

Talking points – 3-5 minute opening statement for Senate inquiry

DRAFT 15 August 2014

- I would like to acknowledge the Gadigal people of the Eora Nation as the traditional owners of the land on which we are seated today, and pay my respect to elders past and present [the hearing is at 66 Goulburn St, Sydney]
- I would also like to acknowledge the support of my colleagues from St Vincent's Health Network, Pauline Deweerd, Aboriginal Health Network Coordinator, and our Alcohol and Drug Service, Leon Bradfield, Aboriginal Quitline Coordinator. They have endorsed my statement but due to other important commitments are not free to join me today – exemplifying the need for greater resourcing of our Aboriginal and Torres Strait Islander health workforce.
- The strength and resilience of Aboriginal and Torres Strait Islander people must be recognised and may provide the foundation upon which to build efforts to reduce harmful alcohol and other substance use across Aboriginal and Torres Strait Islander communities.
- We know that the prevalence of harmful alcohol use among Aboriginal and Torres Strait Islander people is about twice that of the non-Aboriginal and Torres Strait Islander population.
- And that Indigenous Australians die earlier than non-Indigenous Australians as a consequence of harmful alcohol use, which causes 7% of all Indigenous Australian deaths – and alcohol-related death rates are up to 19 times higher than for non-Indigenous Australians in some parts of the country.
- This is despite the fact that Aboriginal and Torres Strait Islander people are more likely to abstain than the general population.
- Aboriginal and Torres Strait Islander people experience greater harm per unit of alcohol consumed than non-Aboriginal and Torres Strait Islander people.
- This is consistent with international research showing that poor and marginalised populations have a greater disease burden per unit of alcohol consumption than do high-income populations.
- The impact of colonialism and dispossession and the subsequent trauma and stress from these events has left many Aboriginal and Torres Strait Islander people impoverished, displaced, discriminated against, and in poor mental and physical health with limited access to essential treatment and support.
- Furthermore, there is a link between socioeconomic deprivation and risk of severe alcohol and other substance use disorders.
- Higher levels of harmful alcohol and other substance use among Aboriginal and Torres Strait Islander people is the product of, and contributes to the health and social gap between Aboriginal and Torres Strait Islander people and the general population.
- Responding to the higher prevalence of harmful alcohol use and alcohol-related harm in Aboriginal and Torres Strait Islander communities requires a comprehensive, culturally competent and evidence based approach.
- The solution needs to be multipronged.
- General population measures to reduce supply and demand will impact on Aboriginal and Torres Strait Islander people as well as non-Aboriginal and Torres Strait Islander people. The three most important evidence based approaches are pricing, marketing, and availability. In other words,

introduction of volumetric taxation, controls on advertising and promotions, and reducing outlet density will have a public health impact.

- Taxation income should be hypothecated- in other words, ring-fenced for research and intervention. An important proportion of this income should be directed towards Aboriginal and Torres Strait Islander people.
- Increasing coverage, utilisation and uptake of treatment is essential to reducing alcohol-related harm. Evidence-based health measures include: screening and brief intervention, destigmatisation of alcohol use disorders, training of health professionals in detecting and managing alcohol use disorders, and expansion of specialist treatment availability.
- Despite the higher prevalence of harmful alcohol use and alcohol-related harms among Aboriginal and Torres Strait Islander communities, Aboriginal and Torres Strait Islander people do not have sufficient access to evidence based treatment and support. Access to subsidised medication is important – for example disulfiram has been shown to be effective and should be subsidised through the Pharmaceutical Benefits Scheme.
- For Aboriginal and Torres Strait Islander people, these health interventions should be developed, delivered, managed and owned by Aboriginal and Torres Strait Islander people to be culturally accessible, coherent, and compelling. Best practice elements include: community control and ownership, flexibility in meeting community and complex client needs, and adequate resourcing and capacity building.
- Additionally, particularly in rural and remote areas, there is evidence for success of whole-of-community interventions.
- The success of these strategies demands capacity building. By capacity building I mean ensuring cultural competencies of all health services and workers, as well as building an Aboriginal and Torres Strait Islander health worker, research, administration, and management workforce.
- Most importantly, addressing the social and economic determinants of health inequalities experienced by Aboriginal and Torres Strait Islander people will have the biggest impact on closing the gap in alcohol-related harm between Aboriginal and Torres Strait Islander and non-Aboriginal and Torres Strait Islander people. Higher levels of income, employment and participation in education are protective against harmful alcohol use.