



Royal Commission into Aboriginal Deaths in Custody Recommendation

65. Data collection on alcohol and other drug use

That if Aboriginal people identify it as a priority (and ATSIC is well placed to make such a judgement) the Ministerial Council on Drug Strategy, as the body which manages the NCADA, act to develop and implement, in conjunction with Aboriginal people and organizations, an ongoing program of data collection and research to fill the many gaps which exist in knowledge about Aboriginal alcohol and other drug use and the consequences of such use.

Particular areas of need are:

- a. Information about alcohol consumption among urban Aboriginal groups;*
- b. Information about alcohol consumption among Aboriginal youth;*
- c. Longitudinal data in all areas;*
- d. An emphasis on good quality data utilising standard methodology and definitions; and*
- e. Evaluation research which assists in developing improved Aboriginal prevention, intervention and treatment initiatives in the alcohol and other drugs field.¹*

Background²	<p>The Royal Commission into Aboriginal Deaths in Custody (RCIADIC) found there was limited data regarding the nature and extent of Aboriginal alcohol use compared to non-Aboriginal alcohol use which had been extensively researched across many disciplines.</p> <p>The Commission suggested that the Ministerial Council on Drug Strategy work in collaboration with relevant Aboriginal organisations to develop a data collection and research program addressing the various gaps in knowledge. The RCIADIC highlighted that although alcohol misuse affected the wider community, Aboriginal peoples' experiences of over 200 years of injustices resulted in social, physical, environmental and economic conditions that contribute to harmful alcohol use.</p>
Intent	Establish and implement a research and data collection program to address the gaps in knowledge regarding Aboriginal alcohol use and other drugs.
Responsibility	The Commonwealth and all state and territory governments.
Key contacts	Department of Health.
Key action taken	
2005 Review³	The Department of Human Services assessed Recommendation 65 as partially implemented .

¹ Royal Commission into Aboriginal Deaths in Custody (Final Report, 1991) vol. 2, 302-7 ('RCIADIC').

² Ibid.

³ Aboriginal Justice Forum (Vic), Department of Justice (Vic), *Victorian Implementation Review of the Recommendations from the Royal Commission into Aboriginal Deaths in Custody* (Review Report, October 2005) ('2005 Review').

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Department of Human Services

Victoria was a member of the Inter-governmental Committee on Drugs, which reported to the Ministerial Council on Drug Strategy (MCDS). In 2001 the MCDS endorsed the National Alcohol Strategy. While it identified research into Aboriginal alcohol use as a key priority, not all aspects of the Commission's recommendation were addressed in that strategy.

The Victorian Government addressed parts of this recommendation through improved data collection systems, through the Victorian Population Health Survey, the Alcohol and Drug Information System (ADIS) and the Premier's Drug Prevention Council:

- Victoria collected data on whole of population alcohol consumption and other health matters through the annual health survey of 7,500 Victorians aged over 18 years.
- The Premier's Drug Prevention Council conducted a quarterly survey of 16–24-year-olds on their use of licit and illicit drugs. The survey collected demographic details of participants including whether they identified as Aboriginal and/or Torres Strait Islander.
- The Koori Human Services Unit managed an ongoing initiative to improve the availability and quality of Aboriginal status information captured in all Department of Human Services (DHS) data collection systems. The initiative aimed to coordinate data collection and reporting to state and national collections on Aboriginal health and well-being status.
- DHS collected, collated and reported on all data concerning Aboriginal people entering Victoria's drug and alcohol treatment system. Reports were developed to analyse trends and shifts in demand for alcohol and drug treatment in Aboriginal and non-Aboriginal alcohol and drug agencies.
- Victoria provided data annually for the national Alcohol and Other Drugs Treatment Services Minimum Data Collection, which covered Aboriginal populations. Most DHS funded Aboriginal agencies did not submit data to the ADIS, so its statistics under-represented the number of Aboriginal clients receiving alcohol and drug treatment. This was an unresolved issue at the time of the 2005 Review.
- Initiatives under the Koori Alcohol and Drug Plan 2003-04 included a range of research, prevention and intervention initiatives in relation to alcohol and drug harm.

2018 Review⁴

Commonwealth Government

Deloitte assessed Recommendation 65 as being **mostly implemented** by the Commonwealth Government noting that longitudinal data were not provided for all areas. Evidence of implementation included:

National strategies

The National Campaign Against Drug Abuse (NCADA), a joint effort between the Commonwealth, and the States and Territories, was succeeded by the National Drug Strategy. Both aimed to reduce alcohol and other drug-related health, social and economic harm.

⁴ Deloitte Access Economics, Department of Prime Minister and Cabinet, *Review of the Implementation of the Recommendations of the Royal Commission into Aboriginal Deaths in Custody* (Report, August 2018) 133-134 ('2018 Review').

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The National Indigenous Drug and Alcohol Committee (NIDAC, 2004–2014) was established to address alcohol and substance abuse issues.

Through the Australian National Council on Drugs the Commonwealth supported research bodies and action plans to reduce alcohol and substance abuse in Aboriginal and Torres Strait Islander communities.

The Commonwealth Department of Health led national drug and alcohol forums, responded to the National Ice Taskforce Report, and provided funding to improve data and research.

Surveys and data collection

The National Drug Strategy Household Survey (1998–present, every 3 years) collected data on alcohol, tobacco and illicit drug use.

The Australian Bureau of Statistics (ABS) conducted the National Aboriginal and Torres Strait Islander Social and Health Surveys, collecting alcohol and drug use data in alternating 3-year cycles. Longitudinal data were not available.

The Australian Burden of Disease Study (2016) estimated alcohol and substance use burden for Aboriginal and Torres Strait Islander people.

The Australian Institute of Health and Welfare (AIHW) managed the Alcohol and Other Drugs Treatment Services Minimum Data Set and the annual National Opioid Pharmacotherapy Statistics annual data collection. They collected information on Aboriginal and Torres Strait Islander patients receiving drug and alcohol treatment including opioid substitution therapies.

Policy and program evaluation

The Australian Institute of Family Studies and AIHW released Closing the Gap Clearinghouse Resource Sheet No. 3 (2010), reviewing effectiveness of strategies to reduce AOD harm.

The Department of Prime-Minister and Cabinet provided over \$40 million over four years (from 2017) to strengthen evaluation of Aboriginal and Torres Strait Islander programs, including substance misuse initiatives.

Victorian Government

In Victoria, a reporting mechanism for substance abuse instances for Aboriginal individuals was developed in response to this recommendation. The Koori Alcohol Action Plan specifically required the evaluation of programs aimed at reducing rates of substance abuse.

Since then

Department of Health⁵

Since 2018-19, the department has funded the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) to work with member organisations to deliver AOD services while supporting their capacity to meet data requirements, including Victorian Alcohol and Drug Collection data submissions.

The Victorian Population Health Survey also captures data relating to AOD use. This survey, first undertaken in 2001, contains several items related to AOD usage and service access. The

⁵ Department of Health (Vic), 'Review of Recommendations from the Royal Commission into Aboriginal Deaths in Custody (RCIADIC) ' (Response to AJC Request).

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annual survey sample size of 7,500 Victorian adults (18 yrs+) does not allow reliable estimates to be calculated for the Aboriginal population, so every three years (2008, 2011, 2014, 2017, 2020 and 2023) a larger sample size of 34,000 is used. This allows for robust estimates to be calculated for the Aboriginal population in Victoria.

Evidence of impact

Authorising documents

Victorian Population Health Survey and Victorian Alcohol and Drug Collection.

Outputs

- Victorian Population Health Survey findings.
- VACCHO support for its member organisations to collect and submit AOD service data to the Victorian Alcohol and Drug Collection.

Outcomes

Department of Health⁶

Require VACCHO to continue to support all 26 of its ACCO members that provide AOD services. This requirement continues to be upheld by VACCHO.

Data on AOD use among Aboriginal people in Victoria remains severely limited. The lack of comprehensive and reliable information is compounded by the broader deficiencies in AOD data collection and reporting across the state. These gaps in data not only hinder the ability to fully understand the scope and patterns of AOD use within Aboriginal communities but also impede the development of effective, culturally appropriate policies and interventions.

Community views

Victorian Alcohol and Drug Association⁷

In their submission to the Yoorrook Justice Commission, the Victorian Alcohol and Drug Association (VADA) highlighted that data on AOD use among Aboriginal people in Victoria remains severely limited. They emphasised that the lack of comprehensive and reliable information is compounded by the broader deficiencies in AOD data collection and reporting across the state. According to VADA, these gaps in data not only hinder the ability to fully understand the scope and patterns of AOD use within Aboriginal communities but also impede the development of effective, culturally appropriate policies and interventions. This inadequate data infrastructure, they argued, contributes to ongoing challenges in addressing health inequities and supporting evidence-based decision-making for Aboriginal populations.

Related recommendations

2005 Review⁸

Recommendation 21

That DHS address the specific requirements for improved data on alcohol and other substance abuse among Aboriginal people in respect of Recommendation 65.

⁶ Ibid.

⁷ Victorian Alcohol and Drug Association, 'The Alcohol and Other Drug (AOD) system and First Peoples in Victoria', Submission in *Yoorrook Justice Commission Issues Paper on Health*, NUT.0001.0458.0087, February 2024, 10-11.

⁸ 2005 Review.

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Assessment summary⁹

The intent of Recommendation 65 was to establish and implement a research and data collection program to address the gaps in knowledge regarding Aboriginal alcohol and other drug (AOD) use.

Several data collection initiatives have been implemented. The Victorian Population Health Survey captures data relating to AOD use and service access. However, the annual survey sample size is not large enough to provide reliable estimates for the Aboriginal population. Every three years a much larger sample is used to produce more robust information for Aboriginal adults.

Since 2018–19, the Department of Health has funded VACCHO to work with member organisations to collect and submit AOD service data to the Victorian Alcohol and Drug Collection. Despite these efforts, data on AOD use among Aboriginal people in Victoria is still limited. It's not comprehensive, and persistent gaps in data collection and reporting hinder the ability of our organisations and communities to fully understand the scope and patterns of AOD use, and develop or maintain effective, culturally appropriate policies, programs and services.

Significant issues arise in areas such as the Latrobe Valley, where AOD use is reportedly high across age groups, and local services that previously supported affected individuals have been discontinued.

It's becoming really problematic, businesses are closing, and people are afraid to walk in the streets. The situation is probably at its worst. We used to have a drug and alcohol service, which would pick people up and provide support, but it was discontinued because our numbers were deemed too low. About ten years ago, one person did a brief evaluation and collected some data, but it wasn't enough...it's really concerning that these services were stripped away, and the problem has now reached a critical level.¹⁰
(Nicole Le Sage, Executive Officer, Gippsland RAJAC).

⁹ Meeting with Aboriginal Justice Caucus Working Group (Project Team, Online, 22 July 2025) ('Working Group Meeting (22 July 2025)'); Meeting with Aboriginal Justice Caucus (Project Team, In Person, 23 September 2025) ('AJC Meeting (23 September 2025)').

¹⁰ Meeting with Aboriginal Justice Caucus (Vic) (Project Team, Working Group Meeting, 22nd July 2025) ('22nd July 2025').

Assessment of Recommendation 65

Is the intent of the recommendation accurately described?

Yes

Does the action taken align with the intent of the recommendation?

0 – No action taken

1 – Action taken is of little relevance to the intent of the recommendation

2 – Action taken partially aligns with the intent of the recommendation

3 – Action taken fully aligns with the intent of the recommendation

2

(Score out of 3)

Is there evidence of the desired impact or outcome/s?

0 – No evidence

1 – Evidence of output rather than outcome

2 – Some evidence action contributed to outcome/s

3 – Clear link between action and impact or outcome/s

2

(Score out of 3)

How relevant is the recommendation in the current context?

0 – No relevance – refers to practices, agencies or laws that no longer exist

1 – Low – some relevance, but most aspects of the recommendation no longer apply

2 – Moderate – remains relevant, but some aspects of recommendation no longer apply

3 – High – entirely relevant to current context

3

(Score out of 3)

Does full implementation have the potential to reduce incarceration, increase safety in custody and/or progress Aboriginal self-determination?

0 – No potential to improve Aboriginal justice outcomes

1 – Low – potential to improve Aboriginal justice outcomes, but none of the three identified

2 – Moderate – potential to progress one or two of the outcomes identified

3 – High – potential to reduce incarceration AND increase safety in custody AND self-determination

1.5

(Score out of 3)

Potential actions for further work

Strengthen local Aboriginal-led AOD services and data collection

Develop and fund sustainable, Aboriginal-led alcohol and other drug (AOD) services (including sobering-up services) in areas with high unmet need, such as the Latrobe Valley. Ensure these services are supported by consistent data collection and evaluation to monitor patterns of use, service access and outcomes.

Moderate priority for further work

Relevance and potential impact

		Low (0-2)	Moderate (3-4)	High (5-6)
Extent of action taken and evidence of outcomes	High (5-6)			
	Moderate (3-4)		Rec 65	
	Low (0-2)			

Bibliography

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