

COVID-19 - Issues and suggestions raised by Aboriginal Alcohol and Other Drug Workers – Version 1, 17 April 2020

In addition to general concerns, including access to Personal Protective Equipment (PPEs) there are a number of issues specific to the Aboriginal population including consumers and service staff.

Homelessness and/or overcrowding in homes

Suggestion:

Identifying and adapting unused/underused assets that could provide safe spaces where health and essential needs can be supported to look at suitability of accommodation and potential to accommodate people by clusters (family groups, singles):

- Food and amenities
- Health checks, COVID-19 testing and crisis response
- Transfer to hospitals and/or local isolation and quarantine options where needed
- Alcohol and other drug, mental health and well-being, domestic and family violence assessments, supports and referrals/system navigation
- Culturally appropriate information and updates
- Access to telehealth services (WAPHA)

Basics card and the cashless welfare payments

Issue:

Income management requires a Federal system solution.

- Centrelink already inundated
- Card restricts purchases to essential goods (e.g. food), however, inflated prices are evident (over pricing in remote communities and limited supply)

Social and emotional wellbeing

Issue:

Valid anxiety that self-harm and suicide rates will increase.

Suggestions:

- Campaigns about this virus and how to look after yourself, as well as virus updates, with Aboriginal and other diverse peoples co-designing and presenting to make sure that it relates and is relevant
 - o Strong Spirit Strong Mind are in the process of designing a flyer for AOD and SEWB
 - Some really good resources out there already with information about COVID Symptoms etc from AHCWA
- An Aboriginal specific campaign to encourage people to ring call lines (MHC, Lifeline etc)
- Existing Aboriginal service consumers contacted and encouraged to follow safety plans. This will enable maintenance of "therapeutic alliance"

- Provide confidence that triage and crisis response options, for issues other than COVID-19, will continue (either at an ED or other setting)
- Undertake a suicide prevention campaign that gives practical examples on how to keep yourself and your family safe i.e. reducing alcohol intake, watching your family and friends (WANADA has heard these are in development)
- Understanding of the legislative requirements under which people can be issued with an order to self-isolate, and what would be required to enforce this. Difference between what is enforceable and what can be encouraged

Targeted service support model

 Vulnerabilities and needs include substance use, mental health and general health issues (some people are significantly health compromised)

Isolation and being cut off due to road closures

Issues:

- Alcohol access, reduced access to both alcohol and drugs (supply reduction as a result of travel restrictions)
- Increased volatile substance use (VSU) evident as well as potential increase in use of other substances
- health, medicine, testing and hospital access in emergencies
- Access to food and essentials

Suggestion:

- Daily updates to communities, check-ins and telehealth access
- Consistent and regular messages/updates from one source (AHCWA, MHC, DoH, WA Health, Aboriginal Health Planning Forums)
- Retailer responsibilities re VSU reinforced and mandated

Quarantine options

Issues:

- A need to ensure cultural safety in isolation and quarantine options— i.e. not Wadjemup (Rottnest) PCH a preferred option
- Return to Country options (including isolation requirements)

Aboriginal worker safety

Issue:

Aboriginal peoples (especially health workers), are already in the high-risk category, and they are
putting themselves at risk to support their community as well as having to maintain a living income
for self and family.

Suggestions:

- Income/employment surety
- Aboriginal specific leave conditions supported
- Cultural supervision and mentoring a dedicated support line