Aboriginal Health in Aboriginal Hands

Do it with us, not to us

CEO Update

Thirty years ago, the then Prime Minister of Australia, Bob Hawke, deeply troubled by the number of Aboriginal people who were dying in custody in Australia, announced a Royal Commission into black deaths in custody.

The Royal Commission was initiated five years before Steven Freeman was born and almost a decade before the birth of Jonathon Hogan. Steven and Jonathon, two proud young Aboriginal men who were born and raised in Canberra, died in custody in the last two years. Steven died in the AMC in 2016 and Jonathon died in Junee in February this year.

The Royal Commission found that while Aboriginal people do not die at a higher rate than non-Aboriginal people in custody, the rate at which Aboriginal people are taken into custody is overwhelmingly greater. A primary finding of the Commission was that far too many Aboriginal people are taken into custody in Australia. The 339 recommendations which the Royal Commission made were designed, in the main, to address the causes of the disproportionate rate of contact which Aboriginal people have with the criminal justice system and the consequent disproportionate rates of incarceration which they suffer.

At the time that the Royal Commission into Aboriginal Deaths in Custody reported in 1991, two years before Steven Freeman was born, Aboriginal people were eight times more likely to be imprisoned than non-Aboriginal people. When Steven and Jonathon died in custody, in 2016 and 2018 respectively, an Aboriginal person in Canberra was 21 times more likely than a non-Aboriginal person to be incarcerated in Canberra than a non-Aboriginal person.

The number of Aboriginal people in custody in Canberra whether at Bimberi or the AMC is an indictment of the effectiveness of the ACT Government’s response to the needs of the Aboriginal community in Canberra.

When one has regard to almost any indicator of the life circumstance of Indigenous people in Canberra, for example that we have the second highest rate of child removal in Australia; that an Aboriginal child in Canberra is on average two years behind a non-Aboriginal child at school; that 46% of Aboriginal males over the age of 15 living in Canberra have used an illicit drug in the last twelve months; that 35% or about 700 of the 2,000 Aboriginal children living in Canberra live in poverty, reflects in a broader sense, a lack of commitment by the Government and indeed the non-Aboriginal community of Canberra to reconciliation.

The over-arching theme of the report of the Royal Commission is in fact that ‘the end of the situation where so many Aboriginal people live and die in custody’, will only be achieved if
other Australians can, in the spirit of justice and humanity, accord Aboriginal people control over their lives and futures, give them freedom to determine their own future and find their own place as a distinct culture within Australian society, and provide them with the resources that are necessary to overcome the handicaps they suffer as a result of what has happened in the past so there can be hope of a freely negotiated reconciliation between Aboriginal and non-Aboriginal Australians.’

The families of Steven Freeman and Jonathon Hogan have no reason to believe that ‘the spirit of justice and humanity’ which the Royal Commission speaks of, is present in the Canberra that their dead sons grew up in and experienced.

Narelle King, speaking after the release of the Coroner’s report into the death of her son Steven, talked about her sadness and the devastation which his death had caused her and her family. The Coroner’s report when considered together with the blistering report delivered by Phillip Moss into the care of Steven Freeman in the AMC in the year before he died, reveal just how broken are the systems in place in Canberra for addressing Aboriginal disadvantage and achieving justice and reconciliation for Aboriginal people.

Despite their sadness and the deep and irretrievable loss which they have suffered, both Narelle King and Jonathon’s father Matt Hogan are driven by a determination that what they have suffered never be experienced or endured by the parents or family of any other young Aboriginal man or woman in Canberra.

It is a sign of the levels of despair, distrust and cynicism within the Aboriginal community of Canberra that almost nobody believes that until the ACT Government accepts and acts on the central tenets of the Royal Commission into Aboriginal Deaths in Custody, and empowers the local Aboriginal community by adhering to the principles of self-determination, that anything will change and that they will see it all again and again.

Professor Mick Dodson said:

‘In part the unfinished business in the myriad of reports, commissions, inquiries and studies we as a nation have conducted over decades. We’ve had health reports, housing reports, education reports, welfare reports, community violence reports, law reform reports, economic development reports, employment and unemployment reports, Social Justice Commissioner reports, death in custody reports, the taking of children away reports, the list is almost endless ... and on top of this we’ve had assessments, evaluations, pilots, trials, umpteenth policies and policy approaches. And all of this paperwork would comfortably fill a couple of modest suburban libraries. And, it’s on the shelf where most of them have stayed. They’ve stayed there unread, unfinished, their recommendations unimplemented, and they’re very much unloved.’
Coroner delivers findings after Steven Freeman's death in custody

Canberra Times, April 11 2018
Alexandra Back

A coroner hearing an inquest into the death of a Canberra prisoner who overdosed after being prescribed methadone has recommended the jail consider drug testing inmates who claim to be heroin users, without a history of dependence, before prescribing the drug.

Coroner Robert Cook also recommended on Wednesday that the jail consider introducing compulsory exercise programs, and remain vigilant in stopping illegal drugs from getting into the prison.

Steven Freeman's admission to the methadone program, as well as his tolerance to the drug and the treatment and care afforded to him in the days afterwards were topics scrutinised at the inquest into his death in the ACT Coroner's Court over several weeks last year.

In Wednesday's findings, the coroner "recognise[d] deficiencies and inconsistencies" within the Alexander Maconochie Centre's methadone program. But he was unable to conclude that those deficiencies and inconsistencies affected the quality of care, treatment and supervision afforded to the 25-year-old Indigenous man, to the extent it contributed to his death on May 27, 2016.

Fact: On 10 August 1987 Prime Minister Hawke announced the formation of a Royal Commission to investigate the causes of deaths of Aboriginal people who were held in state and territory gaols.
Coroner delivers findings after Steven Freeman's death in custody (cont’d)

The inquest heard that a third of inmates are on methadone.

The inquest also heard that Mr Freeman died two days after he was first started on the drug. He had his first 30mg dose on May 25 and his second on May 26. The cause of Mr Freeman’s death on May 27 was aspiration pneumonia secondary to methadone toxicity.

Because while Mr Freeman held himself out to be a user of heroin, there was little evidence he was a heavy opioid user, and, the coroner found, it was highly likely he was opioid naive when he was prescribed methadone in May 2016. The toxicity of a certain dose of the drug can differ, depending on a person’s tolerance.

Mr Freeman had been caught with a prescription opioid before, and the inquest got an insight into prison drug taking practices when it heard Mr Freeman had reportedly taken "drinks" of other prisoner's oral methadone, after it had been regurgitated and mixed with orange juice. The inquest heard he had expressed an interest in going on methadone, to "do his time easy".

When Mr Freeman met with the prison doctor he said he had recently smoked heroin and was considering injecting the drug, and incurring drug debts along the way, the doctor Luke Streitberg said.

But despite the earlier incidents, there was no official record of his dependence on opioids, and his family were adamant Mr Freeman, though a drug user, was never addicted to heroin.

Mr Cook found the doctor had accepted Mr Freeman's claims he was opioid dependent, notwithstanding the absence of any independent evidence of those claims. But Mr Cook said the doctor's actions did not affect the quality of care, treatment or supervision of Mr Freeman to the extent it had contributed to Mr Freeman's death.

Fact: The Royal Commission was established in response to a growing public concern that deaths in custody of Aboriginal people were too common and poorly explained.
Coroner delivers findings after Steven Freeman's death in custody (cont’d)

He urged the government to consider implementing the national opioid guidelines to replace the existing guidelines and "incorporating random urinalysis or blood tests where there is no objective medical history of opioid dependence".

He also said the morning welfare check on Mr Freeman did not meet the jail procedures, though that was not a contributing factor to his cause of death. He recommended a review of the existing practices.

He recommended too that the prison consider a compulsory exercise program for inmates, and that the lack of such a program so far was "startling". He said it was concerning that a prisoner could remain in bed or in their cell from early one evening until 11am the next morning, as the court heard Mr Freeman was.

Outside court, Mr Freeman's mother was in tears when she spoke to the waiting media and said the system needed to change.

"I don't want it ever happen to another mother, no matter what culture they are," Narelle King said. "I'm just disappointed I lost my son and I'll never get him back."

Head of the Winnunga Aboriginal Health Service, Julie Tongs, said the Freeman family had been let down because of the government's failure to follow national opioid treatment guidelines in the jail.

"There has been a commitment and there are recommendations, and we have moved along as far as the Moss inquiry goes, but we've still got a long way to go and it's not going to happen overnight," she said.

Coroner Robert Cook's recommendations:

* Review existing practices on security and wellbeing checks
* Consider daily structured compulsory physical educations sessions
* Ensure that minimising infiltration of illicit substances into custodial facilities remains at forefront of screening technology
* ACT Health consider obtaining detainee medical files for a prison induction
* ACT’s standard operating procedure in relation to methadone prescription be reviewed with focus on individualised treatment
* Standard operating procedure changed to prevent detainees self-prescribed increases
* ACT Justice Health Services consider whether to adopt national guidelines and incorporate drug tests where no objective medical history of opioid dependence

It was with the deepest regret and sadness that we learned Jonathon Hogan, a much loved son, brother and father, a young Aboriginal man, born and raised in Canberra died in early February 2018 in Junee prison.

Julie Tongs, CEO of Winnunga AHCS wishes on her own behalf and for the entire staff of Winnunga AHCS, to extend to Jonathon’s parents Matt and Naomi and to his sisters Jessica, Monique, Markarla and his brothers Simon, Daniel, Matthew, Aiden, Jack and Max and to all his friends, condolences on Jonathon’s tragic and untimely death. Julie said it was particularly distressing to reflect that in addition to the overwhelming sadness and grief Jonathon’s parents and immediate family are suffering, that Jonathon’s five young children will now grow up never having really known their father.

Jonathon grew up in Canberra and attended North Ainslie Primary and Campbell High Schools. His parents describe his childhood as happy and that he had a great love for his brothers and sisters and all of his nephews and nieces. He developed a passion for motor bikes and in his late teenage years began working with his father in the construction sector.

Jonathon also lived with mental health issues and struggled with drug and alcohol misuse. These issues led to Jonathon coming into contact with the criminal justice system. Despite time in Bimberi, Jonathon’s mental health and drug use became more problematic and as a result of his offending to support his addiction he spent time in the Alexander Maconochie Centre.

Jonathon was under sentence and in the custody of ACT Corrections/Police when he absconded from the mental health unit at the Canberra Hospital and went to NSW. He was arrested in NSW and remanded to Junee prison where he died some six months after admission.

Jonathon Hogan should not have died in Junee Prison and Julie Tongs has asked the ACT Health Services Commissioner to undertake a review of all aspects of Jonathon’s care and treatment while in the care and control of the ACT Government. Jonathon’s father Matt has similarly asked the NSW Minister for Corrections to initiate an independent inquiry into Jonathon’s care while in Junee Prison.

Matt has also written to the ACT Ministers for Health, Corrective Services and Police and has asked them to undertake a review of the agencies for which they are individually responsible. In his letter to the Ministers he said:

‘My purpose in writing to you is to ask you to institute an independent inquiry within the portfolio areas of the ACT Government for which you are responsible, of how your directorates, authorities and officers dealt with my son Jonathon’s issues and why the policies, practices and programs in place in your agencies appear to have had absolutely

Fact: The Royal Commission into Aboriginal Deaths in Custody examined all deaths in custody in each state and territory which occurred between 1 January 1980 and 31 May 1989, and the actions taken in respect of each death.
no positive effect on his life. I ask this in the hope that the tragic fate suffered by my son will not be repeated, especially for other young Aboriginal men and women who call Canberra home and whose families look to you to do everything possible to improve their lives and give them the support and opportunities which they deserve. My son should not have died in Junee prison. I am asking you to do everything possible to ensure that no other young Aboriginal man or woman from Canberra suffers that same awful fate.’

ACT Drug Strategy Action Plan

The ACT Government is seeking submissions on the three year draft ACT Drug Strategy Action Plan.

Winnunga AHCS has made a submission noting that the ‘most alarming gap in drug and alcohol services in the ACT, and hence the highest priority for the ACT Drug Strategy, is for an Aboriginal community controlled Indigenous specific residential drug and alcohol rehabilitation service.’

In the submission provided to the Minister for Health Ms Meegan Fitzharris MLA, Winnunga AHCS CEO Ms Julie Tongs says:

‘I am sure you are aware of the data on drug and alcohol misuse in the ACT which illustrates the disproportionate and devastating impact which drugs are having on the ACT Indigenous community.’

‘As you know it was the expectation of the majority of the local Aboriginal community that the plans announced by the ACT Government in 2007 to fund and construct an Indigenous specific residential drug and alcohol [rehabilitation] facility would be realised through the development of the Healing Farm.’

‘While it is now accepted that the Healing Farm has been put to alternative uses, the ten year delay which this has caused in developing a residential drug and alcohol rehabilitation service for Aboriginal and Torres Strait Islander residents of the ACT, is now of overwhelming importance and urgency.’

‘My submission is that the ACT Drug Strategy Action Plan must identify the construction of an Aboriginal community controlled residential drug and alcohol rehabilitation facility as the first and highest priority in the ACT.’
Aboriginal Community Controlled Health Services Are More Than Just Another Health Service

Aboriginal Community Controlled Health Services are more than just another health service—they put Aboriginal health in Aboriginal hands.

We are around for the long haul—commitment and continuity are required to close the gap: Our first members have been around since the very early 1970s. Our roots are deep. We have endured as a high quality, clinically accredited community controlled service for over forty years. As the health system becomes more complex, the role of our services becomes even more critical. The Indigenous population is also increasing rapidly, yet funding levels have not kept pace with demand.

We punch above our weight: Aboriginal controlled health services provide about three million episodes of care each year for about 350,000 people. In very remote areas, our services provided about one million episodes of care in 2015-16.

Our customers trust us with their health: Our services build ongoing relationships to give continuity of care so that chronic conditions are managed and preventative health care can be effectively targeted. Studies have shown that Aboriginal controlled health services are 23% better at attracting and retaining Aboriginal clients than mainstream providers. Through local engagement and a proven service delivery model, our clients ‘stick’. The cultural safety in which we provide our services is a key factor of our success.

More people are using Aboriginal controlled health services. It is reported that in the 24 months to June 2015, our services increased their primary health care services, with the total number of clients rising by 8% (from 316,269 to 340,299). A map showing the footprint of our clients is attached.

We are proven to be clinically effective: As recently reported in the Australian Health Review (March 2017), we are more effective than other health services at improving Indigenous health. Our services specialize in providing comprehensive primary care consistent with our clients’ needs. This includes: home and site visits; provision of medical, public health and health promotion services; allied health, nursing services;

Fact: Winnunga AHCS delivered 52,844 occasions of service in 2016-2017. In addition 3,808 occasions of transport was provided.
Aboriginal Community Controlled Health Services

Are More Than Just Another Health Service
(cont’d)

assistance with making appointments and transport; help accessing child care or dealing with the justice system; drug and alcohol services; and providing help with income support. This is funded by both State and Australian Governments.

We provide value for money: Aboriginal controlled health services are cost-effective. Our activities result in greater health benefits per dollar spent; measured at a value of $1.19:$1. The lifetime health impact of interventions delivered by our services is 50% greater than if these same interventions were delivered by mainstream health services, primarily due to improved Indigenous access.

All revenue is re-invested into our health services. There is no profit-taking. We reinvest in our Indigenous workforce and in locally-designed strategies to trial new approaches. We are part of Indigenous communities and understand how critical respectful community engagement is to improving health outcomes.

We have a high level of community oversight and accountability. Our boards are made up of local Indigenous people and we serve our communities. We are responsive to their needs and they are not shy to tell us to lift our game, if we disappoint. We have innovative, robust and flexible service models grounded in the culture of our people and contemporary primary health care practices.

Governments and communities have invested in the sector and have grown it over time - it is a valuable health asset: Our community controlled health services are an integral part of the Australian health system just as hospitals are. An exemption under section 19(2) of the Health Insurance Act 1973 allows Aboriginal controlled health services access to Commonwealth funding, even if they are funded by state governments. This flexibility allows all parties to work closely together to provide the full service offer and get the best outcomes according to local need and circumstances.

There are many examples of important partnerships between our services and mainstream providers working collaboratively to maximize impact. For example, in Western NSW, the roll-out of a new partnership saw the number of Aboriginal people using integrated care services for chronic conditions more than double in the space of just four months.

The health system is increasingly complex in nature and the dire state of Indigenous health has meant that Aboriginal people need to have control over their own health response and be part of the solution. We work closely with mainstream services to extend the reach of services and share our expertise to improve cultural safety. While governments struggle to deliver service models that rarely reach or effectively service the needs of the most vulnerable Aboriginal people, we excel. That’s because we are Aboriginal people who understand what is required to change the future health of our people and we deliver it.

Fact: The lifetime health impact of interventions delivered by Aboriginal Community Controlled Health Services is 50% greater than if these same interventions were delivered by mainstream health services.
Most of our staff are Indigenous, but we need more Indigenous clinical staff: Our network provides a critical and practical pathway into employment for many Indigenous people. Currently, 56% of our staff are Indigenous. The greater representation is amongst non-clinical staff. Much more needs to be done to develop viable career pathways to get more Indigenous doctors, nurses and allied health professionals. Across Australia, there are only about 170 Indigenous medical practitioners, 730 allied health professionals, and 2,190 nurses.

We are the largest employer of Indigenous people: Our 141 Aboriginal controlled health services employ about 6,000 staff (most of whom are Indigenous). This means that one out of every 44 Indigenous jobs in Australia is with one of our services (3,300 of 141,400 FTE: 2.33%). This puts us well ahead of all mining employers. This is in a context where the health and social care sector employs 15% of the Aboriginal and Torres Strait Islander workforce; almost four times as many as the mining industry (4%).

Our large network of services is also critical to the economic health of many remote and local communities.

Fact: The vast majority of Winnunga AHCS full time workers are Aboriginal. 
In total Winnunga AHCS employs 80 staff.
Aboriginal Community Controlled Health Services Are More Than Just Another Health Service
(cont’d)

The need is compelling: Good progress has been made, but Indigenous health is still vulnerable to disturbing developments such as the recent outbreak of congenital syphilis across regions of Northern Australia. This is an entirely preventable disease not seen in Australia for generations and its occurrence raises concerns about the delivery of antenatal care and sexually transmitted infection and blood borne virus control programs for all high risk groups.

Review of Methadone Program at AMC

The ACT Health Services Commissioner has released her report into the operation of the methadone program at the AMC. The inquiry was initiated as a result of the death of Steven Freeman at the AMC from an overdose of methadone.

The report contains a detailed assessment of the methadone program, its management and operation and includes a number of common sense recommendations designed to improve the operation, effectiveness and safety of the program. A number of worrying issues have been identified and it is hoped the recommendations, if implemented, will address these.

The Commissioner notes, for example that ‘The level of prescribing of methadone at the AMC, with around 30% of detainees receiving methadone, is substantially higher than in other jurisdictions...Interviews with detainees and staff suggested that there is a culture of drug-seeking amongst detainees, where access to ORT (methadone) was sometimes sought for recreational and other reasons, and that detainees perceived that it was relatively easy to be placed on methadone at the AMC.’

The Commissioner also noted ‘Several detainees stated that a key motivating factor for drug seeking while in prison was to alleviate the boredom of an unstructured day and to allow them to ‘sleep through’ their sentence:

- There is no point withdrawing people from methadone if they have nothing to do during the day. Drug’s wouldn’t be so popular if there were more things to do.
- Some boys go on it just so they get high, and so they can sleep during the day.
- People get woken up at 8am for muster but you don’t have to get up, just have to move so they know you are alive.’

While the Commissioner included a very welcome and strong recommendation in her report on the urgency of the need for a needle and syringe program in the AMC it is a pity there was no direct attention given by her to the paucity of residential drug and alcohol facilities in the ACT to support detainees post release from prison. The absence of an Indigenous specific residential drug and alcohol rehabilitation facility is a major deficiency.

That the ACT Government’s review into the Throughcare program revealed the recidivism rate of Indigenous detainees accessing Throughcare is almost twice as high as non-Indigenous detainees, is almost certainly related to this massive gap in services for the Aboriginal community.

Fact: Opioid dependency is regarded as a chronic, relapsing condition, and it is recognised that for people who are opioid dependent, abstinence is not easily achieved or maintained (source: National Guidelines for Medication-Assisted Treatment of Opioid Dependence).
All welcome to come and celebrate this milestone with Winnunga there will be plenty to eat see and do come and celebrate Winnunga Style and enjoy many different activities from magic show petting zoo rock climbing wall the list goes on plenty of different food stalls on offer from around the world to know what else is on offer you will need to attend this is a free event

This event will be Alcohol, Drug & Smoke Free

SATURDAY 12th MAY 2018
10am-2pm

Winnunga Nimmitjyah AHCS
63 Boolimba Cres Narrabundah
Name: Shane Morris

Position: Medical Reception

Who’s your mob?  
Wailwan/Kamilaroi

Where’s your country?  
Coonabarabran/Gulargambone

Who is your favourite singer/band?  
Rihanna/ Kanye West/Khalid

What is your favourite song?  
Love Lies Khalid (ft. Normani)

What do you do on the weekends?  
Spend most time with family, friends or driving around listening to music.

What is your favourite food?  
Mum’s cooking.

What do you like most about working at Winnunga?  
What we do as a team to help our community.

My favourite pet?  
None

What is your pet hate?  
Dishonesty and people that beat around the bush.