



## Royal Commission into Aboriginal Deaths in Custody Recommendation

### 70. Policies and programs recognise complex causes of alcohol misuse

That organisations developing policies and programs addressing Aboriginal alcohol issues:

- a) Recognise the inadequacy of single factor explanations (such as the disease model of problematic alcohol use) of the causes of alcohol dependence and misuse among individuals; and
- b) Take into account the fact that multiple explanations are necessary to explain the causes of alcohol misuse and related problems at the community level. It is therefore inappropriate to focus too strongly on any one explanation to the exclusion of others.<sup>1</sup>

<b>Background<sup>2</sup></b>	<p>The Royal Commission into Aboriginal Deaths in Custody (RCIADIC) reported various cultural, social and historical explanations for alcohol misuse among Aboriginal people. It noted that single factor explanations used in program and policy frameworks did not adequately address the complex and inter-related causes of alcohol misuse. For example, the disease model was a single-factor explanation commonly used in treatment programs to understand alcohol dependence and misuse. It conceptualised that an ‘alcoholic’ suffered from the disease of ‘alcoholism’, a disease that cannot be cured but rather abstained from. The Commission noted that this framework did not account for the many causations of alcohol dependence and was critiqued by professionals and academics. Other models may be more appropriate including the acculturation/anomie model that considers the misuse of alcohol by Aboriginal people as a reaction to the breakdown of their culture and marginalisation within Australian society.</p> <p>The RCIADIC emphasised the need to prioritise integrated models, that account for a variety of explanations of alcohol misuse, in policies and programs.</p>
<b>Intent</b>	Ensure policies and programs addressing alcohol misuse among Aboriginal people are guided by multi-factor explanations of its causes.
<b>Responsibility</b>	The Commonwealth and all state and territory governments.
<b>Key contacts</b>	Department of Health (DH).
<b>Key action taken</b>	
<b>2005 Review<sup>3</sup></b>	<p>The Department of Human Services assessed Recommendation 70 as <b>fully implemented</b>.</p> <p><b>Department of Human Services</b></p> <p>Drugs Policy and Services advised that key service requirements for the Koori Community Alcohol and Drug Worker Program and the Koori Community Alcohol and Drug Resource</p>

<sup>1</sup> Royal Commission into Aboriginal Deaths in Custody (Final Report, 1991) vol 2, 322 ('RCIADIC').

<sup>2</sup> Ibid 318-21.

<sup>3</sup> 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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Service (KCA&DRS) operated from a harm minimisation framework that recognised several factors that led to alcohol and drug addiction. These programs encouraged workers to conduct prevention activities, work with families and provide broad treatment programs and community wide approaches.

A training program was offered to Koori Alcohol and Drug Workers in 2001 and 2002 in Certificate III and IV in Community Services (Alcohol and Other Drugs). The scope of the program included material on drugs in the Australian context, harm minimisation issues, legal issues, and an overview of factors that could lead to drug abuse. Additional training was also offered in Certificate 4 in 2003.

Drugs Policy and Services funded sixteen Koori Alcohol and Drug Workers who delivered alcohol and drug services to their communities. In addition to the Victorian Government Drug Initiative Workforce Development Program to deliver accredited training for Koori Alcohol and Drug Workers in Certificates III and IV, DHS provided further training which includes advanced case management and counselling for complex clients. Advanced case management and counselling training was to be completed by December 2005.

The KCA&DRS provided an alternative to incarceration for persons found to be intoxicated or drug-affected in public. It aimed to reduce the harm associated with the use of alcohol and drugs. In addition, the services provided users with options for after-care support, and in conjunction with the individual, referred to that support where appropriate. They also liaised and networked with generalist health and welfare agencies to ensure continuity of care for service users through appropriate referral processes. Drugs Policy and Services funded seven of these services at different funding levels.

The Koori Youth Alcohol and Drug Healing Service was to be established to work with Aboriginal youth with drug and alcohol problems to assist them to recover from the substance abuse, reconnect with their families and communities and to develop life skills. The facility was to be a state-wide service, centrally located with access to health, education and other support services.

The Drugs Policy and Services Branch consulted to determine service gaps and community needs in the development of an 'early intervention and drug prevention program for parents of young adolescents' specifically for the Aboriginal community in Victoria. A 2004 report on these findings (Better Communication About Drugs) identified a range of factors impacting on Aboriginal alcohol and drug use and identified elements to be included in an early intervention program for parents. A Parent Education Program based on the report findings was being developed.

### 2018 Review<sup>4</sup>

Deloitte concluded that Recommendation 70 was **fully implemented** by the Commonwealth and Victorian Governments.

<sup>4</sup> 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) <<https://www.niaa.gov.au/resource-centre/indigenous-affairs/review-implementation-royal-commission-aboriginal-deaths-custody>> ('2018 Review')

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	<p><b>Commonwealth Government</b></p> <p>Deloitte reported that the Commonwealth Government incorporated an understanding of the complex causes of alcohol and substance misuse into national policies and programs. From 1995–96, the National Health and Medical Research Council (NHMRC) created a working group to examine links between social and emotional wellbeing and AOD use. Over time, the Commonwealth adopted a more integrated approach to managing AOD issues, supporting ongoing research through the National Drug Strategy and the NHMRC. Consistent with Recommendation 69, Commonwealth-funded AOD treatment services target a broad range of underlying causal factors.</p> <p><b>Victorian Government</b></p> <p>Deloitte concluded that the Victorian Government had developed and implemented strategies to address AOD issues, including the Koori Alcohol Action Plan 2010-20, which took a cross-agency approach to the treatment of alcohol misuse within Aboriginal communities.</p>
<p><b>Since then</b></p>	<p><b>Department of Health<sup>5</sup></b></p> <p>The Department of Health reiterated earlier assessments that this recommendation was fully implemented in Victoria but noted related service delivery challenges.</p> <p>Safer Care Victoria ensures that policies and programs recognise complex causes of alcohol misuse. However, programs and services often do not cater for all aspects of treatment. Addiction/dependence can be characterised as a bio-psycho-social phenomenon although often the ‘biological’ component of treatment can be missing. For example, there remains a lack of pharmacotherapy services available for treatment of opioid use disorder even in Aboriginal community-controlled health services where cultural overlays are well understood. There is also limited access to pharmacotherapy for alcohol use disorder despite the treatment being prominent in the national alcohol guidelines.</p>
<p><b>Evidence of impact</b></p>	
<p><b>Authorising documents</b></p>	<p>Koori Alcohol Action Plan 2010-2020</p>
<p><b>Outputs</b></p>	<p>Safer Care Victoria ensures programs recognise the complex causes of alcohol misuse.</p>
<p><b>Outcomes</b></p>	<p><b>Victorian Alcohol and Drug Association, Submission to the Yoorrook Justice Commission<sup>6</sup></b></p> <p>The Victorian Alcohol and Drug Association’s (VADA) submission to the Yoorrook Justice Commission included information on Aboriginal peoples’ experiences and their interactions with the AOD service system. VADA noted that Aboriginal people, like many Australians, use AOD for various reasons, including enjoyment, social connection, coping with stress or</p>

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

<sup>6</sup> 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.

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trauma, and responding to experiences of racism or other injustices. While alcohol has caused considerable harm to Aboriginal communities, it has also played a role in fostering cultural and social connections. For example, Uncle Jack Charles explained in his Yoorrook Justice Commission testimony that Fitzroy pubs were important places where he connected with family, culture, and his heritage.

A significant body of research, combined with firsthand accounts from Aboriginal people, details how patterns of AOD use and related policy responses have contributed to systemic disadvantages. VADA noted that policy documents can be ‘impersonal and objectifying’ only presenting health and wellbeing outcomes and failing to recognise the histories of trauma and colonial exploitation thus continuing to perpetuate harmful colonial narratives.

### Community views

#### Victorian Aboriginal Community Controlled Health Organisation<sup>7</sup>

*There are very few Aboriginal-run AOD rehabilitation services in Victoria, and even fewer residential support services specific for Aboriginal women with AOD dependence. The overlap between AOD dependence, family violence, and child protection involvement demonstrates that more services for supporting women with AOD dependence is essential.*

### Related recommendations

None identified.

### Assessment summary<sup>8</sup>

The intent of recommendation 70 was to ensure policies and programs addressing alcohol misuse among Aboriginal people are guided by multi-factor explanations of its causes.

The Department of Health acknowledged that their policies and programs recognise the complex causes of alcohol misuse but there are challenges addressing all dimensions of treatment. Although addiction is recognised as a bio-psycho-social phenomenon, the biological aspects of treatment are frequently lacking. For example, access to pharmacotherapy for opioid and alcohol use disorders remains limited, even in services where cultural considerations are well integrated, despite such treatments being highlighted in national guidelines.

While there is broad recognition of the multiple and complex causes of alcohol misuse, this understanding has not consistently translated into effective, multifaceted, and culturally appropriate service delivery.

*I think it is definitely not happening correctly because, if we had the right policies or programs, we would not continue to face issues in our communities related to alcohol misuse. People would not encounter difficulties when trying to access detox and rehabilitation services. (Nicola Perry-Peters, Victorian Aboriginal Community Controlled Health Organisation)*

<sup>7</sup> Victorian Aboriginal Community Controlled Health Organisation (VACCHO), *Health and Healthcare, Housing and Homelessness, Education* (Submission to Yoorrook Justice Commission, 13 February 2024) 74 ('Health and Healthcare, Housing and Homelessness, Education').

<sup>8</sup> 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)').

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References to Aboriginal-specific policies in strategic documents often remain aspirational rather than resulting in tangible outcomes. Current policies and programs often fail to address the full spectrum of needs, including trauma-informed approaches, and funding levels are insufficient to support adequate staffing or comprehensive care.

*We've got four workers across all of Gippsland. We've got the most mob in need in East Gippsland, but none of the workers are Aboriginal, which affects mob because there's no real cultural understanding of past traumas. A lot of our mob are dealing with long term trauma, so, they're drinking to forget it. That's a huge gap as well. It's pretty sad given how many mob we have here, and only four workers to cater to the whole of Gippsland.* (Nicole Le Sage, Executive Officer, Gippsland Regional Aboriginal Justice Advisory Committee)

### Assessment of Recommendation 70

**Is the intent of the recommendation accurately described?**

Yes  No

**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

**1**

(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 in regional 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.

### Invest in early intervention programs for AOD misuse

That the Department of Health provide additional funding to Aboriginal Community Controlled Organisations to develop early intervention programs for alcohol and other drug misuse. Funding should also be allocated to the Victorian Aboriginal Community Controlled Health Organisation to fully implement the relevant five actions in the Aboriginal Health and Wellbeing Partnership Agreement.

### Establish Aboriginal specific AOD healing centres

Establish Aboriginal specific AOD healing centres in regional Victoria, particularly where there has been long-term community advocacy for such services. (Examples provided from the Western region and Wothea Daborra.)

## 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 70	
	Low (0-2)			

## Bibliography

Meeting with Aboriginal Justice Caucus (Project Team, In Person, 23 September 2025)

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