Short Communication

PREVENTION IS BETTER THAN CURE: REDUCING ALCOHOL CONSUMPTION AND ROAD ACCIDENTS

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ABSTRACT

This short communication overviews the authors' response to the Australian Parliament Joint Select Committee's inquiry into road safety. His submission to this inquiry focused on the need for Aboriginal and Torres Strait Islander (Indigenous) people to determine and deliver healthcare services for Indigenous people, and promote safe drinking and driving practices in Indigenous communities. Central to what is needed is investment in Aboriginal community-controlled organisations (ACCOs) in the deliver a greater range and extent of services, and for formal partnerships and shared decision-making between Indigenous experts and community representatives and federal, state and territory government.

Key words: Indigenous primary healthcare, prevention and early intervention, risky alcohol consumption, road accidents, self-determination.

INTRODUCTION

Excessive alcohol consumption among Indigenous Australians has a large impact on mortality and morbidity statistics among them (Calabria, Doran, Vos, Shake shaft & Hall, 2010). Two-thirds of Indigenous Australians in urban settings identify alcohol abuse as the most serious issue facing Indigenous people and communities (Australian Government Department of Human Services and Health [DHSH], 1995). The Steering Committee for the Review of Government Services Provision (SCRGPS) reported that a reduction in alcohol and other substance misuse would significantly reduce accidents and improve the overall health and wellbeing of Indigenous Australians, as well as increase education and income levels and reduce crime and imprisonment rates (SCRGSP, 2009). While Indigenous Australians (30%) are more likely to abstain from drinking alcohol as compared to non-Indigenous Australians (22%) (Wilson, Stearne, Gray & Saggers, 2010), Indigenous Australians who do consume alcohol do so at riskier levels (Chikritzhs, Gray, Stockwell, Stearne, Pascal & Saggers, 2004).

The misuse of alcohol contributes to higher occurrences of road and other forms of accidents, injuries and deaths. For the general population, one-third of motor vehicle deaths for men have been linked to alcohol consumption (National Health and Medical Research Council [NHMRC], 2009). To varying degrees of success, the National Alcohol Strategy 2019–28 and numerous other regional and national strategies aim at reducing risky and high-risk alcohol consumption and supply (d'Abbs & Togni, 2000). Strategies should focus on demand, supply and harm reduction, and address underlying social determinants in order to prevent the uptake of harmful use and provide treatment for those who are dependent (Gray, Cartwright, Stearne, Saggers,

Wilkes & Wilson, 2018). Key themes identified from these strategies include the need for individual engagement, assessment of suitability, the employment of Indigenous healthcare workers, community engagement and contingency planning (Brett, Lawrence, Ivers & Conigrave, 2014). It has been found that in many Indigenous communities in remote areas of Northern and Central Australia where alcohol is totally or partly banned, road safety has been increased and road accidents decreased.

Alcohol and substance use is a known factor in transport accidents (Fitts, Palk, Lennon & Clough, 2017; West, Usher, Foster& Stewart2014).After dialysis, injury and poisoning is the second leading cause of hospitalization for Indigenous Australians (AIHW, 2020). In 2014–2018, with 418 deaths. Indigenous Australians were 3.1 times more likely as compared to other Australians to experience a fatal injury as a car occupant. Remote Indigenous communities are particularly at risk, with rates of fatal and serious road injuries increasing with remoteness (Henley & Harrison, 2019). There are higher proportions of Indigenous Australians compared to other Australians who live in remote communities' number of factors contribute to the higher rates of remote road related injuries, with risk factors including higher speed limits, poor condition of roads, greater distances travelled, poor availability of transport services, poor vehicle condition and longer wait times to access medical treatment (Thomson, Krom & Ride, 2009). Indigenous Australian children are also over represented in mortality and hospitalization rates stemming from transport accidents. Family and community wellbeing are protective factors against child injury from transport accidents, with programs and services to support caregivers' wellbeing leading to preventing injury faced

by children (Thurber, Burgess, Falster, Banks, Möller & Ivers, 2018).

What is required

All initiatives for preventing and reducing road accidents as well as related hospitalisations and deaths among Indigenous Australians must be co-produced in genuine partnership between federal, state and territory governments in Australia and Indigenous community representatives and organizations, including ACCOs, as set out in the new National Agreement on Closing the Gap (Coalition of Peaks, 2020). The four Priority Reforms set out in the National Agreement include the need for shared decision-making between Indigenous Australians and government, strengthening the ACCO sector, transforming government institutions and ensuring greater access to and use of data (Coalition of Peaks, 2020). Federal, state and territory governments as well as other key stakeholders must embed these Closing the Gap Priority Reforms across all initiatives in order to address and reduce incidence and harm caused by road accidents among Indigenous Australians.

There is a need for more Indigenous Australians to be employed in the healthcare sector. Indigenous Australians are significantly under-represented in the health workforce, which potentially contributes to reduced access to health services for the broader Indigenous Australian population. The employment of more Indigenous healthcare workers in Aboriginal Community Controlled Health Organisations (ACCHOs) would assist with ensuring the delivery of cultural appropriate healthcare to Indigenous clients and patients, but also more targeted, effective preventative healthcare messaging regarding safe driving (Campbell, Hunt, Scrimgeour, Davey & Jones, 2018). The accessibility of a healthcare service for Indigenous Australians goes beyond its physical availability to also encompass other aspects, such as whether services are culturally safe (Scrimgeour & Scrimgeour, 2008). The provision of culturally safe and competent care is essential for effectively meeting the healthcare needs of Indigenous Australians and requires health professionals to understand and ameliorate power relations, cultural differences and patients' rights (Australian Health Ministers' Advisory Council [AHMAC], 2016). Recognition and understanding of regional variations (issues in one region being different to those in another) and the diversity of Indigenous cultures is also vital to providing culturally safe care (Scrimgeour & Scrimgeour, 2008).

Healthcare for Indigenous people is best delivered by Indigenous people, as the Indigenous workforce is integral to ensuring the health system can address the needs of Indigenous Australians (Campbell et al., 2018). International studies have found that people prefer seeing health professionals from the same ethnic background and improved health outcomes can result (LaVeist, Nuru-Jeter & Jones, 2003; Powe & Cooper, 2004). Specific to the Australian context, research has shown that Indigenous Australians want their health care to include Indigenous staff and clinicians (Lai, Taylor, Haigh & Thompson, 2018), which can reduce anxiety and enhance communication (Freeman, Edwards, Baum, Lawless, Jolley & Javanparast, 2014). Indigenous health workers contribute to improving attendance at appointments, acceptance of treatment and assessment

recommendations, reduce discharge against medical advice, increase patient contact time, enhance referrals and improve follow up (Jongen, McCalman, Campbell & Fagan, 2019. Indigenous health professionals can align their unique technical and sociocultural skills to improve patient care, improve access to services and support the provision of culturally appropriate care in the services that they and their non-Indigenous colleagues deliver (Anderson, Ewen & Knoche, 2009; West et al., 2014). However, it is the responsibility of the broader healthcare system to ensure mainstream health services are culturally competent through the provision of high quality cultural awareness and bias training, professional development andculturally competent management (AHMAC, 2016).

Conclusion and recommendations

Formal partnership and shared decision-making between federal, state, territory and local governments and Indigenous experts and community representatives, as per the new National Partnership Agreement in Closing the Gap, will ensure a decrease in the amount of Indigenous casualties on Australia's roads. Through such genuine and ongoing partnership, there is a need for a greater investment in:

➢ Government and mainstream healthcare providers ensuring all staff receive quality cultural awareness and bias training; and

➢ ACCHOs, other ACCOs and other Indigenous entities so they may deliver:

- targeted road safety campaigns on the risks of drink driving to their local communities;

- road safety training in Indigenous communities, with a focus on vehicle maintenance, improved access to driver licencing, child safety restraints;

- post-accident and trauma care, including training, medicines, and equipment; and

- culturally appropriate driver education, training and testing for Indigenous Australians.

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