

Social and economic determinants of harmful alcohol use

Introduction

- 1.1 The National Health and Medical Research Council (NHMRC) state that the reasons for drinking are likely to be closely related to age, culture and socioeconomic status.¹
- 1.2 The committee found that while the harmful use of alcohol is a societal issue that can profoundly affect any family, regardless of cultural or ethnic background, alcohol consumption causes more harm amongst poor and socially marginalised populations.²
- 1.3 This chapter examines the evidence around social and economic determinants of high risk alcohol consumption such as health, employment, education and trauma.

Social and economic determinants

- 1.4 The social determinants of health include the conditions in which people are born, grow, live, work and age.³

1 National Health and Medical Research Council (NHMRC), *Australian guidelines to reduce health risks from drinking alcohol*, 2009, p. 14.

2 World Health Organisation (WHO), *Global status report on alcohol and health*, 2014, WHO Press, Geneva, p. 9.

3 Department of Health and Human Services (Tasmania), *Working in health promoting ways – a strategic framework for DHHS 2009-2012*, 2010, p. 25.

- 1.5 The World Health Organisation (WHO) states:
- Whether people are healthy or not, is determined by their circumstances and environment. To a large extent, factors such as where we live, the state of our environment, genetics, our income and education level, and our relationships with friends and family all have considerable impacts on health, whereas the more commonly considered factors such as access and use of health care services often have less of an impact.⁴
- 1.6 Research published by the Australian Institute of Health and Welfare (AIHW) found the social and economic determinants relevant to understanding health inequities between Aboriginal and Torres Strait Islander people and non-Indigenous people in Australia included:
- educational attainment
 - connection to family, community, country and culture
 - employment
 - housing
 - racism, and/or discrimination, and
 - interaction with government systems, including: access and treatment within the health system and contact with the criminal justice system.⁵
- 1.7 Where an individual lives can have a significant effect on their health and quality of life. The Ministerial Council on Drug Strategy noted in 2003 that Aboriginal and Torres Strait Islander people, especially those living in rural or remote areas, carry a greater burden of disadvantage in health, employment, education, incarceration levels and public health infrastructure, when compared with the non-Indigenous population.⁶
- 1.8 The Aboriginal Peak Organisations of the Northern Territory (APO NT) reports that international and Australian research clearly demonstrates that health in general, mental health and substance misuse are affected by social and structural factors such as housing, education, employment, income, transport and access to supportive social networks.⁷
- 1.9 The Queensland Government reports that the experience in Queensland is consistent with that occurring in other jurisdictions in that the harmful

4 WHO, 'The Determinants of Health' <<http://www.who.int/hia/evidence/doh/en/>> viewed 3 November 2014.

5 Australian Institute of Health and Welfare (AIHW), *What works? A review of actions addressing the social and economic determinants of Indigenous Health*, 2013, pp. 4-9.

6 Ministerial Council on Drug Strategy, *National Drug Strategy – Aboriginal and Torres Strait Islander Peoples Complementary Action Plan 2003-2009*, p. 18.

7 Aboriginal Peak Organisations of the Northern Territory (APO NT), *Submission 72*, p. 7.

alcohol use is determined by a complex range of inter-related issues including:

- poor educational attainment
- parenting skills and effective supervision of teenagers
- low employment and economic participation rates, and
- lack of and access to culturally capable health and rehabilitation services.⁸

1.10 APO NT believes that policies or legislation aimed at tackling alcohol addiction will not have long-lasting effects if the policies do not also address the social determinants of high risk drinking including housing, education, health and control.⁹

Educational Attainment

1.11 A range of submitters to the inquiry support the view that educational attainment is a key factor influencing a person's health.¹⁰

1.12 The APO NT quotes strong evidence about the fundamental importance of education in underpinning the future health, wellbeing and economic security of individuals, families and communities.¹¹

1.13 Educational attainment has been observed to have a protective effect on reducing high risk alcohol consumption. The Australian Bureau of Statistics (ABS) notes that for Aboriginal and Torres Strait Islander adults, there are lower rates of binge drinking with higher levels of educational attainment.¹²

1.14 The ABS notes that although there are different patterns of association between education and binge drinking across Aboriginal and Torres Strait Islander people and non-Indigenous people, the rates of binge drinking for Aboriginal and Torres Strait Islander adults remain well above those for non-Indigenous adults across all levels of educational attainment.¹³

1.15 The ABS also makes the point that while there is an association between education and health risk behaviours, higher rates of risks to health

8 Queensland Government, *Submission 98*, p. 7.

9 APO NT, *Submission 72*, p. 12.

10 See for example People's Alcohol Action Coalition (PAAC), *Submission 7.1*, p. 8; The Lyndon Community, *Submission 16*, p. 6; The Victorian Health Promotion Foundation, *Submission 49*, p. 3; The Foundation for Alcohol Research and Education (FARE), *Submission 83*, p. 22; The Wirrpanda Foundation, *Submission 17*, p. 2.

11 APO NT, *Submission 72*, Attachment 4, p. 8.

12 Australian Bureau of Statistics (ABS), 4102.0 - Australian Social Trends, Mar 2011

13 ABS, 4102.0 - Australian Social Trends, Mar 2011

behaviours among Aboriginal and Torres Strait Islander adults may also be attributable to a range of other factors,¹⁴ not just education access and attainment.¹⁵

- 1.16 The Department of the Prime Minister and Cabinet (PM&C) notes the effect that alcohol abuse can have on the education of Aboriginal and Torres Strait Islander children. They contend that it is unrealistic and unfair to think that children are able to go to school and concentrate and learn if:
- they have not eaten because there is no money for food, because family funds have been spent on alcohol
 - they are tired because of sleep disturbance when parents, relatives or community members argue and fight through the night because of alcohol-fuelled anger and violence, or they roam the streets at night to avoid the anger and violence at home
 - they may have been the victim of alcohol-related violence
 - their parents are suffering the effects of alcohol use and are unable to get them to school, or
 - they have been abusing alcohol themselves.¹⁶

Connection to culture and country

- 1.17 Connection to country is of great importance to many Aboriginal and Torres Strait Islander lives. In addition, family and kinship ties are of great importance to Aboriginal and Torres Strait Islander communities.¹⁷
- 1.18 Ms Kirstie Parker the Co-Chair of the National Congress of Australia's First Peoples notes:

Culture is really central to all Aboriginal and Torres Strait Islander people. It does not matter where they live. Of course we see a lot of programs that are dedicated to remote areas but more Aboriginal and Torres Strait Islander people live in urban and regional areas than not. The issue is that culture cannot happen in a vacuum. There are things that are important to people not

14 The ABS notes that in examining the link between education and socio-economic and health outcomes, it is important to recognise that the relationships can be complex and it is difficult to infer causal associations from household surveys.

15 ABS, 4102.0 - Australian Social Trends, Mar 2011

16 Department of Prime Minister and Cabinet (PM&C), *Submission 102*, p. 4.

17 Queensland Government, *Respecting Cultures*, <<http://www.qld.gov.au>> viewed 13 May 2015

embracing their culture but feeling strongly connected to their culture.¹⁸

- 1.19 Milliya Rumurra Aboriginal Corporation in Broome emphasise the protective effect that functioning family connectedness can have in the prevention of excessive alcohol use, family violence and disconnectedness from community and culture. They state:
- When families remain connected, there is a greater understanding and practise of respect (self, others and community). Children are more likely to have supportive environments; receive appropriate nurturing and are more likely to engage with the education system and the wider mainstream community.¹⁹
- 1.20 The Kimberley Aboriginal Law and Culture Centre (KALACC) contend that there is solid evidence of a correlation between positive social outcomes and supportive activities which encourage culture, language and being on country.²⁰
- 1.21 Aboriginal and Torres Strait Islander organisations have developed philosophies and treatment regimes which emphasise connection with culture and country. The Yiriman project of KALACC is a diversionary program for Aboriginal and Torres Strait Islander youth, which immerses young people in a cultural framework and helps them to build community relationships and capacity. Its primary means of engaging with youth is through intensive cultural camps in the bush.²¹
- 1.22 Similarly, Bushmob in Alice Springs run a residential program for young people aged 12 to 24 who may be affected by drugs, alcohol or petrol/solvent sniffing. It has a treatment focus on relationship building and 'getting back to country'.²²
- 1.23 The Aboriginal Health Council of Western Australia (AHCWA) notes that, in particular, intergenerational social determinants which negatively affect women and children need to be addressed to encourage positive, emotional and cultural wellbeing.²³
- 1.24 The Northern Territory Police Association (NTPA) draw attention to the 'Healthy Country' guiding principles where rural Aboriginal and Torres Strait Islander communities manage their land sustainably for economic

18 Ms Kirstie Parker, Co-Chair, National Congress of Australia's First Peoples, *Committee Hansard*, Sydney, 5 September 2015, p. 9.

19 Milliya Rumurra Aboriginal Corporation, *Submission 114*, p. 4.

20 Kimberley Aboriginal Law and Culture Centre (KALACC), *Submission 2*, Attachment 2, p. 5.

21 KALACC, *Submission 2*, p. 5.

22 Bushmob, *Submission 12*, p. 1.

23 Aboriginal Health Council of Western Australia (AHCWA), *Submission 69A*, p. 1.

and social outcomes.²⁴ They note that these communities use work and cultural opportunities to create an environment where alcohol has no, or a negligible place.²⁵

- 1.25 There is evidence that strong positive cultural environments can have a protective effect. KALACC reports that strength in one's own cultural identity helps protect against and treat family dysfunction, violence, child neglect and the health consequences of high risk drinking.²⁶

Employment and employment opportunities

- 1.26 Having meaningful employment is important for physical and mental health and participating in society as well as providing financial independence and improving living standards. As well as individual benefit, there is also a benefit to a community to have its members in employment.²⁷
- 1.27 The committee received evidence that some communities identified lack of employment opportunities, boredom and lack of recreational activities in rural communities as contributing factors in abuse of alcohol, tobacco and other drugs by young people.²⁸
- 1.28 PM&C states that one of the priorities of the current government is to get Aboriginal and Torres Strait Islander people into jobs. They contend that too often education and training programs provide 'training for training's sake'.²⁹
- 1.29 The 2014 Closing the Gap Report states 'No progress has been made against the target to halve the employment gap within a decade'.³⁰
- 1.30 PM&C highlight how unrealistic it is for adults to gain and keep a job if:
- they are subjected to alcohol-fuelled violence and disruption in the home and/or the community continually
 - they have been the victim of alcohol-related violence
 - they are suffering the effects of alcohol use themselves

24 Northern Territory Police Association (NTPA), *Submission 27*, p. 19.

25 NTPA, *Submission 27*, p. 19.

26 KALACC, *Submission 2*, Attachment B: 'Demonstrating the value of the Yirman Project', p. 86.

27 ABS, 4102.0 - Australian Social Trends, Nov 2013

28 Ministerial Council on Drug Strategy, *National Drug Strategy – Aboriginal and Torres Strait Islander Peoples Complementary Action Plan 2003-2009*, p. 24.

29 PM&C, *Submission 102*, p. 1.

30 PM&C, *Submission 102*, p. 2.

- they have not been able to gain the knowledge and skills to work because alcohol abuse (either their own or their parents) has prevented them from going to school, or
 - they are unable to secure work because of criminal histories arising from alcohol-fuelled behaviours.³¹
- 1.31 As well as not being able to speak English competently reduces their opportunity to gain employment, Dr Barry Pittock gave evidence that unemployment can lead to a 'culture of poverty', in which people lose self-respect and resort to excessive alcohol use.³²
- 1.32 The Northern Territory Government refers to unemployment and poverty as fundamental determinants of harmful alcohol use and gave evidence that the remoteness of many communities across the Territory also greatly reduces opportunities for people to engage in meaningful, paid employment.³³
- 1.33 The Central Land Council (CLC) states that a lack of real work employment opportunities, coupled with the demise of Community Development Employment Projects (CDEP) has led to more people being idle in Aboriginal and Torres Strait Islander communities and, subsequently, an increase in substance abuse issues.³⁴
- 1.34 Ms Donna Ah Chee from the Central Australian Aboriginal Congress (CAAC) states that unemployment, high levels of alcohol consumption and addictions are related. She believes that reducing harmful alcohol use may assist in addressing high unemployment.³⁵ Dr John Boffa from the People's Alcohol Action Coalition (PAAC) agrees that there is an association between unemployment and harmful alcohol use, but suggests that a range of other factors are also interrelated, meaning that the causal relationships between harmful alcohol use and its determinants are complex and often difficult to determine.³⁶
- 1.35 PM&C also links socioeconomic status and the risk of dependence on alcohol. They note that the *Australian Aboriginal and Torres Strait Islander Health Survey 2012-13* (Health Survey) found that Aboriginal and Torres Strait Islander people who were unemployed were more likely to binge

31 PM&C, *Submission 102*, p. 4.

32 Dr Barry Pittock, *Submission 115*, p. 1.

33 Northern Territory (NT) Government, *Submission 60*, p. 4.

34 Central Land Council (CLC), *Submission 68*, p. 4.

35 Ms Donna Ah Chee, Central Australian Aboriginal Congress (CAAC), *Committee Hansard*, Alice Springs, 31 March 2014, p. 15.

36 Dr John Boffa, Spokesperson, PAAC, *Committee Hansard*, Alice Springs, 31 March 2014, p. 15.

drink than those who were employed. However, which condition preceded the other is sometimes difficult to establish.

- 1.36 The Health Survey found that those whose highest year of schooling was Year 10 were more likely to consume alcohol at harmful levels than those who had completed Year 12.³⁷
- 1.37 The CLC notes the lack of employment opportunities in central Australia both within the major centres and in remote communities and considers this one of the significant factors linked to substance abuse.³⁸ They state:
- There is certainly a sentiment among some senior Aboriginal people in central Australia that the demise of CDEP and other employment opportunities has resulted in more people being idle in communities leading to an increase in substance abuse issues.³⁹
- 1.38 Those who have brain damage as a consequence of Fetal Alcohol Syndrome (FAS) or Fetal Alcohol Spectrum Disorder (FASD) are also much more likely to find it difficult or impossible to gain or maintain employment.⁴⁰
- 1.39 Groups such as the Wirrpanda Foundation acknowledge lack of employment as an issue and have developed an Indigenous Employment Program, designed to inspire and create opportunities for long-term unemployed people.⁴¹

Housing

- 1.40 The environment and dwelling that a person lives in impacts on health and wellbeing. Housing is a key determinant affecting the poor health and wellbeing of many Aboriginal and Torres Strait Islander people.⁴²
- 1.41 In some urban and remote Aboriginal and Torres Strait Islander communities of the Northern Territory, Western Australia, Queensland and South Australia there are housing shortages, homelessness, dilapidation of housing and significant overcrowding.⁴³
- 1.42 Ms Toni Vine-Bromley from NT Shelter notes that overcrowding has a negative impact on childhood development, educational achievement,

37 PM&C, *Submission 102*, p. 7.

38 CLC, *Submission 68*, p. 4.

39 CLC, *Submission 68*, p. 4.

40 Ms Prue Walker, *Submission 86*, p. 11.

41 The Wirrpanda Foundation, *Submission 17*, p. 3.

42 Ms Toni Vine Bromley, Executive Officer, NT Shelter, *Committee Hansard*, Darwin, 2 April 2014, p. 6.

43 Ms Vine Bromley, NT Shelter, *Committee Hansard*, Darwin, 2 April 2014, p. 6.

family violence prevention, endemic diseases, participation in the workforce, and family and community wellbeing.⁴⁴

- 1.43 In Tennant Creek there is a strong belief that if housing can be addressed, then there is a better chance of addressing alcohol abuse:

In Tennant Creek there are households of 20 to 30 people. The government spends a lot of money on health promotion and health education. To tell people in a household of 20 or 30 people not to drink, not to smoke, not to do whatever, you are wasting your money. We really have to attack the social determinant if we are to make an impression.⁴⁵

- 1.44 At the Central Australian Alcohol Summit, the interconnections between alcohol and housing were highlighted:

We can't change health status while people are living in overcrowded housing, and all the problems that go with that. Will education on alcohol be effective on those living in unsatisfactory or overcrowded accommodation?⁴⁶

- 1.45 The Top End Women's Legal Service (TEWLS) gave evidence that a lack of available housing can mean victims of domestic violence do not have the option of leaving abusive relationships.⁴⁷

- 1.46 Ms Georgina Bracken from the Tennant Creek Women's Refuge notes that there is a real need for housing support, particularly for vulnerable women, elderly women and children. She explained family members who are desperate for somewhere to stay:

... will eat them out of house and home, move in and wreck the joint. ... they are vulnerable to violence and humbugging.⁴⁸

- 1.47 The problems associated with people coming into towns from remote communities were stated. Visitors may 'live rough' or alternatively they may stay with people who are living in public housing. Ms Vine-Bromley

44 Ms Vine Bromley, NT Shelter, *Committee Hansard*, Darwin, 2 April 2014, p. 6. See also: APO NT, *Submission 72*, Attachment 2, p. 16; Ms Michelle Kudell, Executive Officer, Association of Alcohol and other Drug Agencies NT (AADANT), *Committee Hansard*, Darwin, 2 April 2014, p. 2.

45 Mr Trevor Sanders, General Manager, Anyinginyi Health Aboriginal Corporation, *Committee Hansard*, Tennant Creek, 1 April 2014, p. 14.

46 APO NT, *Submission 72*, Attachment 2, p. 15.

47 Top End Women's Legal Service (TEWLS), *Submission 96*, p. 2.

48 Ms Georgina Bracken, Manager, Tennant Creek Women's Refuge, *Committee Hansard*, Tennant Creek, 1 April 2014, p. 21.

explains that if they create issues when visiting this can put the tenancy of their host at risk.⁴⁹

Racism

- 1.48 Canadian researchers Reading and Wien in their 2013 paper *Health Inequalities and Social Determinants of Aboriginal Peoples' Health* report that groups subjected to racial and other forms of discrimination may experience more negative health outcomes because of the stress of living in a racially charged environment.⁵⁰
- 1.49 When considering the experience of indigenous youth in Canada, research indicates those who experience social exclusion show an increase in alcohol and drug use. Furthermore, 27 per cent of those who experienced racism say that it had some, or a strong, effect on their level of self-esteem.⁵¹
- 1.50 National Congress of Australia's First Peoples state:
 Racial discrimination in policies, practices and discourse is a social determinant of alcohol consumption, and its prevalence is counter-productive to strategies to mitigate its harm.⁵²
- 1.51 National Congress of Australia's First Peoples comments that government driven interventions focussing on alcohol consumption by Aboriginal and Torres Strait Islander people may perpetuate negative stereotyping and other tacit forms of racism.⁵³
- 1.52 National Congress of Australia's First Peoples further reports that when undertaking a survey of their members on their attitudes and perceptions of their health and the health system that 39.6 per cent of respondents reported experiencing racial discrimination in their interaction with the health system.⁵⁴
- 1.53 The Public Health Association of Australia – NT Branch asserts that stigmatisation of Aboriginal and Torres Strait Islander people contributes to racism, and is itself a source of Aboriginal and Torres Strait Islander disadvantage.⁵⁵

49 Ms Vine Bromley, NT Shelter, *Committee Hansard*, Darwin, 2 April 2014, p. 6.

50 Reading C, Wien, F *Health Inequalities and Social Determinants of Aboriginal Peoples' Health* 2013, p. 24.

51 Reading C, Wien, F *Health Inequalities and Social Determinants of Aboriginal Peoples' Health* 2013, p. 24.

52 National Congress of Australia's First Peoples, *Submission 97*, p. 6.

53 National Congress of Australia's First Peoples, *Submission 97*, p. 3.

54 National Congress of Australia's First Peoples, *Submission 97*, p. 7.

55 Public Health Association of Australia – NT Branch, *Submission 91*, p. 5.

- 1.54 PAAC note that the experience of racism is associated with increased alcohol consumption.⁵⁶
- 1.55 The Intervention Rollback Action Group (IRAG) refers to a police operation, Operation Leyland, which was introduced in Alice Springs in February 2014. This operation has police stationed outside the ten take-away alcohol outlets to enforce Section 95 of the *NT Liquor Act* which:
- ... allows police to stop people, search them and confiscate alcohol if they have a reasonable suspicion that the alcohol will be taken to a restricted area.⁵⁷
- 1.56 The IRAG notes that Aboriginal and Torres Strait Islander people are routinely stopped by police, even when entering supermarkets which are adjacent to bottle shops, asked to produce ID and questioned about their intention to buy alcohol and where they will be taking it to consume it. Occasionally non-Indigenous people are also stopped, but they are only asked to show identification and never interrogated in the same manner about their intentions.⁵⁸ Aboriginal and Torres Strait Islander people feel stigmatised by this.
- 1.57 The IRAG contends that:
- Operation Leyland has brought out the systemic racism of Stronger Futures, long experienced by people in town camps through police raids, out into display in front of the broader community.⁵⁹
- 1.58 They also note the deep feelings of hurt, shame and anger in the Aboriginal and Torres Strait Islander community as well as the distress of having such open segregation on display.⁶⁰
- 1.59 The IRAG notes from the rally held in March 2014 in Alice Springs to 'say no to racist laws and racist policing', that there is not opposition to the idea of alcohol restrictions in general.⁶¹ However, they state:
- ... the imposition of race-based restrictions such as those contained in Stronger Futures is viewed, not as evidence of government concern about alcohol related harm, but of a desire by government to isolate, demonise and control Aboriginal people. The segregation and humiliation caused by such restrictions

56 PAAC, *Submission 7.1*, p. 24.

57 Intervention Rollback Action Group (IRAG), *Submission 57*, p. 3.

58 IRAG, *Submission 57*, p. 3.

59 IRAG, *Submission 57*, p. 3.

60 IRAG, *Submission 57*, p. 3.

61 IRAG, *Submission 57*, pp. 3-4.

compounds broader feelings of social marginalisation and disempowerment, which in turn feed into the anger and despair which underlie the acute problem of alcohol.⁶²

Alcohol-fuelled violence

- 1.60 Alcohol-fuelled violence is a serious issue affecting many Australian communities. While alcohol may not always be the direct cause of violent acts, alcohol misuse is implicated in the prevalence and severity of assaults and domestic violence.⁶³
- 1.61 Aboriginal and Torres Strait Islander women are vastly overrepresented as victims of alcohol-fuelled violence. The Australian Human Rights Commission (AHRC) reports that Aboriginal and Torres Strait Islander women are 33 times more likely to be assaulted than non-Indigenous women.⁶⁴ In comparison, Aboriginal and Torres Strait Islander men are 6.2 times more likely to be assaulted than non-Indigenous men.⁶⁵ The AHRC notes that around half of these assaults were reported to be alcohol-related.⁶⁶
- 1.62 Harmful alcohol use is also associated with the increased severity of violence, which can result in the loss of life. The AHRC reports that up to 71.4 per cent of Aboriginal and Torres Strait Islander homicides involve alcohol at the time of the offence, compared with 24.7 per cent of non-Indigenous homicides.⁶⁷
- 1.63 A number of witnesses gave evidence of the relationship between alcohol use and high rates of assault in Aboriginal and Torres Strait Islander communities. For example, the NTPA states that 60 per cent of all assaults in the Northern Territory involve alcohol.⁶⁸
- 1.64 The prevalence of alcohol-fuelled violence contributes to the overrepresentation of Aboriginal and Torres Strait Islander people in the criminal justice system.⁶⁹
- 1.65 The Central Australian Aboriginal Legal Aid Service (CAALAS) states that a large amount of its work is alcohol-related domestic violence cases, and

62 IRAG, *Submission 57*, pp. 3-4.

63 Australian Crime Commission (ACC), *Submission 59*, p. 5; Central Australian Aboriginal Legal Aid Service (CAALAS), *Submission 56*, p.5.

64 Australian Human Rights Commission (AHRC), *Submission 31*, p. 4.

65 Royal Australasian College of Physicians (RACP), *Submission 28*, p. 14.

66 AHRC, *Submission 31*, p. 4.

67 AHRC, *Submission 31*, p. 4.

68 NTPA, *Submission 27*, p. 3.

69 ACC, *Submission 59*, p. 5.

cases of assault as a result of drunken fights between friends and strangers.⁷⁰

- 1.66 Dr Mandy Wilson and Ms Jocelyn Jones report that their research indicates alcohol is the most commonly used substance among Aboriginal and Torres Strait Islander offenders. They note that high risk alcohol consumption is more likely to be reported by Aboriginal and Torres Strait Islander prison entrants than by their non-Indigenous counterparts.⁷¹

Box 1.1 Halls Creek Hospital

Almost every single day we treat patients in the Emergency Department who are under the influence of alcohol. Often these presentations also include threatening behaviour directed at other patients, or staff and which impacts on our ability to care effectively for others.

We see children frightened, loved ones distressed and embarrassed, elders disgusted and other patients who are in need of medical and nursing care having to wait until the aggressor is controlled.

Those who present intoxicated cannot be accurately medically assessed until they have sobered up, thus putting themselves at increased risk. The effect of alcohol masks signs and symptoms of illness and injury and impacts on the ability to provide effective diagnosis and treatment. Also those patients who are under the influence of alcohol often do not remain to have their health needs addressed thus they are putting themselves at high risk of complications and deterioration.

The community must be aware that even in smaller quantities the ingestion of alcohol alters ones perceptions. Thus alcohol influences behaviours of concern, of which we regularly witness the effects in the hospital environment.

These effects include significant issues such as suicide/attempted suicide, family violence, aggression, sexual abuse, elder abuse and children at risk.

Finally the most significant effect of alcohol in the community which affects our ability to effectively serve the community is the increased violence towards ambulance staff (our orderlies and nurses).

The hospital provides a 24 hours ambulance service to the community. Increasingly the violence is directed personally to those staff members who at times "have feared for their life".

In response to this we recently met with Halls Creek Police to develop strategies to support the ambulance team. The understanding is clear - If staff do not feel safe

70 CAALAS, *Submission 56*, p. 4.

71 Dr Mandy Wilson and Ms Jocelyn Jones, National Drug Research Institute (NDRI), *Submission 118*, p. 2.

in a situation they will not enter until the police are also present.

The community need to understand that this delays assessment and treatment of the patient and the usual cause of the threat is alcohol.

Source: *Halls Creek Hospital, Submission 105, p. 1.*

Family violence

- 1.67 A number of witnesses gave evidence of the relationship between alcohol use and rates of domestic violence in Aboriginal and Torres Strait Islander communities.⁷² For example, the NTPA stated that 67 per cent of domestic violence incidents in the Northern Territory involve alcohol.⁷³
- 1.68 St Vincent's Hospital also drew attention to statistics from the Office of the Status of Women which found a correlation between domestic violence and alcohol and other substance use in Aboriginal and Torres Strait Islander communities, with 70 – 90 per cent of assaults being committed under the influence of alcohol and or other drugs.⁷⁴
- 1.69 Several witnesses gave evidence that alcohol restrictions have been effective in reducing domestic violence in some communities.⁷⁵
- 1.70 In contrast Leedal Pty Ltd disputed the notion that liquor restrictions have reduced the incidence of domestic violence in Fitzroy Crossing.⁷⁶
- 1.71 The committee received evidence from several witnesses highlighting the importance of funding for women's shelters in providing safe respite from alcohol-related domestic and community violence.
- 1.72 For example, Ms Georgina Bracken from the Tennant Creek Women's Refuge said that women's shelters are highly dependent on government funding to provide support and crisis accommodation for victims of domestic and family violence.⁷⁷ Ms Bracken said that the shortage in

72 ACC, *Submission 59*, p. 5; NT Government, *Submission 60*, pp. 15-7; The Alcohol & Drug Service, St Vincent's Hospital, Sydney, *Submission 63*, p. 6; AHCWA, *Submission 69*, p. 1; Ms Bracken, Tennant Creek Women's Refuge, *Committee Hansard*, Tennant Creek, 1 April 2014, p. 20; Mr Kelly, NTPA, *Committee Hansard*, Canberra, 5 June 2014, p. 9; Detective Superintendent James Migro, Licensing Enforcement Division, Western Australia Police, *Committee Hansard*, Perth, 30 June 2014, p. 5.

73 NTPA, *Submission 27*, p. 3.

74 The Alcohol & Drug Service, St Vincent's Hospital, Sydney, *Submission 63*, p. 6.

75 RACP, *Submission 28*, p. 24; AHRC, *Submission 31*, p. 6; FARE, *Submission 83*, p. 15; Superintendent Michael Sutherland, Superintendent, Kimberley Police District, Western Australia Police, *Committee Hansard*, Broome, 1 July 2014, p. 5.

76 Leedal Pty Ltd, *Submission 18*, p. 9.

77 Ms Bracken, Tennant Creek Women's Refuge, *Committee Hansard*, Tennant Creek, 1 April 2014, pp. 20-23.

available housing means that it can take an extended period of time before women are able to find stability in their housing arrangements.⁷⁸

- 1.73 The Marninwarntikura Fitzroy Women's Resource Centre gave evidence that the Fitzroy Women's Shelter operates 24 hours a day, seven days a week, offering support and crisis and short-term accommodation to women and their children experiencing family and domestic violence.⁷⁹ The Centre noted that without adequate funding, the women's shelter will struggle to respond to the high levels of domestic and family violence in the community.⁸⁰

Impacts on children

- 1.74 Alcohol misuse in Aboriginal and Torres Strait Islander communities is linked to increased rates of the neglect and abuse of children.⁸¹ Alcohol misuse is often closely linked with other key risk factors such as family and domestic violence.⁸²
- 1.75 There are close links between issues of child abuse/neglect and alcohol misuse. Up to 15 per cent of Aboriginal and Torres Strait Islander children in some states and territories live in households where parents misuse alcohol.⁸³
- 1.76 The Mayor of Ceduna, Mr Allan Suter, comments on the impact the misuse of alcohol has on children in the Ceduna community:
- It is a problem here. However, we are seeing some younger people in the drinking group and, of course, their children suffer the consequences. At one stage there were large numbers of youths roaming unsupervised in Yalata because most of the carers were in here drinking. That is an issue and, of course, drugs are an issue in every community these days, Indigenous and non-Indigenous. We do have a concern that the children of the drinking group will probably end up in the same place because they have not got any avenue to do otherwise.⁸⁴

78 Ms Bracken, Tennant Creek Women's Refuge, *Committee Hansard*, Tennant Creek, 1 April 2014, pp. 20-23.

79 Marninwarntikura Fitzroy Women's Resource Centre (MWRC), *Submission 106*, Attachment 4, p. 5

80 MWRC, *Submission 106*, Attachment 4, p. 2.

81 CAAC, *Submission 84*, p. 2; ACC, *Submission 59*, p. 1.

82 PM&C, *Submission 102*, p. 7.

83 NCETA, *Submission 34*, p. 4.

84 Councillor Allan Suter, Mayor, District Council of Ceduna, *Committee Hansard*, Ceduna, 5 May 2015, p. 4.

- 1.77 The Australian Crime Commission (ACC) identifies child neglect as the most common form of child abuse in Aboriginal and Torres Strait Islander communities. This can include overburdened grandparents caring for children while parents are drinking, gambling, using illicit substances and/or are incarcerated.⁸⁵
- 1.78 Representatives of the Ceduna Koonibba Aboriginal Health Service Aboriginal Corporation note that grandparent care was prevalent within the Ceduna community due to the neglect children experience as a result of the misuse of alcohol.⁸⁶
- 1.79 In cases of child neglect where children are left to fend for themselves, they are likely to not attend school regularly or at all and are at an increased risk of experiencing or committing harms and sexual and other abuse.⁸⁷
- 1.80 The ACC also comments that a high number of children from remote communities are taken into care whilst visiting regional and urban towns. They stated that in these situations, parents and carers tend to become more negligent because their time is consumed by pursuing greater opportunities to drink alcohol and/or to gamble. Some children in remote communities are also neglected as a consequence of food money being spent on fuel to travel relatively long distances to buy drugs and alcohol.⁸⁸
- 1.81 The CAAC states that one factor contributing to developmental concerns in early childhood is the impact of adverse childhood experiences leading to developmental problems. These problems, often unnoticed in early childhood, have consequences in later life and are observed in low educational attainment, poor health outcomes, substance misuse, significant mental health problems and higher incarceration rates.⁸⁹

Trauma

- 1.82 Trauma is often associated with alcohol and substance misuse. The Healing Foundation notes that alcohol abuse is a significant issue in a number of Aboriginal and Torres Strait Islander communities and families but they state that it is not an addiction that takes place without cause:

85 ACC, *Submission 59*, p. 4; Dr Wenitong, Royal Australian College of General Practitioners (RACGP), *Committee Hansard*, Melbourne, 30 May 2015, p. 24.

86 Mrs Debra Miller, Chairperson, Ceduna Koonibba Aboriginal Health Service Aboriginal Corporation, *Committee Hansard*, Ceduna, 5 May 2015, pp. 18-19.

87 ACC, *Submission 59*, pp. 4-5.

88 ACC, *Submission 59*, p. 5.

89 CAAC, *Submission 84 Attachment 1*, p. 37.

The impact of colonisation and its outcomes, including the forced removal of children from their families, dislocation of our people from their land and culture and the marginalisation of our people has led to significant trauma that has been passed from one generation to the next. The use of alcohol to manage this pain has led to increased levels of distress for individuals and communities.⁹⁰

- 1.83 The APO NT notes that alcohol and other drugs are often used as a coping mechanism for dealing with unresolved trauma and its resulting psychological distress. They report that in a recent study of alcohol and substance addicted participants, it was found that over half were Post Traumatic Stress Disorder (PTSD) symptomatic and over 80 per cent had experienced traumatic events.⁹¹
- 1.84 Aboriginal Medical Services Alliance Northern Territory (AMSANT) contends that the high level of complex trauma at both the individual and community level in Aboriginal and Torres Strait Islander communities can result in cascading impacts, which include mental health issues, substance misuse, family and community violence, self-harm and suicide as well as associated poor health outcomes.⁹²
- 1.85 Residents of town camps in Alice Springs report an experience of multidimensional disadvantage which Tangentyere Council contends includes the daily experience of racism, poverty, language barriers, low levels of literacy and numeracy as well as the experience of grief, loss and trauma.⁹³
- 1.86 Tangentyere Council also notes that town camp communities are impacted by high levels of violence, including family and domestic violence, and drug and alcohol misuse.⁹⁴

Loss of Aboriginal and Torres Strait Islander culture

- 1.87 A number of witnesses gave evidence about the relationship between harmful alcohol use and the interruption, or the loss of transmission of

90 The Healing Foundation, *Submission 42*, p. 2.

91 APO NT, *Submission 72, Attachment 5*, p. 10.

92 Mr John Paterson, Executive Officer, Aboriginal Medical Services Alliance Northern Territory (AMSANT), *Committee Hansard*, Darwin, 3 April 2014, p. 21.

93 Tangentyere Council, *Submission 95*, p. 3.

94 Tangentyere Council, *Submission 95*, p. 3.

cultural knowledge between generations of Aboriginal and Torres Strait Islander people.⁹⁵

- 1.88 Traditional cultural loss has been referred to in the evidence both as a determinant and as a consequence of harmful alcohol use. Similarly, a person's connection to their culture has been described either as a protective factor in reducing the risk of harmful alcohol use, or as a way of assisting a person to overcome alcohol problems. However, cultural norms that require reciprocity, i.e. sharing of all things with family and community, can also mean it is more difficult to resist pressures to drink at high risk levels.
- 1.89 The Association of Alcohol and other Drug Agencies NT (AADANT) gave evidence that one of the reasons alcohol has destabilised Aboriginal and Torres Strait Islander cultures is that many elders are heavy drinkers, which results in a lack of sober role models in communities.⁹⁶
- 1.90 AHCWA states that the harmful use of alcohol is detrimental to the survival of Aboriginal and Torres Strait Islander cultures.⁹⁷
- 1.91 Children born with FAS or FASD as a consequence of alcohol exposure in the womb are also unable or less able to learn and pass on their community's culture.⁹⁸
- 1.92 The Australian Drug Foundation (ADF) notes that alcohol use is a common response to the cultural alienation experienced by colonised peoples.⁹⁹
- 1.93 The National Congress of Australia's First Peoples describes the preservation of your culture as being vital for overcoming the harmful use of alcohol in Aboriginal and Torres Strait Islander communities.¹⁰⁰ Similarly, members of the Western Australia Network of Alcohol and other Drug Agencies (WANADA) say that the maintenance of connections to your culture and family is paramount.¹⁰¹

95 AADANT, *Submission 11*, p. 3; AHCWA, *Submission 69*, p. 10; Healing Foundation, *Submission 42*, p. 2; Australian Drug Foundation (ADF), *Submission 92*, p.6; National Congress of Australia's First Peoples, *Submission 97*, p. 8.

96 AADANT, *Submission 11*, p. 3.

97 AHCWA, *Submission 69*, p. 10.

98 AHRC, *Submission 31*, Attachment 2, p. 2.

99 ADF, *Submission 92*, p. 6.

100 National Congress of Australia's First Peoples, *Submission 97*, p. 10.

101 Western Australia Network of Alcohol and other Drug Agencies (WANADA), *Submission 87*, p. 4.

Governance

- 1.94 A number of witnesses referred to the weakening of Aboriginal and Torres Strait Islander governance structures as one of the social determinants of harmful alcohol use. For example, the Healing Foundation gave evidence that the destruction of Aboriginal and Torres Strait Islander traditional and effective forms of governance and community organisation were part of the legacy of colonisation in Australia, and contributed to historical trauma.¹⁰²
- 1.95 Superintendent Sutherland from the Western Australian Police says that traditional forms of governance, including respect for elders, has broken down in some Aboriginal and Torres Strait Islander communities.¹⁰³
- 1.96 The National Congress of Australia's First Peoples notes:
- The serious consequences of alcohol related harm upon those affected is uncontested. It impacts on the health and quality of life for individuals, families and communities. Combatting the effects of alcohol related harm will undoubtedly help Closing the Gap in health inequality and the quality of life for Aboriginal and Torres Strait Islander Peoples, as efforts towards a nuanced understanding of the issues and proportionate response is a worthy investment of time and resources.¹⁰⁴

Conclusion

- 1.97 The social and economic determinants of health are complex contributors to a person's choice to consume alcohol at levels that causes harm to themselves and others.
- 1.98 The committee heard from many witnesses that it is vital to consider the social and economic determinants affecting harmful alcohol use and dependence when considering strategies to overcome this.
- 1.99 There is significant evidence that prevention of alcohol-related harm must not just focus on reducing alcohol access or the behaviour of risky drinking, but must also address the underlying factors that cause that behaviour.

102 Healing Foundation, *Submission 42*, p. 3. See also: Mr Roy Monaghan, Workforce Manager, National Aboriginal Community Controlled Health Organisation (NACCHO), *Committee Hansard*, Canberra, 1 July 2014, p. 5.

103 Superintendent Michael Sutherland, Superintendent, Kimberley Police District, Western Australia Police, *Committee Hansard*, Broome, 1 July 2014, p. 6.

104 National Congress of Australia's First Peoples, *Submission 97*, p. 2.

- 1.100 Problems such as inequalities, poor education, employment and housing must be addressed as part of any action to reduce alcohol-related harm. The committee notes that there are already many actions taking place in all states and territories and through the federal government, however examples of successful outcomes are few and far between.
- 1.101 While acknowledging concerns relating to Operation Leyland in Alice Springs, the committee notes that Temporary Beat Locations (TBLs) have had a very positive impact on reducing alcohol-related harm in and around those venues where police were stationed.
- 1.102 The high rate of alcohol-fuelled violence in Aboriginal and Torres Strait Islander communities is totally unacceptable. It destroys lives and places pressure on support services such as hospitals and police that impact on them being able to function effectively.
- 1.103 The committee considers that a standardised, national wholesale alcohol sales dataset is necessary for monitoring trends in alcohol consumption and for assessing the effectiveness of strategies to reduce harmful alcohol use.
- 1.104 The committee sees it as critical that the Commonwealth work with the states and territories to develop a framework for a national wholesale alcohol sales dataset, with comprehensive data to be publically available in 2017.
- 1.105 Visits to women's shelters gave the committee a perspective on how difficult it is to live in a community struggling with alcohol impacts. In places where accommodation is already stretched, shelters cannot always provide shelter so abused women and children have nowhere else to go.
- 1.106 The committee is very concerned about how alcohol impacts on children in Aboriginal and Torres Strait Islander communities. The close connection between alcohol and child abuse and neglect means that many children from Aboriginal and Torres Strait Islander communities live out of home, fail to survive, and face a lifetime of disadvantage, health and mental health impacts.
- 1.107 The committee notes that many of the Closing the Gap targets such as employment outcomes, early childhood education in remote communities, and reading, writing and numeracy for Aboriginal and Torres Strait Islander children are either not met or not on track.¹⁰⁵
- 1.108 The committee notes and commends the fact that the targets for Aboriginal and Torres Strait Islander children mortality and Year 12 or
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105 PM&C, *Closing the Gap – Prime Minister's Report 2015*

equivalent attainment for Aboriginal and Torres Strait Islander people are on track.

- 1.109 The harmful use of alcohol in Aboriginal and Torres Strait Islander communities must be given a higher level of attention and action as part of Closing the Gap in Indigenous Disadvantage.
- 1.110 The harm from alcohol consumption in some Aboriginal and Torres Strait Islander communities is at such extreme levels that underestimating this harm may mean that targets are unrealistic and, without proper strategy, are never met.
- 1.111 The committee wants the Commonwealth Government and the states and territories through the Council of Australian Governments (COAG) to focus on the harmful use of alcohol and ensure that it is properly considered and monitored, and that measured and appropriate action is taken.

Recommendation 1

- 1.112 **That the Commonwealth Government, states and territories, at the late 2015 Council of Australian Governments (COAG) meeting, place harmful impacts of alcohol on the agenda for coordinated action. This should:**
- **formally recognise the social and economic determinants of harmful uses of alcohol namely poverty, mental health, unemployment, an ongoing sense of grief and loss, alienation, boredom, cultural acceptance of drunkenness, ease of access and cost of alcohol, peer pressure ‘to drink’ and epigenetics in some Aboriginal and Torres Strait Islander communities and for some individuals**
 - **ensure that within each specific target of Closing the Gap in Indigenous Disadvantage, the impact of alcohol is recognised in all strategies and targets including addressing the social and economic determinants of high risk drinking, and**
 - **develop a framework, methodology and resource allocation for the collection and publication of a national standardised wholesale alcohol sales dataset. The framework and relevant agreements should be in place by December 2015 with comprehensive data available no later than February 2017.**

- 1.113 The committee is also clear that any action taken should not further disempower Aboriginal and Torres Strait Islander people. They must be partners in all developments.
- 1.114 The committee is clear that there needs to be more consultation with Aboriginal and Torres Strait Islander people and communities, more collaboration, more partnering and greater consideration as to how these social and economic determinants can be addressed, in the words of Gray and Wilkes:
- ... with and not for Indigenous people.¹⁰⁶

Recommendation 2

- 1.115 **That all strategies developed or funded by the Commonwealth or other governments are developed in partnership with the relevant Aboriginal and Torres Strait Islander peoples and/or their organisations.**

Conduct of the inquiry

- 1.116 On 13 February 2014, the Minister for Indigenous Affairs, Senator the Hon Nigel Scullion asked the committee to inquire into and report on the harmful use of alcohol in Aboriginal and Torres Strait Islander communities with a focus on:
- patterns of supply of, and demand for alcohol in different Aboriginal and Torres Strait Islander communities, age groups and genders
 - the social and economic determinants of harmful alcohol use across Aboriginal and Torres Strait Islander communities
 - trends and prevalence of alcohol related harm, including alcohol-fuelled violence and impacts on newborns e.g. FAS and FASD
 - the implications of FAS and FASD being declared disabilities
 - best practice treatments and support for minimising alcohol misuse and alcohol-related harm
 - best practice strategies to minimise alcohol misuse and alcohol-related harm, and

106 NDRI, *Submission 47*, p. 4.

- best practice identification to include international and domestic comparisons.
- 1.117 The committee received 134 submissions from interested individuals and organisations including state and territory governments, Aboriginal and Torres Strait Islander Health organisations and Aboriginal and Torres Strait Islander communities. A list of submissions received by the committee is at Appendix A.
- 1.118 The committee conducted 26 hearings in a range of locations across Australia. A list of these hearings is at Appendix B.
- 1.119 Submissions received and transcripts of evidence can be found on the committee's website.¹⁰⁷

Previous inquiries

Inquiry into alcohol in Aboriginal and Torres Strait Islander communities

- 1.120 In 1976, the House of Representatives Standing Committee on Aboriginal Affairs conducted an inquiry into Alcohol Problems of Aboriginals.¹⁰⁸
- 1.121 The report and recommendations of the committee emphasised that Aboriginal and Torres Strait Islander communities should be responsible for making decisions about access to alcohol and the management of alcohol misuse within those communities. The committee also favoured the provision of assistance to Aboriginal and Torres Strait Islander communities for the management and treatment of alcohol misuse.

Inquiry into the incidence and prevalence of Fetal Alcohol Spectrum Disorder

- 1.122 In 2012 the House of Representatives Standing Committee on Social Policy and Legal Affairs undertook an inquiry into the incidence and prevalence of Fetal Alcohol Spectrum Disorder.
- 1.123 In its report, *FASD: The hidden harm*, the committee found that:

107 House of Representatives Standing Committee on Indigenous Affairs, The harmful use of alcohol in Aboriginal and Torres Strait Islander communities, <http://www.aph.gov.au/Parliamentary_Business/Committees/House/Indigenous_Affairs/Alcohol> viewed 13 May 2015

108 House of Representatives Standing Committee on Aboriginal Affairs, *Alcohol Problems of Aboriginals*, 1977, Australian Government Publishing Service, Canberra, p.iiv.

- there is little awareness of FASD or the risks of maternal alcohol consumption, in both the wider community and among health professionals
- FASD can be prevented by providing pregnant women with the appropriate information, knowledge and support
- Australia is lagging behind when it comes to standardised FASD diagnostic criteria and prevalence data, and
- FASD cannot be managed adequately without awareness and understanding among teachers, parents and carers, judicial officers, police and youth workers.¹⁰⁹

Structure of the report

- 1.124 The committee's report consists of eight chapters. This chapter sets out the context and conduct of the inquiry and discusses the social and economic determinants of harmful alcohol use. The role of, education, employment, racism and trauma are all factors in why Aboriginal and Torres Strait Islander people may choose to consume alcohol at levels that cause them harm.
- 1.125 Chapter 2 describes health and the harm caused by alcohol in Aboriginal and Torres Strait Islander communities.
- 1.126 Chapters 3 and 4 talk about some of the best practice treatments and strategies for dealing with alcohol related harm. The importance of an evidence base and also cultural connection are highlighted.
- 1.127 Chapter 5 looks at prevention strategies and what can be done to ensure that drinking alcohol does not become the default activity. The importance of sport and programs such as justice reinvestment are discussed.
- 1.128 Chapter 6 raises the serious issue of the conditions of FAS and FASD, the current lack of recognition of these conditions and how they are caused. The importance of FASD being declared a disability is identified.
- 1.129 Chapter 7 looks at how demand is measured and highlights the lack of robust data on alcohol consumption in Australia.
- 1.130 The final chapter in the report looks to international best practice. In countries such as Canada and the United States there has been greater

¹⁰⁹ House of Representatives Standing Committee on Social Policy and Legal Affairs, *FASD: The hidden harm. Inquiry into the prevention, diagnosis and management of Fetal Alcohol Spectrum Disorder*, November 2012.

awareness of the links between culture and treatment, and best practice strategies and treatments have been developed and evaluated.

