**Central Australian Aboriginal Congress Aboriginal Corporation**
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# The Central Australian Aboriginal Congress Aboriginal Corporation

Submission to the

*House of Representatives Standing Committee on Indigenous Affairs*

***Inquiry into the harmful use of alcohol in Aboriginal and Torres Strait Islander communities***

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## Introduction

The Central Australian Aboriginal Congress Aboriginal Corporation (CAACAC), commonly referred to as Congress, was formed in 1973 to provide advocacy and support to Central Australian Aboriginal people in the struggle for justice and equity. Initially Congress addressed housing, education and land issues. In 1975 a medical service was established by Congress in Alice Springs which has become one of the oldest and largest Aboriginal community controlled health services in Australia (CAAC, 2002; CAAC, 2011).

Congress is governed by a board of Directors comprising six Aboriginal community members and three specialist non-member directors, who have expertise in primary health care, finance and governance and administration, and who are appointed by the elected Directors. It adopts a social justice and social view of health and is guided by principles of comprehensive primary health care, including accessibility, equity and actions to address the broader social determinants of health, being locally driven and responsive to community needs, and providing a mix of treatment, prevention, promotion, and rehabilitative services. Mechanisms it uses to achieve these goals include multi-disciplinary teamwork, intersectoral and interagency collaboration, cultural respect, and a public health perspective (see attached 2013 annual report for more information).

## Alcohol the Problem and the Solutions

Alcohol misuse has devastating impacts on Aboriginal lives and communities (Closing the Gap: Prime Ministers Report, 2013). It is a major factor contributing to the burden of ill-health and premature deaths in these communities. Alcohol misuse is a major cause of short and long-term health conditions and premature deaths, including cirrhosis of the liver, pancreatitis, haemorrhagic stroke, suicide and motor vehicle accidents (Aboriginal Medical Services Alliance Northern Territory, 2008; Symons, Gray, Chikritzhs, Skov, Saggers, Boffa & Low, 2012; National Aboriginal Community Controlled Health Organisation 2012), and foetal alcohol spectrum disorder (Symons et.al 2012; Whetton, Hancock, Chandler, Stephens & Karmel 2009; Breen & Burns, 2012). The Northern Territory's premature death rates from these conditions are amongst the highest in Australia. Alcohol is also linked to increased rates of homicide, manslaughter, domestic violence and sexual and other assaults, the neglect and abuse of children, and the disruption and dysfunction of communities (Aboriginal Medical Services Alliance Northern Territory, 2008; Central Australian Aboriginal Congress, 2011). The negative consequences of alcohol consumption in Aboriginal communities are understood within the wider context of alcohol

consumption in Australia. This gives rise to, or contributes to, a number of costs including alcohol-related violence and crime, preventable disease, death and disability from injuries, and negative impacts on families and communities (Whetton et al, 2009). Since its inception, Congress has been very aware of the harms beings caused by alcohol and current Congress data suggest that 25% of the Aboriginal population over the age of 18 are drinking at harmful levels.

**There is an urgent need for more action to address alcohol misuse amongst Aboriginal people but some of the most effective, evidence based policy options need to be implemented at a population wide level. Such population wide policies will have a differential impact on the heaviest drinkers in the population which includes many Aboriginal people who drink. Any response that is only specific to Aboriginal people and Aboriginal communities will not be adequate and Congress urges the Inquiry to recommend whole of population measures.**

## Alcohol Supply Reduction

By the late 70's Congress began advocating for a reduction in alcohol supply in Alice Springs calling for reduced take-away outlets and reduced trading hours. These calls at that time fell on deaf ears.
In 1990, Congress decided to take matters into its own hands and it purchased the former corner store and take-away outlet at 23 Gap Road, next door to our clinic, and the grog was tipped into the gutter and the take-away license was let lapse at considerable cost to Congress. This was a very powerful public statement of the need to reduce supply and as a result there was one less take away license in Alice Springs. However, it was still not possible to get government to seriously listen to what was needed in terms of alcohol supply reduction.

Then, in November 1995, the late Arrernte Leader, Dr Perkins, while he was the Central Zone ATSIC Commissioner, called a big public meeting on alcohol which was held under the old sales in the mall. Over 400 people attended and it was realised that if serious action was going to be taken to reduce alcohol supply then all the Aboriginal organisations and other key groups such as churches, health professional bodies, trade unions and others needed to join together to advocate on this issue. This was the beginning of the Peoples Alcohol Action Coalition (PAAC) of which Congress was a founding member and Congress and PAAC have together advocated for the major supply reduction measures that will make a difference to alcohol misuse in Aboriginal communities.

Such measures include:

1. An alcohol floor price at the price of beer ($1.30 per standard drink) with or without a volumetric tax on alcohol

2. The reintroduction of photo-licensing at the point of sale coupled with an electronic register that has the capacity to ban people from accessing take-away alcohol based on defined criteria that mean the banned person has a serious alcohol problem

3. A reduction on total take-away hours of trade through the introduction of one take-away free day per week linked to Centre Link payments

## Alcohol Demand Reduction

Congress has always taken a multi-faceted approach to the alcohol issue of which supply reduction is one part. Since the beginning of the Congress clinic in 1975 we have been treating people with alcohol dependency to try to reduce the demand for alcohol. Congress initially set up the alcohol treatment "farm" on the land where CAAAPU is now located. From the late eighties, as the alcohol problem got worse Congress was part of a movement with Tangentyere Council and other organisations that led to the establishment of the Central Australian Alcohol Programmes Unit or CAAAPU. It was realised there was a need for an Aboriginal community controlled specialist residential alcohol treatment organisation and Congress allowed this to be built on the land where the farm had been and eventually gifted the land to CAAAPU.

In addition to the need for residential rehabilitation Congress was aware of the need to offer improved community based treatment for people who had either left residential treatment and were back home or for people who for one reason or another did not want residential treatment. Thus in 2008, Congress became part of a national research project through the National Drug Research Institute and set up the "Grog Mob" treatment program based on case management and 3 streams of care medical, psychological and social and cultural. This program was evaluated and found to be very successful and this then led to the funding of the Safe and Sober Support Service (see the attached paper on the evaluation of the Grog Mob program as well as the evaluation of the Safe and Sober Support Service). A key problem with all of the attempts that Congress has made to provide effective, community based alcohol treatment has been the lack of ongoing funding and this is highlighted in the grog mob paper and has continued to create enormous problems for the Safe and Sober Support Service.

There are some people who have a serious problem with alcohol dependency and in spite of our best efforts refuse to engage in treatment. For these people, Congress has been prepared to accept the need for a well evaluated trial of Mandatory Treatment, including an initial period of detention for the purpose of assessment. However, this can be done without criminalising the treatment process in any way and it is a major concern to Congress that current legislation in the NT makes it a criminal offence for people who leave Alcohol Mandatory treatment. This needs to be amended. In addition, there is a need to improve the protections for people in the assessment phase and Congress has provided a submission to the AMT review which we will make available to the inquiry.

The key to demand reduction is in the primary prevention of demand through supporting healthy development in early childhood. The importance of Early Childhood and the need for effective evidence based programs in this area was highlighted in the Early Childhood feature section of the 2013 annual report (see attached).

Finally, demand could be reduced by banning the way in which increased consumption of alcohol is promoted by the alcohol industry, especially linked to sporting events which are frequented by young people.

## Alcohol Harm Minimisation

There is a need to maintain the types of harm minimisation services that have serviced the community well for many years and this includes the Sobering Up Shelters, night patrols and other measures.

In addition, to these measures Congress supports the establishment of Aboriginal Social Clubs in remote communities as long as they meet the criteria outlined in the attached Congress position paper on Aboriginal Social Clubs which critically includes the view that they should only be implemented as part of a well evaluated trial.

## A brief history of the partnership between Congress and the Peoples Alcohol Action Coalition (PAAC)

The People's Alcohol Action Coalition originated as the People's Alcohol Action Group (PAAG), a community-based response to growing awareness of excessive alcohol use and associated harm in the Central Australian region. As mentioned earlier, PAAG began in November 1995 following a public rally

called in Alice Springs by the late Aboriginal activist and Australian and Torres Strait Islander Commission (ATSIC) Central Zone Commissioner, Dr Perkins (Rosewarne & Boffa, 2003).

Initially, PAAG received funding from the Northern Territory Government to employ a project officer to support the group, and these funds were administered by the Central Australian Aboriginal Congress. Congress became the employer of the PAAG project officer and was the key agency providing support to the group. As PAAG decided to focus more of its effort on alcohol supply reduction the group became more at odds with the NT government of the day and its funding ceased in 1998.

In September 2000 another public meeting was called to debate strategies for a campaign aiming to reduce alcohol-related harm. At this meeting it was decided to re-activate the group as PAAC – a coalition rather than a group (PAAC, 2013). PAAC is an unincorporated association of organisations and individuals with a history of dealing with the deleterious effects of alcohol. While the involvement of some parties has not been sustained over time, there is a core group of organisations and dedicated individuals, including Congress, who have remained committed to the reducing alcohol caused harms.

PAAC forms one part of Congress' advocacy for effective public health policy and addressing social determinants of health; recognising their extreme disparity in Alice Springs and Central Australia, and the direct link to negative health outcomes. Congress bases its work on social practice within the communities' lived experiences, and with Aboriginal people owning the solutions (http://www.caac.org.au/aboriginal-health/social-determinants-of-health).

Congress has produced a number of key policy papers on alcohol over the years which have very much helped to lead the development of alcohol policy within PAAC. This includes the 1997 position paper on Substance Misuse and the 1998 article published on the CARPA Newsletter: "Substance Misuse in Central Australia". It also includes the paper published on the National Drug and Alcohol Review "What price do we pay in preventing alcohol related harms" (Hogan et al 2006). In 2009 Congress developed a position paper on Aboriginal Social Clubs (see attached). Congress provided a major submission to the former NT government's process that led to the development of the "Enough is Enough" alcohol reforms in 2011 (see attached) and in that same year key alcohol policy proposal were outlined in the 2011 "Rebuilding Family Life" paper (http://www.caac.org.au/files/pdfs/Rebuilding-Families-Congress-Paper.pdf ). Finally, Congress recently provided a submission to the review of the NT Alcohol Mandatory Treatment Legislation (see attached, 2014)

Congress has also been involved in substantial research projects on alcohol in Alice Springs including the evaluation of the grog mob (D'Abbs 2013) and Safe and Sober Support Services (Stearne, 2012) as well a longitudinal study in Alice Springs that looked at the relationship between alcohol price, consumption and harms (Symons et al 2012). There have also been many presentations at conferences on alcohol including the APONT summit in Darwin November 2012 attended by 150 people (NACCHO, 2012), the APONT Alice Springs summit in mid-2013 and the joint NTCOSS / AADNT forum on alcohol in the NT in May 2013

PAAC works in partnership with Congress and other coalition members towards reducing the impacts of alcohol-related harm. As part of this partnership Congress has worked with PAAC in developing the PAAC submission to the inquiry and we endorse all of the following recommendations for which the full justification and references are contained in the PAAC submission which should be read in conjunction with the Congress submission. In addition, to these recommendations, Congress has added two additional recommendations at 19 and 20.

## Recommendations

1. *That Government invest in the data infrastructure that would allow for targeting of effort at areas of most need as well as ongoing, routine monitoring of the effect of programs and policies aimed at reducing alcohol-related harm in the Aboriginal and broader community. This should include:*

    a. *appropriate longitudinal datasets able to be analysed at a regional level containing agreed minimum data on (i) sales / consumption and (ii) alcohol-related harms with appropriate identification of Aboriginality; and*

    b. *either:*

        i. *conducting the 1994 special survey of alcohol and drug use among Aboriginal and Torres Strait Islander people on a regular basis; or*

        ii. *upgrading the relevant sections on alcohol consumption in the regular National Aboriginal and Torres Strait Islander Social Survey and the National Aboriginal and Torres Strait Health Survey.*

2. *Addressing the harmful use of alcohol in Aboriginal communities must be situated as part of a broader strategy to tackle the full range of the social determinants of ill-health including poverty, social exclusion and racism, and deficits in early childhood development, education and, employment.*

3. *Access to evidence-based early childhood development programs is a key strategy for the primary prevention of alcohol-related harms in the future and for breaking the intergenerational cycle of the harmful use of alcohol in the Aboriginal community. Sustained investment in such programs should be a foundation for addressing alcohol related harm in the Aboriginal community.*

4. *Given the association of the experience of racism with increased alcohol consumption, no program or policy designed to address the harmful use of alcohol in Aboriginal communities should be founded upon discrimination on the basis of race.*

5. *While Foetal Alcohol Syndrome (FAS) and Foetal Alcohol Spectrum Disorder (FASD) are not the only cause of alcohol-related cognitive impairment in the Aboriginal community, they should be recognised as disabilities and treatment and support offered accordingly.*

6. *More information is needed about alcohol-related cognitive impairment in Australia, including in the Aboriginal community. Research should be supported which aims to identify patterns of prevalence and incidence of these harms, whether caused in pregnancy through FAS/FASD, through poor parenting and neglect in early childhood, directly through the health effects of alcohol consumption, or otherwise indirectly through violence, accidents and injury.*

7. *The Aboriginal alcohol treatment system needs to be resourced to assess (in collaboration with the client, their carers and family as necessary) those with cognitive impairment to determine whether their needs are best met through alcohol treatment or disability services.*

8. *Criminalising any part of the treatment pathway is likely to have negative consequences. Criminal sanctions against women who drink while pregnant are unlikely to be effective, may actually be detrimental, and should be avoided.*

9. *There are a number of treatment and support options which have evidence of effectiveness. These should be the starting point for any public policy aimed at demand reduction and harm reduction in relation to alcohol consumption in Australia, including in the Aboriginal context. They include:*

    a. *well-resourced interventions from the primary health care setting delivered by trained staff, including brief interventions and community based treatment that includes medical treatment, evidence-based pyschological care, and social and cultural support.*

    b. *residential and community-based treatment programs which include social and cultural support for clients during and after treatment and adequate investment in infrastructure and training;*

    c. *bans on alcohol advertising and promotion; and*

    d. *Sobering Up Shelters and Night Patrols.*

10. *Ensuring the maximum effectiveness of treatment and support options for Aboriginal communities requires at least:*

    a. *addressing cultural safety;*

    b. *ensuring that a full range of treatment and support options is available for Aboriginal communities;*

    c. *investing in a Continuous Quality Improvement (CQI) approach; and*

    d. *providing adequate and secure resourcing (seven-year block funding) to support maximum service effectiveness.*

11. *Government should support the development of an "Aboriginal and Torres Strait Islander core functions of alcohol treatment framework", against which a regional-level needs-analysis is to be carried out to identify key service gaps. This will require a resource and investment fund to address those gaps identified.*

12. *Government should avoid investment in approaches for which there is no reasonable prospect of effectiveness or which discriminate against or further marginalise Aboriginal people. This includes:*

a. *mandatory treatment linked to criminal sanctions; and*

b. *education and persuasion strategies, including school-based education and media campaigns.*

13. *That the Federal Government, recognising that raising the price of alcohol is the most cost-effective way to reduce alcohol-related harm across Australia including in the Aboriginal and Torres Strait Islander community, introduces a national floor price for alcohol to be set at the retail price of a standard drink of full-strength beer (currently around $1.30). This should be combined with a volumetric tax to a national fund for the reduction of alcohol related harm, with access to this fund by jurisdictions to be determined on the basis of their actions to reduce alcohol-related harm across the whole population, including for the Aboriginal and Torres Strait Islander community.*

14. *That the Commonwealth encourage all jurisdictions to take action on reducing the availability of alcohol as a key measure to reduce alcohol related harm, including in the Aboriginal community. Minimum interventions would include:*

    a. *one take-away free day per week linked to Centrelink payments as a way to reduce total take away trading hours; and*

    b. *reduced and modified late night trading in accordance with the successful Newcastle trials.*

15. *That the Northern Territory Government reintroduce the effective photo ID scanning at the point of sale coupled with a Banned Drinkers Register, with resources for evaluation to be included from the start.*

16. *In addition to the population-wide supply reduction measures above, there may be additional measures, with community support, implemented through local Alcohol Management Plans for specific Aboriginal communities or living areas.*

17. *That the Federal Government support the adoption of consistent legislation across Australia that:*

    a. *establishes a licensees' liability for harm or damage resulting from irresponsible serving practices (especially serving alcohol to under-age or intoxicated people); and*

    b. *ensures greater enforcement of and penalties for irresponsible serving practices.*

18. *That all Australian jurisdictions report annually to the Commonwealth on alcohol consumption, alcohol related harms (including where appropriate by Aboriginality) and actions taken to address those harms (including actions taken to reduce supply and availability). Access to the national fund for the reduction of alcohol-related harm (see Recommendation 13) for each jurisdiction to be dependent on implementation of adequate reporting (see Recommendation 1) and evidence-based action taken to reduce alcohol-related harm for the whole population including the Aboriginal community.*

19. *That Aboriginal Social Clubs should only be established in accordance with the criteria outlined in the Congress Position paper (attached) and then only as a well evaluated trial to ascertain that they really can be an effective harm minimisation strategy*

20. *That alcohol free supported accommodation be provided in Alice Springs that enables people who want to try to remain sober long term to choose to live in an environment where they are protected from people drinking in and around their homes. Such supported accommodation facilities will need adequate security and one way this could be achieved is by establishing a "gated community" in a*

*suitable location either in the town itself or on one of more of the town camps with community support.*

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