

## Health and alcohol-related harm

### Introduction

- 2.1 Throughout the inquiry the committee took evidence on the trends and prevalence of alcohol related harm in Australia. Alcohol abuse and alcohol-related harm is a nationwide problem in Australia, and not just in Aboriginal and Torres Strait Islander communities.
- 2.2 Alcohol-related harms disproportionately affect Aboriginal and Torres Strait Islander people, whose lives are impacted by alcohol related violence, domestic violence, health conditions and death.<sup>1</sup>
- 2.3 This chapter explores the harmful impacts of alcohol misuse in Aboriginal and Torres Strait Islander communities in Australia and the trends and prevalence of these impacts.
- 2.4 As discussed in this chapter, the evidence to the inquiry indicates that the harm resulting from the misuse of alcohol is diverse and far reaching, affecting both individuals and the broader community. The extent of the harmful effects of alcohol misuse is still largely unknown because alcohol abuse is not always immediately identified as the underlying or main cause of these problems.

### Health inequity

- 2.5 The Australian Institute of Health and Welfare (AIHW) acknowledge Aboriginal and Torres Strait Islander people have much poorer health

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<sup>1</sup> Foundation for Alcohol Research and Education (FARE), *Submission 83*, p. 5.

than the general population. Aboriginal and Torres Strait Islander people have:

- a substantially lower life expectancy
- are more likely to experience adverse birth outcomes and greater morbidity and disability, and
- higher rates of hospitalisation.<sup>2</sup>

2.6 The 2005 Social Justice report of the Australian Human Rights Commission (AHRC) notes that there are substantial inequities between Aboriginal and Torres Strait Islander people and non-Indigenous people, particularly in relation to chronic and communicable diseases, infant health, mental health and life expectation.<sup>3</sup>

2.7 The AIHW notes that Aboriginal and Torres Strait Islander people have a life expectancy of around 10 years less than non-Indigenous people<sup>4</sup> and that chronic diseases are the main contributors to the mortality gap between Aboriginal and Torres Strait Islander people and non-Indigenous people.<sup>5</sup>

2.8 Health inequality and its determinants are highly complex. The National Preventative Health Taskforce notes that:

The use of tobacco and alcohol, and the poor nutrition and lack of physical activity which contribute to obesity, are embedded in a complex social, historical and political context, marked by processes of intergenerational powerlessness, poverty and social exclusion. Health inequality is intimately bound up with these processes.<sup>6</sup>

2.9 A person's health can be influenced by a wide range of factors. The People's Alcohol Action Coalition (PAAC) states:

A person's social and economic position in society, their early life, exposure to stress, educational attainment, access or lack of it to employment, access to health services, their exclusion from

2 G Draper, G Turrell and B Oldenburg, *Health Inequalities in Australia: Mortality. Health Inequalities Monitoring Series No. 1* Australian Institute of Health and Welfare (AIHW) Cat. No. PHE 55. Canberra: Queensland University of Technology and AIHW, 2004, p. 3.

3 Australian Human Rights Commission (AHRC), *Social Justice Report 2005 - Achieving Aboriginal and Torres Strait Islander health equality within a generation - A human rights based approach*, p. 10.

4 AIHW 2014. *Mortality and life expectancy of Indigenous Australians 2008 to 2012*, Cat. no. IHW 140, p. 6.

5 AIHW 2014. *Mortality and life expectancy of Indigenous Australians 2008 to 2012*, Cat. no. IHW 140, p. iv.

6 National Health Preventative Taskforce, *Reducing the harm from Alcohol, Tobacco and Obesity in Indigenous Communities - Key Approaches and Actions*, 2009, p. 18.

participation in society, and their access to food and transport: all exert a powerful influence on a person's health and their exposure to risk.<sup>7</sup>

## Behavioural risk factors

- 2.10 In addition to health inequity, behavioural or health risk factors can influence an individual's chance of experiencing ill-health.<sup>8</sup> These may include tobacco smoking, alcohol consumption, poor eating habits and lack of exercise.<sup>9</sup>
- 2.11 Importantly, the AIHW notes that these behaviours are also influenced by the broader social, cultural and economic environment in which Aboriginal and Torres Strait Islander people live.<sup>10</sup>
- 2.12 Numerous national agencies and authorities note that the use of alcohol, tobacco and other drugs does serious harm to physical health, but possibly even more harm to the social health of individuals, families and the fabric of their communities. It impedes education and work opportunities.<sup>11</sup>
- 2.13 The Royal Australian College of Physicians (RACP) assert that the significant inequities which are experienced by Aboriginal and Torres Strait Islander people in the areas of education, employment, community capital and housing are undoubtedly major contributory factors to harmful alcohol use.<sup>12</sup>
- 2.14 The Central Land Council (CLC) contends that domestic violence, alcohol related deaths, child neglect, property damage and other criminal activity, a breakdown in cultural obligations, and negative impacts on education and employment outcomes are all outcomes of alcohol abuse.<sup>13</sup>
- 2.15 It is well documented that cultures which have experienced the historical processes of colonisation, for example the Indigenous people of Canada, the United States, New Zealand, and Aboriginal and Torres Strait Islander people, experience high rates of harmful alcohol and substance use.<sup>14</sup>

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7 People's Alcohol Action Coalition (PAAC), *Submission 7.1*, p. 8.

8 AIHW 2014. *Australia's health 2014*. Australia's health series no. 14, Cat. no. AUS 178, p. 160.

9 AIHW 2014. *Australia's health 2014*. Australia's health series no. 14, Cat. no. AUS 178, p. 164.

10 AIHW, *What works? A review of actions addressing the social and economic determinants of Indigenous Health*, 2013, p. 9.

11 National Indigenous Drug and Alcohol Committee (NIDAC), *Submission 94*, Attachment 6, p. 2; Department of Prime Minister and Cabinet (PM&C), *Submission 102*, p. 4.

12 Royal Australasian College of Physicians (RACP), *Submission 28*, p. 11.

13 Central Land Council (CLC), *Submission 68*, p. 1.

14 Australian Drug Foundation (ADF), *Submission 92*, p. 6.

## Health problems

- 2.16 Harmful alcohol consumption is associated with a wide range of health problems for those who drink, including liver disease, high blood pressure, stroke and some cancers.<sup>15</sup> The National Centre for Education and Training on Addiction (NCETA) notes that people experiencing alcohol-related harm are at risk of a range of co-morbid conditions including infectious and non-communicable diseases.<sup>16</sup>
- 2.17 The health of Aboriginal and Torres Strait Islander people is already of a poorer status than non-Indigenous people. NCETA notes that they have a shorter life expectancy, and are more likely to experience multiple morbidities including diabetes, renal disease, dental disease and infectious and parasitic diseases.<sup>17</sup>
- 2.18 Alcohol is the fifth leading cause of disease among Aboriginal and Torres Strait Islander people.<sup>18</sup> The burden of disease attributable to alcohol among Aboriginal and Torres Strait Islander people is twice the level of non-Indigenous people.<sup>19</sup>
- 2.19 The PAAC notes that for Aboriginal and Torres Strait Islander men in particular, alcohol is strongly associated with four of the top ten causes of premature mortality: suicide (9.1 per cent of potential years of life lost), road traffic accidents (6.2 per cent), alcohol dependence and harmful use (3.9 per cent), and homicide and violence (2.8 per cent).<sup>20</sup>
- 2.20 Alcohol consumption impacts on rates of hospitalisation. For health conditions related to alcohol, Aboriginal and Torres Strait Islander men are hospitalised at rates between 1.2 and 6.2 times higher than non-Indigenous men, and Aboriginal and Torres Strait Islander women at rates between 1.3 and 33 times higher. Deaths from alcohol-related causes are overall 7.5 times greater for Aboriginal and Torres Strait Islander people than those of non-Indigenous people.<sup>21</sup>
- 2.21 Alcohol can also prevent appropriate treatment for other conditions. The Aboriginal Drug and Alcohol Council (SA) Inc. explain that there are many medical conditions that are unable to be properly identified or treated due to alcohol addiction.<sup>22</sup>
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15 PAAC, *Submission 7.1*, p. 10.

16 National Centre for Education and Training on Addiction (NCETA), *Submission 34*, p. 3.

17 NCETA, *Submission 34*, p. 3.

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

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

20 PAAC, *Submission 7.1*, p. 11.

21 FARE, *Submission 83*, p. 4.

22 Aboriginal Drug and Alcohol Council (SA) Inc. (ADAC), *Submission 40*, p. 5.

- 2.22 The role that alcohol plays in the health of an individual can be significant but the National Indigenous Drug and Alcohol Committee (NIDAC) emphasises that alcohol and other drugs can impact on the 'fabric' of communities.<sup>23</sup>

## Mental Health

- 2.23 The Aboriginal Peak Organisations of the Northern Territory (APO NT) contend that mental health strongly relates to alcohol and drug misuse.<sup>24</sup> The Kimberley Mental Health and Drug Service described that:
- With mental health we have a very high proportion of people with co-morbid drug and alcohol issues. Somewhere over 50 per cent would present with a co-morbid drunk and alcohol mental health problem.<sup>25</sup>
- 2.24 PAAC reports that Aboriginal and Torres Strait Islander people are more than twice as likely as non-Indigenous people to have psychological distress and more likely to drink at harmful levels.<sup>26</sup>
- 2.25 The misuse of alcohol can be a contributing factor in the development of mental health issues in individuals. The depressive effects of alcohol make it a significant risk factor in the development of mental health problems, particularly depression.<sup>27</sup>
- 2.26 Milliya Rumurra Aboriginal Corporation notes that over the last few years they have seen an increase in complex client presentations involving multiple drug use and related mental health issues.<sup>28</sup>
- 2.27 The Queensland Government notes that there is an over-representation of Aboriginal and Torres Strait Islander communities in data describing alcohol-related mental health admissions to hospital:
- In 2012–13, across discrete Indigenous communities, the annual rate of hospital admissions where alcohol-related mental and behavioural conditions were diagnosed, ranged from 12.0 per 1,000 persons (15 years and older) up to 162.2 per 1,000 persons (15

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23 NIDAC, *Submission 94*, Attachment 4, p. 3.

24 Aboriginal Peak Organisations of the Northern Territory (APO NT), *Submission 72*, Attachment 4, p. 14.

25 Mr Bob Goodie, Regional Manager, Kimberley Mental Health and Drug Service, WA Country Health Service, *Committee Hansard*, Broome, 1 July 2014, p. 16.

26 PAAC, *Submission 7.1*, p. 12.

27 National Drug Strategy, Monograph 71, Comorbidity of mental disorders and substance use: A brief guide for the primary care clinician, p. 6.

28 Milliya Rumurra Aboriginal Corporation, *Submission 114*, p. 2.

years and older). This compares with a state-wide rate of 10.0 per 1,000 persons (15 years and older).<sup>29</sup>

- 2.28 Mental health can be a factor influencing drinking when pregnant. In the Kimberley, midwives report that the majority of women who are drinking or using other substances have underlying mental health problems and are dealing with issues like domestic violence.<sup>30</sup>

## **Suicide and alcohol abuse**

- 2.29 Alcohol is a major risk factor associated with suicide. *The National Alcohol Indicators Bulletin* no. 11 noted that suicide accounted for 19 per cent of alcohol-attributable deaths amongst Aboriginal and Torres Strait Islander men from 1998 to 2004.<sup>31</sup>
- 2.30 The Kimberley Aboriginal Law and Culture Centre (KALACC) notes that in the year from January 2006 to January 2007, there were some 13 suicides in the small community of Fitzroy Crossing in the Kimberley, Western Australia.<sup>32</sup> The population of Fitzroy Crossing was approximately 1500 at that time.<sup>33</sup>
- 2.31 KALACC note that the Coroner made comment that of the 21 deaths by suicide in 2006, only two did not have any evidence of alcohol or cannabis. The Coroner further notes that in 16 of the 21 cases the blood alcohol level of the deceased was in excess 0.15 per cent, three times the maximum permissible level for driving a motor vehicle.<sup>34</sup>
- 2.32 The Western Australian Coroner, in February 2008, highlighted the extremely high statistical correlation between alcohol and suicide.<sup>35</sup>

## **Prevalence of alcohol-related harm**

- 2.33 As noted earlier, there is limited data on the trends and prevalence of alcohol-related harm.

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29 Queensland Government, *Submission 98*, p. 9.

30 Dr James Fitzpatrick, Paediatrician and Senior Clinical Research Fellow, Telethon Kids Institute, *Committee Hansard*, Perth, 30 June 2014, p. 41.

31 ADAC, *Submission 40*, Attachment 8, p. 2.

32 Kimberley Aboriginal Law and Culture Centre (KALACC), *Submission 2*, p. 2.

33 Government of Western Australia, *Fitzroy Futures Town Plan*, March 2009, p. 3.

34 KALACC, *Submission 2*, p. 2.

35 KALACC, *Submission 2*, p. 4.

- 2.34 The Australasian College for Emergency Medicine contends that 15 deaths and 446 hospitalisations per day in Australia are attributable to alcohol.<sup>36</sup> They note however that this is likely to be an underestimate:
- ... screening and collection of alcohol-related presentation data is not compulsory in Australian emergency departments, and as a result, current data sets are likely to significantly under-estimate alcohol-related presentations.<sup>37</sup>
- 2.35 The Alcohol and Drug Service of St Vincent's Hospital (St Vincent's ADS) in Sydney notes that data is limited and has been shown to underestimate actual consumption. St Vincent's ADS stated that from the data available, the prevalence of harmful alcohol use among Aboriginal and Torres Strait Islander population is about twice as great than that in the non-Indigenous population.<sup>38</sup>
- 2.36 St Vincent's ADS contend that the higher prevalence of risky and high-risk alcohol use among Aboriginal and Torres Strait Islander people is reflected in the higher rates of alcohol-related hospital admissions and deaths among this population.<sup>39</sup>
- 2.37 Rates of premature death due to harmful alcohol use are also higher among the Aboriginal and Torres Strait Islander population, with approximately seven per cent of Aboriginal and Torres Strait Islander deaths resulting from harmful alcohol use.<sup>40</sup> The rates of death from alcohol-related causes for Aboriginal and Torres Strait Islander males were five times the rate of non-Indigenous males. For females it was eight times. Most deaths were due to alcoholic liver disease.<sup>41</sup>
- 2.38 In Coober Pedy there was consistently more Aboriginal and Torres Strait Islander women than Aboriginal and Torres Strait Islander men presenting to the hospital with drug or alcohol related issues. Aboriginal and Torres Strait Islander women represented 57 per cent of the time to Aboriginal and Torres Strait Islander men 43 per cent over the 2012-14 period.<sup>42</sup>

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36 Australasian College for Emergency Medicine (ACEM), *Submission 133*, p. 1.

37 ACEM, *Submission 133*, p. 1.

38 The Alcohol & Drug Service, St Vincent's Hospital, Sydney, *Submission 63*, p. 3.

39 The Alcohol & Drug Service, St Vincent's Hospital, Sydney, *Submission 63*, p. 5.

40 The Alcohol & Drug Service, St Vincent's Hospital, Sydney, *Submission 63*, p. 5.

41 The Alcohol & Drug Service, St Vincent's Hospital, Sydney, *Submission 63*, p. 5.

42 Coober Pedy Hospital & Health Services, *Submission 131*, p. 3.

- 2.39 Rates of death wholly attributed to alcohol abuse are eight times higher for Northern Territory Aboriginal and Torres Strait Islander men than non-Indigenous men, and 16 times higher for women.<sup>43</sup>
- 2.40 South Australian Police notes that the data collected by the police about whether an incident or offence is alcohol-related, is reliant on the honest answer of the offender or victim:
- In terms of a victim report of an offence, say, an assault, a domestic violence incident, a robbery, questions are asked about alcohol consumption, whether the person had consumed alcohol prior to the offence. I guess it is reliant on their honest answer. Sometimes it is obvious. But we do not actually record a breath analysis reading against a victim related offence.<sup>44</sup>
- 2.41 Chief Superintendent Scott Duval adds:
- ... we have got no legislative authority to take a breath analysis test of someone who is charged with an assault where it may be obvious that they have consumed alcohol.<sup>45</sup>

## Epigenetics

- 2.42 Epigenetics refers to changes in genes and the way in which the expression of genes can be influenced by certain factors.
- 2.43 Epigenetic changes may last for the life of a living thing or, in some cases, can be inherited. Inherited epigenetic changes are 'semi-permanent' changes to the way that genes operate and may be passed down through generations.
- 2.44 Professor Elizabeth Elliott states that epigenetics is a burgeoning field of research and the impacts are now very well substantiated.<sup>46</sup>
- 2.45 A number of submissions to the inquiry referred to the growing evidence that physical and mental health difficulties arising from, or exacerbated by, the misuse of alcohol and other substances can have epigenetic consequences that compound across generations. For example: children born to parents with alcohol addiction may be more genetically

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43 Northern Territory Police Association (NTPA), *Submission 27*, p. 3.

44 Chief Superintendent Scott Duval, Coordination Branch (Regional Operations Service), South Australia Police, *Committee Hansard*, Adelaide, 5 May 2015, p. 3.

45 Chief Superintendent Duval, South Australia Police, *Committee Hansard*, Adelaide, 5 May 2015, p. 3.

46 Professor Elizabeth Elliott, Paediatrician, Westmead Children's Hospital and the University of Sydney, *Committee Hansard*, Sydney, 5 September 2014, p. 5.



- predisposed to addiction themselves.<sup>47</sup> There is increasing evidence of epigenetics as the biological mechanism behind the intergenerational damage arising from alcohol misuse.<sup>48</sup>
- 2.46 The study of epigenetics is contributing to the understanding of how intergenerational damage may be transmitted, and the overall health status of Aboriginal and Torres Strait Islander communities.<sup>49</sup>
- 2.47 Professor Kate Conigrave, Dr Kylie Lee and Mr Peter Jack note research that indicated experiencing stress, particularly in childhood can predispose an individual to alcohol use disorders. They noted experiments with animals has indicated that stress induces alcohol cravings, which has been linked to changes to the brain's neurochemistry, including changes to the reward centre. Some of these changes are mediated through alterations to gene expression (epigenetic changes).<sup>50</sup> Dr Hamill commented that if there are epigenetic factors that have been introduced to the DNA of both the mother's and father's genome, then the factors are inherited by the child.<sup>51</sup>
- 2.48 Dr Wenitong states that the epigenetic changes that occur due to alcohol misuse and which cause intergenerational damage would best be treated alongside other early childhood trauma caused by the misuse of alcohol.<sup>52</sup>

## Conclusion

- 2.49 The committee heard and saw compelling evidence of the totally unacceptably high levels of harm experienced by children and adults as a result of alcohol in Aboriginal and Torres Strait Islander communities.
- 2.50 Alcohol related health problems, including mental health and suicide, mean that communities are seeing too many young people dying. The burden of the health cost of alcohol damage is so significant that it needs to be more widely known.

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47 Central Australian Aboriginal Alcohol Programmes Unit (CAAAPU), *Submission 73*, p. 9; Tangentyere Council Inc, *Submission 95*, p. 3; PAAC, *Submission 7*, p. 9.

48 Dr Tim Senior, Medical Advisor, National Faculty for Aboriginal and Torres Strait Islander Health, Royal Australian College of General Practitioners (RACGP), *Committee Hansard*, Melbourne, 30 May 2014, p. 17.

49 Dr David Cooper, APO NT, *Committee Hansard*, Darwin, 3 April 2014, p. 22.

50 Professor Kate Conigrave, Dr Kylie Lee and Mr Peter Jack, University of Sydney, Discipline of Addiction Medicine, *Submission 38*, p. 5.

51 Dr Janet Hammill, Research Fellow, Synapse, *Committee Hansard*, Brisbane, 20 June 2014, p. 38.

52 Dr Mark Wenitong, Committee Member, National Faculty for Aboriginal and Torres Strait Islander Health, RACGP, *Committee Hansard*, Melbourne, 30 May 2014, p. 17.

- 2.51 The burgeoning research area of epigenetics needs greater policy attention, particularly in relation to the intergenerational effects in the Aboriginal and Torres Strait Islander communities.
- 2.52 The committee considers it important that there is more information available about the risks of consuming alcohol. Alcohol is a risk factor in many health conditions and this message is not as widely known as it should be.
- 2.53 Public health messages of this nature need constant repetition and also need to be targeted to particular audiences and it is the view of the committee that all Australians would benefit from hearing more about the harms of alcohol.

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### **Recommendation 3**

- 2.54 **That the Commonwealth develops a public awareness campaign, highlighting the risks of alcohol consumption, focussing on:**
- **where to find help to reduce harmful drinking**
  - **where to find help to reduce alcohol related violence, and**
  - **providing information on other diseases associated with risky drinking.**

**The campaign should have sections targeted for populations in the criminal justice system and the education system.**