Consultation paper

Renewing Queensland's Alcohol and Other Drugs Plan

Social and cultural determinants of health

Associate Professor Chelsea Bond, Dr Bryan Mukandi & Ms Helena Kajlich

Institute for Collaborative Race Research

– Not Government Policy –

Most of us think of health as something that a person has or lacks. We also tend to think that good health is the result of good choices, like maintaining a healthy diet, getting enough sleep, drinking plenty of water, and exercising regularly. We might then also go on to think about health in a community, or public health, in similar ways. We might judge this community as mostly healthy because most members are out jogging or walking early in the morning or in the evening. That other community, we might decide, has a range of health problems because too many of its members buy too much fast food, or don't get enough exercise, or abuse alcohol and other drugs (AOD).

This way of thinking about health can be described as an **individualistic health behaviourist approach** and is the most common approach to health policy and practice, whereby health professionals focus their attention on encouraging individuals to change their behaviours. The problem with this approach is there is little evidence that it generates improved health outcomes, in part because of its failure to attend to the "social, structural, environmental and material barriers" that cause/prevent ill health (Barnes 2015). What it tends to do instead is 'blame the victim' for circumstances beyond their control which are critical to achieving better health. An alternative to this is the **social determinants**, **socio-cultural determinants**, or **social and cultural determinants of health** approach.

The World Health Organization (WHO) defines the social determinants of health as:

> the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels. The social determinants of health are mostly responsible for health inequities – the unfair and avoidable differences in health status seen within and between countries.

Those conditions in which people are located can be thought of as the world of forces that is pushing and pulling at each of our bodies, all of the time. The size and impact of that force on each individual is not the same but has a lot to do with where that individual is located. For example, a person living in an affluent neighbourhood is subject to different forces as someone in a materially poorer one; an Indigenous child's experience of a classroom taught by an Indigenous teacher is likely relieved of some of the pressures of their sibling in a predominantly non-Indigenous classroom, overseen by non-Indigenous teachers. Health is the result of the interplay of these forces, these social and cultural determinants, upon our bodies. This paper aims to provide some common ground for discussions of the social and cultural determinants of AOD use in an Aboriginal and Torres Strait Islander context, enabling a reimagined AOD plan for Queensland.

Queensland Mental Health Commission

A social determinants approach demands that we pay attention to the health of each individual but looking through a social and structural lens. This can be challenging, and the biomedical pull towards individualistic, health behaviorist approaches can lead to slippage. It is easier to think about the social predictors *of illness* instead of the social determinants of health. This is why research, policy and service delivery responses to health disparities typically look to addressing the behavior of individuals or scrutinise communities, instead of empowering them.

As a result, punitive measures are enlisted to punish and enact greater control over the lives of Indigenous individuals rather than attend to transforming the social world in ways that promote better health. In establishing the parameters of the discussion to come, we propose following the lead of the Royal Australian College of General Practitioners', who begin with Dr Mark Wenitong's observation: "Culture isn't a risk factor. It's a protective factor". We suggest taking a similar strengths-based approach, driven by the following questions: What are the protective socio-cultural factors for Aboriginal and Torres Strait Islander peoples confronted with AOD? How do they operate? How should they be conceptualised?

What are the social determinants of health?

The World Health Organization (2008) identified key social determinants of health as including housing, employment conditions, education, social relationships, income, poverty, and the distribution of power and resources. Social determinants are a way of thinking about the 'causes of causes' or the 'upstream' factors that lead to and/or prevent ill health. The list provided by the WHO and explained below is a useful starting point for understanding social determinants in the context of AOD and Indigenous peoples.

In considering this list of social determinants, it is important to note that they do not only work 'one-way' to impact health, but there is a 'bi-directional' relationship between AOD and social determinants of health (Roche et al. 2015, p.21). For example, experiences of poverty may influence a person's use of AOD, but then AOD use may in turn have a negative impact upon social relationships, income and housing. Further, social determinants do not work in isolation from each other, but as webs that are interconnected and interdependent. An individual's employment status or conditions may contribute to harmful AOD use, which may then influence access to secure and reliable housing, in turn impacting a person's income or social relationships.

Housing impacts health, as poor quality, insecure or unaffordable housing as well as overcrowding and inadequate service delivery can negatively influence physical and mental wellbeing (Cooper 2011). An example of the 'bi-directional nature' of social determinants is the way ill-health can lead to insecure living arrangements (AIHW 2020).

Employment conditions and income are critical, as unemployment can cause stress and have a significant impact upon physical and mental health (Nabarun et al. 2018; Nagelhout et al. 2017). Conversely, stable and secure employment conditions and income are considered to 'protect health' (AIHW 2020). Certainly, this is implied within Indigenous social policy more broadly, which focuses on addressing unemployment as a matter of numbers. But some of these assumptions are challenged by evidence that higher rates of employment do not result in lower rates of AOD use because the relationship between AOD use and employment is more nuanced than whether a person has a job or not, but is influenced by levels of work satisfaction, culture, type of industry etc (Roche et al. 2015).

Education as a social determinant is critical to widening opportunities in relation to employment. Education may also allow individuals to make more informed decisions about AOD use (Sydney Metro Local Aboriginal Partnership 2016). However, this relies on an individual health behaviourist approach whereby particular groups are blamed for not making better choices, typically ignoring the fact that such choices, including access to education, are constrained. Structural determinants may also operate through education to harm Indigenous peoples. For example, the ways racism and colonisation work through educational policies and practice which affect Indigenous participation.

Social relationships/connectedness attest to the possibilities of community and family as sites of strength and networks of support for enabling better health. Yet, when it comes to Indigenous AOD, Indigenous communities are typically framed as the problem or cause. There is strong evidence demonstrating how Indigenous communities are actively and effectively working toward better health (Brand et al. 2016). Indigenous communities are sites rich in social capital in enabling access to social supports, networks and a sense of belonging (Brough et al. 2020). A critical component of Indigenous connectedness also refers to connections to country yet, to date, there has been little engagement with Indigenous peoples' access to traditional lands as an integral component of AOD policy.

Poverty or **socio-economic conditions** inform equitable experiences of and access to health. Poverty and socio-economic conditions are not isolated determinants and are intimately connected to distribution of power and resources, employment and income, and education. The dangers of thinking of AOD via poverty and socio-economic conditions is that it can be imagined as a problem among the poor who are deemed incapable of making good choices. Research suggests that the relationship between poverty and health is a matter of income inequality, with nations that experience lower rates of income inequality more likely to experience better health.

Distribution of power and **resources** is fundamental to Indigenous health. Power is often only understood, however, as something held by the government that is handed over to Indigenous peoples. If power is understood through the lens of Indigenous sovereignty, it invites rethinking Indigenous health, particularly in relation to AOD. This opens creative possibilities, where Indigenous people are understood to be "the solution to better health rather than the cause of ill health…and where Indigenous peoples are the architects of health advancement". (Bond and Singh 2020, p. 199). At a micro level, Indigenous control over decision-making has been found to be integral to successful smoking cessation efforts (Bond et al. 2012).

Indigenous reimagining of social and cultural determinants of health

Thinking through the social and cultural determinants of health via Indigenous AOD, we can better understand both the possibilities and problems with such an approach to date. On the one hand, responses to Indigenous AOD have drawn upon a social determinant framework to consider the 'causes of causes', however broad policy measures historically and more recently have resulted in punitive measures levelled at individuals. For instance, while reducing access and availability of alcohol may seem like an effective response, without accompanying strategies it risks criminalising matters of health upon a population already severely over-represented in the justice system. Too often, these individual interventions do not address the underlying structural power dynamics and so risk reproducing the conditions that give rise to AOD use. For example, policy responses need to consider how Indigenous public drug use may not only be an issue of homelessness (or as 'deviant' use of public space), but also one of social marginalisation and resistance (Ogwang et al. 2006).

In mapping the relationship between AOD policy and social determinants of health, Indigenous peoples can illuminate better understanding of this relationship. Indigenous peoples have already led the way by advancing strengths-based approaches to health that have shaped health policy and practice not just for Indigenous people, but that reframe health policy approaches for non-Indigenous people as well. The fact that structural determinants such as colonisation and racism continue to sit at the margins of much of AOD and social determinants research reveals much about the limitations of current understandings of the social determinants of health.

Racism is increasingly identified as a social determinant of health, though it is often conceptualised as causing poor health through, for example, harmful substance use as a result of stress from experiences of racism (Priest et al. 2011). Alcohol is seen as "escape and solace" from pain (Wilson et al. 2010, p.7). While Indigenous peoples' use of AOD is rationalised in the context of colonisation, it is still regarded as a matter of choice/behaviour. To date, most of the research that investigates AOD use in Indigenous communities frames Indigeneity as a social determinant. In

so doing, it repeats an unfounded, harmful narrative. In addition, this type of research fails to examine the workings of race and the gravity of racism as a social determinant of AOD use

It is important to consider how race operates in the *framing* of social determinants of health and not just as a *category* of social determinants of health. An example of how racism works in the framing of social determinants lies in the statistical stories told around drug and alcohol use, including abstinence or avoidance. There is evidence to suggest that Indigenous peoples (both here and in Canada) have higher rates of abstinence from alcohol and other drugs than non-Indigenous peoples (McKenzie et al. 2016). Yet the power of racism is such that there is little capacity for considering how Indigenous communities and knowledges could be more meaningfully engaged in advancing population health outcomes. Indigenous peoples, even within understandings of social determinants of health, remain a problem to be solved.

Culture in the context of Indigenous health is often included as a social determinant, but only when it is framed as a problem, rather than a source of possibilities for Indigenous peoples (George et al. 2019). 'Culture' is assumed to contribute to 'risky behaviour' or 'lifestyle choices,' particularly in relation to drug and alcohol use. In this context, 'culture' is often deployed as a mask or surrogate for race. There is often very little clarity given to what is meant by culture and the term is evoked with a sense of 'pan Indigeneity' whereby culture lacks any specificity or grounding in community.

Colonisation is increasingly recognised as a social determinant of Indigenous health (Wilson 2010), but it continues to only be considered in the context of individual 'risk behaviour'. Here, AOD use is rationalised in the context of colonisation, but it remains a behavioural or individual decision, a product of intergenerational trauma and social dysfunction. There is a noticeable silence in how AOD responses in historical and contemporary contexts have and continue to work as an apparatus of colonial control rather than enabler to better health. For example, the 1897 *Restriction of the Sale of Opium and Protection of Aborigines Act*, 2007 *Northern Territory Emergency Response*, and Queensland Alcohol Management Plans have heralded punitive controls and restrictions over the everyday lives of Indigenous peoples that extend beyond AOD use, under the guise of addressing the consequences of its use.

The consideration of the social and cultural determinants of health among Aboriginal and Torres Strait Islander peoples in this consultation process invites a reimagining of how structural determinants operate in AOD responses. There is an opportunity to think of power and Indigenous empowerment not as something to be enacted over those deemed most 'at-risk', but instead centred in a new AOD strategy built on Indigenous autonomy and sovereignty. As Tsey et al (2010) have demonstrated, Aboriginal and Torres Strait Islander community-controlled health services are powerful examples of the possibilities of a health response that privileges Indigenous sovereignty and agency.

References

- Askew DA, Brady K, Mukandi B, Singh D, Sinha T, Brough M, Bond CJ (2020) Closing the gap between rhetoric and practice in strengths-based approaches to Indigenous public health: a qualitative study. *Australian and New Zealand Journal of Public Health* 44, 102-105.
- Australian Institute of Health and Welfare (2020) Social Determinants of Health. Canberra, AIHW. Available at: https://www.aihw.gov.au/reports/australias-health/social-determinants-of-health [Verified 10 November 2020]
- Barnes B (2015) Critiques of health behavior change programs. *South African Journal of Psychology* **45**(4), 430-448.
- Bello S, Fatiregun A, Ndifon WO, Oyo-Ita A, Ikpeme B (2011) Social determinants of alcohol use among drivers in Calabar. *Nigerian Medical Journal* 52(4), 244–249.
- Bond C, Singh D (2020) More than a refresh required for closing the gap of Indigenous health inequality. *The Medical Journal of Australia* 212, 198-199.e1. doi:10.5694/mja2.50498
- Bond C, Brough M, Spurling G, Hayman N (2012) 'It had to be my choice' Indigenous smoking cessation and negotiations of risk, resistance and resilience. *Health, Risk & Society* 14(6), 565-581. doi:10.1080/13698575.2012.701274
- Brand E, Bond C, Shannon C (2016) *Community Control: The Changing Landscape of Indigenous Health*. Brisbane: University of Queensland Poche Centre for Indigenous Health. Available at https://poche.centre.uq.edu.au/files/1099/Community%20Control%20Monograph%20IUIH%203.pdf [Verified 10 November 2020]
- Brough M, Bond C, Hunt J (2004) Strong in the City: Toward a Strength Based Approach in Indigenous Health Promotion. *Health Promotion Journal of Australia* 15(3), 215-220.
- Cooper D (2011) Closing the gap in cultural understanding: social determinants of health in Indigenous policy in Australia. Aboriginal Medical Services Alliance, Darwin, Northern Territory. Available at: http://www.amsant.org.au/
- George E, Mackean T, Baum F, Fisher M (2019) Social determinants of Indigenous health and Indigenous rights in policy: A scoping review and analysis of problem representation. *International Indigenous Policy Journal*, *10*(2). doi: 10.18584/iipj.2019.10.2.4
- Marmot M (2018) Social Determinants, Capabilities and Health Inequalities: A Response to Bhugra, Greco, Fennell and Venkatapuram. *Journal of Human Development and Capabilities* 19(4), 575-577.
- Marmot M, Wilkinson R (Eds) (2005) *Social Determinants of Health*. 2nd Edition. Oxford: Oxford University Press, 2.
- Marmot M (2011) Social determinants and the health of Indigenous Australians. *The Medical Journal of Australia* 194(10), 512-513.
- McKenzie HA, Dell CA, Fornssler B (2016) Understanding addictions among indigenous people through social determinants of health frameworks and strength-based approaches: a review of the research literature from 2013 to 2016. *Current Addiction Reports 3*(4), 378-386.
- Nabarun D, Beletsky L, Ciccarone D (2018) Opioid Crisis: No Easy Fix to Its Social and Economic Determinants. *American Journal of Public Health* 108, 182-186. doi:10.2105/AJPH.2017.304187
- Nagelhout GE, Hummel K, de Goeij MCM, de Vries H, Kaner E, Lemmens P (2017) How economic recessions and unemployment affect illegal drug use: A systemic realist literature review. *International Journal of Drug Policy* 44, 69-83. doi:10.1016/j.drugpo.2017.03.013

- Ogwang T, Cox L, Saldanha J (2006) Paint on their lips: Paint-sniffers, good citizens and public space in Brisbane. *Journal of Sociology 42*(4), 412-428. doi:10.1177/1440783306069998
- Priest N C, Paradies YC, Gunthorpe W, Cairney SJ, Sayers SM (2011) Racism as a determinant of social and emotional wellbeing for Aboriginal Australian youth. *Medical Journal of Australia* 194(10), 546-550.
- Roche A, Kostadinov V, Fischer J, Nicholas R, O'Rourke K, Pidd K, Trifonoff A (2015) Addressing inequities in alcohol consumption and related harms. *Health Promotion International* 30(S2), 20-35. doi:10.1093/heapro/dav030
- Royal Australian College of General Practitioners. Addressing social and cultural determinants in primary care for Aboriginal and Torres Strait Islander peoples. July 2020. Available at: https://www.racgp.org.au/getmedia/5efe1b3f-bb4f-44b2-9fad-f0285f85787e/RACGP-position-Social-and-Cultural-Determinants.pdf.aspx [Verified 10 November 2020]
- Spooner C (2009) Social determinants of drug use – barriers to translating research into policy. *Health Promotion Journal of Australia* 20, 180-185.
- Sydney Metropolitan Local Aboriginal Health Partnership (2016) *Social Determinants of Aboriginal and Torres Strait Islander health forum: Report and recommendations 2016*. Sydney, New South Wales. Available at: https://www.slhd.nsw.gov.au/planning/pdf/SMLAHP_Aboriginal_Social_Determinants_Health_Plan.pdf [Verified 10 November 2020]
- Tsey K, Whiteside M, Haswell-Elkins M, Bainbridge R, Cadet-James Y, Wilson A (2010) Empowerment and Indigenous Australian health: a synthesis of findings from Family Wellbeing formative research. *Health & Social Care in the Community* 18, 169-179. doi:10.1111/j.1365-2524.2009.00885.x
- Wenitong M (2020) Mayi Kuwayu: The National Study of Aboriginal and Torres Strait Islander Wellbeing. Website. Acton, ACT: Mayi Kuwayu. Available at: https://mkstudy.com.au/ [Verified 10 November 2020]
- Wilson A, Stearne A, Gray D, Saggers S (2010) The harmful use of alcohol amongst Indigenous Australians. *Australian Indigenous HealthInfoNet*. Available at: https://espace.curtin.edu.au/bitstream/handle/20.500.11937/34089/159785_26126_WilsonHarmfulUseAIHIN.pdf?sequence=2 [Verified 10 November 2020]
- World Health Organization (2008) Closing the gap in a generation: health equity through action on the social determinants of health: Final Report of the commission on social determinants of health. Available at: https://www.who.int/publications/i/item/WHO-IER-CSDH-08.1 [Verified 10 November 2020]