

## The capacity of mainstream alcohol and drug treatment services to respond to the needs of Indigenous Australians

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**TO THE EDITOR:** Compared with non-Indigenous Australians, Indigenous Australians are more likely to smoke, drink at risky levels and use illicit drugs.<sup>1</sup> These alcohol and other drug (AOD) use patterns contribute to or exacerbate a wide range of health conditions and are significant contributors to premature death and morbidity among Indigenous Australians.<sup>2</sup>

Some attention has been paid to the efficacy of Indigenous-specific AOD programs,<sup>3</sup> but there has been little investigation into the capacity of mainstream AOD services to respond to the needs of Indigenous Australians. To address this deficiency, we conducted a national postal survey of workers employed in agencies listed in the 2001 clients of treatment service agencies (COTSA) database. A total of 1345 workers employed in 369 agencies responded (a response rate of 38%).

Most respondents (86%) indicated that their agency provided services to Indigenous clients, and that there was either strong (53%) or some (38%) need for such services. However, almost two-thirds (64%) felt

that Indigenous clients' needs were only partially met, and 9% reported that such needs were not met at all. Private sector workers were significantly less likely to report that their agency provided services to Indigenous clients than workers in government agencies and non-government organisations (NGOs) ( $\chi^2 = 102.4$ ; effect df = 3; respondents = 1335;  $P < 0.001$ ).

NGO workers were significantly more likely to report a strong need for the provision of AOD services to Indigenous Australians than government and private agency workers ( $\chi^2 = 22.2$ ; effect df = 6; respondents = 1110;  $P < 0.001$ ). Workers in remote locations were significantly more likely to report a strong need for AOD services for Indigenous Australians than workers in other locations ( $\chi^2 = 24.9$ ; effect df = 8; respondents = 1108;  $P = 0.002$ ).

Nearly two-thirds of all respondents reported they had no (18%) or limited (44%) access to AOD resources designed specifically for Indigenous Australians. NGO and private agency workers were significantly more likely than government workers to report limited or no access to resources designed to meet the needs of Indigenous Australians ( $\chi^2 = 17.8$ ; effect df = 6; respondents = 1168;  $P < 0.001$ ).

These findings indicate a clear need to improve the capacity of mainstream AOD treatment agencies, especially those servicing remote areas, to respond to the needs of Indigenous Australians. Until improvements

are made, AOD problems will continue to erode the health and wellbeing of Indigenous Australians, with predictable outcomes in relation to injury, mental health, parenting and contact with the criminal justice system. As recently highlighted by Indigenous spokesperson Mick Dodson,<sup>4</sup> initiatives, beyond support for Indigenous workers and communities, are required to improve mainstream services for Indigenous clients in a culturally sensitive and appropriate manner.

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- 1 Australian Institute of Health and Welfare. 2004 National Drug Strategy household survey: detailed findings. Canberra: AIHW, 2005. (AIHW Cat. No. PHE 66; Drug Statistics Series No. 16.) <http://www.aihw.gov.au/publications/phe/ndshsdf04/ndshsdf04.pdf> (accessed Jan 2009).
- 2 Australian Bureau of Statistics and Australian Institute of Health and Welfare. The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples. Canberra: ABS and AIHW, 2008. (ABS Cat. No. 4704.0; AIHW Cat. No. IHW 21.)
- 3 Gray D, Haines B, Watts S. Alcohol and other drug education and training for Indigenous workers: a literature review. Perth: Aboriginal Drug and Alcohol Council South Australia and National Drug Research Institute, 2004.
- 4 Dodson M. Whatever happened to reconciliation? Australian National University public lecture, 20 June 2007. Public Lecture Series 2007. <http://www.reconciliation.org.au/home/media/speeches> (accessed Mar 2009). □

