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POLICY OPTIONS

Addressing alcohol and tobacco harms in remote Indigenous communities and rapid responses to mental health crises in regional centres

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Clough AR, Margolis SA, Miller A, Fitts MS, Ypinazar V, West C, Robertson J, Grant K, Wrigley M, et al.

1. Alcohol Management Plan (AMP) Evaluation Study - to inform the review of alcohol restrictions in Queensland's Indigenous communities

Policy context

AMPs provide the principle policy infrastructure to control alcohol among Indigenous Australians. Prior to the 1970s, alcohol was not readily available in the 19 Indigenous communities in Queensland in this study. Then, somewhat abruptly, alcohol became available with few effective limits applied to control it for around 20 years. Between 2002 and 2008 restrictions were implemented and progressively tightened by the Queensland Government. The affected communities had little opportunity to play a lead role.

Three years later, in 2011, the same Government began to seek 'exit strategies' promising to review alcohol controls if targeted reductions in harm indicators could be reached and sustained. The opposing major party, as part of its electoral platform, also promised to "review and get rid of" restrictions. When it came to power in 2012, the new Queensland Premier and his Ministers initially offered to 'normalise' access to alcohol in the affected communities within five years but settled instead on a formal review process. This review process continues despite a further change in the Government.

Policy options

Policy makers anticipated during the design phase that AMPs would have unintended consequences. Our study shows that these have materialised in community residents' experiences particularly in terms of the failure of AMPs to reduce alcohol availability and consumption. The social impacts of criminalisation and discrimination were major concerns for a majority of participants irrespective of their views about the 'favourable' impacts. Clearly, these need to be addressed.

Key findings

The policy dilemma is that relaxing alcohol restrictions may not address the issues identified by those interviewed but may in fact bring a return to the high levels of violence and community dysfunction documented in the 1990s. If alcohol restrictions in Queensland's Indigenous communities have brought favourable changes, it would be a significant achievement after a long period of poorly regulated alcohol availability from the 1980s up to 2002. However, 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 such harmful impacts of AMPs without significant demand reduction, treatment and diversion efforts.

2. Developing smoke-free spaces to reduce high rates of smoking in remote Indigenous communities in northern Australia

Policy context

Smoking rates are very high in remote Indigenous communities in northern Australia, e.g. in the 'Top End' of the Northern Territory and far north Queensland. These have not changed in over 30 years, a fact which is often missed by tobacco policy makers. In these regions, overcrowding in houses is also extreme. The study evaluated the outcomes achieved and the processes used in an intervention designed and delivered by a coalition of community service providers, Indigenous community leaders and community advocates. Very high and unchanging rates of smoking in populations where housing is overcrowded, but where there is documented potential for appropriately designed and supported intervention strategies to be taken up by local Indigenous community residents and advocated by their leaders, suggests that efforts to reduce SHSe will be welcomed in these settings.

Policy options

The intervention was based on the 'Discovery Education' model developed and used by Aboriginal Resource and Development Services (ARDS) for over thirty years, but never systematically evaluated. ARDS contends that dialog and understanding occur more rapidly and effectively in a people's first language and when founded in the shared conceptual structures in communities. The 'Discovery Education' process allows people to progressively integrate new knowledge into their existing worldview and to make their own decisions about how they will respond. People who have long been the subject of politically-motivated 'interventions', rather than interventions for public health reasons, welcome the two-way engagement between equals that is enshrined in the methodology.

Socially significant policy options at the community level identified in this study include:

> Culturally informed approaches to community education are required which respond to locally specific cultural circumstances,

> Incentives for householders to increase the number of houses with rules about smoking up to a critical level in the community in order to reduce cue exposure,

> Monitor and provide feedback regarding household expenditure on tobacco and tobacco sales at the local community store.

Key findings

The ability of householders to create a smoke-free space requires adequate governance of the space, the subject of the strategy. Governance by those who are capable and with a mandate for setting rules about that space is essential. If a space is not appropriately governed consistently and capably and in a way that is supported or agreed by other householders, there can be no smoke-free space rules.

While a majority of households in the community agreed to participate in the study, and although most who agreed to participate expressed enthusiasm and resolve, the establishment of smoke-free spaces could be confirmed with objective evidence in only a few households.

3. Review of the Cairns Mental Health, Police and Ambulance Co-responder Model (CoRM) to address mental health crises

Policy context

This project commenced in 2011 and arose from the state-wide tri-agency Mental Health Intervention Project. The project involves the co-location of an Authorised Mental Health Practitioner (AMHP) and a police officer in a Queensland Health Mental Health Acute Care Team (ACT) setting. The team works collaboratively to prevent and resolve mental health crisis situations in the community. While acknowledging mental health training for first responders is not core business of the Cairns Mental Health Co-Responder Project, there were strong calls from stakeholders for systematic and ongoing workforce development for police and ambulance officers regarding mental health issues including crisis management which reinforced the need for this project.

Policy options

The following recommendations are based on the findings of this review,

- An adequately resourced and comprehensive evaluation be undertaken in order to assess project outputs and impacts including a cost-effectiveness analysis;
- Existing data systems should be comprehensively evaluated to identify crucial gaps in data collection including both shared and service-specific indicators;
- There is a need to directly explore the experiences of the model with consumers and carers in order to determine their experiences, outcomes and recommendations;
- Consideration be given to ensuring sustainability of the project through resourcing a core Queensland Police Service position and resources to cover leave;
- Contingent upon resources, further QPS staff could be available to extend the hours of project operation to cover all peak times of demand.

Key findings

The project has,

- Improved experiences and outcomes for consumers including reduced trauma, less use of force and reduced compulsory treatment and stigmatisation
- De-escalated and prevented crisis situations
- Improved inter-agency collaboration
- Improved safety for first responders and mental health practitioners
- Reduced the use of involuntary assessment procedures
- Saved person-hours by first responders and mental health practitioners, and
- Improved awareness and utilisation of the co-responder model by Queensland Police Service, Queensland Ambulance Service and Mental health service providers.

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