



**Senator the Hon Fiona Nash  
Assistant Minister for Health**

**SPEECH**

**3rd National Indigenous Drug & Alcohol Conference  
Grand Hyatt Hotel  
4 June 2014**

Good morning ladies and gentlemen and thank you for welcoming me to the 3rd National Indigenous Drug & Alcohol Conference.

I'm grateful for the opportunity to open the conference and to update you on the Australian Government's progress to tackle drug and alcohol misuse.

I'd like to begin by acknowledging the traditional owners of the land on which we meet -- the Wurundjeri people of the Koolun nation, and pay my respects to their Elders past and present.

I would like also like to acknowledge:

- Associate Professor Ted Wilkes – Chair of NIDAC
- Dr John Herron, Chairman, ANCD
- Hon Mary Wooldridge MP, Victorian Minister for Mental Health, Community Services, Disability Services and Reform
- Professor Ngiare Brown – Deputy Chair of the PM's Indigenous Advisory Council

I'm pleased to be here today on behalf of the Prime Minister, Mr Tony Abbott, who sends his apologies. He has asked me to send on his best wishes.

The Australian Government is pleased to be the principal sponsors of this important event which brings together experts with a shared interest in improving the lives of Indigenous people.

Over the next three days, this conference will celebrate the many successes your organisations have achieved -- to prevent, treat and reduce the harm that substance and alcohol abuse has on Indigenous people and their communities.

I'd like to acknowledge our hosts—the National Indigenous Drug and Alcohol Committee—for their work to provide the government with expert advice so we can develop better policies and strategies to reduce these harms.

Drug and alcohol abuse damages the lives of individuals, but we must remember that it also has significant flow-on effects to families and communities.

While the Australian Health Survey, released in October 2012, showed that while there was a reduction in the proportion of Australians drinking at levels that could increase their lifetime risk of harm, there is some way to go.

Unfortunately, two in ten Australians are still drinking at levels that could damage their health permanently over the long-term.

According to an Australian Institute of Health and Welfare report, Indigenous people were about 1.5 times as likely to drink alcohol at risky levels on both a single occasion and for potential lifetime harm.

In terms of illicit drug use, about a quarter of Indigenous Australians had recently used an illicit substance, while just over four in ten had used a drug at some stage in their lives.

Not surprisingly, there's a strong correlation between high-risk binge drinking and illicit drug use.

Indigenous people that drank at risky levels were almost twice as likely to have used an illicit substance in the last 12 months.

A number of complex factors are thought to contribute to risky drug and alcohol use among Indigenous people, including economic circumstances, discrimination, cultural factors, family conflict and a family history of alcohol misuse.

In remote communities, the harms of alcohol and other drugs can be accentuated by reduced access to health and support services.

Preventing and reducing substance abuse is one of the key components to closing the gap that exists between the life expectancy and health outcomes of Indigenous and other Australians.

I would like to acknowledge NIDAC and Indigenous drug and alcohol services for your dedication and hard work in this important area of need.

The Australian Government is committed to improving Aboriginal and Torres Strait Islander health as a priority.

On Friday I announced the development of an implementation plan for the National Aboriginal and Torres Strait Islander Health Plan by the end of the year and I sincerely acknowledge the work and collaboration that went into the plan from those across the sector.

This announcement reinforces the Government's commitment to close the gap and achieve health equality between Indigenous and non-Indigenous Australians.

We will be working closely with key Indigenous health stakeholders to develop a targeted, on the ground implementation plan in order to translate good intentions into action.

The 2014-15 Budget, as it relates to Indigenous Affairs, replaces more than 150 individual programmes and activities with five streamlined programmes with the objective of achieving results in the Government's priority areas of getting children to school, adults into work and making sure that communities are safe.

The Indigenous Advisory Council, established by the Prime Minister, is providing advice to the Government on practical changes which can be made to improve the lives of Indigenous people, including on the implementation of the new programmes.

The five new programmes will reduce red tape and administrative burden, freeing up organisations to better deliver services and work with Indigenous people.

The five new programmes are:

- a) Jobs, Land and Economy – getting adults into work, fostering Indigenous business and assisting Indigenous people to generate economic and social benefits from effective use of their land;
- b) Children and schooling – getting children to school, improving education outcomes and supporting families to give children a good start in life;
- c) Safety and wellbeing – ensuring that Indigenous people are healthy and enjoy the emotional and social wellbeing experienced by other Australians, including activities that aim to address and prevent drug, alcohol and substance abuse;
- d) Culture and capability – supporting Indigenous Australians to maintain their culture, participate in the economic and social life of the nation and ensure that organisations are capable of delivering quality services to their clients; and
- e) Remote Australia strategies – strategic investment in local, flexible solutions based on community priorities and remote housing and infrastructure.

The new programmes will be implemented from 1 July.

In recognition of the unique needs of Indigenous people who are impacted by harmful drug and alcohol use, the Intergovernmental Committee on Drugs is working to produce a drug strategy that is specific to Indigenous people.

The National Aboriginal and Torres Strait Islander Peoples Drug Strategy will aim to provide a way forward for governments, communities, service providers and individuals by identifying priorities that can make a real and lasting difference to reducing substance abuse.

I'd like to acknowledge NIDAC's Ted Wilkes and Scott Wilson as Co-Deputy Chairs of the working group developing the strategy, and also the valuable contribution of former NIDAC member Coralie Ober.

Along with strategies that point the way forward, we also need to back that up with on-the-ground programs that deliver improved services to individuals and communities in need.

The Government supports Aboriginal Controlled Community Health Organisations and other groups to deliver health and rehabilitation services to Indigenous communities, as they are the most knowledgeable about what works and what doesn't.

Some of the organisations represented here today are funded under these arrangements, and supported through programmes such as the Non-Government Organisation Treatment Grants Programme (NGOTGP) of the Substance Misuse fund, managed by the Department of Health.

As an example, under the Government's Tackling Alcohol Abuse Community Fund, Aboriginal communities in the Northern Territory are supported to develop, implement and monitor Alcohol Management Plans.

This fund supports activities that reduce alcohol and substance abuse, improve the safety of Indigenous women and children and promote personal responsibility.

This year, the Australian Government will invest \$519,000 from this fund to support targeted alcohol harm reduction activities and initiatives across the Northern Territory.

Just last week, the Minister for Indigenous Affairs, Senator the Hon. Nigel Scullion, approved Titjikala's Alcohol Management Plan.

The Australian Government will also provide up to \$2.6 million to the Northern Territory Department of Health in 2013-14 to engage additional Alcohol and Other Drug workers in remote Aboriginal communities.

This funding will bolster the existing NT Remote Alcohol and Other Drug Workforce Program and provide targeted support to communities requesting an Alcohol and Drug worker.

This forms a small but important part of the Australian Government's investment to work with Aboriginal people to build strong, independent lives where communities, families and children are safe and healthy.

One of the facts we've come to understand about Indigenous disadvantage is that it's a challenge that requires a long-term commitment to generational change.

One of most effective and important ways to affect this sort of generational change and further close the gap is to improve the health outcomes for Indigenous children.

By investing in activities that support the wellbeing of children from the womb through to their formative years, we can offer them the best possible start to life so they can grow up healthy and ready for school.

This will help them to better absorb information and get a good education, which invariably leads to better employment opportunities and personal satisfaction. The obvious place to start is to support the health of unborn children and their parents.

The Government is committed to reducing harms caused by alcohol, including those that result from drinking alcohol during pregnancy, such as Fetal Alcohol Spectrum Disorders.

FASD is a whole-of-population challenge that requires a whole of government response, and this issue will be discussed here today as it's something I know we're all very concerned about.

FASD is an entirely preventable range of growth, behavioural and central nervous system abnormalities caused by exposing the developing foetus to alcohol during pregnancy.

These disorders can have serious impacts on unborn children, and can lead to low birth weights, heart defects, intellectual disabilities and behavioural problems.

Children born with these sorts of health, behavioural and developmental problems can face additional challenges during their lifetimes, such as difficulties at school and securing employment later in life, not to mention a lifetime of health challenges.

Increasing community knowledge about the risks of consuming alcohol during pregnancy is fundamental to reducing rates of these disorders.

The Government is carefully examining this complex issue and how to respond to it.

The Australian Government is also investing \$94 million into an approach we're calling *Better Start to Life* which targets the health of Indigenous mothers and babies so children get the best possible start to life.

This will complement the work being done to reduce FASDs.

*Better Start to Life* will include a \$40 million expansion of the successful Australian Nurse-Family Partnership Programme, enabling it to operate from another ten locations—an increase to 13 sites overall.

This means more disadvantaged families will be visited by trained nurses in their own homes.

These nurses work with mothers to improve pregnancy outcomes through adopting positive behaviours, such as improving their diet and reducing smoking and alcohol consumption in pregnancy.

The nurses work with mothers to develop healthy habits, build stronger family relationships and support mothers to complete their education and find work.

This includes help to access community services—including drug and alcohol services if necessary.

The programme helps parents to better understand how their behaviour affects their own health and that of their child, and empowers them to change their lives in positive ways.

The new service locations will be rolled out from July next year.

The remaining \$54 million will increase the number of sites providing the successful New Directions: Mothers and Babies services from 85 to 136.

The New Directions: Mothers and Babies programme provides Aboriginal and Torres Strait Islander families with access to services such as antenatal care, breastfeeding and nutrition advice, parenting support, and child health checks.

By focusing on the health of mothers and babies, we can close the gap in health outcomes between Aboriginal and Torres Strait Islanders and non-Indigenous Australians.

In addition to this new investment, the Government remains committed to reducing the impact of petrol sniffing in regional and remote Australia.

There are now 138 sites receiving low aromatic fuel, and Senator Scullion is planning significant expansion later this year when the new fuel storage facility is completed in Darwin.

In conjunction with on-the-ground support, we need to maintain a strong evidence base to build on the successes like those we're celebrating at this conference, and to learn from the failures.

In the past, health professionals, researchers and other interested parties have faced challenges drawing together the huge body of disparate information that exists on substance abuse from the various stakeholders and researchers who produce it.

To address this gap, the Australian Government is funding Edith Cowan University to develop and host a National Knowledge Centre on Aboriginal and Torres Strait Islander peoples' alcohol and other drugs use, which I understand is being launched at this conference.

The Knowledge Centre has a specific focus on substance misuse prevention and service improvement.

It will become a trusted repository of the latest information and will provide practical support to organisations involved in reducing the impact of alcohol and other drugs on Indigenous people.

I'm also pleased that the centre will include a focus on preventing and managing FASD in Indigenous communities.

I encourage you all to take advantage of this important resource.

One of the more devastating impacts that alcohol and drug abuse can have is violence.

The link between alcohol and assaults is an issue about which there is significant community and government concern, and an issue where the impacts are being felt across the nation.

However, Australian Bureau of Statistics data shows that Indigenous Australians report higher rates of violence than non-Indigenous Australians.

In February, the Minister for Indigenous Affairs, Senator Nigel Scullion, asked the House of Representatives Standing Committee on Indigenous Affairs to inquire into and report on the harmful use of alcohol in Aboriginal and Torres Strait Islander communities, and in particular on FASD.

In setting up the inquiry, Minister Scullion said that governments at all levels must unite to tackle the epidemic of alcohol abuse “or risk condemning these communities to a life of alcohol-fuelled poverty”.

The inquiry will examine the best methods to shape future programmes and practices that will reduce the scourge of alcohol and violence in Indigenous communities.

It will look at the factors that contribute to harmful drinking and look at the ways to prevent associated harm.

I look forward to seeing its recommendations in the near future.

Thank you again for the opportunity to be here.

We will continue to work with states and territories, the Indigenous health sector and communities to give Aboriginal and Torres Strait Islander people every opportunity for a better life that is free from the burden of substance misuse.

Thank you to the organisations represented here today for your continued efforts in this challenging area, and I hope you have a productive conference.

**Thank You**