



Australian  
National  
University

**Dr Marisa Fogarty**  
Director, Centre for Gambling Research  
Centre for Social Research and Methods  
Research School of Social Sciences

+61 413 256 839  
[marisa.fogarty@anu.edu.au](mailto:marisa.fogarty@anu.edu.au)

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Alcohol Policies and Legislation Review  
Department of Health  
PO Box 40596  
Casuarina, NT. 0811  
[Alcohol.review@nt.gov.au](mailto:Alcohol.review@nt.gov.au)

### **Submission to the *Alcohol Policies and Legislation Review***

Dear Review Manager,

Thank you for the opportunity to provide a submission to the Northern Territory (NT) Government's *Alcohol Policies and Legislation Review*. This submission is a contribution from the Australian National University's Centre for Gambling Research. A substantial focus of my research is in the development and evaluation of harm reduction programs in remote Indigenous communities in the Northern Territory.

Indigenous people in the Northern Territory experience disproportionately high rates of alcohol related mortality and Foetal Alcohol Spectrum Disorder (FASD), as well as significant rates of alcohol related crime and violence.

The World Health Organisation suggests guiding principles for public policies and interventions to prevent and reduce alcohol related harm that should be guided and formulated by public health interests and evidence-based public health goals (WHO 2010a, p. 19). Health promotion is a particular discourse within a public health paradigm that aims to promote and improve the health of individuals, communities and whole populations through empowering, participatory approaches (Hulme Chambers *et al.*, 2015). Since its inception in 1986, health promotion as a theory, a method and a practice has been critically analysed and evaluated in many different social contexts around the world (Breton and De Leeuw, 2011). The key principles guiding health promotion practice are: build healthy public policy, help people develop personal skills, create supportive environments, strengthen community action and reorient services (WHO, 1986).

There is considerable international evidence highlighting the effectiveness of health promotion practice. For example, Jueau *et al.* (2011) conducted an international review of 26 case studies of health promotion programs. They identified eight key components to the success of evidence-based health promotion practices: relevance of the evidence, community capacity-building, dialogue with all stakeholders, established academic-supported partnerships, adequate resources, advocacy, political and organizational

readiness, and awareness of gaps between evidence and practice. The review also highlighted a broad range of health promotion practices that employ a range of creative and context-specific health promotion strategies which is especially important when working with remote Indigenous communities.

In Australia, over the past 20 years there has been increasing commitment and investment in health promotion approaches, including successful national health promotion program and a plethora of state-based initiatives. These include programs in the area of tobacco control (Purcell *et al.*, 2015), sun smart practices (Montague *et al.*, 2001; Stanton *et al.*, 2004), road safety (Gomm *et al.*, 2006) and breast cancer screening (National Breast Cancer Foundation, 2013). In line with international findings, successful Australian health promotion initiatives have been contingent on long-term core funding, integration with existing agencies, and the ability to work with local communities (see Baum *et al.*, 1996). See Fogarty *et al.* (2016) for further information regarding health promotion practice and Australian Indigenous programs.

The Australian National University, Menzies School of Health Research and Amity Community Services Inc. are conducting an innovative project in the Northern Territory engaging a health promotion framework to address gambling related harm in remote Indigenous communities. This project aims to engage key aspects of a health promotion framework to develop with communities empowering, sustainable, local initiatives to reduce harm. There is a substantial and growing evidence base regarding the implementation of a health promotion framework in successful Indigenous programs to address a vast range of community issues (<http://rssh.anu.edu.au/schools-centres/socialresearch/content/ntgamblingresearch>).<sup>1</sup>

However, as is the case across a vast range of social programs in Australia, there is a significant lack of rigorous evaluation of the impact of these programs. This is demonstrated by Clifford & Shakeshaft (2017) who conducted a review of drug and alcohol related research focused on Indigenous populations in four countries. The review found a significant lack of program/intervention based research, and very few that had been evaluated using methodologically rigorous study designs (Clifford *et al.*, 2017). Their findings suggest that greater priority should be given to allocating research resources to studies with the greatest potential to reduce Indigenous alcohol related harm through the application of evidence-based practice (2017, p. 512).

Therefore, when the review considers an evidence-based alcohol reduction framework for the Northern Territory, in particular relation to remote communities, it is recommended that:

- A 'best practice' health promotion program (engaging all aspects of the framework) be piloted in remote Indigenous communities seeking to reduce alcohol related harm

*This includes:*

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<sup>1</sup> See also *The Grog Book: Strengthening Indigenous Community Action on Alcohol*, Brady, M. Rev Ed. 2005. Commonwealth Department of Health and Ageing, Canberra.

- implementation of a program that engages existing community services (i.e. existing family, community, health and social programs, youth programs etc).
  - implementation of a program builds local capacity to address alcohol related harm (i.e. that the program is sustainable)
  - implementation of a program that develops skills and education levels to reduce alcohol related harm, including the development of localised community resources
  - implementation of a program that creates an environment in communities where issues around alcohol and impacts of alcohol can be talked about and engaged with in a safe and constructive environment.
- That independent evaluation be conducted of any program designed to reduce alcohol related harm in remote Indigenous communities.

I would welcome any further questions regarding any of the issues that I have raised in relation to this submission.

Yours Sincerely,



Dr Marisa Fogarty

Director, Centre for Gambling Research  
Centre for Social Research and Methods  
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Australian National University

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