

PHAA NT Branch Submission to House of Representatives Committees on harmful use of alcohol in Aboriginal and Torres Strait Islander communities



Public Health Association
AUSTRALIA

Northern Territory Branch

Public Health Association of Australia submission on harmful use of alcohol in Aboriginal and Torres Strait Islander communities

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Introduction

The Public Health Association of Australia Incorporated (PHAA) is recognised as the principal non-government organisation for public health in Australia and works to promote the health and well-being of all Australians. The Association seeks better population health outcomes based on prevention, the social determinants of health and equity principles. The PHAA has a vision for a healthy region, a healthy nation and healthy people living in a healthy society and a sustaining environment while improving and promoting health for all.

Public Health

Public health includes, but goes beyond the treatment of individuals to encompass health promotion, prevention of disease and disability, recovery and rehabilitation, and disability support. This framework, together with attention to the social, economic and environmental determinants of health, provides particular relevance to, and expertly informs the Association's role.

The Public Health Association of Australia

PHAA is a national organisation comprising around 1900 individual members and representing over 40 professional groups concerned with the promotion of health at a population level.

Key roles of the organisation include the development of policy, capacity building and advocacy. Core to our work is an evidence base drawn from a wide range of members working in public health practice, research, administration and related fields who volunteer their time to inform policy, support advocacy and assist in capacity building within the sector. PHAA supports a preventive approach for better population health outcomes by championing appropriate policies and providing strong support for Australian governments and bodies such as the National Health and Medical Research Council in their efforts to develop and strengthen research and actions in public health.

PHAA has Branches in every State and Territory and a wide range of Special Interest Groups. The Branches work with the National Office in providing policy advice, in organising seminars and public events and in mentoring public health professionals. This work is based on the agreed policies of the PHAA. Our Special Interest Groups provide specific expertise, peer review and professionalism in assisting the National Organisation to respond to issues and challenges as well as providing a close involvement in the development of policies. In addition to these groups the PHAA's Australian and New Zealand Journal of Public Health (ANZJPH) draws on individuals from within PHAA who provide editorial advice, and review and edit the Journal.

Advocacy and capacity building

In recent years PHAA has further developed its role in advocacy to achieve the best possible health outcomes for the community, both through working with all levels of governments and agencies, and promoting key policies and advocacy goals through the media, public events and other means.

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Public Health Association of Australia: Northern Territory Branch

The Public Health Association of Australia (PHAA) NT Branch represents the Northern Territory membership of the PHAA. The NT Branch has particular expertise in alcohol-related issues and in Aboriginal health.

This submission

This submission concentrates on the sixth and seventh focuses of the enquiry, namely best practice strategies to minimise alcohol misuse and alcohol-related harm, including international and domestic comparisons.



1. Actions must respond to community-wide harm of alcohol

We believe that this enquiry into harmful use of alcohol in Aboriginal and Torres Strait Islander communities of Australia risks further disadvantaging Aboriginal and Torres Strait Islander people, through stigma. Although alcohol contributes to Aboriginal disadvantage it is a relatively minor contributor compared to socio-economic disadvantage.¹ Stigmatisation of Aboriginal people contributes to racism, and is itself a source of Aboriginal disadvantage.² Therefore it is important that this enquiry avoid stigmatisation, to minimise potential harm from the enquiry itself. Thus the strategies that we propose will minimise alcohol use and alcohol-related harm among all Australians, not just Aboriginal and Torres Strait Islander people.

While clinical services have a role in reducing alcohol-related harm to individuals, because of the extent of harm due to alcohol in Australia, clinical services will not have a significant impact on the population as a whole. This was demonstrated in recent work which showed that based on current practice in rural NSW, an estimated 0.7% of presumptive risky drinkers in a community will reduce their alcohol consumption to low-risk levels as a result of visiting a GP, being screened, and receiving a brief intervention. Even if all GPs screened and delivered a brief intervention to all presumptive risky drinkers who visit them in a year, only around 36% of risky drinkers would reduce their alcohol consumption to low risk levels.³ Therefore clinical services, although essential, can impact only a minority of people who misuse alcohol, and cannot address harmful use of alcohol at a community level. Therefore population-based responses are required to reduce the harm due to alcohol.

2. Pricing alcohol to reduce consumption and harm.

International scientific evidence consistently shows that alcohol consumption and harm are influenced by price. Alcohol taxation, as a means of increasing the price of alcohol, is one of the most effective policy interventions to reduce the level of alcohol consumption and related problems, including mortality rates and crime.⁴ Mortality and crime related to alcohol are major sources of grief for Aboriginal and Torres Strait Islander people, compounding their other disadvantages, and fuelling the risk of stigmatisation.

Even small increases in the price of alcohol can significantly reduce consumption and harm. However, despite established effectiveness to reduce alcohol-related harm, particularly among the heaviest drinkers, pricing mechanisms such as a minimum or floor price or taxation strategies have rarely been used in Australia.⁴

We are aware of claims that the demand for alcohol in Indigenous Australian communities is not responsive to price and that despite increasing alcohol prices, Aboriginal people spend more money on alcohol at the expense of essentials including food and children's well-being.⁴ These claims are

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made on the basis of a study from Queensland which showed that purchases of illicit alcohol continued despite the introduction of a canteen where alcohol could be purchased legally. During the period of this study, published in 1993, expenditure at the main community store declined. However there was no overall reduction in expenditure on essentials. The study did not support the assertion that population-based price control measures are likely to be ineffective in reducing consumption in Indigenous communities. It was consistent with the studies in communities around the world which show that increasing the price of alcohol reduces consumption and harm.⁵

In considering the high rates of harmful drinking among the group of Aboriginal people on low incomes who purchase more alcohol at lower prices, a modelling study has showed that this group is likely to be most affected by increases in price.⁶ This study concluded that large reductions in consumption among low income heavy drinkers would contribute to substantial health gains in terms of morbidity and mortality related to reduced alcohol consumption.⁵ Although the study was based in UK the potential benefit to low income heavy drinkers warrants at least an evaluation in Australia.

3. Outlet density

While most Aboriginal people live in major cities, compared with other Australians, many Aboriginal people do live in regional centres, and rural and remote areas. Many of these locations show high densities of alcohol outlets. The relationship between outlet density and alcohol-related violence has been the focus of significant public attention and concern.⁴ We believe that tighter regulation of outlet density is likely to reduce alcohol-related harm, the benefit of all Australians.

4. Trading hours of alcohol outlets

There is strong evidence that extending the trading hours of alcohol outlets results in increases in alcohol-related problems. A reduction in these hours can contribute to a reduction in alcohol-related problems.⁴

Cohesive policy guidance among liquor licensing agencies, planning departments and local government over the relationship between alcohol outlet density, opening hours and alcohol-related problems is required for the benefit of all Australians.⁴

5. Community input into alcohol control policies.

It is important that communities including Aboriginal communities are informed about effective alcohol control policies and are involved in discussions and decisions about local implementation of these policies. This is consistent with the needs and desires of all Australians, as 79% of Australians

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believe that more needs to be done to address alcohol-related harms. Australians believe that governments, alcohol companies and clubs and pubs believed to be not doing enough to address alcohol-related harm.⁷

Aboriginal communities in the NT have voiced their concerns about alcohol related harm and support for effective alcohol controls at two alcohol summits convened in 2012 (Darwin) and 2013 (Alice Springs). These forums were held in order to allow Aboriginal to have a voice in the debate in the NT.⁸

The work in the Fitzroy Valley to reduce alcohol consumption through effective control (particularly reducing supply of takeaway) was led by Aboriginal people and driven in part by concern over Foetal Alcohol Spectrum Disorder (FASD).⁹ There needs to be genuine partnership between communities and Federal and State/Territory governments with clear guidelines about what should be contained in an alcohol management plan, how consultation will occur so that the whole community is involved including those who are most vulnerable and what resourcing will be available to support local alcohol management plans.

6. Recommendations

- 1. Alcohol issues among Aboriginal and Torres Strait Islanders should be addressed as part of policy responses that reduce alcohol-related harm among all Australians.**
- 2. Alcohol-related problems are so common that health care services cannot deal with the scale of the problem, so population-based measures are essential.**
- 3. Price increases through a floor-price or taxation system can reduce alcohol related harm.**
- 4. Other measures that control the supply of alcohol, including reducing outlet density and restricting trading hours can reduce alcohol-related harm**
- 5. The Australian community is seeking control of alcohol related harm and community input to policy -development is key to ensuring that interventions are supported and successful.**

Conclusion

In conclusion, while we recognise the need for on-going research in this area the Public Health Association of Australia NT Branch sees adequate evidence from Australian and other work to inform policy to reduce alcohol misuse and related harm among all Australians, without racial discrimination. In particular policies that affect all Australians, including policies on alcohol pricing, through taxation or a floor price, outlet density and trading hours can reduce alcohol related harm among Aboriginal and Torres Strait Islander communities.



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