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The Parliament of the Commonwealth of Australia

# **Alcohol, hurting people and harming communities**

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

**House of Representatives  
Standing Committee on Indigenous Affairs**

June 2015  
Canberra

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## Foreword

The consumption of alcohol at high risk levels is a national issue, however, the focus of this inquiry is the harmful use of alcohol in Aboriginal and Torres Strait Islander communities.

Many reports and studies have recommended stemming the flow of alcohol to address the problems, but usually these works do not analyse why a person drinks at levels which cause them and their loved ones harm. The social and economic determinants of harmful alcohol use such as unemployment, poor housing, racism, trauma, poor education and peer pressure mean that Aboriginal and Torres Strait Islander communities are overly impacted by the harm caused by alcohol consumed at high levels.

A recent Amnesty reports note that it costs \$440,000 per year to keep one young person in detention in Australia. This report recommends that justice reinvestment strategies should redirect these resources to overcoming the deprivation and despair in so many Aboriginal and Torres Strait Islander communities.

This report addresses strategies and treatments found to help in addressing the harmful use of alcohol. Community led solutions are always the key to uptake and success. Unfortunately slow government processes, for example approving community produced alcohol management plans and the short length of project funding often frustrates community initiatives.

The magnitude of the problem caused by high risk consumption of alcohol is often hidden by the lack of collection of useful data for example at the time of hospital admissions, when children are put into out of home care because of their neglect, when people are incarcerated because of alcohol related crime and when children are born with Fetal Alcohol Syndrome (FAS) or Fetal Alcohol Spectrum Disorder (FASD) at some of the highest rates in the world.

The committee found examples of the world's best practice at places like Groote Eylandt and Fitzroy Crossing. These communities, led by women's initiatives,

have demonstrated courage and determination to tackle alcohol harm to provide a safe environment for their families and community. The committee commends them and hopes that their strategies can be used as examples of a way forward for other communities.

FASD or FAS is creating generations of children whose brain damage will reduce their potential to live lives full of promise and well-being. The rates of FAS and FASD in some Aboriginal and Torres Strait Islander communities in Australia are amongst the highest in the world and yet FAS and FASD are not recognised as a disability for many social security allowances and payments. The lack of knowledge about, and recognition of FASD and FAS extends beyond the failure to have it officially recognised for social security and NDIS purposes, it also needs to be understood in schools, the criminal justice system and in the health sector.

The committee found that impacts of alcohol on children in communities represents a national tragedy as it is manifested in children growing up with fathers, and increasingly mothers, who are incarcerated, as the children's abuse and neglect leads to the need for out of home care at record levels, missed schooling and too often ultimately become young alcohol addicts or abusers of other illicit substances.

This committee urges adoption of these recommendations as a matter of urgency given the extent of harm and intergenerational afflictions when alcohol is consumed at such high risk levels.

**The Hon Dr Sharman Stone MP**  
**Chair**



## Membership of the Committee

**Chair**            The Hon Dr Sharman Stone MP

**Deputy Chair**   The Hon Mr Warren Snowdon MP

**Members**        Mr Mark Coulton MP (from 25/09/14)            The Hon Mr Shayne Neumann MP

Mr Andrew Giles MP

Mr Graham Perrett MP

Mr Bert van Manen MP

Ms Melissa Price MP

Ms Michelle Landry MP (to 25/09/14)

Mr Rowan Ramsey MP

Mr Andrew Laming MP (from 25/09/14)

Ms Fiona Scott MP (to 25/09/14)

## **Committee Secretariat**

<b>Secretary</b>	Mr Peter Banson (to 27/02/15) Mr Stephen Boyd (from 27/02/15)
<b>Inquiry Secretary</b>	Ms Pauline Cullen
<b>Senior Research Officer</b>	Dr John White
<b>Research Officer</b>	Ms Marina Katic
<b>Administrative Officers</b>	Ms Jazmine Rakic Ms Sarah Tutt



## **Terms of reference**

The Committee will inquire into and report on the harmful use of alcohol in Aboriginal and Torres Strait Islander communities, with a particular focus on:

- patterns of supply of, and demand for alcohol in different Aboriginal and Torres Strait Islander communities, age groups and genders
- the social and economic determinants of harmful alcohol use across Aboriginal and Torres Strait Islander communities
- trends and prevalence of alcohol related harm, including alcohol-fuelled violence and impacts on newborns e.g. Foetal Alcohol Syndrome and Foetal Alcohol Spectrum Disorders
- the implications of Foetal Alcohol Syndrome and Foetal Alcohol Spectrum Disorders being declared disabilities
- best practice treatments and support for minimising alcohol misuse and alcohol-related harm
- best practice strategies to minimise alcohol misuse and alcohol-related harm, and
- best practice identification to include international and domestic comparisons.





## List of abbreviations

AA	Alcoholics Anonymous
AADANT	Association of Alcohol and other Drug Agencies Northern Territory
ABAC	Alcohol Beverages Advertising Code
ABS	Australian Bureau of Statistics
ACC	Australian Crime Commission
ACCHS	Aboriginal Community Controlled Health Services
ACEM	Australasian College for Emergency Medicine
ADAC	Aboriginal Drug and Alcohol Council (SA) Inc.
ADF	Australian Drug Foundation
AHA	Australian Hotels Association
ADS	Alcohol and Drug Service
AHCWA	Aboriginal Health Council of Western Australia
AHMRC	Aboriginal Health and Medical Research Council of New South Wales
AHRC	Australian Human Rights Commission
AIHW	Australian Institute of Health and Welfare
AMP	Alcohol Management Plan

AMSANT	Aboriginal Medical Services Alliance Northern Territory
AMT	Alcohol Mandatory Treatment
AOD	Alcohol and other drugs
APO NT	Aboriginal Peak Organisations of the Northern Territory
APY	Anangu Pitjantjatjara Yankunytjatjara
ARBD	Alcohol-related birth defects
ARND	Alcohol-related neurodevelopmental disorders
ATSIA committee	House of Representatives Standing Committee on Aboriginal and Torres Strait Islander Affairs
BDR	Banned Drinkers Register
BRADAAG	Barkly Region Alcohol and Drug Abuse Advisory Group
CAAAPU	Central Australian Aboriginal Alcohol Programmes Unit
CAAC	Central Australian Aboriginal Congress
CAALAS	Central Australian Aboriginal Legal Aid Service
CAAPS	Council for Aboriginal Alcohol Program Services
CATSINM	Congress of Aboriginal and Torres Strait Islander Nurses and Midwives
CDEP	Community Development Employment Projects
CLANT	Criminal Lawyers Association of the Northern Territory
CLC	Central Land Council
COAG	Council of Australian Governments
DASA	Drug and Alcohol Services Association
DNA	Deoxyribonucleic acid
Drug Survey	National Drug Strategy Household Survey
DSP	Disability Support Pension

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EBP	Evidence based practices
FARE	Foundation for Alcohol Research and Education
FAS	Fetal Alcohol Syndrome
FASD	Fetal Alcohol Spectrum Disorder
FESP	Family Engagement and Support Program
Health Survey	National Aboriginal and Torres Strait Islander Health Survey
Henry Tax Review	2010 Australia's Future Tax System report
HPF	Aboriginal and Torres Strait Islander Health Performance Framework
HRLC	Human Rights Law Centre
IHS	Indian Health Service
IRAG	Intervention Rollback Action Group
KALACC	Kimberley Aboriginal Law and Culture Centre
LSP	Liquor Supply Plan
MWRC	Marninwarntikura Fitzroy Women's Resource Centre
NAAA	National Alliance for Action on Alcohol
NACCHO	National Aboriginal Community Controlled Health Organisation
NATSILS	National Aboriginal and Torres Strait Islander Legal Services
NCETA	National Centre for Education and Training on Addiction
NCNS	Nepean Community and Neighbourhood Services
NDRI	National Drug Research Institute
NHMRC	National Health and Medical Research Council
NIDAC	National Indigenous Drug and Alcohol Committee
NNADAP	National Native Alcohol and Drug Abuse Program

NOFASD	National Organisation for Fetal Alcohol Spectrum Disorders
NTPA	Northern Territory Police Association
PAAC	People’s Alcohol Action Coalition
PFAS	Partial Fetal Alcohol Syndrome
PHAA	Public Health Association of Australia
PM&C	Department of the Prime Minister and Cabinet
PTSD	Post Traumatic Stress Disorder
QAIAS	Queensland Aboriginal and Torres Strait Islanders Corporation for Alcohol and Drug Dependence Services
QAIHC	Queensland Aboriginal and Islander Health Council
RACGP	Royal Australian College of General Practitioners
RACP	Royal Australasian College of Physicians
RANZCOG	Royal Australian and New Zealand College of Obstetricians and Gynaecologists
RFFADA	Russell Family Fetal Alcohol Disorders Association
SBIRT	Screening, Brief Intervention, and Referral to Treatment
SEWB	Social and emotional well-being
Social Survey	National Aboriginal and Torres Strait Islander Social Survey
TBLs	Temporary Beat Locations
TEWLS	Top End Women’s Legal Service
VAADA	Victorian Alcohol and Drug Association
VACCHO	Victorian Aboriginal Community Controlled Health Organisation
WANADA	Western Australia Network of Alcohol and other Drug Agencies
WHO	World Health Organisation



# List of recommendations

## Social and economic determinants of harmful alcohol use

### Recommendation 1

That the Commonwealth Government, states and territories, at the late 2015 Council of Australian Governments (COAG) meeting, place harmful impacts of alcohol on the agenda for coordinated action. This should:

- formally recognise the social and economic determinants of harmful uses of alcohol namely poverty, mental health, unemployment, an ongoing sense of grief and loss, alienation, boredom, cultural acceptance of drunkenness, ease of access and cost of alcohol, peer pressure 'to drink' and epigenetics in some Aboriginal and Torres Strait Islander communities and for some individuals
- ensure that within each specific target of Closing the Gap in Indigenous Disadvantage, the impact of alcohol is recognised in all strategies and targets including addressing the social and economic determinants of high risk drinking, and
- develop a framework, methodology and resource allocation for the collection and publication of a national standardised wholesale alcohol sales dataset. The framework and relevant agreements should be in place by December 2015 with comprehensive data available no later than February 2017.

### Recommendation 2

That all strategies developed or funded by the Commonwealth or other governments are developed in partnership with the relevant Aboriginal and Torres Strait Islander peoples and/or their organisations.

## Health and alcohol-related harm

### Recommendation 3

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.

## Best practice strategies to minimise alcohol misuse and alcohol-related harm

### Recommendation 4

That the committee recommends:

- the introduction of a national minimum floor price on alcohol, and
- prompt consideration be given to the recommendations of the Henry Tax Review on volumetric tax.

### Recommendation 5

That the states and territories conduct detailed analysis of any demand increase for liquor licences particularly in areas of high risk drinking, with a view to moving towards a risk-based licencing system similar to that of New South Wales.

### Recommendation 6

That the Commonwealth takes steps to ensure a nationally consistent and coordinated approach to alcohol advertising, including:

- Banning alcohol advertising during times and in forms of the media which may influence children
- Banning alcohol sponsorship of sporting teams and sporting events, including but not limited to those in which children participate or may be involved, and
- That the Australian Communication and Media Authority change the Commercial Television Code of Practice to ensure that alcohol is not able to be advertised before 8.30pm and that no exemptions are given for alcohol promotion during sport broadcasting.

**Recommendation 7**

That governments at all levels:

- prioritise Aboriginal and Torres Strait Islander community driven strategies to reduce the harmful effects of alcohol
- ensure that communities are empowered to develop the strategies that will work for their communities, and
- cooperate and facilitate any work in Aboriginal and Torres Strait Islander communities which aims to change the liquor trading hours in their community.

Community Alcohol Management Plans and other community driven strategies need to be reviewed and processed within a maximum of a six month period, including where any alterations are recommended.

The current backlog of Community Alcohol Management Plans in the Department of Prime Minister and Cabinet need to be cleared by January 2016.

**Recommendation 8**

That the Northern Territory Government re-introduce the Banned Drinker's Register and set up a comprehensive data collection and evaluation program which monitors criminal justice, hospital and health data.

**Best practice alcohol abuse treatments and support****Recommendation 9**

That the Commonwealth re-establish the National Indigenous Drug and Alcohol Committee.

**Recommendation 10**

That the Commonwealth develop a protocol for the recording and sharing of effective, evidence-based practices in Aboriginal and Torres Strait Islander communities, in particular such practices that have relevance to Aboriginal and Torres Strait Islander communities. This protocol should be available by December 2016.

**Recommendation 11**

That where the Commonwealth funds Aboriginal and Torres Strait Islander alcohol treatment and support programs, these are funded over a longer cycle for at least four years, particularly for well-established and successful programs.

**Recommendation 12**

That the Commonwealth and key Aboriginal and Torres Strait Islander groups ensure access to training and career pathways for alcohol treatment and support workers. The employment conditions should be fair and equitable.

**Recommendation 13**

That the Department of the Prime Minister and Cabinet ensure that a full range of evidence-based, best practice treatments are available in order to meet the needs of all Aboriginal and Torres Strait Islander people, regardless of where they live. The treatment services should provide for families, follow-up services, and include detoxification and rehabilitation.

**Prevention Strategies****Recommendation 14**

That Commonwealth, states and territories, through the COAG process implement justice reinvestment to reduce the number of Aboriginal and Torres Strait Islander people incarcerated as a result of harmful alcohol use.

**Recommendation 15**

That the Northern Territory Government prioritise the resourcing of voluntary alcohol treatment and rehabilitation programs in place of the Alcohol Mandatory Treatment program.

**FAS and FASD****Recommendation 16**

That the Commonwealth, as a matter of urgency, increase its efforts to ensure that consistent messages:

- about the risks of consuming any alcohol during pregnancy, and
  - about the importance of supporting women to abstain from alcohol when planning pregnancy, when pregnant or breastfeeding
- to reduce the risk of Fetal Alcohol Syndrome and Fetal Alcohol Spectrum Disorder are provided to the whole community.

**Recommendation 17**

That the Commonwealth, as a priority, ensure that the National FASD Diagnostic Tool and accompanying resource are released without any further delays.

**Recommendation 18**

That states' and territories' teacher training, education and in-service systems provide:

- information and education on alcohol and drug exposed children's behaviour, and
- details of the impact on the child's mental health and their achievement at school.

**Recommendation 19**

That the Commonwealth:

- include FAS and FASD as recognised disabilities for Carer's allowance to allow fast-tracking of the application
- include FAS and FASD as a recognised disabilities in the Better Start for Children with a Disability initiative, and
- include FASD in the operational Guidelines for the National Disability Insurance Agency.

**Recommendation 20**

That the Commonwealth, in consultation with the FASD Technical Network, include in the appropriate table in the Social Security Tables for the Assessment of Work-related Impairment for Disability Support Pension Determination 2011:

- A person with Fetal Alcohol Spectrum Disorder who does not have an IQ below 80 should be assessed under this Table.

**Recommendation 21**

That the Commonwealth, in consultation with the FASD Technical Network, and relevant organisations from the criminal justice system:

- develop a model definition for cognitive impairment, and
- conduct a review of Commonwealth law and policy to identify where eligibility criteria need to change to ensure that people with FAS and FASD and other cognitive impairments can be included.

**Determining patterns of supply and demand****Recommendation 22**

That the Australian Institute of Health and Welfare review and update the methodology and instrument of the National Drug Household Survey to obtain reliable estimates on Aboriginal and Torres Strait Islander and non-Indigenous illicit drug and alcohol use. These changes should be implemented for the conduct of the 2017 survey.

**Recommendation 23**

That the Australian Bureau of Statistics conducts a review of the relevant sections of the National Aboriginal and Torres Strait Islander Social Survey and the National Aboriginal and Torres Strait Islander Health Survey to ensure international best practice is adopted in the instrument and conduct of surveys on alcohol consumption.