Reference No. 31

Summarising: Brady (2004), *Indigenous Australia and Alcohol Policy: Meeting difference with indifference*
Responsibility for the preparation of this research summary rests with the authors of the MCEETYA report *Education, Training and Indigenous Futures: CAEPR Policy Research 1990-2007* and not the original author(s) of the summarised material.

Title of Research:
Indigenous Australia and Alcohol Policy: Meeting difference with indifference

Research Publication:
UNSW Press 2004

Name of Researcher(s):
M. Brady

Time period:
Published 2004

Geographic location:
Australia-wide.

Methodology:
This book reviews the international and Australian literature on alcohol consumption by Indigenous Australians. This literature includes information from international forums such as the United Nations World Health Organisation as well as research, including original case study research by the author.

Aims:
The purpose of this book is to explore the relationships between international activities and domestic developments to explain in part the nature and direction of policy that has dealt with alcohol abuse among Indigenous Australians.

Selected findings and insights:
This book provides a detailed and critical analysis of policy development since the 1970s regarding Indigenous health and alcohol consumption among Indigenous people in Australia. Its insights are wide-ranging and it is only possible to point to several areas as examples of the relevance of this report to health workers, health policy analysts and tertiary institutions responsible for health education courses.

On the definition of Indigenous health
There has been a heavy emphasis by Indigenous activists on Indigenous health, comprising not only the physical well-being of the Indigenous person (that is, the absence of, for example, disease) but also the social, cultural and emotion wellbeing of the individual and the community. This broad definition has led to policies relating to community participation in primary health care and an emphasis upon:

- Indigenous people running health care services; and
- Indigenous people as health care workers.

This approach balanced western medical practice and the sensitivity to Indigenous needs which had not existed in earlier times - however the book suggests that by having such a broad definition of Indigenous
health, governments were more easily able to transfer responsibility for Indigenous health, at least in part, back to the communities and downplay their own role, of providing specialist government health services and disseminating a broader range of interventions.

National policies on Indigenous health

The research traces the history of general and Indigenous health policies in the 1980s and 1990s highlighting the difficulties associated with the development of Indigenous health policies and strategies. In so doing, the book provides case studies of HIV/AIDS and Drug Abuse. These demonstrate some specific barriers for policy development, including difficulties for government services in dealing with cultural issues and the absence of clear input from Indigenous organisations. Yet at the time the need was evident, as shown by statistics on alcohol consumption. While about one-third of Aboriginal people do not consume alcohol, the report cites a wide range of statistics about those who do, including:

- Of 62% of Indigenous people who do drink, about two-thirds reported harmful levels of consumption;
- Average consumption among Kimberley Aborigines was between 15 and 17 standard drinks on drinking days;
- In Queensland, almost two-thirds of Aboriginal men were engaged in heavy regular, very heavy regular or binge drinking in five communities surveyed;
- Sydney surveys report between 29% and 44% of drinkers consumed more than 7 drinks in a session; and
- Binge drinking is the major distinguishing feature of Aboriginal drinking styles in both remote and rural regions. Even within cities binge drinking may occur – an Adelaide survey of urban health service clients reported 53% of males and 17% of females had ‘heavy daily use’ or ‘binge drinking’.

Explaining Indigenous drinking and developing intervention strategies

The book details the various determinants of Indigenous alcoholism that have been proposed: biological bases, lack of prior exposure to alcohol in pre-colonial times, cultural and social reactions to dispossession and resultant of alienation. Having not been able to ‘determine’ the exact causes, policies then addressed prevention strategies such as community-based residential programs and other treatment programs for rehabilitation purposes. This was followed by attempts to focus on:

- The reduction of gross consumption as a way of controlling alcohol abuse and a public health model of prevention

but these were initially not taken on board due to structural barriers at the levels of both government bureaucracy and Indigenous alcohol services, as well factors such as the separation of Indigenous health services from alcohol programs.

The current situation and motivations for change

At the international level, WHO identified alcohol availability as a public health issue and the need for control to reduce alcohol consumption and alcohol-related problems. It also stressed the importance of early detection of harmful consumption, leading to the need for a comprehensive strategy concerned with:

- Early, primary prevention, through secondary prevention to tertiary specialised treatment; which in turn led to refocusing upon the role of
- Primary health care workers such as doctors operating out of health clinics and able to give immediate, brief interventions at an early stage.
As the research points out there has been an emphasis upon primary interventions (education, health promotion) and tertiary interventions but insufficient work done on developing and evaluating secondary interventions (e.g. doctor interventions at health services) to address problems once started but not progressed to a point requiring specialised treatment centres and services. Such a strategy would also include greater controls on alcohol availability.

The book explores the cultural and social barriers to giving up alcohol and the potential roles of doctors and nurses and other health workers in intervening in alcohol consumption at this secondary level. Further work needs to be done in understanding how best they can optimise their roles. It identifies possible conflict that may arise for Indigenous health workers between their medical and community responsibilities and also warns of the difficulties of perceived stereotyping of Indigenous persons in the context of alcohol interventions.

Educational implications:

This comprehensive account of alcohol policies relevant to Indigenous Australia suggests several roles for education and training. These are:

- The implementation of education intervention strategies for school children and youth at risk and educational programs for adults through community education.
- The inclusion in health worker courses of a comprehensive treatment of Indigenous health and alcohol issues;
- The inclusion of secondary intervention strategies in the training of medical practitioners; and
- An integrated approach between education and health workers to address alcohol consumption and alcohol-related problems.

Relevance:

Introduction Topic: The Health of Indigenous Australians

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