



## Research paper

# Alcohol control policies in Indigenous communities: A qualitative study of the perceptions of their effectiveness among service providers, stakeholders and community leaders in Queensland (Australia)



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## ABSTRACT

**Background:** Favourable impacts are reported from complex alcohol control strategies, known as 'Alcohol Management Plans' (AMPs) implemented 14 years ago in 19 Aboriginal and Torres Strait Islander (Indigenous) communities in Queensland (Australia). However, it is not clear that all communities benefited and that positive impacts were sustained. Service providers, key stakeholders and community leaders provided insights about issues and impacts.

**Methods:** Participants ( $N = 382$ ) were recruited from knowledgeable and experienced persons using agency lists and by recommendation across sectors which have a mandate for managing alcohol-related issues and consequences of AMP policies in communities. In semi-structured interviews, participants (51% Indigenous, 55% male and comprised of at least one-third local community residents) were asked whether they believed alcohol controls had been effective and to describe any favourable and unfavourable outcomes experienced or perceived. Inductive techniques were used for thematic analysis of the content of transcribed recorded interviews. Comments reflecting themes were assessed across service sectors, by gender, Indigenous status and remoteness.

**Results:** Participants attributed reduced violence and improved community amenity to AMPs, particularly for 'very remote' communities. Participants' information suggests that these important achievements happened abruptly but may have become undermined over time by: the availability of illicit alcohol and an urgency to consume it; migration to larger centres to seek alcohol; criminalization; substitution of illicit drugs for alcohol; changed drinking behaviours and discrimination. Most issues were more frequently linked with 'very remote' communities.

**Conclusion:** Alcohol restrictions in Queensland's Indigenous communities may have brought favourable changes, a significant achievement after a long period of poorly regulated alcohol availability from the 1980s up to 2002. Subsequently, over the past decade, an urgency to access and consume illicit alcohol appears to have emerged. It is not clear that relaxing restrictions would reverse the harmful impacts of AMPs without significant demand reduction, treatment and diversion efforts.

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## Introduction

The Indigenous peoples of Australia, North America and Oceania encountered manufactured alcoholic beverages, including distilled spirits, in similar ways with particularly disastrous effects during the colonial expansion phases of the 19th and early 20th centuries (Beauvais, 1998; Brady, 2000; Siggers & Gray, 1998).

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In the Australian colonies of Britain, colonial policies and government attitudes evolved which focused on limiting access to alcohol for Indigenous Australians right up to the 1960s (Brady, 2000; Sansom, 1980).

In the 1970s, in the Australian State of Queensland, alcohol became readily available locally in the very remote Indigenous communities situated at Queensland's geographical and social margins (Clough & Bird, 2015; Martin, 1998). These communities today comprise very small clusters of people and dwellings in settlements established and maintained during the early 20th century (Commonwealth of Australia, 1997). Their populations remain among the more severely disadvantaged and marginalised groups in Australia.

By the mid-1990s, several of these small and isolated communities were running their own local liquor outlet known as the 'tavern' or 'canteen', with licences issued to the locally elected Councils for operation under Queensland's *Liquor Act, 1992*, but with few effective limits on sales and consumption (Martin, 1998). Unfortunately, very high rates of violence, injury and death began to emerge. Growing evidence for a public health crisis (Gladman, Hunter, McDermott, Merritt, & Tulip, 1997), threatening the very viability of communities (Fitzgerald, 2001; "The *Liquor Act, 1992 (Qld)*,"), plus the vigorous advocacy of Indigenous leaders (Pearson, 2001), precipitated a strong policy response by the Queensland Government (Queensland Government, 2002). From 2002, 19 communities singled out as among the more vulnerable (Fitzgerald, 2001) were targeted for alcohol restrictions, and these became known as 'Alcohol Management Plans' (AMPs) (Queensland Government, 2002). Adapted for use in other jurisdictions, AMPs are now embedded in the contemporary Indigenous policy infrastructure across Australia (d'Abbs, 2015; Gray & Wilkes, 2011; Smith et al., 2013).

From 2002, Queensland's AMPs initially limited the quantities and types of alcohol an individual could legitimately possess in a 'restricted area' (Clough & Bird, 2015). In 2008, six of the nine community 'canteens' or 'taverns' were closed by the Queensland Government and the trading conditions of the other three significantly constrained (Clough & Bird, 2015). Legislative and regulatory changes also brought tighter limits on the quantities and types of alcohol which could be legitimately possessed in 'restricted area' communities, stronger penalties for breaching restrictions and increased powers for police to search for, and seize, illicit alcohol (*Aboriginal and Torres Strait Islander Communities (Justice, Land and Other Matters) and Other Acts Amendment Bill 2008*; "The *Liquor Act, 1992 (Qld)*,"; "The *Liquor Regulation, 2002*,"; Margolis, Ypinazar, Clough, & Hunter, 2008). Additionally, liquor sales outlets situated beyond the 'restricted areas' but within the 'catchments' of the targeted communities, mainly located in the nearby regional towns, became subject to 'minimising harm' provisions including the requirement that licensees do not knowingly sell liquor to residents of restricted areas (Clough & Bird, 2015; Department of Justice and Attorney General, 2012). By 2013, when the present study commenced, all alcohol was prohibited in seven of the 19 communities and limits on the consumption, carriage and possession of alcohol had been tightened in the remainder (Clough & Bird, 2015). No comprehensive evaluation, independent of Government, has ever been undertaken of Queensland's important alcohol control strategies.

AMPs were initially designed as part of a wide range of innovative and significant Queensland Government reforms. As well as supply control, these promised to reduce alcohol and substance misuse and violence through demand reduction by addressing key social determinants: economic development, education and training, land and sustainable natural resource

management, housing, and health (Queensland Government, 2002, 2005). The limited available evidence in the peer-reviewed published literature points to some favourable impacts of restrictions (Margolis, Ypinazar, Clough, et al., 2008; Margolis, Ypinazar, & Muller, 2008), including a reduction in indicators of serious injury in some communities to historically low levels (Margolis, Ypinazar, Muller, & Clough, 2011). These favourable findings were reflected in an internal Queensland Government review (Queensland Government, 2005). However, the evidence that these initial positive effects were experienced in all communities, or that they have been sustained, particularly after the most recent round of restrictions in 2008, has become equivocal (Queensland Government, 2013).

This paper forms part of the qualitative component for the first evaluation research program designed to examine the health and social effects of Queensland's AMPs (Clough et al., 2014; West, Usher, & Clough, 2014). It investigates issues surrounding implementation of the designed AMP intervention components, specifically their perceived impacts on alcohol supply and consumption, violence, injury and community health and well-being. Perceptions and experiences are reported of the community leaders, service providers and relevant organisations with a mandate or responsibility for alcohol-related matters in the affected AMP communities and nearby towns.

## Methods

### Setting

The 19 communities affected by AMPs, their demographic characteristics, their location in rural and remote Queensland and the complex policy and regulatory history of AMPs have been described in detail elsewhere (Clough & Bird, 2015). At the 2011 census, Queensland's population of approximately 4.5 million included 160,000 (3.6%) Aboriginal and Torres Strait Islander (Indigenous) people (Australian Bureau of Statistics, 2011a). Approximately 10% (16,261) of these lived in the 19 targeted communities, Aboriginal and/or Torres Strait Islanders comprise the majority (93%) of these populations (Australian Bureau of Statistics, 2011a). Other community residents typically include staff of the primary health care centre, police, justice and welfare personnel and school teachers, mostly Queensland Government employees. They also include staff of private enterprises, such as the community store, community organisations such as arts and craft centres, employee support agencies, land management, church and missionary groups. Significant numbers of local residents are employees of the Local Government Council, usually tradesmen and administrators. Many local Indigenous community members have lived much of their lives in the communities. Additionally, some of the non-Indigenous residents in these settings are also long-term residents. There are seven significant population centres in the 'catchment' areas of these communities, i.e. population centres where Indigenous communities with an AMP in place are located within driving (or boating) distance (Department of Justice and Attorney General, 2012). These "catchment" population centres have alcohol available with few limits.

In official statistics in Australia the category of 'very remote' Indigenous communities describes the most isolated clusters of people and dwellings (Australian Bureau of Statistics, 2011b). Thirteen of the 19 communities with AMPs are categorized as 'very remote'; nine of which had prohibition in place when this study commenced. Six of the 19 communities are located closer to the regional centres and towns and are classified as 'remote' or 'outer/inner regional' and were denoted 'not remote' in the analysis reported here; two of these had prohibition in place. A wide range

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