ANCD research paper 4

Indigenous drug and alcohol projects 1999–2000

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Executive summary

Key findings

- For the 1999–2000 financial year, we were able to identify a total of 277 alcohol or other drug intervention projects conducted by or for Indigenous Australians. The majority of these projects (226 or 81.6 per cent) were conducted by a total of 177 Indigenous Australian community-controlled organisations.
- In total — including multi-service projects — 107 projects provided treatment as either a primary or secondary part of their services, and that treatment was provided in residential settings by a total of 38 projects.
- Fifty-seven prevention projects provided a mix of: health promotion services; sporting and recreational activities as an alternative to or diversion from alcohol or other drug use; and a small number of community development projects.
- Ninety-three projects provided acute intervention services — including 68 night patrols, 22 sobering-up shelters, one combined patrol and shelter, and two multi-service projects one of which conducted a patrol and the other a shelter.
- The majority of night patrols were located in the Northern Territory (33) and Western Australia (21) and accounted for the larger numbers of projects in those jurisdictions.
- Twenty-two other projects provided: support services; referral services; staff and resource development; and program development.
- There was no relationship between the number of projects in a region and either population size or the accessibility/remoteness of a region.
- There were, however, some differences in the distribution of projects on a State/Territory basis. The States/Territories with the largest Indigenous populations — New South Wales/Australian Capital Territory and Queensland — had the lowest number of intervention projects per 10,000 people.
- One hundred and forty-three projects were conducted in community settings, 29 in non-residential treatment facilities, 67 in residential facilities (including 33 residential treatment facilities and 23 sobering-up shelters); five in prisons; and the remainder in multi- or other settings.
- One hundred and forty-three projects targeted alcohol alone; 73 targeted alcohol and other (unspecified) drugs; and, either in combination with other drugs or alone, 30 projects targeted volatile substances, 13 cannabis, 12 heroin or amphetamines; and six targeted tobacco.
- In the 1999–2000 financial year, in Australia as a whole, $35,429,530 was directly expended upon alcohol and other drug intervention projects for Indigenous Australians. This does not include voluntary work on the part of community members, without which many organisations would not be able to function effectively.
- Direct expenditure on individual projects ranged from $0 to approximately $932,000.

- Treatment projects accounted for the largest percentage of expenditure. Residential treatment projects were responsible for 33.8 per cent of expenditure and non-residential treatment projects accounted for a further 12.6 per cent. In addition, an unable-to-be-determined, but significant, proportion of funds allocated to multi-service projects was for the provision of treatment services.
- Acute intervention projects accounted for 26.9 per cent of expenditure.
- The percentage of funds expended on prevention (10.5 per cent) and other projects including staff development (3.3 per cent) was quite small.
- There was considerable regional variation in both total expenditure and per capita expenditure. However, there was no correlation between total expenditure and either estimated resident population or regional accessibility/remoteness.
- There was considerable variation between States/Territories around the national mean per capita expenditure on intervention projects of $91.97. Per capita expenditure was greatest in South Australia, followed by Victoria, Western Australia and the Northern Territory.
- The Commonwealth Government provided a greater percentage of funding (58 per cent) for alcohol and other drug intervention projects than did the State/Territory governments (42 per cent) – although there was considerable variation in the extent to which Commonwealth Government agencies supplemented funding provided by State/Territory governments.
- Differences in per capita expenditure between States/Territories cannot be explained on the basis of the ratio of Commonwealth to State/Territory funding in each jurisdiction.
- The bulk of all funds was provided by the Office of Aboriginal and Torres Strait Islander Health (OATSIH) and in all jurisdictions but Victoria, Tasmania and Western Australia, OATSIH provided more funds than all State/Territory agencies combined.
- In the 1999–2000 financial year, 95 per cent of all expenditures were recurrent and this level of recurrent funding was consistent across all jurisdictions. However, the certainty of this funding continuing is, to a considerable extent, dependent upon the longevity of the government programs under which the funding was provided.
- Although 95 per cent of funding was recurrent, 45 projects (16 per cent, or one project in every six) were totally dependent upon non-recurrent funding. Forty-seven per cent of all prevention projects were funded by non-recurrent grants.
- Nationally, 89.6 per cent of direct funding for alcohol and other drug intervention projects was expended by Indigenous community-controlled organisations. Excluding the ACT and Tasmania – which are anomalous because of their small size and the number of projects conducted within each jurisdiction – Indigenous control of funds was lowest in South Australia (77.8 per cent), Western Australia (84.4 per cent) and the Northern Territory (90.0 per cent), and highest in New South Wales (98.5 per cent), Victoria (97.1 per cent) and Queensland (94.7 per cent).

1. Introduction

This is a report on the first of a two-phase project commissioned by the Australian National Council on Drugs (ANCD). In its call for tenders, the ANCD stated:

> This project aims to identify the number and nature of programs which are specifically targeted at Indigenous people who are experiencing drug and alcohol problems. It is envisaged that within the project there are two core elements (or phases) — a review of the literature and a mapping exercise, then site visits and evaluations. The scope of this project includes mapping these programs and describing the nature and any existing evaluations of the programs. One of the primary outcomes of the project is to identify and promote programs that could be suitable models for other communities to implement.[1]

As specified in the call for tenders document, the specific objectives of Phase 1 of the project were as follows:

- Provide a historical overview of what types of innovations have been tried and what has been achieved (including possibly successful programs that are no longer operating and reasons for their cessation) in relation to Indigenous people experiencing drug and alcohol problems in Australia.
- Identify both prison-based and community-based programs available to Indigenous people.
- Diagrammatically represent the location of programs in each State and Territory, identifying any gaps in relation to geographical distribution/location.
- From existing evaluations, identify programs which could be used as examples of 'best practice'.[1]

In undertaking this project, we have taken the view that it is important to identify the location of alcohol and other drug interventions at the Aboriginal and Torres Strait Islander Commission's (ATSIC) regional level as well as at the State/Territory level. To a significant extent, these regions are based upon important — though permeable — boundaries within which Indigenous people interact. Furthermore, the elected ATSIC regional councils have an important role in planning processes, and information such as that gathered as part of this project is important for those processes.

As well as documenting the geographic and demographic distribution of projects, we have also sought to document the availability of financial resources for the implementation of projects. Experience with colleagues in the development of an Aboriginal health plan for the Kimberley region of Western Australia highlighted the fact that there are considerable differentials in per capita resource allocation, and research by ourselves and others has shown that inadequate resource allocation is an important factor in circumscribing the effectiveness of projects.[2, 3] The fourth of the specific objectives of the project (that is, 'From existing evaluations, identify programs which could be used as examples of "best practice"') required gathering data of direct relevance to Phase 2 of the project. For that reason, our findings with regard to that objective will be included in the report on Phase 2.

In Chapter 2, we provide an historical overview of alcohol and other drug interventions among Indigenous Australians. There are, already, a number of comprehensive reviews that include descriptions of such interventions.[4–11] Rather than attempting to duplicate what has already been undertaken, we have provided a general summary of that work. The methods we employed to collect and analyse data on intervention projects are described in Chapter 3 of the report. This chapter also includes the definitions we have employed to categorise projects and the criteria used for inclusion of projects in the study. In Chapter 4, we present the results of our review of the distribution of, and allocation of resources to, current intervention projects — a complete list of which is provided in Appendix 2. In this context, 'current' refers to the 1999–2000 financial year, that being the most recent, complete financial year at the time the project was commenced.

2. An historical overview of interventions

The National Drug Research Institute (NDRI) has the most extensive library on Aboriginal alcohol and other drug issues in Australia. Institute staff have also compiled – from numerous sources – a comprehensive web-based, key-worded and annotated bibliography on these issues (http://www.db.ndri.curtin.edu.au). At the time of writing, the bibliography includes details of 735 books, book chapters, journal articles, technical reports and manuscripts. For the purpose of this overview of interventions, we searched the bibliography and identified all those items that included project or program descriptions and/or evaluations as well as review articles. This search yielded a total of 157 items, which were then sorted by drug category and date of publication. This yielded sequential lists from which it was possible to trace, in broad outline, the development of interventions targeted at different categories of drugs – although, with regard to some drugs and interventions, the published literature is scant. Items that duplicated other reports about the same interventions were discarded, as were those that provided little concrete detail. The result was a list of 86 items on which the following overview is based.

2.1 Alcohol

Alcohol and other drug intervention projects specifically targeted at Indigenous Australians are a relatively new phenomenon. This is largely because, for most of the twentieth century, consumption of alcohol by Indigenous Australians was prohibited and – apart from tobacco – other psychoactive drugs were not readily available. In 1838, New South Wales was the first jurisdiction in which legislation was passed prohibiting the supply of alcohol to, or the consumption of alcohol by, Indigenous people. Over the next 90 years similar legislation was passed in other jurisdictions – Western Australia 1843, Victoria 1864, Queensland 1885, Tasmania 1908, and the Australian Capital Territory 1929. Although exemptions were granted to some Indigenous people, in general, laws defining who was an Aboriginal person or 'native' became increasingly inclusive and, thus, so did the prohibitions. Prohibitions were put in place under policies that purportedly sought to 'protect' Indigenous people. However, following the adoption of assimilationist policies after World War II, these laws were repealed – first in Victoria in 1957 and finally in Western Australia in 1968.[5, 11]

Although prohibitionary legislation had not been completely effective in preventing either use or misuse of alcohol by Indigenous people, in the years following repeal of the legislation there was a significant increase in reports of alcohol misuse.[12–17] It should be noted, however, that this was not simply a consequence of the legislative repeal. Rather, the removal of the prohibitions allowed a number of underlying factors to come into play which were manifested as alcohol misuse as well as other social problems.[11]

Although Indigenous Australians have long struggled to maintain their identity and independence, the adoption of the policy to self-determination by the Whitlam Labor government provided the opportunity for Indigenous people to establish, and obtain funding for, a burgeoning number of community-controlled organisations aimed at improving their position within Australian society. It was in the context of this, and the increasing prevalence of alcohol-related problems, that the first Indigenous alcohol intervention project was established.

Bennelong's Haven was set up in 1974 by Val Bryant. An ex-drinker herself, Ms Bryant had been through Alcoholics Anonymous and Bennelong's Haven was based on that approach. Ms Bryant has said:

> I never saw any Aboriginals at AA meetings but I knew it could be the greatest thing for them ... Many thought AA was just something for white people. I knew the ideas behind AA were right for Aboriginals ... I know that Aboriginals are basically spiritual and AA philosophy is spiritual – it is a matter of channelling it in the right direction.[18]

In subsequent years, in various parts of the country, a number of other residentially based treatment projects were established by both Indigenous and non-Indigenous organisations.[19–23] Like Bennelong's Haven, these projects were also based on the Alcoholics Anonymous or '12 steps' model. One of the key reasons for this was that the projects were often initiated by people who had themselves been through a '12 steps' program, had dealt with their alcohol-related problems by becoming abstinent, and advocated abstinence as the means by which others could deal with such problems.

Although residential treatment projects pioneered the way, by the early 1980s a number of community-based alcohol treatment projects also were under way. Some of these were outreach projects developed out of existing residential projects while others were established anew – either in response to community demand for such projects, or as a consequence of being unable to obtain funding for residential facilities.

The 1980s saw the beginning of the use of other than '12 step'-based models of treatment. One of the first projects to explore other approaches was the Aboriginal and Islander Alcohol Awareness and Family Recovery Program, established in the Northern Territory in 1983. This program was based on the Holyoake model, in which families are seen as an intricate part of the treatment process. However, these new approaches by organisations were not so much a shift away from abstinence-based models of treatment, as a shift towards providing a range of approaches to treatment – including such options as life-skills counselling and vocational training. For example, a representative of the Roy Thorne Substance Misuse Rehabilitation Centre, established in 1997, is quoted as saying:

> The committee know from the research that AA has its place in recovery but it's different stroke for different folk, so they wanted to introduce a range of interventions (offered in an Indigenous context) that would hopefully cover all client needs.[24]

Nevertheless, a large number of Indigenous community members and service providers continue to share the belief that 'Abstinence is the only way for Indigenous people to conquer addictions'.[25] There has been some debate about the cultural appropriateness of the '12 steps' approach.[26, 27] However, not the least among reasons for its advocacy is the practical difficulty individuals face in controlling their drinking in environments where excessive consumption is rife, and, as Brady notes, some individuals have dramatically changed their lives through this approach.[28]

It is important to note that much treatment for Indigenous people with alcohol or other drug problems is provided in primary health and medical care settings – either by staff from Aboriginal community-controlled health services or by other health professionals. Based on interviews with a number of Indigenous people who have given up drinking and who cited medical advice as a reason for this, Brady has called for wider use of brief interventions.[28, 29] Brady's interviews do not provide sufficient basis for assessment of the efficacy of brief interventions in an Indigenous context. Nevertheless, they have been shown to be efficacious in other populations, they are inexpensive, and they do no harm to patients. For these reasons it makes good sense to offer them whenever possible. However, given that the evidence is not yet in, some of these apparent advantages may actually be disadvantageous, particularly if they are seen by funding agencies as a cheap substitute for the provision of interventions that are more costly but which actually address underlying issues.

Just as community-based treatment projects grew out of residentially based services, so too did many prevention projects. Unfortunately, there is a paucity of published materials on Indigenous prevention initiatives, especially prior to 1990. There are several reasons for this: many projects have simply not been written up; many prevention initiatives are provided by treatment services and are not funded as discrete projects; and, historically, prevention has not been given as much emphasis by Indigenous alcohol and drug agencies as the urgent need for treatment.

Health promotion has been the focus of most prevention projects. These have been locally, regionally or State/Territory-based and have taken a variety of forms. Locally based alcohol education programs for both children and adults have been conducted in Yarrabah and Palm Island.[30, 31] Media campaigns have ranged from alcohol educational messages on local radio, such as that conducted by Waringarri Aboriginal Corporation in Kununurra, through regional tours of short plays incorporating health themes (including alcohol), as conducted by the Health Promotion Unit of the Kimberley Aboriginal Medical Services Council, to the Northern Territory-wide Raypirri campaign which included a tour by the band Yothu Yindi, television commercials, radio spots and posters.[11, 32, 33] (It is worth noting that, over the years, health promotional materials have been produced by a wide range of organisations and that the Aboriginal Drug and Alcohol Council of South Australia has established a repository for these.)

A preventive approach that has been used in several communities has involved the training of Indigenous people to work as alcohol counsellors, not only in treatment but in community settings. Their role has been to raise community awareness of alcohol problems and to stimulate people to develop solutions to them. As well as providing a preventive focus, such training has also been seen as providing therapy and work opportunities for people who themselves have had alcohol misuse problems.[34]

The Karalundi Aboriginal Education Centre developed a multi-pronged preventive strategy for Indigenous students. As well as alcohol and other drug education and production by the students of both health promotional plays and video-tapes, it also included peer support and training designed to improve interpersonal, problem-solving and decision-making skills.[35]

Another important preventive approach has been the provision of activities that provide alternatives to alcohol use. Often, such projects — especially when established for young people — do not focus specifically on alcohol or other drugs, but are designed to address a range of issues. Others, however, do have a specific alcohol or drug prevention focus. In Victoria, for example, the Koori Alcohol and Drug Prevention Project developed a multi-focus strategy, which included education classes and sporting and recreational activities.[36]

An important strategy for the reduction of alcohol-related harm has been the establishment of acute intervention services, designed to prevent intoxicated people from hurting themselves or others. The most important of these are night patrols and sobering-up shelters. The first night patrol was established by Julalikari Council in Tennant Creek in the Northern Territory in 1985. Its objectives are to resolve conflicts, minimise violence, and prevent problems associated with alcohol and substance misuse. Since 1985, the number of night patrols has increased significantly. However, apart from a review of remote area night patrols in Central Australia and reviews of three patrols in the Kimberley region of Western Australia (conducted as parts of wider reviews of services), there are no publications that focus specifically on them.[32, 37, 38]

Sobering-up shelters, like night patrols, were a focus of particular attention and their numbers were increased following both the decriminalisation of public drunkenness in several State/Territory jurisdictions and the report of the Royal Commission into Aboriginal Deaths in Custody.[6, 39] The Royal Commission focused on the need for places other than police lock-ups to detain intoxicated people. Sobering-up shelters aim to provide a temporary haven for, and supervision of, intoxicated people at risk of causing harm to themselves or others.[3] There are several reports covering both their establishment and operations.[32, 40–48]

In addition to these organisational, project-based interventions, Indigenous people in various locations have taken a number of broader initiatives to reduce alcohol consumption and related harm. These include the establishment of 'wet canteens' in order to control the availability of alcohol and to teach people to drink moderately;[49] the establishment of 'dry areas' in which alcohol consumption is prohibited;[7] petitioning liquor licensing authorities to place increased restrictions on the availability of alcohol;[8, 50] and taking direct action to oppose the promotion of alcohol consumption.[51]

2.2 Volatile substances

As any review will attest, most efforts to address substance misuse problems among Indigenous people have focused on alcohol. There are good reasons for this. After tobacco, alcohol is the most widely used psychoactive substance and it is the one associated with the most social disruption, including assaults, domestic violence and accidental injury. However, by no means has alcohol been the only form of substance misuse targeted for intervention. Inhalation of volatile substances, particularly petrol fumes, has been the focus of much activity. Volatile substance misuse is not confined to Indigenous communities and is not confined to inhalation of petrol fumes. In urban areas, the volatile substances of choice tend to be various forms of solvents, glues and hydrocarbon propellants from aerosol cans. In urban areas, also, volatile substance misuse tends to be an experimental activity with young people soon moving on to other psychoactive substances such as alcohol – sniffing only when they have insufficient money to purchase preferred substances.[52] However, petrol sniffing in remote and rural communities is of more serious concern. Although, in population health terms, its overall impact is relatively small, it is often chronic in nature and its impact upon the small communities in which it occurs can be devastating.

The most comprehensive review of petrol sniffing is Brady's book *Heavy Metal: The Social Meaning of Petrol Sniffing in Australia.*[53] Brady notes that the first documented case of petrol sniffing was from the Coburg Peninsula near Darwin in 1950. She documented its spread over the next 30 years to communities in Arnhem Land, Central Australia and the desert regions of Western Australia. Over this period, the practice became of increasing concern and in the early 1970s the first published reports on it appeared.[54, 55]

The prevalence of petrol sniffing is difficult to assess, as sniffing tends to be episodic and contained within discrete communities. However, there is evidence that there has been a reduction in sniffing in some locations over the past decade, as well as reports of sniffing in communities where it previously did not occur.[9] There is also evidence to suggest that sniffing is now more prevalent among older adolescents and that the number of females sniffing has increased.[56–58]

In the 1970s, when petrol sniffing was first acknowledged as an emerging problem, the outstation/homelands movement was seen as a solution. Outstations were seen as providing children and families with an opportunity to escape from social networks that encourage sniffing and to offer respite from the activity and its effects.[56, 59–61] Although, they are less likely to be seen as a solution than they were 20 years ago, outstations are still part of intervention strategies in some remote areas.

More recent petrol sniffing projects have focused on: school-based education campaigns; youth counselling; alternatives to use such as youth camps and recreational activities; or a combination of these.[9] Examples of projects that have included locally developed education campaigns include: the Healthy Aboriginal Life Team (HALT), which used locally designed artwork and storytelling; the Petrol Link-Up Project, which used the 'Brain Story' to explain the effects of sniffing; and, the Program to Combat Petrol Sniffing in Aboriginal Communities in Western Australia.

Recent projects that have a significant youth counselling component are the Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's Council Petrol Sniffing Support Project, which commenced in May 1999, and the Mt Theo Petrol Sniffer Program, which has been operating at Mt Theo and Yuendumu since 1994. Neither project provides only counselling services. However, in both, counselling comprises an important part of holistic programs designed to address the underlying causes of petrol sniffing.[9]

Projects that focus on providing alternatives to drug use are aimed at reducing boredom, increasing skills of youth, and raising self-esteem. For example, Intjartnama Aboriginal Corporation's Western Line Project offers, among other things, sporting activities and dancing. Similarly, the Kaitjiti Community Corporation Petrol Sniffing Program, near Fregon in South Australia, offers bush camps for young men who sniff petrol. At these camps, young men are taught practical station-hand skills that can be applied in the workplace, and are encouraged to seek employment after completing the camp.[9]

Previously, in cases where petrol sniffers have inhaled dangerous levels of organic lead, chelation therapy was sometimes administered. Chelation therapy uses a chelating agent to dislodge organic lead from blood. However, as lead is accumulated in the brain of chronic petrol sniffers, the effectiveness of chelation therapy has been regarded as equivocal.[53, 62, 63] This aside, there are few treatment services specifically designed to address the needs of chronic petrol sniffers. However, some services with a multi-drug focus include treatment of petrol sniffers as part of their programs. As with many treatment programs, there are inadequate follow-up services to help sniffers reintegrate into their communities after treatment.

In addition to interventions focused on sniffers themselves, a range of community-based interventions have also been tried. In the early 1980s, petrol supplies were locked up and locking petrol caps were introduced – although these measures resulted in vandalism and failed to reduce petrol sniffing.[60, 64] Some communities also tried adding ethyl mercaptan ('skunk juice') to petrol to discourage sniffing, however this measure failed as well.[65] During this same period, a small number of communities introduced avgas/comgas as a substitute for petrol. The success of this was limited, because sniffers were able to obtain petrol from nearby communities. However, in northern South Australia in 1993–1994, avgas was introduced to a number of adjacent communities, thus placing greater restrictions on the availability of petrol. Currently, approximately 28 communities use avgas, and – when it is not relied upon as a universal solution – it is regarded as a useful intervention.[57, 66–69] Prior to the phasing-

out of leaded petrol, some communities introduced unleaded petrol as a harm reduction strategy. This reduced the major long-term damage caused by lead, but not the significant health risks posed by sniffing unleaded petrol.[62]

Generally, petrol sniffing is not an illegal activity. However, in the Ngaanyatjarra Lands (WA) and the Pitjantjatjara Lands (SA), by-laws have been passed prohibiting petrol sniffing. In Western Australia it is also illegal to inhale volatile substances on government railway property – an attempt to discourage urban volatile substance sniffers. These offences are punishable by fines, but their success as a deterrent is debatable. In the absence of enforceable legal sanctions, some communities have responded with their own community-based sanctions, such as physical punishment, shaming, and banishing sniffers. As with legal sanctions, however, these community-based sanctions have had limited success.[60, 61, 70]

2.3 Kava

There is anecdotal evidence that kava was being used in the Torres Strait Islands as early as 1911. However, it was not until the beginning of the 1980s that it was introduced to Yirrkala (NT) as a substitute for alcohol, in an attempt to reduce alcohol-related violence.[71] Kava use is restricted to Arnhem Land in the Northern Territory, and young men and adults are its main consumers.

Excessive kava use has been associated with a number of health-related problems – including physical symptoms such as weight-loss, sore red eyes and chest pains, as well as the neglect of young children – and its misuse has been a cause for concern.[72]

The earliest intervention project to focus on kava was started in 1984 by the Council for Aboriginal Alcohol Programs Services. Since then, another nine projects having kava as one of their drugs of focus have been established. Most are community-based projects that offer a range of interventions including health education programs, counselling, education activities and cultural initiatives.[72]

According to d'Abbs, the main response by government to kava misuse has been the implementation of legislative controls over its supply. The first restrictions came into effect in July 1988 when the Western Australian Government prohibited kava under its *Poisons Act*. This was followed in June 1990 when the Northern Territory Minister for Health used the Northern Territory *Consumer Protection Act* to prohibit kava. In late 1990, the National Health and Medical Research Council listed kava as a Schedule 4 substance, under the Standard for the Uniform Scheduling of Drugs and Poisons, thus making it available only on prescription.[72]

2.4 Tobacco

In 1998, 50 per cent of Indigenous people were regular tobacco smokers, compared to 22 per cent of the general population.[73] A 1995 report expressed concern that, despite the high rates of tobacco use, only 15 intervention projects targeting tobacco were able to be identified.[74] Eleven of these were health promotion interventions – including an Aboriginal Quit program delivered in a prison setting – and nine were incorporated into residential and non-residential treatment programs for other drug use. There are few articles written on tobacco interventions for Indigenous people, and our search of the literature revealed that no projects have been properly evaluated.

The most common interventions with tobacco as a primary target drug are school-based education projects aimed at informing primary school students of the dangers associated with smoking. For example, a project that ran for 12 months in the mid-1990s – 'Health decisions, smoking and Bwgcolman youth' – focused on students developing educational strategies to teach younger students about smoking and its consequences;[75] and, the Maningrida 'Be Smoke Free' project used CD-ROMs, poster and song-writing competitions, local rock concerts, and visits from high-profile sporting personalities to educate children about smoking and its consequences. Although students reacted positively to both these projects, it is important to note that interventions in communities such as this, where over 70 per cent of adults smoke – and children are often asked to light their parents' cigarettes – are unlikely to have a significant effect.[76]

The only other program where some rudimentary evaluation has been attempted has been the Western Australian Aboriginal Smoking Project. This project, conducted in 1994, involved seminars for health workers, media campaigns, posters of high-profile Aboriginal sporting role models, and Quit newsletters. The seminars received positive feedback from participating health workers, yet it was not possible to evaluate other aspects of the project due to poor responses to questionnaires.[77]

2.5 Illicit drug use

Information about interventions that focus on illicit drug use among Indigenous Australians is extremely limited, and our search of the literature revealed only 18 articles on the topic. Most of the literature written about illicit drug use among Aboriginal people describes its prevalence and patterns of use, rather than interventions. There have been no evaluations of projects that target illicit drugs, and the few available articles on illicit drug use and intervention focus on either cannabis use or injecting drug use.

It has been estimated that, in 1998, 22 per cent of Indigenous people were regular cannabis smokers, compared to 18 per cent of the non-Indigenous population.[73] Research on cannabis use among school students in New South Wales also found higher rates of cannabis use among Indigenous students.[78] Members of Indigenous communities have expressed concern about the high rate of cannabis use and this concern is reflected in an increasing number of number of projects that target cannabis misuse.[79]

Injecting drug use among Indigenous people in Australia has been largely overlooked as a research topic, and there is limited literature available on its prevalence and associated harms.[79–81] As a consequence, it is difficult to accurately describe changes in injecting drug use trends. As early as 1989, evidence existed of Indigenous people using heroin in inner Sydney and Adelaide. However, it was not seen as a major problem when compared to alcohol misuse.[39, 82] The first comprehensive data on Aboriginal injecting drug use patterns were collected in 1994 for the National Drug Strategy Household Survey. The survey found that 2 per cent of Indigenous urban dwellers had injected drugs, compared with 0.5 per cent of the non-Indigenous urban population.[83] Since that time, rates of injecting drug use among the general population have risen significantly, and recent research undertaken in Western Australia shows that this has been reflected in the Indigenous population.[79, 84]

Interventions aimed at reducing injecting drug use and associated harms have focused on two areas: health education programs — usually delivered in schools or prisons — and the provision of safe injecting equipment through Indigenous community-controlled needle and syringe programs. The first needle and syringe project targeted at Indigenous people was established in 1992 by Nunkuwarrin Yunti in South Australia. Since then, another six Indigenous needle and syringe programs have been established. However, the number of exchanges currently operating may be underestimated, as some Indigenous health services distribute needles but do not identify this service as a 'project'.

When Nunkuwarrin Yunti established the first needle and syringe program, it also implemented the first treatment program — a methadone maintenance program — specifically for Indigenous injecting drug users. Since 1992, several intervention projects targeted at injecting drug users have been established, including both residential and non-residential, a methadone maintenance program, and a support service. Despite this, recent research has identified a lack of appropriate detoxification and rehabilitation facilities for Aboriginal injecting drug users.[84, 85] This is particularly true for young injecting drug users, and for those in rural areas who are hesitant to seek treatment if it means they will have to be away from family and country.

2.6 The broader picture

In 1989, the Report of the National Aboriginal Health Strategy Working Party stated:

> Non-Aboriginal Australia must recognise that alcoholism is an introduced illness caused primarily by political, social, economic and cultural deprivation imposed by non-Aboriginal society. Until the time that non-Aboriginal Australians as a whole accept this and acknowledge the need to redress this situation, there will be no lasting resolution of the alcohol abuse problems in the Aboriginal community.[82]

This statement has been reflected in the findings of the Royal Commission into Aboriginal Deaths in Custody and other studies.[11, 39, 86] It does not imply, as some have suggested, that this absolves Indigenous people themselves from seeking to take action to address the problem. Indigenous people *have* taken action — as attested, in part, by the number of alcohol and other drug intervention projects they have initiated. The statement does serve as a reminder, however, of the dangers of focusing solely on local-level intervention simply because the larger political issues appear 'too hard' to address.

Alcohol and other drug-specific interventions must go hand-in-hand with broader strategies to address Indigenous inequality. Sometimes explicitly, but more often implicitly, many community and economic enterprise developments initiated by Indigenous organisations to address social inequalities have also aimed to prevent and reduce alcohol and other drug use. Review of these is beyond the scope of this paper, but it should be recognised that: these are in place; alcohol and other drug-specific interventions have arisen in parallel and in conjunction with them; and, often, such community development initiatives are of greater priority to community organisations than alcohol or other drug interventions *per se*.

3. Methods

3.1 Data collection

As a complement to the *Indigenous Australian Alcohol and Other Drugs Bibliographic Database*, mentioned in the previous chapter, the National Drug Research Institute also maintains an *Indigenous Australian Alcohol and Other Drugs Intervention Projects Database*. The latter database was crucial to the development and execution of this research project. This database was funded by a project grant from what is now the Department of Health and Aged Care, and was first released on computer disc and distributed gratis in November 1997. It was later updated and released on the Internet in September 1999.

In order to meet the objectives of this project, the first step was to update the *Intervention Projects Database*. This was done on an iterative basis. First, the Commonwealth Department of Health and Aged Care wrote on our behalf to all members of the Intergovernmental Committee on Drugs describing the project and asking them to provide data on all Indigenous intervention programs/projects funded within their jurisdictions in the 1999–2000 financial year. As a result of this, various Commonwealth and State/Territory drug and alcohol, health and Indigenous affairs agencies provided data on a total of 261 projects. These project lists were then checked against entries in the *Intervention Projects Database*, and projects not already on the database were added.

In the next step, contact was made with all organisations conducting projects to confirm the details provided by the funding agencies. Where there were discrepancies between the data, these were discussed with both funding agencies and service providers in order to ascertain the correct details. In addition to asking representatives of service organisations to confirm details about their own projects, they were asked about other projects operating in their own or adjacent regions in order to identify projects that might not have been on either the lists provided by funding agencies or the *Intervention Projects Database*. We also identified a small number of projects by searching the Internet.

In this process, it was ascertained that 15 of the 261 projects identified by the funding agencies were not specifically targeted at Indigenous people, and these were deleted from the list of projects. In addition, we identified 31 projects not listed by the funding agencies. This brought the total number of projects conducted by, or for, Indigenous people to 277.

Data collected on these projects included:

- name of the organisation(s) conducting the project
- project name
- organisation type
- setting in which project services were provided
- project type (that is, the type of service provided)
- drugs targeted
- population groups targeted
- project funding and details of the agencies that provided funding; and
- geographic location in which services were provided.

In addition, the Australian Bureau of Statistics provided 'estimated resident (Indigenous) population' data for each ATSIC region at the time of the 1996 census, and each region was categorised in terms of remoteness (see p. 18).

3.2 Definitional issues

Projects

A *program* is essentially a plan and a related set of organisational structures and activities designed to achieve a particular objective. A *project* is also a plan and a related set of organisational structures and activities designed to achieve a particular objective. However, a project is more circumscribed in its objectives than a program and often is a component of a program. At the Commonwealth and State/Territory levels, governments develop programs aimed at addressing particular issues and conduct projects themselves or fund other agencies to conduct projects aimed at meeting some aspect of program objectives. At the community level, while many organisations have broad program foci, they often consist of several discrete projects (as defined by both the organisation and the funding agency) and in some cases an organisation's activities are structured around one particular project.

The original brief for this project stated:

> This project aims to identify the number and nature of *programs* which are specifically targeted at Indigenous people who are experiencing drug and alcohol problems. [Emphasis added.]

We believe that the way in which the word 'programs' has been used to describe particular interventions in particular contexts compels it to be interpreted as actually referring to 'projects'. Accordingly, the basic unit of description and analysis used in the report is an intervention 'project' conducted by either a government or a non-government agency.

Given this, however, it is still by no means easy to identify what constitutes a discrete project. In fact, projects are variously identified on the basis of three criteria: the structure of the organisation providing services; the nature of the services provided; and the provision of 'project' grants made by funding agencies to facilitate service provision. None of these criteria alone provides an adequate means of distinguishing 'projects' and use of each separately provides varying answers to the question of how many drug and alcohol projects have been established to provide services for Indigenous Australians.

For the purpose of this report, we have focused upon *services* as the basis for identifying and categorising the types of alcohol and other drug intervention projects provided by and for Indigenous Australians. Thus, we do not define the number of projects in terms of the number of agencies that provide them, as individual agencies may provide one or more discrete services. Neither do we define them in terms of the project grants made by funding agencies, as often more than one funding agency funds different aspects of the provision of a particular service.

Nevertheless, a focus on services does not provide for simple categorisation of all projects and ascertainment of expenditure upon them. This is because, in many cases, individual project grants are made for units — or even individuals — within organisations to provide multiple services. In such cases, where possible, we have categorised projects in terms of the major service component provided. However, it should always be borne in mind that any particular project thus categorised is, in all probability, providing other services as well. In cases where a major service component could not be distinguished without doing an injustice to the description of projects, we have categorised them as multi-service projects.

At this point, it is appropriate to include definitions of some of the other intervention project categories used in this report.

- *Treatment projects* are interventions that aim to bring about positive changes in the physical and mental well-being of alcohol- or other drug-dependent people. Treatment includes various forms of counselling, dietary intervention and pharmacotherapy and may be provided in both residential and non-residential settings.
- *Prevention projects* are interventions aimed at reducing the uptake of, and the harm associated with, the misuse of alcohol or other drugs. Prevention projects include health promotion, personal injury and disease prevention, provision of alternatives to alcohol or other drug use, and community development.
- *Acute interventions* are those that aim to prevent intoxicated persons from harming themselves or others. They include patrols, sobering-up shelters, refuges and detoxification facilities.
- *Referral and support projects* are those that have been established: either to specifically identify and facilitate access to services that can appropriately meet the needs of the clients of the referring agency; or to provide ongoing support for people with alcohol and/or other drug problems or their families.
- *Staff and resource development projects* include staff training and education programs, and projects that involve the development of resource materials that can used as part of some other intervention or training program. This category also includes projects that provide support to drug and alcohol workers who are not in formal training programs.
- *Program development projects* are those in which specific intervention strategies are developed, trialled and monitored.

As the numbers of referral and support, staff and resource development, and program development projects were small, for most of the analyses in this report they have been categorised together as 'other' projects.

It is important to recognise that the categorisation of projects we have employed indicates nothing about their relative size nor the level of funding they receive. For example:

- On the one hand, a multi-drug project might have residential treatment facilities and employ several people who provide prevention and support services as well as treatment; on the other hand, it may consist simply of one worker who provides both counselling and education services.
- A residential treatment project might have relatively sophisticated facilities, be located in a remote community setting, or be a unit for Indigenous people within a mainstream facility.
- A night patrol may have vehicles, communication facilities and paid staff or may simply be a foot patrol of community volunteers which receives no outside funding.

As specified in the contract brief, projects included in the mapping exercise include only those 'specifically targeted at Indigenous people who are experiencing drug and alcohol problems', and those for which the primary focus is alcohol and/or other drugs. This means, for example, that Darwin Urban District Sobering-up Shelter is not included, as a representative of the organisation expressly stated that it is not specifically targeted at Indigenous people – even though approximately 80 per cent of its clients are Aboriginal. It also means that projects aimed specifically at domestic violence, but which incidentally deal with alcohol and other drug problems associated with this, are not included.

Also excluded from this study are projects that were allocated funding in the 1999–2000 financial year but did not expend those funds in that year. These projects include: a grant from the Office of Aboriginal and Torres Strait Islander Health to the Tasmanian Aboriginal Centre (Health); several grants made under the National Illicit Drugs Strategy (NIDS); and ten grants of $80,000 each to community groups in the Peninsula Region in Queensland.

The focus on projects necessarily excludes some kinds of interventions. Among these are the direct provision of primary health and medical care and mental health services for people with alcohol- or drug-related problems. It is important to note this because accounting for expenditure on these might result in a different balance in the contributions of Commonwealth and State/Territory governments than that arrived at by focusing only upon alcohol- and other drug-specific projects. Also among these exclusions are initiatives to restrict the availability of alcohol through the provisions of State/Territory Liquor Acts or through licensing accords; the declaration of dry areas; and the establishment of 'wet' canteens.

Recurrent and non-recurrent funding

Particularly in the community sector, there is concern that projects that merit it are often unable to obtain government funding on an ongoing basis and must make do with one-off grants. In this context a distinction is often made between 'recurrent' and 'non-recurrent' funding. However, the definitions of these terms are varied. In some publications, 'recurrent funding' refers simply to funding for 'other than capital items'. In others, it is used to distinguish between projects that receive 'ongoing' as opposed to 'one-off' grants. However, as a consequence of moves by governments to program-based budgeting in the 1980s and output-based budgeting in the latter part of the 1990s, the distinction between recurrent and non-recurrent funding on this basis is misleading.

In no Australian jurisdiction can any non-government agency be guaranteed recurrent project funding from government for an indefinite period. All government project grants are made for finite periods – usually for one year, but sometimes up to three or occasionally five years – and renewal is generally subject to annual review. The period over which renewals can be made is also subject to the life of the particular government program under which funding is provided – which varies considerably – and policy decisions about the degree to which funding allocations are to be dispersed among community organisations.

In an attempt to make a distinction between projects where there is some continuity of funding and those for which on-off grants are made, we have retained the 'recurrent/non-recurrent' terminology, but defined them as follows. A *recurrent project* is defined as one that is likely to be re-funded if the grantee organisation complies with the grant conditions, and the funding agency continues to receive program funding allocations from government or, in the case of non-government funding agencies, the agency's governing body. A *non-recurrent project* is defined as one that is funded for a finite period, without any intention by the funding agency – or expectation that if the grantee organisation complies with the conditions of its grant – that funding will be renewed.

3.3 Data analysis

Records in the *Intervention Projects Database* are project-based. While this was important for the purpose of some analyses, for others it was necessary to have a database in which records were based on ATSIC region. To enable the creation of this second database, project data were transferred to a Microsoft Excel spreadsheet in which they were summarised and then transferred into a second spreadsheet.

Much of the data analysis is descriptive in nature, and the functions of Excel were used to summarise data in both spreadsheets. These spreadsheets were also accessed using SPSS for the Macintosh Release 6.1.1 to create cross-tabulations of data and to test some simple associations.

Summary tables relating to the projects include: numbers of projects by project type by region; projects by the settings in which they are provided, and the drugs and population groups targeted. Summary tables of financial information include: expenditures by project type; total expenditures by ATSIC region; expenditures by State/Territory and by funding source; and recurrent versus non-recurrent funding. Per capita expenditures by ATSIC region and by State/Territory were calculated using estimated resident population figures provided by the Australian Bureau of Statistics. SPSS was used to calculate descriptive statistics on expenditures on different project types.

When the *Intervention Projects Database* was established, a commitment was made to Indigenous community organisations not to present information that would enable identification of the funds available for individual projects (see Ethical issues, p. 19). In accordance with that commitment, for some purposes information on projects conducted from the Australian Capital Territory is lumped with figures for New South Wales — as it is when presented by region, as the ATSIC region of Queanbeyan includes the Australian Capital Territory within a larger area of New South Wales.

It is to be expected that there might be some proportional relationship between the size of Indigenous populations of regions and the amount of funding allocated for projects in those regions. To test this, the Pearson correlation coefficient between regional population and total expenditure per region was calculated using SPSS.

It is well known that the cost of providing services in remote areas is considerably greater than it is elsewhere and, thus, it might also be expected that proportionally more funds were allocated to remote area projects. To test whether this was so, we first classified ATSIC regions on a five-point scale of remoteness. This was based on the 'accessibility/remoteness index of Australia' (ARIA) developed by the National Key Centre for Social Applications of Geographical Information Systems at the University of Adelaide. ARIA is based upon the identification of 'service centres' of various sizes and the road distances of populated localities from those centres.[87] Calculation based on these measurements

> produces a continuous floating point variable which has values between 0 and 12, where 0 indicates areas of high accessibility and 12 indicates areas of high remoteness.

Based on the resulting scores, five categories of accessibility/remoteness are developed — highly accessible, accessible, moderately accessible, remote, and highly remote. In their report, the authors provide ARIA scores for all ABS 'statistical local areas' (SLAs) in the country. To categorise ATSIC regions by degree of remoteness, we took the ARIA scores of all SLAs located, or predominantly located, within each region and calculated arithmetic mean scores for the region. (Although the boundaries of the ATSIC regions and clusters of SLAs do not exactly coincide, the procedure does not produce any significant distortion.) Each region was then assigned to one of the five categories — with a value of 1 representing 'high accessibility' and a value of 5 representing 'very remote' (the values for each region are included in Table 8). We then calculated the Kendall *tau*-b rank order correlation coefficient between the categories of remoteness and total project expenditure within regions.

3.4 Project mapping

Data on individual projects – including project type, location – and summary data on total and per capita expenditures for each ATSIC region were provided to the Australian Bureau of Statistics' National Centre for Aboriginal and Torres Strait Islander Statistics in Darwin. Staff of the Centre then plotted these data by ATSIC region on national and State/Territory maps. The final maps include: a national map plotting the location of all projects by ATSIC region; State/Territory maps which plot projects by location by ATSIC region by population level; and national maps which show total and per capita expenditures by ATSIC region.

The 'ATSIC regional boundaries' as defined and mapped by the ABS are based on statistical collection districts and only approximate the actual boundaries of the regions as defined by ATSIC. As the population data we have employed are based on ABS collections, we have used the regional boundaries as defined by the ABS. Many of the ATSIC regions have two names – an Indigenous and a common one. Thus, for example, the Nulla Wimila Kutju region is commonly referred to as the Port Augusta region. Out of respect for the Indigenous people who live in and have named their regions, in both text and tables we have used Indigenous names. Readers not familiar with these names can locate them on the maps.

3.5 Ethical issues

The project was undertaken within the framework of the National Health and Medical Research Council's *Guidelines on Ethical Matters in Aboriginal and Torres Strait Islander Health Research*.[88] Approval for the project was given by Curtin University of Technology's Human Research Ethics Committee (Approval No. HR 90/2000). That Committee also gave ethics approval to the project that led to the development of the *Indigenous Australian Alcohol and Other Drugs Intervention Projects Database* (Approval No. HR 177/93).

All of the Indigenous community-controlled organisations identified as conducting alcohol or other drug projects were contacted and the purposes of both this project and the *Intervention Projects Database* explained to representatives nominated by the organisations. Organisational representatives were asked to confirm the data provided by the funding agencies, and were asked for permission to include details about their organisations' projects on the *Intervention Projects Database* and in this report. No organisations refused such permission.

When the original *Intervention Projects Database* was developed, some organisations expressed reservations about the inclusion of project funding information on the database. Thus, although all of the relevant information was in the public domain, we undertook not to disclose information on the funding of particular projects without the consent of the Indigenous community-controlled organisations conducting the projects. This study was conducted, and the results have been presented, in such a way that this earlier commitment has not been breached.

4. Intervention projects for Indigenous Australians, 1999–2000

For the 1999–2000 financial year, we were able to identify a total of 277 alcohol or other drug intervention projects conducted by or for Indigenous Australians. The majority of these projects (226 or 81.6 per cent) were conducted by a total of 177 Indigenous Australian community-controlled organisations. Of the remainder, 34 projects (12.3 per cent) were conducted by 20 government agencies, and 17 (6.1 per cent) were conducted by 16 non-Indigenous non-government organisations. The data are summarised in Table 1 (where, for example, it can be seen that there are 145 Indigenous organisations that conduct one project each, 22 organisations that conduct two projects each, etc). The percentage of projects conducted by Indigenous organisations was highest in Queensland (92 per cent), Victoria (90 per cent), the Northern Territory (90 per cent) and New South Wales (87 per cent); and lowest in South Australia (75 per cent), Western Australia (71 per cent) and Tasmania (where there were no Indigenous organisations directly funded to provide projects specifically aimed at addressing alcohol and/or other drug problems).

Table 1: Organisation type by numbers of alcohol and other drug projects conducted by them for Indigenous Australians, 1999–2000

Organisation type	Total no. of org's	Numbers of projects conducted by individual organisations					Total no. of projects	% of projects
		1	2	3	4	5		
Indigenous	177	145	22	5	3	2	226	81.6
Government	20	11	6	1	2	0	34	12.3
Non-Indigenous NGO	16	15	1	0	0	0	17	6.1
Total	**213**	**171**	**29**	**6**	**5**	**2**	**277**	

4.1 Project types

As indicated previously, attempts to classify intervention projects according to the type of services they provide are difficult because some projects have been specifically established to provide a combination of services and others provide services in addition to their main functions. In Table 2, projects are summarised according to the main category of service they provide; and in Table 3, the projects are classified according to the main category of service provided by ATSIC region. They have been classified in this manner so that it is possible to link projects to the amount of expenditure on each project type – something that is not possible except in an arbitrary manner if funds have to be allocated between services where organisations conduct multi-service projects.

Of the 26 multi-service projects, all provided treatment services – including five that provided residential treatment (one each in the Queanbeyan, Tumbukka, Yilli Rreung, Papta Warra Yunti, and Wunan regions) – and 22 provided prevention services. Some of these projects also provided needs assessment (3), support (2), acute intervention (2), staff and resource development (2), and program development (1) services.

Table 2: Types of alcohol and other drug intervention projects for Indigenous Australians, 1999–2000

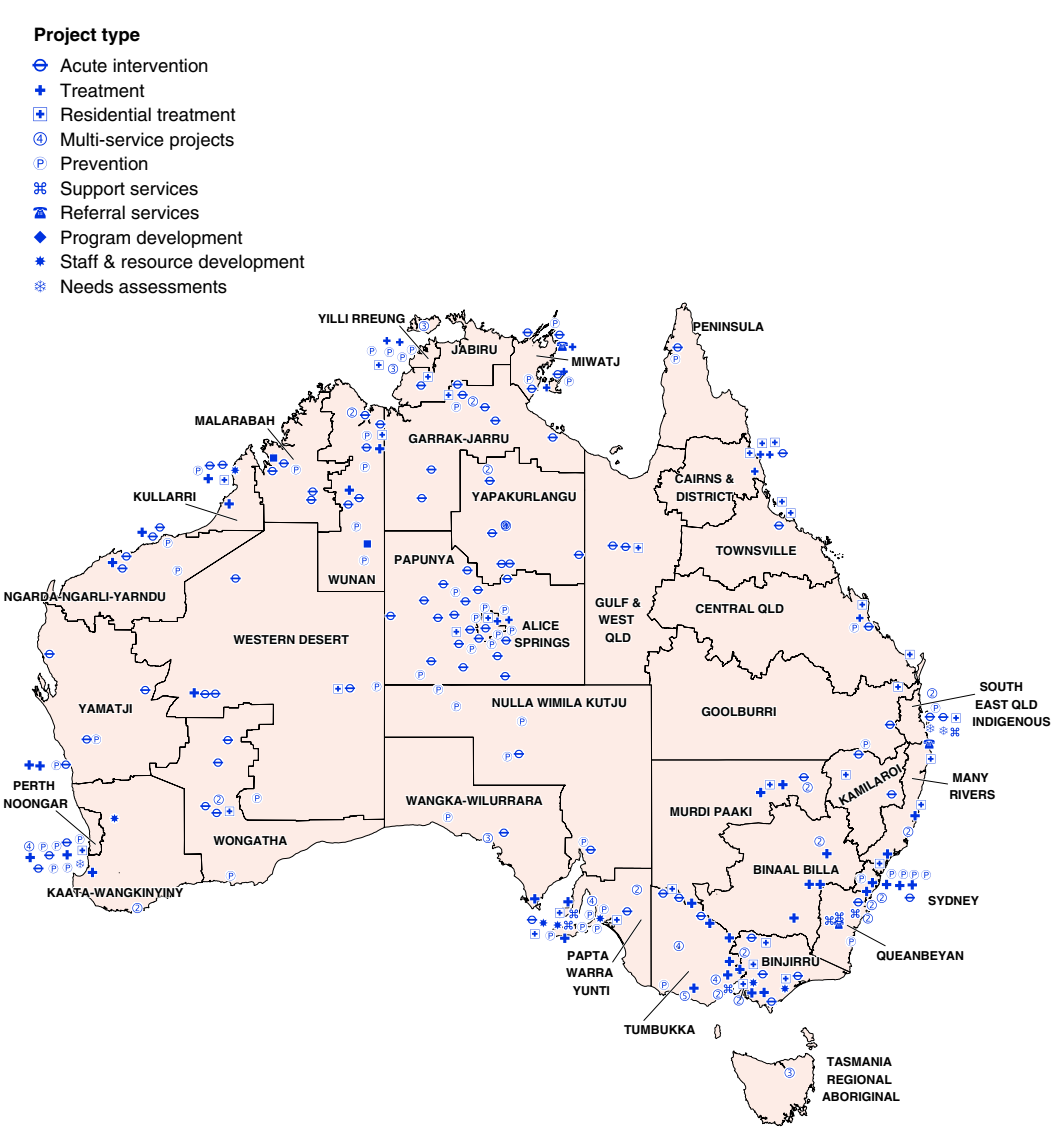
Project type	Number of projects	Percentage
Multi-service (mostly treatment & prevention, but others also)	26	9.4
Treatment	48	17.3
Residential treatment	33	11.9
Prevention	57	20.6
Acute intervention (night patrols and sobering-up shelters)	91	32.9
Other (support, referral, staff and program development)	22	7.9
Total	**277**	**100.0**

Non-residential treatment services were the major focus of 48 projects, and treatment was also provided by 33 residential treatment projects. This means that in total – including the multi-service projects – 107 projects provided treatment as either a primary or secondary component of the services they delivered; and that treatment was provided in residential settings by a total of 38 projects. The 57 prevention projects provided a mix of: health promotion services (27), including a small number of media projects; sporting and recreational activities as an alternative to or diversion from alcohol or other drug use (24); and community development projects (6).

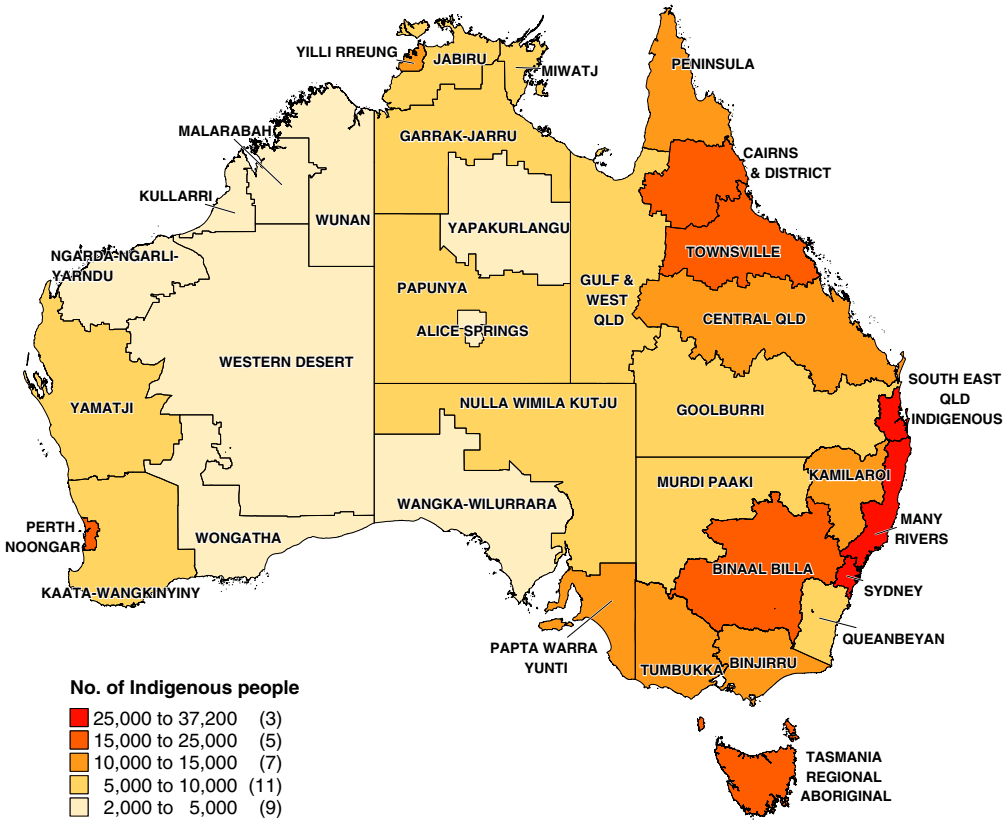
Acute intervention projects were the largest single category of projects. The 91 projects listed in Table 2 comprised 68 night patrols, 22 sobering-up shelters and one combined night patrol/sobering-up shelter project. In addition, acute intervention projects were also provided by two Indigenous community multi-service projects – one in the Tumbukka region of Victoria, the other in the Wangka–Wilurrara region of South Australia. This brought the total number of projects that provided acute interventions to 93.

Table 3: Alcohol and other drug intervention projects for Indigenous Australians by project type by ATSIC region and State/Territory, 1999–2000

Region and State/Territory	Multi-service	Treat-ment	Resid. treatment	Preven-tion	Acute	Other	Total
Peninsula				1	1		2
Cairns and District		3	3		1		7
Gulf and West Qld			1		2		3
Townsville			2		1		3
Central Queensland		1	2	1	1		5
South East Qld	1		1	1	2	4	9
Goolburri			1	1	1		3
Queensland	**1**	**4**	**10**	**4**	**9**	**4**	**32**
Many Rivers	1	2	3				6
Kamilaroi			1		2		3
Murdi Paaki	1	2	1		1		5
Binaal Billa	1	4					5
Sydney	1	5		5	1		12
Queanbeyan	2			1	1	4	8
NSW & ACT	**6**	**13**	**5**	**6**	**5**	**4**	**39**
Binjirru	2	2	4		4	2	14
Tumbukka	4	7	1	1	3	1	17
Victoria	**6**	**9**	**5**	**1**	**7**	**3**	**31**
Tasmania	**1**						**1**
Miwatj		3		3	4	1	11
Jabiru	1		1		1		3
Yilli Rreung	1	2	1	4			8
Garrak–Jarru	1		1	1	7		10
Yapakurlangu	2				5		7
Papunya			1	3	16		20
Alice Springs		2	1	6	2		11
Northern Territory	**5**	**7**	**5**	**17**	**35**	**1**	**70**
Nulla Wimila Kutju				5	2		7
Wangka–Wilurrara	1	1		1	1		4
Papta Warra Yunti	2	2	3	5	2	5	19
South Australia	**3**	**3**	**3**	**11**	**5**	**5**	**30**
Wunan	1	2	1	4	5	1	14
Malarabah				1	4	1	6
Kullarri		2	1	1	2	1	7
Ngarda–Ngarli–Yarndu		2		2	4		8
Western Desert		1	1	2	4		8
Yamatji		2		2	4		8
Wongatha	1		1	1	4		7
Kaata–Wangkinyiny	1	1				1	3
Perth Noongar	1	2	1	5	3	1	13
Western Australia	**4**	**12**	**5**	**18**	**30**	**5**	**74**
Australia	**26**	**48**	**33**	**57**	**91**	**22**	**277**



Map 1: Alcohol and other drug misuse intervention projects for Indigenous Australians by ATSIC region, 1999–2000



Map 2: Estimated residential Indigenous population by ATSIC region, 1996

The majority of night patrols were located in the Northern Territory (33) and Western Australia (21) and accounted for the larger numbers of projects in those jurisdictions. There was considerable variation in the scale and sophistication of the patrol projects. At one end of the spectrum were projects in remote communities, which were staffed by volunteers who patrolled on foot, and which had little or no direct funding. At the other, were those such as the Tangentyere Council Night Patrol in Alice Springs, which – depending upon the night of the week – operated two vehicular patrols with radio communications back to base, and provided other support services.

In Tables 2 and 3, there is a total of 22 projects categorised as 'other'. These comprise:

- seven support service projects – one in South East Queensland, three in Queanbeyan, one in Tumbukka, and two in Papta Warra Yunti;
- three referral projects – one each in South East Queensland, Queanbeyan and Miwatj;
- seven staff and resource development projects – two in Binjirru, three in Papta Warra Yunti, and one each in Kullarri and Kaata–Wangkinyiny;
- three needs assessment projects – two in South East Queensland and one in Perth Noongar; and,
- two program development projects – one each in Wunan and Malarabah in Western Australia.

Again, it must be borne in mind that these were the only projects established specifically to provide such services, not the only ones that provided them.

On Map 1, the distribution of projects is mapped by project type by ATSIC region, and in Map 2 – for comparative purposes – the estimated resident Indigenous population at the time of the 1996 Census is presented. In Appendix 1, in Maps 5 to 11 projects are mapped by ATSIC region, by estimated resident population, by State/Territory. Together these maps and Table 3 show that there is no relationship between the number of projects in a region and the size of its Indigenous population (Pearson's $r = 0.083$ $p = 0.317$) or between the number of projects and the accessibility/remoteness of a region (Kendall's *tau*-b = -0.058 p = 0.329). This apart – as will be discussed below – the distribution of projects was affected by a range of factors and needs to be interpreted with caution. In particular, it must be noted that there were some projects, based in regional cities and towns, that provided services over more than one ATSIC region and – as the level of service they provided to these regions could not be easily disaggregated – locating them in one region may slightly have skewed the distribution.

There are, however, some differences in the distribution of projects on a State/Territory basis. The States/Territories with the largest Indigenous populations — New South Wales/Australian Capital Territory and Queensland — had the lowest number of intervention projects per 10,000 people (approximately 3 per 10,000). With the exception of Tasmania, those with the lowest Indigenous populations — Victoria, Northern Territory, South Australia and Western Australia — had the highest number of projects per 10,000 people (approximately 13 per 10,000). The percentage of projects providing preventive services was highest in South Australia, Western Australia and the Northern Territory (37, 24 and 24 per cent respectively) and lowest in New South Wales/Australian Capital Territory, Queensland and Victoria (15, 13 and 3 per cent). Within the 'other' category: staff and resource development projects were located only in Victoria (2), South Australia (3) and Western Australia (2); and program development projects only in Western Australia (2). Of these projects, only three of the staff and resource development projects (one in Victoria and two in South Australia) and one program development project (in Western Australia) were conducted by Indigenous organisations.

4.2 Project settings

As illustrated by Table 4, the majority of projects were conducted in community settings. These projects included 68 acute intervention projects (night patrols), 47 prevention projects, 11 treatment projects, eight 'other' projects (support and referral services), as well as nine multi-service projects which provided treatment, preventive services and referral services. A total of 29 projects were conducted from what we have termed 'non-residential treatment facilities'. These are facilities primarily set up for the provision of treatment services — not including residential treatment — but which also provide preventive and support services. Of the 67 projects conducted in residential facilities, 23 were sobering-up shelters.

In the 1999–2000 financial year, we were able to identify only five projects conducted specifically for Indigenous people in prisons. These included one treatment and one prevention project in each of New South Wales and the Northern Territory, and a support project in Victoria. In addition, there was one residential treatment facility in Victoria which provided a diversionary service for young offenders.

Table 4: Alcohol and other drug intervention projects for Indigenous Australians by project setting, 1999–2000

Project type	Community	Non-resid. facilities	Residential facilities	Prison	Other	Multi-setting	Total
Multi-service	9	1	5			11	26
Treatment	11	23		2		12	48
Resid. treatment			33				33
Prevention	47	3	1	2	1	3	57
Acute intervention	68		23				91
Other	8	2	5	1	6		22
Total	**143**	**29**	**67**	**5**	**7**	**26**	**277**

4.3 Target drugs

Alcohol was the drug at which the vast majority of Indigenous intervention projects were targeted. One hundred and forty-three projects (51.6 per cent) targeted alcohol alone. The 73 projects in the category 'Alcohol and other drugs (unspecified)' in Table 5 focused mainly on interventions for alcohol-related problems and on other drugs as needed. In combination, there were 30 projects that specifically targeted volatile substances, 13 that targeted cannabis, 12 that targeted heroin or amphetamines, and six that targeted tobacco.

Table 6 presents the regional distribution of projects by the drugs primarily targeted. Projects that targeted alcohol were distributed across all States/Territories and regions. The majority of projects targeting volatile substance misuse alone (8) or in conjunction with alcohol (15) were located in the desert regions of the Northern Territory, South Australia and Western Australia where the focus was on petrol inhalation. Two other projects targeting volatile substances in the Northern Territory were located in the Miwatj and Garrak–Jarru regions. There were two volatile substance misuse projects conducted by an organisation in the Papta Warra Yunti region but both these projects provide services to people in other South Australian regions and support for workers in Western Australia and the Northern Territory as well. Unlike the majority of volatile substance misuse projects that targeted petrol inhalation, three in the Perth Noongar region dealt primarily with the misuse of substances such as solvents and the hydrocarbon propellants of aerosol spray cans.

Table 5: Alcohol and other drug intervention projects for Indigenous Australians by drugs targeted, 1999–2000

Project type	Alcohol	Alcohol & other (unspecified)	Alcohol & volatile substances
Multi-service	9	10	1
Treatment	17	22	2
Residential treatment	21	4	1
Prevention	18	18	5
Acute intervention	73	5	9
Other	5	14	
Total	**143**	**73**	**18**
Percentage	**51.6**	**26.4**	**6.5**

Table 6: Drugs at which alcohol and other drug intervention projects for Indigenous Australians were targeted by State/Territory, 1999–2000

Project type	Alcohol	Alcohol & other (unspecified)	Alcohol & volatile substances
Queensland	16	13	
New South Wales & ACT	10	24	
Victoria	11	13	
Tasmania			
Northern Territory	49	6	8
South Australia	7	9	2
Western Australia	50	8	8
Australia	**143**	**73**	**18**

As indicated above, the number of projects that targeted illicit drugs either alone or in conjunction with alcohol was relatively small. The 13 projects that targeted cannabis were widely distributed. However, while most were located in Binjirru (where one organisation conducted four projects), Tasmania and Papta Warra Yunti, it is noteworthy that there were also projects in the relatively remote regions of Wunan and Miwatj. Most of the 12 projects targeting heroin were located in southern capital or regional cities and those providing residential treatment in other regions provided services for people from the cities. Most of these projects were treatment projects, including a methadone maintenance project in Papta Warra Yunti. However, they also included a needle exchange project, and a sobering-up shelter at Port Augusta in the Nulla Wimila Kutju region which provided services for people affected by heroin.

Alcohol & cannabis	Alcohol & heroin	Volatile substances	Heroin & amphetamines	Tobacco	Total
3	3				26
1	3	1	2		48
4	2		1		33
4		6		6	57
1	1	2			91
		3			22
13	**9**	**12**	**3**	**6**	**277**
4.7	**3.2**	**4.4**	**1.1**	**2.1**	**100**

Alcohol & cannabis	Alcohol & heroin	Volatile substances	Heroin & amphetamines	Tobacco	Total
2	1				32
	4		1		39
4	3				31
1					1
1		4		2	70
3	1	4	1	3	30
2		4	1	1	74
13	**9**	**12**	**3**	**6**	**277**

4.4 Expenditure on intervention projects

In the 1999–2000 financial year, in Australia as a whole, we were able to identify a total amount of $35,429,530 that was directly expended upon alcohol and other drug intervention projects for Indigenous Australians. This amount is a slight underestimate because three government agencies — two in New South Wales and one in the Northern Territory — conducted small projects funded from other revenue sources which could not be separately ascertained. Also, it does not include wages paid to staff on 13 acute intervention projects (otherwise identified as receiving no funding) and to staff on an indeterminate number of other projects provided under the Aboriginal and Torres Strait Islander Commission's Community Development Employment Program (CDEP — a work for social security entitlements scheme). Neither does it include voluntary work on the part of community members, without which many organisations would not be able to function effectively.

Direct expenditure on individual projects ranged from $0 to approximately $932,000. In addition to the three government agencies whose project expenditure could not be identified and the 13 Indigenous acute intervention projects funded from CDEP (one each in Peninsula, Kamilaroi and Jabiru, three in Miwatj, and six in the Papunya region) mentioned above, there were another seven Indigenous community-controlled organisations that did not have their service provision directly funded. These included three acute intervention and one prevention project in the Papunya region, a support project in each of the Queanbeyan and Papta Warra Yunti regions, and a treatment project in the Kullarri region.

In Table 7, the amount expended on all alcohol and other drug intervention projects by project type is presented. Treatment projects accounted for the largest percentage of expenditure. Residential treatment projects were responsible for 33.8 per cent of expenditure — a not unexpected result given the cost of providing residential care on top of treatment — and non-residential treatment projects accounted for a further 12.6 per cent. In addition, an unable-to-be-determined, but significant, proportion of funds allocated to multi-service projects was for the provision of treatment services. Acute intervention projects were second in cost to residential treatment. However, as the differences between the mean and median costs of providing these services and the standard deviation indicate, there was extreme variation in expenditure upon them — much of which was the difference between the provision of patrol services and relatively more expensive sobering-up shelter facilities. The similarly wide gap between the mean and median costs of multi-service projects was a consequence of the extra costs incurred in provision of residential treatment, service mix and service level. The variation in expenditure on treatment projects was also a function of level of service.

Table 7: Expenditure ($) on alcohol and other drug intervention projects for Indigenous Australians, by project type, 1999–2000

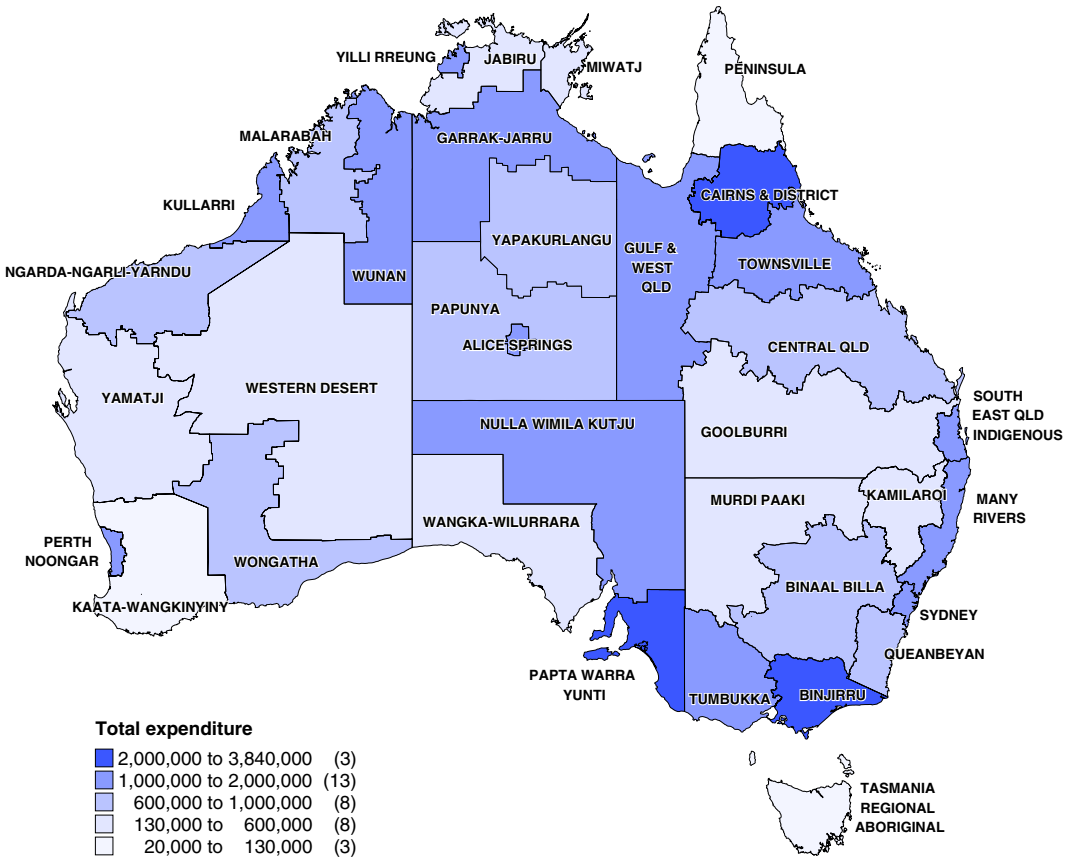
Project type	Total	Mean	Median	Std dev.	Per cent	Per capita
Residential treatment	11,959,149	362,398	361,255	190,416	33.8	30.98
Acute intervention	9,537,988	104,813	50,000	142,117	26.9	24.71
Multi-service	4,485,617	178,934	64,934	234,286	12.7	11.62
Treatment	4,459,537	92,907	52,486	92,880	12.6	11.55
Prevention	3,710,669	65,099	30,300	78,502	10.5	9.61
Other	1,176,570	54,075	38,650	53,632	3.3	3.05
All types	**35,429,530**	**92,907**	**52,246**	**92,880**	**100.0**	**91.77**

The percentage of funds expended upon prevention projects was relatively small (10.5 per cent) and would remain so even if the (undetermined) proportion of funds expended on prevention as part of multi-service projects was added to it. The amount expended on other services — client support, referral, staff and resource development, and program development — was also quite small (3.3 per cent).

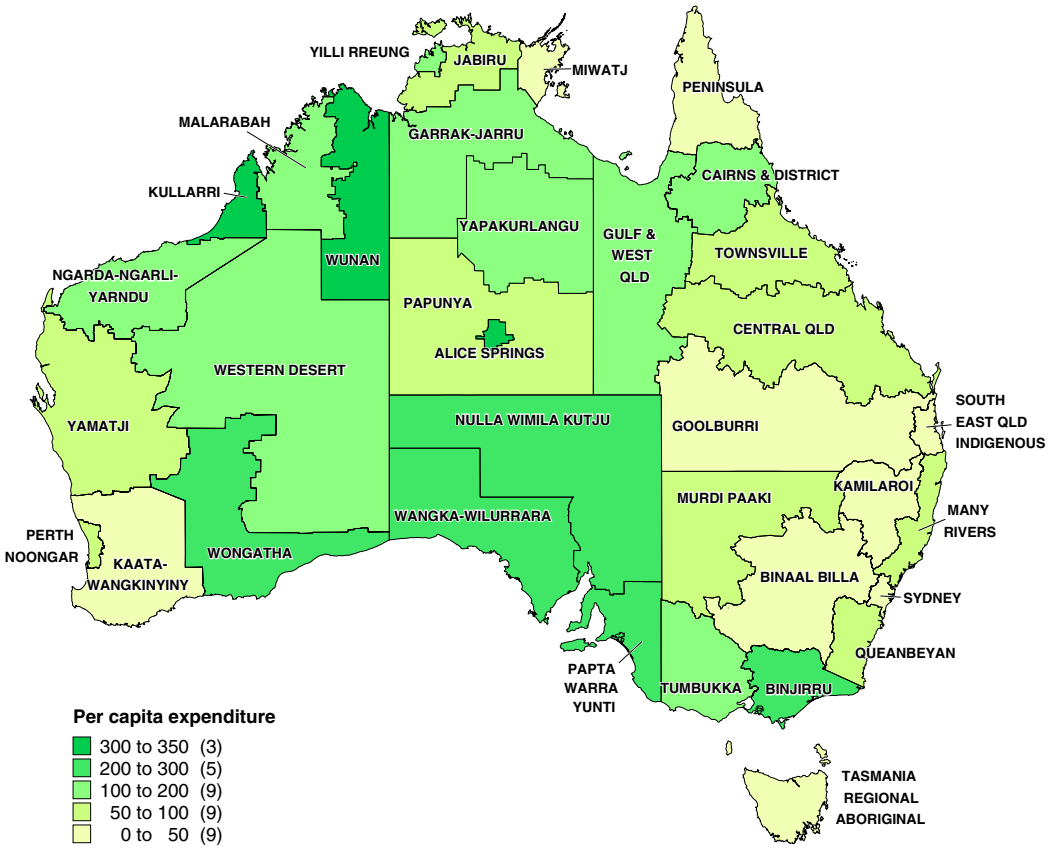
Total and per capita expenditures by ATSIC region are presented in Table 8. This table also includes the estimated residential population and ARIA category of each region. The regional distributions of total and per capita expenditure are also presented graphically in Maps 3 and 4. As both these maps and Table 8 illustrate, there was considerable variation in both the amount of funds expended in each region and the amount expended per capita, but there was no correlation between total expenditure and either estimated resident population (Pearson's $r = 0.186$ $p = 0.299$) or the index of remoteness (Kendall's *tau*-b = -0.185 p = 0.148).

Table 8: Estimated resident population, index of access/remoteness, and total and per capita expenditure on alcohol and other drug intervention projects for Indigenous Australians by ATSIC region, 1999–2000

Region	Estimated resident population	Access/ remoteness index of Aust.	Total expenditure $	Per capita expenditure $
Peninsula	12,838	5	50,000	3.89
Cairns and District	16,144	3	2,033,636	125.97
Gulf and West Queensland	7,306	5	1,110,002	151.93
Townsville	16,107	3	1,102,821	68.47
Central Queensland	12,436	3	992,880	79.84
South East Queensland Indigenous	30,325	1	1,159,782	38.25
Goolburri	9,661	3	301,196	31.18
Many Rivers	27,127	2	1,420,929	52.38
Kamilaroi	11,595	2	443,166	38.22
Murdi Paaki	7,951	4	539,076	67.80
Binaal Billa	19,535	2	640,406	32.78
Sydney	37,117	1	1,178,872	31.76
Queanbeyan	9,855	2	808,306	82.02
Binjirru	10,938	1	2,344,057	214.30
Tumbukka	11,660	1	1,233,177	105.76
Tasmania Regional Aboriginal	15,322	2	28,083	1.83
Miwatj	7,848	5	337,237	42.97
Jabiru	8,685	4	597,414	68.79
Yilli Rreung	10,078	3	1,930,642	191.57
Garrak–Jarru	7,986	5	1,015,193	127.12
Yapakurlangu	3,866	5	756,486	195.68
Papunya	8,427	5	651,634	77.33
Alice Springs	4,986	4	1,605,085	321.92
Nulla Wimila Kutju	6,351	3	1,348,729	212.36
Wangka–Wilurrara	2,014	4	544,181	270.20
Papta Warra Yunti	13,686	2	3,759,402	274.69
Wunan	4,887	5	1,645,630	336.74
Malarabah	4,347	5	672,516	154.71
Kullarri	3,760	5	1,292,462	343.74
Ngarda–Ngarli–Yarndu	4,721	5	800,331	169.53
Western Desert	2,952	5	539,826	182.87
Yamatji	5,497	4	325,262	59.17
Wongatha	3,462	4	860,289	248.49
Kaata–Wangkinyiny	6,814	3	129,881	19.06
Perth Noongar	19,765	1	1,230,941	62.28



Map 3: Total expenditure on alcohol and other drug misuse intervention projects for Indigenous Australians by ATSIC region, 1999–2000



Map 4: Per capita expenditure on alcohol and other drug misuse intervention projects for Indigenous Australians by ATSIC region, 1999–2000

Table 9: Expenditure on types of alcohol and other drug intervention projects for Indigenous Australians by State/Territory, 1999–2000

State/Territory		Multi-service	Treatment	Residential treatment
Queensland	$	10,000	374,912	3,692,629
	%	0.15	5.55	54.70
New South Wales & ACT	$	695,804	1,283,457	2,159,371
	%	13.83	25.51	42.92
Victoria	$	326,340	532,666	1,272,126
	%	9.12	14.89	35.56
Tasmania	$	28,083	0	0
	%	100.00	0.00	0.00
Northern Territory	$	1,621,529	707,512	2,345,665
	%	23.52	10.26	34.03
South Australia	$	862,902	259,896	1,476,246
	%	15.27	4.60	26.12
Western Australia	$	1,107,871	1,301,094	1,013,112
	%	14.78	17.35	13.51
Australia	**$**	**$4,585,617**	**$4,459,537**	**$11,959,149**
	%	**12.94**	**12.59**	**33.75**

In Table 9, the project data presented in Table 8 are summarised on a State/Territory basis, and the percentages of funds expended on each project type in each jurisdiction are also presented. As this table illustrates, there was considerable variation between States/Territories around the national mean per capita expenditure on intervention projects of $91.97. Per capita expenditure was greatest in South Australia ($256.33), followed by Victoria ($158.30), Western Australia ($133.39) and the Northern Territory ($132.89). As with the numbers of projects, in Queensland and New South Wales/Australian Capital Territory — the States/Territories with the largest Indigenous populations — and Tasmania, per capita expenditure was the lowest ($64.40, $44.45 and $1.83 respectively).

The amount expended on each project type by funding source by State/Territory is presented in Table 10. This table shows that there was little funding support for these projects by other than Commonwealth and State/Territory government agencies. It also shows that overall the Commonwealth Government provided a greater percentage of funding (58 per cent) for alcohol and other drug intervention projects than did the State/Territory governments (42 per cent). However, it also shows that: there was considerable variation in the extent to which Commonwealth Government agencies supplemented funding provided by individual State/Territory governments (which, constitutionally, have prime responsibility for the provision of these services); and differences in per capita expenditure between

Prevention	Acute	Other	Total	Per capita
292,913 4.34	2,223,743 32.94	156,120 2.31	6,750,317	64.40
617,840 12.28	49,800 0.99	224,483 4.46	5,030,755	44.45
20,000 0.56	1,289,967 36.06	136,135 3.81	3,577,234	158.30
0 0.00	0 0.00	0 0.00	28,083	1.83
1,034,804 15.01	1,153,181 16.73	31,000 0.45	6,893,691	132.89
1,212,300 21.55	1,473,551 26.07	367,417 6.50	5,652,312	256.33
532,812 7.11	3,347,746 44.65	194,503 2.59	7,497,138	133.39
$3,710,669 10.47	**$9,537,988 26.82**	**$1,176,570 3.32**	**$35,429,530**	**$91.97**

States/Territories cannot be explained on the basis of the ratio of Commonwealth to State/Territory funding in each jurisdiction (Kendall's *tau*-b = –0.476 p = 0.440).

In Table 11, a breakdown is provided of the particular Commonwealth and State/Territory government and other agencies that provide funding for the various project types. It shows that the bulk of all funds was provided by the Office of Aboriginal and Torres Strait Islander Health (OATSIH) and that, in jurisdictions other than Victoria, Tasmania and Western Australia, OATSIH provided more funds than all State/Territory agencies combined.

OATSIH provided 73.8 per cent of the Commonwealth's direct contribution to the funding of alcohol and other drug projects of Indigenous people. The 12.2 per cent of Commonwealth funding provided by Aboriginal Hostels was for the provision of accommodation expenses of clients in residential treatment projects. The other components of the Commonwealth contribution came from the NIDS (9.1 per cent) for treatment or residential (10) or prevention (15) projects and from ATSIC (4.9 per cent) mainly for acute intervention projects in the Northern Territory.

Table 10: Expenditure on types of alcohol and other drug intervention projects for Indigenous Australians by funding source by State/Territory, 1999–2000

State/Territory	Funding source	Multi-service	Treatment
Queensland	Commonwealth	10,000	223,912
	State	0	151,000
	Other	0	0
	Sub-total	**10,000**	**374,912**
New South Wales	Commonwealth	299,574	820,307
	State	396,230	463,150
	Other	0	0
	Sub-total	**695,804**	**1,283,457**
Australian Capital Territory	Commonwealth	0	0
	State	0	0
	Other	0	0
	Sub-total	**0**	**0**
Victoria	Commonwealth	140,842	275,117
	State	185,498	257,549
	Other	0	0
	Sub-total	**326,340**	**532,666**
Tasmania	Commonwealth	0	0
	State	28,083	0
	Other	0	0
	Sub-total	**28,083**	**0**
Northern Territory	Commonwealth	1,373,401	247,512
	State	248,128	460,000
	Other	0	0
	Sub-total	**1,621,529**	**707,512**
South Australia	Commonwealth	862,902	139,896
	State	0	120,000
	Other	0	0
	Sub-total	**862,902**	**259,896**
Western Australia	Commonwealth	682,490	701,637
	State	425,381	599,457
	Other	0	0
	Sub-total	**1,107,871**	**1,301,094**
Australia	**Commonwealth**	**3,369,209**	**2,408,381**
	State	**1,216,408**	**2,051,156**
	Other	**0**	**0**
	Total	**$4,585,617**	**$4,459,537**

Residential treatment	Prevention	Acute	Other	Total	Percent
3,692,629	242,913	100,000	78,120	4,347,574	64
0	50,000	2,123,743	78,000	2,402,743	36
0	0	0	0	0	0
3,692,629	**292,913**	**2,223,743**	**156,120**	**6,750,317**	**100**
1,985,871	548,240	21,800	0	3,675,792	76
173,500	69,600	20,000	39,300	1,161,780	24
0	0	8,000	0	8,000	0
2,159,371	**617,840**	**49,800**	**39,300**	**4,845,572**	**100**
0	0	0	134,183	134,183	72
0	0	0	51,000	51,000	28
0	0	0	0	0	0
0	**0**	**0**	**185,183**	**185,183**	**100**
941,126	0	24,000	60,135	1,441,220	40
331,000	20,000	1,265,967	76,000	2,136,014	60
0	0	0	0	0	0
1,272,126	**20,000**	**1,289,967**	**136,135**	**3,577,234**	**100**
0	0	0	0	0	0
0	0	0	0	28,083	100
0	0	0	0	0	0
0	**0**	**0**	**0**	**28,083**	**100**
1,245,169	633,612	740,613	0	4,240,307	62
1,100,496	401,192	412,568	31,000	2,653,384	38
0	0	0	0	0	0
2,345,665	**1,034,804**	**1,153,181**	**31,000**	**6,893,691**	**100**
1,476,246	889,250	359,291	287,417	4,015,002	70
0	323,050	1,070,260	80,000	1,673,310	29
0	0	44,000	0	44,000	1
1,476,246	**1,212,300**	**1,473,551**	**367,417**	**5,652,312**	**100**
863,112	289,812	90,000	0	2,627,051	35
150,000	173,000	3,250,746	194,503	4,793,087	64
0	70,000	7,000	0	77,000	1
1,013,112	**532,812**	**3,347,746**	**194,503**	**7,497,138**	**100**
10,204,153	**2,648,827**	**1,335,704**	**559,855**	**20,481,129**	**58**
1,754,996	**991,842**	**8,143,284**	**616,715**	**14,819,401**	**42**
0	**70,000**	**59,000**	**0**	**129,000**	**0**
$11,959,149	**$3,710,669**	**$9,537,988**	**$1,176,570**	**$35,429,530**	**100**

Table 11: Expenditure on Indigenous alcohol and other drug intervention projects by State/Territory by agency, 1999–2000

Funding agency	Qld	NSW	ACT	Vic
Commonwealth				
OATSIH	3,082,934	2,801,335	134,183	987,689
NIDS	325,084	426,020	0	70,369
Aboriginal Hostels	839,556	426,637	0	359,162
ATSIC	100,000	21,800	0	24,000
	4,347,574	**3,675,792**	**134,183**	**1,441,220**
State/Territory agencies				
Health	178,000	1,096,030	51,000	1,960,014
Drug & alcohol	0	0	0	0
Indigenous affairs	2,224,743	0	0	0
Corrections	0	45,750	0	160,000
Police	0	20,000	0	16,000
Employment/training	0		0	
Family services	0		0	
	2,402,743	**1,161,780**	**51,000**	**2,136,014**
Other				
Local government	0	8,000	0	0
Other	0	0	0	0
	0	**8,000**	**0**	**0**
Total	**$6,750,317**	**$4,845,572**	**$185,183**	**$3,577,234**

Overall, health and/or drug and alcohol agencies provided the bulk of State/Territory funding (they are not separate agencies in all jurisdictions). In Queensland and Western Australia, but not in other States/Territories, Indigenous affairs agencies also made significant contributions. The contributions of other State/Territory agencies were relatively small.

Table 12 presents: the total amounts of both recurrent and non-recurrent funds expended by organisational type (that is, Indigenous, non-Indigenous non-government organisations, and government agencies) in each State/Territory; and the percentage contribution that recurrent and non-recurrent funds made to total expenditure in each jurisdiction. Based on the definitions of 'recurrent' and 'non-recurrent' funding discussed in Chapter 3 of this report, Table 12 shows that nationally, in the 1999–2000 financial year, 95 per cent of all expenditures were recurrent and that this level of recurrent funding was consistent across all jurisdictions. However, the certainty of this funding continuing is, to a considerable extent, dependent upon the longevity of the government programs under which the funding was provided.

Tas	NT	SA	WA	Total	Percentage
0	2,722,850	3,294,193	2,086,379	15,109,563	73.8
0	318,608	552,649	166,933	1,859,663	9.1
0	428,236	168,160	283,739	2,505,490	12.2
0	770,613	0	90,000	1,006,413	4.9
0	**4,240,307**	**4,015,002**	**2,627,051**	**20,481,129**	**57.8**
28,083	2,439,384	776,800	1,449,141	7,978,452	53.8
0	0	816,510	2,331,600	3,148,110	21.2
0	0	0	973,346	3,198,089	21.6
0	169,000	0	0	374,750	2.5
0	0	0	0	36,000	0.2
0	45,000	0	0	45,000	0.3
0		0	39,000	39,000	0.3
28,083	**2,653,384**	**1,593,310**	**4,793,087**	**14,899,401**	**41.8**
0	0	44,000	7,000	59,000	45.7
0	0	0	70,000	70,000	54.3
0	**0**	**44,000**	**77,000**	**129,000**	**0.4**
$28,083	**$6,893,691**	**$5,652,312**	**$7,497,138**	**$35,429,530**	

Although 95 per cent of funding was recurrent, 45 projects (16 per cent, or one project in every six) were totally dependent upon non-recurrent funding. Of these projects, 38 (13.8 per cent) were conducted by Indigenous organisations, and five (1.7 per cent) by government and two (0.7 per cent) by non-government organisations. Total funding for these projects amounted to $1,640,607 of which: 59 per cent was allocated to prevention projects; 16 per cent each to treatment and 'other' services; and 8 per cent to acute interventions. Of concern here is the fact that 27 prevention projects, which constitute 47 per cent of all prevention projects, were funded by non-recurrent grants.

Table 12 also shows the percentage of funds expended by each category of organisational type by State/Territory. Nationally, 89.6 per cent of direct funding for alcohol and other drug intervention projects was expended by Indigenous community-controlled organisations. Excluding the Australian Capital Territory and Tasmania — which are anomalous because of their small size and the number of projects conducted within each jurisdiction — Indigenous control of funds was lowest in South Australia (77.8 per cent), Western Australia (84.4 per cent) and the Northern Territory (90.0 per cent), and highest in New South Wales (98.5 per cent), Victoria (97.1 per cent) and Queensland (94.7 per cent).

Table 12: Recurrent and non-recurrent expenditure on alcohol and other drug intervention projects for Indigenous Australians by organisation type by State/Territory, 1999–2000

State	Organisation type	Recurrent	Non-recurrent	Total	%
Qld	Indigenous	6,322,856	72,049	6,394,905	94.7
	Non-Indigenous NGO	152,412	0	152,412	2.3
	Government	125,000	78,000	203,000	3.0
	Total	**6,600,268**	**150,049**	**6,750,317**	
	Percentage	**97.8**	**2.2**		
NSW	Indigenous	4,707,002	64,820	4,771,822	98.5
	Non-Indigenous NGO	0	8,000	8,000	0.2
	Government	20,000	45,750	65,750	1.4
	Total	**4,727,002**	**118,570**	**4,845,572**	
	Percentage	**97.6**	**2.4**		
ACT	Indigenous	185,183	0	185,183	100.0
	Non-Indigenous NGO	0	0	0	0.0
	Government	0	0	0	0.0
	Total	**185,183**	**0**	**185,183**	
	Percentage	**100.0**	**0.0**		
Vic	Indigenous	3,433,435	40,000	3,473,435	97.1
	Non-Indigenous NGO	0	0	0	0.0
	Government	103,799		103,799	2.9
	Total	**3,537,234**	**40,000**	**3,577,234**	
	Percentage	**98.9**	**1.1**		
Tas	Indigenous	0	0	0	0.0
	Non-Indigenous NGO	0	0	0	0.0
	Government	28,083		28,083	100.0
	Total	**28,083**	**0**	**28,083**	
	Percentage	**100.0**	**0.0**		
NT	Indigenous	5,870,448	332,091	6,202,539	90.0
	Non-Indigenous NGO	286,652	30,000	316,652	4.6
	Government	343,000	31,500	374,500	5.4
	Total	**6,500,100**	**393,591**	**6,893,691**	
	Percentage	**94.3**	**5.7**		
SA	Indigenous	3,976,310	418,932	4,395,242	77.8
	Non-Indigenous NGO	659,810	0	659,810	11.7
	Government	348,260	249,000	597,260	10.6
	Total	**4,984,380**	**667,932**	**5,652,312**	
	Percentage	**88.2**	**11.8**		
WA	Indigenous	6,125,292	203,713	6,329,005	84.4
	Non-Indigenous NGO	656,300	82,000	738,300	9.9
	Government	322,998	106,835	429,833	5.7
	Total	**7,104,590**	**392,548**	**7,497,138**	
	Percentage	**94.8**	**5.2**		
Australia	**Indigenous**	**30,620,526**	**1,131,605**	**31,752,131**	**89.6**
	Non-Indigenous NGO	**1,755,174**	**120,000**	**1,875,174**	**5.3**
	Government	**1,291,140**	**511,085**	**1,802,225**	**5.1**
	Total	**$33,666,840**	**$1,762,690**	**$35,429,530**	
	Percentage	**95.02**	**4.98**		

5. Discussion

To the extent that the literature permits, this report provides an overview of the development of alcohol and other drug interventions for Indigenous Australians up to the 1999–2000 financial year, and a description of the projects that specifically targeted Indigenous Australians in that year. We now provide a summary of our key findings and discussion of their implications.

Intervention projects 1999–2000

There are a number of key findings arising from the review of the projects operating in 1999–2000. The first is that the sheer number of projects indicates that Indigenous people are vitally concerned about problems of alcohol and other drug misuse within their communities. More importantly, they are doing something about the problem — in some cases with no outside funding at all, and in most cases supplementing grant funding with voluntary community work. Nationally, Indigenous community organisations comprised 83 per cent of organisations conducting projects, they conducted 81 per cent of all projects and expended 89 per cent of all funding.

The range of projects was extremely wide, encompassing:

- both residential and non-residential treatment (which, increasingly, is being undertaken from a broader base);
- various preventive strategies, including health promotion, the provision of activities as alternatives to alcohol and other drug misuse, and community development;
- acute interventions such as night patrols, sobering-up shelters and refuges; and
- other support services, including those for individuals with alcohol and other drug problems and/or their families, and staff and resource development.

However, there appears to have been an imbalance in the mix of services provided. A large proportion of projects was directed towards the provision of treatment and acute intervention services. In relation to these, the number of projects with a prevention focus was small, and the number of projects providing support services was even smaller.

At the regional level, there was considerable variation in the number of projects conducted, but this was not systematically related to either regional population levels or regional accessibility/remoteness. There was, however, some systematic variation at the State/Territory level. In Western Australia and the Northern Territory the number of acute interventions was considerably higher than in other jurisdictions. Also, the two States with the largest populations — Queensland and New South Wales (including the ACT) — had the smallest number of projects per 10,000 persons.

Just as treatment and acute intervention projects accounted for the largest number of projects, they also accounted for the largest amount of expenditure. In part this results from the cost of providing residential care, but there is nevertheless an imbalance in expenditure between these and other services. As with the absolute number of projects, there was considerable variation in expenditure between ATSIC regions; again, there was no systematic relationship between this and either population levels or the degree of regional accessibility/remoteness. However, just as the number of projects per 10,000 people was smallest in the most populous States, so too was per capita expenditure on alcohol and other drug intervention projects.

On a national level, Commonwealth Government agencies funded 58 per cent of all direct expenditure on Indigenous alcohol and other drug intervention projects. There was considerable variation on a State/Territory basis in the contributions of each level of government. However, differences in the levels of contribution did not explain the differences between States/Territories in per capita levels of funding.

As a percentage of overall expenditure, 'non-recurrent' funding accounted for only 5 per cent. However, the allocation of recurrent and non-recurrent expenditure was skewed, with 16 per cent of all projects, and 47 per cent of prevention projects, being dependent solely on non-recurrent funding. Representatives of Indigenous organisations expressed concern about the time and effort required to prepare applications for grants, the expectations they raised within communities, and the disappointments generated when funding was not renewed. Common sense suggests that this imbalance needs to be rectified and that more resources should be allocated to sustainable prevention projects.

Implications

There is increasing emphasis on the need for rational and equitable planning in the delivery of services to Indigenous communities. This is reflected in ATSIC's regional planning process and in the development of regional health plans under the terms of the Commonwealth and State/Territory Framework Agreements. However, the random distribution of projects and resources indicates that, to some extent, their growth has not been part of coordinated planning processes. Clearly, it is essential that the provision of alcohol and other drug intervention services be integrated into such plans – and data such as that provided by this review form a necessary, but not sufficient, component of the information required.

When allocating resources to alcohol and other drug projects for Indigenous people, planners need to consider several dimensions. These include:

- need (that is, the extent of alcohol and/or other drug misuse and its consequences in a particular region or community);
- the size of the population;
- accessibility to, or remoteness from, other services and the additional costs of providing services in remote locations; and
- not least, the priorities and aspirations of Indigenous communities and their members – including, specifically, the provision of culturally appropriate services.

At present there is no comprehensive database that would facilitate the identification and comparison of needs at regional levels. Furthermore, the gathering of such data – even if they were available – would be a major undertaking and would require considerable resourcing. Nevertheless, in the words of an old song: 'You don't need a weather man to know which way the wind blows'.[89] There is sufficient evidence from various sources to indicate that no region is untouched by the misuse of alcohol and other drugs – even though there may be differing local or regional manifestations of the problem, as evidenced by the differential distribution of harms arising from petrol sniffing or injecting drug use for example. Given the social and health impacts of alcohol and other drug misuse, it would seem prudent to assume a common need – until there is evidence to the contrary – and to base planning decisions on the other dimensions highlighted above.

The ABS data presented in Chapter 3 demonstrate that there is considerable variation in the size of Indigenous populations at both ATSIC regional and State/Territory levels. The fact that there is no correlation between population levels and either the number of services available or expenditure on them indicates that the size of the population has not been a key factor in the emergence of the current pattern of service provision. Per capita levels of funding in most regions of Queensland, all regions in New South Wales, in Tasmania, in Miwatj in the Northern Territory, and in those regions in the south and west of Western Australia are considerably below the national average. This information alone is not a sufficient basis upon which to recommend that additional funding, if it were to become available, be directed to these regions. It does, however, warrant further investigation into whether people in those regions are adequately serviced.

The more remote a location, the higher the cost of providing services. There are a number of contributing factors, including transport costs, the costs of providing wages that will attract skilled staff, and diseconomies of scale. Accordingly, it might be expected that per capita expenditures in remote and highly remote regions would be greater than in more accessible regions. However, as noted in Chapter 4, this was not generally the case. In some remote regions – including Peninsula, Murdi Paaki, Miwatj, Jabiru, Papunya and Yamatji – per capita expenditure was considerably less than the national average. Again, this is not an argument for unilaterally allocating increased funds to existing or new projects in those regions. It is, however, an argument for further investigation into whether or not projects operating there are adequately resourced.

At all levels, caution needs to be exercised in the interpretation of the data presented in this report – especially with regard to inter-regional comparisons of expenditure. The fact that projects in one region receive considerably more funding than those in another region is relative. A higher level of funding does not imply that the project funding is adequate. A common theme in the formal evaluations of alcohol and other drug intervention projects is that project effectiveness is often circumscribed by inadequate resourcing. In this regard, it may be prudent for funding agencies to consider the adequacy of resources for existing projects before putting funds into new projects. It is better to have a smaller number of effective projects than a larger number of projects that are not able to fulfil the work for which they were established.

While cautioning against the danger of dispersing funds too widely, we suggest that an analysis of the data indicates there are some areas that could benefit from infusions of new funding. One of the most important of these is the general area of prevention — more needs to be done to prevent alcohol and other drug problems, rather than treating the problems after they have arisen. Another area to which attention should be directed is smoking intervention. Tobacco-related illness is the largest preventable cause of mortality among Indigenous Australians. It may then seem surprising that there were so few projects aimed at reducing the prevalence of smoking. At the community level there has generally been more concern about the immediate social disruption caused by alcohol and other drug misuse than the long-term health impact of tobacco smoking. Nevertheless, it would appear that there is room for greater focus on projects aimed at reducing the prevalence of smoking.

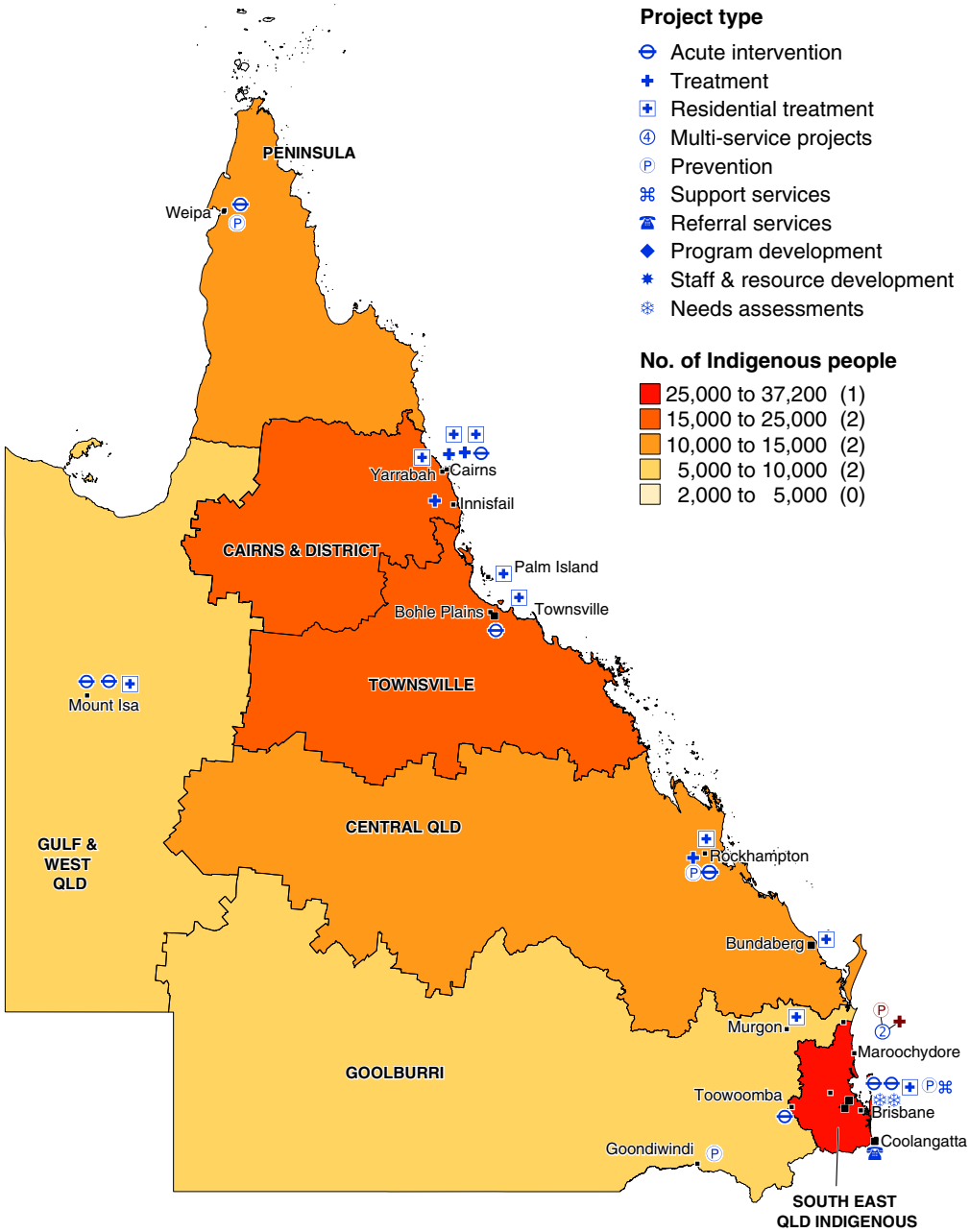
The evidence indicates that use of illicit drugs, particularly cannabis but also heroin and amphetamines, is increasing among some sections of the Indigenous population, especially in urban areas. It would therefore seem appropriate that additional resources be allocated to dealing with the problem; and that, where possible and appropriate, and with the agreement of Indigenous people, those resources be channelled through existing Indigenous community organisations.

Several project evaluations and other documents have highlighted the lack of staff with adequate training to conduct alcohol and other drug intervention projects. The relatively low proportion of funds allocated to staff development projects highlights the need for an expansion of such projects. Importantly, however, future projects need to be designed to take account of the mature age and family commitments of most people working in the field and the various constraints that make it difficult for them to leave their communities for training.

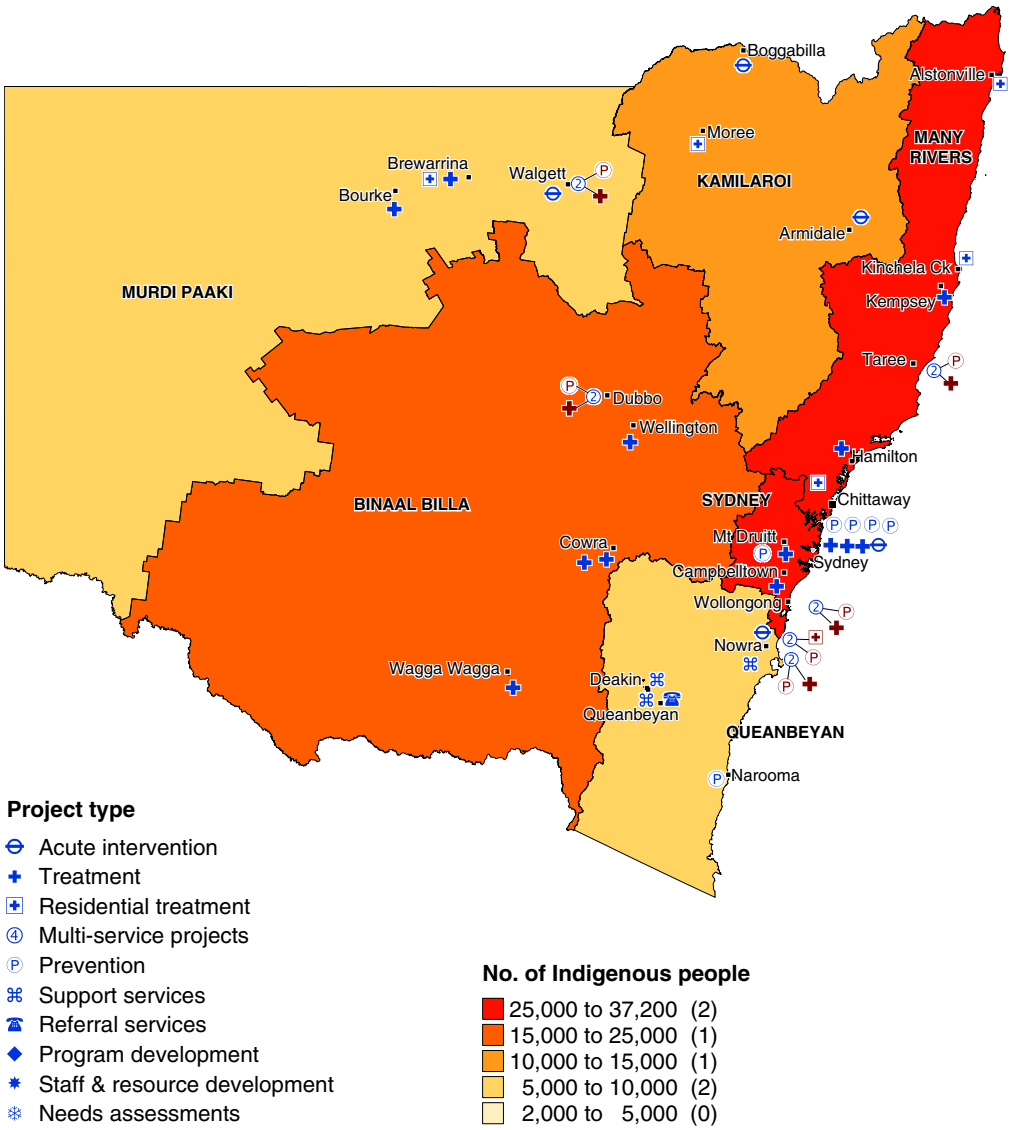
In this discussion of planning the provision of services and the allocation of resources for alcohol and other drug projects, we have reserved the issue of the priorities and aspirations of Indigenous communities and their members until last because it is the most important. In order to give effect to Indigenous self-determination/self-management and to work towards reconciliation, Indigenous people must be empowered to participate as equals — economically and socially, as well as politically — in all decisions that affect their lives. With regard to alcohol and other drugs, such empowerment includes the right to define the 'problem' or 'problems' and to determine appropriate solutions. What may be priorities from a broad epidemiological perspective may or may not be so from the perspective of Indigenous people at the regional or local level. For this reason, interpretations of the data presented in this report must be negotiated with Indigenous people and incorporated into regional planning processes before becoming the basis for action.

6. Appendices

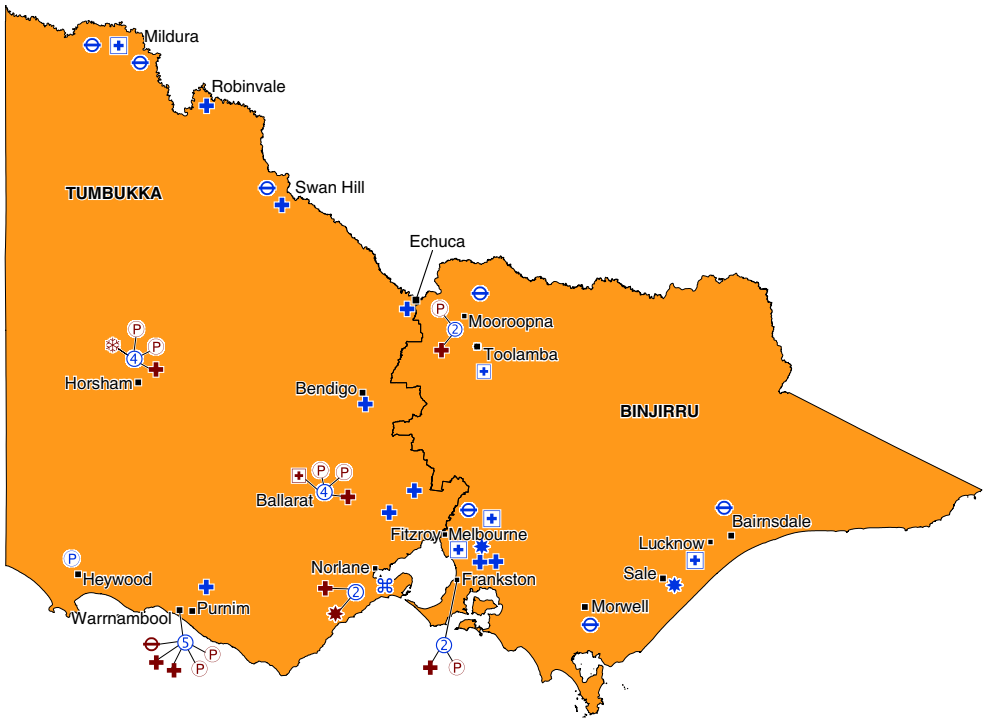
Appendix 1: Supplementary maps



Map 5: Alcohol and other drug misuse intervention projects for Indigenous Australians by ATSIC region, Queensland, 1999–2000



Map 6: Alcohol and other drug misuse intervention projects for Indigenous Australians by ATSIC region, New South Wales, 1999–2000



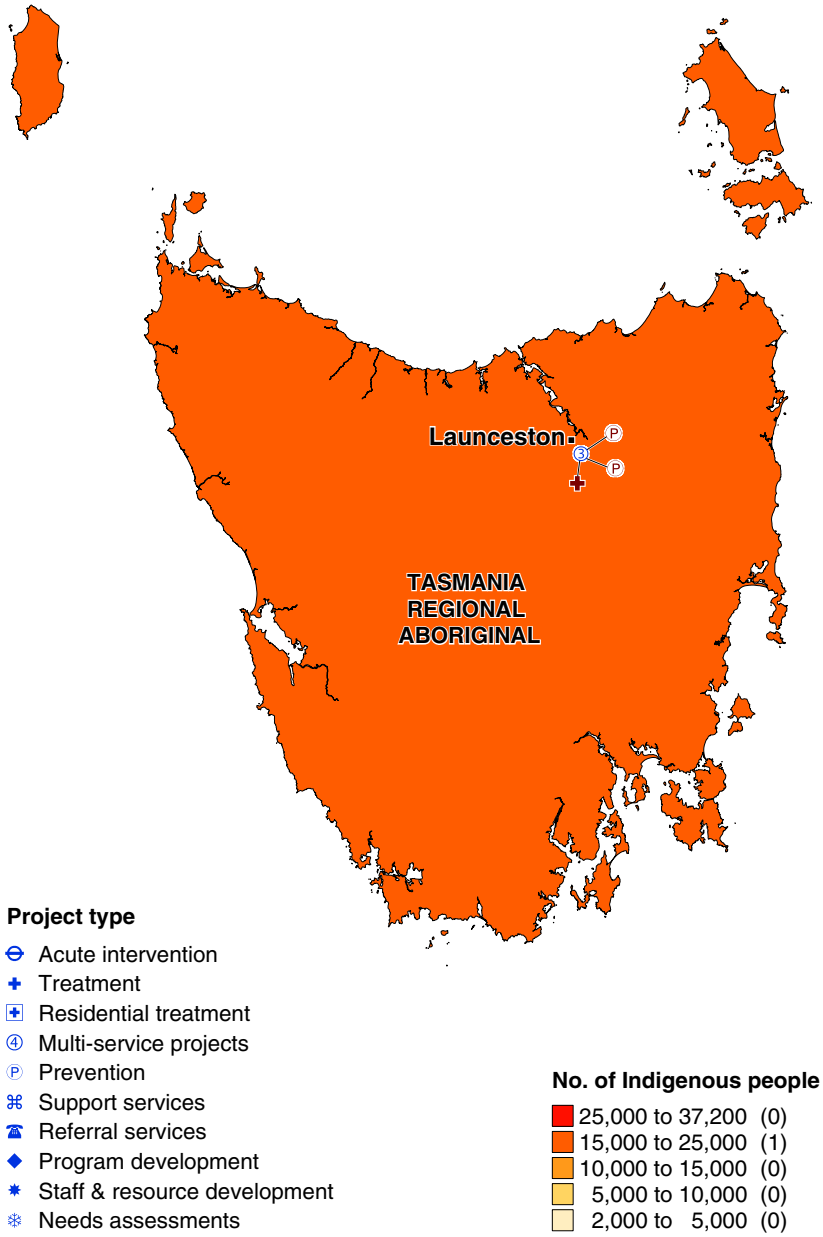
Project type

- Acute intervention
- Treatment
- Residential treatment
- Multi-service projects
- Prevention
- Support services
- Referral services
- Program development
- Staff & resource development
- Needs assessments

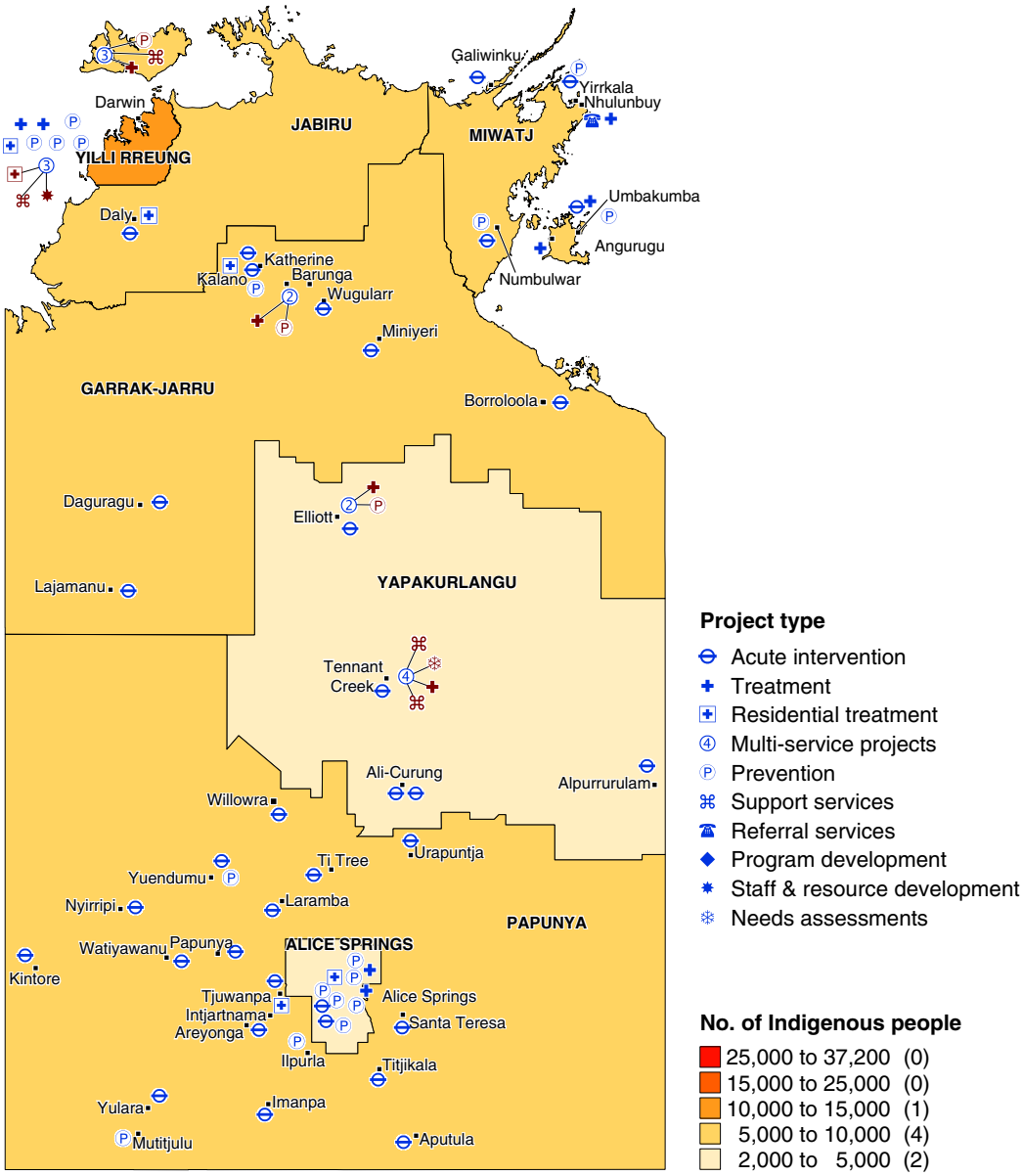
No. of Indigenous people

- 25,000 to 37,200 (0)
- 15,000 to 25,000 (0)
- 10,000 to 15,000 (2)
- 5,000 to 10,000 (0)
- 2,000 to 5,000 (0)

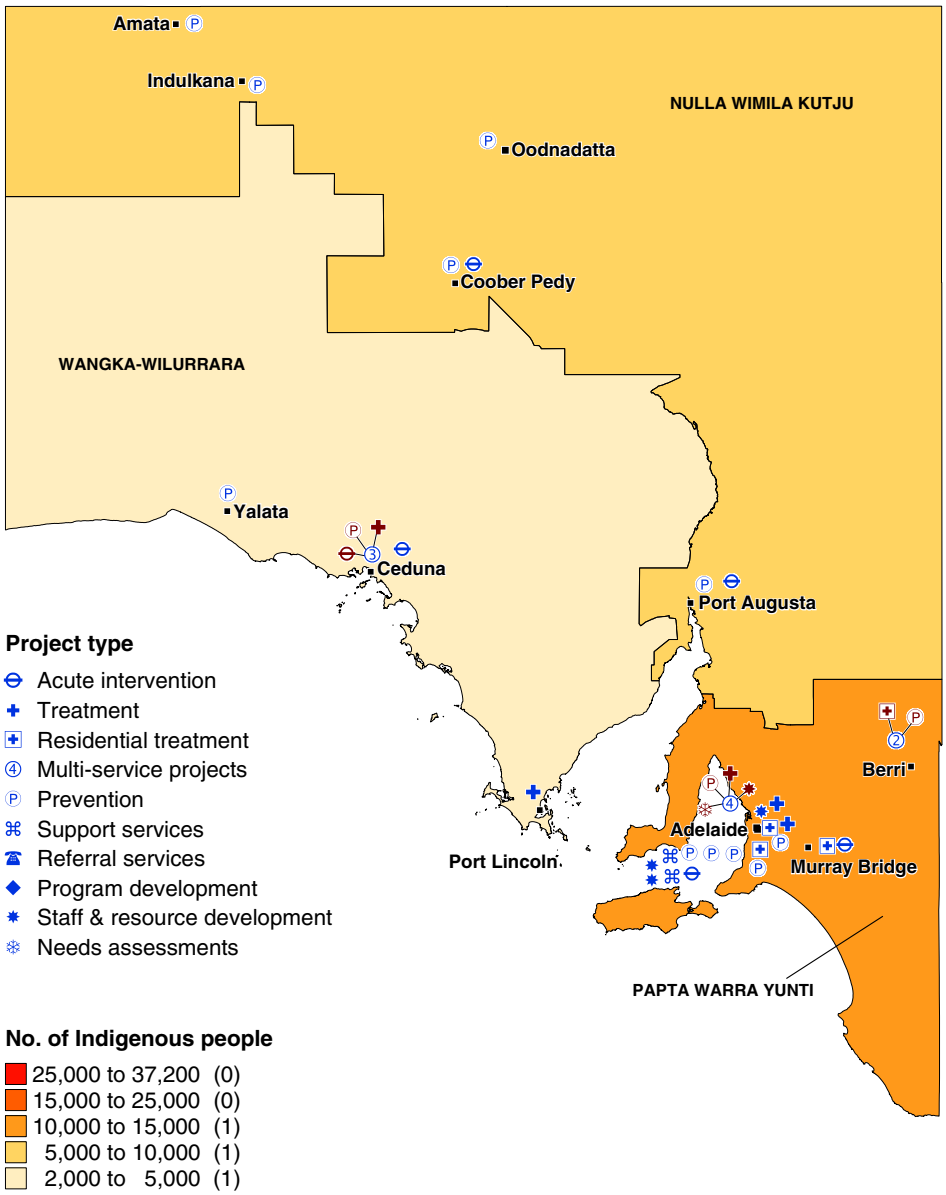
Map 7: Alcohol and other drug misuse intervention projects for Indigenous Australians by ATSIC region, Victoria, 1999–2000



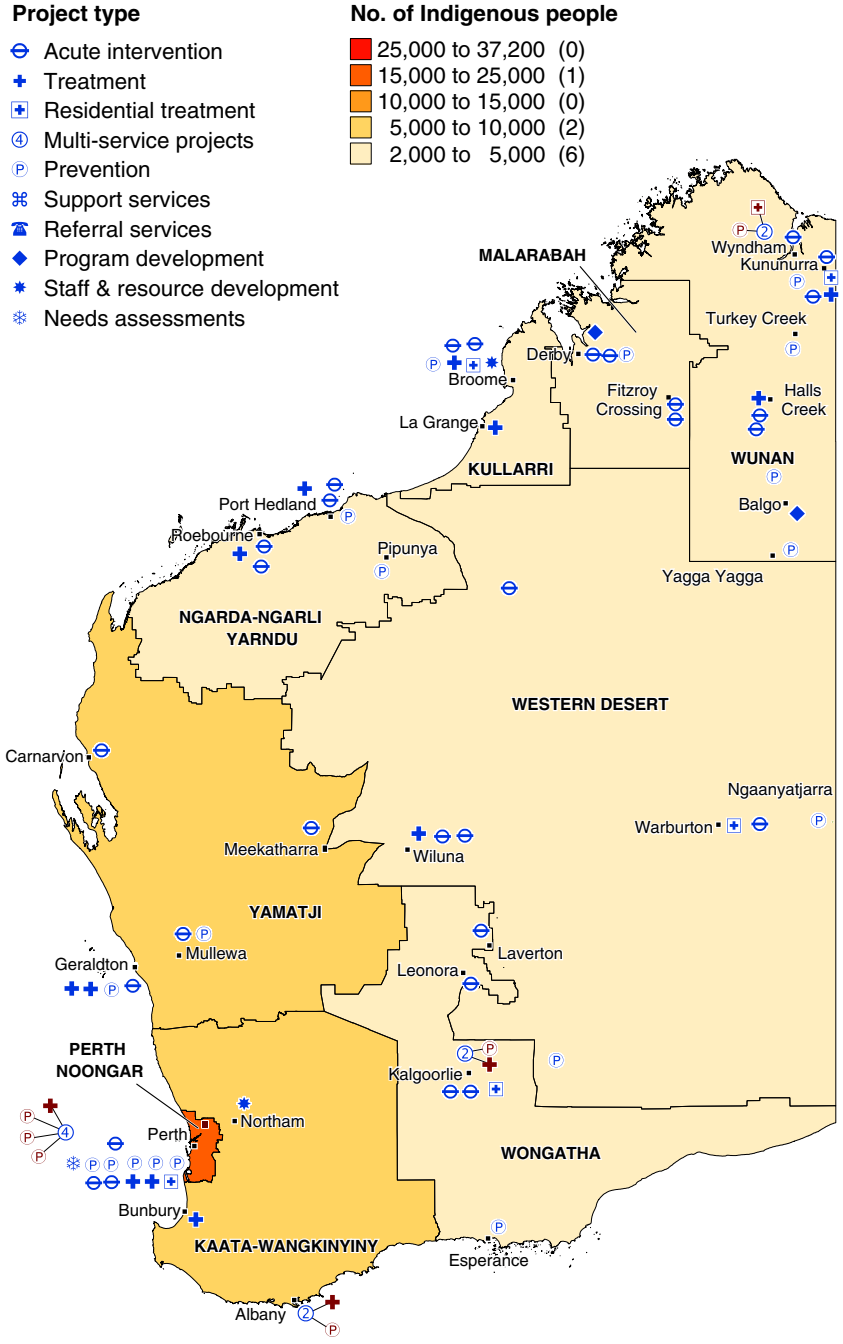
Map 8: Alcohol and other drug misuse intervention projects for Indigenous Australians by ATSIC region, Tasmania, 1999–2000



Map 9: Alcohol and other drug misuse intervention projects for Indigenous Australians by ATSIC region, Northern Territory, 1999–2000



Map 10: Alcohol and other drug misuse intervention projects for Indigenous Australians by ATSIC region, South Australia, 1999–2000



Map 11: Alcohol and other drug misuse intervention projects for Indigenous Australians by ATSIC region, Western Australia, 1999–2000

Appendix 2: Project listing by ATSIC region

Organisation	Project name
Peninsula	
Napranum Community Council	Night Patrol
Queensland Health	The Croc Eisteddfod
Cairns and District	
Aboriginal and Islanders Alcohol Relief Services Limited	Douglas House and Emerald Creek Outreach Service
	Douglas House Rehabilitation Program
	Rose Colless Haven, Emerald Creek Rehabilitation Program
	Luna Hostel (Night Shelter) Diversionary Service
Wuchopperen Medical Service	Tablelands Alcohol and Drug Service
Yarrabah Substance Misuse Aboriginal Corporation	Yarrabah Rehabilitation Centre School Based Education
MAMU Medical Service Ltd	Wulngah Drug and Alcohol Counselling Program
Gulf and West Queensland	
Kalkadoon Aboriginal Sobriety House (KASH) Aboriginal Corporation	KASH Rehabilitation Centre
Goodaduboo Aboriginal Corporation	Goodaduboo Night Patrol
Arthur Peterson Care Centre	Diversionary Service
Townsville	
Congress Community Development and Education Unit Ltd	Stagpole Street Drug and Alcohol Rehabilitation Centre Counselling Course
Palm Island Alcohol & Drug Rehabilitation Aboriginal Corporation	Ferdy's Haven
	Soup Kitchen Alcohol & Drug Education Program
Gurindal Aboriginal and Torres Strait Islanders Corporation for Cell Visitors	Gurindal Diversion Centre

Organisation type	Project type	Main services provided	Target drugs
Indigenous	Acute intervention	Patrols	Alcohol
Government	Prevention	Alternatives to drug use	Multi-drug focus
Indigenous	Treatment	Referral services, Counselling, After-care	Alcohol
Indigenous	Treatment	Life skills counselling, Therapeutic counselling	Alcohol
Indigenous	Treatment	Life skills counselling, Therapeutic counselling	Alcohol
Indigenous	Acute intervention	Sobering-up shelter Night patrol	Alcohol
Indigenous	Treatment	Treatment	Multi-drug focus
Indigenous	Treatment	Counselling	Alcohol
Non-Indigenous	Treatment	Counselling	Multi-drug focus
Indigenous	Treatment	Counselling, Life skills counselling	Alcohol
Indigenous	Acute intervention	Patrols	Alcohol
Indigenous	Acute intervention	Sobering-up shelters, Patrol	Alcohol
Indigenous	Treatment	Life skills counselling, Therapeutic counselling Staff development	Alcohol
Indigenous	Treatment	Life skills counselling, Therapeutic counselling Dietary intervention Health education	Multi-drug focus
Indigenous	Acute intervention	Sobering-up shelters	Alcohol

Organisation	Project name
Central Queensland	
Bundaberg Yaamba Aboriginal and Torres Strait Islander Corporation for Men	Yaamba Drug and Alcohol Skills and Training Centre
Gumbi Gumbi Aboriginal and Torres Strait Islander Corporation	HALO House: Alcohol Support Awareness Centre Narcotics Anonymous (NA)
Milbi Inc	Alcohol and Substance Abuse Early Intervention
Juwarki Kalpu-Lug Aboriginal and Torres Strait Islander Corporation	Michael Hayes Diversionary Centre
Queensland Health (Central Qld)	Indigenous Drug and Alcohol Worker
South East Queensland Indigenous	
North Coast Aboriginal Corporation for Community Health	Drug and Alcohol Programs
Meeanjin Treatment Association Inc	Preventative Education and Referral Service
Krurungal Aboriginal and Torres Strait Islander Corporation for Welfare Rescue and Housing	Krurungal Drug and Alcohol Service
Murri Aid Inala Aboriginal Torres Strait Islander Organisation	Murri Aid Inala Night Patrol
First Contact Aboriginal Corporation	Night Patrol
Queensland Aboriginal and Torres Strait Islander Corporation for Alcohol and Drug Dependence Services	Jesse Budby Healing Centre (Ooyellamirunga)
	Half-way House
Queensland Health (Brisbane)	Premiers Youth Drug Summit
	Development of the Queensland Health Alcohol, Tobacco and Other Drugs Framework for Aboriginal and Torres Strait Islander Peoples
Goolburri	
Wunjuada Aboriginal Corporation for Alcoholism and Drug Dependence Services	Wunjuada Aboriginal Corporation for Alcoholism and Drug Dependence Services Rehabilitation Program
Care Goondiwindi Association Inc	Youth Development Initiative, Murumal-li Mob Program
Toowoomba & District Aboriginal Corporation	Murri Community Foot Patrol

Organisation type	Project type	Main services provided	Target drugs
Indigenous	Treatment	Therapeutic counselling, Life skills counselling	Alcohol
Indigenous	Treatment	Life skills counselling, Therapeutic counselling	Multi-drug focus
Indigenous	Prevention	Counselling, Referral services, Health education, Recreation, Cultural initiatives	Multi-drug focus
Indigenous	Acute intervention	Sobering-up shelters	Alcohol
Government	Treatment	Counselling, Community development	Multi-drug focus
Indigenous	Multi-service	Brokerage for alcohol and drug projects	Multi-drug focus
Indigenous	Prevention	Health education, Referral service	Multi-drug focus
Indigenous	Referral service	Referral services	Multi-drug focus
Indigenous	Acute intervention	Patrols	Alcohol
Indigenous	Acute intervention	Patrols	Multi-drug focus
Indigenous	Treatment	Life skills counselling, Therapeutic counselling	Multi-drug focus
Indigenous	Support service	Support	Multi-drug focus
Government	Needs assessment	Research	Multi-drug focus
Government	Needs assessment	Research	Multi-drug focus
Indigenous	Treatment	Life skills counselling, Therapeutic counselling	Alcohol
Indigenous	Prevention	Alternatives to drug use, Community development	Multi-drug focus
Indigenous	Acute intervention	Patrols	Alcohol

Organisation	Project name
Many Rivers	
Birpi Aboriginal Medical Centre	Birpi Counselling and Harm Reduction Program
Awabakal Aboriginal Medical Service	Substance Abuse Counselling Program
Bennelong's Haven Family Rehabilitation Centre	Bennelong's Haven Family Rehabilitation Centre
Bundjalung Tribal Society Ltd	Namatjir Haven
Durri Aboriginal Health Services	Substance Misuse Program
Ngaimpe Aboriginal Corporation	The Glen: Alcohol and Other Drug Rehabilitation Centre
Kamilaroi	
Roy Thorne Substance Misuse Rehabilitation Centre Inc	Roy Thorne Substance Misuse Rehabilitation Program
Toomelah Cooperative Ltd	Security Program
Armidale Night Patrol	Armidale Night Patrol
Murdi Paaki	
Walgett Aboriginal Medical Service	Drug and Alcohol School Education Program Drug and Alcohol Support Project
Bourke Aboriginal Health Service	Drug and Alcohol Program
Brewarrina Aboriginal Medical Service	Men's Support Group
Orana Haven Aboriginal Corporation	Rehabilitation Program
NSW Police Department	Walgett Night Patrol
Binaal Billa	
Dubbo Aboriginal Medical Cooperative	Drug and Alcohol Services
Riverina Aboriginal Medical & Dental Corporation	Riverina Substance Abuse Program and Counselling Service
Weigelli Centre Aboriginal Corporation	Rehabilitation Program
	Outreach Service
Wellington Aboriginal Corporation Health Service	Substance Abuse Service

Organisation type	Project type	Main services provided	Target drugs
Indigenous	Multi-service	Counselling, Employment	Multi-drug focus
Indigenous	Treatment	Counselling	Multi-drug focus
Indigenous	Treatment	Life skills counselling, Therapeutic counselling	Multi-drug focus
Indigenous	Treatment	Life skills counselling, Therapeutic counselling	Alcohol
Indigenous	Treatment	Counselling, Detoxification, Drug therapy, Health services, 2nd Health education	Multi-drug focus
Indigenous	Treatment	Treatment	Alcohol
Indigenous	Treatment	Life skills counselling, Therapeutic counselling	Alcohol
Indigenous	Acute intervention	Patrols	Multi-drug focus
Non-Indigenous	Acute intervention	Patrols	Alcohol
Indigenous	Multi-service	Health education Counselling, Referral services, After-care services	Multi-drug focus
Indigenous	Treatment	Counselling	Multi-drug focus
Indigenous	Treatment	Counselling	Alcohol
Indigenous	Treatment	Life skills counselling, Therapeutic counselling	Alcohol
Government	Acute intervention	Patrols, Safe containers	Alcohol
Indigenous	Multi-service		Multi-drug focus
Indigenous	Treatment	Counselling	Multi-drug focus
Indigenous	Treatment	Therapeutic counselling	Multi-drug focus
Indigenous	Treatment	Counselling, Advocacy	Multi-drug focus
Indigenous	Treatment	Counselling, Referral services	Multi-drug focus

Organisation	Project name
Sydney	
Illawarra Aboriginal Medical Service Aboriginal Corporation (NSW)	Substance Misuse Pilot Program
Tharawal Aboriginal Corporation (NSW)	Drug and Alcohol Counselling Service
Marrin Weejali Aboriginal Corporation	Alcohol & Other Drugs Referral Service
Aboriginal Medical Service Cooperative Ltd (NSW), c/- Redfern Aboriginal Medical Service	Non-residential Treatment
Redfern Aboriginal Medical Service	Assessment, Counselling and Referral Service HIV Education
Cabramatta Community Centre (NSW)	'No is Not Enough'
Daruk Aboriginal Health Services	Daruk Drug and Alcohol Services
Deadly Vibe Pty Ltd	Deadly Vibe Journal
NSW Department of Correction Services, Aboriginal Drug and Alcohol Services	Treatment Program Packages
	Health Education Programs Packages
NSW Department of Education	Healing Time
NSW Police Department, Drug Program Coordination Unit	Aboriginal Street Beat Project
Queanbeyan	
South Coast Aboriginal Medical Service	Drug and Alcohol Community Education and Counselling Service
Oolong Aboriginal Corporation Inc	Alcohol and Drug Treatment Centre, and Education Program
	Half-Way House
Gugan Gulwan Youth Aboriginal Corporation	Youth Outreach Program
National Aboriginal Community Controlled Health Organisation Ltd (NACCHO)	Policy Officer Substance misuse position within NACCHO Secretariat
Munjuwa Queanbeyan Aboriginal Corporation	Home and Community Care Program
Katungul Aboriginal Corporation (NSW)	Drug and Alcohol Service
Shoalhaven Community Development	Shoalhaven Patrol

Organisation type	Project type	Main services provided	Target drugs
Indigenous	Multi-service	Treatment, After-care, 2nd Referrals, Health promotion	Multi-drug focus
Indigenous	Treatment	Counselling	Multi-drug focus
Indigenous	Treatment	Referrals, Counselling	Multi-drug focus
Indigenous	Treatment	Referrals, Counselling	Multi-drug focus
Indigenous	Treatment	Counselling	Multi-drug focus
Indigenous	Prevention	Health education, Recreation	Multi-drug focus
Indigenous	Prevention	Health promotion	Multi-drug focus
Indigenous	Prevention	Media campaigns	Multi-drug focus
Government	Treatment	Life skills counselling	Multi-drug focus
Government	Prevention	Health education	Multi-drug focus
Government	Prevention	Health education	Multi-drug focus
Government	Acute intervention	Patrols, Transport, Advocacy	Multi-drug focus
Indigenous	Multi-service	Health education, Counselling	Alcohol
Indigenous	Multi-service	Life skills counselling, Therapeutic counselling, Health education	Multi-drug focus
Indigenous	Support service	Accommodation	Alcohol
Indigenous	Support service	Support service	Multi-drug focus
Indigenous	Support service	Advocacy	Multi-drug focus
Indigenous	Referral service	Referral services, Advocacy	Multi-drug focus
Indigenous	Prevention	Health education, Referrals	Alcohol
Indigenous	Acute intervention	Patrols	Multi-drug focus

Organisation	Project name
Binjirru	
Frankston Community Health Centre	Koori Community Alcohol and Drug Service
Rumbalara Aboriginal Cooperative Ltd	Education and Counselling Service
	Rumbalara Sobering Up Shelter
Gippsland and East Gippsland Aboriginal Co-operative	Jumburra Alcohol Rehabilitation Service
	Tanderra Sobering-up Centre
Central Gippsland Aboriginal Health and Housing Co-operative Ltd	Bendon House: Drug and Alcohol Intervention
Ngwala Willumbong Co-operative Ltd	Outreach Service
	Winja Ulupna Women's Rehabilitation Centre
	Percy Green Memorial Recovery Centre
	Galiamble Recovery Centre
	Koori Community Alcohol and Drug Resource Service
Ramahyuk District Aboriginal Corporation	Outreach Field Worker Program
Westernport Drug and Alcohol Service SHCH – WDAS Dandenong Hospital	Koori Drug and Alcohol Worker
Department of Human Services, Drug Policy Unit	Training for Koori Community Alcohol and Drug Workers
Tumbukka	
Ballarat and District Aboriginal Co-operative Ltd	Preventative Program Women's and Men's Recovery Program Men's Camps Youth Drug Prevention and Counselling
Goolum Goolum Aboriginal Co-operative Ltd	Substance Abuse Program

Organisation type	Project type	Main services provided	Target drugs
Indigenous	Multi-service	Counselling, Health promotion, Advocacy	Multi-drug focus
Indigenous	Multi-service	Counselling, Health education, Recreation	Multi-drug focus
Indigenous	Acute intervention	Sobering-up shelters	Alcohol
Indigenous	Treatment	Detoxification programs, Counselling	Alcohol
Indigenous	Acute intervention	Sobering-up shelters, Patrols	Alcohol
Indigenous	Acute intervention	Sobering-up shelters, Counselling	Alcohol
Indigenous	Treatment	Counselling, Health promotion	Multi-drug focus
Indigenous	Treatment	Counselling	Multi-drug focus
Indigenous	Treatment	Life skills counselling, Therapeutic counselling	Multi-drug focus
Indigenous	Treatment	Life skills counselling, Therapeutic counselling	Multi-drug focus
Indigenous	Acute intervention	Sobering-up shelters	Alcohol
Indigenous	Staff & resource development	Staff development	Multi-drug focus
Government	Treatment	Counselling	Multi-drug focus
Government	Staff & resource development	Staff development	Multi-drug focus
Indigenous	Multi-service	Health education, Media campaigns Counselling Alternatives to drug use	Multi-drug focus
Indigenous	Multi-service	Therapeutic counselling, Life skills counselling, Cultural initiatives, Recreation, Advocacy	Multi-drug focus

Organisation	Project name
Gunditjmara Aboriginal Co-operative Ltd	Counselling Cultural Program Drug Awareness Program Needle Exchange Needs Analysis
Wauthaurong Aboriginal Co-operative	Needle Exchange & Counselling Service Cultural Workshop
	Community Justice Program
Dja Dja Wrung Aboriginal Association	Drug and Alcohol Outreach Service
Mildura Aboriginal Corporation	Life-skills Farm
Kirrae Whurroong Community Inc	Drug and Alcohol Programs
Murray Valley Aboriginal Co-operative	Counselling Service
Njernda Aboriginal Corporation	Drug and Alcohol Program
Victorian Aboriginal Health Service Co-operative	Koori Drug and Alcohol Service
Swan Hill and District Aboriginal Cooperative Ltd	Counselling and Referral Service
	Swan Hill Sobering-up Shelter
Mildura Aboriginal Corporation	Mobile Assistance Program
	Bacchus House: Sobering-up Centre
Winda Mara Aboriginal Corporation	Preventative Activities and Substance Abuse Support Program
NWHCN (Western Hospital) Drug and Alcohol Service	Koori Drug and Alcohol Worker
Tasmania Regional Aboriginal	
Alcohol and Drug Services of Tasmanian Regional Aboriginal North	Aboriginal Community Alcohol and Drug Project Youth Diversion Program Men's Health Program

Organisation type	Project type	Main services provided	Target drugs
Indigenous	Multi-service	Therapeutic counselling, Referral services Recreation, Cultural initiatives Health education, Media campaigns Needle exchange Research	Multi-drug focus
Indigenous	Multi-service	Needle exchange, Condom supply Staff development, Cultural initiatives	Multi-drug focus
Indigenous	Support service	Legal aid	Alcohol
Indigenous	Treatment	Counselling, Referral services, Advocacy	Multi-drug focus
Indigenous	Treatment	Counselling, Cultural initiatives	Multi-drug focus
Indigenous	Treatment	Counselling, Health education, Advocacy	Multi-drug focus
Indigenous	Treatment	Therapeutic counselling	Alcohol
Indigenous	Treatment	Counselling	Multi-drug focus
Indigenous	Treatment	Counselling, Referral services, Health education	Multi-drug focus
Indigenous	Treatment	Therapeutic counselling, Referral services	Alcohol
Indigenous	Acute intervention	Sobering-up shelters	Alcohol
Indigenous	Acute intervention	Patrols	Alcohol
Indigenous	Acute intervention	Sobering-up shelters	Alcohol
Indigenous	Prevention	Recreation	Multi-drug focus
Government	Treatment	Counselling	Multi-drug focus
Government	Multi-service	Community development, Staff development, Referral services, Methadone maintenance Cultural activities, Health education	Multi-drug focus

Organisation	Project name
Miwatj	
Angurugu Community Government Council	Substance Misuse, Family and Youth Treatment, and Cultural Training Program Camp and Community Based Substance Abuse Program
Numbulwar Substance Misuse and Recovery Team (Numbulwar Numburindi Community Government Council)	Substance Misuse Prevention and Intervention Program (Outreach and Support Service)
	Numbulwar Night Patrol
Yirrkala Dhanbul Association, Sport and Recreation Department	Sport and Recreation Program
Yirrkala Sober Women's Group	Yirrkala Night Patrol
Miwatj Health Aboriginal Corporation	Outreach and Referral Service
Territory Health, Living With Alcohol Program, East Arnhem Land	Alcohol Counselling and Education Program
Umbakumba Community Council	Drug & Alcohol Program
	Keep Safe Program
	Umbakumba Community Night Patrol
Galiwinku Community Council	Galiwinku Community Night Patrol
Jabiru	
Daly River Roadside Inn	Community Night Patrol
Aboriginal and Islander Alcohol Awareness and Family Recovery Inc	Community Based Support Program
	Aboriginal and Islander Alcohol Awareness and Family Recovery Residential Treatment
Yilli Rreung	
Council for Aboriginal Alcohol Programs Services Inc (CAAPS)	Dolly Garinyi Centre Community Based Programs Training Program
Foundation of Rehabilitation With Aboriginal Alcohol Related Difficulties Inc (FORWAARD)	Residential & Non-Residential Substance Abuse Program
Danila Dilba Medical Service	Giving Up the Smokes – Stories from the Danila Dilba Tobacco Project
Banyan House	Banyan House Aboriginal Outreach Program
Northern Territory Correction Services	Ending Offending: Prison Substance Abuse Education Program
	Our Message: www.ourmessage.org

Organisation type	Project type	Main services provided	Target drugs
Indigenous	Treatment	Counselling, Life skills counselling, Recreation, Cultural initiatives	Multi-drug focus
Indigenous	Prevention	Community development	Alcohol
Indigenous	Acute intervention	Patrols	Alcohol
Indigenous	Prevention	Recreation, Cultural activities	Multi-drug focus
Indigenous	Acute intervention	Patrols, Sobering-up shelters	Alcohol
Indigenous	Referral service	Referral services	Alcohol
Government	Treatment	Counselling, Health education	Alcohol
Indigenous	Treatment	Counselling	Multi-drug focus
Indigenous	Prevention	Health education	Alcohol
Indigenous	Acute intervention	Patrols	Alcohol
Indigenous	Acute intervention	Patrols	Alcohol
Indigenous	Acute intervention	Patrols	Alcohol
Indigenous	Multi-service	Prevention, Treatment, Referral	Alcohol
Indigenous	Treatment	Treatment	Alcohol
Indigenous	Multi-service	Treatment	Alcohol
Indigenous	Treatment	Counselling	Alcohol
Indigenous	Prevention	Health education	Tobacco
Non-Indigenous	Treatment	Treatment	Multi-drug focus
Government	Treatment	Life skills counselling	Alcohol
Government	Prevention	Education	Alcohol

Organisation	Project name
Territory Health Services, Alcohol and Other Drugs Program	Tobacco Action Project (TAP)
	Living With Alcohol Program
Garrak–Jarru	
Barunga Community Government Council	Community-based Alcohol and Other Drug Prevention & Intervention Services
Kalano Community Association Inc	HALO House Kalano Farm: Alcohol and Other Drugs Treatment Program Education and Prevention Field Program
	Kalano Community Patrol
Wurli–Wurlingjang Aboriginal Corporation	The Youth Project
Alawa Aboriginal Corporation	Alawa Warden's Project
Daguragu Community Government Council	Daguragu Community Night Patrol
Lajamanu Community Government Council	Lajamanu Community Night Patrol
Ngaliwurriuwuli Assoc (Ngaringman Aboriginal Resource Centre Inc)	Ngaliwurriuwuli Night Patrol
Rrumburriya Malandari Council Aboriginal Corporation	Rrumburriya Malandari Night Patrol
Wugularr Community Inc	Wugularr Community Night Patrol
Yapakurlangu	
Anyinginyi Congress Aboriginal Corporation	Spiritual and Cultural Education Program (After-care Program) Drug and Alcohol Rehabilitation Centre Transport Service to 'Out of Town' Treatment Programs Cell Watch and Hospital Visits Youth Program: Needs Assessment
Elliott District Community Government Council	Community-based AOD prevention & intervention service
Ali–Curung Council Association Incorporated	Safe House
	Night Patrol
Alpurrurulam Community	Alpurrurulam Community Night Patrol
Gurungu Council Aboriginal Corporation	Gurungu Night Patrol
Julalikari Council Aboriginal Corporation	Julalikari Night Patrol

Organisation type	Project type	Main services provided	Target drugs
Government	Prevention	Media campaign, Purchase restriction	Tobacco
Government	Prevention	Media campaign	Alcohol
Indigenous	Multi-service	Prevention, Treatment	Alcohol
Indigenous	Treatment	Counselling, Health education, Referral services, Accommodation	Alcohol
Indigenous	Acute intervention	Patrols	Alcohol
Indigenous	Prevention	Health education	Multi-drug focus
Indigenous	Acute intervention	Patrols	Multi-drug focus
Indigenous	Acute intervention	Patrols	Alcohol
Indigenous	Acute intervention	Patrols	Alcohol
Indigenous	Acute intervention	Patrols	Alcohol
Indigenous	Acute intervention	Patrols	Multi-drug focus
Indigenous	Acute intervention	Patrols	Alcohol
Indigenous	Multi-service	After-care services, Cultural initiatives, Health education, Multiple services	Alcohol
Indigenous	Multi-service	Prevention, Treatment	Multi-drug focus
Indigenous	Acute intervention	Sobering-up shelters	Alcohol
Indigenous	Acute intervention	Patrols	Alcohol
Indigenous	Acute intervention	Patrols	Alcohol
Indigenous	Acute intervention	Patrols	Alcohol
Indigenous	Acute intervention	Patrols	Alcohol

Organisation	Project name
Papunya	
Intjartnama Aboriginal Corporation	Substance Abuse Rehabilitation and Education Program
Ilpurla Aboriginal Corporation	Substance Abuse Program
Mutitjulu Health Service	Men's Night-Time Clinic
Mount Theo – Yuendumu Substance Misuse Aboriginal Corporation	Mount Theo Petrol and Yuendumu Youth Diversionary Program
Yuendumu Women's Centre Aboriginal Corporation	Women's Night Patrol
Aputula Community (Finke River)	Aputula Night Patrol
Areyonga Community	Areyonga Community Patrol
Imanpa Community	Imanpa Night Patrol
Ltyente Apurte Community Government Council	Santa Teresa Night Patrol
Nyangatjatkara Aboriginal Corporation	Night Patrol
Nyirrpi Community	Nyirrpi Night Patrol
Papunya Community	Papunya Night Patrol
Ti-Tree Anmatyerre Council	Ti-Tree Night Patrol
	Laramba Night Patrol
Titjikala [Tapatjatjaka] Community	Night Patrol
Tjuwanpa Resource Centre	Tjuwanpa Night Patrol
Utopia (Urapuntja) Council	Night Patrol
Walungurru Community (Kintore) Council	Night Patrol, Dry-Out Shelter & Police Program
Watiyawanu (Mount Liebig) Community	Mount Liebig Night Patrol
Willowra Community	Willowra Night Patrol
Alice Springs	
Waltja Tjukanku Palyapayi	Amurndurrngu Substance Abuse Program
	CAAAPU Treatment Centre
	Outreach and After Counselling Program
Central Australian Aboriginal Congress Inc (CAAC)	Youth Outreach Program
Ngkarte Mikwekenhe Community Inc	Drug and Alcohol Programs

Organisation type	Project type	Main services provided	Target drugs
Indigenous	Treatment	Counselling, Cultural initiatives	Alcohol
Indigenous	Prevention	Employment, Education	Multi-drug focus
Indigenous	Prevention	Recreation	Multi-drug focus
Indigenous	Prevention	Treatment, Health education	Petrol
Indigenous	Acute intervention	Patrols	Alcohol
Indigenous	Acute intervention	Patrols	Alcohol
Indigenous	Acute intervention	Patrols	Alcohol
Indigenous	Acute intervention	Patrols	Alcohol
Indigenous	Acute intervention	Patrols	Alcohol
Indigenous	Acute intervention	Patrols	Alcohol
Indigenous	Acute intervention	Patrols	Alcohol
Indigenous	Acute intervention	Patrols	Petrol
Indigenous	Acute intervention	Patrols	Alcohol
Indigenous	Acute intervention	Patrols	Alcohol
Indigenous	Acute intervention	Patrols	Alcohol
Indigenous	Acute intervention	Patrols	Alcohol
Indigenous	Acute intervention	Patrols	Multi-drug focus
Indigenous	Acute intervention	Patrols	Multi-drug focus
Indigenous	Acute intervention	Patrols	Petrol
Indigenous	Acute intervention	Patrols	Multi-drug focus
Indigenous	Treatment	Treatment	Petrol
Indigenous	Treatment	Therapeutic counselling	Alcohol
Indigenous	Treatment	Therapeutic counselling, Life skills counselling, Referral services	Alcohol
Indigenous	Prevention	Support serivces, Alternative activities	Alcohol
Indigenous	Prevention	Health promotion, Alternatives to drug use	Alcohol

Organisation	Project name
Tangentyere Council Inc	Night Patrol
	Remote Areas Night Patrol
Alice Springs Youth Accommodation Service	Bush Mob Project
Drug and Alcohol Services Association Alice Springs Inc (DASA)	Support of Community Groups
	DASA Remote Area Aboriginal Alcohol and Other Substance Strategies
Alice Springs Town Council	Radio Commercial for Anti-social Behaviour
Nulla Wimila Kutju	
Dunjiba Community Council Inc	Awareness & School Education Working Party for the Establishment of a Therapeutic Community-Based Program Youth Substance Abuse Program
Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's Council Aboriginal Corporation	Petrol sniffing prevention program
Nganampa Health Council Inc	Solvent Abuse Prevention Service
Pika Wiya Health Services Inc	Youth Program
Umoona Community Council Inc	Substance Abuse Program Night Patrol
	Alcohol Free Days
Port Augusta Substance Misuse Services	Sobering Up Unit Mobile Assistance Patrol Needle Exchange Counselling and Education Program
Wangka–Wilurrara	
Ceduna/Koonibba Aboriginal Health Services Inc	Mobile Assistance Program (MAP) Substance Abuse Program Sport and Drugs
Port Lincoln Aboriginal Health Service Inc	Substance Misuse Awareness Program Drop-In Counselling Service Diversionary Program
Yalata/Maralinga Health Service	Youth and Recreation Substance Abuse Prevention Program
Ceduna Hospital Inc	Ceduna Sobering-up Service

Organisation type	Project type	Main services provided	Target drugs
Indigenous	Acute intervention	Patrols	Alcohol
Indigenous	Acute intervention	Patrols	Alcohol
Non-Indigenous	Prevention	Cultural activities	Alcohol
Non-Indigenous	Prevention	Community development, Staff development	Multi-drug focus
Non-Indigenous	Prevention	Community development	Multi-drug focus
Government	Prevention	Media campaign	Alcohol
Indigenous	Prevention	Health education Community development, Counselling	Multi-drug focus
Indigenous	Prevention	Alternatives to drug use	Petrol
Indigenous	Prevention	Supply reduction, Recreation, Health education, Cultural initiatives	Petrol
Indigenous	Prevention	Alternative activities	Multi-drug focus
Indigenous	Acute intervention	Patrols	Multi-drug focus
Indigenous	Prevention	Prevention	Alcohol
Non-Indigenous	Acute intervention	Sobering-up shelters Patrols Needle exchange Counselling, Health education	Multi-drug focus
Indigenous	Multi-service	Patrols Counselling, Referral services, Advocacy, Health education	Alcohol
Indigenous	Treatment	Life skills counselling Cultural initiatives, Recreation	Multi-drug focus
Indigenous	Prevention	Recreation, Cultural initiatives	Multi-drug focus
Government	Acute intervention	Sobering-up shelters	Alcohol

Organisation	Project name
Papta Warra Yunti	
Riverland Aboriginal Alcohol Program Inc	Family Resource Centre Substance Abuse, Rehabilitation and Prevention Program
Nunkuwarrin Yunti of South Australia Inc	Methadone Program HIV/AIDS Education Program NU-HIT Aboriginal Needle Exchange Program
Aboriginal Sobriety Group of SA Inc	Allen Bell House Pre-release Employment Program Prevention, Diversion and Rehabilitation Program
	Kaingani Tumbetin Waal Program
	Cyril Lindsay House
	Torrensville Flats
	Mobile Assistance Patrol
Aboriginal Drug and Alcohol Council SA Inc (ADAC)	Family Intervention Drugs in Pregnancy Campaign Quality Use of Medicines Injecting Drug Use: Rapid Assessment Procedures Hepatitis C Study
	Makin' Tracks
	Petrol Sniffing and Other Solvents' Manual
	Substance Misuse Program: Quality Insurance
Aboriginal Youth Service	Kumangka Youth Project
Parks Area Safety Network Inc (SA)	Beyond the Barriers
Kalparrin Inc	Barrie Wiegold Substance Abuse Rehabilitation Centre
	Mobile Assistance Program
Drug and Alcohol Services Council (DASC)	Aboriginal Community Counsellors
	Aboriginal Communities Support Service
Aboriginal Health Council of South Australia Inc	Tobacco Awareness Strategy – Tobacco Control
Women's Health Statewide	Give It Up Sister

Organisation type	Project type	Main services provided	Target drugs
Indigenous	Multi-service	Life skills counselling, Health education, Referral services	Multi-drug focus
Indigenous	Treatment	Methadone maintenance Needle exchange, Condom supply, Health education Health education, Health services, Needle exchange	Heroin
Indigenous	Treatment	Life skills counselling, Therapeutic counselling; 2nd After-care	Alcohol
Indigenous	Treatment	Life skills counselling, Therapeutic counselling	Multi-drug focus
Indigenous	Support service	Accommodation, Advocacy	Alcohol
Indigenous	Support service	Accommodation	Multi-drug focus
Indigenous	Acute intervention	Patrol	Alcohol
Indigenous	Multi-service	Counselling Health education Research	Multi-drug focus
Indigenous	Prevention	Community development	Petrol
Indigenous	Staff & resource development	Staff development	Petrol
Indigenous	Staff & resource development	Research, Staff development	Multi-drug focus
Indigenous	Prevention	Media campaign	Tobacco
Indigenous	Prevention	Community development, Advocacy, Health education	Multi-drug focus
Indigenous	Treatment	Referral services, Counselling	Multi-drug focus
Indigenous	Acute intervention	Patrol	Multi-drug focus
Government	Treatment	Counselling	Alcohol
Government	Staff & resource development	Staff development	Multi-drug focus
Government	Prevention	Health promotion	Tobacco
Government	Prevention	Health education	Tobacco

Organisation	Project name
Wunan	
Ngnowar–Aerwah Aboriginal Corporation	Seven Mile Alcohol Rehabilitation Program
	Community Education and Training Project Counselling
	Wyndham (Warriu) Patrol
Kununurra–Waringarri Aboriginal Corporation	Marralam Alcohol Treatment Program
	Waringarri Alcohol Project
	Moongong Dawang Sobering-up Shelter
	Miriwong Community Patrol
Jungarni–Jutiya Alcohol Action Council Aboriginal Corporation	Alcohol Education and Counselling Service
	School Education Program
	Kija Jaru (Halls Creek) Night Patrol
Kununurra Youth Service Inc	Drug and Alcohol Program
Mindi Bungu Local Drug Action Group	Youth Activities
Warmun Community	Youth Activities
Yagga Yagga Local Drug Action Group	Youth Sport and Recreation
Halls Creek Peoples Church Sobering-up Shelter	Sobering-up Shelter
Mercy Community Health — Payatju	Petrol Sniffing Program
Malarabah	
Derby Local Action Group	Youth Activities
Derby's Numbud Patrol	Night Patrol
Garl Garl Walbu Aboriginal Corporation	Sobering-up Shelter
Nindilingarri Cultural Health Centre	Marrala Patrol
	Fitzroy Crossing Sobering-up Centre
Yuriny Culture Centre	Dry Out Project

Organisation type	Project type	Main services provided	Target drugs
Indigenous	Multi-service	Life skills counselling, Therapeutic counselling Health promotion, Community development	Alcohol
Indigenous	Acute intervention	Patrols	Alcohol
Indigenous	Treatment	Counselling	Alcohol
Indigenous	Treatment	Counselling, Referral services	Alcohol
Indigenous	Acute intervention	Sobering-up shelters	Alcohol
Indigenous	Acute intervention	Patrols	Alcohol
Indigenous	Treatment	Therapeutic counselling, Life skills counselling Health education	Alcohol
Indigenous	Acute intervention	Patrols	Alcohol
Indigenous	Prevention	Alternative activities, Health education, Treatment	Multi-drug focus
Indigenous	Prevention	Alternatives to drug use	Alcohol
Indigenous	Prevention	Alternatives to drug use	Alcohol
Indigenous	Prevention	Alternatives to drug use	Alcohol
Non-Indigenous	Acute intervention	Sobering-up shelters	Alcohol
Non-Indigenous	Program development	Program development	Petrol
Indigenous	Prevention	Alternatives to drug use	Alcohol
Indigenous	Acute intervention	Patrols	Alcohol
Indigenous	Acute intervention	Sobering-up shelters	Alcohol
Indigenous	Acute intervention	Patrols, Community development, Support service	Alcohol
Indigenous	Acute intervention	Sobering-up shelters	Alcohol
Indigenous	Program development	Program development	Alcohol

Organisation	Project name
Kullarri	
Milliya Rumurra Alcohol and Drug Centre	Rehabilitation Program
	Community Development Program
	Broome Sobering-up Shelter
Bidyandanga Aboriginal Community (La Grange) Inc	Men's Outreach Centre and Women's Group
Kimberley Aboriginal Medical Services Council (KAMSC)	Theatre to Counselling
Mamabulanjin Aboriginal Corporation	Kullari Patrol
North West Mental Health Service Kimberley Health Service	Kimberley Community Drug Service Team
Ngarda–Ngarli–Yarndu	
Mawarnkarra Health Service Aboriginal Corporation	Nutrition Liquid Intake Program
Pakala Patrol	Pakala Patrol
Pipunya Group Inc	Blue Light Disco
Roebourne Sobering-up Shelter Inc	Sobering-up Shelter
	Minnga Patrol
Port Hedland Sobering-up Centre	Sobering-up and Outreach Centre
Pilbara Public Health Unit	Alcohol-related Domestic Violence Workbook Alcohol-related Child Abuse Prevention: Community Service Announcement Solvent Use Workbook
	Alcohol & Other Drug Education & Counselling
Western Desert	
Warburton Community Corporation	Kanpa Substance Abuse Bail Centre
	Warburton Patrol
Ngangganawili Aboriginal Community Controlled Health and Medical Services	Rehabilitation Counselling
	Ganah Ganah Patrol
	Safety House
Ngaanyatjarra Health Service	Petrol sniffing prevention program, Intervention for Young People

Organisation type	Project type	Main services provided	Target drugs
Indigenous	Treatment	Therapeutic counselling, Life skills counselling	Alcohol
Indigenous	Prevention	Community development	Alcohol
Indigenous	Acute intervention	Sobering-up shelters	Alcohol
Indigenous	Treatment	Treatment	Alcohol
Indigenous	Treatment	Treatment, Health promotion	Alcohol
Indigenous	Acute intervention	Patrols	Alcohol
Government	Staff & resource development	Staff development	Multi-drug focus
Indigenous	Treatment	Dietary intervention	Alcohol
Indigenous	Acute intervention	Patrols	Alcohol
Indigenous	Prevention	Recreation	Alcohol
Indigenous	Acute intervention	Sobering-up shelters	Alcohol
Indigenous	Acute intervention	Patrols	Alcohol
Non-Indigenous	Acute intervention	Sobering-up shelters	Alcohol
Government	Prevention	Health education, Media campaigns	Multi-drug focus
Government	Treatment	Counselling	Multi-drug focus
Indigenous	Treatment	Treatment	Multi-drug focus
Indigenous	Acute intervention	Patrols	Multi-drug focus
Indigenous	Treatment	Counselling	Alcohol
Indigenous	Acute intervention	Patrols	Multi-drug focus
Indigenous	Acute intervention	Sobering-up shelters	Alcohol
Indigenous	Prevention		Petrol

Organisation	Project name
Western Desert Punturkurnupana Aboriginal Corporation	Tartilla Aboriginal Street Patrol
Goldfields Community Drug Service Team (Centrecare)	Lands training of Indigenous community members in working with alcohol and other drug users
Yamatji	
Geraldton Regional Aboriginal Medical Service	Drug and Alcohol Counselling
Bundybunna Aboriginal Corporation	Bundybunna Farm
Geraldton Yamatji Patrol	Yamatji Patrol
Kuwinywardu Aboriginal Resource Unit/CDEP	Carnarvon Community Night Patrol
Mullewa Employment and Economic Development Aboriginal Corporation	Mayu Patrol
Yulella Fabrications Aboriginal Corporation	Yulella Community Patrol
Geraldton Family Advocacy – Yamatji	Domestic Violence Counselling and Support Service
Compari: Community Drug Service Team	Community Development
Wongatha	
Ninga Mia Village Aboriginal Corporation	Substance Abuse Program
Bega Garnbirringu Health Service Aboriginal Corporation	(Beulah Place) Treatment Service
	Sobering-up Shelter
Bay of Isles Aboriginal Community Inc	Family Preventive Programs
Eastern Goldfields Aboriginal Community Resource Agency	Wunngagutu Aboriginal Patrol
Wongatha Wonganarra	Laverton Patrol
Shire of Leonora	Leonora Patrol
Kaata–Wangkinyiny	
South West Aboriginal Medical Service	Stolen Generation Project
Palmerston	Regional Education and Counselling Service
Wheatbelt Community Drug Service Team (Holyoake)	'Getting to Health Too' Alcohol and Other Drugs: Working with Young People

Organisation type	Project type	Main services provided	Target drugs
Indigenous	Acute intervention	Patrols	Multi-drug focus
Government	Prevention	Community development, Staff development	Multi-drug focus
Indigenous	Treatment	Counselling	Alcohol
Indigenous	Prevention	Employment	Alcohol
Indigenous	Acute intervention	Patrols	Alcohol
Indigenous	Acute intervention	Patrols	Alcohol
Indigenous	Acute intervention	Patrols	Alcohol
Indigenous	Acute intervention	Patrols	Alcohol
Non-Indigenous	Treatment	Advocacy, Counselling	Alcohol
Government	Prevention	Community development	Multi-drug focus
Indigenous	Multi-service	Community development, Counselling, Supply reduction, Health education, Education, Employment	Alcohol
Indigenous	Treatment	Treatment	Alcohol
Indigenous	Acute intervention	Sobering-up shelters	Alcohol
Indigenous	Prevention	Recreation	Alcohol
Indigenous	Acute intervention	Patrols	Alcohol
Indigenous	Acute intervention	Patrols	Alcohol
Government	Acute intervention	Patrols	Alcohol
Indigenous	Treatment	Therapeutic counselling	Multi-drug focus
Non-Indigenous	Multi-service	Health education, Counselling	Alcohol
Non-Indigenous	Staff & resource development	Staff development	Multi-drug focus

Organisation	Project name
Perth Noongar	
Noongar Alcohol and Substance Abuse Service (NASAS)	Alcohol and Substance Abuse Clinical Counselling Alcohol and Substance Abuse Education Program Alcohol and Drug Training Workshops Youth Discos
	Lunch Program
	Youth Outreach Program
Derbal Yerrigan Health Services	Mental Health Community Services (Kwinana Unit)
Aboriginal Advancement Council	Noongar Patrol System
Kuljak Aboriginal Employment Centre Inc	Swan Patrol
Challenger College of Technical and Further Education	Aboriginal drug abuse posters
Australian Council on Smoking and Health	Aboriginal Smoking and Health Project (Say No To Smokes) 'Gnarlung Maawit' ('for our babies')
Cyrenian House	Sarana Women's Program
North Metropolitan Community Drug Service Team (St John of Gods Hospital)	Community Development Project
South East Metropolitan Community Drug Service Team	Community Development
North East Regional Youth Council (WA)	Substance Inhalation Abuse Program
WA Solvent Abuse Action Plan	WA Solvent Abuse Action Plan

Organisation type	Project type	Main services provided	Target drugs
Indigenous	Multi-service	Referral services, Counselling Health education Alternative activities	Multi-drug focus
Indigenous	Treatment	Dietary intervention	Alcohol
Indigenous	Acute intervention	Patrols, Referral services, Advocacy	Multi-drug focus
Indigenous	Treatment	Counselling	Multi-drug focus
Indigenous	Acute intervention	Patrols	Alcohol
Indigenous	Acute intervention	Patrols	Alcohol
Non-Indigenous	Prevention	Media campaign	Multi-drug focus
Non-Indigenous	Prevention	Health education	Tobacco
Non-Indigenous	Treatment	Counselling	Multi-drug focus
Non-Indigenous	Prevention	Community development	Multi-drug focus
Non-Indigenous	Prevention	Community development	Multi-drug focus
Government	Prevention	Recreation, Health education, Counselling	Volatile substances
Government	Needs assessment	Research	Volatile substances

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