



Australian Indigenous HealthInfoNet

Alcohol and Other Drugs
Knowledge Centre



Alcohol and the social determinants of health: an equity lens on interventions

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Research Fellow

**National Centre for Education and Training on Addiction
(NCETA)**

Thursday 14 May 2020

Core funding
is provided by the
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Acknowledgement of Country

We would like to acknowledge the Traditional Owners of the land we are standing on today, the Whadjuk people of the Nyoongar nation, and pay our respects to Elders past, present and future.

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Alcohol and the Social Determinants of Health: an equity lens on interventions

AUSTRALIAN INDIGENOUS ALCOHOL & OTHER DRUGS KNOWLEDGE CENTRE

WEBINAR: THURSDAY 14 MAY 2020

DR JANE FISCHER

Acknowledgement of Country

I would like to begin by showing respect by acknowledging the Traditional Owners and Custodians of the land both here, and in your the Countries.

About NCETA



One of 4 national research centres focusing on alcohol and other drugs (AOD)



Works as catalyst for change in the AOD field by enhancing the capacity of workers & organisations to reduce AOD related harm



Located in Adelaide at Flinders University

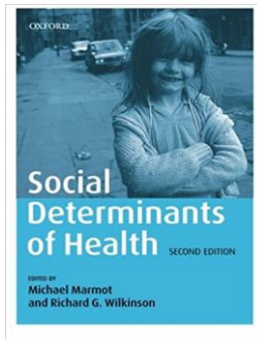


Funded by Australian Government
Department of Health & Flinders University

Review of the harmful use of alcohol among Aboriginal and Torres Strait Islander people

Dennis Gray, Kimberly Cartwright, Anna Stearne, Sherry Siggers, Edward Wilkes and Mandy Wilson

National Drug Research Institute, Curtin University



**Evidence review:
The social determinants
of inequities in alcohol
consumption and alcohol-related
health outcomes**

Acknowledgements

Etherington, R., Harford-Mills, M., Hoareau, J. (2018). **Review of the harmful use of alcohol among Aboriginal and Torres Strait Islander people [video]**. Perth, WA: Australian Indigenous Health *InfoNet* Alcohol and Other Drugs Knowledge Centre

Gray, D., Cartwright, K., Stearne, A., Siggers, S., Wilkes, E. & Wilson, M. (2018). **Review of the harmful use of alcohol among Aboriginal and Torres Strait Islander people**. Perth, WA: Australian Indigenous Health *InfoNet* Alcohol and Other Drugs Knowledge Centre

Roche, A., Kostadinov, V., Fischer, J. & Nicholas, R. (2015). **Evidence review: the social determinants of inequities in alcohol consumption and alcohol-related health outcomes**. *Victoria: VicHealth*

Wilkinson, R. & Marmot, M. eds., 2003. **Social determinants of health: the solid facts**. World Health Organization.

THIS WEBINAR

Part 1: Patterns of alcohol use

Part 2: Inequity & social determinants of health

Part 3: An equity lens

Delivering alcohol-related interventions

Supporting AOD workers

PART 1:

Patterns of Alcohol Use

Australian Indigenous HealthInfoNet AOD Knowledge Centre

Etherington, R., Harford-Mills, M. & Hoareau, J. (2018).
Review of the harmful use of alcohol among Aboriginal and
Torres Strait Islander people [video]. Perth, WA: Australian
Indigenous HealthInfoNet Alcohol and Other Drugs
Knowledge Centre.



<https://youtu.be/qEVLja-oe-w>

Aboriginal and Torres Strait Islander people are:

- ✓ **More likely to abstain from alcohol**
- ✓ **Less likely to consume alcohol at risky levels**

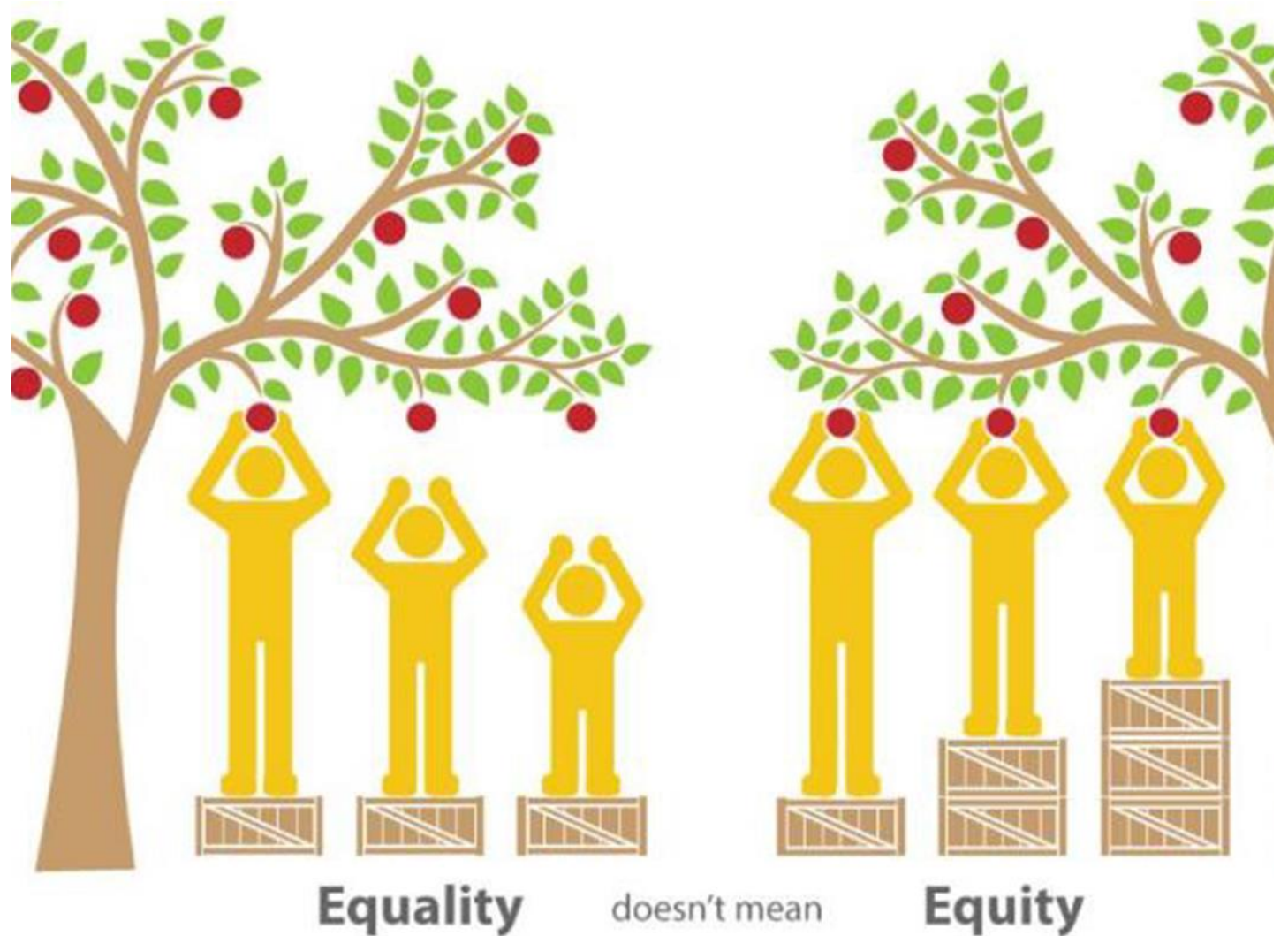
Why then is alcohol associated with a disproportionate amount of harm & burden of disease amongst Aboriginal and Torres Strait Islander people



PART 2: INEQUITY & SOCIAL DETERMINANTS OF HEALTH

INEQUITY

Differences that are unfair and unavoidable, but amenable to change.



©2015, Saskatoon Health Region

Social and economic **conditions** and their effects on people's lives determine their risk of illness and the actions taken to prevent them becoming ill or treat illness when it occurs.

Social Justice Report

2005



*Aboriginal & Torres Strait
Islander Social Justice Commissioner*

Report No. 3/2005
Kuk-Bulba (Part) Agreement PP200500048701

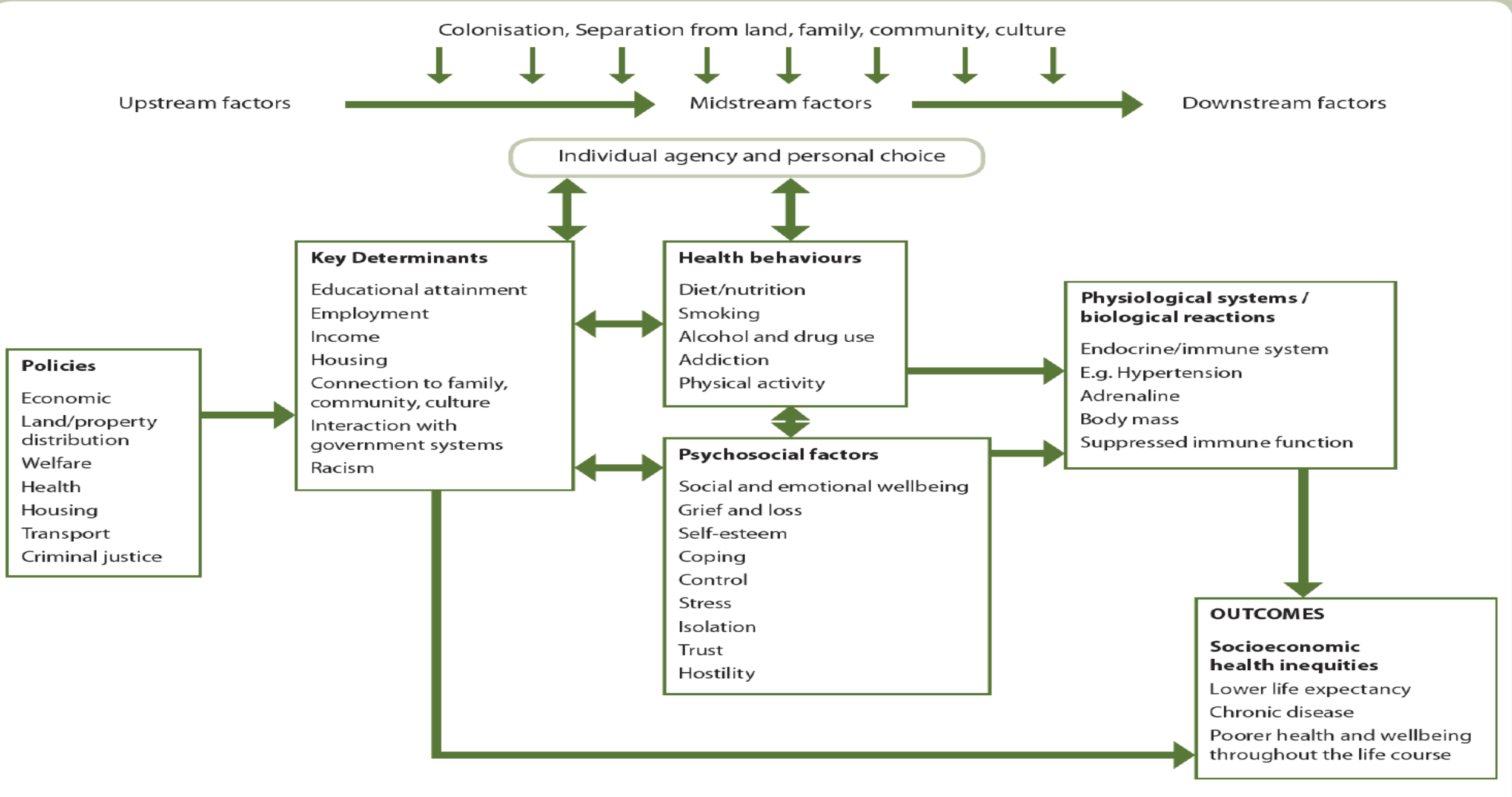


Figure 1: Conceptual model of social determinants of Indigenous health and health inequities. Adapted from Turrell & Mathers 2000:436

The conditions
in which
individuals,
are born,
grow, live,
work and age
(Solar & Irwin, 2010)



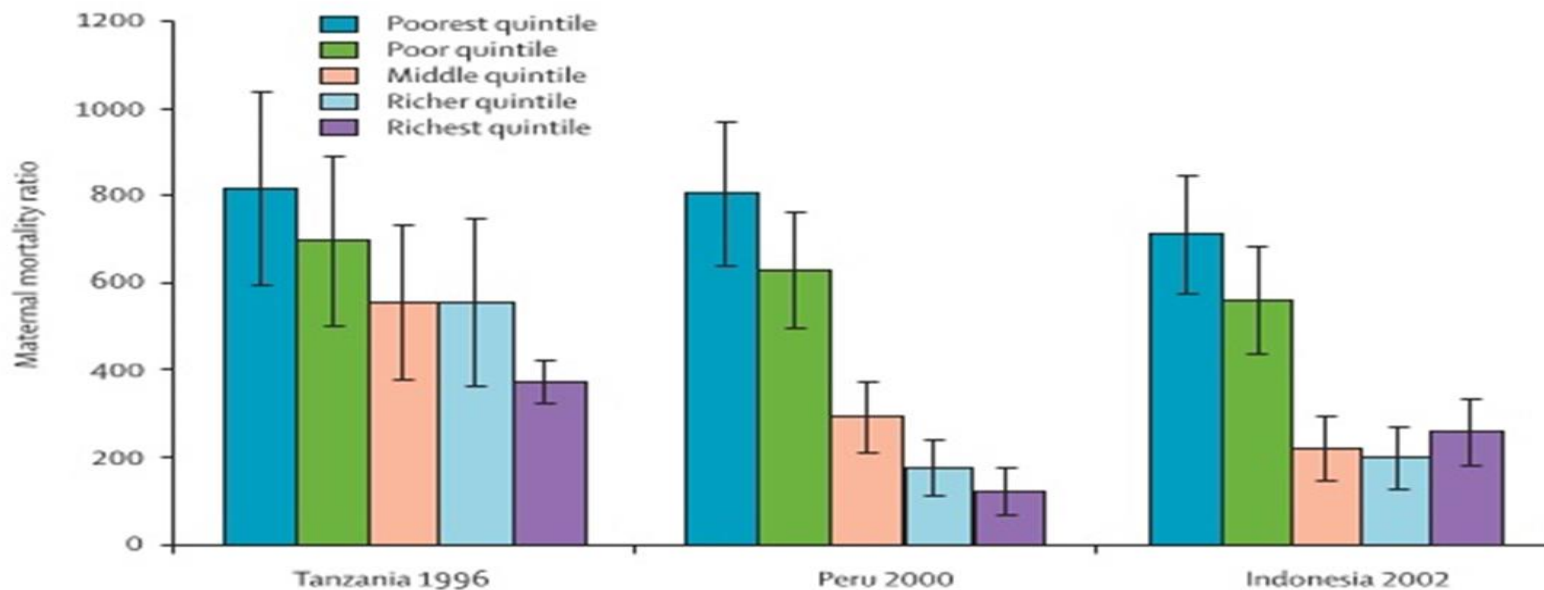
Social Determinants of Health

- **Social Gradient**
- **Stress (good & bad)**
- **Social Exclusion [& racism]**
- **“Addiction”**
 - Early Life (the early years)
 - Social Support
 - Work & unemployment
 - Food
 - Transport

The Social Gradient: At each step of the social scale; the lower the step the lower one's life expectancy & more common is disease & disability

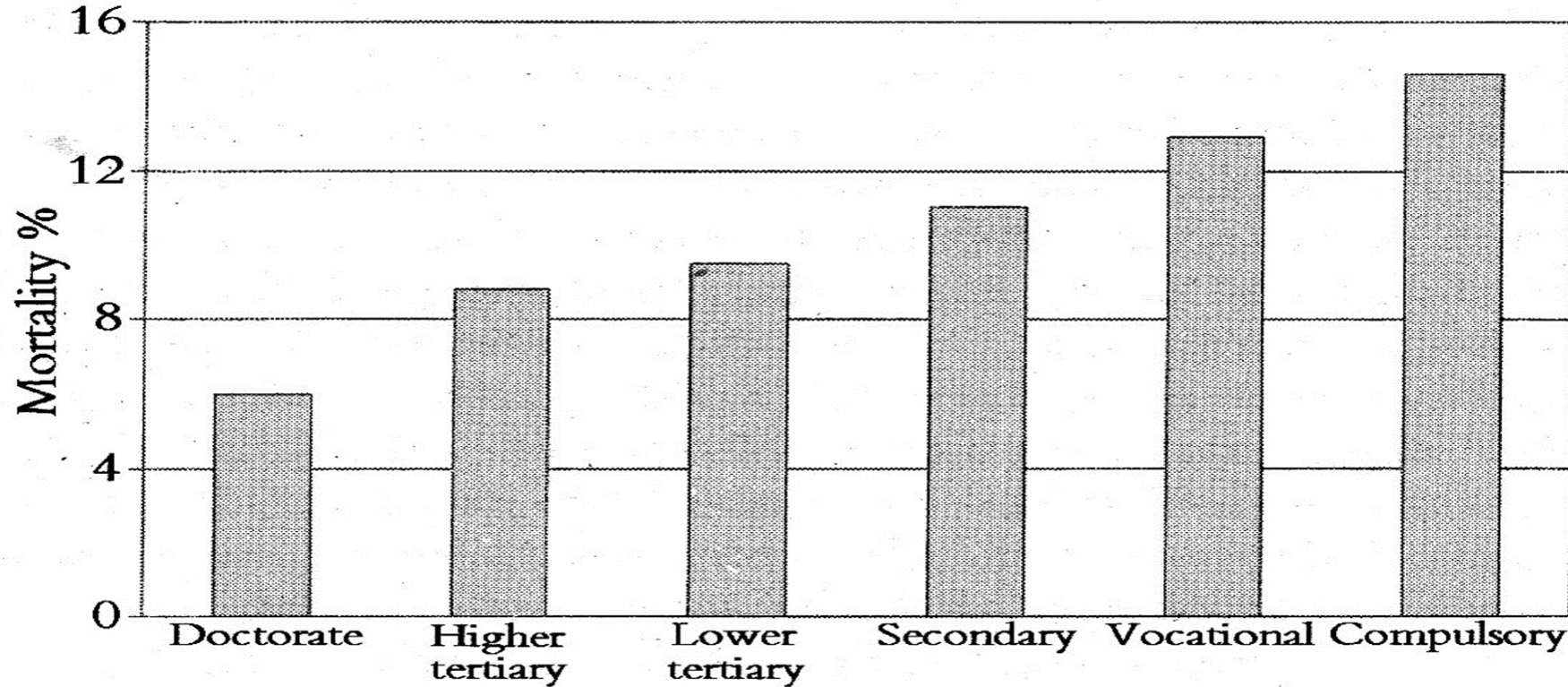
Social gradient in maternal mortality

**ACROSS
COMMUNITIES**



We are All In This Together

Figure 3.1 Mortality according to level of education in men in the Swedish population 1991–6



**WITHIN
COMMUNITIES**

Note: The graphs shows the percentage of men aged sixty-four in 1990 who died in the period up to 1996 according to level of education. Education is listed in graded order – compulsory is the lowest. Similar results were observed at each age.

Stress: Acute & chronic stress ripples across individuals, families & communities

EFFECTS OF ACUTE STRESS

- Brain**
Increased alertness and less perception of pain
- Thymus gland and other immune tissues**
Immune system readied for possible injury
- Circulatory system**
Heart beats faster, and blood vessels constrict to bring more oxygen to muscles
- Adrenal glands**
Secrete hormones that mobilize energy supplies
- Reproductive organs**
Reproductive functions are temporarily suppressed

EFFECTS OF CHRONIC STRESS

- Brain**
Impaired memory and increased risk of depression
- Thymus gland and other immune tissues**
Deteriorated immune response
- Circulatory system**
Elevated blood pressure and higher risk of cardiovascular disease
- Adrenal glands**
High hormone levels slow recovery from acute stress
- Reproductive organs**
Higher risk of infertility and miscarriage

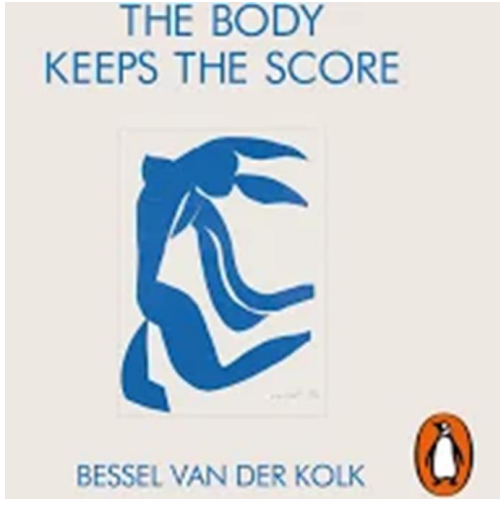
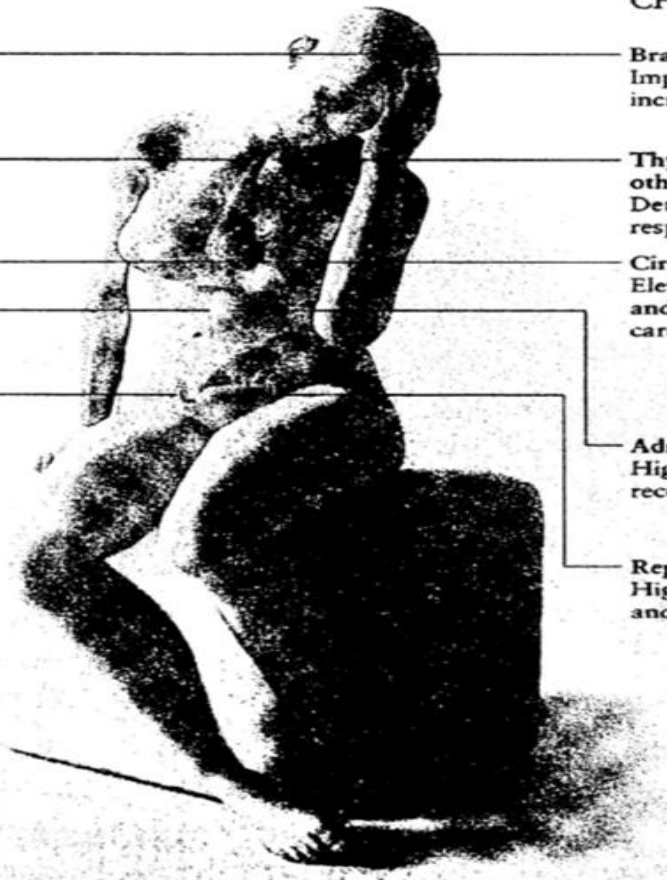


Figure 6.7 *The biology of stress.*⁹²

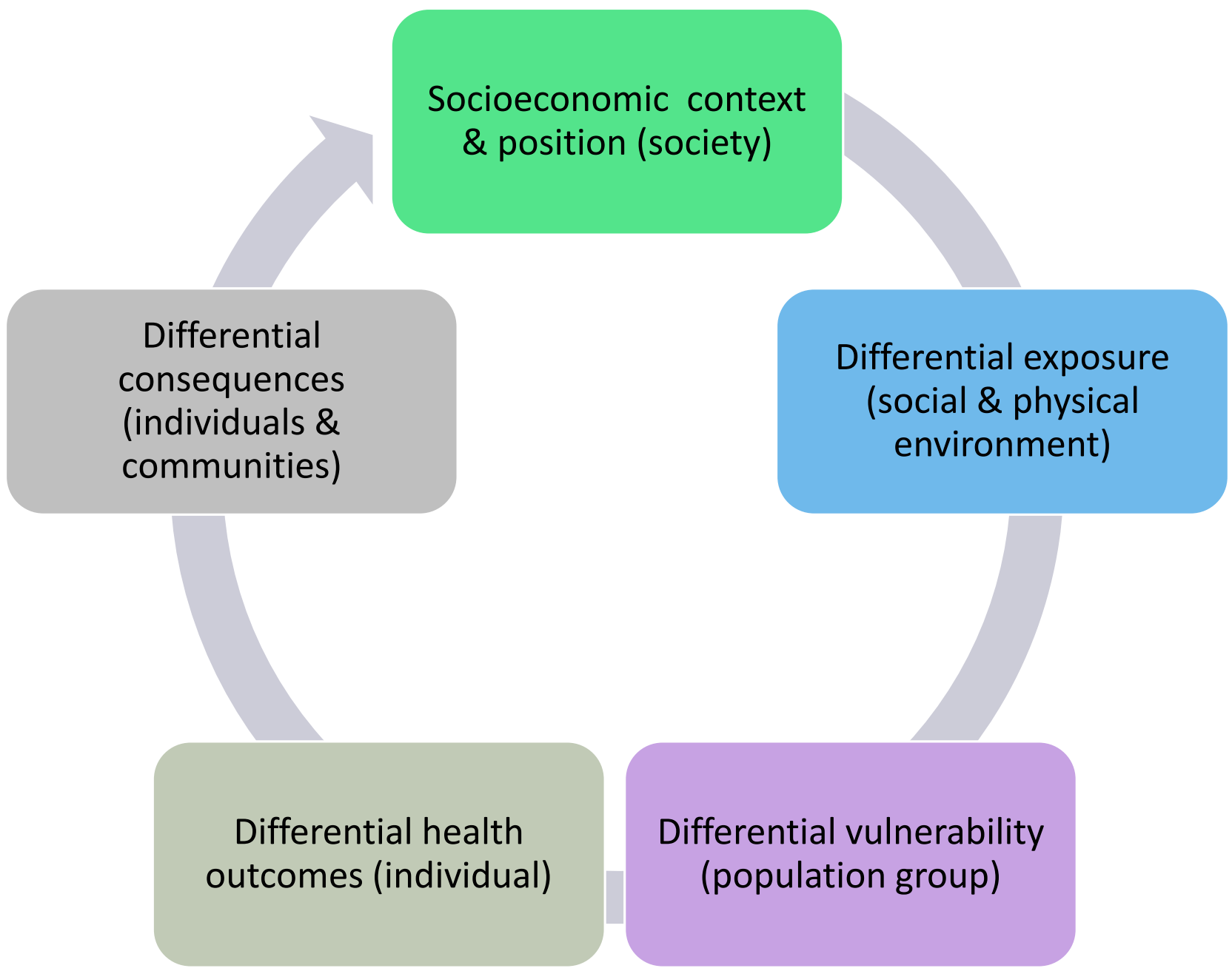
Social Exclusion & Racism

- ❖ Consistent evidence of:
 - a strong association between the experience of racism and poor mental health
 - A significant relationship between racism and poor health behaviours (Awofeso, 2011)

- ❖ A recent Victorian population health study found:
 - Racism was an independent risk factor
 - Racism explained more than a third of the health gap between Aboriginal & Non-Aboriginal Victorians
 - Equivalent effect on health as tobacco smoking (Markwick, et al. 2019)

“ADDICTION”

- ❖ Harmful use & dependence are both a response to social disadvantage and distresses; and can also lead to further disadvantage (Wilkinson & Marmot, 2003)
- ❖ Different populations have differential levels of alcohol consumption as well as differential vulnerabilities to alcohol-related harm (Roche et al. 2015)



Where alcohol-related health inequities can arise (Loring, 2014)

PART 3

AN EQUITY LENS:

Delivering alcohol-related Interventions

Supporting AOD workers

Interventions need to address the issues of discrimination, stress, poverty, ongoing grief and trauma and colonisation. – Interventions that do not address these issues are unlikely to result in last change (Gray, et al. 2018)

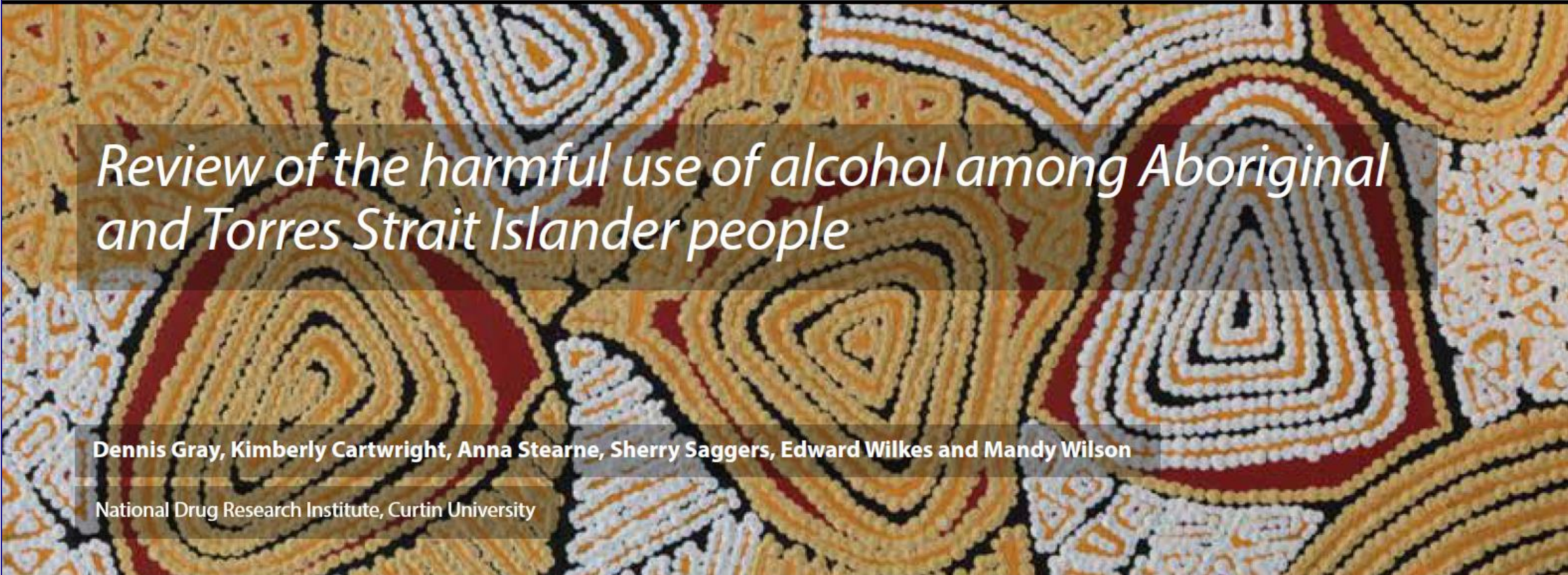
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Health *Bulletin*

ISSN 1445-7253

The background of the cover is a vibrant Aboriginal dot painting. It features a complex pattern of concentric circles and lines in shades of yellow, orange, red, and white, set against a dark background. The pattern is dense and intricate, typical of traditional Indigenous art.

Review of the harmful use of alcohol among Aboriginal and Torres Strait Islander people

Dennis Gray, Kimberly Cartwright, Anna Stearne, Sherry Sagers, Edward Wilkes and Mandy Wilson

National Drug Research Institute, Curtin University

Impact on equity of alcohol-related interventions

| Alcohol-related interventions | Potential Equity Impact | | | | |
|--|-------------------------|---------------|---------|------------|------------------|
| | Greatest | Weak-Moderate | Neutral | May Worsen | Further Research |
| Town planning, zoning & licensing to prevent the clustering of outlets | ● | | | | |
| Socio-economic interventions targeting vulnerable populations | ● | | | | |
| Screening & brief interventions | | ● | | | |
| Early childhood interventions | | ● | | | |
| Interventions with schools, workplaces & sport organisations | | ● | | | |
| Random breath testing | | | ● | | |
| Minimum drinking ages | | | ● | | |
| Maximum BACS | | | ● | | |
| National guidelines | | | | ● | |
| Technological innovation | | | | ● | |
| Increasing the price of alcohol | | | | ● | |
| Street drinking bans | | | | ● | |

| Alcohol-related interventions | Potential Equity Impact | | | | |
|---|-------------------------|---------------|---------|------------|------------------|
| | Greatest | Weak-Moderate | Neutral | May Worsen | Further Research |
| Better understanding cultural contexts of alcohol consumption | | | | | ● |
| Restricting alcohol trading hours | | | | | ● |
| Social participation activities | | | | | ● |
| Banning alcohol marketing & advertising | | | | | ● |
| Fire alarms | | | | | ● |
| Ignition locks/impounding vehicles/DUI courts | | | | | ● |

Roche, A., Kostadinov, V., Fischer, J. and Nicholas, R., 2015. Evidence review: the social determinants of inequities in alcohol consumption and alcohol-related health outcomes. *Victoria: VicHealth.*

Supporting AOD Workers

Aboriginal and Torres Strait Islander AOD workers play an important role in preventing & responding to AOD-related harm.

Impact of inequity on workers

- Heavy workloads
- Stigma – AOD work & racism
- Roles & boundaries
- Isolation
- Clients with complex comorbidities & concerns.

Addressing equity for Aboriginal & Torres Strait Islander AOD Workforce

- ✓ Provide culturally safe & secure work-places
- ✓ Build a local, future workforce
- ✓ Innovative employment conditions, e.g. leave provisions
- ✓ Ongoing clinical supervision & mentoring

Addressing equity for Aboriginal & Torres Strait Islander AOD Workforce

- ✓ Clarify scope of practice, particularly for remote workers
- ✓ Organisational commitment to professional development
- ✓ Support staff to undertake higher qualifications
- ✓ Deliver relevant education/training opportunities
- ✓ Provide leadership opportunities.

Summary

- Opportunities to be healthy are not equally distributed
- Health inequity is due to the unequal distribution of power & resources across the life course
- Social determinants of health influence exposure & vulnerability to a range of potentially health-damaging behaviours & conditions, including risky alcohol consumption
- Social determinants of health effect EVERYONE – clients and workers.

Contact NCETA

nceta.flinders.edu.au



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Thank you

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PRACTICE ▾

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Alcohol ▾

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Alcohol

Alcohol is a drink made from the fermentation of grains (beer), vegetables (vodka) and fruits (wine) [1]. The ingredient of ethanol (ethyl alcohol) contained in alcohol is the active ingredient that causes people to feel drunk when alcohol is consumed [2]. Alcohol acts as a depressant on the central nervous system, slowing down the messages between the brain and the body [3].

What are the harms to health from alcohol use?

In small amounts, drinking alcohol can make a person feel relaxed and sociable [2]. Larger amounts of alcohol affect muscle control, balance and decision making. People drinking large amounts of alcohol are more likely to have accidents or falls, get into fights or do things they regret [3].

Over time, regular alcohol use contributes to the risk of serious health problems such as:

- cancer of the mouth, throat and oesophagus
- cardiovascular disease (stroke and heart failure)
- liver disease (such as cirrhosis)
- cognitive decline and dementia
- mental health conditions such as anxiety and depression
- increased problems with diabetes [4][5].

Drinking alcohol while pregnant can also harm the unborn baby [6]. If a woman drinks while pregnant she risks having a baby with Fetal alcohol spectrum disorder (FASD). For more information, please refer to the FASD section in the Health Impacts portal.

Prevalence

Prevention and education

Regulation and control

Treatment and support

Young people

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