

## East Kimberley Alcohol Treatment

**Alcohol treatment services are an essential part of providing support to families and individuals affected by alcohol abuse in the East Kimberley.**

This evidence brief will guide and shape discussion about alcohol treatment services in the East Kimberley, in the context of Aboriginal-led solutions to Alcohol Reform in the Kimberley. It aims to build a common understanding about effective alcohol treatment services for Kimberley Aboriginal people, in order to support decision making and the development of a shared agenda for alcohol management in the region.

“*[We need] a community approach to reduce harms from alcohol, support people to overcome addiction and make good choices for themselves and their family*”

- Halls Creek Community Consultations, 2018

### Key Messages:

- Across the Kimberley, the estimated per capita consumption of pure alcohol for the entire community (16.1L) is far higher than the national average (9.7L) [8].
- Treatment approaches must form part of a Regional Alcohol Action Plan, which details a holistic blend of demand, supply, and harm reduction measures [9].
- It is important to focus on building families rather than addressing issues individually. We need a community approach to reduce harms from alcohol, support people to overcome addiction and make good choices for themselves and their family.
- Treatment programs are carried out in both community and residential settings. Residential treatment is more effective for clients with more severe deterioration, less social stability, and are at high risk of relapse. These are characteristics of clients in the East Kimberley [2].
- Key principles for effective alcohol and other drug treatment for Aboriginal people [3]:
  - Evidence-based and evidence informed
  - Cultural competency, safety, and security
  - Family and community involvement
  - Aboriginal ownership of solutions
  - Integrated services and partnerships

## Data Snapshot: Impact of Alcohol [8]



### CONSUMPTION

Across the Kimberley, the estimated **per capita consumption of pure alcohol** for the entire community is **far higher** than the national average [8]



**16.1L vs 9.7L**



### HARMS

Hospital data from Kununurra indicates the incidence of all **alcohol-related conditions** occur at a rate that is more than **4X** the rate of the rest of Western Australia



In a recent study in the East Kimberley [8], community members identified the following issues...

### UNDERAGE DRINKING

Some Aboriginal children in the region **start drinking alcohol from age 10**, and alcohol is often acquired by their family.



Children who consume alcohol regularly often have **low or no school attendance** and are more likely to be engaged in the criminal justice system



A large proportion of children engaged in the criminal justice system were likely to have **foetal alcohol spectrum disorder (FASD)**.



### SLY GROGGING

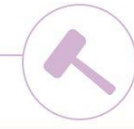
There are several residential locations in Kununurra that serve as **illegal alcohol supply outlets**, which drives the sly-grog market, enabling individuals to bypass takeaway alcohol restrictions.

## Alcohol related crime

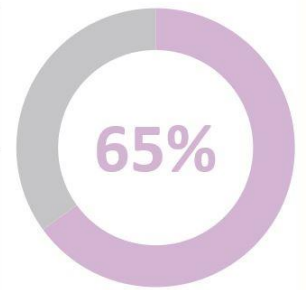
in the Shire of Wydham-East Kimberley 2009-19



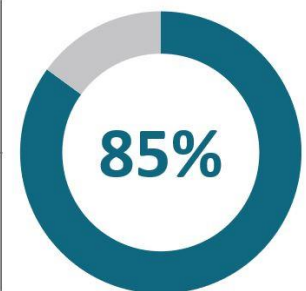
**69%** of offences against the person had alcohol involved or present



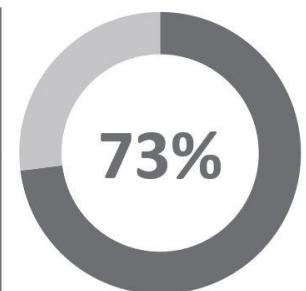
**65%** of breaches of violent orders had alcohol involved or present



**85%** of serious family assaults had alcohol involved or present



**73%** of assaults had alcohol present or involved, rate of which was **1.9x** higher in 2019 than 2009



## Local voices: What's needed

A review of local reports and consultations [9] [10] [13] [11] evidence the call by Kimberley Aboriginal people for alcohol rehabilitation approaches that take a holistic approach to building strong families, rather than addressing issues individually.

Growing our families strong:

- Increasing family empowerment is an important priority for people in the Kununurra and Halls Creek.
- Creating more family shelters and family-friendly support houses is critical to assist families trying to recover from drug and alcohol abuse [11].
- In order to increase family functioning, people in community who are dealing with addiction to alcohol or drugs need to have access to treatment, including withdrawal management, throughcare, and ongoing post-treatment support.
  - “There is not point spending money for rehab only to be sent straight back to where there is alcohol and drugs available freely”
- We need a community approach to reduce harms from alcohol, support people to overcome addiction and make good choices for themselves and their family

Support for young people:

- Adequate resources to support assessment and diagnosis of Foetal Alcohol Spectrum Disorder (FASD) has been highlighted as critical
- More mental health services and culturally appropriate support programs are required to support young people
- Targeted treatment approaches are needed for younger cohorts of clients

Community members have identified the following gaps in alcohol related services [8]:

- Housing – reducing homelessness and overcrowding
- Mental health – more culturally appropriate support
- Healing programs – trauma informed wellbeing support
- Ongoing care – support for people post-rehabilitation and incarceration
- FASD diagnoses and support
- Qualified long-term staffing – reducing turnover of qualified staff
- Sustainable funding mechanisms – eliminating the “start-stop” nature of funding cycles

## What we don't know yet: *Reliable evidence on effective AoD treatment interventions for Aboriginal people*

There is a lack of rigorous evaluations on AoD treatment interventions for Aboriginal and Torres Strait Islander peoples [3]. Mainstream interventions which are evidence-based have been found to be less effective with Aboriginal and Torres Strait Islander people.

However, evidence indicates that cultural adaptations of mainstream interventions and interventions delivered and/or controlled by Aboriginal communities can be we a way to provide effective treatment for Aboriginal people [3].



## What we don't know yet: *Foetal Alcohol Spectrum Disorder*

There is limited data on foetal alcohol spectrum disorder prevalence amongst children in the East Kimberley.

Difficulty in diagnosing FASD, lack of awareness in community, and sustainability of programs collecting data contributes to this gap [12].

## Literature Review: What Works in Alcohol Treatment for Aboriginal People

Alcohol management options can be categorised as either supply, demand, or harm reduction measures. Treatment services fall into the category of demand reduction measures, however must exist within a balance of supply and demand reduction interventions as well as harm reduction [1].

Alcohol treatment programs are carried out in both community and residential settings. Residential treatment is generally not more effective than non-residential settings, but evidence indicates that it is more effective for particular groups of clients including those with more severe deterioration, less social stability, and high risk of relapse. These are common characteristics of clients in the East Kimberley [2].

Key principles for effective alcohol and other drug treatment for Aboriginal and Torres Strait Islander peoples include [3]:

- **Aboriginal ownership of solutions** is emphasised as the most important principle for effective alcohol and drug treatment of Aboriginal people. Aboriginal ownership should be community-led rather than individual-led, to ensure community controls solutions.
- Being **evidence-based and evidence informed**, using treatments that have been proven to be effective
- **Cultural competency, safety, and security**. This means centring Aboriginal culture and identity of clients in the way interventions are delivered, including ensuring people are respected and validated for who they are and what they need.
- **Family and community involvement** can be integral to achieving positive outcomes for individuals. Families should be empowered to overcome drug and alcohol abuse and should be involved throughout treatment stages and ongoing care, depending on the wishes of the individual.
- **Service integration** is important for ensuring the complex and multiple needs of people are met. Ensuring treatment services are well integrated with other services improves their accessibility and timeliness for clients.

### Culturally-based Interventions

Alcohol treatment interventions that are culturally based will include the following:

- Strengths based approach
- Supporting traditional ways of learning through interactive teaching and active participation
- Using traditional medicines, bush tucker and healers, engaging with Elders
- Supporting connection to Country (e.g. bush trips)
- Grounded in understanding of the historical and political factors, including the ongoing impacts of colonisation on individuals and communities
- Utilise an Aboriginal family systems approach to care, control, and responsibility

A qualified workforce is an important enabler for successful treatment outcomes. This includes appropriate salaries, career pathways, training, mentoring and supervision, and other forms of support via organisations such as professional bodies. There is generally a lack of workforce support for Aboriginal staff. In the Kimberley, the Kimberley Aboriginal Medical Service provides workforce development for social and emotional wellbeing staff across the region.

## Evidence-based Mainstream Interventions

**Therapeutic communities** are an intensive form of intervention usually offered in a residential setting. Individuals participate in a community itself within a treatment facility, where self-help and mutual support is offered as the principal means for promoting personal change.

There is a focus on a holistic approach, involving the social, psychological, and behavioural dimensions of substance use, with the use of the community to support the development of behaviours, attitudes, and values to support healing. Best suited for people with moderate to high levels of dependence and severe deterioration, less social stability, and are at high risk of relapse. These are the characteristics of many Kimberley Aboriginal people seeking treatment, and therefore may often be the best or only practical option.

**Screening and assessment**, including treatment planning. Low levels of dependence are best suited to brief interventions, while moderate to severe levels may require withdrawal and additional treatment options in either a residential or non-residential setting.

**Withdrawal management** can be conducted in a residential setting, or non residential settings such as the client's home. Withdrawal from severe dependence should be supervised and properly managed, with attention to physical, psychological, and social needs of the person.

**Relapse prevention** equips clients with skills to improve their chances of remaining abstinent. This can take place in residential or non-residential settings, should be provided by skilled staff.

**Brief interventions** are the least intensive, and aims to motivate those at risk to change their behaviour. Can range from 5mins of advice to 30mins of counselling, and commonly delivered by GPs and AOD workers.

**Cognitive behavioural therapy** involves a broad range of therapeutic interventions including interpersonal problem solving, relationship and social skills, stress management, and skills for coping with urges to use drugs. Can take place in residential or non-residential settings, should be provided by skilled staff.

**Maintenance pharmacotherapy** involves providing continuing medication to the individual to prevent relapse.

**Ongoing care** is essential for alcohol dependence as it is a chronic relapsing condition. There is lack of ongoing care services for Indigenous Australians [2].

## Case study: Milliya Rumurra Alcohol and Drug Rehabilitation Centre (Broome)



Milliya Rumurra is an Aboriginal Community-Controlled Alcohol and Drug service located in Broome, providing residential treatment and rehabilitation to community members in a range of culturally secure environments. Treatment programs at Milliya Rumurra are based on the National Drug Strategy principle of harm minimisation and use an evidence-based and client-centred approach.

Milliya Rumurra offers five main programs:

- Sobering-up Shelter
  - A culturally safe, care oriented environment for community members to sober up
- Residential Rehabilitation
  - Residents have a minimum stay of 12 weeks, during which they participate in a program which seeks to address the effects of alcohol and other drugs on themselves, their family, and their community.
- Day program
  - Educational programs
- Continued care and support (ongoing care)
  - Family-based support service to clients post-rehabilitation.
- Outreach and support
  - Partnership with Cyrenian House (Perth-based AOD service) to provide community based interventions



Key elements incorporated into the service include [3]:

- Holistic approach & family model of care: Clinical workers engage with family during rehabilitation and post-rehabilitation
- Sustainability: Milliya Rumurra have maintained a strong and respected presence in the community
- Collaboration: Relationships have been established with services in Broome and Milliya Rumurra is represented on regional and State bodies
- Good governance: This includes good management structure, established policies and procedures and good communication
- Qualified workforce: Best qualified staff including a high number of Indigenous employees



*Milliya Rumurra was profiled in the National Indigenous Drug and Alcohol Committee's 2014 report on Alcohol and other drug treatment for Aboriginal and Torres Strait Islander Peoples [3], as an example of an effective alcohol and other drug treatment intervention for Aboriginal and Torres Strait Islander people in a residential setting.*

## References and further reading

- [1] D. Gray and E. Wilkes, "Reducing alcohol and other drug related harm," Closing the Gap Clearinghouse, 2010.
- [2] L. Shanks, "Kimberley Alcohol Management Research Paper," 2017.
- [3] National Indigenous Drug and Alcohol Committee, "Alcohol and other drug treatment for Aboriginal and Torres Strait Islander peoples," Australian National Council on Drugs, Canberra, 2014.
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- [5] Pearce, D; Jennings, A., "MG Social Development Priorities Review," Kimberley Boab Consulting (with MG Corp), 2014.
- [6] Enzyme Consulting, "Kununurra and Halls Creek: Community Leadership Workshops," 2015.
- [7] Remote Services Reform Unit, Consultations, WA Government; Dept. of Communities, 2017.
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- [11] Healing Foundation, "Talking Family Healing East Kimberley Gathering Report," 2014.
- [12] P. Bridge, "Ord Valley Aboriginal Health Service's fetal alcohol spectrum disorders program: Big steps, solid outcome," vol. 11, no. 4, 2011.
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