

Alcohol Abuse in the Indigenous Australian Population

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Abstract: Alcohol is a psychoactive drug and has increased risk of developing various non-communicable diseases apart from dependence producing properties. Indigenous Australians who accounts for 2.6 % of Australian population have death rate double of the non indigenous population probably due to higher prevalence of alcohol abuse among the indigenous population. This review article analyzes the various determinants of health contributing to alcohol abuse in indigenous population and recommendations to improve current status of indigenous population.

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I. Introduction

Alcohol is a psychoactive drug which has dependence producing properties¹. The consumption of alcohol can cause more than 200 disease and injury conditions¹. W.H.O has reported 3.3 million deaths (5.9%) which were attributed to alcohol consumption in the year 2012¹. Alcohol has increased risk of developing mental and behavioral disorders, non-communicable diseases like liver cirrhosis, cancer, cardiovascular diseases. The global burden of disease and injury due to alcohol consumption was found to be 5.1 % or 139 million net DALYs (disability adjusted life years) in 2012¹. Consumption of alcohol is a risk to unborn children if consumed by pregnant mothers resulting in various developmental defects in the infant². It can also result in serious cognitive impairments in long term users of alcohol which may result in self-harm like suicides². Alcohol related harm can be determined by mainly three factors: quantity of alcohol consumed, pattern of drinking and sometimes quality of alcohol consumed.

In Australia there is a drinking culture which is well integrated in the general population. 6.5 % of Australians were reported to drink alcohol on daily basis and almost fourth-fifth of the population (aged 14 years and above) had consumed alcohol in the past year³. Alcohol abuse can be defined as individuals who consume alcohol in excessive quantity which lead to various problems like violence, diseases, self-harm etc. In order to assess if alcohol is being consumed at risky levels, countries have defined the quantities to assess if the individual is a risky drinker or not. In Australia, any individual consuming 2 standard drinks of alcohol every day (on an average in 12 months) comes in the category of lifetime risky drinkers³. The individuals who consume 5 standard drinks on a single occasion are known as single occasion risky drinkers³. In 2011-12, it was reported that every one in five adult in Australia had consumed alcohol at lifetime risk levels³. Alcohol abuse can have harmful effects not only on an individual but also their family and society. In 2013, 1.7 million people were reported to be harmed by someone who was under the influence of alcohol³. Alcohol abuse results in serious economic loss and can contribute significantly to burden of diseases. Alcohol abuse can result in injuries caused due violence and road traffic accidents¹.

The Indigenous Australians contribute to 2.6% of Australia's population⁴. The general death rate among Indigenous Australians is found to be double of the Non-Indigenous population and comparatively they have a lower life expectancy⁵. The burden of disease related to alcohol abuse among indigenous population is almost the double to that of the general Australian population⁴. The Indigenous women are 33 times and men are 6 times more at risk of receiving injuries due to alcohol compared to non-indigenous population⁶. The rate of hospital admissions related to alcohol injury is 20% (males) and 30% (females) times more when compared to the non-Indigenous Australian⁴. The number of Indigenous population is less when seen over all but their health status and alcohol abuse are much higher compared to the non-Indigenous population. Thus, these statistics

point correctly to the vulnerable state of Indigenous Australians and the status of alcohol abuse requires separate attention amongst them.

The objective of this paper is to review and analyze the various different determinants of health contributing to Alcohol Abuse in the Indigenous Population of Australia. These determinants of health can help in guiding future policies and any recommendations to improve the current status of the Indigenous Australians and what can be done to prevent alcohol abuse in the population.

II. Methods

A desk study was done in which existing literature was reviewed was on the available data on Alcohol abuse in Indigenous Australians. The Table.1 shows the searching criteria.

Electronic Databases	Pubmed	Cochrane Library				
Search Machines	Google Scholar					
Websites	World Health Organization (WHO)	National Health and Medical Research Council (NHRMC)	Australian Institute of Health and Welfare (AIHW)	Australian Bureau of Statistics (ABS)		
Language restrictions		English				
Keywords	General: Determinants of health, Alcohol Abuse, Alcohol Consumption, Alcohol related harm, Indigenous Australians, Aboriginals and Torres Islanders	Constitutional factors: Alcohol, age, sex,	Individual lifestyle factors: Cultural values, beliefs, health choices	Social and community networks	Living and working conditions: environment, unemployment, health care services, housing, overcrowding, homelessness	General socio-economic, cultural conditions (gender, beliefs), traditional environmental conditions (urbanization, infrastructure)

Table 1.

The model selected for this study is The Dahlgren-Whitehead model 1991⁹ which will be used as a framework for analyzing social determinants of alcohol abuse among the Indigenous Australian population. As we have chosen an entire population at risk and not just a gender or sex; every factor has to be considered from individual to the environmental. All the factors of the model would behave significantly as a determinant and show the relationship of alcohol abuse to the Indigenous Australians. Thus, it has been chosen as it is a well stabilized model.

The Dahlgren-Whitehead model 1991⁹

1. Socio –Economic, Cultural and Environmental Conditions

The environment always plays an important role in influencing the choices made by an individual. The current state of indigenous population can be accounted to various reasons. The most historic one is colonization. The indigenous populations were custodians of the environment and they drew their basic necessities (food, water and shelter) from it. The effect of colonization on the indigenous population affected the environment they inhabited in. The disruption in practices of hunting, traditional farming and fishing lead to decreased access to proper nutrition to the indigenous people⁶. The colonizers i.e., the ones who conquered the lands of indigenous people also introduced practice of drugs and alcohol into the environment leading to further decline in health of the indigenous population. There was suppression of their traditional life and culture as regulations were imposed upon them from the outsiders⁶. The disruption in their culture, religion, traditional practices was worsened by political and socio-economic marginalization. The scenario was further worsened by racial discrimination leading to a very poor environment for them to live in⁶. The poor environment and socio-economic marginalization has resulted in wide gap and inequality between the indigenous population and the non-indigenous population⁶. The differences and inequality in the society can cause significant difference to the population living in it. These inequalities thus widen the gap between the advantaged and disadvantaged group which here is the Indigenous population⁸.

Social exclusion discrimination and racism can have a direct negative impact on the mental status of an individual. Such individuals have more chances to be stress prone and to relieve stress they resort to substance abuse like alcohol⁹. It has been reported that psychological distress is almost two times high in the Indigenous

population compared to the community overall¹⁰. The alcohol abuse to relieve stress can result of poor environment conditions along with cultural restrictions.

2. Living and Working Conditions

The living conditions of the Indigenous population have been severely affected over the course of time. There are 96 Indigenous Housing Organizations (IHO) which manage 21,854 dwellings¹¹.

2.1. Condition of housing

In 2006, 30 % of permanent houses required replacement or repairs, under the IHO. In remote areas, there were 36% of permanent dwellings by IHO that needed major repairs or replacement. The expenditure for repairs of dwellings was reported to be 29% of the total \$37.4 million for the financial year 2004-05. The total reported maintenance expenditure for the financial year 2004-05 was \$37.4 million and accounted for 29 per cent of total IHO expenditure¹⁰.

2.2. Overcrowding

The shortage of housing structures and poor quality of the existing houses. This has resulted in overcrowding and homelessness⁴. The overcrowding can put a serious amount of stress on household amenities like cooking equipments, sewerage systems leading to psychological stress on the individuals living. There were almost 12% of Indigenous population was found to be living in overcrowded households compared to 3% in the non-Indigenous population⁶.

2.3. Homelessness

In 2011, it was reported that there was 14 times more chances of Indigenous Australians to be homeless as compared to the non- Indigenous population⁶. A study says that alcohol abuse can be attributed to inadequate and over-crowding housing¹¹.

2.4. Health care services

The local access of health care services by indigenous households was found to be 62%. 74% of the indigenous population could access hospital and 63% in remote areas could access hospitals. Only 26% of indigenous population could not access hospitals. Alcohol has been recognized as a significant factor which contributes to poor health of Indigenous Australian relative to the non-Indigenous Australians. The rate of alcohol related admission in hospital I Indigenous Australians is found to be 2-7 times more than the non-Indigenous (2002-03). Also in 71.3% of indigenous homicides, the victim and perpetrator were found to be under influence of Alcohol.

Thus, despite having access to healthcare services the alcohol abuse remains significant in the Indigenous population¹².

2.5. Education and Employment

In 2011, 49% of indigenous students of year 7/8 found to have continued education till Year 12 as opposed 81% of the non-Indigenous students⁶. The unemployment rates in Indigenous Australians is high (17%) as compared to non-Indigenous Australians (5%)⁶. In 2011, reports showed that 61% of non-Indigenous Australians were employed above the age of 15% and 42% of Indigenous Australians⁶. Indigenous population receiving higher levels of income have been shown to have lower levels of alcohol consumption. Studies have shown that unemployment, lack of job resources, heavy workloads inadequate salaries can contribute to increased levels of stress and hinder the workers abilities^{13,14}. Unemployment can promote risky health behaviors. However, if a person has poor health, he/she may have poor employment opportunities¹⁵. A study shows that there is strong relation between poor mental health and alcohol abuse. However, this study also says the lower education is not a significant causing factor for alcohol abuse¹⁶. In addition to this, Australian Institute of Health and Welfare says the Indigenous Australians could have had access to good health services and would have owned home if they had higher source of income⁶.

The indigenous people take up alcohol and drugs to relieve their stresses¹⁷. The mental stress cannot be the only driving force for taking up alcohol. Lack of education, opportunities, lack of access to health services, poor living structures together contribute to individuals taking up risky behaviors like alcohol consumption. The Human Development score for Indigenous Australians has decreased and the general population has increased¹⁷. This has further widened the gap between them.

3. Social and Community Networks

In context to social networks, racism has been reported against the Indigenous population. 30% of Indigenous Australians in a survey reported have experiences racism because they belonged to this ethnic group. In 2003, 40% of Aboriginals were reported to emotionally or physically upset due to ill treatment received by them on basis of their race. These surveys indicate a kind of hostile nature towards the Indigenous population to a certain extent¹⁸. Thus, racism behaves as strong stressor which affects both mental and physical health¹⁹. The statistics also show that violence in indigenous communities is much higher than the non-Indigenous population²⁰. Studies have shown if an individual with less number of social and community networks is found to abuse alcohol more compared to those having larger community networks. There is also deterioration in physical health of individuals who have less community networks. This can be related to indigenous facing social exclusion, discrimination or isolation²¹. The values and culture hold high value among the indigenous population. There was culture in indigenous group to share food. This culture has been corrupted and manipulated. In a report, it's been suggested that the food sharing was replaced by alcohol and even non drinkers were asked to pay for alcohol. This can be attributed to an overall cultural breakdown¹¹. The social environment can have a direct effect on alcohol consumption of the individuals.

4. Individual Life Style Factors

The indigenous women are found to be more vulnerable compared to non-Indigenous women. This is because they are more likely to be victim of violence and are have higher chances to be unemployed. The rate of imprisonment of Indigenous women has increased since 2000. These factors: violence, poverty, trauma, grief, loss, cultural and spiritual breakdown result making Indigenous vulnerable²².

The Indigenous population self-identify themselves. However, there are many flaws with the system in identification. For examples, even if the individuals identify as indigenous, they are not even proper platform for cultural expression. The identities are interpreted by the values and thoughts of no indigenous group which can result in furthering a negative impact on them. A study showed that indigenous participants to have lower or average status of emotional well-being and mental health compared to non-indigenous are Indigenous respondents tended to worry more and feel restless, and were regularly affected by past family events¹⁸. It has been reported that in 65% of Indigenous homicides, the offender and victim were drunk which 3 times more than the non-Indigenous cases. Both men and women have four times more chance of being in hospital due alcohol related mental or physical problem²¹.

The Indigenous children are more likely to be removed from their homes than the non-Indigenous children.. The individual life style is over all affected as all the other factors combine to influence the choices made by an individual.

III. Discussion and Conclusion

The overall mental and physical health of an individual is widely influenced by the above mentioned factors. The choice of consuming alcohol does not remain an individual choice. Alcohol abuse is not an individual issue but a social one. The individual consuming alcohol affects everyone around him and the society in general. In context with the Indigenous population, a large number of factors work against them to lead a normal life. The historical context has led them to be displaced from their original roots, the low life expectancy and the unemployment status; all significantly contribute to alcohol abuse. This dispossession of their lands and violation of their rights stems the current vulnerable scenario of the indigenous Australians. Their culture has been corrupted with the practice of alcohol and there has been loss of values, self-esteem etc leading them to live a life with lower confidence.

Alcohol is consumed not just because of leisure or a habit, but also as a stress reliever. The social determinants can clearly show that the Indigenous population is facing many issues. The relation between mental stress and alcohol abuse is not a simple one. In order to combat stress, they use alcohol and further deteriorate their status

There has been an overall breakdown of culture of the Indigenous Australians. The lower life expectancy and wide gap between the health status of Non- Indigenous and Indigenous points to the need to bring about new intervention policies to tackle alcohol abuse. The intervention needs to be multi-dimensional approach that not only targets environmental factors but also promote individual making healthy choices.

Indigenous Australians may be in less number but they are the oldest population and alcohol abuse is affecting them very significantly. Thus, an approach targeted at the alcohol abuse only indigenous population is much called for.

IV. Recommendations

1. The access to health care services is good and this medium can be used to educate and advocate about harmful effects of drinking alcohol.
2. The cultural break down appears to be the root cause and thus promotion and integration of Indigenous Australian culture is important. Abstinence from drinking alcohol can be promoted through old Indigenous culture which can be more welcoming.
3. Opening of counseling centers especially for young and female indigenous Australians in Indigenous remote areas
4. Mental health issues like stress need more research work to find effective interventions to combat stress in Indigenous population.

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