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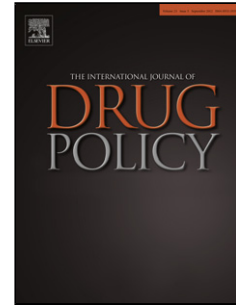
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Key words: Indigenous Australian, alcohol, alcohol policy.

Abstract (302 words)

Background

Favourable impacts are reported from complex alcohol control strategies, known as ‘Alcohol Management Plans’ (AMPs) implemented 14 years ago in 19 Aboriginal and Torres Strait Islander (Indigenous) communities in Queensland (Australia). However, it is not clear that all communities benefited and that positive impacts were sustained. Service providers, key stakeholders and community leaders provided insights about issues and impacts.

Methods

Participants (N=382) were recruited from knowledgeable and experienced persons using agency lists and by recommendation across sectors which have a mandate for managing alcohol-related issues and consequences of AMP policies in communities. In semi-structured interviews, participants (51% Indigenous, 55% male and comprised of at least one-third local community residents) were asked whether they believed alcohol controls had been effective and to describe any favourable and unfavourable outcomes experienced or perceived.

Inductive techniques were used for thematic analysis of the content of transcribed recorded interviews. Comments reflecting themes were assessed across service sectors, by gender, Indigenous status and remoteness.

Results

Participants attributed reduced violence and improved community amenity to AMPs, particularly for ‘very remote’ communities. Participants’ information suggests that these important achievements happened abruptly but may have become undermined over time by: the availability of illicit alcohol and an urgency to consume it; migration to larger centres to seek alcohol; criminalization; substitution of illicit drugs for alcohol; changed drinking behaviours and discrimination. Most issues were more frequently linked with ‘very remote’ communities.

Conclusions

Alcohol restrictions in Queensland’s Indigenous communities may have brought favourable changes, a significant achievement after a long period of poorly regulated alcohol availability from the 1980s up to 2002. Subsequently, over the past decade, an urgency to access and consume illicit alcohol appears to have emerged. It is not clear that relaxing restrictions would reverse the harmful impacts of AMPs perceived without significant demand reduction, treatment and diversion efforts.

Introduction

The Indigenous peoples of Australia, North America and Oceania encountered manufactured alcoholic beverages, including distilled spirits, in similar ways with particularly disastrous effects during the colonial expansion phases of the 19th and early 20th centuries (Beauvais, 1998; Brady, 2000; Saggars & Gray, 1998). In the Australian colonies of Britain, colonial policies and government attitudes evolved which focused on limiting access to alcohol for Indigenous Australians right up to the 1960s (Brady, 2000; Sansom, 1980).

In the 1970s, in the Australian State of Queensland, alcohol became readily available locally in the very remote Indigenous communities situated at Queensland's geographical and social margins (Clough & Bird, 2015; Martin, 1998). These communities today comprise very small clusters of people and dwellings in settlements established and maintained during the early 20th century (Commonwealth of Australia, 1997). Their populations remain among the more severely disadvantaged and marginalised groups in Australia.

By the mid-1990s, several of these small and isolated communities were running their own local liquor outlet known as the 'tavern' or 'canteen', with licences issued to the locally elected Councils for operation under Queensland's *Liquor Act 1992*, but with few effective limits on sales and consumption (Martin, 1998). Unfortunately, very high rates of violence, injury and death began to emerge. Growing evidence for a public health crisis (Gladman, Hunter, McDermott, Merritt, & Tulip, 1997), threatening the very viability of communities (Fitzgerald, 2001; "The *Liquor Act 1992 (Qld)*"), plus the vigorous advocacy of Indigenous leaders (Pearson, 2001), precipitated a strong policy response by the Queensland Government (Queensland Government, 2002). From 2002, 19 communities singled out as among the more vulnerable (Fitzgerald, 2001) were targeted for alcohol restrictions, and these became known as 'Alcohol Management Plans' (AMPs) (Queensland Government, 2002). Adapted

for use in other jurisdictions, AMPs are now embedded in the contemporary Indigenous policy infrastructure across Australia (d'Abbs, 2015; Gray & Wilkes, 2011; Smith, et al., 2013).

From 2002, Queensland's AMPs initially limited the quantities and types of alcohol an individual could legitimately possess in a 'restricted area' (Clough & Bird, 2015). In 2008, six of the nine community 'canteens' or 'taverns' were closed by the Queensland Government and the trading conditions of the other three significantly constrained (Clough & Bird, 2015). Legislative and regulatory changes also brought tighter limits on the quantities and types of alcohol which could be legitimately possessed in 'restricted area' communities, stronger penalties for breaching restrictions and increased powers for police to search for, and seize, illicit alcohol (*Aboriginal and Torres Strait Islander Communities (Justice, Land and Other Matters) and Other Acts Amendment Bill 2008*; "The *Liquor Act 1992 (Qld)*," ; "The *Liquor Regulation 2002*," ; Margolis, Ypinazar, Clough, & Hunter, 2008;). Additionally, liquor sales outlets situated beyond the 'restricted areas' but within the 'catchments' of the targeted communities, mainly located in the nearby regional towns, became subject to 'minimising harm' provisions including the requirement that licensees do not knowingly sell liquor to residents of restricted areas (Clough & Bird, 2015; Department of Justice and Attorney General, 2012). By 2013, when the present study commenced, all alcohol was prohibited in seven of the 19 communities and limits on the consumption, carriage and possession of alcohol had been tightened in the remainder (Clough & Bird, 2015). No comprehensive evaluation, independent of Government, has ever been undertaken of Queensland's important alcohol control strategies.

AMPs were initially designed as part of a wide range of innovative and significant Queensland Government reforms. As well as supply control, these promised to reduce alcohol and substance misuse and violence through demand reduction by addressing key

social determinants: economic development; education and training, land and sustainable natural resource management, housing, and health (Queensland Government, 2002, 2005). The limited available evidence in the peer-reviewed published literature points to some favourable impacts of restrictions (Margolis, Ypinazar, & Muller, 2008; Margolis, et al., 2008), including a reduction in indicators of serious injury in some communities to historically low levels (Margolis, Ypinazar, Muller, & Clough, 2011). These favourable findings were reflected in an internal Queensland Government review (Queensland Government, 2005). However, the evidence that these initial positive effects were experienced in *all* communities, or that they have been sustained, particularly after the most recent round of restrictions in 2008, has become equivocal (Queensland Government, 2013).

This paper forms part of the qualitative component for the first evaluation research program designed to examine the health and social effects of Queensland's AMPs (Clough, et al., 2014; West, Usher, & Clough, 2014). It investigates issues surrounding implementation of the designed AMP intervention components, specifically their perceived impacts on alcohol supply and consumption, violence, injury and community health and well-being. Perceptions and experiences are reported of the community leaders, service providers and relevant organisations with a mandate or responsibility for alcohol-related matters in the affected AMP communities and nearby towns.

Methods

Setting

The 19 communities affected by AMPs, their demographic characteristics, their location in rural and remote Queensland and the complex policy and regulatory history of AMPs have been described in detail elsewhere (Clough & Bird, 2015). At the 2011 census, Queensland's population of approximately 4.5 million included 160,000 (3.6%) Aboriginal and Torres Strait Islander (Indigenous) people (Australian Bureau of Statistics, 2011a). Approximately 10% (16,261) of these lived in the 19 targeted communities, Aboriginal and/or Torres Strait Islanders comprise the majority (93%) of these populations (Australian Bureau of Statistics, 2011a). Other community residents typically include staff of the primary health care centre, police, justice and welfare personnel and school teachers, mostly Queensland Government employees. They also include staff of private enterprises, such as the community store, community organisations such as arts and craft centres, employee support agencies, land management, church and missionary groups. Significant numbers of local residents are employees of the Local Government Council, usually tradesmen and administrators. Many local Indigenous community members have lived much of their lives in the communities. Additionally, some of the non-Indigenous residents in these settings are also long-term residents. There are seven significant population centres in the 'catchment' areas of these communities, i.e. population centres where Indigenous communities with an AMP in place are located within driving (or boating) distance (Department of Justice and Attorney General, 2012). These "catchment" population centres have alcohol available with few limits.

In official statistics in Australia the category of 'very remote' Indigenous communities describes the most isolated clusters of people and dwellings (Australian Bureau

of Statistics, 2011b). Thirteen of the 19 communities with AMPs are categorized as ‘very remote’; nine of which had prohibition in place when this study commenced. Six of the 19 communities are located closer to the regional centres and towns and are classified as ‘remote’ or ‘outer/inner regional’ and were denoted ‘not remote’ in the analysis reported here; two of these had prohibition in place. A wide range of government and non-government agencies have a mandate for servicing the populations of the 19 communities. Many of these agencies are headquartered in the regional centres with services to communities provided on a ‘fly/drive-in: fly/drive-out’ basis.

Participants

As delineated in the published study protocol, designed with the support and collaboration of the Indigenous communities involved (Clough, et al., 2014), the relevant groups of service providers, key stakeholders and community leaders for this analysis include:

- Elected Local Government Councilors, employees and community elders
- Justice and liquor regulation
- Education and welfare
- Health
- Private enterprise
- Non-government organisations and persons
- Indigenous policy
- Housing and homelessness support groups

Members of some of these sectors have direct responsibility for administering AMP intervention components to the community population, e.g. justice and liquor regulation for enforcement and Indigenous policy for managing AMP implementation. Others have less direct responsibilities or interests such as housing, health, education. Elected Local Government Council members, Council officials and community elders have responsibilities for governance matters for the community populations generally, including those linked with alcohol. A majority of the first category of participants lived or worked in the affected communities while a majority of all the other categories combined lived or worked in the nearby towns and regional centres. All sectors are engaged in some way in the Queensland Government's AMP strategies and their implementation and administration for the targeted community populations.

Sampling

Individuals sought for interview in the above sectors were: i) known by or referred to the research team as highly-regarded and knowledgeable; or ii) had lived in or serviced the affected communities and towns in the region so that they would have sound knowledge of community circumstances; or iii) had a current role in a service in the region with either direct or indirect responsibility for managing the issues and consequences surrounding alcohol and AMPs. The sample was purposive with participants selected from agency lists and from those known to be working in these sectors by the research team. A 'snowball' approach was used whereby each participant was asked to recommend other relevant agencies and/or individuals in the region.

An initial target sample size of 30 in each of the seven 'catchment' areas was set for operational purposes. However, this number was typically exceeded as sampling continued so that participants with longer-term experience could be recruited. Sampling was designed

to also capture a wide spectrum of views across a large region. Sampling continued until participants recommended no new sectors for interview and until there was some representation from across the 32 strata formed by these criteria: i) 'very remote' and 'not remote' localities, ii) eight designated service sectors and iii) with a balanced representation of Indigenous and non-Indigenous participants.

Semi-structured interviews

The following semi-structured schedule guided the interviews:

- Do you think the AMPs are working (i.e. have they achieved their aims)?
 - o What were the favourable achievements?
 - o What were the unfavourable effects?
- What do you think should happen with AMPs in the future?

Interviewing commenced in May 2013 and continued until July 2015. Interviews ranged from 20-120 minutes duration. To reduce the research burden for busy services and agencies, and in accordance with participant requests, some interviews involved more than one participant.

Data and analysis

Following content analysis procedures (Krippendorff, 2004; Neuendorf, 2002), hand-written and audio-taped interview records (de-identified) were transcribed, stored in secure files and imported into Nvivo 10®. The first set of 23 interviews, conducted in May and June of 2013, were read by the project officers who collected the data and they proposed 12 initial themes, following inductive techniques (Thomas, 2006). Initial themes were grouped into a preliminary coding structure which was reviewed by the project officers and the coding team. Interviewing continued during July to September, 2013. As the next 54 interviews

were being conducted, the themes were revised to include subthemes and expanded by consensus among the coders and project officers conducting the interviews using interview information, team members' field notes, observations and reflections. A final thematic structure was established and all interviews were re-coded by the same three coders with reference to this structure.

Agreement between coders and the replicability of the coding system was assessed. From the initial coding work completed, author AC selected a random sample of 50 coded interviewee statements and then randomly reallocated an incorrect thematic code at the same level of coding to half of them. Then, the three coders, blinded to their colleagues' assessments, and to the original data they had coded, were asked to decide whether the statement had been coded correctly or not. The coders unanimously agreed on 94% (=47/50) of these assessments with a value of κ (kappa) = 0.78 ($p < 0.001$) indicating 'good' agreement (Fleiss, Levin, & Paik, 2003; Landis & Koch, 1977). Interviewing and coding continued in parallel with a total of 382 semi-structured interviews conducted.

All members of the data analysis team agreed on the selection of key impactful statements presented and their linked codes reported in the results section. Comments were coded as pertaining to 'very remote' or 'not remote' communities. Geographic differences in the frequency of mention of coded comments were specifically examined between the more remote localities ('very remote'), mainly with prohibition in place, and those closer to the regional centres ('not remote'), with more ready access to alcohol.

Ethics Approval

Approval was provided by the Human Research Ethics Committee (HREC) James Cook University (H4967 & H5241), the Cairns and Hinterland Health Services District (HREC/13/QCH/130 – 879) and Townsville Hospital and Health Services District

(HREC/13/QTHS/178). Queensland Police Service Research Committee and Queensland Corrective Service Research Committee also approved the research.

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Results

Characteristics of those interviewed

The 382 participants interviewed (212 males and 170 females) included 194 (51%) who identified as being of Aboriginal and/or Torres Strait Islander descent and 188 (49%) who were from other ethnic backgrounds (Table 1). Just under half (45%) were aged 50 years and over, i.e. with long experience of working and/or living in remote communities. A small proportion (6%) were under 25 years of age; mainly young local people working in relevant community service roles. Half (47%) of the 382 participants had specific experience or knowledge of the 13 'very remote' communities. The remainder (53%) were knowledgeable about the six 'not remote' communities along with their neighbouring regional centres. Most interviews were conducted with a single participant. Some interviews were conducted in small groups of up to five participants.

Table 1 provides a summary of participant characteristics. One-third (n=127) of the interviews were conducted with long-standing council employees and elected members of Local Government Councils. Also included in this category were a range of local community residents working in other service provision (coded 'LGc' in the following results).

The 59 participants working in justice and liquor regulation included mainly justice administrators along with current and former members of the Queensland Police Service (coded 'JL'). Participants in this sector were long-standing in their roles, a median of 20 years (Table 1).

The 49 participants working in education and welfare were also long-serving, and mainly included teachers and school managers, child safety and domestic violence workers (coded 'EW').

Participants in the health sector (n=46,) were made up of experienced clinicians, drug and alcohol and mental health workers and paramedics, mainly Queensland Government employees (coded 'H').

Of the 43 participants in private enterprise (coded 'PE'), just under half (n=20) were liquor licensees or the managers of premises licensed to sell alcohol. The remainder were mostly in the retail and tourism sectors. These sectors also have more rapid turnover of personnel.

The Indigenous community-controlled (non-Government) health sector and the Royal Flying Doctor Service employees were included in the 34 participants in the 'non-government organisations and persons' group (coded 'NG'). These sectors tended to have lower median years of experience (see Table 1) reflecting a high turnover of personnel.

Those working in the area of Indigenous policy (n=19, coded 'IP'), and also the small group (n=5, 1%) working in housing management and support for the homeless (coded 'HS'), included Queensland Government workers together with those working in the non-Government sector.

In sum, the sample included people from all the major relevant stakeholder sectors. Between them, participants had more than five and a half thousand person-years of experience living in, or providing services to, the affected communities.

Key themes, issues and impacts from interviews: summary

Table 2 lists and describes the meaning of the code used for the most frequently occurring themes. These themes, listed in decreasing frequency of mention, are: illegal drinking; migration from affected community; criminalization; illicit drug use; changes in drinking behaviours and discrimination. The themes imply both positive and negative issues and impacts of AMPs. In the following presentation of results, first examined are the

summary statements made by participants that reflected these positive and negative impacts. And, in order to convey a sense of the overall balance of opinion and the degree of any equivocation in peoples' minds, comments from those with mixed views are also summarised. Then the participant statements selected by consensus among the authors as most representative of each theme's meaning are presented. Finally, suggestions for future directions are reported.

The participant number, gender (M/F), Indigenous status, stakeholder sector code and remoteness classification of the site under discussion (where available) are listed for each statement quoted. Statements were selected to provide a balanced representation of views pertaining to the 'very remote' and the 'not remote' communities, from Indigenous participants and from the different service sectors.

Positive impacts. An unequivocal statement was made affirming the positive effects of AMPs by 48 participants with 66 recorded comments coded. The most frequently occurring type of comment described quite abrupt reductions in levels of violence along with seemingly dramatic improvements in quality of life in communities. The overwhelming majority (74%) of records described positive changes when referring to the 'very remote' communities. Positive changes were attributed to both the 2002 and the 2008 rounds of restrictions.

"I have to say, when the AMP first came in [2002], when it first bit, and we first started doing it, it seemed to work.... And initially I think the AMP helped, it really was, I believe it was critical. Something had to be done."

(#229, M, not Indigenous, JL)

"I feel the community lifestyle has improved - people are looking after themselves. People are more happy. People are more aware of the effects of alcohol. School

attendance has improved. There's less family violence. The whole lifestyle has improved since the AMP."

(#179, F, Indigenous, LGc)

"Violence in this community stopped a lot after the canteen shut down [2008]. Back when I was a kid there were fights, brawls, everywhere. I think now a lot of people realize that having a big fight over a little issue is not the way to deal with this."

(#273, F, Indigenous, EW)

Negative impacts. There were 56 participants who made 75 comments about negative impacts. The most frequently occurring types of comment referred to illicit drinking and illicit supply of alcohol and progressively intensifying in its impacts after restrictions. These kinds of comments occurred with similar frequency regarding the 'very remote' and the 'not remote' communities (60% and 40% respectively).

"I was in [community name] when they closed the canteen [2008] and for a short period of time after that, things settled down beautifully. There was virtually no violence, streets were very quiet. But that lasted about three weeks [until] the roads opened up.... Instead of the canteen being open three hours a night and serving light beer for a limited three hours, suddenly they were bringing in [brands of spirits and fortified wine] and all sorts of things. So the level of alcohol increased by an immense amount." (#171, M, not Indigenous, H)

"People are still doing what they did before the AMP came – still drinking the same way. You can't say to someone with an alcohol addiction, you can't drink anymore... The AMP is not working because the grog is still coming in – wine and spirits which isn't allowed. The police haven't got time to pull every single car up" (#251, F, Indigenous, LGc).

Mixed views of impacts. A total of 48 participants recorded 61 comments reflecting mixed views. Again these kinds of comments referred to comparatively short-lived favourable impacts and with similar frequency regarding the ‘very remote’ and ‘not remote’ communities (57% and 43% respectively).

“It has {AMP} been effective to some, but not others. Simply because, I see a lot of people getting court fines for simply one can, and some of these people have lost jobs. But then it is good for those who have got real bad alcohol problems, and have an issue with sending their kids to school. Yeah that’s it, AMP works for some but not for others.” (#177, F, Indigenous, EW)

“Yes and no. Yes the amount of domestic violence and alcohol related violence has decreased. No because people sneak in grog and there is grog in the community.”
(#41, F, not Indigenous, JL).

Principle issues of concern: (in order of frequency of mention)

Illegal drinking. There were 196 participants with 542 references coded to this theme. The most frequently occurring type of comment reinforced the serious impacts of ongoing access to stronger types of alcohol and the frustration that police lack the resources to control it. These kinds of comments referred overwhelmingly to the ‘very remote’ communities (85%).

“Sly-grogging is in communities, charging \$200-300 for a 700ml bottle of rum and with that comes 3 litre [soft drink brand] and they are charged at about \$10. Then the maths you looking at: \$220 a pop, then you’ve got to think about the impact of that on the families to the children; impact on food; not to mention the violence that will escalate from the alcohol behaviours.” (#158, M, Indigenous, NG)

“Well we don’t want any grog in town but the people still going into [regional centre]. Police wait out on the road, but community people know; they smarter than the police. They always bring it back in at 5am in the morning [when there is a shift change at the police station].” (#349, F, Indigenous, NG)

Migration from affected communities. There were 96 participants with 229 references coded to this theme. These comments reflect concerns for long-term impacts with community residents leaving the communities to live in regional towns together with the short-term effects of people moving frequently to and from towns that are close by. These kinds of comments tended to more often refer to the ‘very remote’ communities (64%) than ‘not remote’ (36%).

“On the face of it, it seemed like a pretty good thing. We didn’t realise the implications that were going to come. There was the population shift of the drinkers. We didn’t think it would happen to the extent that it has.”

(#159, M, not Indigenous, JL)

“I shifted into [regional centre] because I couldn’t drink what I wanted to.”

(#231, M, Indigenous, LGc)

“it has taken it from the communities to the towns, it has caused a lot of accidents on the road because people driving, drink driving, doing grog runs, overcrowding in the flats” (#142, M, remote, not Indigenous, NG)

Criminalisation. There were 91 participants with 173 references coded to this theme. These comments reflect concerns for a range of unexpected impacts of fines, penalties and convictions for breaching restrictions. These kinds of comments were made more often with reference to the ‘very remote’ communities (76%) compared with ‘not remote’ communities nearer regional centres (24%).

“Honest people have been made criminals. That’s the biggest thing. People who had no criminal history. Now [Government register of fines] is chasing them for fines.

How are they supposed to pay? People getting pulled over – I don’t drink, it’s harassment.” (#226, F, Indigenous, H).

“I got a son for example. At the moment he’s been caught with alcohol in the community, spirits and stuff. Been to court, now it’s hard for him to get work ‘cause he’s got that record... He’s only a young fella, he’s only in his mid-20s. And he’s got a family. And I know he’s been trying really hard, applying for work everywhere.

I’m pretty sure it’s that. It’s that thing on his record to say that he’s been charged with an alcohol offence.” (#234, M, Indigenous, EW).

Illicit drugs. There were 80 participants who made 145 references to shifts and changes in illicit drug use behaviours. These comments reflect concerns that cannabis was substituted for alcohol where alcohol became restricted. They also reflect contemporary concerns for a rise in the use of other illicit drugs but with less conviction that new drugs were being substituted for alcohol. These kinds of comments were made more often with reference to the ‘very remote’ communities (81%) compared with ‘not remote’ (19%).

“My perception is that gunja did and has replaced grog use as an alternative escape from boredom... from personal trauma, it’s an escape from hopelessness. It’s an escape from all of those things.... With that use,.... ages are probably up to their 40’s, some older people you see occasionally stoned... with that and then with either home brew grog, which is toxic often, or with sly grog, which is often in the form of high alcohol spirits and things that are expensive but with a big kick.... you have a greater level of movement toward chaos, a greater propensity for uncertainty ...”

(#148, M, not Indigenous, H)

“Weed. Men and women who never smoked are doing it now.”

(#343, F, Indigenous, LGc)

“I would say it was the alcohol management plans, an increase in drugs other than grog. More increase in yarndi or cannabis however you want to call it. And I reckon there was a slight increase in the harder drugs, but not as scary. Generally it’s what frightened me about [community name], I think there is a relationship with an increase in the use of drugs other than alcohol in communities that have an alcohol management plan in place, I think there is a relationship, I’m not saying it’s a causal factor but there is definitely a relationship.” (#380, M, Indigenous, H).

Changes in drinking behaviour. There were 62 participants with 104 references coded to this theme. The most frequently occurring type of comments were about the increased urgency for drinking and about clandestine drinking, both linked with increased exposure of young people to alcohol. Participants’ comments concentrated on the ‘very remote’ communities (83%).

“I think violence is elevated - binge drinking now and it is hard stuff. People drink it quick before the policeman comes and takes it from you.” (#253, M, Indigenous, PE)

“It’s made them sneakier, forcing people to binge drink rather than drink sociably.”

(#210, F, Indigenous, LGc)

“There is urgency to get it into you as fast as you can. You will see people in carpark in [regional centre] skulling straight rum because they can’t take it back into the community. Then go back to the community on the road drunk – speed and have accidents.” (#261, F, not Indigenous, H)

“Oh, ... ‘cause we don’t have a place to go like sit and drink and now all the mob taking their alcohol and the problem back to our homes and we are exposing our children to drinking in our homes and that is one of the bad parts that came out of it.

No, it wouldn’t have been at home as much but now it’s like their at home 24/7 drinking.” (#140, M, Indigenous, LGc)

Discrimination. There were 61 participants with 98 references coded to this theme. Participants tended to make no comment about their own experiences but reflected on the moral implications of restrictions targeting groups of people in specific localities on a backdrop of the perceived failure to control alcohol availability and misuse. Comments of this sort referred as often to the ‘very remote’ communities (56%) as ‘not remote’ (44%).

“They’re trying to strip us of our rights. It brings back the feelings of the past, like my grandmother told me, when you used to have to ask permission to go to [regional centre].” (#200, F, Indigenous, LGc)

“And to me I think it’s totally discriminatory, it doesn’t matter whether you are black, white or brindle, if you were on an Aboriginal community you were discriminated against.” (#021, M, not Indigenous, LGc)

“I worked with a lot of Indigenous people that lived down there. I then go to the supermarket afterwards and I know that that person lives in [community name] and all of a sudden they’re buying a six pack, and I’m buying a six pack and I’m going ‘they’re being a criminal, they’re breaking the law’, they can’t finish work and go home and have a six pack 10k down the road when I can, so it’s that inequality I don’t like.” (#015, M, not Indigenous, H)

Future directions. There were 74 participants with 103 references coded to this theme. Comments reflected the dilemma that any relaxation of current restrictions would be counter-productive in the face of few effective controls on alcohol availability and the harmful drinking that continues. Some participants expressed the hope that relaxing restrictions would reduce demand for illicit alcohol, others fear a return to the disastrous circumstances of the past while still others seek a more democratic approach to managing alcohol.

“I’d like to see a dry community ‘cos this alcohol abuse is self- genocide. We need to be dry for our future and for our children coming through...”

(#249, F, Indigenous, LGc)

“I think what the minister is trying to do with AMPs now, and there’s lot of misconceptions around the review of AMPs, he’s saying to community: “Look you need to tell us what you want, but remember there are harms, there is harm in your community and unless you can show us that if you want to change your AMP or remove your AMP, how you are going to deal with keeping that harm down and reducing the harm, because everyone has a right to be safe...”

(#3, F, not Indigenous, IP).

“I think the democratic process is the answer. And I think do this: compartmentalise each community and say, “what do you want?” And if some people want dry communities, or you know a certain percentage of people, enough of, give it a degree of democratic legitimacy to that, it’s like over 50%, 60% whatever it is. Or some want a mix, so they sit down and, great, let them pick and choose as to what’s acceptable. But having that democratic legitimacy I think will go a long way to saving face, and

actually finding out what people want in their communities.”

(#229, M, not Indigenous, JL)

Discussion and Conclusions

Summary of results

Knowledgeable and experienced service providers, key stakeholders and community leaders living in and working with Indigenous communities in Queensland where AMPs were implemented from 2002 report a reduction in violence and improved community amenity. It is interesting that this reduction was more frequently commented on for the ‘very remote’ communities with prohibition. This aligns with the peer-reviewed published evidence compiled for just four ‘very remote’ AMP communities in one part of the region (Margolis, et al., 2008; Margolis, et al., 2011). Participants with experience specific to the years around 2002 and 2008 when restrictions were first implemented and then further tightened, respectively, indicate that these favourable changes occurred abruptly. However, their reports are also consistent with anecdotal evidence (Queensland Government, 2013) that the favourable changes have not been sustained.

These knowledgeable and experienced community leaders, service providers and stakeholders also suggest that, quite soon following alcohol restrictions, illicit alcohol became readily available and began to be consumed with a new urgency. The demand for, and urgency to consume illicit alcohol, is also seen to have brought changed drinking behaviours, particularly binge drinking and associated harms. The view was also expressed that illicit drugs, particularly cannabis, were substituted for alcohol. Taken together, these imply the possible emergence of a harmful substance abuse culture with risky drinking at its core. There was also strong concern that many otherwise law-abiding community members were being charged for possessing small quantities of alcohol which can be possessed with impunity outside the restricted areas, a concern which has been examined by an internal

Government assessment (Queensland Government Statistician, 2013). This concern overlapped with the abiding concern that AMPs have targeted Indigenous communities unfairly and are discriminatory. There was also a significant concern expressed that many community residents had migrated permanently from the targeted communities, disrupting family connections. The short-term movements from communities to regional centres where alcohol is available were also seen as bringing specific risks. It is ironic that, while the favourable changes in violence and community amenity were more frequently perceived in the 'very remote' communities, these issues of concern were also more frequently seen in the 'very remote' communities. The combined influence of isolation and prohibition warrants further study.

Participants' views about the way forward reflected divided opinions about relaxing alcohol restrictions and their disquiet that relaxing restrictions would not reduce the demand for alcohol and not change the clandestine drinking behaviours that are believed to have developed around it. Notably, a more democratic and consultative approach involving affected communities was suggested, a finding which is consistent with recommendations for community-driven approaches in Australia generally (d'Abbs, 2015; Gray & Wilkes, 2011) as well as in north America (Davison, Ford, Peters, & Hawe, 2011; Kovas, McFarland, Landen, Lopez, & May, 2008).

Discussion

While more Indigenous Australians abstain from alcohol than non-Indigenous Australians (Australian Bureau of Statistics, 2013; Australian Institute of Health and Welfare, 2011), those in the kinds of remote communities affected by AMPs bear a disproportionate burden of chronic health conditions and death linked with the harmful consumption of

alcohol (Australian Institute of Health and Welfare, 2014; Langton, 1992; Rothstein, Heazlewood, & Fraser, 2007).

For AMP restrictions to be seen as having the effect that was originally designed, more effective strategies are needed to control the availability of illicit alcohol, especially the higher strength types. Given that enforcement of restrictions from within the communities and the specific conditions on 'catchment' licensed premises are not seen as having been fully effective, more robust control of alcohol at the point of sale appears to be one of few practical options available. Such control would require a regional approach with targeted regulation and, of course, the co-operation of liquor retailers in the catchment areas, which includes cities and towns in the region. A regional approach would mean closer co-operation between enforcement, liquor retailers and regulators and community leadership to share intelligence to control availability and consumption and to discourage illicit supply into the communities.

However, supply reduction strategies alone are unlikely to be effective without the promised demand reduction strategies (Queensland Government, 2005). Scaled up treatment and diversion options for those with alcohol problems may address the demand for alcohol and drinking behaviours perceived as driven by an urgency to consume, seen as binge drinking. Demand reduction would have the best chance of success with more effective supply control and a co-ordinated regional approach. Furthermore, given the perceived movement of people away from communities to seek alcohol, treatment and diversion options may need to be scaled up in the regional centres as well as in the affected communities. The issue of illicit drug use and harms in rural and remote communities is of rising concern across much of Australia (Hamilton & Dunlop, 2016; National Indigenous Drug and Alcohol Committee & National Aboriginal Community Controlled Health Organisation, 2014; Usher, Clough, Woods, & Robertson, 2015). Although illicit drugs are generally matters for State

and Territory enforcement agencies, Indigenous communities with AMPs in place may benefit from the current national response to these issues (Commonwealth of Australia, 2015). They would also benefit if treatment and diversion options included a focus on illicit drug use, particularly cannabis (Bohanna & Clough, 2012; Gray, Morfitt, Ryan, & Williams, 1997).

After a High Court challenge in 2012, Queensland's Court of appeal found Queensland's alcohol restrictions to be a 'special measure' under S8 of Australia's *Racial Discrimination Act 1975*. As described in Clough & Bird (2015), this is defined as a measure taken in order to ensure that a racial group can enjoy or exercise fundamental rights and freedoms generally. This special measure consideration has done little, it seems, to dispel the views of service providers, stakeholders and community leaders who seem likely to continue to hold the opinion that AMPs are discriminatory. However, the issue of criminalization is one which can be addressed; it has been recognised by the Queensland Government (Queensland Government Statistician, 2013), and is within the jurisdiction of State. Criminalisation as described by study participants here begs specific questions: How many residents of Indigenous communities with AMPS have been charged or convicted of breaching liquor restrictions? For how many was it their first ever conviction, giving them a criminal record? Given the impacts on employment in already-marginalised populations, can any criminal records be erased? Is there a link with further crime, compounded penalties and incarceration? How have individuals, families and communities been affected and how have they coped?

Study limitations

Only the views of service providers, key stakeholders and community leaders were documented here. Although strenuous efforts were made to generally represent the spectrum

of these service providers, stakeholders and leaders, the direct experiences and views of community residents, the intended beneficiaries of AMP intervention components, may be different, but could not be included in this analysis. As proposed in the study protocol (Clough, et al., 2014), a separate survey has been prepared and was conducted following data collection for this study, on the advice of community leaders, to also document community residents' experiences and their responses to AMP components.

Issues of random sampling are not relevant as this study sought to recruit the most knowledgeable and respected people from known groups and by recommendation from participants interviewed. Sample size issues are also not relevant as it is the extent to which participants represented the views currently held in each key sector that is important. We are confident that the issues and impacts reported are, indeed, representative since no new major themes emerged in the coding after the halfway point in compiling interviews. Finally, the study is based on perceptions only of events which have unfolded over more than a decade and so conclusions must be regarded as speculative theories of actual impacts until demonstrated with more quantitative measures. Nevertheless the data reported here represents a substantial body of current opinion from those who are likely to be most immediately aware of the impacts of any future changes in alcohol restrictions.

Conclusion

Prior to the 1970s, alcohol was not readily available in the 19 Indigenous communities in Queensland in this study. Then, somewhat abruptly, alcohol became available with few effective limits applied to control it for around 20 years (Fitzgerald, 2001; Martin, 1998). Between 2002 and 2008 restrictions were implemented and progressively tightened by the Queensland Government (Clough & Bird, 2015). The affected communities had little opportunity to play a lead role.

Three years later, in 2011, the same Government began to seek ‘exit strategies’ promising to review alcohol controls if targeted reductions in harm indicators could be reached and sustained (Clough & Bird, 2015). The opposing major party, as part of its electoral platform, also promised to “review and get rid of” restrictions (O’Dwyer, 2012). When it came to power, in 2012, the new Queensland Premier and his Ministers, initially offered to ‘normalise’ access to alcohol in the affected communities within five years but settled instead on a formal review process. This review process continues despite a further change in the Government.

The policy dilemma is that relaxing alcohol restrictions may not address the issues identified by those interviewed but may in fact bring a return to the high levels of violence and community dysfunction documented in the 1990s. Quantitative studies are required to precisely measure the impacts of the issues identified in this qualitative study.

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Table 1 Characteristics of N=382 key service providers, stakeholders and community leaders interviewed during the period May 2013 to July 2015 in a study of the impacts of Alcohol Management Plans (AMPs) in Indigenous communities in Queensland (Australia).

STAKEHOLDER GROUP OR SERVICE AGENCY	Abbreviation used in results section of manuscript	Ethnicity		Gender		Years of experience in the region	
		n (% total N)	Aboriginal and/or Torres Strait Islander (Indigenous) n (%)	Other ethnicity n (%)	Male n (%)	Female n (%)	median (min-max)
Local Government Councils, community leaders	LGc	127 (33%)	101 (80%)	26 (20%)	81(64%)	46(36%)	20 (1-20)
Justice & Liquor Regulation	JL	59 (15%)	10 (17%)	49 (83%)	31 (53%)	28 (47%)	20 (2-20)
Education and welfare	EW	49 (13%)	27 (55%)	22 (45%)	16 (33%)	33 (67%)	20 (3-20)
Health	H	46 (12%)	23 (50%)	23 (50%)	24 (52%)	22 (48%)	11 (1-20)
Private Enterprise	PE	43 (11%)	4(9%)	39(91%)	25(58%)	18(42%)	12 (2-20)
Non-Government organisations and persons	NG	34 (9%)	20(59%)	15(44%)	24 (71%)	10 (29%)	17 (3-20)
Indigenous Policy	IP	19 (5%)	9(47%)	10(53%)	7(37%)	12(63%)	19 (2-20)
Housing and homelessness support groups	HS	5 (1%)	1 (20%)	4(80%)	4(80%)	1(20%)	18 (7-20)
TOTAL all categories:		382 (100%)	194 (51%)	188 (49%)	212 (55%)	170 (45%)	20 (1-20)

Table 2 Key themes, and their interpretation, identified in interviews with N=382 key service providers, stakeholders and community leaders during the period May 2013 to July 2015 in a study of the impacts of Alcohol Management Plans (AMPs) in Indigenous communities in Queensland (Australia).

THEME	Interpretation – subthemes
Illegal drinking	<p>Definition: The supply and consumption of alcohol in a prohibited/restricted area in an AMP community.</p> <p>Description: Includes participant’s perceptions and experiences of illegal drinking within the community. Examples include consumption of spirits in community; supply of illegal alcohol within the community.</p> <p>Subthemes: cost of alcohol; ease of access; home brew; sly grog; type of alcohol.</p>
Migration from affected community	<p>Definition: Movement of residents from communities affected by AMPs to areas where alcohol is available.</p> <p>Description: Theme includes participant’s perceptions and experiences of residents moving, either temporarily or permanently to another area for the sole purpose of accessing alcohol generally, or a different type of alcohol than that permitted in their community.</p> <p>Subthemes: Drinking camps; homelessness; not related to AMP; other; overcrowding; relocating the problem; transience.</p>
Criminalisation	<p>Definition: A formal criminal charge for possession of alcohol in a prohibited/restricted AMP area or attempting to take alcohol into a prohibited/restricted AMP area.</p> <p>Description: Theme includes participant’s perceptions and experiences, either direct or indirect, on the increase of criminalisation for community members based on breaches of AMP legislation.</p> <p>Sub themes: fines and penalties; drink driving; increased offences, indirect crime.</p>
Illicit drugs	<p>Definition: The association between increase in the uptake/use of illicit drugs and the implementation of AMPs in affected communities.</p>

Description: Theme includes participant's perceptions and experiences, whether direct or indirect regarding the access to illicit drugs within communities with AMPs in place, including the increased use of cannabis; and other drug use or availability.

Sub themes: Cannabis use; other drug use.

Definition: The association between new drinking behaviours and the implementation of the AMPs in affected communities.

Changes in
drinking
behaviours

Description: Theme includes participant's perceptions and experiences of changes in either their own, or others' drinking behaviours. Can include rapid consumption of alcohol, clandestine drinking, and other behaviours to avoid sharing alcohol and/or police apprehension.

Sub themes: binge drinking; underage drinking; new drinking behaviours.

Definition: The prejudicial treatment of different races of people, in particular, the view of participants that the AMPs are discriminatory towards Indigenous Australian people, regardless of the special measure consideration under the *Racial Discrimination Act*.

Discrimination

Description: Theme includes participants perceptions, direct and indirect experiences related to the AMP. Can include a description of a situation the participant viewed as discriminatory; or where a participant associates the AMP policy to previous policies imposed on Indigenous Australians.

Subthemes: experiences; perceptions and views.