



Australia's National Institute for Aboriginal and
Torres Strait Islander Health Research

Alcohol harm and Aboriginal and Torres Strait Islander People

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Good morning ladies and gentlemen,

I acknowledge and pay respects to the Ngunnawal and the Ngambi Peoples, traditional custodians of the land on which we are meeting today.

I'd like to thank the Australian Medical Association for inviting me to speak today, and for organising this important national summit on the harms caused by alcohol.

I will be speaking specifically about the harmful use of alcohol in the Aboriginal and Torres Strait Islander community, but I want to note at the beginning that as well all know, alcohol is not just 'our' problem.

The harmful use of alcohol is a national challenge.

It affects all of us and it needs to be addressed by all of us.

Many of the actions we need to take to reduce the harm alcohol causes in the Aboriginal and Torres Strait Islander community are the same as for the whole population.

For example, we need to act to curb the supply of alcohol, to reduce the 'rivers of grog' that run through some of our communities – black and white.

And we need effective treatment programs for those people and families who do have a problem with alcohol and who want to do something about it.

Other people speaking today will no doubt address these issues and I wholeheartedly support action across the board to prevent and treat alcohol-related harm.

But I want to focus on one approach that I think must form part of any genuine attempt to address the grog problem in our communities.

This is a sustained commitment to early childhood development programs in Aboriginal and Torres Strait Islander communities.

Before returning to look at this in more depth, I want address the historical and cultural context within which the high levels of Aboriginal and Torres Strait Islander drinking takes place.

I am not going to quote lots of statistics today, but there is one that to me that stands out as significant: in the Northern Territory, Aboriginal women are 80 times more likely than non-Aboriginal women to be hospitalised as a result of assault¹.

The perpetrators are overwhelmingly male and overwhelmingly Aboriginal, and alcohol is almost always involved.

I have to ask myself, looking at this unbelievable statistic, what is going on here?

What is happening to the Aboriginal family, the building block of our culture, such that it becomes the site of such violence?

This is where the historical and social context is important.

However, let me clear: the past is not an excuse for the misuse of alcohol or for the violence that so often flows from its misuse.

Understanding the past can, however, help us explain what we are seeing in the present.

Our history has been stated many times before but I shall very briefly outline what I see as the main points.

First contact between non-Aboriginal and Aboriginal peoples was accompanied by a wave of introduced disease to which our societies had little defence.

With these new sicknesses came invaders and settlers whose attempts to seize the land were often accompanied by warfare and massacres.

Sooner or later, and despite sometimes spirited resistance, Australia's First Peoples were defeated.

Many Peoples were moved off their lands, and concentrated in settlements where language was forbidden and traditional cultural practices suppressed.

Children – the Stolen Generations – were removed from their families, supposedly for their own benefit but causing deep emotional hurt both to the children and their families.

Finally, with the successes of the Aboriginal movement of the 1960s and 1970s, we won important rights as citizens.

Yet with this period came new problems.

We had the right to be paid equal wages, but there were few jobs for our people, just unemployment benefits.

In many places, the State had simply failed to provide formal education for Aboriginal and Torres Strait Islander children, so few had the means to escape a world dominated by poverty.

And into this context, freely available alcohol was introduced.

In many places, the traditional networks of authority, compromise and ritual that had kept customary law strong and flexible had already been fractured.

And while some communities adapted and managed to retain or recreate the kind of social and cultural practices that keep the community functioning, many others did not.

So in many places, a new culture of apathy and drinking grew up.

¹ AIHW, National Hospital Morbidity Database, 2011/12

In this world, the deep-seated, internalised distress and anger that had built up over generations found its expression through violence.

And alcohol was the key that unlocked the door for that violence to find its way out into the world.

This violence is directed at those around the individual – which in a kin-based world means towards the family.

This, to me, is the context in which Aboriginal and Torres Strait Islander alcohol abuse should be seen.

It doesn't explain everything.

And it certainly does not excuse anything.

But it does point us towards the need for national processes of reconciliation and healing.

And I think it does help us to understand the shocking statistics such as the one I have just quoted.

It helps explain why, in 2006 when I was carrying out the fieldwork for the *Northern Territory Board of Inquiry into the Protection of Aboriginal Children from Sexual Abuse* with Rex Wild QC, every one of the 45 places we visited said that alcohol was having a significant detrimental effect on community life.

The drinking was causing damage to people's health, but it was also creating destruction and chaos around them.

Sometimes this was in very overt ways such as through assault and homicide.

But alcohol also had powerful but less obvious negative effects, for example through unemployment, lack of cultural involvement and respect, and lack of engagement with education.

And, most dangerously, the violence and dysfunction caused by alcohol was getting transmitted to the next generation, through family breakdown and the neglect of children.

So what can be done to break the cycle of alcohol abuse in those Aboriginal and Torres Strait Islander communities where it has taken root?

(Once again, let's be clear, this is not an issue in all Aboriginal and Torres Strait Islander communities, or for all people in those communities).

The first thing to say, of course, is that there is no one single, easy answer to this difficult question of alcohol abuse.

Instead, we need to take sustained action in a number of ways.

In doing so, we need to take into account the particular cultural and historical context which I described before – but this does not mean we need to invent everything from scratch.

There is a great deal of evidence, both with Australia and overseas about what works when it comes to reducing alcohol-related harm, including in disadvantaged or marginalised populations.

This evidence should be our starting place.

It tells us that addressing poverty, poor access to education and joblessness are foundations for reducing the harm caused by alcohol.

As well as addressing these 'social determinants of health' I think we also need to be mindful of we call the 'cultural determinants of health'.

The Lowitja Institute, of which I am the Chairperson, is currently doing work to explore this emerging field, but in essence the 'cultural determinants' are those which are those determinants of health which are specific to our experience as Aboriginal and Torres Strait Islander peoples.

It includes the protective nature of 'culture' in all its diverse forms: those systems of meaning and relationship from which we can draw strength, resilience and empowerment.

It also includes the evidence about the effect of racism and social exclusion.

We know, for example, that Aboriginal people continue to experience high levels of racism in their everyday lives, and also that the experience of racism and the psychological distress it causes is associated with health risk behaviours including substance misuse.

So these 'cultural determinants' of health must also be taken into account in addressing alcohol related harm in the Aboriginal and Torres Strait Islander world.

The evidence also tells us that we need consistent, long-term action to reduce the supply of alcohol in general, for all people, Aboriginal and non-Aboriginal.

This means, for example, taking legislative action to reduce trading hours, to increase the price of alcohol to reflect its social costs, and to reduce the number of alcohol outlets particularly those supplying take-away alcohol.

And we need to make sure we have proper services in place to treat Aboriginal people who do have a drinking problem – services that help them reduce their drinking or give up altogether.

I should add that the cultural appropriateness of such services is centrally important if they are to be effective.

Alongside these actions which focus on alcohol, we also need well-resourced and sustained early childhood development programs for all of our children.

I would like to say more about this approach in particular.

It is a long-term investment, and one that will bring benefits in many areas of life to the generation being born now.

It is a crucial part of the puzzle that will help break the intergenerational transmission of alcohol abuse.

We know that excessive alcohol use within families often leads to a lack of proper care for children – intellectually, emotionally and physically.

We also know that children brought up without this care are likely to lack self-control and self-regulation as they grow up and that they themselves will become more susceptible to addictions, including to alcohol.

As they become mothers and fathers themselves, they are less able to provide their own children with the care and nurture they need,

The cycle repeats itself through the family's generations.

Fortunately, we know that well-evidenced, sustained early child development programs can break such intergenerational cycles of disadvantage and addiction.

There is strong evidence from overseas that well-designed programs such as Nurse Home Visiting and Educational Day care can reduce the use of alcohol by young adults² and delay the onset of drinking especially amongst young women³.

Such programs are structured to work with children and families to address deficits in a child's development and to increase parenting skills.

They support families to develop skills in providing the stimulation, relationships and access to services their child needs for healthy development.

Children given access to early child development programs that involve parents and communities can be expected to have better outcomes throughout their lives, not just in terms of reduced likelihood of alcohol addiction, but also in terms of greater social connectedness, higher income, and diminished contact with the justice system.

These early childhood programs have been run overseas for many decades, and have accumulated a strong evidence-base for their effectiveness.

They have also been set up in a few, limited locations in Aboriginal Australia.

Of course, Aboriginal Medical Services have been running mothers and babies programs for many decades.

But these new early child development programs have adapted the nurse home visiting programs successful overseas to our context – for example, by including Aboriginal Community Workers as part of the team to introduce the program and ensure cultural safety..

The program empowers young Aboriginal mothers to make better decisions for themselves and their families – decisions that will help set their children on a healthy and fulfilling path in life.

But these programs need to be universal and ongoing: not just 'pilot programs' serving a few communities, but a normal part of life for our communities, like the school or the clinic or the police station.

It is a long-term investment, but all the evidence points to it being a very cost-effective one.

So, to summarise these brief thoughts on addressing alcohol related harm in the Aboriginal and Torres Strait Islander world, I think we need, first, a broad and sustained commitment to addressing the social determinants of health.

Second, we need to investigate the 'cultural determinants of health': the protective role of the positive role of culture and the harmful role of racism and social exclusion.

Third, we need broadly based action on the supply of alcohol.

Fourth, we need proper and appropriate treatment for Aboriginal and Torres Strait Islander people who want to give up or reduce their drinking.

And last, and the focus of what I want to say today: we need sustained investment in high quality early childhood development programs in Aboriginal and Torres Strait Islander communities, so that we can grow a generation of children who will be capable of living fulfilled, happy lives in which alcohol does not play a dominant role.

² Olds D L, Eckenrode J, et al. (1997). "Long-term effects of home visitation on maternal life course and child abuse and neglect. Fifteen-year follow-up of a randomized trial." *JAMA* **278**(8): 637-643.

³ Campbell F, Conti G, et al. (2014). "Early Childhood Investments Substantially Boost Adult Health." *Science (forthcoming)* - See www.heckmanequation.org.

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