# Submission to the Inquiry into the harmful use of alcohol in Aboriginal and Torres Strait Islander communities

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## Recommendations

1. That the Inquiry recommends that addressing alcohol-related harms be a priority for the Council of Australian Governments (COAG). As part of this, COAG should establish minimum standards for alcohol-related legislation and policies for all states and territories.
2. That the Inquiry recommends that state and territory governments reduce trading hours for all new and existing liquor licences to the following:
All existing 24 hour liquor licences should be abolished and no new 24 hour licences should be granted.
Opening times for all licensed premises (including packaged licences) should be no earlier than 10.00am.
Standard closing times for all on-licence premises from Monday to Saturday should be midnight, with extended trading venues limited to 3.00am and lockouts (preventing entry for patrons) no later than 1.00am. Standard closing time for Sundays should remain at 10.00pm.
Closing times for packaged licensed premises should be no later than 10pm.
For communities where trading hours are shorter than these, there should be the capacity to reduce trading hours further, for example through the introduction of Alcohol Management Plans.
3. That the Inquiry recommends the introduction of Alcohol Management Plans (AMPs) that control the availability of alcohol in communities where a need has been identified and agreed. These AMPs should also be targeted at the needs of the particular community, introduced in association with supportive structures designed to build capacity within the community, prevent risky consumption and support people who need assistance to reduce their alcohol consumption.
4. That the Inquiry recommends that states and territory governments introduce cluster control policies for the determination of new liquor licenses and establish saturation zones in areas that are identified as already having large numbers of liquor licenses.
5. That the Inquiry requests information from alcohol producers, distributors and retailers on the supply chain of alcohol to Aboriginal and Torres Strait Islander communities, including: What is the supply chain of alcohol from producers, distributors, wholesalers and retailers to Aboriginal and Torres Strait Islander communities? How does this differ for communities with limited restrictions, when compared to those that are dry? How much alcohol and what type of alcohol is being supplied? How frequently is alcohol being supplied to these communities and what is the timing of the provision of alcohol? How is the alcohol priced and promoted in and around these communities? What role is the alcohol industry adopting in mitigating the risk of harms that result from the consumption of alcohol?
6. That the Inquiry recommends that all states and territory governments mandate the collection and reporting of alcohol sales data at least annually. At a minimum, wholesale producers and licensees should provide sales data on beer, wine (including bottled and cask), spirits (including premix spirits) and cider separately. Postcode data should be provided by all producers and licensees to enable mapping of per capita consumption. A system should be established for nationally consistent collection and management of alcohol wholesale sales data to inform key alcohol policy developments and evaluations. As part of this, alcohol sales data should be made publically available in a format which can be easily accessed, used and analysed by policy makers and researchers
7. That the Inquiry recommends that a new National Alcohol Strategy be developed and implemented and informed by the World Health Organisation’s Global strategy to reduce the harmful use of alcohol.
8. That the Inquiry recommends that all governments adopt a ‘health in all policies’ approach to public policy which includes the establishment of health benchmarks and monitoring structures to ensure cross government action is being implemented and targets are being achieved.
9. That the Inquiry recommends that all state and territory governments elevate harm minimisation as the primary object of their respective liquor acts.
10. That the Inquiry recommends that public health considerations be assessed in the Commonwealth Government’s deregulation agenda prior to action being taken.
11. That the Inquiry recommends that a national data repository for alcohol-related harms be established. All states and territories should be required to routinely collect standardised data on alcohol-related harms that is mandatory, consistent, reliable, and reported so that it is publicly available. The following harm indicators should be included in the collection of alcohol harms data: Alcohol-related ambulance attendances; Alcohol-related emergency department presentations for harms incurred to self (e.g. alcohol poisoning, injuries) and others (e.g. Injuries from alcohol-related violence); Alcohol-related hospitalisations; Alcohol-related assaults, including non-domestic assaults, domestic assaults and assaults on police; and Alcohol-related child protection cases.
12. That the Inquiry recommends that the standardised national diagnostic tool commissioned by the then Department of Health and Ageing is tested and implemented to facilitate diagnosis of Fetal Alcohol Spectrum Disorders (FASD) in Australia and that services are provided to diagnose, treat and manage FASD.
13. That the Inquiry recommends that FASD is recognised as a disability and eligibility criteria for disability services are modified to support people with a FASD condition, their families and their carers. FASD should be recognised as a cognitive impairment to allow access to support services and should be included in the Impairment Tables for Disability Support Pensions, acknowledged in the National Disability Insurance Scheme and included in the List of Recognised Disabilities for Carer Payments.
14. That the Inquiry recommends that a National FASD Action Plan is introduced that specifies the Commonwealth, State and Territory Government’s responsibilities in addressing FASD and includes actions, targets and outcomes. The Plan should include the five key areas outlined in FARE's Australian Fetal Alcohol Spectrum Disorders Action Plan 2013-2016 outlined below.
I. Increase community awareness of FASD and prevent prenatal exposure to alcohol
II. Improve diagnostic capacity for FASD in Australia
IV. Improve data collection to understand the extent of FASD in Australia
V. Address the high prevalence of FASD among Aboriginal and Torres Strait Islander peoples
15. That the Inquiry recommends that all people diagnosed with FASD are provided with a treatment and management plan that is designed to meet individual needs.
16. That the Inquiry recommends that equitable life-long services are provided when developing management and care systems for people with FASD, their families and carers, and that transitions from child to adult services are pre-planned and coordinated to ensure that people do not ‘fall between the cracks.’
17. That the Inquiry recommends that processes are developed to ensure that people who are considered to be at-risk of having FASD are screened when they come into contact with government services including the criminal justice system, foster care system, child safety system and child and family centres and provide them with support throughout this time.
18. That the Inquiry examines sentencing options for people identified as having a FASD condition who comes into contact with the criminal justice system, similar to options provided to other people who have cognitive functioning disabilities.
19. That the Inquiry recommends an increase in funding and support for evidence informed treatment and rehabilitation services, including: Psychosocial interventions - brief interventions and counselling, including general or problem solving counselling and motivational interviewing; Pharmacotherapy; and After care.
20. That the Inquiry recommends that Aboriginal and Torres Strait Islander peoples in urban, regional, rural and remote locations have access to at least the same range and quality of services as the rest of the population in Australia.
21. That the Inquiry recommends that Aboriginal and Torres Strait Islander controlled services, staffed with Aboriginal and Torres Strait Islander health workers, and mainstream services that have culturally appropriate support mechanisms in place are available.
22. That the Inquiry recommends that services are adequately resourced and funded for longer periods to offer stability, reduce staff uncertainty, provide staff training and development and to increase screening and brief interventions for alcohol. Equitable access to alcohol-related professional development is needed in rural and remote locations.
23. That the Inquiry recommends that families and friends of people consuming alcohol at risky levels and/or those suffering from alcohol-related harms are included in the treatment decision making and implementation process where appropriate and acceptable to the client.
24. That the Inquiry recommends that alcohol use and harm is treated as a health issue and, where appropriate, diversionary services are introduced and expanded to keep people out of prison for alcohol-related offences.
25. That the Inquiry recommends that the Commonwealth Government reform the alcohol taxation system in Australia to implement a volumetric tax on wine.
26. That the Inquiry recommends that the Commonwealth Government close the loophole that allows alcohol advertising on television before 8:30pm and introduce independent regulation of alcohol marketing.
27. That the Inquiry recommends a phase out of alcohol sponsorship of sport and cultural events.
28. That the Inquiry recommends that the Northern Territory Government re-introduce the Banned Drinkers Register and undertake a robust and independent evaluation of this measure.
29. That the Inquiry recommends that sobering up shelters be established to provide support, care and monitoring for those who are intoxicated. These should be independent of law enforcement activities.
30. That the Inquiry recommends that community patrols be established in urban, regional and remote locations where these do not exist and a need is identified, to improve community safety and reduce harm.
31. That the Inquiry recommends that state and territory governments introduce a minimum price for alcohol to stop the extreme discounting of alcohol.
32. That the Inquiry recommends that a comprehensive strategy based on the Living With Alcohol Program be introduced in regions or jurisdictions where there are substantial levels of alcohol-related harms among Aboriginal and Torres Strait Islander peoples.

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### Metadata