

Cutting Alcohol Abuse and Violence - 20 Oct 2007

Donna Ah Chee, *20 October 2007*



The Australian (Opinion Piece)

The major barrier to addressing excessive levels of alcohol consumption and harms in Aboriginal communities is not a lack of desire by Aboriginal people but the lack of willingness of policy makers to implement measures that we know work in reducing the supply and availability of alcohol. Such measures are not generally popular or for obvious reasons supported by the alcohol industry.

As Australia's internationally renowned alcohol policy researcher Professor Robin Room says - "What's popular doesn't work and what works isn't popular".

The most effective strategies include increasing the price of alcohol, especially cheap bulk alcohol, reducing take-away trading hours and reducing the density of alcohol outlets.

Why is it that decision makers continue to favour strategies that are known not to work such as alcohol education or legislating to stop people from drinking in particular locations? Whilst the advertising, promotion and availability of alcohol use targeting young people by the alcohol industry all but continues unchecked. There is a clear need for more alcohol treatment and rehabilitation services but such measures by themselves are never going to be sufficient to address the excessive alcohol consumption in Aboriginal communities. It is time for policy makers to do what is needed not what is popular with the community or the alcohol industry.

The tap needs to be turned down, to provide the necessary circuit breaker to allow other programs and services a real chance to be effective. This includes ensuring that Aboriginal parents who currently misuse alcohol are able to stop or reduce their drinking and get back to taking on the their responsibility of feeding their children are getting them to school. It also includes allowing a chance for unemployed adults who misuse alcohol to be able to enter into adult education and training programs and find suitable employment. These programs cannot work if the very people who most need them are addicted to alcohol.

As the Deputy Director of the local Aboriginal health service I can attest that there have been immediate health and social benefits for the whole community, especially Aboriginal people, since October last year when Alice Springs introduced restrictions on the supply of alcohol. When cheap bulk alcohol was removed from the market for the first 4 hours of take-away trading, along with other restrictions, we have seen a 10% reduction in alcohol consumption and a consequent reduction in harms such as assaults and alcohol caused hospital admissions. As predicted by the research, the heaviest drinkers are now shifting to beer because this is the cheapest form of alcohol left on the market and this is less harmful.

However, the community in general doesn't like paying more for commodities and in this sense alcohol is just another commodity. In spite of this restricting the supply of alcohol using a minimum price benchmark (which sets an agreed minimum price for all alcohol products) is potentially a more popular approach than using volumetric taxation (which sets taxation levels based on the actual volume of alcohol in each product) because the former approach only affects the price of cheap, poorer quality alcohol rather than higher quality alcohol products.

The harm contained in any alcoholic beverage is due to the price per standard drink of pure alcohol it contains. So spirits at 40% alcohol by volume are considered much less harmful than cask wine at 9.5% alcohol by volume because the pure alcohol in a bottle of spirits sells at about 3 times the price per standard drink when compared to a cask of cheap wine. The alcohol industry already knows that price is the principle driver of consumption but now the general public should understand that if they want to see reductions in alcohol caused harms then they need to demand policy makers use price as a lever.

Total take-away trading hours are also vitally important. The more hours the more harms. A study just published in the August edition of the UK Emergency Medicine Journal (Vol 24, p532) has shown the extent to which the introduction of 24/7 take away alcohol sales in England has further increased harms at a large central London hospital. This just adds to the wide array of international evidence that shows a direct relationship between the increasing liberalisation of take-away sales and harms.

The introduction of one take-away alcohol free day per week was shown to be effective in Tenant Creek in the Northern Territory and this is a measure that should be introduced in other Aboriginal communities and towns where there is a substantial alcohol problem. To maximise the effectiveness of this approach all the normal Centrelink payments should be made on this day as well - and this is now administratively possible due to electronic payments. Take-away hours on other days should also be reduced. This should be combined with reducing the amount of take-away alcohol licenses given in any location.

These types of supply reduction measures are not popular with many who gain financially from alcohol sales because they impact on their profits. They reduce alcohol consumption and therefore reduce the profits from alcohol sales. They are also initially not popular with the general community but there is evidence to suggest that this is partly due to the misinformation about what actually works. Many people in the general community believe that alcohol education works and that this along with better treatment services is all that is needed without anyone having to be inconvenienced by restricting alcohol availability. If only this were true.

There is also the mistaken belief that supply reduction is prohibition and that it will lead the heavy drinkers to shift to more harmful drugs. As long as supply reduction never becomes prohibition and there is still ready access to alcohol this does not occur. People keep drinking, but in a less harmful way – this is the goal of supply reduction.

Supply reduction measures are the most effective way to deal with the very high levels of alcohol consumption in many Aboriginal communities and are also the key missing link in the current policy response. We cannot afford to wait any longer before these types of measures are broadly applied. Over time supply reduction becomes popular because it works and it is seen to create safer, healthier communities for everyone. Right now it requires leadership from all levels of government and the support of the community and health professionals.

Ms Donna Ah Chee is Deputy Director of Congress in Alice Springs and a member of the National Indigenous Drug & Alcohol Committee