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Aboriginal People and Drug Use

This Issues Paper has been prepared for delegates attending the South Australian Drugs Summit, particularly for delegates who have been assigned to a working group on this topic.

It is one of nine Issues Papers based on the nine working group themes to be discussed at the Summit. The purpose of the Issues Papers is to encourage thinking about drugs issues in the lead up to the Summit. The papers are not meant to be restrictive in any way. Delegates should feel free to raise any other relevant issues during their deliberations.

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1. INTRODUCTION

Substance misuse is both the cause and result of much pain and suffering in Aboriginal communities and is linked to other issues such as dispossession, physical and mental ill-health, poverty, unemployment, loss of cultural identity, family violence and imprisonment. This paper highlights some of the issues related to the nature and extent of Aboriginal substance misuse, the impact on families, underlying issues and availability and appropriateness of services and programs.

Aboriginal people are worse off than any other identifiable group of Australians and suffer social exclusion regardless of substance misuse issues. The unemployment rate for Aboriginal people is estimated to be 23% compared with 8% for the rest of the community and incomes are approximately two thirds of the Australian average. Less than one third of Aboriginal students are finishing secondary school compared with a national retention rate of around 70% and Aboriginal people are far more likely to live in poor and overcrowded housing without essential services.

Aboriginal people have the worst health profile in the country with Aboriginal infants being four and a half times more likely to die during childbirth and three times more likely to die during their infancy. The life expectancy for an Aboriginal person is 20 years less than the national average. Aboriginal people also have a higher rate of alcoholism, drug addiction, suicides and incarcerations.

It is clear from literature available that the range of illicit drugs commonly available has an impact on the Aboriginal community. Alcohol, heroin, prescription drugs, cannabis, amphetamines and volatile substances all form part of the recurring theme of increased polydrug use by Aboriginal people. The Australian Bureau of Statistics reports that illicit drug experimentation and use is more widespread among the Aboriginal urban community than the general community with some 50% (compared with 38% of the general population) having tried at least one illicit drug and 24% having used an illicit drug in the past 12 months (compared with 15% of the general population).

The same survey found that 3% of Aboriginal respondents have at some stage injected an illicit drug compared with 2% of the general population and that 2% were current injectors compared with 0.5% of the general population.

There is strong evidence that for the full range of substance misuse issues and effects to be addressed effectively a range of culturally appropriate programs and services need to be in place for Aboriginal men, women and children. With stronger agency links, shared goals, effective communication and consultation between communities and agencies Aboriginal people will be in a stronger position to achieve a lifestyle free from the harmful effects of substance misuse. There is also strong evidence that non-Aboriginal services need to be sensitive to the special needs of Aboriginal people as some Aboriginal drug users choose to use these services in preference to Aboriginal services, a major factor in their choice being concerns about confidentiality.

Evidence suggests that the drug issue for Aboriginal people cannot be addressed in isolation from the broader issues of education, employment, recreation and housing to name just a few. Families and communities need to be strengthened and supported in developing appropriate strategies to deal with substance misuse.

This paper focuses on the nature and extent of the problem of drug use in Aboriginal communities, current programs, relevant data and reports and the range of interrelated issues impacting on families coping with drugs.

2. SOUTH AUSTRALIAN CONTEXT

The Aboriginal population of South Australia as reported in the 1996 census was 20,442, an increase of 25.9% since 1991. This large increase in population indicates that the Aboriginal community has an increasing birth rate and a larger proportion of people under the age of 25.

At June 1996, young people aged 15-24 made up almost 19% of the State's Aboriginal population compared with 13.8% of the total State population. Young people under the age of 15 made up 39.4% of the Aboriginal population and 20.3% of the total population.

Aboriginal people in the northern and western suburbs of Adelaide made up one third of the Aboriginal population of the State and increased by 35% in number since 1991.

2.1 Illicit Drug Use

The extent of illicit drug use in Aboriginal communities in South Australia is not very well documented although the impact on individuals and families is frequently reported. Health practitioners and counsellors would concur with the community that polydrug use is not uncommon and there are strong links between drug taking and property crime or drug dealing.

A report on the injecting drug use among Aboriginal people in the Lower Murray region of South Australia (Shoobridge, J., Vincent, N., Allsop, S. & Biven, A., Final Report, 1998) revealed that injecting drug use contributed to poor health, and social and legal outcomes for those members of the Aboriginal community who injected and their families. Other consequences associated with injecting drug use include the transmission of blood borne viruses, assault, violence and potential for suicidal behaviour.

The report also revealed higher rates of unsafe practices such as sharing of needles and other equipment and unsafe sex compared to non-Aboriginal injecting drug users. It is stated that although Aboriginal people had an understanding of the concept of safe sex, it was infrequently practised because much of the information was both developed and delivered by non-Aboriginal people and had little relevance for Aboriginal people.

Evidence suggests that some injecting drug users continue to share needles and syringes despite knowledge of the associated risks with the belief that the Aboriginal cultural concept of sharing belongings included sharing injecting equipment.

Intoxication with drugs, alcohol, or a combination of both were perceived to increase the risk of suicide among injecting drug users and other members of the community, with intoxication believed to contribute to death by accidental overdose.

Other associated problems include grief and loss, gambling, lack of support services for people released from prison and lack of services available to respond specifically to the health needs of men.

The Aboriginal Drug and Alcohol Council of SA Inc (ADAC) has reported that 75% of Aboriginal prisoners have Hepatitis C.

While there are no official statistics on the levels of injecting drug use by Aboriginal people, estimates have been made indicating that the number of injecting drug users could be as high 20% in some communities. Enquiries made to ADAC reveal that the drugs of choice with young people seem to be predominantly heroin and “speed”.

A draft report being prepared by ADAC on an injecting drug use survey conducted in Adelaide indicates that only 6% of the sample of over 300 injecting drug users interviewed stated that their friends did not inject drugs.

2.2 Volatile Substances (e.g. petrol, glue, paint)

The issue of petrol sniffing is one of critical seriousness within the Aboriginal community and particularly affects communities within the Anangu Pitjantjatjara Lands. The increasing prevalence of petrol sniffing within remote Aboriginal communities has led to a systemic breakdown of both community and family relationships to the point of almost total disintegration in some communities.

Often characterised as a problem that only occurs in remote Aboriginal communities, petrol and other solvent misuse also occurs in the Adelaide metropolitan area and is often raised as a serious concern by service providers and the community.

Petrol sniffing poses a range of problems to sniffers, their families, communities and the wider society and the following points capture some key findings from a study to review interventions (d’Abbs, P. & MacLean, S., 2000):

- among the problems associated with petrol sniffing are serious health consequences including death or long-term brain damage, social alienation, social disruption, vandalism and violence, family conflict, reduced morale in communities, incarceration of sniffers and costs to the health system in terms of acute care and providing for the long-term disabled
- a majority of Aboriginal petrol sniffers are males and most are between eight and 30 years of age. Sniffing is most prevalent among people in their late teens and older sniffers are more likely to be chronic. There is general agreement that people who are hardest to help stop sniffing are chronic sniffers
- numbers of petrol sniffers in the Anangu Pitjantjatjara Lands declined with the introduction of Avgas as a replacement for petrol which occurred in late 1994 and by 1996 the petrol sniffing population dropped to 3.6% of the population, the majority being chronic sniffers. However, the number of sniffers has fluctuated since then making accurate assessments of numbers difficult

- although petrol remains the primary form of volatile substance misuse among young Aboriginal people there are increasing reports of other forms (particularly glue and aerosol paint sniffing) in urban areas.

A recent six-week community safety initiative conducted by the South Australian Police on the Anangu Pitjantjatjara Lands revealed that 95 petrol sniffers were identified in six communities, five being students and the rest unemployed. 60% of these sniffers had a recorded history of crimes of violence, property damage and theft. 40% of sniffers also identified a use of alcohol and 20% other drugs.

The most compelling explanation for young people sniffing petrol in some communities but not in others is the historical and social context of the cattle industry. Regions where the cattle industry was or still is part of Aboriginal life have a low or non-existent incidence of petrol sniffing (Brady, M., 1992).

2.3 Alcohol

The extensive impact of alcohol on Aboriginal people is broadly acknowledged, however the impact of alcohol on Aboriginal children is not widely understood or documented.

The World Health Organisation now recognises foetal alcohol syndrome as the leading cause of environmental related birth defects such as a characteristic facial appearance, impaired growth, delayed development and intellectual disability in the western world, surpassing spina bifida and Downs Syndrome.

There is evidence that alcohol use by Aboriginal women at harmful and hazardous levels is significantly higher than in the wider population (National Household Survey 1994 Supplement). There is also evidence that there is a significant impact on the learning capabilities of Aboriginal children with foetal alcohol syndrome and a significant impact on the behaviour of young Aboriginal children with foetal alcohol syndrome.

It has been revealed that Aboriginal women consume alcohol in much higher quantities than non-Aboriginal women with the highest consumption pattern occurring in the 14-24 age range (ADAC, 2000).

2.4 Tobacco

South Australia has among the highest Aboriginal smoking population in Australia. A recent study of metropolitan Adelaide households with an Aboriginal "head" revealed 14% had no resident smokers, 50% had two or more resident smokers and 17% had three or more resident smokers. This has immense implications not just for the difficulty of "quitting" in such households but also the impact of passive smoking. Overall, smoking rates in the Aboriginal community are around double that of the rest of the population (Aboriginal Health Council of SA Inc, 1990).

It is suggested that economic disadvantage may be associated with a greater prevalence of smoking and Aboriginal people are more likely to be the recipients of welfare benefits. Colonisation and dispossession have eroded the lifestyles and culture of Aboriginal people and are also factors that may have contributed

to higher rates of tobacco use. In addition, higher levels of education are also associated with lower prevalence of smoking.

The impact of smoking across South Australia is evident through increasing rates of mortality and hospitalisation for a range of tobacco related illnesses such as cancer, heart and lung diseases, diabetes and asthma. It is reported that approximately half of all deaths among Aboriginal people are due to circulatory disease, respiratory disease or cancer, particularly in country regions with an increasing trend for females being evident.

2.5 Criminality

Although Aboriginal people represent 1.49% of the total adult population in South Australia, approximately 17% of the prison population is Aboriginal with 95% of the offenders coming into prison having been juvenile offenders.

The South Australian Aboriginal prior imprisonment level is one of the highest in the country. It is apparent that Aboriginal people are disproportionately over represented within particular offence categories, especially those offences found to have a significant alcohol or other drug related component involving property crimes, minor drug offences, drink driving, home invasions (seeking cannabis) and assaults.

There is little definitive information about the extent of Aboriginal involvement in drug related crime and there is mixed evidence on the impact on drug related crime of the identification of drug users and subsequent referral to treatment. However, drug use in prisons is a major issue. It is reported that Aboriginal family members, relatives and others are persuaded to bring drugs for inmates as the fear of death of that person in custody is a very real thing to them. Drugs are seen as a way to get through a prison term (Department of Human Services, 1999).

Recidivism is a particular problem for Aboriginal prisoners with Aboriginal inmates released with unresolved alcohol and other drug related problems being at a high risk of re-offending. Research conducted by ADAC shows that over 50% of Aboriginal illicit drug users in one South Australian community have attempted suicide.

Evidence supports peer education as effective interventions for reducing alcohol and other drug related harm. The peer education approach developed and implemented by ADAC in February 1996 has placed the responsibility for healthy behaviour in the hands of the Aboriginal prisoners themselves and is consistent with Recommendation 152 of the *Royal Commission into Aboriginal Deaths in Custody*.

2.6 Drug Court

The Drug Court trial commenced operation in May 2000 as a means to minimise re-offending and give users the opportunity to participate in a process involving intense supervision, treatment, monitoring and compliance. If successfully completed, participation will be taken into consideration at the time of sentencing.

The trial is limited to offenders who are adults, dependent on illicit drugs, plead guilty to the offence, are likely to be facing a prison sentence and consent to participate in the program. Essentially the trial targets offenders who have a serious crime and drug related problem and who are assessed as having a significant chance of a successful outcome.

While the trial has been extended to December 2002 with an evaluation in progress, there remains a consistent pattern of under-representation of Aboriginal offenders at the Drug Court.

2.7 Police Drug Diversion Initiative

The South Australian Police Drug Diversion Initiative is designed only for people alleged to have committed simple or minor drug offences. The initiative is part of a national approach, funded by the Commonwealth Government and is designed to target users early in their involvement with the criminal justice system, diverting eligible offenders into education or assessment and treatment programs.

Once the client has been referred to an assessment service for an appointment no further action is then taken by the criminal justice system. Education then becomes the focus with assessment of dependence and appropriate intervention being determined.

A client's formal obligations under the program come to an end at the conclusion of the first interview. Treatment may continue provided the client agrees.

Since its commencement on 3 September 2001 there have been a total of 921 diversions for 872 individuals. 650 of these diversions were for youth (609 individuals) and 271 for adults (263 individuals). For youth, the majority of diversions were for possession of cannabis and possession of equipment for smoking cannabis. For adults, the majority of diversions were for possession of amphetamines or other illicit substances (but not including cannabis). A total of 58 diversions, or 6.7% (40 youth and 18 adults) were for people of Aboriginal and Torres Strait Islander origin (figures as at 16 May 2002).

2.8 Aboriginal Services and Programs

While Aboriginal people are able to access mainstream services these are not always appropriate or accessible. The only illicit drug related services specifically available to Aboriginal people in South Australia are the Nu-Hit Clean Needle Program provided by Nunkuwarrin Yunti in Wakefield Street, Adelaide and the Nunga Way Out Program provided by the Parks Community Centre Health Service at Angle Park.

Nu-Hit provides clean needles daily to clients at West Care and Byron Place in addition to making referrals to other services for support with housing, medical, social and mental health issues. Liaison is also maintained with SAVIVE, Hepatitis C Council, ADAC, the Drug and Alcohol Services Council and the Parks Community Health Centre.

During the 2000/01 financial year Nu-Hit issued a total of 14,187 clean needles to clients and received 8,700 returns.

The Nunga Way Out Program provides counselling, support, clean needles and Opioid substitution to Aboriginal clients in the Adelaide metropolitan area. Some support can be provided to clients who move to country areas, in particular the Riverland and Ceduna. Other aspects of the program include a full general practitioner service and holistic support to families.

The program commenced April 1999 and operates Monday to Friday from 9.00 am until 5.00 pm. It is reported to have a very good success rate, maintaining approximately 70% of clients on the methadone program and assisting at least 10% of clients to become drug free.

The Aboriginal Kinship Program, managed by the Department of Human Services has recently commenced a four-year trial period under the National Illicit Drug Strategy. Operating in the Adelaide metropolitan area, the Kinship Program is designed to provide a unique approach to supporting Aboriginal families. An integrated service plan is developed with the whole family that focuses on linking the individual and their extended families together as a support network for each other.

Operating in an holistic manner, the objectives of the Kinship Program are to strengthen and support families coping with illicit drugs, increase education, counselling and referral services provided through community based programs, reduce the consumption of illicit drugs and address a range of underlying issues such as homelessness, suicide and family violence. The Kinship Program is also designed to provide support in a more flexible manner, responding to individuals and families to accommodate their needs rather than expecting them to "fit the service".

3. ISSUES FOR CONSIDERATION

The following issues are a guide for consideration in the development and recommendation of strategies to address problems associated with Aboriginal people and drug use.

3.1 Treatment Services and Support Groups

A draft report on injecting drug use commissioned by ADAC (2002) refers to comments made by survey participants that the services available do not suit their needs and are not culturally appropriate.

Current Aboriginal treatment services are primarily oriented to assisting Aboriginal people with significant alcohol problems. Some are attempting to cope with the influx of clients with polydrug problems and with the significant increase in clients presenting with dual diagnosis of drug misuse and mental health problems. These services are not equipped to cope with this new generation of clients and there are also sound arguments for clients from different drug use and mental health backgrounds not to be mixed together in the one treatment setting.

Important Question:

What issues do service providers need to consider when treating Aboriginal clients with mental health problems?

There are no Aboriginal specific treatment services apart from the Nunga Way Out Program at the Parks Community Health Service at Angle Park. At the numerous community forums convened over recent years to address concerns about the impact of illicit drug use on Aboriginal communities in South Australia, one consistent theme has been the need for the provision of a range of treatment services.

It is reported that few Aboriginal people access mainstream treatment services and those who do have much poorer outcomes than non-Aboriginal clients.

Current services such as shelters, hostels, treatment and rehabilitation programs are not designed to work with families with the aim of keeping them together with staff often having a lack of cultural understanding. In most instances there are no Aboriginal people employed in these services.

Important Questions:

What type of treatment and community support services are required for Aboriginal people?

How can mainstream treatment services respond adequately to the needs of Aboriginal people?

A key concern for Aboriginal people is the lack of services before 9.00 am and after 5.00 pm and on weekends when crisis situations occur. This in particular impacts on the elderly family members who are trying to support their children and grandchildren through drug related issues.

Important Question:

What types of support services would best meet the needs of families coping with crisis situations?

With respect to smoking it is reported that the most serious obstacle to reducing smoking prevalence is lack of awareness of the problem. This highlights concerns over the effects of passive smoking, particularly as it relates to young children and babies given that low birth weight is a major concern in Aboriginal families with maternal smoking being about twice as common among Aboriginal women than non-Aboriginal women.

It is suggested that Aboriginal people smoke for a range of reasons including stress, peer pressure, image – role models, social pressures, boredom, depression and that cigarettes “go well with alcohol”.

Important Question:

What types of services and resources are required to educate Aboriginal people about the dangers of smoking?

It is recognised that alcohol is one of the most significant causes of drug related harm in Australia and that children who are born to women who consume alcohol during pregnancy are at risk of developing foetal alcohol syndrome.

Important Question:

What types of services and resources are required to educate Aboriginal people about the dangers of consuming alcohol during pregnancy?

3.2 Services in Remote Areas

Remote communities are now reporting major increases in the use of illicit drugs, particularly cannabis. Alcohol and petrol sniffing continue to be major issues for many communities. Some remote communities are also reporting the beginnings of injecting drug use.

All remote communities report great difficulty in attracting and retaining qualified staff of all descriptions including those staff working in the area of substance misuse. Most communities seek local people for their programs but there are few who are adequately trained.

Availability of further education, retention of students in schools and the ability of families to contribute to successful education outcomes for their children all contribute to this lack of availability of staff for community programs. In addition, appropriate training is not readily available in remote areas and effective support networks are often unavailable.

Costs for delivery of all services in remote areas are significantly higher than in urban areas and lack of supportive infrastructure including repairs, maintenance, training, resources and medical back up remains a key issue.

Important Questions:

What are the key service requirements for remote areas?

Is it important to have local Aboriginal people employed in local programs?

What incentives would be required to retain staff in regional and remote areas?

3.3 Availability of Appropriately Qualified Staff

There are few, if any trained and/or experienced Aboriginal staff available for new initiatives in the illicit drugs area. Skilled staff working in the area of illicit drugs often report to be heavily over-committed with burn out and stress being common features of this work group.

Remuneration for Aboriginal staff is poor and it is difficult to attract new staff in this field. As in many areas of service provision by Aboriginal people, good staff are in high demand and often lured away from organisations providing services “at the coal face” into higher paying Government and administrative positions.

Important Questions:

What are the key issues for the lack of availability of skilled Aboriginal staff?

Are the training requirements for Aboriginal staff being adequately met?

What incentives are required to retain Aboriginal staff in the area of illicit drugs?

What mechanisms need to be in place to support Aboriginal staff?

3.4 Prison Services and Alternatives to Imprisonment

Police custody deaths are more likely (two in three) for Aboriginal people compared with prison deaths and natural causes are more likely to be responsible for Aboriginal deaths than for non-Aboriginal with suicide being less likely irrespective of prison or police custody at the time of death (McKillop, S., 1990).

Police custody appears to be particularly risky for Aboriginal prisoners with the health of the prisoners upon admittance being a key factor combined with that of their care while in custody. A number of factors, including substance misuse are found to be associated with suicide attempts for Aboriginal people.

Important Question:

What strategies could be implemented to ensure more appropriate health assessments of Aboriginal prisoners and monitoring of health related issues are undertaken?

Recent programs such as the Police Drug Diversion Initiative and the expanded Mobile Assistance Patrol offer diversion options to police detention. The Cannabis Expiation Notice scheme with the on-the-spot fine approach further eliminates the potential for arrest and detention as does the new Street Offences Diversion program currently being trialed in Port Adelaide and Ceduna.

A particular challenge is the special considerations that need to occur to ensure that Aboriginal people participate in diversion schemes that are currently being planned or implemented.

Important Questions:

How can opportunities be improved for Aboriginal people to participate in diversion programs?

What types of diversion programs need to be established?

How can the justice system better engage and provide appropriate support mechanisms for Aboriginal communities to develop and dispense justice effectively at the local level?

In recent years Aboriginal Courts have been established to deal exclusively with cases faced by Aboriginal people in order to redress the significant overrepresentation of Aboriginal people in the criminal justice system. These courts are now sitting at Port Adelaide, Murray Bridge and Port Augusta. Discussions are under way for one to be established at Ceduna and possibly Coober Pedy. These sentencing courts provide Aboriginal people with the opportunity to have greater input into the justice process and are more welcoming to defendants, families and Aboriginal community groups, and are less alienating than general courts.

The establishment of Aboriginal Justice Officers who work across the court system further assist in enhancing diversionary options in respect to community service and referral to rehabilitation and treatment services for offences related to substance use. The re-establishment of the Frahns Farm program managed by the Aboriginal Sobriety Group is an additional diversionary strategy.

Aboriginal prisoners account for 17% of South Australia's prison population and a significant proportion of these prisoners are there for drug related offences. Evidence suggests that without effective assistance to address these issues it is highly likely that Aboriginal prisoners will continue to re-offend after their release and return to custody at a much higher rate than non-Aboriginal prisoners.

Over recent years the Department for Correctional Services has engaged consultants to deliver several programs aimed at addressing some of the addictions and underlying issues that precipitate drug taking. The Ngankari (traditional healer) program provides culturally relevant specialist program support to Aboriginal prisoners from traditional communities in the north and west of the State who are held in the Port Augusta prison. Aboriginal Ending Offending programs have been developed specifically to address alcohol and other drug related issues for Aboriginal people. These are delivered in the Port Lincoln and Port Augusta prisons. In addition, grief and loss counselling is provided to Aboriginal women in the women's prison, many of whom are there because of drug related crimes.

Aboriginal drug users have not been successful in the current Drug Court trial program and proportionally fewer Aboriginal people are referred to and complete diversionary programs aimed at diverting them from the criminal justice system and into the health and welfare systems where they could gain benefit.

Important Questions:

What are the key considerations for programs that could be aimed at keeping Aboriginal people out of prison?

What alternate custody settings need to be considered, particularly for Aboriginal people from remote communities?

What assistance can be provided to Aboriginal people in prisons to address their drug dependent behaviour?

3.5 Underlying Issues

It is frequently reported that the underlying cause of much substance misuse within the communities is dispossession from traditional lands and the ensuing loss of cultural identity and sense of purpose, particularly amongst young males.

Young people entering the criminal justice system because of drug related crimes causes trauma and shame within families, many of whom experience isolation in trying to address associated issues.

Family dislocation and the stress of the additional responsibility being placed on older community members, particularly women as a result of drugs is having a devastating impact on families and respect for Elders. Providing care for the children of drug dependent family members and support to users in prison and upon their release is, in many instances done without support or respite care.

The Grannies Group comprises a number of women who have grandchildren who are using illicit drugs. Some have buried their children who have died from drug overdoses and others are experiencing stress and other health effects from the constant battle of living in a drug environment. The women see each other as a resource and support mechanism. In the context of working to address substance misuse, the Grannies Group has expressed a greater need for cooperation between agencies working in the field of substance misuse and to provide more support to families.

Evidence suggests a need for greater capacity to provide holistic support to Aboriginal people with substance misuse problems and their families and to develop programs that positively focus on prevention.

Important Questions:

How can current programs be better managed to reach those families in need?

How can agencies become more accountable to the communities they serve?

How can grandparents be better supported when they are providing the role of carer?

4. SUMMARY

As reported at *The Big Yarn*, a 2-day forum held in November 2000 for Aboriginal community groups from the Adelaide metropolitan area, illicit drug use has a devastating effect on Aboriginal families and communities with pressures experienced daily by users and their families. Anger, sadness and anxiety are common feelings experienced by families with drug related problems.

A consistent theme emerging from literature on Aboriginal people and drug use is that the drug issue cannot be addressed in isolation from the broader issues of education, employment, recreation and housing to name just a few. Families and communities need to be strengthened and supported in developing appropriate strategies to deal with substance misuse.

While many Aboriginal people access mainstream services others do not find they meet their needs particularly the need to include the family and Elders in the healing process. Collaboration between Government, service providers and the community is critical in dealing with prevention, early intervention, rehabilitation and the follow-up care services to enable the devastating issue of substance misuse in Aboriginal communities to be addressed.

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