if there is one that stood out [to me] it is the need to address the hep’ C epidemic.

Current initiatives targeted towards combating the hepatitis C epidemic in injecting drug users include a number of specific plans at both the Commonwealth and State level. Mr Cranston discussed initiatives at the Commonwealth level:

In the 2003-2004 Federal budget \$15.9 million was allocated over 4 years for a hepatitis C education and prevention initiative. \$8.8 million of this funding is provided to the States [and] Territories who use some of this funding to provide education and prevention activities around hepatitis C to Aboriginal and Torres Strait Islander people. The Office of Aboriginal and Torres Strait Islander Health currently provides \$8.6 million to the States and Territories for specific sexual health and bloodborne virus (including hepatitis C) activities. Most of this funding goes directly to Aboriginal community controlled medical services to address sexual health and bloodborne virus issues.

Ms Delany gave an example of strategies operating in the ACT:

Four needle and syringe machines have been recently installed outside community health centres. The machines have been located in Tuggeranong, Phillip, Civic and Belconnen, with discussions continuing in relation to the instalment of a machine in Narrabundah.

Six interviewees held the view that education strategies targeting hepatitis C, including peer education, must be improved. For example, Ms Davison who said: 'More education is required for young people concerning hepatitis C, drug use and relationships. Parents and Elders must also be included in this ... community education is essential'.

Recommendations 18 and 19: Other needs

Recommendation 18 calls for increased attention to, and resourcing of, prevention strategies for drug-related harm. The implementation of this recommendation was supported by six interviewees who made similar statements to that of Ms Yen: 'This area needs more attention'. Thirteen interviewees did not comment on this recommendation for reasons which were not elucidated during interviews.

Recommendation 19 focuses on the need for Aboriginal and Torres Strait Islander specific gambling help services. Three interviewees stated their support and seventeen felt that the implementation of this recommendation was not relevant to their department. Dr Doverty believed that more evidence is required before Indigenous specific gambling services should be suggested. This comment reflects the view of many interviewees, some of whom added that it may be possible to utilise the existing services to meet this need. Others made similar comments to that of Mr Bon, who felt that gambling is a broad community problem and that this recommendation could be more specific.

Recommendation 20: Other needs - emotional health

Fourteen interviewees supported the need for services to deal with the emotional health needs of Indigenous Community members, with the remaining five stating that this recommendation was not relevant to their position. Many interviewees made similar comments to Dr Doverty: '[Mental health] is an important issue which requires further attention'. Mr Cranston stated:

The Federal government funds projects with a strong Indigenous focus through the 'Better Outcomes in Mental Health Care Initiative'. It supports partnerships between GPs and Aboriginal Health Workers in the management of mental health in the community. The Federal government also funds 'Beyondblue', who are also undertaking considerable work around building team approaches to mental health in Aboriginal communities.

Although the emotional health of Indigenous peoples was widely accepted as an important issue, this recommendation aligns with more general ACT policy for mental health initiatives addressing the wider community. Currently, Aboriginal and Torres Strait Islander service providers have implemented various programs to improve the emotional health of Aboriginal and Torres Strait Islander peoples and this recommendation is useful in supporting applications for further funding grants.

Recommendation 21: Other needs - combat spread of bloodborne viruses

Recommendation 21 outlines the need for innovative strategies to combat the spread of bloodborne viruses such as HIV and hepatitis C within the prison system. This was supported by eight interviewees including Mr Corbell, who stated:

My view as Health Minister is that we do need to provide clean injecting equipment in prisons. You can't pretend that drug use is not going to occur in prisons and even the highest and most maximum security prisons in the country have injecting drug use occurring. The issue is the safety and security of other inmates and prison staff and that is equally important. We need to look at technological solutions to this.

Mr Smyth also supported this recommendation, stating: 'I believe that a full range of innovative strategies are required to combat the spread of blood borne viruses in the prison system'. The majority of interviewees who supported this recommendation also made similar comments to Mr Corbell on the importance of maintaining occupational health and safety for prison staff. The remaining eleven interviewees generally implied that their level of knowledge in this area was not sufficient to make an informed comment.

Recommendation 22: Evaluation

All nineteen people interviewed supported the evaluation and modification of programs and policies in light of research findings. Most comments reflected those of Ms Tongs who said: 'There is a need for increased flexibility in policy and programs as priorities frequently change'. In addition, many interviewees implied that evaluation systems are operating within their departments.

General Feedback on the Report

Of the nine Federal and State politicians interviewed (see Table 1 at the beginning of this document), all felt that the report was timely, and useful for the political process. Ms Corcoran commented '[the report] is useful in ... weighing up, measuring and responding to things that the government might propose in this area'. The positive comments are encapsulated in a quote from Mrs Burke:

This is a very valuable report. It gives a community picture and helps to focus efforts and energy ... The personal testimonies were especially useful to put yourself in other people's shoes ... I needed to hear this¹⁵.

Similarly, Mr Corbell felt that the personal testimonies 'helped in reminding people that governments are dealing with real people and not just a system'. Most of the nine politicians commented that the report would be useful for formulating questions and to broaden debates surrounding the issues which are addressed in the report. For example, Ms Ellis said: 'This work is a valuable reference, it can be used to make a difference, ask questions and advocate' and Mr Smyth commented: 'This report is useful for the political process, it confirms what we already know and will be a good tool to ask questions with, formulate policy and for advocacy back to the Commonwealth level'.

Of the seven public servants interviewed (see Table 1 at the beginning of this document for list of public servants quoted in this report), many made comments similar to those of Ms Delany: 'The report has good alignment with the government's priorities and outlines important areas for future investment'. Similarly, Ms Yen stated: 'This report is very useful for outlining areas which need to be challenged'. Mr Bon made a comment of a similar nature: 'This research is extremely useful for interpreting current policy to address these issues and in justifying decisions'. Finally, Dr Sherbon felt that 'This document will be useful for ACT Health both now and into the future'.

The comments of the three service providers interviewed (see Table 1 at the beginning of this document) are summarised in a quote by Ms Tongs: 'This report a comprehensive reflection on the needs of Aboriginal and Torres Strait Islander peoples in the ACT ... it is useful for supporting grant applications and backing up discussions with the government'.

Constructive criticism on the report

There was constructive criticism offered by interviewees mainly surrounding recommendations which called for increased funding, such as Recommendation 9. A number of interviewees held similar views to those of Mr Corbell:

¹⁵ The title of this report 'I needed to hear this' was taken from this quote by Mrs Burke.

Research needs to focus as much on efficiency of existing programs ... as much as on issues around unmet need. I think the most effective research is research that understands the priorities and issues that governments face and shapes the recommendations to work within that context.

Senator Humphries held a similar view:

[Researchers should] be aware of the broader social context and political context of the recommendations that they make. Once recommendations are made ... it would be beneficial to sit down and look at how these actually work in practice and how can you get these kind of things happening.

Senator Humphries also indicated the need for a brokerage process between researchers and stakeholders at an earlier stage in the research process:

It would be useful for the people concerned to reach a stage in their research where they would volunteer their conclusions and then to break off and sit down with people from other disciplines, and I particularly recommend [that this should occur] with policy makers, and explore the effect and the efficacy of those recommendations...It is tempting to draw the conclusion that these sorts of recommendations tend not to make the impact that they should...We need to focus on a way of actually getting them to happen...We need an agent for change or an advocate of some sort to make the report happen.

Other constructive criticism on the report was similar to the one expressed by Senator Humphries who felt that presenting the recommendations within a priority setting would have been useful.

On a more general level, many politicians commented that due to the volume of work which enters their offices, report titles and one page summaries were useful to decide if the report was relevant to their position. Ms Corcoran best expressed the view of many politicians interviewed:

[These report summaries are used to decide] does it interest me because of electorate work or does it interest me because of my portfolio work? [If the report summary meets

these requirements it makes it] “onto the desk” ... if it is on the desk, I am tempted to get into it and start reading it. [If it does not meet these requirements, the report ends up] “in the bin” [which is] a huge frustration due to the amount of work put into these reports. [A one page summary is useful to decide that this report] is not of interest to me today, but it is going on my shelf and it may well be in the future, or ... this is not of interest to me [and will be filed] if my interests change, or this is really good stuff and I want to read more.

Summary of the current implementation status of the 22 recommendations from the ‘I want to be heard’ report.

Table 3 provides a brief summary of the current status of each of the 22 recommendations from the ‘I want to be heard’ report. This table also details specific policy or initiatives that are relevant to each recommendation and generally outlines how the recommendation is of use to interviewees. Please refer to Appendix 2 for a full list of the recommendations.

TABLE 3 A summary of the current status of the 22 recommendations presented in the ‘I want to be heard’ report

Recommendation ^a		Current Status	Comment	Direct use of Report
1	Cultural education and development	Aligns with existing policy and has been included in the design of new initiatives	<u>Commonwealth policy:</u> The Non-Government Organisation Treatment Grants Program <u>ACT policy:</u> The ACT Alcohol, Tobacco and Other Drug Strategy 2004-2008	Considered in the development of the ACT Aboriginal and Torres Strait Islander Health and Wellbeing Plan Design of ‘the bush healing farm’ ^b
2	Establishment of an Aboriginal residential treatment centre	Aligns with existing policy and has been included in the design of ‘the bush healing farm’ for the ACT (subject to funding) ^b	<u>Commonwealth policy:</u> Non-Government Organisation Treatment Grants Program	Design of ‘the bush healing farm’ for the ACT ^b
3	Establishment of an Aboriginal Halfway House	Implementation not occurring or planned for the foreseeable future	The ACT Government considers the need for an Aboriginal residential treatment centre (bush farm) to be a higher priority ^b	General reference
4 5 6	Aboriginal involvement in service development and delivery	Aligns with existing policy at the Commonwealth and state level.	<u>Commonwealth policy:</u> the Indigenous Employment Strategy <u>State policy:</u> ACT Aboriginal and Torres Strait Islander Health and Wellbeing Plan. ACT Health Strategy: Indigenous involvement on the ACT Health’s Alcohol, Tobacco and Other Drugs Strategy Implementation and Evaluation Group	Considered in the development of the ACT Aboriginal and Torres Strait Islander Health and Wellbeing Plan
7	School education	Aligns with existing policy at the Commonwealth and ACT level. Some relevant existing programs are also operating through Indigenous service providers	Commonwealth: provides money to state State: Service to Indigenous People Action Plan and the Indigenous Literacy and Numeracy Consultant program. Programs through Indigenous services include the Numeracy and Literacy Program through Gugan Gulwan	General reference
8	Employment	Considered part of existing general community policy at the Commonwealth and ACT levels	Indigenous specific services were not identified in detail	General reference
9	Funding of Aboriginal alcohol and other drug services	Considered part of the existing general increasing trend in funding to Indigenous services	Many interviewees commented that the recommendation was too general	General reference

^a Please refer to Appendix 2 for a full list of the ‘I want to be heard’ recommendations.

^b **Addendum 23.8.06:**

The establishment of an Indigenous ‘drug and alcohol rehabilitation centre (bush healing farm)’ is one of the strategies in *The ACT Aboriginal and Torres Strait Islander Health and Family Wellbeing Plan 2006-22* (ACT Government, 2006:

TABLE 3 continued A summary of the current status of the 22 recommendations presented in the ‘I want to be heard’ report.

	Recommendation^a	Current Status	Comment	Direct use of Report
10	Outreach services	Aligns with existing Commonwealth and ACT policy. A range of outreach services are currently operating through Indigenous and mainstream service providers	<u>Commonwealth policy</u> : Tough on Drugs Strategy <u>State policy</u> : Funding for four new outreach positions was allocated in 2004/2005. Examples of outreach services through Indigenous service providers include the Gugan Gulwan Friday Night Street Beat	General reference
11	Drug-specific recommendation: Indigenous specific quit tobacco smoking initiatives	Considered part of existing general community policy at the Commonwealth and ACT levels	Indigenous specific services were not identified. Mainstream policies include national and state QUIT programs and funding. Relevant programs operating through Winnunga include the ‘No More Bundah’ program	General reference
12	Drug-specific recommendation: Mersyndol scheduling	Currently under consideration by the office of The Honourable Mr Tony Abbot	Knowledge of this problem was not sufficient for many interviewees to comment	General reference
13	Treatment issues: methadone treatment	Implementation not occurring or planned for the foreseeable future	There were conflicting views on the importance of implementing this recommendation	For reference
14	Treatment issues: Increased size and number of residential treatment centres with Indigenous specific services	Widely supported, however specific progress difficult to determine	An apparent lack of responsibility and roles in implementing this recommendation was noted	General reference
15	Meeting multiple needs	Aligns with current programs operating through service providers such as Winnunga and Gugan Gulwan, however policy decisions and government implementation difficult to define	Implementation was widely supported by both the Commonwealth Government and ACT Government, public servants and service providers	Report may be used to assist service providers in discussions with government surrounding increased flexibility in providing holistic health care
16	The information and education needs of current users: peer education for overdose prevention	Considered part of existing general community policy at the Commonwealth and ACT levels	Indigenous specific services were not identified	General reference
17	The information and education needs of current users: Addressing the hepatitis C epidemic	Aligns with existing Commonwealth and State initiatives	<u>Commonwealth initiatives</u> : Hepatitis C action plan development. <u>ACT Initiatives</u> : Instalment of four needle and syringe machines	The recommendation and report will be considered in future hepatitis C initiatives at both the Commonwealth and State level

Continued on next page

TABLE 3 continued A summary of the current status of the 22 recommendations presented in the ‘I want to be heard’ report.

Recommendation^a		Current Status	Comment	Direct use of Report
18	Other needs: preventing drug related harm	Implementation not occurring or planned for the foreseeable future	An apparent lack of responsibility and roles in implementing this recommendation was noted	General reference
19	Other needs: Indigenous specific gambling services	Implementation not occurring or planned for the foreseeable future	An apparent lack of responsibility and roles in implementing this recommendation was noted	General reference
20	Other needs: Indigenous specific mental health needs	Considered part of existing general community policy at the Commonwealth and ACT levels. Relevant programs are operating thorough Indigenous specific service providers	Indigenous specific initiatives were not identified at a government level	General reference
21	Other needs: Innovative strategies for combating bloodborne viruses in prisons	Widely supported, however specific progress difficult to determine	Implementation of this recommendation may be difficult due to the current social and political environment. In 2004, the Corrective Services Ministers Council (CSMC) apparently unanimously agreed to not support needle and syringe programs in prisons (Loveday 2004) ^c . In contrast, the Australian National Council on Drugs supports harm reduction strategies for injecting drug users in prisons (Black et al. 2004).	This recommendation will be considered in the design and discussions surrounding the ACT prison
22	Evaluation	Widely supported, however specific progress difficult to determine	Specific government departmental and service provider evaluation systems are in operation	General reference

^c According to two anonymous source, this statement made by the CSMC can not be accessed by the public.

Discussion

Factors Influencing Implementation of the 'I want to be heard' Report Recommendations

The major influences on the implementation of the 'I want to be heard' report recommendations were identified during the research process and emanated from interview comments. These are: general community priorities; the structure of government departments; the wider political and policy environment; the perspectives of stakeholders and; the presentation of research reports and recommendations.

General community priorities describe perceived areas of need or concern, which are acknowledged by the wider community. Examples of this include unemployment, mental health, tobacco smoking and gambling. These types of issues are often addressed through government policy and funding targeted to the mainstream community. This was identified as an impediment to the implementation of Recommendations 8, 11, 19 and 20 (see Appendix 2) which outline the specific needs of Indigenous peoples who experience the above mentioned issues. For example, Recommendation 20, highlighting the distinct mental health needs of Indigenous peoples, was widely supported. However the majority of interviewees stated that this was being addressed across the wider community and thus Indigenous people can access mental health care through mainstream initiatives. In this way, Indigenous specific recommendations which fall within the gamut of strategies for the general community are vulnerable to being overlooked in policy decisions. This finding fits into wider discussions concerning the importance of collaboration with Indigenous communities during the development of these types of initiatives. This allows Indigenous values and perspectives to be better incorporated into program design (Anderson 2003).

The structure of government departments has significant impact on the implementation of these recommendations. Firstly, the compartmentalisation of departments and the strict boundaries for roles and responsibilities of employees was identified as a barrier. This compartmentalisation is in direct opposition to the holistic nature of the 'I want to be heard' report and its recommendations. In many cases, interviewees employed in health positions agreed that issues such as education (Recommendation 8) are essential

for health; however the implementation of these types of recommendations was referred to other departments such as DEST. In addition, this structure forces an individual's health needs to be divided up over different departments, units and staff. This has a significant impact on service providers who aim to provide holistic health care, because it results in a multitude of different funding contacts, time consuming reporting requirements and presents difficulties in adequately providing the holistic health needs of an individual. Finally, the strict roles and responsibilities within government positions was an impediment to implementation of recommendations which did not fit clearly into these positions. For example, Recommendation 19 calling for Indigenous specific gambling services was seen as not relevant to the position of 17 interviewees. Other literature has also highlighted the impact of government structure on recommendation implementation (Parkhurst 2004) and on health policy formulation (Fitzgerald and Sowards 2004).

The wider political and policy environment was identified as both a major positive and negative factor in implementing recommendations. In many cases, such as for Recommendation 1 concerning cultural education and development, recommendations fell within current political priorities in Indigenous Health. This enabled the report and recommendations to be directly used in these initiatives, thereby facilitating the implementation of recommendations. In other cases, such as for Recommendation 3 concerning the establishment of an Aboriginal Halfway House, recommendations did not align with current political directions, and thus implementation was suspended. In the future however, the political environment may change and along with continued research and negotiations, an opportunity for implementation may develop. These research examples complement literature discussing the concept that political and policy environments impact on how research influences policy (Gibson 2003; Lewis 2003).

The perspective of individual stakeholders influenced the way in which recommendations were perceived and discussed within the interviews. Firstly, recommendations that evoked a strong emotional response from the stakeholder, such as Recommendation 15 concerning meeting the multiple needs of Indigenous drug users, were discussed in detail. These discussions were positive, often including comments surrounding opportunities for change to implement the recommendation.

Other recommendations, such as Recommendation 18 concerning prevention strategies for drug-related harm, did not evoke a strong response in interviewees and was passed over quickly. Secondly, a lack of support from key stakeholders (for a variety of reasons) impedes implementation, even if the recommendation is widely supported by other stakeholders. Examples of this include Recommendations 13 and 14 relating to educating community members about the benefits of methadone and increasing the size and number of residential treatment centres. These recommendations highlight opportunities for informing stakeholders and tailoring recommendations to better align with their perspective. Finally, some stakeholders were in new positions/portfolios which influenced their level of knowledge in the area and their enthusiasm whilst others moved on from their positions soon after being interviewed. These personnel factors could potentially influence the possibilities for implementation of the recommendations.

The presentation of research reports and recommendations also impacts on implementation according to many interviewees. Due to time constraints, many interviewees relied on the quality of the executive summary to decide if the report recommendations were worth consideration. Furthermore, a one page report summary was often quickly written by the staff members of stakeholders, summarising the content of the report and recommendations. The opportunity for the research team to write this summary for the stakeholder may have had an important impact on the implementation of the 'I want to be heard' report recommendations. Finally, a lack of detail within recommendations was identified as a barrier to implementation. As exemplified by Recommendation 9 calling for increased funding of Aboriginal alcohol and other drug services, further analysis of increasing efficiency of existing funds and services, as well as specific areas for increased funding would facilitate implementation of this recommendation.

Limitations of this research

The first main limitation of my study was its timing. The relatively small time interval from the release of the 'I want to be heard' report in June 2004 and the commencement of interviews for this study in February 2005 limited the potential outcomes for each recommendation. Secondly, this time interval included the Christmas holidays which slowed the progress of implementing recommendations. Third, changes to government

positions since the launch of the 'I want to be heard' report hindered dissemination of the research to relevant stakeholders and impacted on implementation. Fourth, limitations are apparent in the timing and execution of the interview process. Interviews were often constrained by time, reducing the opportunity to discuss each recommendation in full. This often resulted in the interviews focusing on recommendations of interest to the stakeholder, thereby affecting the consistency of data collection. Furthermore, open-ended questioning may have encouraged some interviewees to be more 'kind' in their comments rather than critical. This could have introduced bias into the data collected. Finally, three interviewees did not read the report or recommendations before the interview, which probably affected the consistency of data collected.

Impact of the 'I want to be heard' report and the interview process

The results of this follow-up study have shown that the process of interviewing politicians, public servants and service-providers can be a useful way of encouraging research findings to be considered. Comments gathered at interviews generally indicated that the process of dissemination and follow-up has allowed some personal and professional reflection on the current needs of Aboriginal and Torres Strait Islander illegal drug users in Australia.

As a direct result of the interview process, Dr Foskey spoke about the 'I want to be heard' report in the Matters of Public Importance session of the ACT Legislative Assembly (ACT Legislative Assembly 2005). A debate followed which included comments from Mr Corbell, Mr Smyth and Mrs Burke. This was an important step forward for raising awareness of the needs of Aboriginal and Torres Strait Islander illegal drug users in the ACT and region.

On implementing research findings through health policy

A general list of lessons learnt from this research to improve the implementation of research findings can be found in Appendix 7.

It is known that research evidence is often not acted upon at a government level until the political climate supports the action (Lin 2003). This introduces the concept that researchers can tailor their research to the current political climate, thereby maximising

support for their research. In this study, government representatives clearly stated that research which considers the role of existing policies, political structures and funding priorities achieves better outcomes. This finding is similar to conclusions described in a recent study exploring ways in which policy environments, especially government structures, can impede or expedite the implementation of effective HIV prevention in Uganda compared to South Africa (Parkhurst 2004). Furthermore, the advantages of research into health systems and health policy to implement health change have also been highlighted in a Thailand study concerning government health care reform (Tangcharoensathien 2004). There is a growing body of literature addressing ways in which researchers can better explore how the current political environment can influence the impact of their research (Gibson 2003). Furthermore, various research tools have been developed to enable researchers to evaluate existing health care services and interventions (Gericke 2005). This information can be included in new research reports, assisting governments to effectively prioritise existing resources.

Conclusion

The current implementation and impact of the 22 recommendations from the ‘I want to be heard’ report was explored through interviews with 19 politicians, public servants and mainstream and Indigenous specific service providers. Fourteen recommendations were supported by initiatives that were already in place before the release of the ‘I want to be heard’ report, or planned future initiatives. Some of these initiatives have been influenced by the ‘I want to be heard’ report and the interviews conducted in this study. The implementation of the remaining eight recommendations was not planned for the foreseeable future, or the implementation progress could not be established during this study.

The implementation of research findings through health policy can be improved through a number of means. Firstly, the presentation of research findings should be carefully tailored to the wider social, political and policy environment into which the research will enter. This should include an understanding of the perspectives of stakeholders, general community priorities and the impact of structured government departments on implementing broad research recommendations. These findings have been synthesised into a number of recommendations for improving the interface between government and research. These are presented in the following section. One of these recommendations calls for researchers to compose a one page summary of their study. The abstract at the beginning of my report was designed to implement this recommendation into this report.

The study presented in this report entitled ‘I needed to hear this’ has been a valuable adjunct to the ‘I want to be heard’ report. It has enabled the powerful words of Indigenous drug users to be taken from the streets and propelled into the minds of federal and state politicians and policy makers. This report represents progress not only for the implementation of the ‘I want to be heard’ recommendations, but also for Aboriginal and Torres Strait Islander health in Australia.

Recommendations

Recommendations to Government

1. In light of the difficulties experienced in follow-up and dissemination of the ‘I want to be heard’ report and its recommendations, that the mechanisms of receiving and processing of research be improved to support the process of evidence-based health policy. This could include designing protocols for staff to efficiently manage the large volumes of research entering the government.
2. That the government investigate mechanisms to increase the efficiency of holistic health care program development and reporting mechanisms, including reporting mechanisms that can account for funding from a variety of sources.
3. In light of the number of recommendations which most interviewees felt were not relevant to their position, such as those relating to gambling and education, that politicians and public servants improve communication between departments and roles to move efficiently towards implementing a holistic model of health care.

Recommendations to researchers on implementing research findings through health policy

1. Tracking the impact and implementation of research recommendations must be considered part of the research process, with time and funding allocated appropriately.
2. Research outlining areas of health need must also consider the efficiency and context of programs as well as funding which is already in place.
3. A one page summary of research reports should be written to improve the impact and implementation of the report. Where possible, this summary should outline the relevance of the research to individual stakeholders.
4. Research recommendations must be written in consideration of the wider social and political context, including consideration of the priorities and challenges faced by policy makers.
5. In consideration that the majority (70%) of people contacted for this research required material to be resent to the same address, researchers should allocate time to ensure that research reports disseminated to the community and stakeholders have been received.

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Appendix 1: Members of the Reference Group for the 'I want to be heard' report.

Name	Position/Affiliation	Membership
Mr Tom Brideson Chair	At the time of joining the Reference Group Office for Aboriginal and Torres Strait Islander Health. Then Project Director, Djirruwang Aboriginal and Torres Strait Islander Mental Health Program, Charles Sturt University. Currently Office for Aboriginal and Torres Strait Islander Health.	Duration: June 2001 until June 2004.
Mrs Hilary Crawford	Ngunnawal Elder.	June 2001- August 2003
Mrs Agnes Shea	Ngunnawal Elder. Chief Ministers Award (2003). Medal of the Order of Australia (OAM) (2004).	Duration: June 2001 until June 2004.
Ms Kerry Arabena	Executive Director, Family Planning, ACT.	June-2001- February 2003
Mrs Ethel Baxter	Community Aboriginal Elder.	Duration: June 2001 until June 2004.
Mr Ollie Kickett	At the time of joining the Reference Group, Aboriginal Legal Service. Currently Commonwealth Department of Employment and Work Relations. 2003-2004 Department of Industry, Tourism and Resources.	Duration: June 2001 until June 2004.
Mr Ian King	At the time of joining the Reference Group, ACT Health and Community Care. Currently ACT Indigenous Education Section as Program Manager; ACT Aboriginal and Torres Strait Islander Mentoring Pilot Program, attached to Mawson Primary School.	Duration: June 2001 until June 2004.
Ms Audrey Kinnear	At the time of joining the Reference Group, Alcohol and Drug Program of ACT Community Care. Then ACT Health and Community Care Team Leader, Indigenous Services Unit, ACT Family Services. Also Member ACT Alcohol and other Drugs Taskforce.	Duration: June 2001 until June 2004.
Ms Jeanine Leane	Ngunnawal Centre, University of Canberra.	June 2001- August 2003

Continued on next page

Name	Affiliation	Membership
Mrs Evelyn Little	Community Aboriginal Elder.	Duration: June 2001 until June 2004.
Mr Fred Monaghan	Gugan Gulwan Aboriginal Youth Corporation.	Duration: June 2001 until June 2004.
Mr Michael Quall	At the time of joining the Reference Group, Assistant Manager Policy and Corporate Coordination, Youth and Community Services; Interim Chair, ACT Aboriginal and Torres Strait Islander Consultative Council; Manager Indigenous Services and Cultural Diversity, ACT Corrective Service. Currently, Chief Executive Officer, Ngoojunwah Council Aboriginal Corporation, Halls Creek, Western Australia.	Duration: June 2001 until June 2004.
Mr Craig Ritchie	Manager, Aboriginal and Torres Strait Islander Health Unit, ACT Health.	July 2003-June 2004
Ms Rikki Bailey	ACT Office, Australian Government, Department of Health and Ageing.	November 2001-August 2003
Ms Reneé Rodgers	“	November 2001-August 2003
Ms Tracey Cave	“	August 2003-April 2004
Mr Len Waugh	“	June 2001 - November 2001 & August 2003-May 2004
Ms Robyn Staniforth	“	May 2004-June 2004
Mr Noel Bon	“	May 2004-June 2004

Appendix 2: Recommendations from the 'I want to be heard' report.

Cultural education and development

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

Establishment of an Aboriginal residential treatment centre

2. That Aboriginal and Government organisations collaborate to investigate how best to respond to Community requests for the establishment of an Aboriginal-run residential treatment centre in the ACT for Aboriginal and Torres Strait Islander drug users and other people (eg, their family members) affected by their drug use. This should include a focus on learning about culture and Aboriginal identity; include close contacts with family members; and include life skills learning programs. It would need to be staffed by a combination of professionally-trained treatment personnel and Aboriginal facilitators would need to be employed for clients to learn about their culture.

Establishment of an Aboriginal Halfway House

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

Aboriginal involvement in service development and delivery

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

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

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

School education

7. That, on account of the two-way relationship between young people's drug use and poor school achievements, increased efforts be made to identify Aboriginal and Torres Strait Islander school students who are failing to achieve their potential in formal education, and to provide them with the remedial education and social supports that

they need to overcome barriers to educational success. The 2004 ACT Social Plan provides a sound philosophical and practical foundation for these interventions.

Employment

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

Funding of Aboriginal alcohol and other drug services

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

Outreach services

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

Drug-specific recommendations

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

12. That, in light of the heavy use of the non-prescription compound analgesic Mersyndol among some Aboriginal and Torres Strait Islander illegal drug users, and the adverse side effects of heavy use, its scheduling be re-examined to ascertain if it should be available only on prescription.

Treatment issues

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

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

Meeting multiple needs

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

The information and education needs of current users

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

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

Other needs

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

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

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

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

Evaluation

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

Appendix 3: Consent/Information Sheet

Consent Form/Information Sheet



Institution: The Australian National University

Researcher: Cate Dugard, ANU Medical Student

Supervisor: Dr Phyll Dance, ANU Research Fellow

Project Title: Evaluation of the implementation of 22 recommendations emanating from a research project on illegal drug use by Aboriginal and Torres Strait Islander people in the ACT and region

Description of research project:

This study is an evaluation of the implementation of 22 recommendations emanating from a recently completed (June 2004) research project on illegal drug use by Aboriginal and Torres Strait Islander people in the ACT and region. Its specific purposes are:

1. To obtain information on the current stage of implementation of each of the 22 recommendations according to local Aboriginal and mainstream service providers, public servants, ACT and Federal politicians.
2. To identify recommendations that align with existing government initiatives or programs operating through service providers
3. To identify recommendations that are considered to be part of general community policy, which is not specific to the needs of Aboriginal and Torres Strait Islander peoples.
4. To identify recommendations which are not expected to be implemented within the foreseeable future
5. To assess where recommendations were supported, not supported or not relevant to each interviewee.
6. To investigate the general impact of the report on those interviewed.
7. To identify the major factors influencing implementation of recommendations.
8. To investigate strategies to improve the implementation of research through government policy and ways to improve the relationship between research and policy decisions.

Purpose of the consultation: You will be asked a range of questions concerning your organisation's role and opinions concerning the implementation of 22 recommendations emanating from the recent study *'I want to be heard': an analysis of needs of Aboriginal and Torres Strait Islander illegal drug users in the ACT and region for treatment and other services*. You have the right to not answer any questions and you can stop the interview at any time if you wish.

Outcome of information gathered: Some of the information received from this consultation will be published in the research project report. Various aspects of this report may be published as an academic paper. A penultimate draft of any personally identifying quotes used in report will be forwarded to you and will be used only after you have given permission. The signed documents from the iteration process will be stored securely for 5 years following completion of the research or 5 years from any publication. You may withdraw consent at any stage during the research

project. In this instance, the relevant data will be destroyed immediately. Should you have any problems or questions please feel free to contact myself, my supervisor Dr Phyll Dance or the ANU Human Research Ethics Committee (contact details are below).

I understand the purpose and agree to participate in the following interview

Name:

Signed: _____ Date: _____ Time: _____

Would you like to be sent a final copy of the report from these consultations?

Yes No

I certify that informed consent has been obtained for this consultation

Researcher: Cate Dugard

Signed: _____ Date: _____ Time: _____

For any questions or complaints about the research, you may contact:

Cate Dugard
Graduate Medial Student, ANU, ACT 0200
Ph: 0400 228432
Email: u3287176@anu.edu.au

Human Ethics Officer
ANU, ACT 0200
Ph: 6125 2900
Email: Human.Ethics.Officer@anu.edu.au

Dr Phyll Dance
Research Fellow ANU, ACT 0200
Ph: 6125 5612
Email: phyll.dance@anu.edu.au

Appendix 4: Iteration letter

URGENT APPROVAL OF INTERVIEW COMMENTS FOR INCLUSION IN RESEARCH REPORT



NATIONAL CENTRE FOR EPIDEMIOLOGY AND POPULATION HEALTH

Canberra ACT 0200 Australia
Telephone: +61 2 6125 5612
Facsimile: +61 2 6125 0740
Email: phyll.dance@anu.edu.au

Institution: The Australian National University
Researcher: Cate Dugard, ANU Medical Student
Supervisor: Dr Phyll Dance, ANU Research Fellow

Research Project Title: Evaluation of the implementation of 22 recommendations emanating from a research project on illegal drug use by Indigenous people in the ACT and region

Address (to be inserted)

Dear (to be inserted),

Thank you for sparing your time to be part of my research tracking the impact and implementation of 22 recommendations emanating from the recent study *'I want to be heard': an analysis of needs of Aboriginal and Torres Strait Islander illegal drug users in the ACT and region for treatment and other services*".

The research findings are currently being collaborated into a report, however as documented in the information form/consent sheet which you received at the time of your interview, ANU ethics requirements for this project state that all personally identifying comments must be approved before their inclusion in the report.

The personally identifying comment(s) from your interview which I would like to include in the report are attached to this letter. If you are happy with the inclusion of the comment(s) in the report, please circle that you agree with its use. If you are not completely happy with the inclusion of your comment(s), please make any amendments in the space provided, or if no amendment is possible please circle that you do not approve the use of this comment. If you require any further information about the context in which your comment(s) will be presented, please feel free to contact me at any time (details below).

Finally, please sign the attached declaration to confirm the use of your comment(s), as you have specified under each comment.

Unfortunately, due to time restrictions on this report paper, I require approval of these comments by the (insert date). Please use the enclosed self-addressed express post envelope to return the comments and signed declaration.

Once again, thank you sincerely for your involvement in this research project,

Cate Dugard
ANU Medical School
Email: u328776@anu.edu.au
Phone: 0400 228432

**URGENT APPROVAL OF INTERVIEW COMMENTS FOR
INCLUSION IN RESEARCH REPORT**



NATIONAL CENTRE FOR EPIDEMIOLOGY AND POPULATION HEALTH

Canberra ACT 0200 Australia
Telephone: +61 2 6125 5612
Facsimile: +61 2 6125 0740
Email: phyll.dance@anu.edu.au

Comment 1:

Comment:

Amendment (if required):

I **agree** / **do not agree** (please circle) to the above comment (or amendment) being included in the research report.

* Please also sign the declaration at the bottom of this letter.

Comment 2:

Comment:

Amendment (if required):

I **agree** / **do not agree** (please circle) to the above comment (or amendment) being included in the research report.

* Please also sign the declaration at the bottom of this letter.

DECLARATION

I _____ approve the use of these comment(s) in the research report according to my specifications that are detailed above.

Signed: _____

Date: _____

Thank you for your contribution to this research project.

Appendix 5: Introductory Letter



NATIONAL CENTRE FOR EPIDEMIOLOGY AND POPULATION HEALTH
Australia
5612
0740
du.au

Canberra ACT 0200
Telephone: +61 2 6125
Facsimile: +61 2 6125
Email: phyll.dance@anu.e
<http://nceph.anu.edu.au>

Dear (to be inserted)

The purpose of this communication is to inform you that Cate Dugard will be contacting you in the next few weeks to request an appointment to discuss the impact of the 22 recommendations made in:

‘I want to be heard’: an analysis of needs of Aboriginal and Torres Strait Islander illegal drug users in the ACT and region for treatment and other services.”

This report was launched in June 24th 2004. I hope you have already received a copy but if not, please contact me and I’ll forward you a copy¹⁶.

The research which led to this report was funded by a National Health and Medical Research Council National Illicit Drug Strategy Program grant and was a collaborative enterprise between the National Centre for Epidemiology and Population Health (NCEPH) at the Australian National University (ANU) and Winnunga Nimmityjah Aboriginal Health Service (henceforth referred to as Winnunga). A Reference Group composed mainly of Aboriginal people, as well as representatives from ACT Health and the ACT Office of the Australian Government, Department of Health and Ageing, guided the research (please see Attachment).

The report authors were:

Phyll Dance (NCEPH)

Julie Tongs (Chief Executive Officer, Winnunga)

Jill Guthrie (previously NCEPH, currently the Muru Marri Indigenous Health Unit, The University of New South Wales)

David McDonald (NCEPH)

Rennie D’Souza (NCEPH)

Carmen Cubillo (previously NCEPH, currently the Psychology Department, the University of Canberra)

Gabriele Bammer (NCEPH)

¹⁶ An alternative sentence was used for people who had not received a copy of the report, explaining that a copy of the ‘I want to be heard’ report was enclosed with this letter.

The report contains 22 recommendations. On behalf of the Indigenous Community in the ACT and Region, the Reference Group members and the NCEPH and Winnunga researchers are interested in investigating the impact of the report's recommendations.

Cate is currently enrolled in a Bachelor of Medicine/Bachelor of Surgery degree at the ANU. One of the requirements for this degree is that students undertake a piece of research. Cate's research project is to work with the members of the Reference Group and the NCEPH and Winnunga researchers to investigate the impact of the report recommendations. As part of this process Cate is requesting appointments from Aboriginal and mainstream service providers, and relevant federal and local politicians and public servants. I will be Cate's main supervisor. In addition, Cate will be in contact with the other members of the NCEPH/Winnunga research team, as well as with members of the Reference Group, who will also guide her research to ensure that it is conducted in a culturally appropriate manner.

If you agree to be interviewed, Cate will ask you questions concerning your organisation's role, progress and opinions concerning the implementation of the 22 recommendations emanating from the study. It is anticipated that the interview will last about half an hour. The information received from this consultation will be published in the research project report. A penultimate draft of any personally identifying quotes used in report will be forwarded to you and will be used only after you have given permission.

If you do not agree to Cate's request for an interview, this will not affect any existing relationship between you and any members of the research team or the ANU. I do hope, however, you will be able to spare a little of your valuable time to meet with Cate.

Please do not hesitate to contact me if you have any queries about either the original research or Cate's proposed research.

Yours sincerely

Phyll Dance

Research Fellow; Lecturer, Master of Applied Epidemiology Program

On behalf on the Reference Group and the NCEPH/Winnunga research team

February 3rd 2005

Appendix 6: Theme lists for interviews

The following lists of themes were used as a guide during consultations with Aboriginal service providers, mainstream service providers, politicians and public servants.

1. Aboriginal Service Providers

- Cultural education and development: Are Aboriginal organisations resourced to develop and implement cultural education programs for drug using members of their Community and other people with similar needs. If so, what services have been developed/implemented.
- Establishment of an Aboriginal residential treatment centre: Have collaborations between the government and the Indigenous community occurred to investigate the establishment of an Aboriginal-run residential treatment centre in the ACT, for Aboriginal and Torres Strait Islander drug users and other people affected by their drug use. If so, what stage of planning is underway? Does the program for the centre involve education about culture and identity and life skills learning programs.
- Aboriginal involvement in service development and delivery: Has a review into the service mix in the ACT and surrounding region commenced.
- Employment: What processes have been implemented for case managers working with unemployed Aboriginal and Torres Strait Islander peoples, including current or former drug users, to be funded and trained to actively address barriers in gaining entry to training and employment.
- Funding of Aboriginal alcohol and other drug services: Have the ACT, NSW and Australian Governments increased the level of financial support they provide to Indigenous service providers.
- Drug specific recommendations:
 - Have new (or a continuation of existing) quit smoking programs been implemented for Aboriginal and Torres Strait Islander peoples, delivered by trained Aboriginal/Torres Strait Islander Health Workers.
 - Have health professionals made specific efforts to educate Community leaders and other Community members about the benefits of methadone treatment for opioid dependence, and its effectiveness relative to other treatment modalities.
- Information and education needs of current users:
 - Are health care workers and injecting drug user peer educators trained and resourced to undertake systematic overdose prevention education.
 - What strategies are planned/in place to address the hepatitis C epidemic in injecting drug users.

2. Mainstream Service Providers

- Aboriginal involvement in service development and delivery:
 - Have mainstream services continued to actively recruit, train and support Aboriginal/Torres Strait Islander staff
 - Has a review into the service mix in the ACT and surrounding region commenced.
- Employment: What processes have been implemented for case managers working with unemployed Aboriginal and Torres Strait Islander peoples, including current

or former drug users, to be funded and trained to actively address barriers in gaining entry to training and employment.

- Funding of Aboriginal alcohol and other drug services: Have the ACT, NSW and Australian Governments increased the level of financial support they provide to mainstream service providers.
- Drug specific recommendations:
 - Have health professionals made specific efforts to educate Community leaders and other Community members about the benefits of methadone treatment for opioid dependence, and its effectiveness relative to other treatment modalities.
- Information and education needs of current users:
 - Are health care workers and injecting drug user peer educators trained and resourced to undertake systematic overdose prevention education.
 - What strategies are planned/in place to address the hepatitis C epidemic in injecting drug users.

3. Politicians

- Cultural education and development: Have Aboriginal organisations been resourced to develop and implement cultural education programs for drug using members of their Communities and others with similar needs.
- Aboriginal involvement in service development and delivery: Has the ACT been significantly involved in the national workforce development initiatives for Aboriginal and Torres Strait Islander drug and other alcohol workers.
- School education: What supports have been put in place relating to remedial education and social support for Aboriginal/Torres Strait Islander peoples.
- Employment: What processes have been implemented for case managers working with unemployed Aboriginal and Torres Strait Islander peoples, including current or former drug users, to be funded and trained to actively address barriers in gaining entry to training and employment.
- Establishment of an Aboriginal Halfway House: What processes/plans are underway.
- Funding of Aboriginal alcohol and other drug services: Have the ACT, NSW and Australian Governments increased the level of financial support they provide agencies working to improve the quality of life of Aboriginal and Torres Strait Islander peoples in the ACT region, including current and former drug users and their families.
- Outreach services: What plans are there to increase the range and amount of outreach services funded, and staff trained to meet the needs of Aboriginal and Torres Strait Islander peoples with drug dependence.
 - Areas include education, access to health care services, training programs, employment, etc.
 - Has preference been given to Aboriginal and Torres Strait Islander staff or Aboriginal-controlled organisations.
- Drug specific recommendations:
 - Have new (or a continuation of existing) quit smoking program been funded for Aboriginal and Torres Strait Islander peoples, to be delivered by trained Aboriginal/Torres Strait Islander Health Workers.
 - Has the scheduling of Mersyndol (non-prescription compound analgesic) been re-examined to ascertain if it should be available only on prescription.

- Treatment issues: Does the government plan to increase the number and (where appropriate) the size of residential drug treatment centres which cater for Aboriginal and Torres Strait Islander drug users, so as to reduce long waiting periods.
- Other needs:
 - What strategies are in place to increase funding for the prevention of drug-related harm among Aboriginal and Torres Strait Islander individuals, families and the community.
 - What funding is in place for Aboriginal and Torres Strait Islander specific gambling services to be developed.
 - Has there been planning to increase the services provided to deal with the emotional health needs of Aboriginal and Torres Strait Islander community members.
 - What strategies/funding is in place to reduce the spread of viruses such as HIV and hepatitis C from prisons into the community.

4. Public Servants

- Meeting multiple needs: What strategies are in place for planners to take into account the multiple, interacting needs of drug users, and move to increasingly make available multi-function services able to meet the needs of the whole person.
- School education: What supports have been put in place relating to remedial education and social support for Aboriginal/Torres Strait Islander peoples.
- Employment: What processes have been implemented for case managers working with unemployed Aboriginal and Torres Strait Islander peoples, including current or former drug users, to be funded and trained to actively address barriers in gaining entry to training and employment.
- Drug Specific Issues: Has the scheduling of Mersyndol (non-prescription compound analgesic) been re-examined to ascertain if it should be available only on prescription.
- Treatment issues: Does the government plan to increase the number and (where appropriate) the size of residential drug treatment centres which cater for Aboriginal and Torres Strait Islander drug users, so as to reduce long waiting periods.
- Other needs:
 - What strategies are in place develop programs for the prevention of drug-related harm among Aboriginal and Torres Strait Islander individuals, families and the community.
 - What plans/developments have been made for an Aboriginal and Torres Strait Islander specific gambling services to be developed.
 - Has there been planning to increase the services provided to deal with the emotional health needs of Aboriginal and Torres Strait Islander community members.
 - What strategies are in place to reduce the spread of viruses such as HIV and hepatitis C from prisons into the community.

Appendix 7: Lessons learnt from this research

- A phone call to stakeholders or their staff prior to sending documents via mail is useful to ensure that the letter is not lost and is processed quickly.
- Contact in the days before an arranged meeting can identify miscommunications and allow a chance for both parties to reschedule.
- Following up phone calls or email on all posted documents is essential. On average only 50 per cent of mail sent in this research was received and processed adequately. Much time was spent during this research re-posting documents.
- Sending documents directly to federal politician's electorate offices instead of Parliament House saves time. It seems that most mail sent to Parliament House is forwarded on to the electorate office, unless an arrangement has been made with relevant staff members.
- Offering each interviewee a copy of the report recommendations and executive summary during the interview was useful. This facilitated discussion and saved time if the interviewee did not have the report at hand.
- Confirming if interviewees had received a copy of the report, and how much of it they had read, was important for efficient dissemination of research and monitoring inconsistency in data collection. In some cases, the report had been sent to the office but not been passed on to the stakeholder until the time of the interview.
- An iteration process to allow interviewees to approve their comments (in the context which it will be used), was a very useful process. It not only confirmed that the information presented in this report is correct, but also allowed for more relaxed interviews and maintained a positive relationship with stakeholders.
- Within an iteration process, including a copy of the report recommendations within the letter allows another opportunity for dissemination.
- For iteration of comments, designing a simple form and including a self-addressed envelope increases the efficiency of the process.