

UNINTENDED CONSEQUENCES OF ALCOHOL MANAGEMENT PLANS (AMPs) IN QUEENSLAND: CHANGES IN DRUG AND ALCOHOL USE

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Introduction: AMPs, introduced in 19 Indigenous communities in Queensland from 2002 onwards, are part of a suite of policies aiming to address issues related to alcohol, substance use and violence in these communities, despite early proposals to deliver a range of strategies including demand reduction and harm minimization. While some reduction of alcohol-related harms has been reported, there appear to have been some unintended impacts of these strategies.

Methods: As part of an independent evaluation of the AMPs across affected communities, during 2013-2015, we interviewed 350+ key informants (57% Indigenous) about alcohol restrictions in Queensland's rural and remote Indigenous communities. In parallel surveys, 1100+ residents (90% Indigenous) from nine communities provided their views about impacts of the AMPs.

Results: Key concerns among community members participating in the survey were: illicit drinking, criminalisation through breaches of the Liquor Act; the discriminatory nature of the AMPs and impacts of the AMPs on illicit drug use. Of the survey respondents, 65% either agreed or strongly agreed that "there is more binge drinking now than before the AMP" and 61% either disagreed or strongly disagreed that there was less cannabis being used in their community. Although perhaps unrelated to AMPs, an issue of concern in many of these communities was the emergence of new drugs, in particular amphetamine-type stimulants (ATS). Recently we have been advised of isolated episodes of intoxication associated with paranoia, auditory hallucinations and extreme violence requiring police and health service responses. Community responses have included ejecting dealers.

Conclusions and Implications for practice and policy: Any changes in alcohol restrictions should include a review of feasible demand reduction and harm minimisation strategies. Successful elements can then be adequately supported and maintained. Clinical practice and community safety strategies require further development in order to adequately address current and emerging substance misuse issues.

Disclosure of Interest: nothing to declare