



**Standing Committee on Indigenous Affairs  
Inquiry into the Harmful Use of Alcohol in Aboriginal and Torres Strait Islander  
Communities**

**Submission by the Queensland Aboriginal and Islander Health Council (QAIHC)**

The Queensland Aboriginal and Islander Health Council (QAIHC) is a peak body representing 27 community controlled health services in Queensland. QAIHC is well aware of the major health problems associated with the harmful use of alcohol in Aboriginal and Torres Strait Islander communities and sets out below a number of suggestions for consideration by the Standing Committee on Indigenous Affairs.

*Queensland Coalition for Action on Alcohol (QCAA)*

The QCAA is a coalition of like-minded health and community organisations in Queensland committed to reducing alcohol related harm. The QCAA has put together a Five Point Plan of what needs to be done to achieve a cultural change that will reduce alcohol harms and improve the health and wellbeing of Queenslanders.

QAIHC supports the Five Point Plan and considers that it will go a long way towards reducing alcohol related harms for both Indigenous and non-Indigenous people in Queensland. This support is largely based on the comprehensive evidence based nature of the Plan and its relevance for all Australians.

Alcohol related violence and harm is now recognised as a major problem in Australia. Each year some 367 people die in this country because of someone else's drinking and 70,000 are victims of alcohol related assaults including 24,000 victims of domestic violence.

While the QCAA Five Point Plan is targeted at the Queensland Government, its recommendations are applicable at the national level. The five focus areas of the Plan are to:

- ❖ Wind back late night trading hours and a moratorium on late night trading
- ❖ Control the density of licensed premises
- ❖ Prevent the harmful discounting and promotion of alcohol
- ❖ Enforce responsible service of alcohol requirements
- ❖ Collect data on alcohol sales, consumption and harms.

The first three points of the Plan largely relate to cost and availability of alcohol. The points rely heavily on the evidence gathered in the Newcastle experiment which has shown:

- the relationship between increased trading hours of licensed premises and increased alcohol related harms. Importantly, this relationship has been validated over time.
- that low alcohol prices result in high alcohol consumption and alcohol related harms.

Alcohol has never been more available - in Queensland there is now one liquor licence for every 673 people.

Cost and availability are also major factors in the control and prevention of alcohol related health harm to Aboriginal and Torres Strait Islander people in Queensland and throughout Australia.

#### *Alcohol Management Plans*

While alcohol related harm is a major issue for both Indigenous and non-Indigenous communities, unfortunately for the Indigenous community it has been largely portrayed as a violence problem with policing related solutions rather than a health related problem.

For example, in those States where Alcohol Management Plans (AMPs) exist, their focus is on identifying a decrease in violence associated behaviour with the adoption of an AMP. Little attempt has been made to quantify the negative flow on effects of sly grogging and home brews associated with the prohibitive/punitive nature of AMPs or the extent to which a decrease in risky alcohol behaviour can be attributed to other factors such as the varying availability of support programs in communities.

QAIHC considers that the community planning around alcohol issues/effects needs to be undertaken with a closer reference to the Health Performance Framework. This Framework, approved by Governments, includes a number of accepted and measureable indicators associated with individual and community health and could be used to measure health outcomes associated with risky alcohol behaviour.

The emphasis would shift from measuring the negative outcomes of irresponsible alcohol associated behaviour to the positive outcomes associated with responsible alcohol associated behaviour.

#### *Supply and Demand*

The introduction of a floor price for alcohol in Indigenous communities warrants consideration. Currently a number of cheap alcohol products are drunk in large quantities in Indigenous communities and are particularly harmful to Indigenous health. A floor price would be aimed at increasing the price of alcohol products that are known to cause harmful effects, putting them on a par with the price of those products which are known to have less harmful health effects.

A supply reduction approach adopted some time ago over a long weekend in Alice Springs included an effective floor price of \$1 per standard drink because cheap two litre wine casks and fortified wines were not on sale at all. ID scanning was also used to prevent large volume purchases of beer and mixed drinks. These steps resulted in a nine hour reduction in takeaway alcohol trading time over three days with the result that the town was calm, respectful and relatively sober. Those responsible for this supply reduction initiative considered that it demonstrated what can be achieved when community agreement is reached regarding supply reduction measures.

While States have the ability to prevent the excessive discounting and promotion of alcohol products, there is also a need for the Commonwealth to set alcohol taxation rates at levels that minimise the harms caused by alcohol. The additional tax revenue could be used to subsidise the freight costs associated with transporting healthy food supplies into remote communities. Consideration should also be given to removing

cask wine and cheap port wines from sale in areas that are in close proximity to discrete Indigenous communities.

Any longer term supply reduction strategy would be best supported by a robust alcohol health education program aimed at decreasing demand and discouraging the use of harmful alcohol products. A comprehensive supply and demand strategy could be instrumental in assisting Aboriginal and Torres Strait Islander people to set aspirational targets for both individual and community health and wellbeing.

#### *Healthy Food Supply and Nutritional Alternatives*

As a means of supporting the reduction of alcohol consumption for people living in remote and discrete communities, consideration should be given to the ongoing supply of healthy and nutritious food alternatives. By increasing access to healthy and nutritious food options, communities could also seek to drive decreased demand for high sugar and high carbohydrate options which contribute towards chronic conditions for individuals in communities.

#### *Recommendations*

QAIHC, on behalf of the Aboriginal and Torres Strait Islander community controlled health sector recommends that the Committee:

- adopt the current Health Performance Framework as the agreed tool for monitoring health harms associated with risky alcohol behaviour
- Introduce an alcohol floor pricing strategy
- Increase sales tax on alcohol
- adopt a comprehensive Supply and Demand Strategy
- Increase access to nutritional food options.

Yours Sincerely

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April 2014