

Breaking the Cycle of Alcohol and Drug Abuse in Indigenous Communities Initiative Frequently Asked Questions

What is the Breaking the Cycle of Alcohol and Drug Abuse in Indigenous Communities Initiative?

The Australian Government, through the Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA), is providing \$20 million over three years (from mid-2011 to mid-2014) to tackle alcohol and substance abuse in targeted Indigenous communities across Australia.

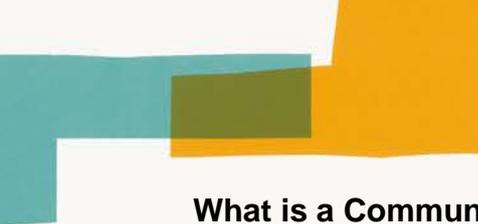
The initiative is helping Indigenous communities to work with government and non-government organisations to develop and implement Community Alcohol and Substance Abuse Management Plans (CASPs). The program also supports community groups and not-for-profit organisations to work at the local level to drive the CASP, support the community and deliver prevention programs to tackle alcohol and substance abuse.

Where is the program delivered?

Breaking the Cycle is operating in the following locations:

- Bourke and Brewarrina in the Murdi Paaki region and Condobolin in New South Wales;
- Doomadgee and Mornington Island in Queensland;
- Ceduna and surrounds, including Oak Valley, Scotdesco, Yalata, and Koonibba in South Australia; and
- the Goldfields region, focussing on Laverton and Leonora, Warburton in the Ngaanyatjarra Lands, and the East Pilbara in Western Australia.

These locations were selected based on their high need for assistance in combating alcohol and substance abuse and related harm, and for the commitment their community leaders and members have shown in taking action.



What is a Community Alcohol and Substance Abuse Management Plan (CASP)?

A CASP is a community-driven plan which aims to reduce the harm caused by alcohol and substance abuse. It recognises that communities experience harm from both alcohol and substance abuse and there are strong links between the two.

A CASP focuses on reducing alcohol and substance abuse related harm and ensuring the safety of community members - particularly women, children and families. The CASP outlines how community members, governments, service providers and businesses will work together to reduce harm.

Communities are being supported to develop CASPs as part of efforts to reduce the impact alcohol and substance abuse can have on Aboriginal people. A CASP is more likely to be successful if it uses a harm minimisation approach as outlined in the National Drug Strategy 2010-2015, which relies on three key elements being applied in a balanced way through demand reduction, supply reduction and harm reduction.

As part of a national approach to tackling alcohol and substance abuse new minimum standards have been developed which will help communities to develop CASPs. All CASPs will need to address these minimum standards, which aim to further reduce the harm which results from alcohol and substance abuse and make communities safer.

How do CASPs benefit communities?

A CASP provides a framework for a community to talk about the harm that alcohol and substance abuse can cause people, especially women and children. It helps the community to work together to find ways to reduce the amount of alcohol and other substances used, as well as helping problem users to change their behaviour and minimise the harm caused by alcohol and substance abuse in the community.

Funding has been provided to support CASP development and implementation in each of the targeted communities. This funding can be used for community development and governance capacity building, intake and assessment services, health promotion and anti-violence education, referral and resource development, as well as early intervention, harm reduction and prevention activities.

What is the role of the service provider and the Community Steering Committee?

A lead service provider has been appointed for each location to deliver community capacity building and brokerage services. This includes establishing an effective and representative Community Steering Committee, or working with an existing effective and representative committee that directly responds to alcohol and substance abuse related harm.

A service provider panel has also been established for each area. These service providers can provide a range of services to support the implementation of a CASP in





their community, for example, community capacity development, intake and assessment services, referral and resource development and community support services.

The Community Steering Committee will drive the development of a CASP, with the support of the lead service provider and FaHCSIA. The Community Steering Committee includes people who have been nominated or who have expressed interest in working to reduce alcohol and substance abuse related harm.

What products have been developed to support service providers and Community Steering Committees?

The following products have been developed to support service providers and community members to develop and implement CASPs:

- ***CASP Toolkit and User Guide***

The toolkit provides detailed information on developing and implementing a CASP. In addition, a revised, shorter and more accessible guide has been developed based on feedback from service providers. This User Guide will be sent to service providers in February 2013 and provides communities and service providers with all the essential information to help develop their CASP.

- ***Community Leadership Training Package***

The Leadership Training Package is designed to assist service providers to build and extend the leadership capacities of Indigenous community leaders in managing alcohol and substance abuse issues in their communities. The Package includes a learner guide for trainees and a facilitator guide to be used by service providers.

How will a CASP be approved?

After a community develops a CASP, it will be submitted to FaHCSIA for comment. FaHCSIA will review the draft CASP to check that it meets the minimum standards, before providing comments to the Community Steering Committee and the lead service provider. FaHCSIA may ask for clarifications or changes before the Community Steering Committee submits a final draft CASP.

The CASP will then be sent to the Federal Minister for Indigenous Affairs for approval. The Minister will also check whether the CASP meets the minimum standards ensuring that the CASP is aimed at reducing alcohol and substance abuse related harm and keep the community safe, with a particular focus on women, children and families.

How will communities and government make sure the CASP is working?

In every CASP there will be objectives which are set by the community so the CASP can be reviewed on a regular basis. This will ensure the community can assess the effectiveness of the strategies and activities they have put in place. This is a key part of the minimum standards.



What are the draft minimum standards?

<p>Standard 1: Consultation and engagement</p>	<p>An Alcohol Management Plan must be developed in partnership between government and community representatives through community consultation and engagement. This should include, where possible, representation from the following Aboriginal community members and their interests: women, men, youth, the elderly, clan groups, traditional owners, and non-drinkers as well as drinkers. It could also include local and regional organisations involvement, particularly Health.</p>
<p>Standard 2: Realistic and measureable Alcohol Management Plans that are directed at reducing harm</p>	<p>The primary purpose of Alcohol Management Plans is to reduce harm arising in the community from misuse of alcohol, by means of locally-tailored plans that have broad <i>acceptance</i> within the community, are <i>feasible</i> to implement and, on the basis of selected indicators, <i>effective</i>. Once approved, Alcohol Management Plans will be expected to show progress in these directions. Where this does not occur, communities may be asked to review and revise their Alcohol Management Plans.</p>
<p>Standard 3: Alcohol Management Plan strategies – Supply reduction, demand reduction, harm reduction</p>	<p>The Alcohol Management Plan should focus on the three dimensions of effective community based strategies to reduce harm to individuals, families and communities that results from alcohol abuse. These three dimensions are:</p> <ul style="list-style-type: none"> • Provisions for controlling alcohol supply (such as strategies to address grog running, restrictions on sale or supply from local liquor outlets, restrictions on hours of sale for on-licence drinking, restrictions on types and amounts of alcohol permitted to be sold to individuals and whole population for on-licence consumption within specific periods); • Demand reduction activities (such as resources and measures for intervention, detoxification, treatment of dependent drinkers); and • Harm reduction activities (such as community patrols, adequate responses to violence and unsafe driving, sobering-up facilities, women’s shelters, sponsored sobriety groups, managed step-down facilities and longer term supported accommodation for people coming out of treatment). <p>The Alcohol Management Plan must be in a format that is easily understood by community members. Alcohol Management Plan strategies should specifically:</p> <ul style="list-style-type: none"> • Focus on improving the health, well-being and safety of all community members;

	<ul style="list-style-type: none"> • Specify measurable objectives and show how, on the basis of evidence, proposed measures will contribute to those objectives; • Where applicable, use national health benchmarks for assessing strategies and objectives; • Recognise and incorporate local cultural frameworks and priorities; • Include evidence based strategies; • Identify resources required and sources of funding to support implementation; • Where the community is in proximity to a liquor outlet, consider strategies involving local liquor supply/or where possible, engaging with the Manager of outlet.; and • In communities where drinking is allowed, specify measures to encourage responsible drinking and discourage binge-drinking.
<p>Standard 4: Monitoring and reporting</p>	<p>The Alcohol Management Plan must include measurable outcomes and an evaluation framework, or specify procedures to be used to obtain an evaluation framework. The evaluation framework should allow for the assessment of any unintended consequences that may arise (or be alleged to arise) from the Alcohol Management Plan (such as signs of increase in use of other drugs). The framework should enable the ongoing progress and effectiveness of the Alcohol Management Plan to be reviewed, monitored and reported on. The plan should clearly identify a process for regular reporting to community residents in formats that are comprehensible and accessible to non-specialists.</p>
<p>Standard 5: Governance</p>	<p>The Alcohol Management Plan must include governance arrangements that clearly describe the roles and responsibilities of each of the agencies and participants in the Alcohol Management Plan, especially those involving the need for resources, and include a balance of Aboriginal community members and interests. This may include the participants consistent with Standard 1.</p>
<p>Standard 6: Resources, roles and responsibilities</p>	<p>While primary responsibility for developing and implementing the Alcohol Management Plan rests with the community, effective implementation requires shared responsibility with other agencies. An Alcohol Management Plan should include:</p> <ul style="list-style-type: none"> • Resources, roles and responsibilities of stakeholders such as police and other government agencies and their views and advice, to enable compliance with the Alcohol Management Plan; • Role and responsibilities of local health clinics and regional

	<p>service providers in helping to prevent and manage alcohol problems in the community;</p> <ul style="list-style-type: none"> • Responsibilities of local liquor licensees with respect to the Alcohol Management Plan; and • Evidence that the stakeholders listed above are aware of, and accept, the roles and responsibilities specified.
<p>Standard 7: Clear geographical boundaries</p>	<p>The Alcohol Management Plan should show clearly all relevant geographical boundaries and explain how and why these boundaries have been chosen.</p>

Who can I talk to for more info?

If you have questions about Breaking the Cycle, please contact your FaHCSIA Program Manager or email breakingthecycle@fahcsia.gov.au.