“Alcohol in the Alice” and the Central Australian Division of Primary Health Care (CADPHC).

Donna AhChee, Deputy Director, Central Australian Aboriginal Congress and former AMSANT observer on the CADPHC governing committee.

John Boffa, Public Health Medical Officer, Central Australian Aboriginal Congress and GP member of the CADPHC governing committee.

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Introduction

This story shows how a Division of General Practice became a Division of Primary Health Care and a critical support for a community campaign on a key public health problem: alcohol in Central Australia.

We conclude that Divisions, structured and oriented in accordance with Primary Health Care principles, can become effective resources for community action on public health issues.

- 2 key aspects of the paper:

1. The history of the emergence of the Central Australian Division of Primary Health Care.

2. The Alice Springs Alcohol debate and the role of the CADPHC in supporting the Peoples Alcohol Action Coalition (PAAC) and the proposed trial of alcohol restrictions

THE HISTORY OF THE EMERGENCE OF THE CADPHC.

- **1992:** the Demonstration Practice Program (DPP) funded public health programs in Aboriginal Community Controlled Health Services.

- **1993:** Functional Divisions - the Central Australian Division of Aboriginal Primary Health care, modelled on the Central Australian Rural Practitioners Association, was proposed.

- **1994:** Geographic not functional divisions led to compromise - the Central Australian Division of General Practice (a company limited by guarantee) and the Central Australian Primary Health Care Network (CAPHCN).

- **1997:** the CADGP opens its membership to salaried GPs and the CAPHCN is defunded after it led to the establishment of the Central Australian and Barkly Region Aboriginal Health Workers Association(CABRAHWA).

- **2000:** the CADGP opens its membership to two corporate, non GP bodies - CABRAHWA and the Council of Remote Area Nurses (CRANA) and changes its name to the CADPHC. It adopts the Congress policy on PHC. AMSANT and SARRAH are given observer status.

  The Congress PHC Policy adopted by the CADPHC

  The CADPHC alcohol policy

- **2001:** AMSANT, SARRAH are accepted as full members and the consumer group incorporates independently.

THE CONGRESS PHC POLICY

Four principles:

- a way of delivering health care that balances the short term immediate need for sick care with longer term action to address the underlying socio-economic determinants of ill health.

- consumer and community participation and control

- a relationship between the primary, secondary and tertiary sectors, and

- collaborative networking for health gain

PHC = Primary Medical Care + Public Health (old and new)

The CADPHC and the alcohol debate

The Peoples Alcohol Action Coalition (PAAC): a brief history

- **1995:** public meeting called by ATSIC.

- **1996:** PAAC emerged as a community group focusing on regulating alcohol supply. Health professionals, including many GPs involved through CARPA and the Public Health Association but not the Division.

  Initially NT government funded secretariat support for PAAC but as the political struggle developed around the issue of alcohol availability the funds ceased.

- **1999:** PAAC struggled on with support from Central Australian Aboriginal Congress and led the establishment of the Alice Springs Alcohol Representative Committee (AARC). This group engaged consultants to conduct a community alcohol survey which revealed majority support for alcohol restrictions.

- **2000:** Call from AARC for a trial of alcohol restrictions and a range of other measures rejected by the Licensing Commission and attacked by the CLP government.

  PAAC needed to be revitalised as a broad based community coalition with strong secretariat support in a politically hostile climate. Congress called a meeting of all interested groups in August 2000 where there was outrage at the rejection of the proposal for a trial of alcohol restrictions and a strong desire to have a strong community campaign to achieve the trial led by PAAC. Who could provide secretariat support?

  The CADPHC provides secretariat support in accordance with their new strategic direction and engages with the community in a partnership on a key public health issue.

  PAAC develops aims and objectives and its list of core demands on alcohol reform, including a trial of alcohol restrictions. These are widely publicised through various forms of media. A leaflet is distributed to all households in Alice Springs, resourced by the CADPHC.

- **2001:** After an extensive media campaign the Licensing Commission agrees to gazette a trial which included a ban on wine in casks greater than two litres and a reduction by two hours a day on weekdays in take-away trading hours.

  During the 30 day consultation period PAAC with the support of the CADPHC and CARPA is able to fund media advertisements, including Television commercials using community leaders appealing to the community to support the trial.

  Following this consultation the Licensing Commission place the proposed trial on "hold" until adequate "tandem strategies" have been developed as the majority of responses (non random or biased sample) was that the trial should only go ahead with other complementary measures.

  The CADPHC provides resources to PAAC to develop a comprehensive alcohol strategy and to undertake a broad community education campaign with key stakeholders.

  Community Education campaign was very successful played a key role in getting stakeholders such as CATIA and some aldermen on side.

Local MLA agrees to hold a meeting of community leaders to attempt to achieve a new consensus about the way forward.

Alcohol measures advisory committee established with representation from all key stakeholders including the CADPHC.

This group gets consensus on key tandem strategies including brief interventions for health professionals, a major new youth service, daytime community policing and others.

The CLP government is defeated by Labor the Liquor Act was an election issue with the former Chief Minister promising to roll back the Tennant Creek trial and take the power away from the Licensing Commission.

The Licensing Commission accepts the tandem strategies and agrees to implement to the trial from January 1 2001.

Conclusion

Divisions can be resources for community action on key public health issues. The preconditions for such a role include:

1. Ensuring community and consumer participation in the Division and in models of health care delivery, such as community controlled health services, that can be essential allies for Divisions to achieve population health goals.

2. Maintaining core funding capacity for such a public health resource - don't tie all funding up in narrowly focused programs.

3. Divisions are relatively independent from government and from industry influences.

4. GPs collectively have considerable power and are seen to have influence in the community and can therefore play a leadership role on public health issues.