



KAKADU/WEST ARNHEM ALCOHOL MANAGEMENT PLAN PROJECT: REVISED FINAL REPORT

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July 2008

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Executive Summary

The terms of reference for the project required the consultants to conduct a desktop review of literature relevant to developing best practice models for alcohol supply and demand reduction strategies in the context of the Kakadu/West Arnhem region, identify gaps in preventative and treatment options available to Indigenous people, and make recommendations for an alcohol management plan.

Demographic background

The estimated resident population (ERP) of Jabiru in June 2006, according to the Australian Bureau of Statistics, was 1247, that of Gunbalanya, 1043. In Jabiru, 14% of the population was recorded as Indigenous (with a further 30% recorded as 'status unknown'). In Gunbalanya Indigenous people accounted for 91% of the population.

Supply and regulation of alcohol

Jabiru is home to four liquor outlets: two clubs (Jabiru Golf Club (JGC) and Jabiru Sports and Social Club (JSSC)), one private hotel (Aurora Kakadu Lodge & Caravan Park) and one public hotel (Gagudju Crocodile Holiday Inn). Gunbalanya has just one liquor outlet – the Gunbalanya Sports & Social Club (GSSC). Three more outlets – Aurora Kakadu, Gagudju Cooina Lodge and Wirnmirnmirra (Mary River) Roadhouse – lie within or close to the Kakadu National Park boundary, while another two - Bark Hut Tourism Centre and Corroboree Park Tavern – are situated along the all-weather Arnhem Highway within two hours drive of both Jabiru and Gunbalanya.

In addition to being bound by formal licence conditions, most outlets in the region observe additional restrictions, most but not all of them targeting Bininj drinkers. While individual restrictions often arise out of a desire to reconcile commercial viability with social responsibility, at the *systemic* level they do not constitute an effective set of curbs on excessive drinking (however that may be defined).

The present situation is anomalous. On the one hand, liquor outlets in Kakadu National Park area are subject to a more elaborate apparatus of regulatory controls than applies elsewhere. Yet effective control of conditions governing availability appears to be in the hands of individual outlets.

Trends in alcohol consumption

Apparent per capita consumption of alcohol by Jabiru residents aged 15 and over in 2005-06 was equivalent to between 10.6 and 13.0 litres of absolute alcohol – that is, between 8% and 38% above the national average (9.8 litres), but well below the overall NT-wide figure (17.3 litres).

In Gunbalanya, by contrast, apparent per capita consumption of alcohol by persons aged 15+ at the Gunbalanya Sports and Social Club in the same year was equivalent to between 18.6 litres and 19.6 litres of absolute alcohol – higher than the NT wide level and almost double the national average.

This suggests that in Jabiru and Gunbalanya respectively we are dealing with two different drinking populations: one in which total consumption resembles the national consumption level, and the other characterised, as in the past, by high levels of regular consumption.

Sales of alcoholic beverages to outlets in the Kakadu/West Arnhem region in 2006-07, as recorded in sales from NT registered wholesalers, were 18% lower than in 1994-95, the year preceding adoption of a Corporate Plan by the GAG. However, the decline has not been a continuing trend; since 2002-2003 sales of alcoholic beverages in the region have *increased*.

The decline in sales has been particularly marked with respect to combined sales to the four outlets located in Jabiru itself, which were 33% below the 1994-95 level. In each of the three years since 2004-05, however, total sales have risen, a trend driven by growth in sales of pre-mixed spirit drinks and mid-strength beer.

In Gunbalanya, by contrast, there has been no decline in sales of alcoholic beverages. Sales continued to increase following adoption of the GAG Corporate Plan and, although they declined in 2006-07, they remain virtually the same as in 1994-95. It appears that the GAG's efforts since 1996 to moderate alcohol consumption have had little if any impact with respect to Gunbalanya Sports & Social Club. The figures for 2006-07 pre-date restrictions imposed on GSSC by the Commonwealth Government intervention.

Sales to other outlets located in or near Kakadu National Park have declined, while sales to the two outlets located on the Arnhem Highway have increased, both absolutely and as a proportion of total regional sales.

Evidence of effects of alcohol misuse in the region

In Jabiru, alcohol problems and associated family violence generate considerable demands for case management and referrals at the primary health care level. While the number of hospitalisations generated from Jabiru is below the NT-wide rate, it has increased in recent years, from 10 per year in 2004 to 14 in 2007.

In Gunbalanya, the number of alcohol-attributable hospital separations also increased between 2004 and 2007, and was consistently *higher* than the NT-wide rate per 10,000 population. Acute alcohol-related episodes generated a considerable burden of after-hours callouts at the Kunbarllanjnja Health Centre.

Caution should be exercised in interpreting these differences between Jabiru and Gunbalanya, in part because – apart from hospital separation data – different data sources are used in each community. Jabiru has more developed preventive and early intervention services than Gunbalanya, and these may have helped to reduce demand for alcohol. Whatever the causes, it is highly likely that the lower levels of alcohol-related health problems in Jabiru, compared with Gunbalanya, are associated with the lower levels of per capita alcohol consumption, documented in Section 4.

Police data on assaults were consistent with the trends revealed by hospital and health centre data. In Jabiru, three-quarters of assaults recorded between 2001 and 2007 were categorized as alcohol-related. However, the rate of assaults was below the NT-wide rate, and falling. In Gunbalanya, by contrast, the rate of assaults was higher than in the NT as a whole, and increasing, with a result that in 2007 the rate was over 50% higher than in the NT. Some 50% of assaults recorded in Gunbalanya were alcohol-related.

The number of Protective Custody Apprehensions (PCAs) for public drunkenness in both Jabiru and Gunbalanya has declined sharply since the first half of the 1990s, and by 2006

was only about one-seventh the rate of the NT as a whole. It is not clear from the evidence available what proportion of the decline is due to a reduction in public drunkenness and what proportion to possible changes in police practices, although it is difficult to envisage such a significant change without behavioural changes having contributed.

Programs and services to reduce demand for alcohol

Kakadu Health Service runs three targeted prevention programs, all operating under short term project funding as part of KHS's Social and Community Health Team. The programs are the Gunbang Anbang Program: working with young people, families and schools to change social norms around alcohol, tobacco and inhalant misuse; Strong Women, Strong Babies, Strong Culture Program: an education program targeting pregnant women, and the Two Worlds Youth Life Project: working with young people to give them life skills.

Gunbalanya has a funded position for a Volatile Substance Abuse Worker who also provides an alcohol education service, and a Youth and Recreation Officer.

Resident doctors in Jabiru and Gunbalanya provide assessment and brief interventions to at risk patients. In addition, the Alcohol and Other Drugs Program and the Family Violence Counselling Service operated by KHS provide advice and information and referrals to other agencies and services. Gunbalanya does not have any similar services or programs of its own. However, both the resident doctor at Gunbalanya and the VSA worker there have referred people with drinking problems to residential treatment at the Council for Aboriginal Alcohol Program Services (CAAPS) near Darwin.

The Kakadu/West Arnhem region does not have a local residential treatment facility. Clients requiring residential treatment are referred to one of two Darwin-based agencies: Council for Aboriginal Alcohol Program Services (CAAPS), or the Foundation of Rehabilitation with Aboriginal Alcohol Related Difficulties (FORWAARD). According to staff at CAAPS and FORWAARD interviewed for this consultancy, very few clients from Kakadu/West Arnhem attend their residential programs. CAAPS was able to identify only 5 clients attending in 2007, while FORWAARD advised that only one person attended. The low number of placements appears to be a product of two interacting factors. Firstly, CAAPS and FORWAARD, like residential treatment programs elsewhere, are coming under increasing pressure to accept mandated clients through diversionary or other compulsory treatment arrangements. As a result – and this is the second factor – it is highly likely that when a client does seek a place for voluntary treatment, none are immediately available. Even if an Indigenous client puts his or her name down on a waiting list, it is highly likely that by the time a place becomes available the person is no longer motivated to enter treatment.

Jabiru is also home to a small AA group, but it appears not to be utilised by Indigenous residents.

Although a night patrol operated briefly in Jabiru, at present it has neither a night patrol nor a safe house – two facilities which some people with whom we spoke would like to see. Gunbalanya has a functioning night patrol, run by the Kunbarllanjnja CGC.

Restricting supply of alcohol: options, evidence, case studies

Evidence relating to the effectiveness of the main types of supply-reduction measures considered can be summarised as follows.

1. Price-based measures are highly effective as a policy tool, but not usually available to community groups.
2. Restrictions based on modifying liquor outlets' trading conditions can take several forms:
 - reducing hours and/or days of sale: essential as a component of supply-reduction strategies; evidence of effectiveness in settings similar to Kakadu/West Arnhem; effects tend to weaken over time, creating need for flexibility in strategy
 - restricting availability of high risk beverages, such as cask wine: similar impact to reducing hours and/or days of sale, though effects often short lived as drinkers find alternative beverages or illicit drugs;
 - reducing the number of outlets ('outlet density'): complex effects, depending on settings, kinds of outlets involved, and other contextual factors; some evidence that marginalized and heavy drinkers are particularly responsive to *increases* in outlet density;
 - voluntary commitment to, or mandatory enforcement of, responsible beverage service (RBS) programs: no real value unless made mandatory and complemented by enforcement of laws governing serving liquor;
 - liquor 'accords': despite their popularity (they make good PR), no evidence of effectiveness;
 - lockouts – denying access to late night premises after a certain time: not relevant to Kakadu/West Arnhem;
 - restricting alcohol sales at special events, such as football carnivals: little evaluative evidence, but can be important as expressions of community engagement, and therefore an adjunct to supply-reduction strategies;
3. Restricting possession and/or consumption of liquor within geographically defined areas (restricted areas):
 - measures relying entirely or largely on community enforcement are generally ineffective;
 - measures in which community control is complemented by adequate statutory enforcement have been shown to be effective in remote isolated communities, less so in less isolated areas (such as Kakadu/West Arnhem);
 - measures based entirely on statutory imposition of controls, such as the NT Two Kilometre Law, generally displace rather than reduce alcohol-related problems.
4. Restricting supply of alcohol to, and/or possession and consumption by, members of identified groups or communities: four options are available:
 - invoking legal mechanisms such as the NT Alcohol Court to impose prohibition orders on individuals, under which these individuals are forbidden from consuming alcohol or entering licensed premises: may benefit individuals concerned, but unlikely to be a vehicle for community-based supply reduction;
 - negotiating formal or informal arrangements under which particular outlets undertake not to serve, or are prohibited from serving, alcohol to particular groups of people: have proved effective and sustainable for remote communities in Australia, and compatible with racial discrimination laws where there is clear evidence that the measures are supported by communities and groups affected;
 - restricting outlets in a particular locality to membership-based clubs, which in turn (theoretically) restricts access to alcohol in that locality to members of the relevant clubs: ineffective as a supply reduction measure (which is not, in itself, an argument against allowing clubs to operate in an area, since clubs offer other benefits)

- issuing permits to individuals that define who *is permitted* to possess and or consume alcohol in a certain locality, and under what conditions: limited evidence to date suggests that, where they are a product of high level of community engagement, they are effective.

Whatever the supply reduction measures adopted, evidence from case studies suggest that at least four conditions are necessary for effective outcomes:

- institutional and personal leadership;
- strategy for community engagement, including processes for engaging stakeholders;
- adequate enforcement;
- evidence-based measures;
- active involvement of liquor licensing authorities;
- responsiveness to changing circumstances;
- monitoring and evaluation in order to see if the restrictions are working, and modify them if necessary.

Demand reduction: options and evidence

Interventions to reduce demand for alcohol among Indigenous Australians have traditionally favoured two types of program: health promotion and residential treatment. At the same time, early intervention programs have been relatively neglected.

Few health promotion programs have been evaluated and, of those that have, none stand out as offering a model of program effectiveness.

A number of tools have been developed recently to aid in secondary interventions, including a set of alcohol treatment guidelines, and a 13-item screening instrument known as Indigenous Risk Impact Screen (IRIS). The latter covers mental health as well as substance misuse. However, attempts to trial early intervention in Indigenous primary health care settings have had disappointing results.

One program that has properties of both primary and secondary intervention, and that has been evaluated with promising results, is the Family Wellbeing Empowerment Program (FWEP), originally developed by Aboriginal people in Adelaide, and since adapted for use among men's groups and other groups in regional and remote Indigenous settings.

Aboriginal drinkers who wish to stop or reduce their drinking are more likely to seek residential treatment than non-Aboriginal drinkers. Traditionally, most residential facilities catering for Aboriginal clients have favoured abstinence-based 12-step type approaches, although recently there has been some broadening of approaches. Concerns have been expressed regarding the effectiveness of residential treatment/rehabilitation programs, although few have been evaluated. In recent years, growing demand for mandated places generated by court diversions has placed pressure on the capacity of residential facilities to accept voluntary clients.

Evidence on the effectiveness or otherwise of compulsory treatment is inconclusive, and often hampered by poor evaluation designs. Although Aboriginal Australians are over-represented in the criminal justice system, their participation in diversionary programs throughout Australia is below that of non-Aboriginal people.

Several studies of night patrols (or community patrols) have shown that they can contribute to reducing juvenile crime and enhancing community safety. However, they are often inadequately resourced.

Safe houses are seen as an integral part of Indigenous family violence strategies, although there have been few evaluations of their impact. Some models of best practice have been published.

Community Justice Groups and Alcohol Management Plans

Community Justice Groups (CJGs) in Australia originally arose, not in the context of addressing alcohol problems, but as a response to calls by various reviews and commissions for the recognition of Aboriginal customary law in Australian jurisdictions. This in turn grew out of evidence that in many communities unofficial methods of dispute resolution operated alongside the general legal system.

CJGs typically include 'elders' and respected community members, although some urban justice groups have had representation from young people, and usually there are more women than men. Justice group members themselves are usually not paid, and in general few resources apart from that of the coordinator are available for their professional development, ongoing support, training and so forth. They should be viewed, not simply as reflections of Indigenous traditional law, but as 'intercultural' institutions, drawing from and contributing to Indigenous values, practices, and cultures as well as those of the general Australian society.

Although CJGs have now been established in several Australian jurisdictions, only in Queensland do they have a statutory role with respect to developing and overseeing (but not enforcing) Alcohol Management Plans.

Evaluations of Queensland AMPs, and other literature, suggest that CJGs can provide a useful means of facilitating community input into the planning and implementation of alcohol control measures. However, reliance on CJGs also entails certain risks:

- the Queensland experience suggests that solutions that effectively turn off the alcohol 'tap', without addressing other measures such as demand-reduction measures, and that place a large onus on a CJC for establishing and implementing supply reductions, are unlikely to succeed;
- in communities that are deeply impacted by the adverse impacts of excessive alcohol consumption, and where alcohol controls are likely to be a highly contentious issue, it may be very difficult to establish a CJC with the necessary capacity to implement alcohol restrictions; in this context it is essential to develop strategies to maximise community participation in the development and implementation of an AMP while not succumbing to 'lowest common denominator' and ineffective restrictions. Mechanisms also need to be developed to insulate alcohol restrictions and their ongoing implementation from politicking by committed drinkers and the alcohol lobby alike;
- In the absence of adequate resources and support, CJGs are highly vulnerable institutions in terms of their sustainability, and typically place their members under enormous personal pressure. One risk in establishing them is that they are seen in some simplistic sense as reflecting a form of traditional law in the way they operate. Another is that they can provide a means by which government abdicates its own responsibility towards its citizens to ensure that they are not exposed to the worst ravages of alcohol abuse;
- reviews of the Queensland AMPs highlight the need to avoid 'enclave' alcohol policy

development and implementation. A regional approach is vital.

Towards a regional Alcohol Management Plan

In the final part of the report, steps are outlined for the development of an Alcohol Management Plan. In the short term, steps should be taken to:

- engage the community – especially bininj people – in activities designed to reduce alcohol and other drug related harms, including the development and implementation of an AMP;
- implement a regional supply-reduction system;
- improve access to prevention and treatment services;
- address current gaps in harm reduction services (especially safe houses in Gunbalanya and Jabiru);
- implement more pro-active law enforcement.

In the longer term, a sustainable reduction in alcohol and other drug related harms requires a commitment to bringing about changes in two spheres:

- changing the current *normal status* of destructive drinking patterns;
- generating new opportunities and new pathways as alternatives to a life based around welfare dependency and substance misuse.

Engaging the community

An AMP, whatever its constituent elements, is an attempt to bring about *change*, both in the local environment, and in individuals' drinking practices. If community members are not engaged in the development and implementation of the AMP, the plan is unlikely to bring about sustainable change.

In Jabiru, the Gunbang Action Group has an impressive record of sustained engagement with alcohol issues, but most Bininj in the community are disengaged from any involvement in these issues, both as individuals and through organizations. In Gunbalanya, decision-making about alcohol has long been dominated by an institutionalised system, centred on the GSSC and supported by powerful local networks, in which heavy regular drinking has become normative. The system and the drinking culture sustained by it have been periodically challenged, usually by groups of women, but these groups remain relatively powerless in the face of institutionalised support for the GSSC. More recently, trading conditions at the GSSC have been unilaterally modified by the Commonwealth Government. What this latest change means for community responses to alcohol problems remains unclear.

Together, these factors point to the need for a strategy for engaging residents of local communities in addressing problems relating to alcohol (and other substances).

A regional supply reduction system

A regional supply reduction system is proposed. The system comprises seven components, which should be considered as parts of an integrated system. Together, they are intended to reconcile the needs for an effective system of controlling supply of alcohol to people and communities where alcohol misuse continues to generate unacceptable harms, with the needs and wishes of other stakeholders, including liquor outlets, residents of the WAS and visitors.

The components are:

- restrictions on takeaway sales by liquor outlets located along the Arnhem and Kakadu Highways;
- introduction of an electronic ID system to regulate and monitor takeaway sales in the Kakadu and Gunbalanya Wards of West Arnhem Shire;
- a requirement for purchasers of takeaway liquor in Kakadu and Gunbalanya Wards of West Arnhem Shire to present a form of ID readable by the electronic ID system in place;
- provisions for visitors to Kakadu and Gunbalanya Wards to obtain on-premise and takeaway liquor;
- declaration of Jabiru Township (other than existing Prescribed Areas) as a General Restricted Area under the NT Liquor Act;
- creation of an Alcohol Reference Group;
- designation of a Licensing Inspector with responsibility for Kakadu and Gunbalanya Wards.

Improving access to prevention and treatment services

At present the Jabiru area is well served by prevention and early intervention services, although targeted prevention activities are hampered by short-term project funding. The most important need here is for those initiatives that are shown to be effective to have access to recurrent funding. In Gunbalanya on the other hand, where alcohol consumption levels and associated problems remain at a high level, there is less evidence of either a strategic approach to prevention and early intervention having been adopted, or of appropriate infrastructure having been put in place.

As a relatively small, isolated community, Gunbalanya is probably not well positioned to develop the necessary infrastructure and strategic approach, without the support of KHS. The most feasible way of redressing this problem would probably be through KHS strengthening its collaborative links both with Gunbalanya Health Centre and Kunbarllanjja CGC. In the longer term, a community-controlled regional health service, serving the area covered by the proposed new West Arnhem Shire, would provide a stronger infrastructural base for region-wide prevention programs than exists at present.

Aboriginal drinkers seeking residential treatment have two options available – both located in Darwin – are FORWAARD and CAAPS. Neither appears to be extensively used by clients from the Kakadu/West Arnhem area.

As mentioned above, Aboriginal residential treatment facilities – including FORWAARD and CAAPS – are facing increasing demands from the criminal justice system to accept mandated clients via diversionary programs. In the NT, the recent establishment of Alcohol Courts with their powers to impose compulsory residential treatment is likely to further exacerbate these pressures. These demands are reducing the capacity of residential facilities to accept voluntary clients. This problem should be addressed at an NT-wide level by examining the respective demands on existing facilities placed by both voluntary and mandated clients, funding an expansion of capacity if necessary, and quarantining a proportion of that capacity for voluntary clients, to enable existing facilities to offer timely services to voluntary clients.

Addressing current gaps in harm reduction services

At present, neither Jabiru nor Gunbalanya has a safe house to offer protection to people exposed to alcohol-related violence. Residents of both communities have indicated that they would like to see safe houses established, and we support this view. We would add one qualification: the limited relevant literature available (see above) suggests that the operation of any such facility should be integrated into a broader, community-based family violence strategy, which should in turn articulate with an alcohol management plan.

At the time of our fieldwork, Gunbalanya had a successful night patrol, and this in our view should continue to be supported. As mentioned earlier in this report, an attempt several years ago to set up a night patrol in Jabiru foundered after a short while – although not, apparently, because of lack of demand for the service.

Night patrols (or community patrols, as they are more appropriately called, especially as they need not operate purely at night) offer both benefits and dangers to a community like Jabiru. On the positive side, they represent a way of mobilising the community's own resources to provide care for community residents, and in some cases utilise the community's own dispute resolution capacities, rather than relying passively on the police. In so doing, they also generate jobs and skills among community members.

On the negative side, they can become vehicles (in more ways than one!) for legitimizing destructive drinking behaviour, by providing a pick up service for drunks.

The question of whether or not Jabiru should have a night community patrol and, if so, who in the community is prepared to contribute to running the service, is one that could usefully be made the subject of further community discussion.

Implement more-proactive law enforcement

Two enforcement agencies have responsibility for upholding laws relating to alcohol, and their active engagement is fundamental to any effective system for controlling alcohol misuse: liquor licensing inspectors and police. While Gunbalanya to date has had to cope with similar limited police resources to other remote areas in the NT, this is not true of Jabiru, where the local police station has six positions.

According to several people consulted in the course of this project, police in Jabiru are not currently seen as being pro-active in policing licensed premises or homeland centres, and the same could be said of the NT Licensing Commission. While it was not within the scope of this consultancy to pass judgement on these agencies, it is appropriate to point out that any regional approach to reducing alcohol-related harm requires the active and coordinated engagement of both licensing authorities and police. In addition community-based strategies to address alcohol-related harm struggle for effectiveness in the absence of consistent and pro-active participation by local police.

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Acknowledgements

The people to whom the greatest debt is due are those many residents of the study area who made time available to take part in discussions with the consultants, and in some cases also obtain documentary materials. For ethical reasons, we are not able to name these individuals. We would also like to thank a number of individuals who helped us in various ways – such as by providing facilities and other resources, by making data available, and/or by contributing particularly helpful ideas and contacts. These are: Pat Carrick (ERA), Marc Gardner (Jabiru Town Council), Ross Humphries (ERA), Ying Kyaw (NT Licensing Commission), John Montz (NT Department of Health and Community Services), Justin O'Brien (NT Chief Minister's Department), Michael Owen, David Paterson (ERA), Nouvelle Reed (NT Police), Ingrid Schoell (James Cook University), Neil Wright (NT Department of Health and Community Services).

1 Introduction

On 29 August 2007, following a selective tendering process, Jabiru Town Council, Northern Territory, acting on behalf of the Gunbang Action Group, entered into an agreement with James Cook University, under which a consultancy team led by Associate Professor Peter d'Abbs was engaged to develop an Alcohol Management Plan for the Kakadu/Gunbalanya region of the Northern Territory.

The terms of reference for the consultancy directed the consultants to address the following tasks:

- review existing desktop material, including the literature review contained in the 1996 d'Abbs and Jones report (d'Abbs and Jones 1996, p.6) and post 1996 documentation;
- review and update the 1996 d'Abbs and Jones report with a view to relevance in 2007;
- review best practice models of alcohol supply and demand reduction strategies from elsewhere in Australia and internationally;
- assess the respective strengths and weaknesses of three possible models for alcohol management plans (or combinations of the three), namely:
 1. prohibition of alcohol sales and consumption either region-wide or within specific areas (e.g. 'dry place declarations');
 2. restricted licensing conditions and associated legislative/policy changes including a permit system and carriage limits; and
 3. membership model whereby only those who are members of particular establishments/clubs can consume alcohol apart from bona fide visitors to the park (also involves examination of carriage limits);
- assess the strengths and weaknesses of strategies for demand reduction and harm reduction, including voluntary and mandatory treatment and rehabilitation, community patrols and safe houses;
- assess national and international models for the development and involvement of Community Justice Groups as a key component of alcohol management plan implementation, monitoring and evaluation;
- determine key gaps in preventative and treatment options available to local indigenous people;
- propose a model for the development of a Kakadu/West Arnhem AMP;
- seek agreement of the relevant GAG members to progress the option;
- develop the Kakadu/West Arnhem AMP including an implementation plan; and
- provide appropriate Key Performance Indicators (KPIs) for monitoring and evaluating performance against the alcohol management plan.

1.1 Defining the region

The Terms of Reference for the project stated:

For purposes of this project the region is defined as the area contained within Kakadu National Park and Gunbalanya community and includes the Bark Hut Roadside Inn on the Arnhem Highway and the Mary River Roadside Tavern on the Kakadu Highway.

The Kakadu/West Arnhem region contains two townships – the mining town of Jabiru and the Aboriginal community of Gunbalanya (Oenpelli) - and a number of smaller settlements

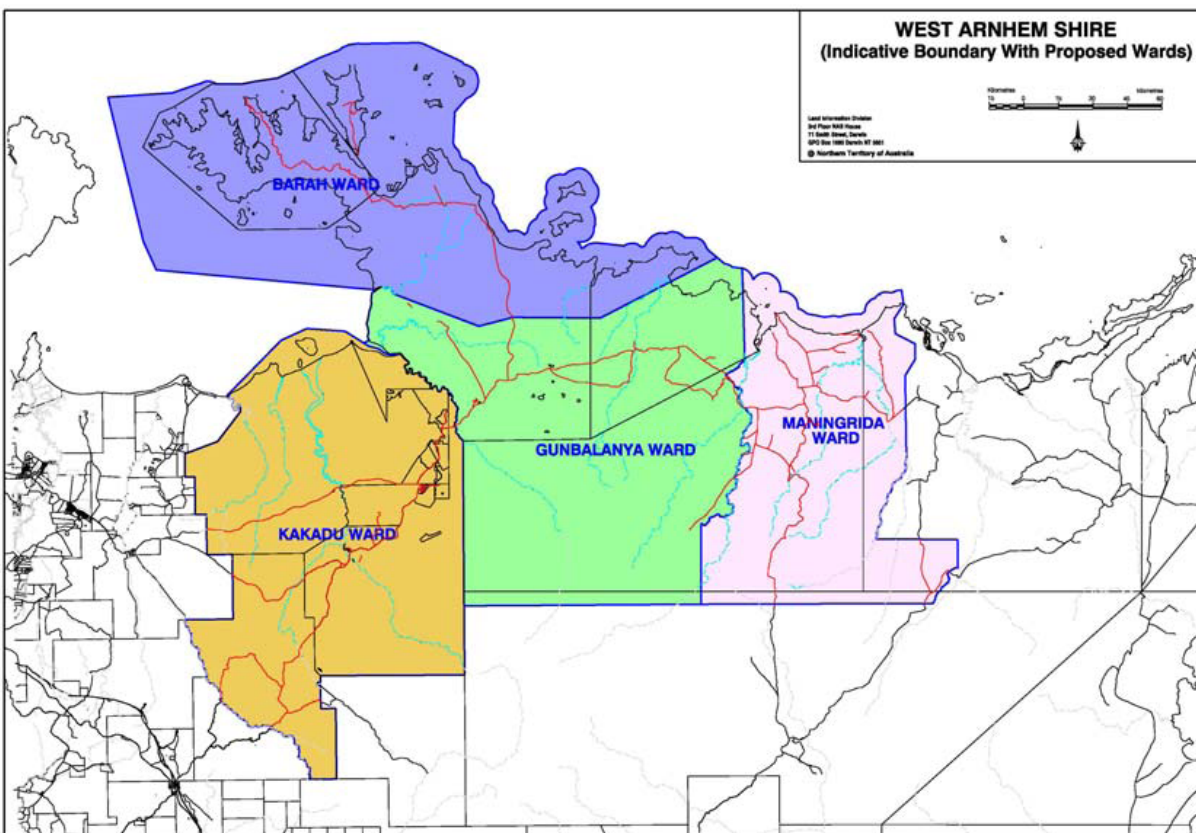
or outstations linked to one or other town. Gunbalanya and its outstations are located within the Arnhem Land Trust area, while most of the remainder of the region lies within Kakadu National Park, a World Heritage-listed park covering 19,804 square kilometres, created in 1975. The townsite of Jabiru, and the accompanying Ranger uranium mine, lie within the Park area, but have been excised from the Park. Jabiru is situated 256 kilometres by road east of Darwin, and Gunbalanya is 60 kilometres north east of Jabiru.

Under NT-wide local government reforms scheduled to come into effect on 1 July 2008, Jabiru, Kakadu National Park and Gunbalanya Community Government Council will all become part of a new West Arnhem Shire Council (WASC). In addition to councils and areas, the WASC will incorporate the Community Government Councils of Maningrida, Minjilang and Warruwi, and an area of currently unincorporated land that includes Cobourg Peninsula National Park, Ranger uranium mine and Arnhem Land Trust Areas (Northern Territory Department of Local Government Housing and Sport 2007). WASC will be divided into four wards, each of which will elect three representatives to council, namely:

- Kakadu (formerly Jabiru)
- Gunbalanya
- Maningrida
- Warruwi/Minjilang/Cobourg.

In this context, the region covered by this consultancy corresponds more or less with the two wards of Kakadu and Gunbalanya, as shown in Figure 1.1.

Figure 1-1: West Arnhem Shire



Source: West Arnhem Shire Draft Business Plan, p.7

Figure 1.2 shows the main settlements in and adjacent to the consultancy region.

Figure 1-2: The consultancy region: towns, communities, roads



Source: <http://en.travelnt.com/advice/maps/arnhem-land-and-gove.aspx>, accessed 11 December 2007

1.2 Methodology

The tasks for this project as set out in the consultancy brief were largely to be accomplished as a 'desktop' exercise – reviewing literature – augmented by some consultation. In addition to reviewing literature relevant to the terms of reference, we also obtained and analysed data from the following sources:

- NT Licensing Commission: details of liquor licenses; data on sales by NT liquor wholesalers to outlets in the region;
- NT Department of Health and Community Services: alcohol-related hospital separations involving patients from Jabiru and Gunbalanya;
- NT Police: data on non-aggravated assaults; aggravated assaults; non-aggravated sexual assaults; aggravated sexual assaults; protective custody apprehensions, involving persons from Jabiru, Gunbalanya;
- Kakadu Health Service: alcohol-related presentations;
- Gunbalanya Health Centre: alcohol-related presentations.

A list of individuals consulted is shown in Appendix 3.

1.3 Structure of this report

The report is in three parts. Part 1 begins by updating information presented in the 1996 report by d'Abbs and Jones entitled *Gunbang . . . or Ceremonies? Combating alcohol*

misuse in the Kakadu/West Arnhem Region (d'Abbs and Jones 1996), and covers demographic details of the region, the history of attempts to deal with alcohol problems in the region, and liquor outlets and conditions governing them. We then analyse trends respecting to liquor sales and the impact of alcohol-related problems in the areas of health and police offences.

In Part 2 we review strategies, evidence and outcomes in relation to supply reduction, demand reduction, and Community Justice Groups, drawing on Australian and international literature. Part 3 focuses on proposals for an alcohol management plan for the Kakadu/West Arnhem region.

Throughout Part 2 we also intersperse the narrative with a number of case studies of interventions elsewhere. These, we believe, may serve a helpful basis for group discussions when considering options. They provide a sense of process, and of barriers to intervention and how these barriers were overcome, that is not apparent from the more conventional literature review format.

PART 1: ALCOHOL USE & ALCOHOL-RELATED PROBLEMS IN
KAKADU/WEST ARNHEM

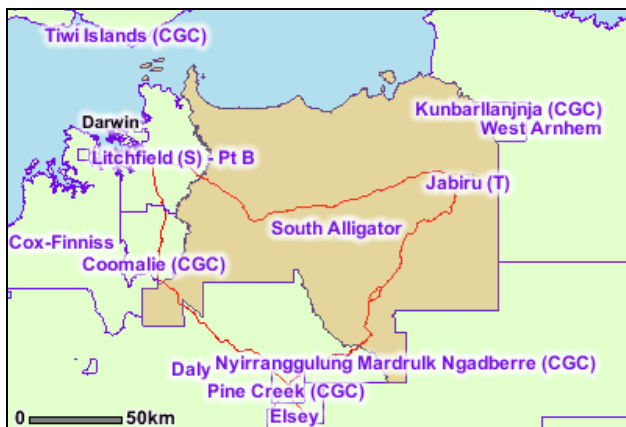
2 Background: the Kakadu/West Arnhem region and the struggle to control alcohol misuse

In this chapter we update the description of the Kakadu/West Arnhem region contained in the 1996 d'Abbs and Jones report (d'Abbs and Jones 1996) by (1) outlining demographic features of the region and (2) briefly describing efforts to address alcohol-related problems, both prior to and subsequent to the 1996 report.

2.1 Demographic characteristics

In terms of demographic statistics, the study area lies within the Australian Bureau of Statistics Alligator Statistical Subdivision (SSD), and comprises Kunbarllanjja Community Government Council Statistical Local Area (SLA), Jabiru Town SLA, and part of South Alligator SLA.

Figure 2-1: South Alligator Statistical Local Area



Source: Australian Bureau of Statistics 2006 Census MapStats by Location

The estimated resident population (ERP) of Jabiru in June 2006, according to the ABS, was 1247, of whom 729 (58.5%) were male and 518 female. As Table 2.1 shows, males outnumbered females in Jabiru in all age categories except 0-4 years (Australian Bureau of Statistics 2007b). Gunbalanya had an ERP of 1,043 people, while the South Alligator SLA had a total ERP of 713, not all of whom live within the area covered by this report.

Table 2-1: Estimated resident population, 30 June 2006

Locality (SLA)	Age	Male	Female	Total
Jabiru	0-4	49	59	108
	5-14	122	62	184
	15-24	82	65	147
	25-39	198	184	382
	40-59	242	137	379
	60+	36	11	47
	Total	729	518	1247
Kunbarllanjja (CGC)	0-4	40	50	90
	5-14	114	102	216
	15-24	94	106	200
	25-39	150	144	294
	40-59	109	94	203
	60+	16	24	40
	Total	523	520	1043
South Alligator	0-4	31	25	56
	5-14	71	55	126
	15-24	34	39	73
	25-39	115	88	203
	40-59	126	89	215
	60+	28	12	40
	Total	405	308	713

Source: Australian Bureau of Statistics 3235.0 Population by Age and Sex, Australia

An estimated 1,349 residents of the three SLAs (38.8% of the total), according to the ABS, were Indigenous (Australian Bureau of Statistics 2007d). As Table 2.2 shows, the proportion of Indigenous people in the population ranged from 13.7 in Jabiru to over 90% in Gunbalanya¹.

Table 2-2: Indigenous population of the area, 30 June 2006

	Indigenous status				Proportion of Population	
	Indigenous	Non-Indigenous	Status unknown	Total (a)	Indigenous (%)	Status unknown (%)
Jabiru	156	643	340	1,139	13.7	29.9
Kakadu/Marrakai – Remnant (b)	212	385	48	645	32.9	7.4
Kunbarllanjja (CGC)	798	74	10	882	90.5	1.1
Demed Homelands (c)	183	6	0	189	96.8	0.0
Total	1349	1108	398	2855	38.8	13.9

Source: Australian Bureau of Statistics 47050DO010 Population Distribution, Aboriginal and Torres Strait Islander Australians, 2006

(a) The totals shown here differ slightly from those in Table 2.1. Table 2.1 is based on Estimated Resident Population – that is the number enumerated on census night, adjusted for people who were away from their normal place of residence. Figures in Table 2.2 are based on enumerated numbers.

(b) An ABS 'Indigenous Area' that coincides with South Alligator SLA, with Jabiru town excluded.

¹ But note the unusually high number of 'status unknown' respondents in Jabiru.

(c) Demed homelands are serviced from Kunbarllanjnja community.

2.2 Attempts to control alcohol misuse in the region²

In 1964, several decades of legal prohibition on possession and consumption of alcohol by Aboriginal residents of the Northern Territory came to an end with the passing of the Licensing Amendment Bill 1964. Five years later, against the opposition of the Oenpelli Council, the NT Licensing Commission granted a takeaway liquor license to the Border Store, located near the banks of the East Alligator River 17 km from Gunbalanya (d'Abbs and Jones 1996). Almost immediately, the impact on the community was being described in terms of drunkenness, fighting, domestic violence and heavy spending on alcohol (Cole 1975).

In the same year, another event occurred that was to shape the lives of the people of Kakadu/West Arnhem over decades to come: miners Peko-Wallsend Operations Ltd and Electrolytic Zinc Co. of Australasia found substantial uranium ore deposits in what became known as the Ranger Project Area – the site today of Ranger uranium mine (d'Abbs and Jones 1996).

In October 1971, a series of community meetings was held at Gunbalanya, resulting in a call for a police officer to be stationed at Gunbalanya, alcohol sales to be banned on the Gunbalanya side of East Alligator River, and the Border Store's license to sell take-away liquor to be rescinded. In 1974 the Council once again opposed the licence, but to no avail. Subsequently, Council Deputy Chairman Jacob Nayinggul made representations to the Commonwealth Minister for Aboriginal Affairs, Senator Cavanagh :

Oenpelli was a very happy place until 1969 when a liquor licence was granted to a store just outside the Arnhem Land reserve. The Oenpelli community then unsuccessfully opposed the granting of the licence. Men drinking too much beer has led to lots of problems. People are sick. Six men have died and many have been taken to Darwin hospital. There have been lots of fights with fists, knives, axes and rifles. . . . In March 1974 we opposed the renewal of the licence in the Northern Territory licensing court, but our objections were overruled. Later in 1974 the problems became worse. On some nights none of the population of 600 were able to sleep because of drunken brawls (Cole 1975).

In 1975, Cole described alcohol misuse as 'the major social problem at Oenpelli' (Cole 1975), a view later corroborated by the Ranger Uranium Environmental Inquiry (RUEI, also known as the Fox report after its chairman), an inquiry set up by the Federal Government to determine whether or not uranium mining should proceed in the area and, if so, under what conditions.

Evidence placed before the Commission left no doubt that excessive consumption of alcohol by a large proportion of the Aboriginal people in the Region is having a deleterious effect on their general welfare. The Commission was left with the clear impression that the future of these people will depend in large part on removing or substantially reducing the causes of this problem (Fox, Kelleher et al. 1977).

² This section incorporates and extends the historical background presented in the earlier report by d'Abbs and Jones, Gunbang... or Ceremonies (1996).

The RUEI recommended that uranium mining proceed, despite opposition from local Aboriginal people. In doing so, it proposed an alcohol control strategy based on four principles:

- restricting alcohol sales throughout the Kakadu/West Arnhem region to licensed clubs, where such sales would be rationed and mainly or entirely for on-premises consumption;
- allowing only very limited amounts of liquor to be sold as take-away;
- issuing *no* ordinary publicans' licences;
- prohibiting the bringing of liquor onto Aboriginal land in bulk quantities (such as a dozen or more cans of beer), except for purposes of supply to licensed premises (Fox, Kelleher et al. 1977).

In addition, the RUEI proposed a number of other recommendations, including recognition of Aboriginal title to land, establishment of a national park, and a buffalo eradication program. Together, these measures would, the RUEI believed, create new job opportunities for Aboriginal residents of the area, and offset any adverse consequences of uranium mining (Fox, Kelleher et al. 1977).

The RUEI's recommendations were largely accepted by the Commonwealth Government, with a result that in November 1978 an agreement was signed under which the recently constituted Northern Land Council, representing traditional owners, consented to uranium mining, subject to royalty payments of 4.25% of the value of mineral production, and employment of bininj in the mine and associated service occupations (Lea and Zehner 1986). In the following year, traditional owners established the Gagudju Association to represent their interests. In 1980 the Association purchased the Cooida lease, giving it control over the availability of liquor in the southern end of Kakadu National Park (Kesteven 1984a).

Gunbalanya Council purchased the Border Store licence and transferred it to the Gunbalanya Sports and Social Club, where it has remained ever since. Shortly afterwards, another licensed club – the Jabiru Sports and Social Club – was established in the then new town of Jabiru (Kesteven 1984b).

It was not long before the policy of restricting alcohol sales to licensed clubs was challenged by commercial interests. An attempt by a supermarket in Jabiru to secure a take-away licence in 1982 escalated into a dispute between the NT Government on the one hand and, on the other, Australian National Parks and Wildlife Service and the Northern Land Council, both of which opposed the application. As a result of the dispute, the Commonwealth amended the regulations under the National Parks and Wildlife Conservation Act 1975 to place final authority over the sale of liquor in Kakadu firmly in the hands of the Director of ANPWS (Kesteven 1984b; Lea and Zehner 1986). Section 20E of the amended regulations stated that "A person shall not sell liquor in Kakadu National Park without the permission in writing of the Director" and required the Director, upon receiving an application under the section, to seek and take into account the views of the Northern Land Council (Commonwealth of Australia 1983).

It soon became apparent, however, that the hoped-for moderating effect of the alcohol strategy on consumption had not eventuated. In 1984 Kesteven conducted an inquiry as part of a Commonwealth-funded review of the social impact of uranium mining. She noted that, although the RUEI's fears of that the numbers of liquor outlets in the area would grow

had not been borne out by events, access to alcohol had nonetheless increased. Overall, her assessment was a bleak one:

It would not be unfair to say that alcohol - the search for it, the imbibing of it, or the avoidance of those intoxicated - is a major preoccupation of the entire Region. Apart from long-term effects on health, vehicle accidents result from it, sometimes deaths, and certainly violence against property and people. Money is diverted from food to beer, energies are diverted from ceremonies to beer. And energies are consumed (principally by women) in maintaining a social fabric that alcohol threatens to tear down daily. The key question remains: for how long can unacceptable behaviour be tolerated; for how long will responsibility be disclaimed on the grounds of drunkenness; for how long can people patch the social and material damage done by drunks? (Kesteven 1984b).

Soon, the proliferation of liquor outlets feared by the RUEI also began to take place. In Jabiru itself, the Gagudju Crocodile Hotel - owned, as the name suggests, by the Gagudju Association – was established in 1988. In the same year the Corroboree Park Roadhouse commenced trading on the Arnhem Highway, between Jabiru and Darwin, and in 1990 the Mary River Roadhouse was established on the Kakadu Highway that links Jabiru with Pine Creek, just outside the National Park boundary. While neither of these roadhouses is located within Kakadu, they are both easily accessible to residents of the Alligator Rivers Region. The smaller Kakadu Frontier Lodge in Jabiru acquired a liquor licence in 1991.

By 1995 there were ten licensed outlets located within, or easily accessible from, the region. Three of these - Jabiru Sports and Social Club, Gunbalanya Sports and Social Club, and Jabiru Golf Club - are designed to serve local residents - that is, members and their guests. The remaining seven serve both the local and tourist markets. It was in this context that a local community-based group – the Gunbang Action Group – in 1995 engaged a team from the Darwin-based Menzies School of Health Research to examine needs and problems generated by alcohol misuse in the Kakadu/West Arnhem region, and to propose a regional strategy for addressing these problems. The team's findings and recommendations were documented in the report Gunbang . . . or Ceremonies: Combatting Alcohol Misuse in the Kakadu/West Arnhem Region (d'Abbs and Jones 1996).

2.2.1 Gunbang or ceremonies: the 1996 report on alcohol problems and options

d'Abbs and Jones estimated that in 1994-95, 61% of the alcohol sold in the Kakadu/West Arnhem region was sold through three licensed clubs – Jabiru Sports and Social Club (JSSC), Jabiru Golf Club (JGC) and Gunbalanya Sports and Social Club (GSSC). Another 32% was sold through five roadhouses – Gagudju Lodge Coinda, Bark Hut Inn, Kakadu Holiday Village (now known as Aurora Kakadu), Mary River Roadhouse and Corroboree Park Roadhouse. The remaining 7% of sales were accounted for by the two premises holding hotel licenses: Gagudju Crocodile Holiday Inn and Aurora Kakadu Lodge and Caravan Park.

They estimated apparent per capita consumption by persons aged 15 and over in 1994-95 at 14.1 litres of absolute alcohol – similar to the NT-wide figure for 1992-93 of 15.1 litres, and 50% higher than the national equivalent figure of 9.4 litres for 1992-93 (d'Abbs and Jones 1996)³. In the same study, the authors also used current estimates of the proportion

³ The Kakadu/West Arnhem estimates for 1994-95 almost certainly understate the true consumption levels,

of Aboriginal males and females who consumed alcohol to derive estimates of mean per capita consumption by Aboriginal drinkers at the two main outlets: JSSC and GSSC. According to their estimates, male Aboriginal drinkers consumed on average 56 cans of full-strength beer and 11 cans of light beer (3.0% alcohol or less) per week, equivalent to 1,150.9 mls of absolute alcohol per week. These consumption levels were described in the report as 'disturbingly high'. The mean consumption level among male Aboriginal drinkers was more than three times the National Health and Medical Research Council's (NHMRC) recommended upper limit for responsible alcohol consumption, and more than double the level designated by NHMRC as harmful. Consumption by female drinkers was more than four times NHMRC guidelines for responsible consumption, and more than double the level defined as harmful.

The report made 17 recommendations, designed to create a new strategic framework based on four types of measures:

- (1) *effective* controls on availability of alcohol;
- (2) a range of appropriate and genuinely accessible preventive and treatment services;
- (3) suitable 'risk reduction' measures and services, and
- (4) measures and services to enhance economic and social opportunities for Bininj.

Specific recommendations covered the first three of these categories, with the fourth subject to a separate consultancy commissioned by the Djabulukgu Association. Controls on availability of alcohol were to include a regional alcohol committee (a role subsequently exercised by the Gunbang Action Group), amendments to the operating conditions governing JSSC and GSSC to make both clubs more accountable to non-drinkers as well as drinkers, and more transparent in their financial operations, restrictions on sales of takeaways by JSSC, additional conditions on sales by GSSC during the lunchtime sessions (12 noon to 1 pm), and stronger enforcement of laws relating to serving liquor.

Recommendations relating to prevention and treatment services included introduction of screening and early intervention services at Jabiru Health Clinic and Gunbalanya Health Centre, with appropriate training provided, and increased resources for community-based counselling, referral and follow-up services provided at the time through the Council for Aboriginal Alcohol Program Services (CAAPS). Recommended risk reduction measures included support for the conversion of a building at Gunbalanya for use as a women's shelter; provision of crisis accommodation as part of a new women's resource centre proposed for Jabiru, and consideration to setting up a night patrol in either or both communities.

Finally, the report recommended that the strategy be implemented through a community development approach, with funds to be provided for a designated community development worker to be based in Gunbalanya (d'Abbs and Jones 1996).

The 17 recommendations were formally considered by the GAG at a meeting on 1 April 1996. Fourteen recommendations were unanimously accepted; the remaining three – to do with accountability and representation on the part of the licensed clubs - were opposed by members of a delegation from Gunbalanya, several of whom were committee members or

since they are based solely on sales from the three licensed clubs. Other outlets were omitted from the calculations on the grounds that it was not possible to judge the proportions of sales accounted for by local people and visitors respectively.

employees of GSSC. The Gunbalanya delegation requested postponement of final acceptance of the report, to allow another public meeting to be held in Gunbalanya.

The additional meeting duly took place on 17 May and, although well attended (by some 80 residents as well as the consultants), it became apparent that there had been little or no discussion in the community regarding the three recommendations that were subject to contention. In response, the GAG subsequently resolved to proceed with accepting the report and its recommendations, while noting that three of the recommendations were subject to continuing deliberation at Gunbalanya (d'Abbs and Jones 1996).

The recommendations as adopted by the GAG in 1996 became incorporated into a Corporate Plan that shaped the Group's activities over the ensuing years.

2.2.2 The Kakadu Region Social Impact Study (KRSIS)

In the same year that the GAG accepted the recommendations of the d'Abbs and Jones report, the Commonwealth and NT governments, together with Northern Land Council and ERA, agreed to sponsor a broader social impact study in the Kakadu region. The study was based on a two-pronged approach, with an Aboriginal Project Committee (APC) made up of Aboriginal people from the region, charged with ascertaining the views of Aboriginal people, and a separate Study Advisory Group (SAG), with responsibility for developing a community action plan in collaboration with the APC. The project also commissioned a number of other reports, which remain unpublished. These included a review of literature on social impacts in the region between the Ranger Inquiry of 1977 and the KRSIS project, prepared by anthropologist Richard Howitt (Howitt 1997), a review of recent social, cultural, economic and political developments in the region, prepared by Peter Carroll (Carroll 1996), and a report on the history and possible futures for Jabiru, by Kesteven and Lea (Kesteven and Lea 1997).

While both the APC and the SAG reports acknowledged that benefits had flowed from the 'social contract' under which uranium mining in the region had been approved following the Ranger Inquiry – notably in the creation of Kakadu National Park, successful monitoring of biophysical impacts, and payment of royalty monies – both reports also identified adverse consequences, in particular the marginalisation of Aboriginal people in the region and the debilitating consequences of alcohol misuse (Kakadu Region Social Impact Study 1997). The community action plan recommended by the SAG report comprised 64 recommendations in areas including governance, education, employment and training, housing and infrastructure, alcohol, health, sport and recreation and economic development⁴.

The SAG recommended that attempts to develop Jabiru as a closed mining town be abandoned, and supported the APC's argument that Jabiru should be recognized as Aboriginal land, with an extension of the existing head lease to safeguard commercial interests.

On the issue of alcohol, the APC report noted ERA's decision to ban takeaway sales from JSSC for a period of 6 months commencing in March 1996 and, in response to the controversy caused by that decision in the community, had elected to conduct a survey

⁴ In the view of some stakeholders, notably the Gundjeihmi Association, representatives of the Mirrar traditional owners of the Ranger and Jabiru sites, the SAG report did not give adequate representation to recommendations of the Aboriginal Project Committee.

among local Aboriginal people to gauge their views regarding the role of the Club. The report stated that at time of writing, 81 responses had been received, almost all from drinkers. 'Clear majority preferences' had been indicated for several measures, including restricting the presence of minors at JSSC, having dry camps, ensuring police involvement, establishing a night patrol and sobering-up shelter, and imposing uniform rules for everyone. The report added that a 'significant minority' favoured continuation of the take-away ban (Kakadu Region Social Impact Study Aboriginal Project Committee 1997, p.26).

The Study Advisory Group made three recommendations relating to alcohol, all of them in effect supporting the actions of the Gunbang Action Group. These were:

- to support implementation of the GAG's Corporate Plan and, in particular, to urge the NT Government to provide funding for counseling and administrative support (as called for in the Corporate Plan);
- to call upon Parks Australia North and the NT Liquor Commission (as it was then called) to consult with GAG on all applications to establish permanent liquor outlets that had potential to impact on the region, and
- to recommend that the NT Liquor Commission and GAG take into consideration those liquor outlets lying outside the Kakadu region that were potential sources of alcohol for the region (Kakadu Region Social Impact Study 1997).

In keeping with the SAG report's recommendations, an Implementation Team was subsequently established with the late Bob Collins as Chair and representation from regional associations, Commonwealth and NT governments, ERA and NLC. The Gundjeihmi Association which, as already indicated, was not happy with the SAG report, declined to join the team (Collins 2000b).

In two reports issued in June and November 2000 respectively, Team Chair Bob Collins gave glowing accounts of progress being made by GAG in implementing the GAG Corporate Plan (Collins 2000a; Collins 2000b). Collins reported:

A coordinated and comprehensive strategy to address alcohol related issues in the region is in place. This is reflected by the following projects: a night patrol service, dry-out shelter, women's refuge and family violence strategy (Collins 2000b, p.45).

The Night Patrol Service (NPS) was said to have commenced operation in June 2000, funded by grants of \$70,000 from the NT Government and \$140,000 from ERA. A Night Shelter to provide overnight care for persons affected by alcohol had also commenced operations in August 2000, assisted by financial and in-kind support from Gagadju Association. The NT Government had also provided \$70,000 towards the salary, vehicle and operational costs of an alcohol counselor for the region, to be delivered through the Darwin-based Combined Aboriginal Alcohol Program Services (CAAPS). An application had also been made to the NT Office of the Status of Women for funds to employ a counselor under an Indigenous Family Violence Strategy. Finally, a property was said to have been secured through the Environmental Research Institute of the Supervising Scientists (ERISS) for use as an Aboriginal women's/families refuge in Jabiru (Collins 2000b). Collins also drew attention to the broad representative base of GAG.

2.2.3 After KRSIS

Two years after Collins wrote his upbeat assessment of progress on the alcohol front, the OIC of Jabiru Police Station presented a much gloomier picture in testimony to an NT

parliamentary inquiry. In a written statement to the Select Committee on Substance Abuse in the Community in November 2002, Senior Sergeant David Pryce informed the Committee that neither the Jabiru Night Patrol nor the Night Shelter had been operative for the past year. The GAG, he added, had entered into agreements with a number of local liquor outlets under which the latter agreed to restrictions on sales. However, compliance with these restrictions, according to Pryce, depended entirely on the goodwill of the licensees or their managers, since the restrictions were not part of the formal licenses issued by the NT Licensing Commission. The GAG was said to be investigating ways in which the restrictions might be incorporated into the licence conditions, but in the meantime the GAG, according to Pryce, lacked any real authority since it was 'only a community group and doesn't have any true power except that of lobbying and public pressure' (Pryce 2002).

Two reasons for the cessation of the night patrol were cited by persons interviewed for this project. According to one account, the patrol came to be seen, not as a means of reducing alcohol-related harm, but as inadvertently exacerbating drinking, since drinkers could now count on a free ride home, and outlets did not have to worry about drunks littering their premises. Another source has claimed that funding for the night patrol became caught up in continuing disputes between ERA and Gundjeihmi over proposals to mine Jabiluka.

Pryce's testimony pointed to other problems. It was not uncommon, he stated, for Aboriginal people to purchase large amounts of liquor at the Bark Hut (137 km west of Jabiru on the Arnhem Highway), Pine Creek or Humpty Doo and bring it back to Jabiru for drinking binges, sometimes leading to incidents. He also drew attention to the link between alcohol abuse and domestic violence in Jabiru:

Sadly, there have been two domestic homicides at Jabiru in only the past few months in which Aboriginal women were the victims. Both of these deaths are believed to be alcohol related (Pryce 2002, p.4).

2.2.4 The NT National Emergency Response Act

In June 2007, under the NT National Emergency Response Act, the Commonwealth Government introduced a set of measures which, among other things, effectively over-rode existing provisions of the NT Liquor Act as they applied to communities on Aboriginal land in the NT (Australian Government 2007), by declaring a blanket ban on importation, possession and consumption of alcohol on all Aboriginal land. An exception was made for existing licensed clubs in Aboriginal communities, although these too were subject to changes in trading conditions, as set out below.

The Commonwealth intervention was ostensibly a response to what the government of the day perceived to be a tardy response by the NT Government to an inquiry (commissioned by the NT Government) into child sexual abuse in Aboriginal communities. The report of the inquiry – entitled *Little Children Are Sacred* – referred to 'rivers of grog' and pornographic videos flowing into communities where child sexual abuse had become endemic (Board of Inquiry into the Protection of Aboriginal Children from Sexual Abuse 2007).

In one sense, the imposition of 'dry areas' did not in itself signify a change, since almost all remote Aboriginal communities in the NT had long since availed themselves of powers available under Part VIII of the NT Liquor Act to have their communities declared dry or

subject to restrictions on alcohol. Whereas the latter arrangements were mutually negotiated between the NT and community representatives, however, the imposition under the NT National Emergency Response was unilateral and blanket in scope.

In the Kakadu/West Arnhem region, the main implications of the new measures were:

- a significant reduction in the permitted trading times of the Gunbalanya Sports and Social Club, which from November 2007 was permitted to trade only between 4.30 – 7.30 pm Tuesday and Wednesday, and 5.30 to 8.30 pm on Friday and Saturday. No sales were permitted on Sunday or Monday; the only beverage sales permitted were on premises sales of mid-strength or light beer, and substantial food had to be made available during trading hours.
- while Jabiru itself is not a Prescribed Area, Manabadurma, Mudginberri, Patonga and all other homeland centres are Prescribed Areas, and therefore subject to all provisions of the new legislation, including a ban on alcohol consumption.

By early 2008, anecdotal reports indicated that a significant number of would-be drinkers from Gunbalanya had moved into and around Jabiru and elsewhere. This issue, however, is not addressed in this report.

2.3 Conclusion

It is clear from the above account that the history of mining and tourism in the region has, from its beginnings in the 1970s, been inextricably bound up with issues to do with controlling alcohol misuse. It is also clear that the regional strategy adopted by the Commonwealth Government on the recommendations of the RUEI – involving restricting alcohol consumption to on-premises consumption at licensed clubs – has long since been overtaken by events, in particular the proliferation of outlets following in the wake of growth of tourism and mining.

3 The supply and regulation of alcohol in the region

Jabiru is home to four liquor outlets: two clubs (Jabiru Golf Club (JGC) and Jabiru Sports and Social Club (JSSC)), one private hotel (Aurora Kakadu Lodge & Caravan Park) and one public hotel (Gagudju Crocodile Holiday Inn). Gunbalanya has just one liquor outlet – the Gunbalanya Sports & Social Club (GSSC).

Three more outlets – Aurora Kakadu, Gagudju Cooida Lodge and Wirnmirmirla (Mary River) Roadhouse – lie within or close to the Kakadu National Park boundary, while another two - Bark Hut Tourism Centre and Corroboree Park Tavern – are situated along the all-weather Arnhem Highway within two hours drive of both Jabiru and Gunbalanya. These outlets and their locations are listed in Table 3.1, while further details about the licences are shown in Appendix A.

Table 3.1: Liquor outlets, Kakadu/West Arnhem region

Location	Premises	Proximity to Jabiru	Take-away sales to public
Jabiru	Jabiru Golf Club		Yes, to members only
	Jabiru Sports & Social Club		Yes, to members only (but does not use)
	Aurora Kakadu Lodge & Caravan Park		No
	Gagudju Crocodile Holiday Inn		No
Gunbalanya	Gunbalanya Sports & Social Club		No
Elsewhere in or near Kakadu National Park	Aurora Kakadu	Arnhem Hwy, 38 km west of Jabiru	Yes
	Gagudju Cooida Lodge	Kakadu Hwy, 54 km sw of Jabiru	Yes
	Wirnmirmirla (Mary River) Roadhouse	Kakadu Hwy, 145 km sw of Jabiru	Licence not operative as of December 2007
Arnhem Highway	The Bark Hut Tourism Centre	Arnhem Hwy, 137 km west of Jabiru	Yes
	Corroboree Park Tavern	Arnhem Hwy, .. km west of Jabiru	Yes

3.1 Regulation of alcohol sales

Regulation of alcohol sales in the region is an outcome of three sets of processes, namely:

- formal licence conditions imposed by the NT Licensing Commission, and the manner in which these conditions are enforced;
- informal voluntary restrictions entered into by individual outlets, over and above restrictions already imposed through formal licence conditions (some of these are documented in protocols negotiated between local Aboriginal organizations and individual outlets), and
- statutory requirements imposed under the Kakadu National Park Management Plan, and the manner in which these are enforced.

Each of these is here considered in turn.

3.2 Formal licence conditions imposed by NT Licensing Commission

Clubs by definition are permitted to sell alcohol only to members or members' guests. All other outlets are authorised to sell alcohol to members of the public for on premises consumption, although in the case of Aurora Kakadu Lodge and Caravan Park, consumption by non-guests is supposed to be linked to a meal. With respect to takeaway sales, the licence conditions of JGC and JSSC authorise both clubs to sell takeaway liquor to members. However, JSSC has not taken up this entitlement since ERA effectively prohibited takeaway sales from there in 1997 (see below). Gunbalanya SSC is not permitted to sell takeaway alcohol.

All of the outlets located outside of Jabiru and Gunbalanya are permitted to sell takeaway alcohol to members of the public, although the owners of Aurora Kakadu have voluntarily foregone this right since about 2001.

3.2.1 Trading conditions: Jabiru

Table 3.2 below shows the permitted trading hours, as recorded in the respective licences, of the four outlets located in Jabiru itself. On any weekday, alcohol can be legally sold for on-premise consumption at JGC, JSSC and the Crocodile Holiday Inn (Escarpment Restaurant & Cocktail Bar) from 10 am till 11 pm, and at JGC from 9 am on weekends. As the Table shows, individual licences provide for variations on this general pattern – for example, JGC can trade till midnight on Saturday, but only to 9 pm on Sunday, while JSSC can trade till 1 am Saturday and Sunday respectively so long as entertainment is provided. The net effect, however, is that alcohol is readily available for on-premises consumption in Jabiru throughout most of every day and every evening (except, at the two clubs, Good Friday and Christmas Day).

Table 3-2: Authorised trading hours, Jabiru liquor outlets

Premises	Type	Trading hours
Jabiru Golf Club (a)	Club	Sun 0900-2100; Mon-Thur 1000-2300 Fri 1000 - 2359 Sat 0900 - 2359 No trading on Good Friday or Christmas Day
Jabiru Sports & Social Club	Club	Sun-Sat 1100-2300 Fridays and Saturdays trading hours extended to 01:00 (the following day) only in conjunction with entertainment. Public Holidays 11:00 and 22:00. No trading on Good Friday or Christmas Day
Aurora Kakadu Lodge & Caravan Park	Private Hotel	Sun-Sat 1200-2359.
Gagudju Crocodile Holiday Inn	Public Hotel	Courtyard Barbecue/ Swimming Pool: Sun-Sat 0600-0200 the following morning; Escarpment Restaurant & Cocktail Bar Sun-Sat 1000-0200 the following morning, subject to meals being available; Ginga's Tavern/Convention Area Sun-Sat 1100-0200 the following morning, subject to meals being available on request; Jim Jim Balcony Bar Sun-Sat 1600-0200 the following morning; Jim Jim Room Sun-Sat 1100-0200 the following morning.

- (a) The manager of Jabiru Golf Club advises that the actual trading hours adopted by the Club are more limited than the permitted hours. Actual hours are: Sun: 1000 – 2100; Mon – Thur: 1530 – 2300; Fri 1530 – 2400; Sat 1000 – 2400.

3.2.2 Trading conditions: Gunbalanya

As indicated earlier, in October 2007 the then Federal Family & Community Services Minister Mal Brough announced new trading conditions for licensed premises in Prescribed

Areas under the NT National Emergency Response. These included Gunbalanya Sports and Social Club, which from November 2007 was permitted to trade under the following conditions:

- Mid strength and light beer to be sold only.
- No takeaway sales allowed.
- Substantial food to be made available.
- Trading hours: Tue-Wed 4.30 – 7.30 pm; Fri-Sat 5.30 – 8.30 pm.

3.3 Informal voluntary restrictions

In addition to being bound by formal licence conditions, most outlets in the region observe additional restrictions, most but not all of them targeting Bininj drinkers in particular. These restrictions are summarised in Table 3.3.

Table 3.3: Voluntary restrictions on sales observed by managers/licensees of premises in region (as reported by managers of the outlets concerned)

Location	Premises	Voluntary restrictions
Jabiru	Jabiru Golf Club	On any one day, members (Indigenous or non-Indigenous) may purchase for takeaway consumption(a): <ul style="list-style-type: none"> • one carton of FS beer OR • one carton RTD spirit drinks OR • one 700 ml bottle of spirits OR • two 750 ml bottles of wine OR • one 2-litre cask of wine OR • one 750 ml bottle of wine + one 6-pack of beer or RTD drinks.
	Jabiru Sports & Social Club	Bininj members limited to 8 cans of FS beer per day; no spirits sold to bininj.
	Aurora Kakadu Lodge & Caravan Park	Take-away sales to guests only (licence condition); On premise sales to bininj limited to 4 cans of mid-strength beer per day.
	Gagudju Crocodile Holiday Inn	Bininj non-guests may purchase (on production of ID) up to 4 cans of beer for consumption on premises; no spirits sold to bininj.
Gunbalanya	Gunbalanya Sports & Social Club	Voluntary restrictions introduced in 2007 over-ridden by statutory restrictions imposed under Commonwealth Government NT intervention.
Elsewhere in or near Kakadu National Park	Aurora Kakadu	No takeaway sales except to house guests (although licence permits them); On-premise sales: Bininj limited to 6 cans of mid-strength or 4 cans of FS beer per day.
	Gagudju Cooinda Lodge	On premise sales to local Bininj limited to beer only (no spirits, RTDs, wine); 12 can limit per day, including takeaways. Takeaway sales to Bininj limited to:6 cans of light or mid-strength beer per day; no FS beer, wine or spirits. Same rules apply to non-Bininj. Less restrictive rules apply to guests, campers, staff.
	Wirnwirnmirla (Mary River) Roadhouse	Licence inoperative as of December 2007.
Arnhem Highway	The Bark Hut Tourism Centre	Licensee states that he does not sell cask wines.

	Corroboree Park Tavern	
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- (a) These voluntary restrictions came into effect on 1 December 2007, replacing a previous set of limits. The manager of Jabiru Golf Club states that, subsequent to the Federal Government's NT Emergency Intervention, JGC does not sell takeaway liquor to residents of prescribed areas unless the persons concerned hold a permit issued by police or the NT Racing, Gaming and Licensing Commission.

In addition to these ongoing restrictions, the Gagadju Association has entered into agreements with Jabiru Sports and Social Club and Gagudju Crocodile Holiday Inn, under which in the event of the Association asking the outlets to cease serving alcohol to Association members temporarily on the occasion of a funeral or other culturally important event, the outlets agree to do so. It should be noted that no such agreement has been negotiated with Jabiru Golf Club.

These voluntary restrictions invite several observations. Firstly it appears that they arise from a desire to reconcile a sense of social responsibility with a wish to safeguard the commercial viability of the outlet. Secondly, some of the restrictions are a product of negotiations between the outlets and Bininj organizations, such as arrangements in place at Gagudju Lodge Coinda, and agreements by JSSC and Gagudju Crocodile not to sell spirits to Bininj. Other restrictions, however – such as the 8 cans of FS limit in place at JSSC - appear to have been put in place unilaterally by the manager of the day (sometimes by way of modifying pre-existing arrangements) or the owners of the outlet. Thirdly, whatever impact these voluntary restrictions may have on alcohol use and consequences in the region is a function, not of the restrictions in place at any one outlet, but of the *availability system* generated by the inter-active effects of individual restrictions.

Finally, seen in this light – that is, at the level of the availability system – the voluntary restrictions do not amount to an effective set of curbs on excessive drinking (however that may be defined). For example, so long as a local drinker has sufficient funds, he or she can purchase eight cans of full-strength beer from the JSSC, another four from the Gagudju Crocodile Holiday Inn, plus four more cans of mid-strength beer from Aurora Kakadu Lodge & Caravan Park. If the drinker is still standing, and is one of the 50 to 60 Bininj who are members of Jabiru Golf Club, she or he may also purchase more alcohol for on-premises consumption there and, on leaving, buy a take-away carton of full-strength beer or similar amounts of other beverages (although since 1 December 2007, according to JGC management, this facility is not available to residents of prescribed areas). All of this is possible without breaking the law or having to explore options opened up by grog running from outlets along the Arnhem Highway.

We do not suggest that every drinker – Bininj or balanda – drinks to this level, but rather that the voluntary restrictions, considered *systemically*, offer no serious barriers to anyone who might wish to do so.

3.4 Statutory requirements under Kakadu National Park Management Plan

Under the Kakadu National Park Management Plan, the conditions governing all sales of alcohol in the Park are subject to approval by the Park Director, who is committed under the Management Plan to consult with local Bininj and other organizations, including the GAG, before giving approval. The relevant regulations – r.12.37 – are reproduced in the box below.

Kakadu National Park Management Plan 2007-2014

Sale of liquor - r.12.37

- 7.1.32 Liquor must not be sold in the town except in accordance with a permit issued by the Director under the EPBC Regulations and the Liquor Act (NT).
- 7.1.33 Permits to sell liquor will not be issued by the Director unless the proposed permittee holds a licence under the Liquor Act (NT).
- 7.1.34 A permit holder must not apply to vary a licence under the Liquor Act, or to vary the licence conditions, without first having obtained the approval of the Director.
- 7.1.35 In making decisions about liquor permits the Director will consult and have regard to the views of Bininj, the NLC, local Aboriginal associations and the body known as the Gunbang Action Group (or its successor) (Australian Government Director of National Parks 2006, p.128).

These regulations constitute a layer of administrative oversight over and above those applying anywhere else in Australia. It is our impression, however, that the authority implicit in them is rarely invoked.

3.5 Effectiveness of regulatory controls

The present situation is anomalous. On the one hand, as we have shown, liquor outlets in the Kakadu National Park area are subject to a more elaborate apparatus of regulatory controls than applies elsewhere. Yet effective control of conditions governing availability appears to be in the hands of individual outlet managers or, in some cases, owners, who so far as we are aware do not make a habit of seeking approval from Parks Australia North. As for local Bininj, they almost certainly have little understanding of the layers of regulation applying to alcohol sales, and in most instances have no part in decisions taken by managers of the premises where they or their families purchase alcohol.

The present situation presents both a challenge and an opportunity for those involved in developing an AMP. The necessary regulatory powers are available; the challenge is to use them more strategically.

3.6 Postscript: Recent developments in the use of electronic photo ID systems to regulate purchase of takeaway liquor

Several major towns and smaller settlements in the Northern Territory have recently introduced electronic photo ID systems to regulate purchase of takeaway liquor. Most of these schemes are pursuant to the Liquor Legislation Amendment Act 2008, which was introduced into the NT Legislative Assembly in February 2008 (Legislative Assembly of the Northern Territory 2008; Northern Territory of Australia 2008). Under the new legislation, liquor outlets specified under regulation are required to scan identification from all customers intending to purchase takeaway liquor, while would-be customers are in turn obliged to produce identification in the form of a driver's licence, passport, 'Over 18' card, or some other recognized format.

In Alice Springs, Katherine, Mataranka, Pine Creek and Victoria River Roadhouse, the new system came into operation on 23 June 2008. In Nhulunbuy, East Arnhem, a permit system involving electronic photo ID commenced operation in March 2008.

While the technology involved is in all cases the same, the operating principles are not.

In Nhulunbuy, photo ID is required to show that the would-be purchaser has a *permit* to purchase takeaway alcohol. In all of the other places listed above, it serves the function of demonstrating that the purchaser is not *prohibited* from purchasing takeaway alcohol. Both systems are capable of monitoring amounts purchased from multiple outlets within the area covered by the system.

3.6.1 East Arnhem Alcohol Permit System

The Nhulunbuy system is an area-based system. Following an application by the local East Arnhem Harmony Mäwaya Mala Inc group, the NT Licensing Commission declared the East Arnhem area to be a General Restricted Area, in which purchase, possession and consumption of takeaway alcohol would henceforth require a permit⁵ (Northern Territory Government 2008).

As a result, from March 2008, any person wishing to purchase or possess takeaway alcohol in East Arnhem must obtain a Liquor Permit, which in turn requires production of a current NT driver's licence, 18+ Proof of Age card, passport and/or other forms of identification. Persons aged 18 and over are eligible for permits if they are a:

- resident of Nhulunbuy;
- bona-fide visitor or tourist with recognized accommodation, or
- a resident of an Indigenous community located within the General Restricted Area, that allows its residents to have a permit.

Traditional owners and senior elders from Gumatj and Laynhapuy homelands have indicated that residents of these homelands will not be eligible for permits. Neither are residents of Prescribed Areas under the NT National Emergency Response. Permits are issued by the NT Licensing Commission acting on the recommendation of a local Permit Committee.

The East Arnhem system works as follows: an applicant for a permit reports to the local police station, where details such as driver's licence number are recorded on a server, together with a photograph of the applicant taken at the police station. Any restrictions on the applicant's access to alcohol will also be recorded on the server. The applicant is then issued with a *paper* permit, which he or she is expected to carry for use as a back-up in the event of the electronic system malfunctioning.

When a permit holder wishes to purchase takeaway alcohol, he or she must produce the ID originally used to generate the permit – eg driver's licence. The person selling the alcohol then scans the ID using a local scanner networked to the server, which in turn transmits back to the local screen (a) confirmation or otherwise that the ID details are correct, and (b) the photograph of the ID holder as held on the server.

At present, five outlets are connected to the system: Woolworths, the Walkabout Hotel, Golf Club, Yacht Club and Arnhem Club. Despite their having initial misgivings, the major takeaway outlets – Woolworths and the Walkabout – are said to be satisfied with the system. On-premise sales of alcohol are not affected by the system. As of the end of May 2008, 4,350 permits had been issued, 26 of which had subsequently been revoked (East Arnhem Harmony Mäwaya Mala Inc 2008).

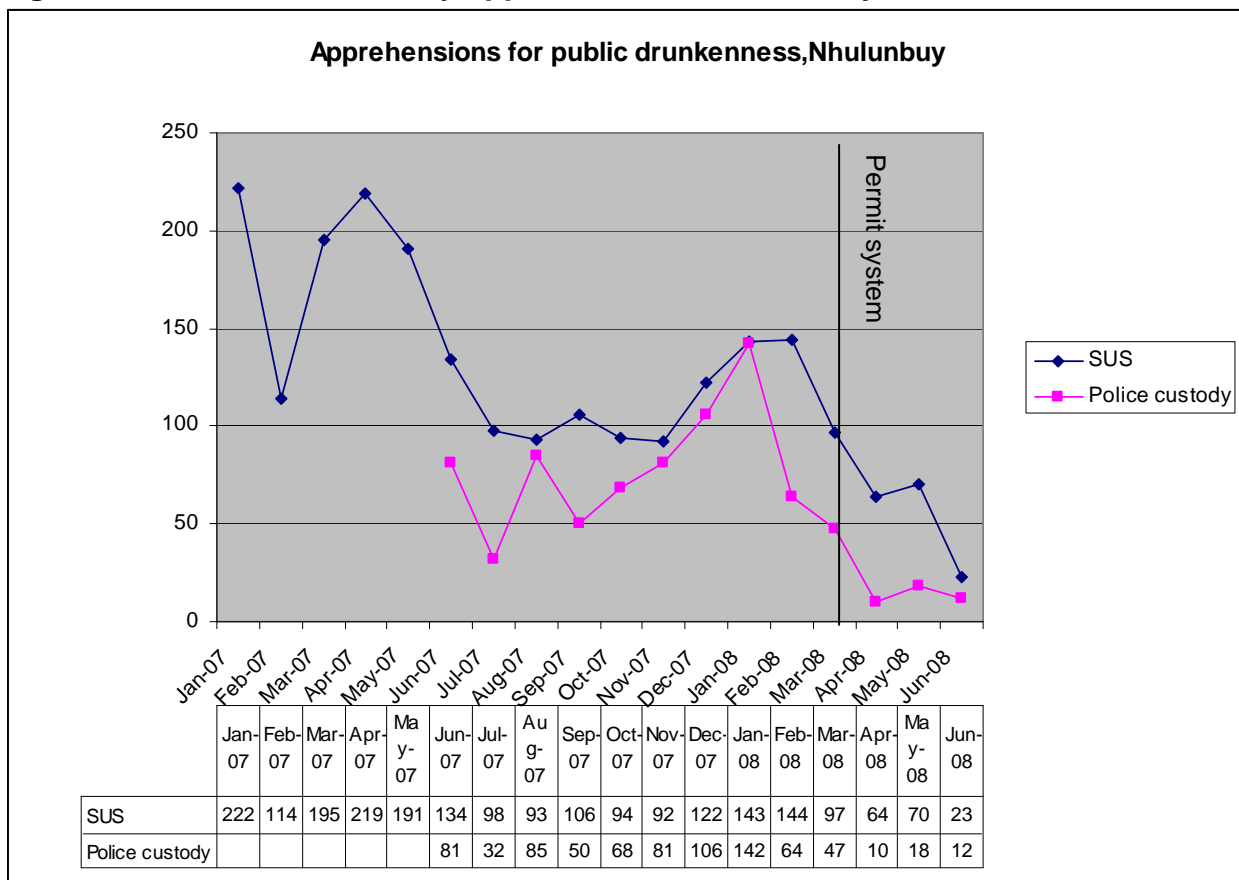
⁵ For an overview of types of restricted area formally recognized by the NT Licensing Commission, see Table 7-7 of the report.

The system has not yet been evaluated. However, as Figure 3.1 shows, the number of persons taken into protective custody for public drunkenness has declined since introduction of the ID permit system (although, as the graph also shows, the downward trend in apprehensions commenced prior to introduction of the permits). If the numbers of apprehensions taken into the sobering up shelter and police cells for each month are combined, the total number of apprehensions in the three months following introduction of the ID permit system (April to June 2008, 197 apprehensions) was 68% lower than the number of apprehensions in the corresponding months of 2007 (625 apprehensions)⁶.

The Nhulunbuy system has not been entirely free of technical problems. At present, it takes 17 minutes for information about a takeaway purchase to be uploaded onto the central server. In that time, a customer subject to limits on maximum daily purchases can 'beat the system' by purchasing alcohol from multiple outlets. The gain to the customer is more apparent than real, however, since he or she faces the prospect of losing her/his permit altogether once the infraction comes to light.

According to one East Arnhem Harmony Mäwaya Mala Inc member, the system has also placed pressures on on-premise bars at clubs, which are not directly affected by the system, creating a need for increased training in Responsible Servicing of Alcohol (RSA)⁷.

Figure 3-1: Protective custody apprehensions, Nhulunbuy, Jan 2007 - June 2008



⁶ Data on apprehensions was kindly provided by the East Arnhem Harmony Mäwaya Mala Inc.

⁷ Mr John Cook, Committee Members, East Arnhem Harmony Mäwaya Mala Inc, pers. Comm., June 2008.

3.6.2 Electronic ID system in Alice Springs, Katherine and other centres

In Alice Springs, Katherine, Mataranka, Pine Creek and Victoria River, the electronic ID system is designed to:

- detect individuals who may be subject to prohibition orders;
- enforce compliance with local maximum daily purchase limits;
- collect information required by the Australian Government on all alcohol sales of \$100 and above anywhere in the NT;
- make it easier to enforce the minimum purchasing age.

Anyone wishing to purchase alcohol from outlets in these localities is required to produce a form of ID readable by the retailer's scanner, which in turn is connected to a central server. The software underpinning the program is capable of reading passports, driver's licences, national identity cards (where applicable) for 51 countries, as well as 19 forms of local ID including 18+ cards, ID cards issued by Tangentyere Council (Alice Springs) and Katherine Region Aboriginal Legal Aid Service (KRALAS) cards. The system is said to check the ID within a few seconds, to ensure that the carrier is not subject to a prohibition order.

Prior to introducing the ID system in Alice Springs, the NT Department of Justice issued a discussion paper on the feasibility of introducing an electronic ID system for takeaway purchases in Alice Springs, and sought comment (Northern Territory Department of Justice 2007). In the following month the Alice Springs People's Alcohol Action Coalition, a community group with a long history of engagement with alcohol issues, gave conditional support to the idea, stressing in its statement the need to ensure that Aboriginal people were not placed at a disadvantage in having to produce acceptable forms of ID (Australian Broadcasting Commission (ABC) 2007).

Altogether 25 outlets are affected by the new schemes. At this stage, however, since the scheme did not go into operation until 23 June 2008, it is not possible to assess the impact of the changes.

3.6.3 The systems compared

Until both kinds of photo ID scheme are evaluated, it would be unwise to compare them. However, on the face of it, the Alice Springs type scheme would appear to be better suited to localities which experienced regular influxes of large numbers of tourists, while the Nhulunbuy permit system appears to work well in an area that is relatively isolated.

3.6.4 Evidence of electronic ID systems in other settings

A literature search failed to find evidence of other relevant published studies of the use of electronic ID systems to regulate purchases, apart from one study of an electronic system designed to prevent sales of alcohol and tobacco to minors in two localities in Iowa and Florida, USA (Krevor, Capitman et al. 2003). The study investigated two issues: the extent to which shop staff used electronic age-verification (EAV) devices when young customers sought to purchase alcohol or tobacco products, and the responses of young people when asked to swipe their IDs through EAV devices.

The study found that staff in stores with EAV devices were no more likely than those in comparison stores with no such devices to verify ages of young customers. The authors concluded that, while EAV devices probably increased the accuracy of age verification, they made no difference to the frequency of verification. They also found that, while most staff in most stores made much use of the EAV devices initially, use declined over time.

Finally, they found that most young people did not object to being asked to produce ID when attempting to purchase alcohol or tobacco.

3.6.5 Conclusion

Early indications suggest that the use of electronic ID systems to regulate takeaway alcohol sales in the NT is feasible and generally acceptable. Preliminary findings from Nhulunbuy also suggest that the permit-based system in use there has led to a reduction in public drunkenness, although its impact on other alcohol-related problems is not yet known. In the case of other localities in the NT, where the electronic ID system is designed to identify persons *not* permitted to purchase takeaway alcohol at a particular place or time, at the time of writing this report the systems have been in operation for only two weeks – not long enough to enable impact to be assessed.

4 Trends in alcohol consumption

The conventional and most reliable way of estimating per capita consumption of alcohol in any given time and place is

- to determine (as accurately as possible) the total amount of alcoholic beverages purchased,
- convert specific beverage categories to an equivalent amount of absolute alcohol (e.g. the litreage of full strength beer (5% alcohol) sold is multiplied by .05 to give a corresponding amount of absolute alcohol) and sum them, and
- divide the total by the estimated resident population aged 15+ to derive an apparent per capita consumption of absolute alcohol per annum.

The method, like any method, has limitations. It doesn't enable us to compare sub-populations (e.g. men with women); it doesn't make allowance for the fact that some people don't drink at all; it usually doesn't account of home-brewing or alcohol purchased from inter-state by mail order. The results of the method are, in short, indicative rather than precise measures.

These limitations are compounded when considering an area served by multiple liquor outlets, at least some of which are catering for tourists and other visitors as well as local residents. This is the case in Jabiru.

4.1 Apparent per capita consumption of alcohol in Jabiru, 2005-06

Of the four liquor outlets in Jabiru, two (Jabiru Golf Club (JGC) and Jabiru Sports and Social Club (JSSC)) are licensed to serve local members and members' guests only, while the other two – Aurora Kakadu Lodge and Caravan Park (ACLCP) and Gagudju Crocodile Holiday Inn (CGHI) – serve both local residents and tourists.

Estimates of per capita consumption depend in part on the assumptions made about proportions of sales made to locals and visitors respectively. The most conservative estimate for per capita consumption in Jabiru derives from including sales from JGC and JSSC only. In 2005-06, estimated per capita consumption by persons aged 15 and over in Jabiru, calculated on this basis, was equivalent to 10.6 litres of absolute alcohol per annum.

By way of comparison, national apparent per capita consumption of alcohol by persons aged 15+ in the same year was 9.84 litres (Australian Bureau of Statistics 2007c), while in the NT as a whole it was a much higher 17.3 litres (Northern Territory Racing Gaming and Licensing Division 2007).

If we assume that, in addition to alcohol sold at the two clubs, 50% of alcohol sold at Aurora Kakadu Lodge and Caravan Park and at Gagudju Crocodile Holiday Inn were also consumed by local residents, the total apparent per capita consumption rises to 12.2 litres of absolute alcohol, as Table 4.1 shows.

If, further, we assume that 10% of sales by the Bark Hut and Corroboree Tavern on the Arnhem Highway were also purchased by residents of Jabiru, the total rises further to 13.0 litres of absolute alcohol.

It seems reasonable to conclude, therefore, that per capita consumption of alcohol by Jabiru residents aged 15 and over in 2005-06 was equivalent to between 10.6 and 13.0 litres of absolute alcohol – that is, between 8% and 38% above the national average, but well below the overall NT-wide figure.

Table 4-1: Apparent per capita consumption of absolute alcohol by persons aged 15+ in 2005-06

Basis of calculation	Estimated resident pop. 15+(a)	Total absolute alcohol (litres)	Apparent per capita cons. (litres absolute alcohol)
Australia			9.8
NT			17.3
Jabiru			
JSSC and JGC only	955	10,076.9	10.6
JSSC + JGC + 50% of ACLCP and CGHI	955	11,625.9	12.2
JSSC + JGC + 50% of (ACLCP and CGHI) + 10% of (Bark Hut & Corroboree Tavern)	955	12,374.2	13.0
Gunbalanya SSC	737	13,706.6	18.6
Gunbalanya SSC + 10% of (Bark Hut & Corroboree Tavern)	737	14,454.9	19.6

(a) Source: Australian Bureau of Statistics 3235.0 Population by Age and sex, Australia

4.2 Apparent per capita consumption of absolute alcohol in Gunbalanya, 2005-06

In Gunbalanya, by contrast, apparent per capita consumption of alcohol by persons aged 15+ at the Gunbalanya Sports and Social Club was equivalent to 18.6 litres of absolute alcohol – higher than the NT wide level and almost double the national average of 9.8 litres.

If to this total a further 10% of sales from Bark Hut and Corroboree Tavern is added, the apparent per capita figure for Gunbalanya rises to 19.6 litres, as Table 4.1 shows.

This suggests that in Jabiru and Gunbalanya respectively we are dealing with two different drinking populations: one in which total consumption resembles the national consumption level, and the other characterised, as in the past, by high levels of regular consumption.

4.3 Trends in apparent consumption

Analysis of liquor purchases by retail outlets suggests that total sales of alcohol in the Kakadu/West Arnhem region in 2006-07 were 18% lower than in 1994-95. As Table 4-1 shows, total sales in 2006-07 amounted to 762,741 litres of beverages. When these figures are converted to equivalent amounts of absolute alcohol, the decline is of a similar order: 18.5%.

Table 4-2: Total liquor sales, Kakadu/West Arnhem region, 1994-95 and 2001-02 to 2006-07

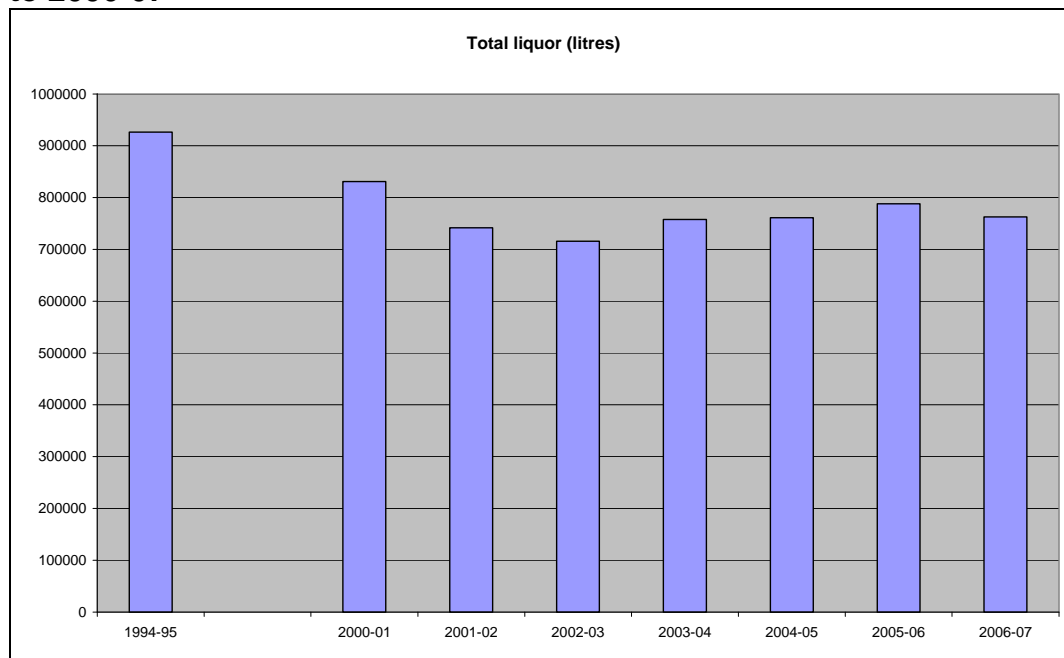
Year	Liquor (litres)	Abs. alc (litres)
1994-95	926573	48793

2000-01	831013	43819
2001-02	741739	39604
2002-03	715799	38135
2003-04	757735	40216
2004-05	760989	40346
2005-06	787784	41163
2006-07	762741	39803

Source: Racing, Gaming & Licensing Commission, NT registered wholesalers

The trend, however, is not one of linear decline. This is apparent from Figure 4-1, which plots the second column of Table 4-1 graphically, and shows that since 2002-03, total beverage sales have increased.

Figure 4-1: Total liquor sales, Kakadu/West Arnhem region, 1994-95 and 2001-2002 to 2006-07



In order to examine sales trends within the region, liquor outlets have been grouped into four categories, as shown in Table 4-2 below:

Table 4-3: Regional liquor outlets, by grouping

Group	Outlets
Jabiru	Gagudju Crocodile Holiday Inn
	Aurora Kakadu Lodge & Caravan Park
	Jabiru Sports & Social Club
	Jabiru Golf Club
Gunbalanya	Gunbalanya Sports & Social Club
In or close to Kakadu National Park	Gagudju Lodge Coinda
	Aurora Kakadu
	Wirnwirnmirla (Mary River) Roadhouse
Arnhem Highway	Corroboree Park Tavern
	Bark Hut Tourism Centre

Apparent consumption trends for each of these sub-regions are summarised below.

4.3.1 Jabiru outlets

Aggregate liquor purchases by the four outlets in Jabiru itself between 2000-01 and 2006-07 remained consistently below the levels of the late 1990s although, as Figure 4.2 shows, in the last three years they have once again started to rise. Total litreage sold in 2006-07 – 250,809 litres – was 33% below the 1994-95 figure of 374,651 litres. Figure 4.3 charts trends in purchases by Jabiru outlets for each beverage category between 2000-01 and 2006-07. It is apparent that the rise in recent years has been driven by increases in purchases of full-strength beer (after several years of declining purchases), mid-strength beer and pre-mixed spirit drinks. (The data on which Figure 4.3 is based are contained in

Table 1 in Appendix 2.) The rise in purchases of mid-strength beer suggests that the overall increase cannot be attributed entirely – if at all – to Indigenous residents.

Figure 4-2: Liquor purchases by Jabiru premises, 1994-95 to 2006-07

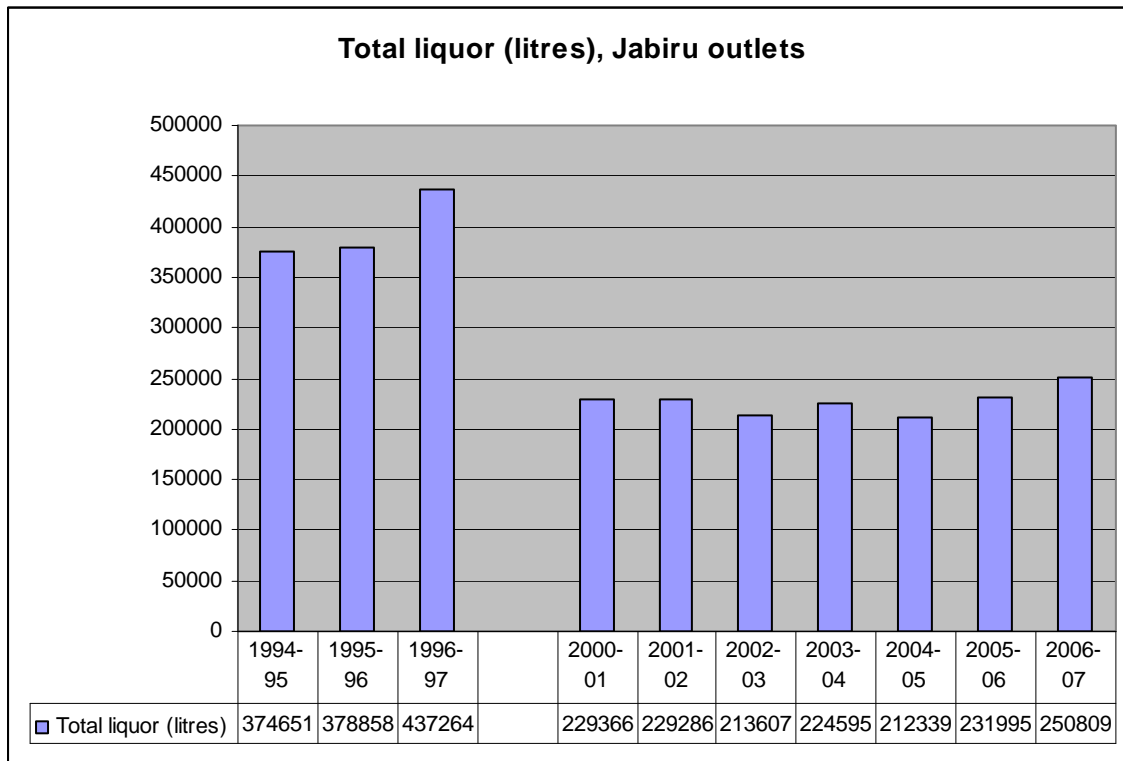
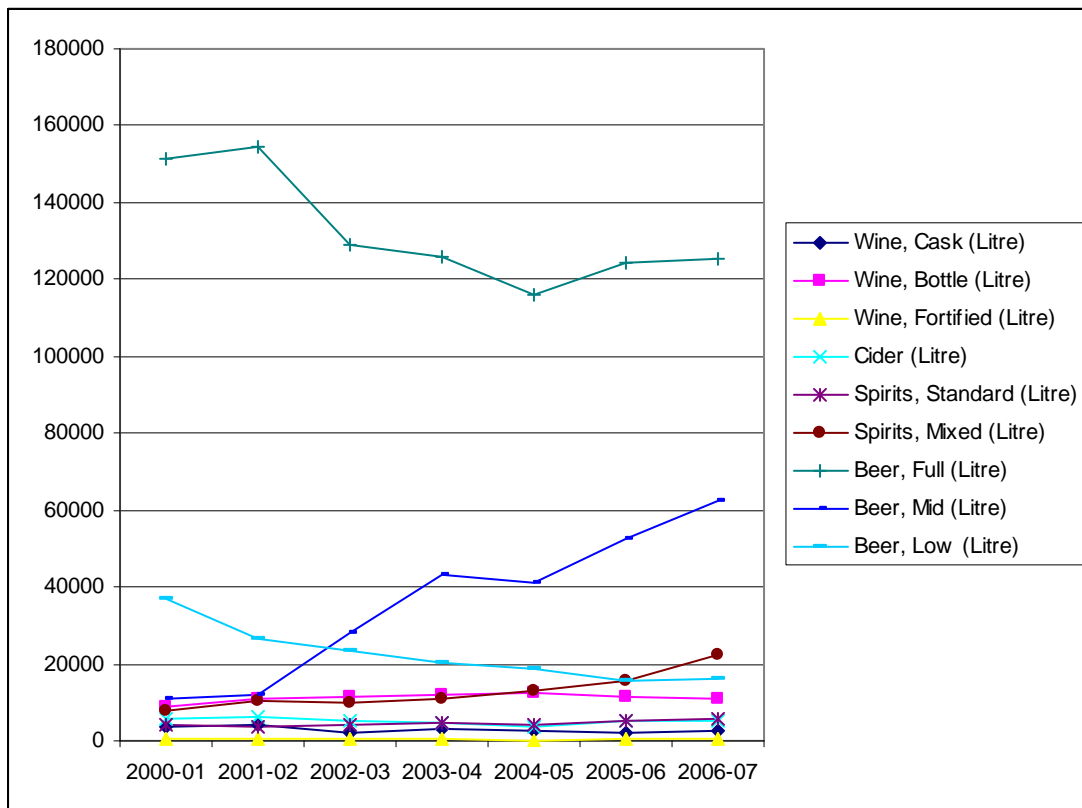


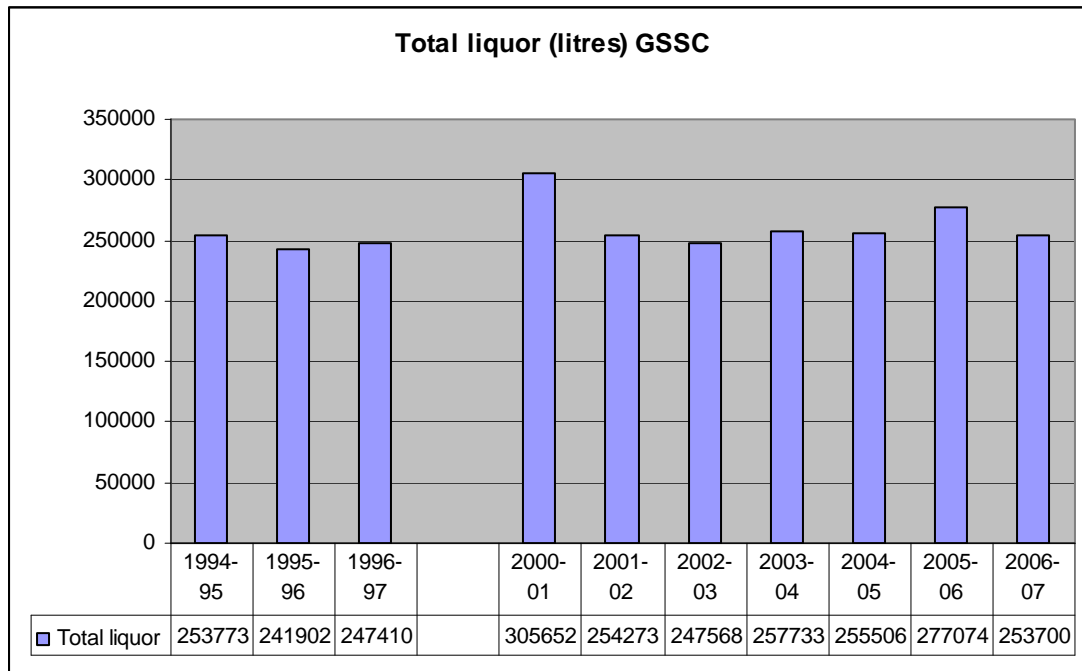
Figure 4-3: Liquor purchases by Jabiru outlets, by beverage category (litres), 2001-02 to 2006-07



4.3.2 Gunbalanya

Gunbalanya presents a very different trend to Jabiru. As Figure 4-4 shows, apart from a peak in 2000-01, sales by wholesalers to GSSC have remained at the high levels reported by d'Abbs and Jones in 1996. These figures suggest that the GAG's efforts since 1996 to moderate alcohol consumption have had little if any impact with respect to Gunbalanya Sports & Social Club. The figures pre-date, of course, the Commonwealth Government's 2007 intervention.

Figure 4-4: Liquor purchases by Gunbalanya SSC, 1994-95 to 2006-07

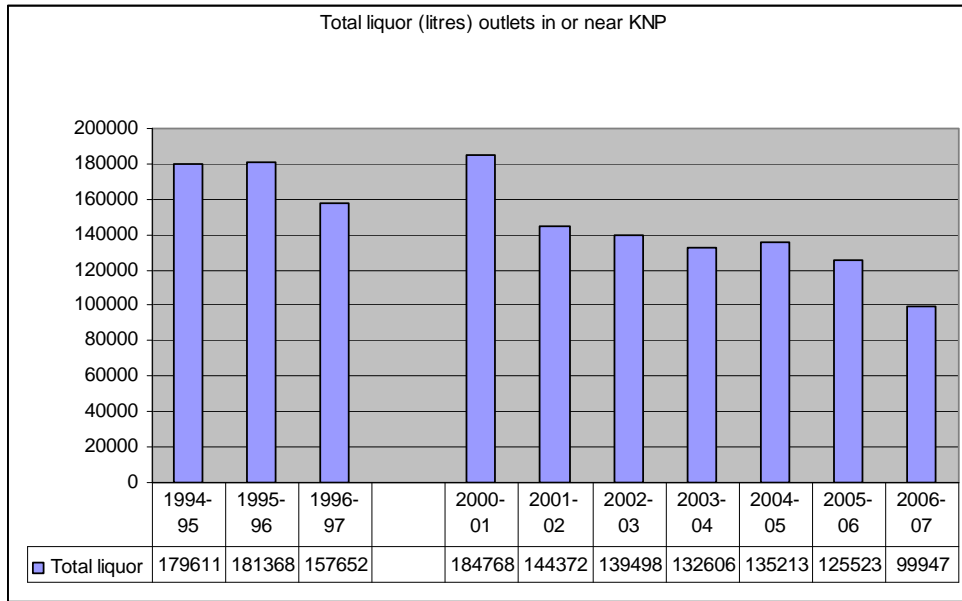


GSSC's license conditions restrict it to sales of beer only (and, since the 2007 intervention, to mid-strength or light beer only). In 1994-95, 84% of beer purchased by GSSC was full-strength beer, the remaining 16% light beer. By 2006-07, the proportion of full-strength beer had risen to 96.5%, with the remaining 4% divided between mid-strength beer (1.5%) and light beer (2.0%).

4.3.3 Other outlets located in or close to Kakadu National Park

Combined sales for the three outlets located in or adjacent to the National Park – Gagudju Lodge Coinda, Aurora Kakadu and Wirnwirnmirla (Mary River) Roadhouse - have also declined since the mid-1990s, from 179,611 litres of beverages in 1994-95 to 99,947 litres in 2006-07. (See Figure 4-5.)

Figure 4-5: Liquor purchases by outlets in or near Kakadu National Park, 1994-95 to 2006-07 (litres)



4.3.4 Arnhem Highway outlets

Sales by wholesalers to the two outlets located along the Arnhem Highway – Bark Hut and Corroboree Park Tavern – have increased significantly, as Figure 4-6 shows, from a total of 118,537 litres of beverages in 1994-95 to 158,285 litres in 2006-07 (an increase of 33.5%). Figure 4-7 shows that, as in the case of Jabiru outlets, growth in recent years has been driven by increased purchases of mid-strength beer and pre-mixed spirit drinks – suggesting that it is not entirely a function of the Indigenous alcohol market. (Data on which Figure 4-7 is based are in Appendix 2, Table 2.)

Figure 4-6: Liquor purchases by Arnhem Highway outlets 1994-95 to 2006-07 (litres)

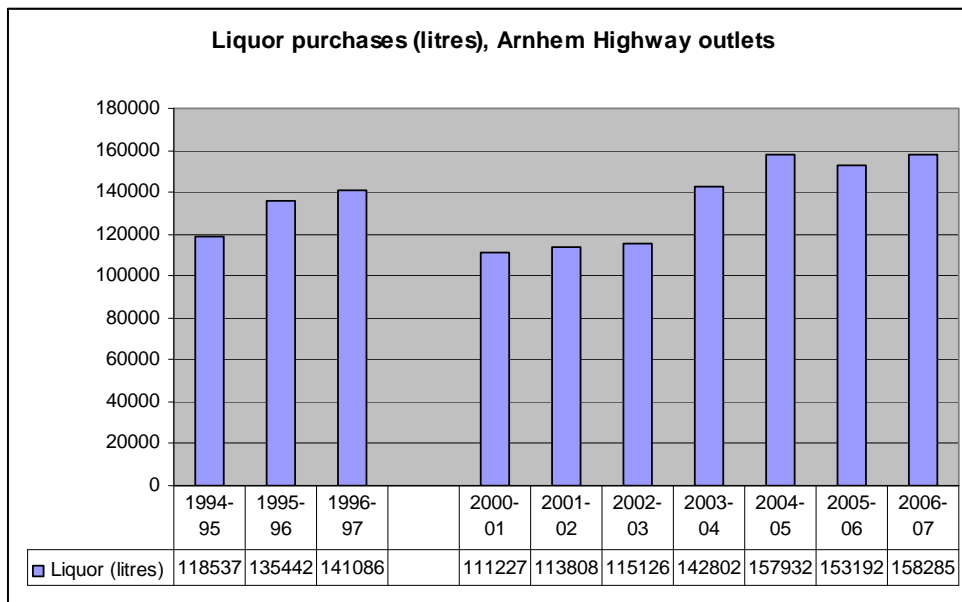
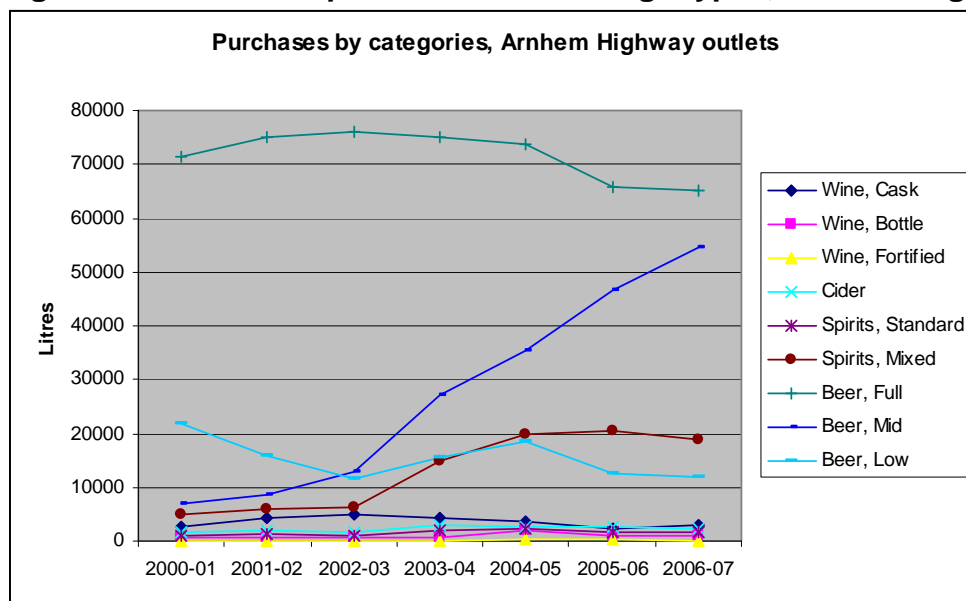


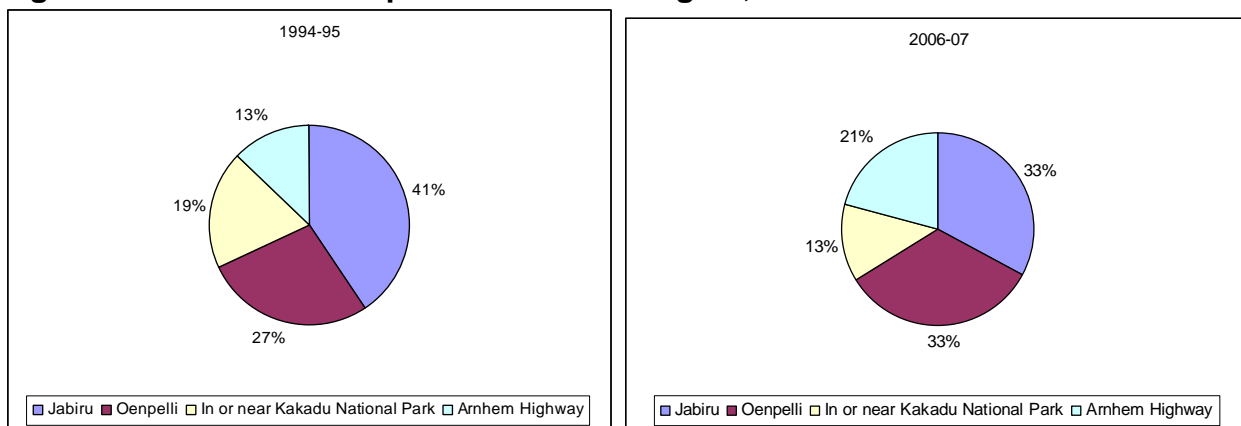
Figure 4-7: Trends in purchases of beverage types, Arnhem Highway outlets



4.4 Shifts in supply of alcohol within the region

As a result of these trends, there has been a shift in the relative importance of outlets within the region. As Figure 2.5a and b show, the share of sales accounted for by Jabiru outlets has fallen from 41% to 33%, while that accounted for by the two outlets located on the Arnhem Highway has increased from 13% to 21%. (However, it must be noted that we cannot make assumptions about the proportion of sales from Arnhem Highway outlets that are purchases by local people – either Indigenous or non-Indigenous – rather than tourists.

Figure 4-8: Sources of liquor sales within region, 1994-95 and 2006-07



4.5 Main points

- Apparent per capita consumption of alcohol by persons aged 15+ in Jabiru in 2005-06 was equivalent to between 10.6 and 13.0 litres of absolute alcohol – that is between 8% and 38% above the national average, but well below the NT-wide level of 17.3 litres.
- In Gunbalanya, apparent per capita consumption of alcohol in 2005-06 by persons aged 15+ was equivalent to 18.6 litres of absolute alcohol – almost double the national level of 9.8 litres.

- Sales of alcoholic beverages to outlets in the Kakadu/West Arnhem region in 2006-07, as recorded in sales from NT registered wholesalers, were 18% lower than in 1994-95, the year preceding adoption of a Corporate Plan by the GAG. However, the decline has not been a continuing trend; since 2002-2003 sales of alcoholic beverages in the region have *increased*.
- The decline in sales has been particularly marked with respect to combined sales to the four outlets located in Jabiru itself. Total litreage sold in 2006-07 – 250,809 litres – was 33% below the 1994-95 figure of 374,651 litres. In each of the three years since 2004-05, however, total sales have risen, a trend driven by growth in sales of pre-mixed spirit drinks and mid-strength beer.
- In Gunbalanya, by contrast, there has been no decline in sales of alcoholic beverages. Sales continued to increase following adoption of the GAG Corporate Plan and, although they declined in 2006-07, they remain virtually the same as in 1994-95. It appears that the GAG's efforts since 1996 to moderate alcohol consumption have had little if any impact with respect to Gunbalanya Sports & Social Club. The figures for 2006-07 pre-date restrictions imposed on GSSC by the Commonwealth Government intervention.
- Sales to other outlets located in or near Kakadu National Park have declined, while sales to the two outlets located on the Arnhem Highway have increased, both absolutely and as a proportion of total regional sales.

5 Evidence of effects of alcohol misuse in the region

In this section, we analyse quantitative data collected in the health and law enforcement sectors in order to identify key dimensions of alcohol-related problems in the region, and to map trends in the prevalence of problems. Data sources analysed are:

- alcohol-related separations from NT hospitals, involving patients from Jabiru and Gunbalanya, from 2004 to 2007 inclusive;
- police offences in the categories of non-aggravated assaults, aggravated assaults, non-aggravated sexual assaults, aggravated sexual assaults, recorded in Jabiru and Gunbalanya between 2001 and 2007 inclusive;
- Protective Custody Apprehensions for public drunkenness, Jabiru and Gunbalanya, 2001 to 2007 inclusive.

In addition, we review data on alcohol-related presentations to Kakadu Health Service and Kunbarllanjnja Health Centre, Gunbalanya, in 2007.

5.1 Alcohol-related hospital separations

Most alcohol-related health problems do not lead to hospitalisation; by definition, therefore, hospital-based data on alcohol-related presentations are indicative, not of the full range and extent of problems experienced in a community, but of the more serious episodes generated in that community. At the same time, hospital-based data offer a useful basis for examining trends over time, and for comparing localities and regions at a single point in time.

In 2007, there were 14 hospital separations in NT hospitals, directly attributable to alcohol misuse, involving patients from Jabiru⁸. This represents a rate of 112 per 10,000 population – well below the rate for the NT as a whole, where in 2005-06 there were 6,301 alcohol-attributable separations, representing a rate of 299 per 10,000 population⁹. As Table 5-1 shows, however, the number of alcohol-attributable separations in Jabiru has increased in recent years.

Table 5-1: Alcohol-related hospital separations from Jabiru, 2004 to 2007

Diagnosis	Diagnosis Code	2004	2005	2006	2007
Mental/behavioural disorder due to alcohol use – acute intoxication	F10.0	-	1	-	2
Mental/behavioural disorder due to harmful alcohol use	F10.1	6	6	7	9
Mental/behavioural disorder due to alcohol dependence syndrome	F10.2	2	1	3	-
Mental/behavioural disorder due to alcohol withdrawal	F10.3	1	1	1	1
Mental/behavioural disorder due to alcohol use psychiatric disorder	F10.5	-	-	-	-
Degeneration nervous system due to alcohol		-	-	-	1
Moderate alcohol intoxication	Y91.1	-	-	-	-
Alcohol involvement NOS	Y91.9	1	1	5	1

⁸ Since the data refer to *presentations* and not *patients*, it cannot be assumed that each presentation is accounted for by a different individual.

⁹ Based on ABS Estimated Resident Population, Northern Territory, 30 June 2006 (210,674 persons).

Jabiru total		10	10	16	14
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Source: NT Department of Health and Community Services

Table 5-2 shows comparable trends for Gunbalanya (Oenpelli). Here, not only has there been an increase in the number of alcohol-attributable separations since 2004, but the rate in 2007 of 412 separations per 10,000 population was 38% higher than the overall NT figure for 2005-06.

Table 5-2: Alcohol-related hospital separations from Gunbalanya, 2004 to 2007

Diagnosis	Diagnosis Code	2004	2005	2006	2007
Mental/behavioural disorder due to alcohol use – acute intoxication	F10.0	2	4	6	4
Mental/behavioural disorder due to harmful alcohol use	F10.1	12	32	19	25
Mental/behavioural disorder due to alcohol dependence syndrome	F10.2	1	2	2	1
Mental/behavioural disorder due to alcohol withdrawal	F10.3	3	2	3	8
Mental/behavioural disorder due to alcohol use psychiatric disorder	F10.5	2	1	-	1
Blood alcohol level < 20mg/100ml	Y91.0	-	-	1	-
Moderate alcohol intoxication	Y91.1	1	1	-	-
Alcohol involvement NOS	Y91.9	3	6	7	4
Gunbalanya total		24	48	38	43

5.2 Impact of alcohol misuse at primary health care centres

5.2.1 Kakadu Health Service

Records kept by Kakadu Health Services' Family Violence Counselling Service indicate that in 2006-2007 the service saw 156 clients presenting with alcohol and/or other drug problems, 128 of them (82%) with alcohol as the presenting problem, and 21 clients (13%) with cannabis as a presenting problem. Nearly two-thirds of the clients were women (102, or 65%), ranging in age from 6 to 62 years, and in 132 cases (85%), the presenting problem was accompanied by a comorbidity of family violence.

Clients required case management for an average period of 6-7 months, with active intervention for 12 weeks. A total of 92 cases (59%) were referred to other agencies, including legal aid, accommodation, mental health, Centrelink and Department of Family and Community Services. Table 5-3 summarises intervention outcome data for the 156 clients.

Table 5-3: Presentations to Kakadu Health Service for issues associated with family violence and/or substance misuse, July 2006-June 2007

Period	No. clients	Presenting problem	Co-morbidity of FV	Ave. length case management	Intervention outcomes
1/7/06 – 31/12/06	74	Alcohol (79%) Cannabis (12%) Tobacco (9%)	64	7.5 months	80% completed treatment plan; 10% ceased using substance; 63% decreased substance use.
1/1/07 – 30/6/07	82	Alcohol (85%) Cannabis (15%)	68	6 months	66% completed treatment plans; 5% ceased using substance; 55% decreased substance use.

5.2.2 Gunbalanya

Most presentations at the Kunbarllanjja (Oenpelli) Health Centre that are directly attributable to alcohol take place after hours. Between January and November 2007, the Health Centre at Gunbalanya experienced a total of 101 alcohol-related after-hours presentations - a mean of just over 9 per month (see Table 5-4).

Table 5-4: Alcohol related presentations, Kunbarllanjja Health Centre (Gunbalanya) Jan-Nov 2007

Month	Male	Female	Total
January	6	6	12
February	9	10	19
March (flood)	1	3	4
April	3	7	10
May	1	1	2
June	5	5	10
July	8	9	17
August	8	6	14
September	2	2	4
October	2	3	5
November	2	2	4
Total (11 months)	47	54	101

Source: Kunbarllanjja Health Centre, Gunbalanya

As mere numbers, this may not sound like very much. But even the barest details about the times and nature of these callouts gives some hint as to the disruption they entail, both among the families concerned and for health centre staff. Table 5-5 below lists times and presenting reasons recorded for the 12 presentations in the above table listed for January 2007.

Table 5-5: Characteristics of alcohol-related presentations, Kunbarllanjja Health Centre, January 2007

Date	Time	Gender	Presenting reason
4 th	2045	Male	Fell on way home from club
8 th	2100-2200	Female	Assaulted
10 th	2100-2200	Male	Respiratory distress
16 th	2045-2215	Male	Vomiting, chest pains
20 th	2300-0200	Male	Attempted self harm
		Male	Vomiting
22 nd	2300	Male	In fight
	2330	Female	In fight
23 rd	2200-0015	Female	Head injury
24 th	2230-2330	Female	Dizzy, fell down
		Female	Fell down
26 th		Female	Had a fall

As pointed out below, in November 2007 new reduced trading hours came into effect at Gunbalanya Sports and Social Club under the NT National Emergency Intervention.

Although statistical evidence has not been produced, Health Centre staff report anecdotally that since that time the number of after-hours callouts has fallen.

5.3 Police offence data: assaults and sexual assaults

Police offence data should always be viewed with caution as a social indicator, since the number of incidents and offences recorded is as much an indicator of police activity as of the prevalence of offensive behaviour¹⁰. Nonetheless, in areas where the number of police present remains more or less constant, trends in offences can be taken as indicative of trends in behaviour. We have used the numbers of assaults and, of these the numbers of assaults recorded as alcohol-related, as indicators of alcohol-related violence in Jabiru and Gunbalanya respectively.

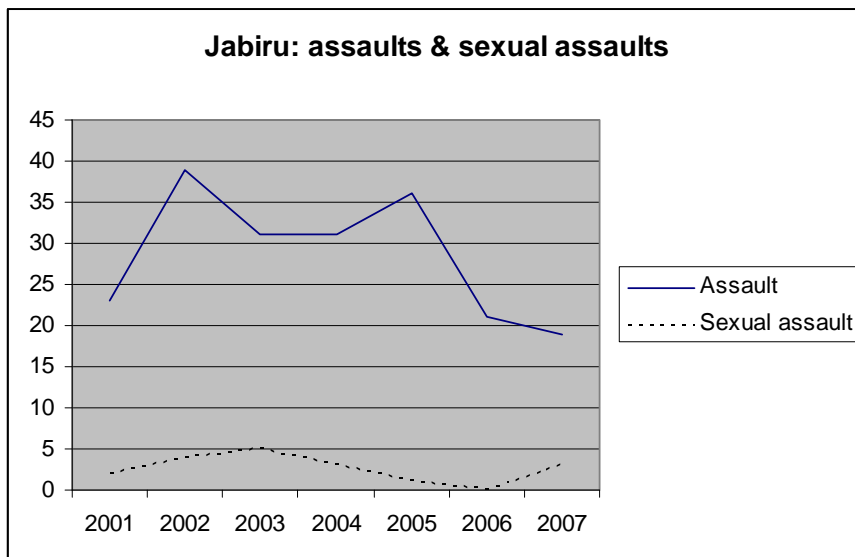
'Assaults' here includes four categories of offence: aggravated assault, non-aggravated assault, aggravated sexual assault, non-aggravated sexual assault.

5.3.1 Trends in assault offences in Jabiru

In 2007 Jabiru recorded 23 cases of non-aggravated and aggravated assault; this represents a rate of 152.4 per 10,000 population – well below the NT level of 228 per 10,000 for 2006-07¹¹. The number of non-aggravated and aggravated sexual assault offences in Jabiru in the same year was 3 – equivalent to 24 per 10,000 population. This is higher than the NT rate of 17.8 per 10,000, but the numbers here are so small that the comparison has little meaning.

Figure 5-1 plots the trend in assault and sexual assault offences in Jabiru from 2001 to 2007., and suggests a downward trend in assaults. The number of sexual assaults remains low throughout.

Figure 5-1: Offences and sexual assaults, Jabiru, 2001-2007

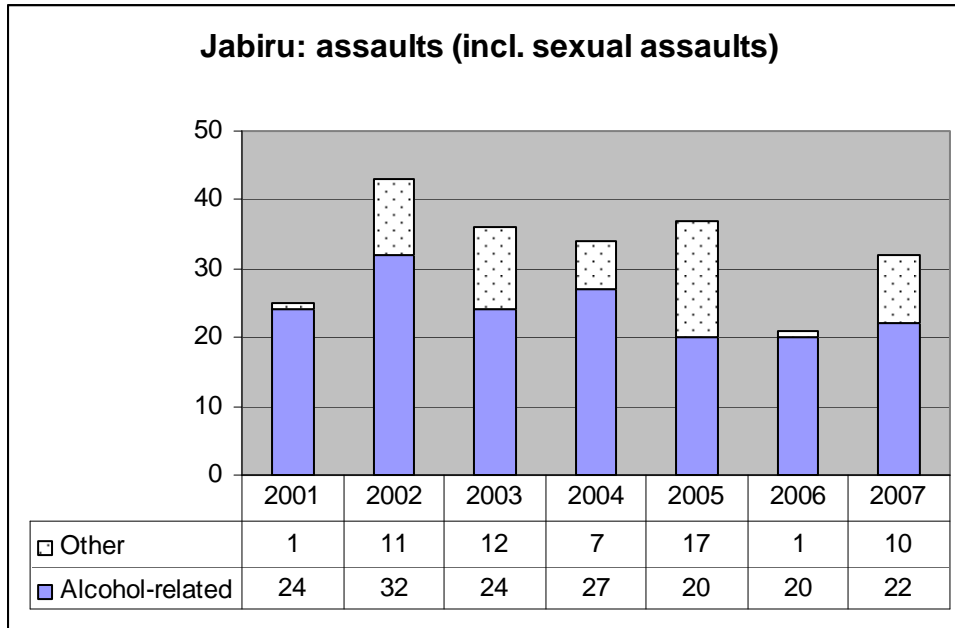


¹⁰ For example, it has been suggested that an increase in assault offences recorded by police across the NT in 2006 was largely a result of an increasingly pro-active role by police with respect to domestic violence, and to changes in reporting systems for domestic violence, rather than an increase in numbers of offences being committed. See the NT Police Fire and Emergency Services 2007 Annual Report.

¹¹ The NT estimates are derived from data presented in the NT Police Fire and Emergency Services 2007 Annual Report.

Figure 5.2 shows the proportion of alcohol-related to non-alcohol related assaults recorded in Jabiru. Of the 228 assaults recorded from 2001 to 2007, three-quarters (169, or 74%) were alcohol-related.

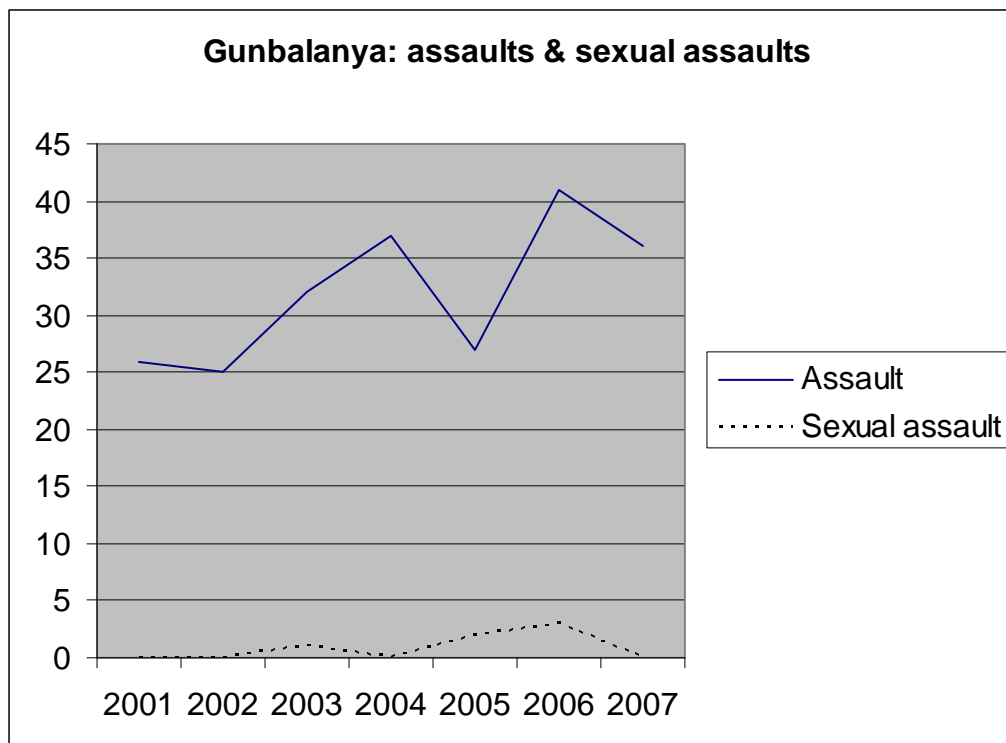
Figure 5-2: Alcohol-related and non-alcohol related assaults, Jabiru



5.3.2 Trends in assault offences in Gunbalanya

Figures 5-3 and 5-4 plot corresponding trends for Gunbalanya. Here, the number of non-aggravated and aggravated assaults in 2007 – 36 – represents a rate of 345 per 10,000 population, which is 51% above the NT-wide rate. Moreover, as Figure 5-3 shows, the number of assaults has tended to rise throughout the decade.

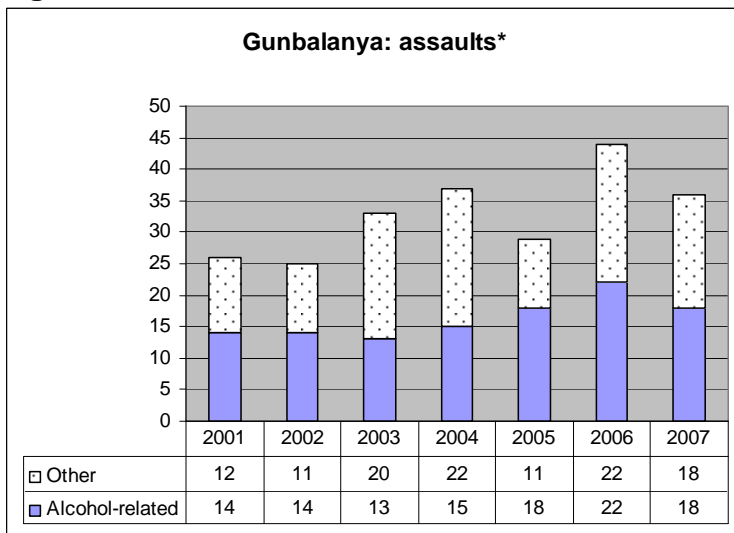
Figure 5-3: Gunbalanya - assaults and sexual assaults, 2001-2007



Source: NT Police

In Gunbalanya, half (49.6%) of the 230 assaults recorded between 2001 and 2007 were alcohol-related.

Figure 5-4: Alcohol-related and non-alcohol related assaults, Gunbalanya



* Includes assaults, aggravated assaults, sexual assaults, aggravated-sexual assaults

Source: NT Police

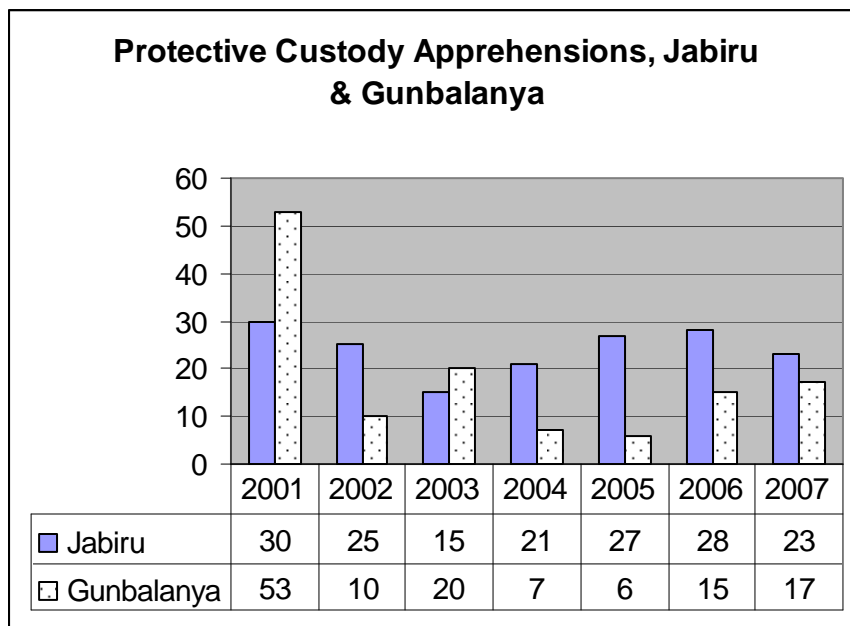
5.4 Protective custody apprehensions for public drunkenness

Public drunkenness in the NT is not a criminal offence, but under Section 128 of the NT Police Administration Act, a police officer may apprehend a person whom he or she has reason to believe is intoxicated from alcohol or other drugs, and is in a public place or on

private property without permission. The person apprehended is not charged with an offence (at least not for drunkenness *per se*), but is taken into what is officially termed Protective Custody and placed in a police cell or, if available, released into the custody of a sobering-up shelter.

In 1994-95, a total of 478 Protective Custody Apprehensions (PCAs) took place in Gunbalanya or Jabiru – 130 in Gunbalanya and 348 in Jabiru. These levels, moreover, were consistent with a trend in evidence throughout the first half of the 1990s (d'Abbs and Jones 1996). In 2007, by contrast, the total number of PCAs – 40 apprehensions – was less than *one-tenth* of the 1994-95 figure. To compare this with levels in the NT as a whole, in 2006 there were 26,315 PCAs in the NT, representing a rate of 1,273 PCAs per 10,000 population (Australian Bureau of Statistics 2007a)¹². In the same year there were 43 PCAs in Jabiru and Gunbalanya combined, representing a rate of 188 PCAs per 10,000 population – or about one-seventh of the NT rate.

Figure 5-5: Protective Custody Apprehensions, Jabiru & Gunbalanya



Source: NT Police

Figure 5-5 shows the number of PCAs in Jabiru and Gunbalanya for each year from 2001 to 2007. In Gunbalanya, the number dropped sharply in 2002, but between 2005 and 2007 began to climb again. The trend in Jabiru appears to be one of consistency, with a slight fall-off in 2007.

So what does the radical change since the mid 1990s signify? Does it mean there has been a marked decline in prevalence of public drunkenness, or that police in recent years have been less willing to lock up drunks than they used to be, or are both factors at work? We cannot answer this question; however, it is difficult to imagine such a major change in apprehension patterns without at least some of that change being due to a decline in the behaviour in question – public drunkenness.

¹² The number of apprehensions doesn't necessarily equal the number of persons involved, since some people are likely to have been apprehended more than once.

5.5 Summary and conclusions

The data analysed above are intended to provide some broad brush indicators of patterns and trends in alcohol-related problems in the region, rather than a comprehensive portrait of those patterns. Some themes emerge.

In Jabiru, alcohol problems and associated family violence generate considerable demands for case management and referrals at the primary health care level. While the number of hospitalisations generated from Jabiru is below the NT-wide rate, it has increased in recent years, from 10 per year in 2004 to 14 in 2007.

In Gunbalanya, the number of alcohol-attributable hospital separations also increased between 2004 and 2007, and was consistently *higher* than the NT-wide rate per 10,000 population. Acute alcohol-related episodes generated a considerable burden of after-hours callouts at the Kunbarllanjnja Health Centre.

Caution should be exercised in interpreting these differences between Jabiru and Gunbalanya, in part because – apart from hospital separation data – different data sources are used in each community. Jabiru, as we demonstrate elsewhere in this report, has more developed preventive and early intervention services than Gunbalanya, and these may have helped to reduce demand for alcohol. Whatever the causes, it is highly likely that the lower levels of alcohol-related health problems in Jabiru, compared with Gunbalanya, are associated with the lower levels of per capita alcohol consumption, documented in Section 4.

Police data on assaults were consistent with the trends revealed by hospital and health centre data. In Jabiru, three-quarters of assaults recorded between 2001 and 2007 were categorized as alcohol-related. However, the rate of assaults was below the NT-wide rate, and falling. In Gunbalanya, by contrast, the rate of assaults was higher than in the NT as a whole, and increasing, with a result that in 2007 the rate was over 50% higher than in the NT. Some 50% of assaults recorded in Gunbalanya were alcohol-related.

The number of Protective Custody Apprehensions (PCAs) for public drunkenness in both Jabiru and Gunbalanya has declined sharply since the first half of the 1990s, and by 2006 was only about one-seventh the rate of the NT as a whole. It is not clear from the evidence available what proportion of the decline is due to a reduction in public drunkenness and what proportion to possible changes in police practices, although it is difficult to envisage such a significant change – the numbers of apprehensions in the first decade of the 21st century are about one-tenth of the number in the early 1990s – without a behavioural change having contributed.

6 Existing alcohol and other drug services in the region

Programs and services to reduce alcohol-related harm can be categorized under four headings:

- controls on *supply* of alcohol
- programs and services to reduce *demand* for alcohol;
- programs and services to reduce *harm* associated with alcohol misuse, and
- *law enforcement* services.

In this report, controls on supply are dealt with in a separate section below. In this section, we outline existing programs and services under the three remaining headings.

6.1 Programs and services to reduce demand for alcohol

Demand-reduction measures can be further subdivided into prevention, early and brief intervention, and treatment and extended care. The objectives, target populations and examples of associated programs and services associated with each of these are summarised in Table 6-1 below.

Table 6-1: Typology of programs and services to reduce demand for alcohol

Strategic focus	Objectives	Target population	Programs/services/activities
Prevention	To reduce/delay onset of alcohol misuse	General population; Target groups (eg youths)	<ul style="list-style-type: none"> • Create supportive environments • Strengthen community action; • Health promotion; • Programs for young people.
Early and brief interventions	To ensure that the generalist health workforce intervenes early to reduce severity of drug and alcohol problems.	At risk groups & individuals; individuals with established problems.	<ul style="list-style-type: none"> • Assessment • Advice & information; • Brief interventions; • Referrals to AOD services.
Treatment & extended care	To remedy an identified drug and alcohol related problem.	Dependent individuals, their families & carers	<ul style="list-style-type: none"> • Assessment • Withdrawal management (detoxification) – medical; • Withdrawal management (detoxification) – non-medical; • Non-residential counseling; • Non-residential case management; • Residential treatment/rehabilitation; • Pharmacotherapy • Post-treatment care • Support for families & carers of dependent individuals • AA and/or other self-help groups.

Demand reduction programs and services currently (as of November 2007) operating in or serving the Kakadu/West Arnhem region are outlined below.

6.1.1 Prevention programs

Kakadu Health Service runs three targeted prevention programs, all operating under short-term funding as part of KHS's Social and Community Health Team, namely:

- Gunbang Anbang Program: working with young people, families and schools to change social norms around alcohol, tobacco and inhalant misuse. Funded for 2006-2008 inclusive by Alcohol Education & Rehabilitation Foundation (AERF), with the \$360,000 being used to fund two Alcohol and Other Drug (AOD) workers in Jabiru and one in Gunbalanya;
- Strong Women, Strong Babies, Strong Culture Program: an education program targeting pregnant women; one part-time worker (\$20,000);
- Two Worlds Youth Life Project: working with young people to give them life skills; funded for two years under National Illicit Drugs Strategy (NIDS) (\$80,000).

In addition, the NT Department of Health and Community Services provides a visiting Alcohol and Other Drugs Worker who visits for 4 days once a month (or sometimes less frequently), dividing the four days between Jabiru and Gunbalanya.

We are not aware of any evaluations of these programs¹³.

Gunbalanya has a funded position for a Volatile Substance Abuse Worker who also provides an alcohol education service, and a Youth and Recreation Officer.

6.1.2 Early and brief interventions

Resident doctors in Jabiru and Gunbalanya provide assessment and brief interventions to at risk patients. In addition, the Alcohol and Other Drugs Program and the Family Violence Counselling Service operated by KHS provide advice and information and referrals to other agencies and services (as well as treatment and extended care services – see below). Of these programs, the former is funded by NT Government (with \$40,000 p.a. to cover employment of one part-time Indigenous AOD worker), the latter by the Commonwealth. The Family Violence and Substance Abuse Co-ordinator position funded under the Family Violence Counselling Service is currently held by a qualified counsellor with a Medicare provider number.

Both positions are of course based in Jabiru. Gunbalanya does not have any similar services or programs of its own. However, both the resident doctor at Gunbalanya and the VSA worker there (see above) have referred people with drinking problems to residential treatment at the Council for Aboriginal Alcohol Program Services (CAAPS) near Darwin.

GSSC also operates a scheme under which patrons who engage in alcohol-related violence can not only be barred from the club for a period, but also directed to undergoing a counselling course with the VSA worker before being re-admitted. At the time one of us visited the community, no patrons had been assigned mandatory counselling, but over the preceding three months three people had been.

¹³ The Strong Women, Strong Babies, Strong Culture Program, which commenced in 1993 in three NT pilot communities, has however been evaluated in other settings. See: Mackerras D. Birth weight changes in the pilot phase of the Strong Women Strong Babies Strong Culture Program in the Northern Territory. *Australian and New Zealand Journal of Public Health*. 25(1):34-40. 2001; D'Espaignet ET, Measey ML, Carnegie MA, Mackerras D. Monitoring the 'Strong Women, Strong babies, Strong Culture program': The first 8 years. *Journal of Paediatric Child Health*. 39:668-672. 2003.

Data on clients, presenting problems, referrals and treatment outcomes associated with the KHS Alcohol and Other Drugs Program and Family Violence Counselling Service are summarised in the previous chapter.

6.1.3 Treatment and extended care

The following treatment and extended care services are currently available either through resident doctors in Jabiru and Gunbalanya, or the KHS Alcohol and Other Drugs and Family Violence Counselling Service programs:

- assessment;
- withdrawal management (detoxification) medical – but not if hospital detoxification required;
- withdrawal management (detoxification), non-medical. However home-based detoxification is not available at present;
- non-residential counselling;
- non-residential case management;
- pharmacotherapy;
- post-treatment care.

According to a review of NT alcohol and other drug services conducted in 2005, the NT Government in 2000 closed the detoxification unit at Royal Darwin Hospital and “resources were reallocated to support the establishment of home or community based detoxification” (Healthcare Management Advisors Pty Ltd 2005, p.26). The report states that Top End AOD services provide clinical support and oversee detoxification of clients in the residential facilities at CAAPS and FORWAARD. The report also states, however, that in the course of consultations carried out as part of the review, several informants in the Top End raised concerns about access to detoxification services. We were not told of any government support for home or community based detoxification in the Kakadu/West Arnhem region.

The Kakadu/West Arnhem region does not have a local residential treatment facility. Clients requiring residential treatment are referred to one of two Darwin-based agencies: Council for Aboriginal Alcohol Program Services (CAAPS), or the Foundation of Rehabilitation with Aboriginal Alcohol Related Difficulties (FORWAARD). According to the 2005 review of alcohol and other drug services, CAAPS provides a two-stage residential program for Indigenous clients, consisting of a three week detoxification and assessment program, followed by a six week residential treatment program (Healthcare Management Advisors Pty Ltd 2005). It has a capacity of 42 beds and caters for single clients, couples and families.

FORWAARD, according to the 2005 review, has 16-24 beds, and offers detoxification and treatment, with most clients spending an average of 38.9 days in treatment (Healthcare Management Advisors Pty Ltd 2005).

According to staff at CAAPS and FORWAARD interviewed for this consultancy, very few clients from Kakadu/West Arnhem attend their residential programs. CAAPS was able to identify only 5 clients attending in 2007, while FORWAARD advised that only one person attended. Neither agency appeared to have client records suited to verifying these estimates, but even if they are slight under-estimates, the point remains that dependent drinkers from the region appear not to be making very much use of the Darwin-based programs. We cannot account definitively for the low number of placements, but from our

discussions it appears to be a product of two interacting factors. Firstly, CAAPS and FORWAARD, like residential treatment programs elsewhere, are coming under increasing pressure to accept mandated clients through diversionary or other compulsory treatment arrangements. As a result – and this is the second factor – it is highly likely that when a client does seek a place for voluntary treatment, none are immediately available. Even if an Indigenous client puts his or her name down on a waiting list, it is highly likely that by the time a place becomes available the person is no longer motivated to enter treatment.

Jabiru is also home to a small AA group, but it appears not to be utilised by Indigenous residents.

6.2 Harm reduction services

Although a night patrol operated briefly in Jabiru, at present it has neither a night patrol nor a safe house – two facilities which some people with whom we spoke would like to see. Gunbalanya has a functioning night patrol, run by the Kunbarllanjnja CGC.

The Draft Gunbalanya Five Year Plan 2007-2012 has identified a need for:

- a new safe house for women and children requiring protection from violence at home;
- a men's 'time out' place to provide support, to function also as a safe house for older boys who would not be eligible for the safe house;
- funding for an additional youth worker to enable better use to be made of existing buildings and facilities (Kunbarllanjnja Community Government Council 2007).

PART TWO: STRATEGIES, EVIDENCE AND OUTCOMES

7 Restricting supply of alcohol: options, evidence, case studies

Under the terms of reference, the consultants are required to

- review best practice models of alcohol supply and demand reduction strategies from elsewhere in Australia and internationally;
- assess the respective strengths and weaknesses of three possible models for alcohol management plans (or combinations of the three), namely:
 1. prohibition of alcohol sales and consumption either region-wide or within specific areas (e.g. 'dry place declarations');
 2. restricted licensing conditions and associated legislative/policy changes including a permit system and carriage limits; and
 3. membership model whereby only those who are members of particular establishments/clubs can consume alcohol apart from bona fide visitors to the park (also involves examination of carriage limits);

In this chapter we review alcohol supply reduction strategies and, in so doing.

Most regional strategies for reducing alcohol-related problems incorporate one or more measures for restricting access to alcohol (over and above restrictions entailed in normal licensing regulations), and Gray et al have suggested that, of all the measures adopted to reduce such problems in Indigenous communities in Australia, restrictions on supply demonstrate the most positive outcomes (Gray, Saggars et al. 2000b). In principle, measures to restrict supply can take several forms:

- *price-based* restrictions based on taxes and/or prices;
- restrictions based on *conditions of sale or supply* by liquor outlets, such as reducing hours or days of trading, or restricting sales of high risk beverages, such as cask wine;
- restrictions on possession and consumption of alcohol within geographically-defined *areas*;
- restricting access to alcohol for defined categories of *people*.

Restrictions also vary in the degree of compulsion involved. In principle, this can take three forms:

- *voluntary*: informal arrangements, entered into at a local level;
- *mandated*: arrangements negotiated by stakeholders at a local level, that are then recorded and codified under laws or regulations (eg as special conditions attached to a liquor outlet's licence);
- *compulsory*: arrangements imposed by the government or another higher level authority.

Together these two dimensions can be used to categorise restrictions as shown in Table 7.1., which also gives relevant examples of restrictions in each category.

Table 7-1: Types of restrictions on supply of alcohol

Type of restriction	Voluntary (with examples)	Mandated (with examples)	Compulsory (with examples)
Price-based	Agreement by outlets not to discount certain beverage types		Taxes on alcohol (in Australia, can only be levied by Commonwealth)
Conditions of sale	Agreements by outlets to limit amounts sold to individuals on any one day.	Negotiated restrictions between outlets and local alcohol action groups on hours and/or days of sale.	Restrictions on trading conditions of licensed clubs in Aboriginal communities, imposed under NT National Emergency Response Act.
High-risk beverages	Agreements by outlets not to sell eg 4 litre cask wine.	Negotiated, formalised arrangements under which outlets agree not to sell eg 4 litre cask wine.	Imposed prohibition on sale of spirits, full strength beer and/or cask wine.
Area-based	Decisions to ban possession & consumption of alcohol in specified premises, town camps and/or communities.	Dry Area declarations under Section VIII of <u>NT Liquor Act</u> (in some cases since over-ridden by NT National Emergency Response Act).	NT <u>Two Kilometre Law</u> , prohibiting consumption of alcohol in public or unoccupied private area within 2 km of licensed premises.
People-based	Agreement by an outlet not to serve individuals barred from a neighbouring outlet.	Negotiated agreement not to serve takeaway alcohol to residents of, or travellers to or from, specified Aboriginal communities.	Prohibition Orders issued under <u>NT Alcohol Court Act 2006</u> .

In reality, these measures are rarely found in pure form on their own, but normally exist in combination with other supply-reduction measures, and sometimes also with demand-reduction measures and/or harm reduction measures. Because they usually occur in combinations of measures, few evaluative studies have been able to assess the contributions of specific measures to any intervention effects that may be observed. Nonetheless, some evidence of effectiveness is available, much of it, particularly as it bears on Indigenous Australian alcohol issues, examined in a recent review by a team from the Perth-based National Drug Research Institute (National Drug Research Institute 2007).

In this section, we summarise relevant evidence of effectiveness of the various supply-reduction measures, and present some case studies of their application. We then consider, in the light of evidence, factors conducive to successful implementation of supply-reduction measures.

7.1 Price-based restrictions

There is abundant evidence that adjusting alcohol taxation levels – provided it carries through to retail prices – has a significant effect on consumption levels. Contrary to conventional beliefs, drinkers – including heavy drinkers – respond to price changes (National Drug Research Institute 2007). One relevant demonstration of this occurred in the 1990s in the NT, where the NT Government, under the Living With Alcohol Policy, effectively doubled the licence fees on all alcoholic beverages containing more than 3%

alcohol, and at the same time reduced fees on beverages containing less than 3% alcohol (d'Abbs 2004). Funds generated by the additional levy were placed in a separate trust account and earmarked for programs and services associated with the new policy. An evaluation of the impact of the policy between 1992 and 1996 concluded that it resulted in a decline in levels of hazardous and harmful drinking, and in alcohol-related road fatalities and injuries, although the impact could not be attributed to the changes in fees alone (Stockwell, Chikritzhs et al. 2001).

In 1997, however, the High Court of Australia ruled that under the Australian constitution state and territory governments did not have the power to raise license fees on alcohol. Although the Commonwealth undertook to collect equivalent amounts on behalf of states and territories, the Living With Alcohol levy was from that time no longer quarantined. Since then, power to tax alcoholic beverages in Australia has rested exclusively with the Commonwealth, although states and territories *may* have the power to set minimum price levels for particular beverage categories (as some have suggested the NT Government should do as a supply-control measure).

The other outcome suggested by the NT experience is that additional taxes *do* have popular support, provided people can see where the extra money is going and approve the purpose.

Since local community or regional groups do not have authority to impose taxes or levies, the options open to such groups for reducing the economic availability of alcohol are obviously very limited. In some instances (none of them, so far as we are aware, documented) local alcohol action groups have targeted price discounting of particular beverages by outlets aggressively pursuing or defending their market share as a factor contributing to local alcohol-related harm, and attempted to negotiate agreements to cease such discounting, or have the practice prohibited.

7.2 Restricting conditions of sale and supply by liquor outlets

Restrictions on liquor outlets' trading conditions can take several forms, i.e.

- reducing hours and/or days of sale;
- restricting availability of high risk beverages, such as cask wine;
- reducing the number of outlets ('outlet density');
- voluntary commitment to, or mandatory enforcement of, responsible beverage service (RBS) programs;
- liquor 'accords';
- lockouts – denying access to late night premises after a certain time;
- restricting alcohol sales at special events, such as football carnivals;
- (in some countries and provinces) restricting liquor sales to government monopolies.

Most locally-based alcohol control strategies include reductions in trading hours or days as one component among several measures. It is generally not possible to isolate the effects of the changes in trading conditions from other measures. However, as we show below, in conjunction with other measures they can have significant effects on both consumption and related harmful effects.

7.2.1 Restricting hours and/or days of sale

The 2007 NDRI review cites several Australian and overseas studies which demonstrate that increases in trading hours at licensed premises lead to increased consumption and associated harms. Marginal reductions in trading hours, however, appear to have negligible effects on either consumption or alcohol-related harm (National Drug Research Institute 2007).

7.2.2 Restricting availability of high-risk alcoholic beverages

In many places people associate particular beverage types with particular kinds of alcohol-related harm, such as violence, and in some instances these perceptions are borne out by research evidence. The association is attributable both to expectations drinkers bring to consuming particular beverages and to drinking patterns associated with particular beverages, rather than to chemical properties of the beverage concerned. For example, in several parts of the world beer has been shown to be more frequently implicated than other beverages in drink-driving and assaults.

At various times, alcohol action groups in Australian towns and Indigenous communities have successfully sought to have bans or restrictions placed on the sale of spirits, fortified wine and/or cask wine. When evaluated, these measures have usually been associated with reduced levels of consumption and harm, although in most instances it is not possible to distinguish the effect of the measure itself, since restrictions on beverage types are normally introduced in conjunction with other restrictions, particularly changes in trading hours. In Kakadu West/Arnhem a number of restrictions on serving particular kinds of beverages are already in place. Several outlets, including Jabiru Sports and Social Club and Gagudju Lodge Cooida, do not sell spirits under an agreement with Gagudju Association, while others do not sell full-strength takeaway beer.

Beverage-based restrictions are generally effective in reducing sales of the beverages concerned, but the effects are often of short duration, as drinkers find other substitutes, some of which may introduce new kinds of harm. For example, a ban on purchase of 4 litre cask wine introduced in Mt Isa, north Queensland, in 2003 led to increased sales of fortified wine in bottles, which in turn was accompanied by an increase in emergency department presentations for injuries in which glass was an associated factor (d'Abbs, Smith et al. 2003).

7.2.3 Combinations of restrictions based on trading times and specific beverages

In the 1990s a number of community groups in northern Australia succeeded in having restrictions placed on conditions of sale from outlets in towns and, in one instance, a roadhouse. While most of these restrictions arose from concerns over the high levels of alcohol-related harm being experienced by Aboriginal residents, nearly all of them had impact also on non-Aboriginal residents. Several of these instances were originally introduced for a trial period and made subject of evaluations. In 2000 d'Abbs and Togni reviewed findings from evaluations conducted in five localities, four of them involving combinations of restrictions on hours and days of sale with restrictions on sales of particular beverage types (d'Abbs and Togni 2000). These localities, and the restrictions imposed in them, are summarised in Table 7-2.

Table 7-2: Restrictions on conditions of sales reviewed by d'Abbs and Togni (2000)(a)

Locality	Population (% Aboriginal & Torres Strait Islander)(b)	On premises	Take-away
Elliott, NT (1991)	1996: 429 (66%)	<ul style="list-style-type: none"> Ban on admission of children to public bars 	<ul style="list-style-type: none"> Maximum purchase limit Cessation of Sunday sales
Halls Creek WA (1992)	1996: 1,287 (45%)		<ul style="list-style-type: none"> No sales before noon Cask wine sales 4-6 pm only Limit of 1 cask per person per day
Tennant Creek NT (1995) Phase 1	1995: 3,400 (38%)	Front bar restrictions: <ul style="list-style-type: none"> No Thursday sales On other days, 9am – 10pm only; Wine sold only with meals; Before noon, sales of light beer only 	<ul style="list-style-type: none"> No sales on Thursdays On other days, noon-9 pm only No sales of 4+litres wine casks; Limits on sales of 2 litre wine casks No sales of wine in glass containers of >1 litre No sales to taxi drivers for third party purchase.
Derby WA (1997)	1996: 7,429 (55%)		<ul style="list-style-type: none"> No sales on Thursdays; Sales on other days noon – 10pm only (subject to some exemptions); No sales of 4litre + wine casks.

(a) Restrictions listed in summary form only; several of them are accompanied by further qualifications;

(b) Australian Bureau of Statistics Census data.

Table 7-3 summarises the apparent impact of the measures on litres of alcohol purchased by the outlets affected. In Halls Creek (WA) and Tennant Creek (NT), restrictions on sales of cask wine contributed to reductions in total amounts of alcohol purchased, although the impact was reduced by compensatory increases in sales of beer. In Derby the overall impact on liquor sales was negligible.

Table 7-3: Apparent impact of restrictions on alcohol purchases

Locality	Impact
Elliott	Not known
Halls Creek (Togni 1997; Douglas 1998)	In 12 months following restrictions: <ul style="list-style-type: none"> total apparent consumption of alcohol fell by 7% wine, down by 39% beer, up by 24% spirits, up by 10% Weaker effecting following year
Tennant Creek 1996 (d'Abbs, Togni et al. 1996)	<ul style="list-style-type: none"> Total purchases Oct-Dec 1995 2.7% lower than same months in 1994 Wine sales 54% down Full strength beer 7% up Partial displacement to other outlets.
Derby (d'Abbs and Togni 1998a)	Purchases in 1996/97 compared with 1995/96: <ul style="list-style-type: none"> total purchases 0.2% down full-strength beverages 1.9% down low alcohol beverages 4.2% up.
Tennant Creek 1998 (Gray, Siggers et al. 1998; Gray, Siggers et al. 2000a)	Continuing decline in total sales, not found elsewhere in NT.

Tennant Creek 2000 (d'Abbs, Togni et al. 2000)	Continuing decline in apparent per capita alcohol consumption, but effect weakened. Consumption in 1999 below NT level, but still higher than national level.
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Source: d'Abbs and Togni (2000)

7.2.4 Case study: restrictions on trading conditions in Tennant Creek, NT

One of the best known, and certainly the most thoroughly evaluated set of restrictions on conditions of sale in Australia is the group of measures that became known as 'thirsty Thursday' in Tennant Creek, Northern Territory. In 1995, following a sustained community campaign led by Julalikari Council Aboriginal Corporation and Anyinginyi Aboriginal Congress (Wright 1997), the NT Liquor Commission (NTLC) imposed a set of restrictions on two hotels and a bottle shop in Tennant Creek, initially for a trial period of six months. Four licensed clubs, three private hotels and two licensed restaurants in Tennant Creek were exempted from the restrictions, although clubs entered into voluntary undertakings with the NTLC. (d'Abbs, Togni et al. 1996). The restrictions were arranged in two sets of measures, with one set to remain in force for the first 13 weeks of the trial (phase 1), and the other to apply through the second 13 week period (phase 2). Both sets of measures involved restrictions on Thursday trading, with phase 1 having the more restrictive conditions (see Table 7-2), new conditions on trading on other days, and restrictions on front bar and take-away sales.

As Tables 7-3 to 7-5 show, the trial restrictions were accompanied by declines in alcohol sales and in indicators of alcohol-related harm, and also enjoyed majority community support among both Indigenous and non-Indigenous residents of Tennant Creek. Nonetheless, continuing opposition among some interest groups led the NTLC in 1998 to commission a second evaluation of the restrictions, this one conducted by Gray et al (Gray, Saggars et al. 1998; Gray, Saggars et al. 2000a). The evaluators examined trends in per capita alcohol consumption, admissions to the hospital, women's refuge and sobering-up shelter, and police data on protective custody apprehensions and selected offences for the 12 months prior to introduction of the restrictions and the 24 months following their introduction. They found that total apparent alcohol consumption had declined (although it remained much higher than the national per capita level), as had hospital admissions for acute alcohol-related conditions, police apprehensions and offences. Further, the restrictions continued to enjoy community support.

The 1996 Tennant Creek evaluation also found that absenteeism from two of the town's major employers, the Town Council and the Julalikari Association's CDEP program, declined by 23% and 35% respectively during the trial period, compared with the same months in 1994, despite there being no reduction in the numbers of people employed.

Gray et al reported claims that restrictions had caused a downturn in tourism - but no evidence was presented, and examination of visitors recorded at Tennant Creek Visitor Information Centre showed that numbers in the second quarter 1998 were higher than before the restrictions, and increasing.

On the basis of Gray et al's findings, the NTLC retained the restrictions with some modifications, and indicated that it would conduct yet another review in November 2000. The third evaluation was carried out by d'Abbs et al (d'Abbs, Togni et al. 2000). Using a similar methodology to the two earlier evaluations, d'Abbs et al found that in the four years between commencement of the restrictions in 1995 and 1999, apparent per capita

consumption of absolute alcohol in the Barkly Region (in which Tennant Creek is the main, but not the only centre) had continued to decline, although the effect had weakened from 1996/97 onwards. By 1998/99, apparent per capita consumption by persons aged 15+ was equivalent to 13.8 litres of absolute alcohol – 15% below the NT-wide figure of 16.2 litres, but still well above the national level.

Stakeholder interviews and a community survey both showed that support for the restrictions in their present form had weakened, with 52.4% of persons surveyed believing that the restrictions had had no beneficial effects. At the same time, most people wanted the restrictions retained – in modified form, and with loopholes closed. The evaluators drew two conclusions from the findings: firstly, that the principle of imposing local restrictions on alcohol availability as a means of reducing alcohol-related harm had been shown to be effective, sustainable and widely supported by the community; secondly, however, that the *specific restrictions* designed to limit the sale and consumption of alcohol in Tennant Creek on Thursdays were no longer as effective as they had once been.

In March 2006, following another review conducted by the NTLC itself, the NTLC rescinded the ban on sales of take-away alcohol and front bar sales on Thursday, but left most of the other restrictions in place. Since then, an Alcohol Management Plan has been introduced into Tennant Creek. At the time of writing this report, the new AMP had yet to be evaluated.

In four of the evaluations reviewed by d'Abbs and Togni, the impact of restrictions on public order was assessed. Findings are summarised in Table 7-4. In the case of Halls Creek, the delay in the decline in numbers of criminal charges suggests that it was probably not attributable to the restrictions. In other cases, the restrictions were accompanied by a marked decline in offences such as assaults and criminal damage.

Table 7-4: Impact of restrictions on indicators of public order and selected offences

Locality	Findings
Halls Creek(Togni 1997; Douglas 1998)	<ul style="list-style-type: none"> In first 12 months following restrictions, no change in total number of criminal charges collated by Halls Creek Police Station; In <i>following</i> 12 months, no. criminal charges fell by 18% compared to year preceding restrictions.
Tennant Creek (1996)(d'Abbs, Togni et al. 1996)	<ul style="list-style-type: none"> During Phase 1 of trial, total number of selected offences (assault, criminal damage, unlawful entry, stealing, interfering with motor vehicle) was 14.5% below the number in the corresponding period of 1994. During Phase 2, no. selected offences 9.4% <i>higher</i> than in same period in 1994.
Tennant Creek (1998)(Gray, Sagers et al. 1998)	<ul style="list-style-type: none"> Drop in offences recorded during the trial period in earlier evaluation not sustained, although total number in year ended March 1998 was slightly below pre-trial level.
Derby(d'Abbs and Togni 1998a)	<ul style="list-style-type: none"> Total number of offences in selected categories (assaults, sexual offences, damage, motor vehicle offences, threatening behaviour) was 36.7% lower during the trial period than during the corresponding period in 1996, and 28.5% lower than in 1995.

Source: d'Abbs and Togni (d'Abbs and Togni 2000)

Reductions of a similar order were found in health-related indicators of harm, as Table 8-5 shows.

Table 7-5: Impact of restrictions on health and wellbeing

Locality	Indicator(s)	Key findings
Halls Creek (Togni 1997; Douglas 1998)	<ol style="list-style-type: none"> Alc.-related presentations as % of all presentations at Halls Creek Dist. Hospital; Domestic violence presentations as % of all outpatient presentations; Royal Flying Doctor Service emergency evacuations. 	<ol style="list-style-type: none"> Decline over 2 years following restrictions No consistent trend. Number reduced following restrictions.
Tennant Ck. (d'Abbs, Togni et al. 1996)	<ol style="list-style-type: none"> Admissions to A&E section, TC Hospital; Admissions to women's refuge; Food sales, local supermarket Alc.-related presentations, Anyinginyi Congress Clinic; Attendances at TC Primary School. 	<ol style="list-style-type: none"> Phase 1, 34% drop in alc-related admissions; 26% drop in selected diagnostic categories; effect weaker in phase 2; Phase 1: 46% decline in admissions; not sustained in phase 2; No change indicated; Small falls observed; No effect observed.
Tennant Ck. (1998) (Gray, Sagers et al. 1998)	<ol style="list-style-type: none"> Acute alcohol related admissions to local hospital. 	<ol style="list-style-type: none"> Levels remained below pre-trial levels.
Derby (d'Abbs and Togni 1998a)	<ol style="list-style-type: none"> Injury surveillance survey, Derby Regional Hospital; Hospital admissions for alcohol-related injuries. 	<ol style="list-style-type: none"> Baseline data inadequate to permit comparison with trial period; No effect observed.

In both Tennant Creek and Derby, surveys were conducted towards the end of the trial period in order to assess the extent of community support for or opposition to the restrictions. The 1998 follow-up evaluation in Tennant Creek included a similar household survey. The surveys all posed similar questions, covering:

- how the trial measures had affected respondents themselves (if at all);
- respondents' views on the impact of the measures on the community as a whole;
- respondents' support for, or opposition to, the measures, and
- respondents' views on what sort of restrictions, if any, and what additional measures should be adopted in future.

Findings are summarised in Table 7-6.

Table 7-6: Extent of community support for restrictions

Locality	Survey design	Key findings
Tennant Ck. (1996)	(Towards end of trial period) household survey, random sample N=273	<ol style="list-style-type: none"> 1. 58% in favour of trial measures; 21% against; 16% reported mixed reaction; 2. majority in favour among people from both private dwellings and town camps; 3. majority favoured retaining restrictions.
Derby	(Towards end of trial period): <ol style="list-style-type: none"> 1. telephone survey, random sample N=198; 2. sample of 78 Aboriginal participants in CDEP groups. 	<ol style="list-style-type: none"> 1. Telephone survey: 58% in favour of restrictions; 24% against; 5% in favour of some measures, against others; 2. CDEP sample: ban on wine casks supported by 56%; reduced take-away trading hours supported by 53%, but ban on Thursday take-away trading supported by only 42%.
Tennant Ck. (1998)	Household survey, N=271	<ol style="list-style-type: none"> 1. < 30% adversely affected by any restrictions; 2. Majority supported continuation or strengthening of present restrictions (even though many believed that several restrictions were widely circumvented); 3. Majority supported additional restrictive measures

The 2007 NDRI study describes a number of other communities and towns where restrictions on conditions of sale have formed the basis of local alcohol control initiatives (National Drug Research Institute 2007). Most of these, however, have not been subjected to evaluations as rigorous as those outlined above.

The restrictions in Derby, Halls Creek and Tennant Creek all fall into the 'mandatory' category in the typology of degrees of compulsion mentioned above. That is, while all of them involved the imposition of compulsory restrictions on the part of state/territory licensing authorities, all were imposed in response to requests from community-based groups, and in some instances local

alcohol action groups had been able to negotiate mutually acceptable agreements with some but not all local liquor outlets. An example of restrictions on conditions of sale that did *not* involve prior community consultations occurred in Jabiru in January 1997, when Energy Resources of Australia (ERA) announced that, as from April 1 1997, the Jabiru Sports and Social Club (JSSC) would no longer be permitted to sell take-away liquor. ERA's authority derived from its ownership of the premises leased by the JSSC, and the fact that the lease was due for renewal on 30 January 1997. The ban on take-away sales was made a condition of renewal of the lease¹⁴. Following a public meeting held in Jabiru to discuss the take-away ban, ERA announced that, in the first instance, the ban would be imposed for a six month trial period, during which the effects would be monitored by an independent evaluator. d'Abbs and Togni conducted an evaluation aimed at assessing:

- the impact of ERA's restrictions on levels and patterns of alcohol consumption in the Alligator Rivers region;
- the impact of ERA's restrictions on alcohol related harm, especially in the domains of public order, injuries, road accidents, school attendance and commercial activities, and
- the extent of community support for, or opposition to, the measures taken (d'Abbs and Togni 1998b).

The evaluation found that liquor purchases by JSSC were 73% lower in the 6-month trial period than in the same months of 1996, and in Jabiru itself 31% below the 1996 levels. However, the decline in sales from JSSC was partially offset by increases from other outlets, in particular Jabiru Golf Club and Gunbalanya SSC (and, to a lesser extent, Cooina and Mary River Roadhouse). As a result, the overall change in the Kakadu/West Arnhem region was a decline in purchases of 4%.

Examination of police data revealed that the restrictions were associated with a fall in levels of public drunkenness, domestic violence and assaults, which fell by 78%, 44% and 42% during the trial period, compared with the same six month period in 1996. On the other hand, the number of disturbances on licensed premises rose by 38%, as did the incidence of property offences and offences involving motor vehicles during the trial period. The increase in the number of offences involving motor vehicles was attributed to organised groups preying on tourists' vehicles during the dry season, and therefore not attributable to the restrictions. The increase in numbers of offences on licensed premises was likely to reflect a shift from take-away to on-premise consumption of liquor, and therefore to be attributable at least in part to the restrictions.

Jabiru Health Centre staff reported that callouts associated with domestic and other violence fell during the trial period, although the only quantitative data available – a log-book in which all after-hours callouts were recorded – cast doubt on this observation by pointing to an upward trend unaffected by the restrictions. Total number of after-hours callouts rose from 542 in April-September 1995 to 586 in the same months of 1996 and again to 625 in April-September 1997. Alcohol-related ambulance callouts, on the other hand, declined from 14 in April-September 1996 to 5 in the trial period. Importantly, no increase was recorded in alcohol-related road crashes in the region, despite fears that cessation of takeaways from JSSC would lead to drinkers ranging further afield in search of alcohol, and driving while intoxicated.

¹⁴ Although ERA's imposition of the ban was unilateral, and did not follow from community consultation, it accorded with the expressed wishes of a senior traditional owner of the Ranger land.

The evaluation used three methods of gauging community opinion regarding the restrictions: interviews with 33 stakeholders (22 in Jabiru, 6 from Gunbalanya and 5 from elsewhere in the region); consultations with 66 Aboriginal residents of Manabadurma, other homeland centres, or Gunbalanya, and a telephone survey of 167 Jabiru residents.

Just over half of stakeholders interviewed (17 persons) considered that the takeaway ban had been beneficial to the community, but almost as many (14 persons) assessed the impact as harmful, the most common negative perception being that Aboriginal drinkers were now travelling further afield in search of alcohol. Among Aboriginal residents of Manabadurma, Gunbalanya or homeland centres, almost half (49%) wanted the ban to be rescinded but replaced with alternative restrictions, such as maximum purchase limits; another 27% wanted the ban lifted altogether, and a reversion to the pre-trial arrangement. Only 20% wanted the ban on takeaways to be retained.

Similarly modest levels of support for the restrictions emerged from the phone survey of Jabiru residents. Just over one-third (34%) identified a mix of good and bad effects; 27% saw the trial entirely in negative terms, and fewer than one-in-five (19%) saw it in entirely positive terms. While only 17% wanted a reversion to pre-trial arrangements, only 31% wanted the ban on takeaways retained in its present form, while 41% favoured an alternative system of restrictions, with most suggesting limiting the hour or days on which takeaways could be purchased, and/or the maximum amounts that could be purchased.

One issue that emerged from the evaluation, especially from the consultations with Bininj, was concern with the *processes* through which changes had been introduced. Even some supporters of the takeaway ban criticized the lack of consultation associated with the decision, arguing that, whatever the intentions of those imposing changes, lack of genuine consultation tended to be experienced by many of those affected as signifying lack of respect, both for the individuals concerned, and even more so for the society and culture concerned. The lower level of support for the Jabiru takeaway ban, compared with levels of support found in Derby and Tennant Creek where restrictions resulted from extensive community mobilization and discussion, also suggests that processes are no less important than the products when it comes to local restrictions on alcohol.

Similar concerns with process have been aired in evaluations of Alcohol Management Plans progressively introduced into Aboriginal communities in Cape York and elsewhere in Queensland from December 2002. Following the tabling of Justice Tony Fitzgerald's examination of violence and alcohol misuse in Cape York Communities (Cape York Justice Study 2001), the Queensland Government embarked on a strategy named Meeting Challenges, Making Choices (MCMC), which foreshadowed, among other reforms, the introduction of Alcohol Management Plans in 19 Aboriginal and Torres Strait Islander communities throughout Queensland, most of them in Cape York (Queensland Government 2002). Under MCMC, alcohol management was supposed to involve three components: supply reduction and enforcement; ending of community councils' roles in managing licensed canteens, and introduction of demand reduction initiatives including rehabilitation, treatment and diversion. As the authors of an evaluation conducted in 2005 reported, however, only the first of these had been implemented up to that time (Queensland Government (Department of the Premier and Cabinet) 2005). By that time, supply restrictions had been introduced into 18 communities, under one or other of the following systems:

- zero carriage limit, no canteen (dry community);

- zero carriage limit, with consumption at canteen allowed (but no takeaway allowed);
- carriage limit, no canteen (importation allowed up to carriage limit);
- carriage limit with canteen (consumption at, and takeaways from, canteen, importation allowed up to carriage limit).

The evaluation included both quantitative outcome indicators and a qualitative study of implementation processes. With regard to the former, the main findings were:

- Total hospital admissions for assault in the 19 communities (i.e. including the one where no AMP had been implemented as of August 2005) declined over the five years from 2000 to 2004, from an average of 204 admissions per quarter in 2000 to 102 per quarter in 2004. However, (a) this trend commenced before the introduction of AMPs from late 2003 onwards and (b) in 11 of the 19 communities under review little or no change occurred. The steepest decline in admissions for assault was recorded in communities with canteens and zero carriage limits.
- Hospital admissions for self-inflicted injuries showed no change. Admissions for 'other injuries' (including accidental injury, transport injuries, falls, burns and scalds, accidental drowning and accidental poisoning) declined between 2002 and 2003 – that is, before any AMPs were introduced – and *increased* in 2004, after introduction of AMPs.
- The number of alcohol-related offences against the person showed no change over the two years to March 2005, while the number of offences against property increased over the same period by 31%. The number of all other offences also increased over the same period, but this was attributed to an increase in the number of liquor-related offences, some of which only came into being with the creation of AMPs. The number of drink driving offences also increased, although this trend was affected by police operations focusing on drink driving. Between July 2002 and March 2005, 67% of all drink driving offenders had a blood alcohol level of 0.15 or higher.
- Average school attendance showed no change.
- Not surprisingly, in those communities that had canteens, total sales and net profits from the canteens declined.

The assessment of quantitative indicators was complemented by a set of five case studies of MCMC strategy implementation, conducted by Injury Prevention and Control (Australia) Ltd (IPCA) in partnership with the Department of the Premier and Cabinet. The report on the case study findings was critical of the implementation of AMPs:

Comments from community members were divided as to whether the AMPs Alcohol Management Plans had changed people's total alcohol consumption. While some believed the streets were quieter and less alcohol was being consumed, the general perception was that the MCMC alcohol strategies had not had a positive impact with a series of adverse affects noted by all communities. A strong, consistent perception related to the futility of a supply focused solution without first addressing the demand issues, and establishing processes for coping with any unintended consequences of the legislation (Queensland Government (Department of the Premier and Cabinet) 2005, p.143).

Although the Queensland Government has claimed in its descriptions of MCMC that the strategy is based on community development, partnerships between Government and communities, and measures to improve community governance, a number of reports on MCMC implementation in individual communities (most of which have not been publicly released) reveal a perception that AMPs have been imposed without due regard to the needs, wishes and characteristics of particular communities.

These findings of the Government-conducted reviews of AMPs are consistent with those of a preliminary six-month assessment of the Napranum AMP conducted by one of the authors of this report (David Martin). This review (Martin 2004) was auspiced jointly by Cape York Partnerships and Comalco (now Río Tinto Aluminium). Napranum is an Aboriginal community of some 600-700 people, situated a few kilometres away from the mining town of Weipa, on western Cape York peninsular. As a result of the original appropriation of the Aboriginal reserve lands of the area for mining bauxite in the 1960s, and the piecemeal handback of portions of these lands to Napranum in recent years, Napranum's Deed of Grant in Trust (DOGIT) lands are comprised not only of the area on which the community itself is situated, but a number of parcels of land scattered through the region.

Weipa is a well-serviced mining town with a number of hotels and liquor outlets. Mapoon Aboriginal community, which has no canteen but has its own AMP, is an hour's drive to the north, and Aurukun which has a canteen and an AMP is two hour's drive to the south in the dry season. Two hours drive to the east is a roadhouse selling takeaway liquor. At the time of the study, Comalco had rigidly enforced zero alcohol restrictions on its lease lands, complemented by very proactive occupational health and safety, monitoring, and counselling programs for all staff and workers.

A key finding of the review was that the Napranum AMP could not effectively be sustained as an enclave policy without reference to the availability of alcohol in the region around it. Other key recommendations were in the area of support for governance of the AMP, particularly the Community Justice Group. The report argued that what amounted to the outsourcing of a crucial area of government policy to the CJG as an 'unpaid and untrained group of volunteers' was unacceptable. The report also called for a strategic, long-term focus for the AMP, and for attention to be paid to political, social, and economic elements of sustainability. This would entail a number of steps, including developing and nurturing strong leadership committed to dealing effectively with alcohol abuse and related issues; encouraging support for the AMP's goals amongst community residents and other stakeholders; developing coalitions between those directly involved in the AMP and other individuals, institutions and organisations in Napranum and its region; ensuring the provision of adequate resources to the AMP's governance infrastructure to enable alcohol management to be effectively implemented, and providing support for current heavy drinkers and alcoholics.

Because the subject of alcohol controls was bound to be politically contentious, with strongly held and conflicting views about alcohol supply restrictions, it was not always necessary to achieve majority support for all of the provisions of an AMP. At the same time, it was vital therefore that the AMP did not itself become a long-term focus for social discontent and conflict in Napranum. Finally, the report concluded that a failure to invest in the AMP risked failure in all other initiatives aimed at improving socioeconomic status, health, etc. (Martin 2004).

By the end of 2007, AMPs in Cape York were being widely denounced as having failed, with one newspaper report claiming that they had fuelled 'binge drinking, sly grogging through crocodile-infested swamps and an increase in petrol sniffing and marijuana use among youth' (Chilcott and Wenham 2007). In our view, this harsh assessment is no more warranted than some of the more naively optimistic assessments made by Queensland Government politicians in the months immediately following introduction of the first AMPs. The real impact of the AMPs is no doubt less sensational and more complex, and contains a mix of positive and adverse outcomes.

Evidence of one positive outcome is reported in a recent paper by Margolis et al, who examined the impact of supply reduction through AMPs in four Cape York communities by comparing injury-related retrievals carried out by the Royal Flying Doctor Service (RFDS) for 8 years prior to, and 2 years following, introduction of AMPs in the communities concerned (Margolis, Ypinazar et al. 2008). RFDS is the only service that provides a retrieval service in these communities for cases of injury serious enough to warrant transfer to a hospital. Margolis et al found a statistically significant decline in injury retrieval rates following commencement of AMPs. When compared with rates for the two years immediately preceding AMPs, rates for the two years post-AMPs fell by 52%. The authors conclude that the AMPs have been effective in reducing serious injury in the communities examined.

7.2.5 Restricting outlet density

'Outlet density' (OD) refers to the number of liquor outlets located within, or accessible from, a particular locality. Extensive research has been conducted aimed at describing and explaining the relationship between outlet density, consumption levels and alcohol-related harm. As a recent review of this literature notes, studies of the relationship between OD and consumption have produced mixed results (Livingston, Chikritzhs et al. 2007). Livingston et al identify three main types of studies: cross-sectional studies that examine relationships between OD and consumption at a single point in time; natural experiments resulting from changes in OD in particular places, and longitudinal time series analyses that examine the effects over time of gradual changes in OD.

These studies have produced inconclusive results regarding the strength and nature of the relationship, and the extent to which increases in outlets lead to increases in sales, or vice versa. Further, few studies enable us to disaggregate effects on specific population sub-groups. However, of particular relevance to this project is the limited evidence – in part from studies of the introduction of additional liquor outlets into rural areas in Finland – suggesting that marginalized and heavy drinkers may respond more directly than other groups to changes in availability brought about OD changes.

Evidence of a positive relationship between OD and alcohol-related violence, according to Livingston et al, is stronger and more consistent. There is also limited evidence suggesting a relationship between OD and other indicators of alcohol-related harm, such as motor vehicle accidents, child maltreatment and prevalence of sexually transmitted infections.

As the authors note, many studies of the relationship between OD, consumption and levels of alcohol-related harm are grounded conceptually in what they call 'classical availability theory', which postulates that increases in OD lead to increased per capita consumption, which in turn leads to increases in the number of problem drinkers and thereby, to increases in levels of alcohol-related harm. The authors note two problems with this theory:

firstly, the results of many studies, as already noted, are inconclusive (thereby furnishing much ground for contention in liquor licensing hearings); secondly, the theory does not identify mechanisms whereby the postulated effects, even if found to occur, come about.

In something of a conceptual advance, they suggest the need to distinguish between two dimensions of outlet density: (1) proximity effects – i.e. effects that changes in OD have on ease of access to alcohol, and (2) amenity effects – effects that changes in OD have on social characteristics of a neighbourhood, for example, the likelihood that a ‘bunching’ of bars and nightclubs will attract large numbers of young people –in various stages of intoxication - in search of entertainment.

The impact of OD on consumption, they suggest, is likely to be primarily a function of proximity effects, whereas impact on violence and other harm indicators is more likely to be a function of amenity effects. The authors also postulate, both on theoretical grounds and on limited research evidence, that proximity and amenity effects are likely to differ, in that the proximity effect of an increase in OD will tend to decline with each additional outlet, while amenity effects may increase, especially once a threshold is reached that, say, defines a particular neighbourhood as a nightclub precinct.

The issue of outlet density has periodically emerged in debates about alcohol policy in the NT, the most recent instance being a position paper on alcohol control measures issued by Aboriginal Medical Services Alliance of the NT (AMSANT) in January 2008, in which AMSANT calls on the NT Government to initiate a buy-back scheme directed at takeaway licences from petrol stations, corner stores and roadhouses, and to direct the NT Licensing Commission to specify evidence-based, acceptable densities and types of liquor outlets for particular regions, through local Alcohol Management Plans (Aboriginal Medical Services Alliance of the NT (AMSANT) 2008).

7.2.6 Responsible beverage service (RBS) programs

RBS programs, some of them mandatory or incentive-based, became popular in the US in the 1990s. Programs are designed to train beverage servers in identifying and dealing appropriately with intoxicated and/or under age patrons, and to serve beverages in a way likely to minimize harmful effects. A number of studies demonstrate that RBS programs change participants’ *knowledge* and *attitudes* in relation to serving alcohol, but have no effect on either serving practices or alcohol-related injuries, except where the programs are mandatory and backed up by strong enforcement by police and/or licensing inspectors (National Drug Research Institute 2007).

So long as these two conditions are met, RBS programs have a place in local alcohol management plans.

7.2.7 Liquor ‘accords’

Liquor accords are a distinctively Australian form of local community action, in which local police and licensees – sometimes with other local stakeholders also involved – negotiate a voluntary agreement aimed at promoting responsible beverage service and reducing alcohol-related harms such as violence around licensed premises. They are normally developed for urban settings such as nightclub precincts. Despite their popularity, few have been evaluated, and the evaluations that have been conducted have failed to demonstrate significant outcomes with respect to reducing alcohol-related harm. Some observers have described them as a ‘feelgood’ solution, in that they demonstrate community-based action

and collaboration, without posing serious challenges for those whose livelihood depends on selling liquor (National Drug Research Institute 2007).

7.2.8 Lockouts: restricting entry to late night premises after a certain time

A number of cities have introduced 'lockouts' in late night precincts, under which patrons can gain entry or re-entry to premises after a certain time. The few evaluations that have been conducted do not enable conclusions about effectiveness to be drawn. In any case, these measures, since they apply to late night drinking premises, are not likely to be relevant to the Kakadu/West Arnhem area.

7.2.9 Restricting alcohol at special events

These can take two forms: attempts to reduce violence and other acute harms at events such as football festivals – eg by banning sales of full strength beer – or attempts to demonstrate that events can be fun without alcohol. The limited number of evaluations conducted do not allow conclusions to be drawn about effectiveness. In some instances the greatest benefit – as in the case of liquor 'accords' – may be in the vehicle provided for mobilizing community involvement and collaboration, rather than in direct reductions in alcohol consumption or associated harms.

7.2.10 Direct government control of liquor outlets

In a number of countries and states (e.g. Sweden, Ontario, several US States), liquor sales are restricted to government-owned monopolies, in order to remove the profit motive from selling liquor, and to promote responsible serving practices. This approach, however, is at odds with contemporary policy trends towards deregulation and promoting competition, and is unlikely to find support in Australia in the foreseeable future.

7.3 Restrictions on possession and consumption of alcohol within geographically defined areas

The terms 'restricted area' and 'dry area' refer to arrangements based on a variety of by-laws, regulations or higher level laws, all of which restrict or ban possession and/or consumption of alcohol within a geographically defined area. d'Abbs (d'Abbs 1990b) distinguished three types of dry area, according to the degree of local community control and external statutory control involved, as shown in Figure 8-1. 'Community controlled' dry areas rely for their authority on local by-laws and whatever local enforcement mechanisms are available. For many years Aboriginal communities in Western Australia utilised powers available under the Aboriginal Communities Act to pass by-laws aimed at restricting availability of alcohol. However a review conducted in 1986 found that the powers were not adequate in the face of economic pressures that could be brought to bear by suppliers of liquor at a local or regional level, and that many communities wanted the WA Government to provide greater assistance in enforcing prohibitions on alcohol in their communities (Hedges 1986).

Table7-7: 'Dry areas': a typology

Level of statutory control	Level of community control	
	Low	High
Low		<u>Community control</u> : e.g. restrictions imposed under local by-laws
High	<u>Statutory control</u> : eg NT Two Kilometre Law; prescribed areas under 2007 NT National Emergency Response	<u>Complementary control</u> : eg dry areas declared under Part VIII of NT Liquor Act, or under SA Pitjantjatjara Land Rights Act.

'Complementary control' occurs where a high degree of community involvement is supported by statutory powers. Under the NT Liquor Act, residents of a community may apply to the Licensing Commission for possession, consumption and importation of alcohol in a defined geographical area to be banned altogether or restricted in ways determined by the residents. The Licensing Commission is obliged to consider the application and, should it endorse it, the area concerned becomes a 'general restricted area' under NT law, with a result that infractions of the restrictions are offences under NT law. Similar provisions exist in South Australia under the SA Pitjantjatjara Land Rights Act and in Alaska under a Local Options Law.

In the NT, 'complementary control' in Aboriginal communities was effectively over-ridden in 2007 by the Commonwealth's NT National Emergency Response Act, which imposed blanket bans on possession and consumption of alcohol in all 'prescribed areas', regardless of restrictions already in place (Australian Government 2007). Prior to the Commonwealth's intervention, more than 100 Aboriginal communities in the NT (i.e. most remote communities) had banned or severely restricted alcohol under the NT Liquor Act.

In the third variant – 'statutory control' - a government authority bans possession or consumption of alcohol within a defined area, with little or no local community input. The Northern Territory Two Kilometre Law, which bans consumption of alcohol in any public place or on otherwise unoccupied private land without the owner's permission, located within two kilometers of a licensed premise, is one well known example (Larkins and McDonald 1984). More recently, the NT Government has amended the Liquor Act to create a new category of 'public restricted areas'. The amendment authorizes local authorities, police or the Director of Licensing to apply to the Licensing Commission to have a defined public area designated as a public restricted area, in which – should the application be approved - consumption of liquor is prohibited (Northern Territory Government Racing Gaming and Licensing 2007). Local authorities in other Australian states have invoked similar powers to prohibit consumption of alcohol in designated public areas.

Whereas dry areas declared under either 'community control' or 'complementary control' usually arise from a desire to reduce the harm caused by alcohol misuse to the general health, wellbeing and good order of the communities concerned, declarations under 'statutory control' are often focused on public drunkenness and the attendant threats to local amenity, and have been criticized for being discriminatory (in that their effect is to target Aboriginal drinkers) and for shifting rather than reducing the burden of alcohol-related harm (O'Connor 1983; O'Connor 1984; Divakaran-Brown, Turner et al. 1986).

Features of the three types of restricted areas recognized in the NT are summarized in Table 7-8.

Table 7-8: Geographically-based restricted areas recognized by NT Licensing Commission

	General Restricted Area	Public Restricted Area	Restricted Premises (Dry private premises)¹⁵
Description	Usually a large area of land, covering a whole community. It may also include large areas of land surrounding the community. Over 100 of these areas exist, all are on Aboriginal land.	A piece of public land, eg a park or other open public space and any premises on that land. Privately owned land that is open to the public may also be declared as a public restricted area.	Private land and any premises on that land eg a house. Also includes private premises that are generally open to and used by the public such as shopping centres, hospitals and schools.
Who can apply for a restricted area declaration?	Any person or group may apply for a General Restricted Area. If the area is within a local council boundary, the council is usually the applicant.	Only the local government council, Commissioner of Police or Director of Licensing may apply for a Public Restricted Area.	The owner or occupier of private premises. An interested person may also apply for a Restricted Premises declaration with respect to private premises that are open to the public.
Who must be consulted by the Licensing Commission?	The residents who live in the area to be declared and the local council.	Any individuals and bodies who live and work in the area, any organisations in the area, or any party that has an interest in the area. Also the local government council, police and NT Government agencies.	Residents at the premises, including tenants, the owner of the premises and police. Also an interested person, where the application has been made with respect to premises that are open to the public.
What will the Licensing Commission consider?	The views of the residents and the views of the local council of the proposed area. The objects of the <i>Liquor Act</i> (section 3).	Information about liquor and crime in the area; the views of individuals or bodies who live or work or propose to have an address in the area, or who have an interest in the area; the views of the local council, police and Territory Government agencies.	The occupants and owners of the premises. A declaration over private premises open to and used by the public, must be in the public interest. All declarations must be practicable in the circumstances.
Are permits available?	Yes, for individual people to possess and consume liquor at permit holders' residences.	Yes, for the conduct of a specific event or function, eg a wedding.	No.

Source: Racing, Gaming and Licensing, Northern Territory Treasury. [Restricted Areas](#).

¹⁵ Queensland legislation allows Community Justice Groups in communities, on request of the occupier of private premises, to declare such premises 'dry'. A CJG must give notice and call for submissions and objections before it can declare a dry place. <http://www.mcmc.qld.gov.au/community/search/restricted.php>, accessed 21 april 2008.

7.3.1 Complementary control: evidence regarding impact of community-based dry area declarations

There have been few evaluations of dry areas in Australia, and none in recent years, partly no doubt due to the fact that since the 1990s emphasis in community-based alcohol supply reduction has shifted to restricting conditions of sale by liquor outlets (see above) rather than declaring dry areas. Hedges' review of the Western Australian provisions, which found them to be inadequate, has already been mentioned. In 1987 d'Abbs reviewed the NT restricted areas provisions of the Liquor Act and concluded that, while it was easy to cite shortcomings such as grog-running in some areas, on the whole they contributed to a reduction in consumption of alcohol in dry communities compared with other communities. He also found qualitative evidence that in doing so they led to reduced levels of conflict and violence in the communities concerned (d'Abbs 1987; d'Abbs 1989). However, in order for the provisions to be effective, he concluded that three conditions must be present:

- councils must have a strategy for reducing alcohol misuse;
- restrictions must have broad community support, and
- relevant organizations, in particular councils and police, must agree on clearly defined roles and responsibilities with respect to controlling alcohol consumption in the community.

d'Abbs also examined the question of whether dry area declarations encouraged a drift of drinkers to towns, and whether, conversely, the presence of a licensed club in a community discouraged drinkers from coming to town. Using data on Protective Custody Apprehensions for public drunkenness in NT towns, he concluded that the introduction of dry areas in the early 1980s appeared to have led to an increase in drunkenness in Alice Springs and Darwin, but not in other towns. However, he found no evidence to support the belief that licensed clubs in communities resulted in fewer Aboriginal people from those communities coming to towns to drink.

Several studies have assessed the impact of dry area declarations in American Indian and Alaskan Native communities. Wood and Gruenewald cite a number of studies which found that alcohol-related mortality rates in American Indian communities with area-based restrictions were *higher* than in unrestricted communities, while similar studies conducted in isolated native Alaskan villages have found that local prohibition is associated with reduced levels of alcohol-related harm. Wood and Gruenewald conclude from the evidence that local restrictions are effective in isolated communities with no direct road access to legal purchases of alcohol (Wood and Gruenewald 2006). Landen et al compared mortality rates for all injuries and alcohol-related injuries between 1990 and 1993 among Alaskan residents of remote 'wet' villages (i.e. without a restrictive alcohol law) and 'dry' villages (those in which sale and importation of alcohol was prohibited) (Landen, Beller et al. 1997). They found that the total injury mortality rate was significantly greater among Alaska natives from wet villages (but not among non-native people). For Alaskan natives, the alcohol-related injury mortality rate was also significantly greater among residents of wet villages than dry villages, with the association strongest for deaths due to motor vehicle injury, homicide, and hypothermia. The authors concluded that, although the data did not allow adjustment for possible effects of confounding variables, area-based restrictions appeared to reduce deaths from alcohol-related injury.

Chiu et al examined trends in alcohol-related outpatient visits to an area hospital from the isolated community of Barrow, Alaska, over a 33-month period during which possession and importation of alcohol were initially legal, then completely banned, made legal again, and then banned again (Chiu, Perez et al. 1997). They found a statistically significant

decrease in the number of visits when the ban on possession and importation was imposed compared with baseline. When the ban was lifted, outpatient visits increased; when it was imposed once more, the number of outpatient visits again declined. Interrupted time-series analyses confirmed that the alcohol ban, its lifting, and its reimposition had a statistically significant and negative effect on the number of alcohol-related outpatient visits. Like Landen et al, Chiu et al concluded that, in geographically isolated communities, banning the importation and use of alcohol was an effective public health intervention.

A more comprehensive and methodologically rigorous study was conducted by Berman et al (Berman, Hull et al. 2000). Under Alaskan Local Option Law, communities can hold a referendum, on a petition signed by at least 35% of residents, on one of three area-based restrictions: (1) sale of alcohol prohibited, importation permitted for personal use; (2) sale allowed, but only at one licensed take-away store; (3) sale and importation prohibited. For the purposes of this study, first two were described as 'damp', the third as 'dry'.

Between 1981 and 1993, 99 small communities exercised local options to hold 144 elections - 125 resulting in restrictions being passed on alcohol, 19 in restrictions being removed. Berman et al examined nearly 2000 injury deaths (accident, homicide, suicide) occurring in these communities between 1980 and 1993 to compare injury rates in communities with different availability regimes, and in the same community under different regimes. They also examined evidence of a possible displacement effect by looking at injury rates in communities close to those that imposed restrictions. They found that injury death rates were generally lower when restrictions were in place; 'damp' controls reduced suicides; 'dry' controls significantly reduced homicides. Berman et al estimated that communities that imposed restrictions may have prevented about one fifth of all injury deaths that would have occurred in the absence of controls. The strongest evidence applied to homicides, which fell from 9 to 2.6 times the national rate in 1990. A control group of 61 small communities that did not change control status showed no significant changes over time in accident or homicide death rates. No evidence was found of injury deaths or problem drinkers being displaced when communities became dry.

The communities examined in the three Alaskan studies, like the communities covered by d'Abbs' review of NT dry areas, were all located in remote areas, and most of them had small populations (less than 1,000 people). These factors are both seen as relevant to the success of area-based restrictions. Another issue frequently raised in discussions of alcohol restrictions in American Indian and Alaskan Native communities is the importance of adequate enforcement by police. One study that demonstrates this systematically is Wood and Gruenewald's examination of injury rates associated with assaults, self-harm motor vehicle collisions and other causes in isolated Alaskan Native villages, with and without local prohibition, and with and without local police (Wood and Gruenewald 2006). The authors examined injuries in 132 villages between 1991 and 2000. The authors found that, controlling for effects of isolation, access to alcohol markets and local demographic characteristics, local prohibition was associated with lower rates of injury from assaults and 'other causes' (although this relationship did not hold with respect to self-harm), while a local police presence was associated with lower rates of injuries from assaults in 'dry' villages, but not in 'wet' villages. In other words, the presence of police strengthened the beneficial effects of local prohibition.

In sum, there is strong evidence that area-based restrictions on alcohol availability have beneficial results in small, isolated Indigenous communities, but not in less isolated settings. The benefits of area-based restrictions are also increased by a local police presence.

7.3.2 Statutory control: externally imposed dry areas

In contrast to area-based restrictions considered above – where the local community is a driving force behind the restrictions – Australian commonwealth, state/territory and local authorities have all at various times used their powers to impose bans on possession and consumption of alcohol in specified areas. In the NT, for example, under the so-called Two Kilometre Law it is an offence to consume liquor anywhere on public land – or on private land without the owner’s consent – within two kilometers of a licensed premise. According to the 2007 NDRI review, these measures sometimes succeed in their objective of reducing public drunkenness in specific areas, but the effect is usually achieved through displacing, rather than discouraging, drinking; as a result, measures of this kind have not been shown to significantly reduce alcohol-related harms.

As mentioned above, the National Emergency Response, introduced by the Commonwealth Government into Aboriginal communities in 2007, includes a sweeping utilization of this measure. At this point, no systematic evidence of outcomes is available.

7.4 Restricting supply to, and or possession and consumption by, particular individuals or groups

The fourth type of supply control measures considered here are restrictions on supplying liquor to, and/or possession and consumption of liquor by, specified categories of people. All Australian jurisdictions currently prohibit sales of alcohol to, and purchase of alcohol by, persons aged less than 18 years. Supplying alcohol to minors in the privacy of the home is not currently illegal in Australia, although some health professionals argue that it should be made illegal. In similar vein, some public health advocates are calling for the minimum drinking age to be raised from 18 to 21, largely on the basis of evidence from the US, where several states raised and/or lowered minimum drinking ages during the 1980s. Evidence emerged that raising the minimum consumption age from 18 to 21 resulted in fewer road crashes involving young people, and reduced consumption by young people (National Drug Research Institute 2007). However, changes of this nature could not be introduced at a local level, and therefore do not constitute a feasible option in Kakadu/West Arnhem.

Restrictions targeting particular groups or categories of people are by definition discriminatory and, where Indigenous Australians are implicated, take place against a background of around 100 years of prohibition on possession and consumption of alcohol by Indigenous people, which in turn has left a strong awareness among Indigenous Australians today of their *right*, as Australian citizens, to drink.

This said, Indigenous organizations in northern Australia have on several occasions led the way in seeking to have bans or restrictions placed on Indigenous residents of particular places, and a number of what we might call ‘person-based’ restrictive measures are in place today.

In principle, there are four options available for restricting access to alcohol to people who would otherwise be entitled to drink (i.e. apart from existing minimum drinking age provisions). These are:

- invoking legal mechanisms such as the NT Alcohol Court to impose prohibition orders on individuals, under which these individuals are forbidden from consuming alcohol or entering licensed premises (Northern Territory Government 2006);
- negotiating formal or informal arrangements under which particular outlets undertake not to serve, or are prohibited from serving, alcohol to particular groups of people – eg to all residents of, or travellers to or from, the Anangu Pitjantjatjara Yankunytjatjara (APY) Lands in South Australia,
- restricting outlets in a particular locality to membership-based clubs, which in turn (theoretically) restricts access to alcohol in that locality to members of the relevant clubs, or
- issuing permits to individuals that define who *is permitted* to possess and or consume alcohol in a certain locality, and under what conditions.

7.4.1 Prohibition orders

Prior to introduction of the Alcohol Court Act 2006, section 122 of the NT Liquor Act authorised magistrates' courts to issue prohibition orders with respect to individuals deemed to be 'habitual drunks'. In the early 1990s the NT Government announced its intention to make use of the provisions to 'get tough' with public drunks, with one Minister declaring that he expected around 300 individuals to be served with prohibition orders over the next 12 months. In the event, court delays and requirements of due processes resulted in fewer than 10 orders being issued, the subject of one of which was said to have died in the meantime, while several others moved town.

Even if it does prove more productive than earlier mechanisms, the use of prohibition orders is a sanction targeting specific individuals rather than a vehicle for *community* control over alcohol problems, although one could imagine it having a beneficial effect at a local level.

Evidence relating to effectiveness of compulsory treatment for alcohol problems is summarised elsewhere in this report, under 'demand reduction'.

7.4.2 Restrictions on selling alcohol to specified Indigenous groups/communities

The second mechanism – mandatory or voluntary arrangements under which particular licensees agree not to serve specified groups of Indigenous people – originated in central Australia. In 1983 a joint meeting of the Pitjantjatjara Council and Anangu Pitjantjatjara (AP), the statutory land-holding body under the South Australian Pitjantjatjara Land Rights Act, resolved that the Pitjantjatjara Lands should be declared 'dry', that roadhouses located near AP communities should not be allowed to sell alcohol to Anangu for consumption either on or off the premises, and that the Racial Discrimination Act should not be used to hamper Anangu efforts to impose alcohol restrictions (d'Abbs, Togni et al. 1999). In 1987 the SA Pitjantjatjara Land Rights Act was amended to enable AP to make their own by-laws relating to alcohol and petrol sniffing. In the meantime, other Pitjantjatjara communities located in the Northern Territory had made use of powers available to them under the NT Liquor Act to have their communities declared dry, while in WA, the Ngaanyatjarra leasehold lands had also been declared dry at the request of Aboriginal people.

In 1988 a voluntary arrangement under which the proprietor of one roadhouse in the NT – Curtin Springs – had agreed not to sell takeaway alcohol to Anangu broke down. Over the next few years the Pitjantjatjara Council and Ngaanyatjarra Pitjantjatjara Yankunytjatjara

(NPY) Women's Council mounted a series of legal cases seeking to have the Curtin Springs licence revoked on the grounds that the licensee's behaviour was leading to unacceptable levels of drinking, violence and other harms in neighbouring communities. The then NT Liquor Commission (NTLC), however, declined to impose restrictions (let alone revoke the licence) on Curtin Springs – or on Erldunda roadhouse, another outlet that in the meantime had also begun selling takeaways to Aboriginal people. One of the arguments advanced by the NTLC was that restrictions on sales to Anangu would contravene the Racial Discrimination Act (RDA).

In response, several Aboriginal organizations in 1990 formally requested the Commonwealth Human Rights and Equal Opportunity Commission (HREOC) to examine the whole issue of racial discrimination and human rights as they related to alcohol distribution in the NT (d'Abbs, Togni et al. 1999). In response, HREOC identified two mechanisms by which restrictions imposed on Indigenous people at the request of representative Indigenous organizations could be made compatible with the RDA. These mechanisms rested on a distinction between direct discrimination (e.g. prohibiting alcohol sales to residents of a particular Indigenous community) and indirect discrimination (e.g. laws prohibiting consumption of alcohol in a particular public place which happens to be occupied mainly by Indigenous people) (Race Discrimination Commissioner 1995).

With respect to direct discrimination, the Race Discrimination Commissioner found that restrictions might qualify as a 'special measure' under section 8(1) of the RDA, which allowed for *temporary* measures designed to secure protection or advancement for particular groups of people who might otherwise not be in a position to exercise their basic human rights or freedoms. In the case of indirect discrimination, the Commissioner found that measures could be deemed lawful under section 9(1) if they passed a test of 'reasonableness', which in turn involved satisfying two criteria: balancing the nature and extent of discrimination against the benefits to be gained from the measure, and the availability or otherwise of alternative less discriminatory measures (d'Abbs 1996).

To assist community organizations seeking to have restrictions imposed on their residents or members, HREOC undertook to examine cases brought to its attention and, if satisfied, to issue 'Special Measures Certificates' which, in effect, deemed the restrictions to comply with the RDA. The NDRI 2007 report lists 6 communities in the NT and WA that have been subject to Special Measures Certificates but, at time of writing that report in 2007, only one remained in place. Ironically, the one extant Certificate applies to Curtin Springs Roadhouse (National Drug Research Institute 2007).

The Race Discrimination Commissioner's 1995 report also touched on another issue that has potential implications for Indigenous communities in their struggles with alcohol abuse. The Commissioner noted that to date the whole edifice of human rights rested conceptually on the rights of *individuals*. It was as if rights could only inhere in individuals. Yet in principle, the report argued, there was no reason why legal recognition should not apply also to the rights of a *community* (to peace, good order, basic services, etc.) – except that at present there was no legal basis for defining community rights.

Unfortunately, following the change in the Australian government in 1996 and the subsequent winding back of HREOC's role and budget, the possibility of giving legal recognition to community rights was not pursued further. Perhaps this is an appropriate time to revisit the issue.

7.4.3 Case study: restricting sales of alcohol to Aboriginal residents of specified communities – Yalata, SA

Yalata is a small community (population 150-300 Pitjantjatjara and Yunkyuthatjara-speaking people) located on the far western coast of South Australia, 200 km west of Ceduna, but much closer to three roadhouse hotels. Brady, Byrne and Henderson (Brady, Byrne et al. 2003) have documented the long struggle waged by members of this community to control access to, and consumption of, alcohol from the time that prohibition on Aboriginal drinking was removed in South Australia in 1965. For 13 years, beginning in 1967, the community hosted a beer canteen, in the hope that this would provide an alternative to the flow of alcohol coming in from outside the community. But the canteen failed to achieve this, and in 1982 community opinion turned against it, and it was closed. Since then, the authors observe, several well-meaning outsiders (including, at one time, the state liquor licensing authority) tried to persuade the community to re-open the canteen, but the community has categorically refused to do so.

Instead, community members pursued two alternative pathways: one was to have the community itself declared legally 'dry', which they succeeded in doing in 1990. The second (following an unsuccessful attempt to negotiate a voluntary agreement with the three hotels) was to persuade the Licensing Commission to prohibit the three outlets from selling take-away alcohol to Yalata residents, and also to prohibit bar sales to Yalata people at one of the premises. The licensees resisted the moves, mounting a disinformation campaign among non-Aboriginal residents of the region to the effect that the moves would curtail their access to alcohol, and in doing so succeeded in delaying a final decision by the Licensing Commission. In December 1991, however, the Commission finally reached a decision: no full-strength alcoholic beverages were to be sold by the three licensees for off-premises consumption to residents of, or travellers to or from, Yalata community or the Maralinga Lands. Light beer was exempted from the ruling (even though the community had requested no such exemption).

A 10-year follow up study supported by Yalata Council and Yalata Health Service has demonstrated a sustained and statistically significant decline in deaths from all causes, especially in the 15-29 year age group, largely as a result of a decline in deaths from alcohol-related road crashes.

Brady et al's account of events at Yalata demonstrates that, even with strong community resolve, the path to achieving a satisfactory system for controlling alcohol availability is a long one, in part because regulatory authorities have two objectives not always easily reconciled; reducing alcohol-related harm, while promoting the economic viability of the beverage and hospitality industries.

7.4.4 Restricting access to alcohol to members of licensed clubs

Ever since prohibition on possession and consumption of alcohol by Aboriginal Australians was dismantled in the 1960s and 1970s, one option made available to community residents – and sometimes actively promoted by governments and others – is the establishment of a community-controlled licensed club or canteen. The overt argument in favour of such an option is that licensed clubs – particularly if they offer on-premises consumption only – provide a controlled drinking environment where excessive drinking and alcohol-fuelled misbehaviour can be prevented or, failing that, sanctioned. Often a more covert agenda is also present, though rarely voiced: canteens on Aboriginal communities are seen as a

mechanism for discouraging Aboriginal drinkers from moving into towns and cities in search of alcohol.

The 'licensed club' option has been particularly salient in the Kakadu/West Arnhem region where, as the discussion in the background chapter above showed, it formed the centrepiece of the regional alcohol control strategy put forward by the Ranger Uranium Environment Inquiry in 1977 and subsequently adopted by the Commonwealth Government.

Findings regarding the impact of licensed clubs in Kakadu/West Arnhem are echoed in other studies of clubs in Aboriginal communities. Wyvill, in a regional report on Queensland for the Royal Commission into Aboriginal Deaths in Custody, documented several instances of communities with wet canteens where heavy drinking was the norm (Wyvill 1991). Martin analysed sales data from canteens located in four Cape York communities, estimating per capita consumption of alcohol by persons aged 15 and over in 1996/97 at between 25 and 30 litres of absolute alcohol per year - significantly higher than corresponding estimates for Queensland as a whole (10.9 litres in 1992/93) (Martin 1998).

d'Abbs examined consumption levels in seven of the eight Aboriginal communities in the NT that had established licensed clubs as of 30 June 1995 (an 8th club did not trade in the year under review). Using 'purchase into store' figures for 1994/95, d'Abbs estimated per capita consumption of absolute alcohol among male drinkers to be 42.5 litres, 76% higher than the corresponding figure for the NT as a whole, which in turn was 42% above the national level. Similar differences were found for female drinkers. He also argued that many clubs were able to use their monopolistic control of a valued resource to become powerful political institutions in communities, sometimes leaving non-drinkers in these communities effectively disenfranchised (d'Abbs 1998).

d'Abbs also claimed that the health consequences of these high consumption levels had been largely neglected by authorities, because they derived from the chronic effects of heavy, frequent consumption in remote communities, rather than from acute effects of binge drinking in urban, public areas where they were seen as threats to public order and amenity. In one of the few studies to consider consequences for health, Hoy et al found drinking in one community with a licensed club to be associated with a 2.8-fold increase in rates of elevated GGT (and, at the same time, lower HDL-cholesterol levels) (Hoy, Norman et al. 1997).

Probably the most influential recent analysis of alcohol use in communities with wet canteens is the Cape York Justice Study, commissioned by the Queensland Government in 2001 and conducted under the direction of Justice Tony Fitzgerald (Cape York Justice Study 2001). The report concluded that high levels of alcohol consumption in Cape York communities, attributable both to licensed clubs and sly grogging (the argument that the presence of the former helps to prevent the latter is not supported by evidence), were the chief precursor to unacceptably high levels of violence, crime, injury and ill-health. The report of the Cape York Justice Study provided the rationale for the Queensland Government's subsequent introduction of Alcohol Management Plans in Cape York communities.

In short, while anecdotal evidence indicates that some licensed clubs in some communities at some times have succeeded in fostering a culture of moderate alcohol consumption, the

evidence is strong that in many Aboriginal communities they have become centres for heavy, frequent and harmful alcohol consumption.

7.4.5 Permit-based systems

The fourth mechanism for discriminating between persons who may or may not possess or consume alcohol in a particular place is through a permit system. Section 87 of the NT Liquor Act authorises the Licensing Commission to issue a permit to an individual residing in a General Restricted Area to bring in, possess and consume liquor within the Restricted Area, usually subject to special conditions. The Licensing Commission may also issue a permit to an individual or a body allowing possession and consumption of liquor within a Public Restricted Area – but only for a specified purpose, such as a wedding (Northern Territory of Australia 2007). In deciding whether or not to issue a permit to a resident of a General Restricted Area, the Commission is required not only to assess the applicant's suitability to hold a permit, but also to ascertain the opinion of other residents in regard to the application.

Several of the more than 100 Aboriginal communities in the NT that have become dry under the NT Liquor Act have long used the permit provisions of the Liquor Act to enable small numbers of individuals – often including but not restricted to non-Aboriginal employees in the community, such as teachers – to drink alcohol in the privacy of their homes in otherwise dry communities. In these instances, the permit system is essentially an adjunct to the main supply control system, which is based on the dry area declaration. In one remote Top End community (Maningrida), permits play a more significant role in conjunction with a system of restricted supply, under a Liquor Management Plan. The only alcoholic beverages lawfully allowed into Maningrida are delivered by barge once a fortnight, with amounts based on orders placed by those who have permits to purchase and consume alcohol. Permits, which are issued by the Licensing Commission on advice from a local Drugs and Alcohol Committee, allow holders to purchase two cartons of heavy beer per fortnight, although the Committee may specify a lesser amount (Maningrida Council Incorporated 2008). The Maningrida Liquor Management Plan has not been evaluated.

More recently, permits have been used as the *main* component of Alcohol Management Plans in two NT regions – Groote Eylandt and an area in eastern Arnhem Land centred on the mining town of Nhulunbuy and the neighbouring Aboriginal community of Yirrkala.

As of March 2008, anyone wishing to buy, possess and consume takeaway alcoholic beverages in the East Arnhem Region General Restricted Area – an area that includes the mining town of Nhulunbuy, the community of Yirrkala, and the Laynhapuy and Gumatj homelands – requires a Liquor Permit (Northern Territory Government 2008). Permits are not required in order to drink in licensed premises in the region. Declaration of the General Restricted Area follows an application by the East Arnhem Harmony Mayawa Mala Inc. group, and is one of several initiatives proposed under a new Alcohol Management System. Whereas the East Arnhem permit system is too recent to allow for assessment of impact at this time, the Groote Eylandt Alcohol Management Plan, also built around a permit system, has been in existence since July 2005, and has been subject of an independent evaluation (Conigrave, Proude et al. 2007). It is the subject of the case study below.

7.4.6 Case study: Groote Eylandt Alcohol Management System

Groote Eylandt lies approximately 600 km east of Darwin in the Gulf of Carpentaria. The island has three main population centres - the two Aboriginal communities of Angurugu (pop. 1200) and Umbakumba (pop. 325), and the mining town of Alyangula (pop. around 800). Alyangula was established by the Groote Eylandt Mining Company (GEMCO) to support the mining of manganese. Approximately 200 Indigenous people and a small number of resident non-Indigenous staff live on nearby Bickerton Island. Although Aboriginal people on Groote Eylandt may have had some contact with alcohol prior to European colonisation, it was only with the opening of the GEMCO mine in the 1960s that alcohol became readily accessible. Since that time, the island communities have experienced continuing social disruption and violence associated with alcohol, which they addressed with various measures, including declaring most of the island a General Restricted Area and, during the 1980s in one community, operating a community licensed canteen. Despite these efforts, by 1986 Groote Eylandt was reported to have one of the highest imprisonment rates in the world, with most of the crime said to be alcohol-related.

On the 1st July 2005, following extensive community activity involving the mining company, Aboriginal community leaders, Anindilyakwa Land Council and government agencies, an Alcohol Management System was introduced on Groote Eylandt and Bickerton Island, which required every person in the region, Aboriginal or non-Aboriginal, to hold a permit to buy or consume takeaway alcohol. Permits are issued by the Licensing Commission on the recommendation of a local Permit Committee.

In order to purchase alcohol, permit holders must be financial members of the only two liquor outlets on the island permitted to sell take-away liquor – Alyangula Recreation Club or the Alyangula Golf Club. Both clubs are required to record all purchases for take-away liquor.

Of the two Aboriginal communities on Groote Eylandt, one – Umbakumba – allows permit holders limited purchases of beer for consumption in the community. The Council of the other community – Angurugu – has indicated that it does not support the issuing of permits to any of its residents, and importation, possession and consumption of alcohol in Angurugu is prohibited under a General Restricted Area that applies throughout the island.

An independent evaluation of the system conducted in 2007 reported anecdotal accounts of a marked improvement in community functioning, and these observations were corroborated by police data showing steep declines in incidents of violence. Incidents involving aggravated assaults fell by 67% in the year following the introduction of the permit system, to the lowest level for the past four years. There was also an 86% reduction in the offence of house break-ins, while the number of adults admitted to correctional centres from Groote Eylandt and Bickerton Island fell to a four year low (Conigrave, Proude et al. 2007).

The Groote Eylandt AMP appears to be effective, and to have community support. The success appears to be due as much to the processes involved in developing and implementing the system, as to the system itself: it is a product of sustained engagement and collaboration on the part of GEMCO, both community councils and Anindilyakwa Land Council, and also of active involvement on the part of the NT Licensing Commission which, at the request of community leaders, conducted several hearings and meetings on the island prior to formalizing the management system. The geographical isolation of Groote

Eylandt also make it relatively easy to maintain surveillance over importation of alcohol and other drugs.

The evaluation also revealed two potential problems with the system, both to do with the Permit Committee. Firstly, although the Committee was set up with a view to including Aboriginal as well as non-Aboriginal members, inconsistent participation by Aboriginal members creates a risk that the Committee will come to be seen as a group of white people dictating drinking arrangements for Aboriginal people. Secondly, the work of the Permit Committee has proved time-consuming and, at least at the time of evaluation, neither the Licensing Commission nor any other agency had made resources available to support the Committee.

One interesting corollary of the permit system as introduced into Groote Eylandt is that, in effect, it makes the right to drink alcohol into a conditional privilege – similar conceptually to a driver's licence, rather than treating it as some sort of semi-inalienable right.

7.5 Factors conducive to successful implementation of supply-reduction measures

One ingredient of any successful local supply-control system is a set of measures tailored to conditions in the locality concerned. Examination of successful community strategies – including case studies reported here, and others described, for example, in the 2007 NDRI report - reveal other common characteristics. These can be summarised as:

- institutional and personal *leadership* in identifying and negotiating supply-reduction strategies;
- *community engagement* processes involved for developing strategies, including collaboration between stakeholders, some of whom may have different interests;
- adequate *enforcement* of any restrictive measures adopted;
- *evidence-based measures*;
- active involvement of *liquor licensing* authorities in helping to negotiate and codify measures;
- *responsiveness* on the part of those over-seeing restrictions to changes in circumstances;
- *monitoring and evaluation*, in order to see if the restrictions are working, and modify them if necessary.

Institutional leadership is required to sustain the necessary commitment. All of the case studies show that the path to a successful community based control strategy is a protracted one, usually marked by legal and bureaucratic delays and opposition from vested interests. Community members themselves sometimes lose heart as a result of the snail's pace of reform.

Without adequate enforcement, the most widely supported and best formulated supply control strategies have little chance of standing up in the face of pressures brought by drinkers and those who stand to profit from supplying them. The Australian Institute of Criminology has recently produced a 'good practice framework' for policing substance misuse in rural and remote communities, which is reproduced below (Australian Institute of Criminology 2007).

7.5.1 Policing substance misuse in rural & remote communities: a good practice framework (Australian Institute of Criminology 2007)

The prevalence of cannabis and volatile substance misuse in rural and remote communities in Australia has become a growing concern in recent years (Gray et al. 2006; Delahunty & Putt 2006a). However, evidence suggests that mainstream drug policing strategies in these settings are generally not practical. A good practice framework has been developed to assist police in their responses to illicit drug use amongst Aboriginal and Torres Strait Islander communities in rural and remote areas of Australia (Delahunty & Putt 2006b). The framework suggests three main areas for improvements.

Strategic policies and programs must encourage agencies and jurisdictions to work together through coordinated approaches to drug control. This includes:

- maximising the effectiveness of police work in rural and remote areas through recruitment and training
- improving community-police relations with policies and initiatives relevant to the practical needs of frontline police, yet flexible enough to respond to evolving challenges
- innovative approaches to drug law enforcement including the effective coordination and dissemination of intelligence across borders and regions. This will depend on getting and supporting the right staff and developing a healthy working relationship with local communities.

Local, district & regional area planning should focus on supporting local community safety initiatives. This involves taking existing community concerns and approaches to crime prevention and drug law enforcement, and developing these into a community safety plan and continuously reviewing outcomes to be achieved. Critical elements include environmental scans to identify services, cultural complexities and police resources, coupled with an assessment of potentially risky situations, such as people affected by alcohol and other drugs, group fighting, and the search and seizure of vehicles. Continuing community consultation is essential to identify and redefine priorities and to provide feedback on the efficacy of police interventions.

Individual police practices includes, winning over community support – no easy task in high-need communities. Four principles are used to guide individual decision making: take community concerns seriously; respond with law enforcement measures that provide some respite to stressed communities; build on goodwill created by discretion and other confidence building measures; and provide leadership on prevention by working with other agencies to build capacity and help communities address their own needs. Police are well placed to provide such leadership as they are often the only service readily available in rural and remote Australia to intervene in a crisis.

References

Gray D et al. 2006. *Policing, volatile substance misuse, and Indigenous Australians*. Monograph series no. 16. Canberra: NDLERF

Delahunty B & Putt J 2006a. *The policing implications of cannabis, amphetamine & other illicit drug use in Aboriginal & Torres Strait Islander Communities*. Monograph series no. 15. Adelaide: NDLERF

Delahunty B & Putt J 2006b. *Good practice framework – policing illicit drugs in rural & remote local communities*. Monograph series no. 15a. Adelaide: NDLERF

7.6 Summary

As mentioned earlier, most of the supply control measures discussed in this chapter are best applied in combination, and with other measures for demand and harm reduction.

Evidence relating to the effectiveness of the main types of supply-reduction measures considered can be summarised as follows.

3. Price-based measures are highly effective as a policy tool, but not usually available to community groups.
4. Restrictions based on modifying liquor outlets' trading conditions can take several forms:
 - reducing hours and/or days of sale: essential as a component of supply-reduction strategies; evidence of effectiveness in settings similar to Kakadu/West Arnhem; effects tend to weaken over time, creating need for flexibility in strategy
 - restricting availability of high risk beverages, such as cask wine: similar impact to reducing hours and/or days of sale, though effects often short lived as drinkers find alternative beverages or illicit drugs;
 - reducing the number of outlets ('outlet density'): complex effects, depending on settings, kinds of outlets involved, and other contextual factors; some evidence that marginalized and heavy drinkers are particularly responsive to *increases* in outlet density;
 - voluntary commitment to, or mandatory enforcement of, responsible beverage service (RBS) programs: no real value unless made mandatory and complemented by enforcement of laws governing serving liquor;
 - liquor 'accords': despite their popularity (they make good PR), no evidence of effectiveness;
 - lockouts – denying access to late night premises after a certain time: not relevant to Kakadu/West Arnhem;
 - restricting alcohol sales at special events, such as football carnivals: little evaluative evidence, but can be important as expressions of community engagement, and therefore an adjunct to supply-reduction strategies;
3. Restricting possession and/or consumption of liquor within geographically defined areas (restricted areas):
 - measures relying entirely or largely on community enforcement are generally ineffective;
 - measures in which community control is complemented by adequate statutory enforcement have been shown to be effective in remote isolated communities, less so in less isolated areas (such as Kakadu/West Arnhem);
 - measures based entirely on statutory imposition of controls, such as the NT Two Kilometre Law, generally displace rather than reduce alcohol-related problems.
4. Restricting supply of alcohol to, and/or possession and consumption by, members of identified groups or communities: four options are available:
 - invoking legal mechanisms such as the NT Alcohol Court to impose prohibition orders on individuals, under which these individuals are forbidden from consuming alcohol or entering licensed premises: may benefit individuals concerned, but unlikely to be a vehicle for community-based supply reduction;
 - negotiating formal or informal arrangements under which particular outlets undertake not to serve, or are prohibited from serving, alcohol to particular groups of people:

have proved effective and sustainable for remote communities in Australia, and compatible with racial discrimination laws where there is clear evidence that the measures are supported by communities and groups affected;

- restricting outlets in a particular locality to membership-based clubs, which in turn (theoretically) restricts access to alcohol in that locality to members of the relevant clubs: ineffective as a supply reduction measure (which is not, in itself, an argument against allowing clubs to operate in an area, since clubs offer other benefits)
- issuing permits to individuals that define who *is permitted* to possess and or consume alcohol in a certain locality, and under what conditions: limited evidence to date suggests that, where they are a product of high level of community engagement, they are effective.

Whatever the supply reduction measures adopted, evidence from case studies suggest that at least four conditions are necessary for effective outcomes:

- institutional and personal leadership;
- strategy for community engagement, including processes for engaging stakeholders;
- adequate enforcement;
- evidence-based measures;
- active involvement of liquor licensing authorities;
- responsiveness to changing circumstances;
- monitoring and evaluation in order to see if the restrictions are working, and modify them if necessary.

8 Demand reduction: options and evidence

In this section we address the requirement set out in the terms of reference to 'assess the strengths and weaknesses of strategies for demand reduction and harm reduction, including voluntary and mandatory treatment and rehabilitation, community patrols and safe houses'.

We begin by reviewing evidence relating to demand reduction programs. After commenting briefly on the broad approach taken to reducing demand for alcohol among Indigenous Australians, we consider the limited evidence available on effectiveness of interventions, categorised as:

- primary intervention: programs and services designed to prevent the uptake of alcohol misuse;
- secondary intervention: programs targeting individuals and groups who are considered to be at risk of experiencing harms from alcohol misuse, or are already doing so, designed to prevent further harmful behaviour;
- tertiary intervention: treatment and rehabilitation of chronic, usually dependent drinkers.

We then review evidence relating to mandatory treatment for alcohol problems, and community patrols and safe houses.

Two features stand out from any overview of attempts to address Indigenous demand for alcohol in Australia. The first is the paucity of evidence showing effective intervention outcomes. This is partly because few interventions are evaluated at all, and of those that are, even fewer demonstrate convincing outcomes (Loxley, Toumbourou et al. 2004). The second is the dominance of two preferred types of intervention - residential treatment and health promotion – neither of which has been shown to be particularly effective in bringing about sustained behaviour change. A corollary of this is that other types of intervention – notably brief interventions in primary health care settings – have been relatively neglected in Indigenous settings (Brady 1995a).

8.1 Primary intervention

Gray et al identified five health promotion projects that had been evaluated (Gray, Siggers et al. 2000b). In the first of these – the Koori Alcohol and Drug Prevention Project, initiated in Victoria in 1985 – Aboriginal alcohol and other drug workers in four regional locations were funded to provide health promotion services, including education, sport and recreation activities, and support for homeless people. An evaluation of the project, conducted by Alati, found that the project had been well received, but that the drug and alcohol workers did not receive adequate support. Also, because most Indigenous clients did not access mainstream services, the alcohol and other drug workers were placed under considerable pressure to provide other services, such as counseling, for which they did not receive funding.

The second project identified by Gray et al was a bush tour of Indigenous NT communities by the band Yothu Yindi, with accompanying media promotional material, funded by the Commonwealth and conducted in 1993. The program was built around the concept of 'raypirri', a Yolngu (north east Arnhem Land) term that connotes self-discipline and responsibility. An evaluation of the project found that it had received good exposure, with

positive responses to the media campaign. However, interpretations of the messages were mixed, and the program was considered to be culturally inappropriate to communities in central Australia – which had not been consulted in the course of program preparation.

Also in 1993, the Queensland Education Department in consultation with an Aboriginal community developed an alcohol educational program around the theme ‘When you think about it’, focusing on drink-driving and the dangers of excessive alcohol consumption. An attempt at a quantitative evaluation of the program was not successful. A qualitative analysis concluded that teachers required more training in skills such as informal group work and promoting community participation. Another drug education program for children aged 9 -16, based on Palm Island in north Queensland, was found to have raised students’ awareness about dangers of alcohol misuse. Finally, evaluation of a small-scale drug education program conducted by staff at the Karalundi Drug Education Centre in Western Australia found some evidence of limited positive changes in students’ knowledge and behaviour. However, like the Koori project referred to above, the Karalundi project was found to be hampered by inadequate support for staff and inadequate resources.

One Indigenous organization that has undertaken several health promotion initiatives is the Aboriginal Drug and Alcohol Council (ADAC), based in South Australia. In a monograph describing ‘elements of best practice’ in Indigenous alcohol and other drug services, Stempel et al singled ADAC out for its contribution to preventative initiatives (Stempel, Siggers et al. 2004). Founded in 1993 in the wake of the Royal Commission into Aboriginal Deaths in Custody, ADAC represents 27 urban, rural and remote communities, as well as three Aboriginal substance misuse organizations. It has developed a broad range of programs in education, training, research and health promotion, some of which have been evaluated, as well as a role in advocacy and, to a limited extent, in direct provision of intervention services. One of its most prominent roles is in developing educational and other resources – including an award-winning resource kit for addressing petrol sniffing and other forms of inhalant misuse - for use in communities. Information about ADAC’s considerable range of resources can be found on the organization’s website: www.adac.org.au.

However, notwithstanding the continuing predilection for funding (usually on a short-term basis) health promotion initiatives, the limited evaluative work available does not reveal any models for proven effective primary prevention. It does, however, point to the need for adequate training and support for staff, and for the resources required to sustain such support. It also demonstrates the dangers of a top-down approach and the associated need for genuine community participation in the development of health promotion materials and programs.

8.1.1 Men’s groups and empowerment

One interesting recent initiative that probably sits somewhere between primary and secondary intervention is the ‘Family Wellbeing Empowerment Program’ (FWEP), originally developed in Adelaide in 1993 by a group of Aboriginal people who had been part of the stolen generation, as a basis for mobilising and developing men’s groups and other groups in communities to address both personal and community issues. ‘Empowerment’ is one of those terms that is widely used, often with little attention given to what it actually means or entails. The FWEP however, appears to be an exception. It begins from an acknowledgement, articulated most forcefully by Noel Pearson, that family and community life in many Aboriginal communities today is marred by a breakdown in norms and values

regarding responsibility, reciprocity, and a sense of right and wrong (Pearson 1999). For the FWEP, the first step towards creating a healthy social environment for individuals and communities is to agree on defined sets of rules, values and norms, and associated sanctions and rewards, to guide day to day behaviour. Using a Participatory Action Research approach in which program facilitators collaborate with (rather than direct, or do research on) participants, the FWEP starts by teaching participants how to develop their own group agreements that create environments in which they feel safe, supported and motivated to learn. Within such environments, participants learn to become more aware of their intrinsic higher qualities such as self-awareness, respect, humour and creativity, and to identify steps they can take in order to bring about changes both in their own lives and in the community (Tsey, Patterson et al. 2002).

The best documented instance of the FWEP in action is that of the Yaba Bimbie Indigenous Men's Support Group in Yarrabah, north Queensland, described below as a case study (Tsey, Patterson et al. 2002; Tsey, Patterson et al. 2003; McCalman, Baird et al. 2007). In part as a result of its successful implementation in Yarrabah, the FWEP has since been taken up and adapted both by other Aboriginal communities and by government agencies. Apunipima Cape York Health Council plans to implement the program in all Cape York communities through 2008. The FWEP team has also received \$1.5 million under the National Suicide Strategy to adapt the Yarrabah model for use in three other communities. The North Queensland region of the Department of Families has adapted the FWEP as an Indigenous workforce retention and organizational change strategy, and the Department of Education has incorporated the FWEP into its Year 7 curriculum.

8.1.2 Yaba Bimbie Indigenous Men's Support Group, Yarrabah, North Queensland: a case study (adapted from (McCalman, Baird et al. 2007)

Yarrabah is a coastal Aboriginal community, 54 km south of Cairns in north Queensland. Originally the home of the Gungandji people, it was established as an Anglican Mission in 1892. Over the next 70 years, hundreds of stolen generation people from 32 Queensland tribes were relocated to Yarrabah. Today the community consists of about 2500 people.

In 1998, a health needs assessment of Yarrabah, prompted by high suicide rates in the community, stated: "Current health issues such as chronic alcohol and marijuana abuse, sexual abuse, domestic and family violence, rape and incest are directly related to their experience of loss. Loss of land, loss of family and culture have lead to at least three generations of community people who are without a clear understanding of who they are or where they belong. Sustained intergenerational and unresolved loss and ongoing trauma associated with frequent deaths, suicides, violence and abuse culminates in what many community members describe as loss of Spirit".

The report led to several initiatives, including closing the alcohol canteen, forming a community controlled social health service, and starting a men's group to support men at risk of suicide and others. The Yaba Bimbie Men's Group, supported by James Cook University and University of Queensland researchers, developed a vision of "restoring men's rightful role in the community using a holistic healing approach in the program, encompassing the spiritual, mental, physical, emotional and social aspects of life.

The Men's Group was initially run by volunteers. In 2001 it secured two years of National Suicide Prevention Strategy funding to employ two local men to coordinate and support the activities of the men's group. In 2004, the National Health and Medical Research Council

(NHMRC) provided funding for a further three years to consolidate the initiative and extend it to one other community. Three important initiatives were undertaken:

- Firstly, with the support of JCU/UQ researchers, the men organised a workshop to determine how a man who took his “rightful role” could be recognised. A list of DO’s and DON’Ts was developed which described the qualities that men could follow to monitor their own behaviour, and which was also used as part of the evaluation of the group over time.
- In conjunction with this process, the group was also introduced to the Family Wellbeing Empowerment Program. The program was developed to help others address personal issues affecting their daily lives, recognise their own strengths and resources, and generate knowledge and action to improve their situation. (Later, several members were trained as facilitators and delivered the program to others).
- Finally, the men organised a strategic planning workshop and identified a range of priority issues. These included leadership, parenting and personal development, employment, education and training, tradition and culture, and health services for men. Strategies were developed to progress each of these issues.

Consistent with the multi-level empowerment framework of the group, results have emerged at personal, family, organisational and community levels, as follows.

- At a personal and family level, there is evidence of modest personal changes, such as men becoming more aware of themselves and their needs, more willing to seek help when needed, sharing more in housework and spending more time with their children. Men have become skilled and committed to community development and health promotion work.
- At an organisational level, Men’s Group has developed an enhanced capacity to bring in additional resources. These include funding for a three-year youth empowerment project, seed funding to work with young people to develop a family violence model, and a business manager and funding for professional development of dance group members. Some Men’s Group members also (successfully) stood for local government.
- At a community level, rates of suicide, injury, public order offences, and road traffic and motor vehicle offences have all declined.

In February 2007, the Office of Aboriginal and Torres Strait Islander Health (OATSIH) recognised the work of Men’s group and assured its continuity by recurrently funding the two Men’s Group positions. Future directions of the group include:

- Sharing their knowledge with Indigenous men’s groups in other communities through a project funded by the National Suicide Prevention Strategy.
- Continuing to deliver the Family Wellbeing Program to men in the Yarrabah community through Men’s Group, the alcohol rehabilitation service, school and other opportunities.
- Working with young boys and men to promote cultural identity and a sense of belonging. This collaboration also strengthens the role of men as fathers (fathers of their own children, the community and of the land).
- Working to promote cultural healing and cultural arts, dance, song, language and story, both promoting and uniting the diverse Aboriginal and Torres Strait Island cultures in Yarrabah. One of the Men’s Group workers explained: “We can still play a huge part in strengthening our country. The more we realise that comes from our spiritual side, the more we experience life. We can live it fully”.

8.2 Secondary interventions

In 1995, Brady published a discussion paper in which she drew attention to the emphasis placed in responding to Indigenous alcohol and other drug issues on primary prevention and tertiary treatment services, and the associated neglect of secondary interventions, in particular, brief interventions in primary health care settings (Brady 1995a). Her call for a broadening of the base of interventions was based in part on evidence that one of the most effective interventions into harmful drinking by Indigenous Australians was timely advice by doctors and other health professionals (Brady 1995c). It also reflected a trend in mainstream alcohol and other drug treatment towards promoting evidence-based early intervention approaches in primary health care settings, aided by the use of screening instruments such as the AUDIT and techniques such as motivational interviewing. Since that time some progress has been made in 'broadening the base' for interventions.

In 1999 Hunter et al published national recommendations for the clinical management of Indigenous alcohol-related problems in primary health care settings, with the publication itself augmented by flip-charts for use in clinics (Hunter, Brady et al. 1999). More recently, the Commonwealth Department of Health and Ageing has funded the production of a set of alcohol treatment guidelines for Indigenous Australians, authored by Cusack et al (2007).

A 13-item screening instrument known as the Indigenous Risk Impact Screen (IRIS) has recently been developed for use in both Indigenous community-controlled and mainstream alcohol and other drug and primary health care settings. In recognition of the prevalence of mental health comorbidities and polydrug use among Indigenous populations, the instrument covers mental health as well as alcohol and other drug use, with the latter conceptualised as a total pattern of substance use, rather than an amalgam of specific drugs considered separately (Schlesinger, Ober et al. 2007). The instrument is designed both to identify 'at risk' individuals, and to enable services to provide appropriate treatment and referral. A validation study, involving 175 Aboriginal and Torres Strait Islander people from urban, rural and remote locations in Queensland, found that IRIS showed strong internal consistency and displayed valid cut-offs for identifying symptomatic individuals. It captured polydrug use accurately, and demonstrated promise in its ability to screen for binge drinking, although the study recommended further work to improve its ability to identify female binge drinkers. It was also found to be feasible for use in general health-care settings, and easily comprehensible to Indigenous clients. The IRIS is published as an appendix to the study by Schlesinger et al (Schlesinger, Ober et al. 2007).

Despite the compelling evidence, both from Australia and overseas, that brief interventions, when delivered in primary health care settings, are highly effective in bringing about positive changes, attempts to persuade GPs and other service providers in mainstream primary health services to undertake such interventions have proved disappointing. In an article published in 2004 under the title 'Brief interventions: good in theory but weak in practice', Roche and Freeman argued that the focus on GPs in Australian settings was misplaced, in that the culture and structural arrangements underpinning GP practice were not conducive to carrying out brief interventions. Instead, they argued, efforts should be made to engage practice nurses in the task.

Efforts to integrate brief interventions for alcohol problems in Indigenous primary health care practice have proved equally frustrating, although not necessarily for the same reasons. An attempt to conduct a randomised control trial of brief interventions for hazardous alcohol use in an Adelaide community-controlled Aboriginal medical service had

to be abandoned in favour of a 'demonstration project' as a result of low participation rates, and even this yielded few interventions and referrals (Sibthorpe, Bailie et al. 2002). For the trial, GPs were trained in brief motivational interviewing, and health workers in other aspects of the intervention. Screening was initially carried out using the Alcohol Use Disorders Identification Test (AUDIT), but this was subsequently reduced to two simple questions: average number of days on which clients drank alcohol, and average amounts consumed on drinking days. Even then, health workers were reluctant to raise the issue of alcohol use, with one remarking that it was easier to ask people about safe sex than about drinking, although health worker reluctance to discuss drinking was reported to have dissipated over time (Brady, Sibthorpe et al. 2002). While some of the problems encountered in the trial can be attributed to culturally-based difficulties with the logic and procedures of RCTs, others had more to do with barriers to implementing brief interventions for alcohol in Aboriginal primary health care settings. At the very least, the Adelaide study demonstrates the need for continuing support for staff at all levels, clear and adequate referral pathways and also, by implication, modest expectations with respect to implementation.

8.3 Tertiary interventions

Ever since the 1970s, when the first Indigenous alcohol treatment centre, known as Bennelong's Haven, was established in NSW, residential treatment has remained the most common form of intervention into Indigenous alcohol misuse, absorbing more than 30% of all funds allocated to Indigenous alcohol and other drug problems (Gray, Sputore et al. 2002). A 1995 survey of treatment agencies found that Aboriginal and Torres Strait Islander drinkers were more likely than their non-Indigenous counterparts to seek residential treatment (Brady, Dawe et al. 1998). Most facilities are owned and managed by Indigenous community-controlled organisations and provide residential programs of between a few weeks to several months duration (Brady 1995a; Brady 2002). Programs are based on a variety of models, with the abstinence-based Alcoholics Anonymous (AA) 12-step approach, and other models focusing on alcoholism as a disease, such as the Minnesota model, historically predominant (Mattick and Hall 1993; Brady, Dawe et al. 1998; Chenhall 2007). More recently there is evidence of attempts to broaden the treatment base, with some programs including both abstinence-based and harm minimisation approaches (Sputore, Gray et al. 1998; Strempe, Saggars et al. 2004). Most programs provide a mix of individual and group counselling, family-based interventions, social supports and life skills training (Gray, Sputore et al. 2002).

There appear to be several reasons for the emphasis on residential treatment at the expense of prevention or community-based treatment. Historically, Indigenous communities have viewed residential rehabilitation as more appropriate for many Indigenous people, as they provide a temporary escape from heavy-drinking communities in which attempts to moderate or abstain from drinking are negatively sanctioned. They also provide respite for partners and children adversely affected by alcohol-affected family members. While some programs are family based, the increasing involvement of residential treatment centres with the criminal justice system means that many clients are mandated to treatment and may not involve their family in their treatment.

In mainstream alcohol and other drug treatment, research evidence indicates that residential treatment does not produce significantly better outcomes than non-residential treatment (Best Practice in Alcohol and Other Drug Interventions Working Group (Western

Australia) 2000). At the same time, evidence suggests that residential treatment is appropriate for a client who:

- requires close supervision during detoxification;
- has severe alcohol related brain damage;
- shows severe deterioration, malnourishment or social instability;
- has repeatedly relapsed following treatment; and
- has social networks that are supportive of continued drinking (Best Practice in Alcohol and Other Drug Interventions Working Group (Western Australia) 2000).

For these reasons, many communities see a residential rehabilitation facility as a core part of any substance misuse strategy (Saggers, Gray et al. 2001).

Concerns have been expressed, however, about the effectiveness of residential treatment facilities, with the few evaluations undertaken in Australia producing equivocal results. O'Connor and Associates evaluated 14 Indigenous treatment/rehabilitation services in Western Australia (O'Connor R and Associates 1988). They found little evidence of clients achieving abstinence, but concluded that the facilities promoted better health by providing 'time out' from drinking. They also found that most facilities were hampered by inadequate staff training and administrative difficulties. d'Abbs evaluated two residential programs and one non-residential program in the Top End of the NT in 1990, and concluded that one of the former – a family-oriented program – had some impact on drinking behaviour, but that the other two programs showed little evidence of effectiveness, in part because of the narrow range of treatment options offered, and in part because of the absence of community-based workers to provide after-treatment support for clients (d'Abbs 1990a). In an evaluation of a residential program in Alice Springs in 1995, Miller and Rowse reported that there were no accepted measures against which the program could be assessed, and that the program lacked the necessary resources to follow up clients. (Miller and Rowse 1995).

In 1998 the Commonwealth Department of Health and Family Services embarked on a review of Indigenous substance misuse programs receiving Commonwealth funds. The review concluded that more emphasis should be placed on polydrug use rather than on alcohol alone; that the In a review of the Commonwealth's Aboriginal and Torres Strait Islander Substance Misuse Program (DHFS 1999) it was noted that: the predominant stress on abstinence restricted the attractiveness of services, particularly for young people; that staff of services and their boards of managements were sometimes at odds over treatment modalities, with the latter often not well informed about treatment and referral options (Commonwealth Department of Health and Family Services 1998). The Department subsequently engaged Brady to undertake further research aimed at resolving these issues. In her report she drew attention to the importance of

- improving the functioning of boards and program managers through training;
- exposing program staff to training and formal tertiary education about the current range of treatment modalities;
- linking residential programs to broad alcohol and other drug networks at the state/territory and national levels; and,
- addressing program content in partnership with state/territory alcohol and drug agencies (Brady 2002).

One issue relevant to many if not most Indigenous treatment facilities is the relationship between mainstream, evidence-based treatment approaches and Indigenous culture.

Brady has referred to 'culture in treatment, culture as treatment' (Brady 1995b), in recognition of the fact that most Indigenous programs in Australia, Canada, New Zealand and the United States include cultural components which draw upon traditional beliefs and practices, and many have staff with acknowledged cultural expertise (Kunitz and Levy 1994; Saggars and Gray 1998). The mix of these cultural elements with a range of non-Indigenous treatment modalities means that it is difficult to assess the impact of either on treatment effectiveness (Brady 2000). Chenhall has argued that evaluation frameworks for Indigenous residential centres should in any case be aligned with those used in chronic disease programs rather than outcomes-based treatment evaluations, to accommodate more recent understandings of substance misuse and recovery as long term and cyclical (Chenhall 2007).

A review of evidence by the Western Australian Best Practice in Alcohol and Other Drugs Interventions Working Group concluded that residential treatment programs for alcohol dependence should be broad-based and include:

- facilitation of access to medical facilities;
- employment, education and skills training;
- life skills training, such as cooking and budgeting;
- entry into non drug using community groups and activities of interest, psychiatric facilities and legal services (where appropriate); and,
- a reintegration program (Best Practice in Alcohol and Other Drug Interventions Working Group (Western Australia) 2000).

Anecdotal reports indicate that, today, there are often long waiting lists for the limited number of beds at residential centres for Indigenous drinkers. As treatment centres are also involved in diversion programmes, the clientele may be made up of individuals on various diversion and parole programmes, as well as individuals and their families being referred through community organisations and families. This means that there is significant competition for places in treatment centres from a range of different services.

Other changes are also in train. Over the last 10 years, Indigenous residential treatment programs both in treatment focus and client management, in part as a result of increasing demand, improved integration and referral process between services, better financial reporting and changes in knowledge and training with regards to alcohol and drug program delivery.

Historically, Indigenous residential treatment programs have been criticised as providing a "time out" function for drinkers with little program content. Staff were generally not trained, being reformed drinkers themselves, and centres operated on minimum inputs. Alcoholics Anonymous was the normative model for treatment delivery. Residential treatment centres were generally isolated from other services.

Today, residential treatment programs are more professional and clinically focused in their program delivery. Strategic and operational objectives are likely to be informed by best practice quality service frameworks, with key performance indicators related to both outcome and process treatment variables, alongside organisational factors. Residential treatment organisations have also become increasingly integrated with other services, with clients being referred through a range of referral process such as family services and the justice system.

8.4 Compulsory treatment for alcohol problems

Compulsory treatment refers to alcohol and other drug treatment that is mandated by legislation. In a recent study of compulsory treatment in Australia, Pritchard et al describe current legislation and practice in Australia, and review Australian and international evidence relating to program effectiveness (Pritchard, Mugavin et al. 2007). The authors identify two main types of compulsory treatment: *diversion*, in which an offender is diverted into alcohol and/or other drug treatment, usually at an early stage of criminal proceedings, as an alternative to further processing by the criminal justice system, and *civil commitment*, defined as the involuntary commitment to treatment of people who have not committed an offence, but who are deemed to be dependent on alcohol and/or other drugs.

Diversions programs have expanded in recent years, in part reflecting an international shift away from adversarial jurisprudence towards therapeutic jurisprudence, and in part because of pressures on prison systems. Pritchard et al identify 5 types of diversionary scheme, according to the stage in the criminal justice process at which diversion occurs. These are:

- pre-arrest — diversion before a charge is laid;
- pre-trial — diversion after a charge is laid, but before the hearing proceeds
- pre-sentence — after conviction, but before sentencing
- post-conviction — as part of sentencing
- prior to release from incarceration.

The most common forms of diversion in Australia are police pre-arrest schemes operating under the national Illicit Drug Diversion Initiative.

According to Pritchard et al, evidence on the effectiveness or otherwise of compulsory treatment is weak and inconclusive, with most international and Australian studies hampered by poor research design, poor quality data, and follow-up periods too short to allow assessment of long-term effectiveness. There is some evidence that diversion programs have resulted in reduced drug use and crime rates among some participants, and reductions in law enforcement costs. At the same time, three unintended outcomes of diversion programs have been observed. The first is known as ‘net-widening’ – an increase in the number of people who become involved in the criminal justice system, with penalties for non-compliance with a diversionary order, for example, sometimes exceeding what would have applied to the offence in the first place, or people becoming drawn into the treatment system as well as the criminal justice system. The second is displacement of voluntary clients from access to AOD treatment services, as those services are forced to give priority to mandated clients (this appears to be a relevant factor in limiting access of potential clients in Kakadu/West Arnhem to Darwin-based treatment services). The third is limited access on the part of some minority groups, including Indigenous Australians. Although, as Pritchard et al point out, Indigenous Australians are generally over-represented in the criminal justice system, their participation in diversionary programs at all levels is low. Pritchard et al recommend that further effort be made to develop diversionary programs specifically designed for Indigenous Australians.

In contrast to their limited involvement in diversion programs, Indigenous people tend to be over-represented in civil commitment programs. According to Pritchard et al, there is insufficient evidence to draw any conclusions about the effectiveness of compulsory treatment of non-offenders in rehabilitation or bringing about long-term behaviour change,

although there is some evidence that civil commitment for short periods may be an effective harm reduction measure.

Partly in light of this evidence, and also on the basis of concerns about the human rights implications of longer-term civil commitment, the NSW Standing Committee on Social Issues, in a recent review of the Inebriates Act 1912 (NSW), recommended enacting legislation to provide for involuntary care of people with severe dependence for 7-14 days, the purpose being to provide medical treatment, stabilise and assess, and to provide an opportunity for subsequent engagement in voluntary treatment. The Committee also set out four criteria that should be met in order to apply the provisions: severe dependence; risk of harm to self; lack of capacity to consent to treatment, and existence of an initial, potentially beneficial treatment plan (Pritchard, Mugavin et al. 2007).

8.4.1 Compulsory treatment in the NT

In the Northern Territory, section 122 of the Liquor Act 2004 used to provide for civil commitment to compulsory treatment of persons who ‘by the habitual or excessive use of liquor, waste their means, injure or are likely to injure their health, cause or are likely to cause physical injury to themselves or to others, or endanger or interrupt the peace, welfare or happiness of their own or another’s family’, or who had been taken into custody for public drunkenness three or more times within the preceding six months. Although it was on the statute books for several decades, the s.122 provisions were rarely used – except for a much publicized burst of activity in the early 1990s which produced very few commitments. In 2006, this mechanism was replaced under the NT Alcohol Court Act 2006 by a system of post-conviction diversion into compulsory treatment through newly established Alcohol Courts(Northern Territory Government 2006)¹⁶.

Alcohol Courts are based on a diversion program for illicit drug offenders in the NT known as CREDIT (Court referral and evaluation for drug intervention), and on drug courts operating in other Australian jurisdictions. They are presided over by a magistrate assisted by court clinicians. They can deal with persons who are dependent upon alcohol and who are charged with a criminal offence that would normally be dealt by a magistrate’s court. They cannot be used for people who are simply apprehended for public drunkenness. The Alcohol Court can issue three kinds of orders:

- alcohol intervention orders;
- prohibition orders;
- other types of sentencing orders (Northern Territory Department of Justice 2005).

Alcohol intervention orders are designed as a diversion from imprisonment, to allow an offender to undertake community-based treatment and rehabilitation. They comprise a term of imprisonment that is fully or partially suspended, and a treatment and supervision component. They can only be imposed with the offender’s consent, and where the court clinician states that the offender is dependent on alcohol, and that the dependency contributed to the offence. They can also only be imposed in cases where a term of imprisonment would normally be appropriate for the offence. Core conditions associated with an alcohol intervention order require the person to stay in the NT, not commit other

¹⁶ One relatively new mechanism for civil commitment in the NT exists under the Volatile Substance Misuse Prevention Act 2005, which provides for compulsory treatment of persons who inhale volatile substances, such as petrol or aerosol paints, but who may not commit any offence. This provision, however, lies beyond the terms of reference of this report.

offences punishable by imprisonment, not consume alcohol, undergo specified treatment, and be supervised by correctional services.

Prohibition orders can be incorporated into bail condition or a sentence, and do not require the consent of the offender. They can be imposed if the court is satisfied that the offender is dependent on alcohol and would benefit from cessation or reduction of drinking, or from treatment. The court must also be satisfied that the order is necessary in order to protect the offender from physical or neurological harm as a result of continued drinking, or from causing a risk to the health and safety of other people (Northern Territory Department of Justice 2005).

Alcohol Courts operate in Darwin and Alice Springs. Table 9-1 below summarizes the numbers of cases dealt with between commencement in 2006 and March 2008.

Table 8-1: Cases dealt with by NT Alcohol Courts

	Indigenous	Non-Indigenous	Total
2006 (from commencement)	14	5	19
2007	34	9	43
Jan – March 2008	25	4	29

Source: NT Department of Justice

As of March 2008, only 9 prohibition orders had been issued, none of them involving persons from West Arnhem¹⁷.

8.5 Harm reduction measures (1): night patrols

Night patrols are local services that provide transport and care for at-risk community members, especially young people or intoxicated adults. They are now common in many Indigenous communities, where they may be known as street patrols, community patrols, foot patrols, mobile assistance patrols or street beat programs (Australian Institute of Criminology 2004). Cuneen points out that night patrols differ according to whether they operate in urban, rural or remote settings, and in kinds of relationships maintained with police. However, common to all of them, he suggests, is a high level of local Indigenous community ownership, and a reliance on volunteer staffing (Cuneen, Boyd-Caine et al. 2001). Mosey (Mosey 1994) has identified several pre-requisites for a successful night patrol. These include adequate consultation at the outset; establishing clear relationships with police and clear duties for patrollers, and a strong management structure.

One of the first patrols to be established was the Julalikari Night Patrol in Tennant Creek, Northern Territory. Set up in the mid-1980s, in 1992 it won the inaugural Australian Violence Prevention Award by the Australian Institute of Criminology (Curtis 1993a; Cuneen, Boyd-Caine et al. 2001). Curtis, one of the founders of the Julalikari Night Patrol, has claimed that night patrols are often misunderstood by non-Indigenous agencies and groups as having a law-enforcement function when in reality their primary focus is the care and wellbeing of members of the local Indigenous community and the good order of local town camps (Curtis 1993b). It was partly for this reason, according to Curtis, that Julalikari Council insisted on their patrol being staffed on a voluntary basis. Relations with the local police were formalized through a jointly negotiated *Agreement on Practices and Procedures* that set out the respective roles of police and the patrol.

¹⁷ Source: Dr Ian Crundall, NT Department of Justice, Personal communication 29 April 2008.

Cuneen (Cuneen, Boyd-Caine et al. 2001), reviewing crime prevention approaches in Indigenous communities, concluded that evaluations of night patrols had tended to be positive, and indicated that night patrols could achieve:

- reductions in juvenile crime rates including for offences such as malicious damage, motor vehicle theft and street offences;
- enhanced perceptions of safety;
- reduction in harms associated with alcohol and other drug misuse;
- encouragement of Aboriginal leadership, community self-management and self-determination; and
- fostering of partnerships between Indigenous and non-Indigenous organisations.

Indemauro (1999) reports that night patrols in rural areas have led to reductions in arrests and detentions of Aboriginal people. Blanchard and Lui (2001), drawing on an evaluation of four night patrols established in NSW in 1998, found that the patrols reduced Aboriginal youths' involvement in anti-social behaviour and in crimes such as street offences, theft and malicious damage. They also helped to foster a greater sense of community safety, reduced harm associated with alcohol and other drug misuse, and encouraged community management in accordance with principles of self-determination. Night patrols were also seen as positive expressions of Aboriginal citizenship. At the same time, Blanchard and Lui were critical of what they saw as inadequate, piecemeal funding of many night patrols.

The NSW Crime Prevention Division of the Attorney General's Department has published an on-line practical guide to establishing and running Community Patrols, covering such aspects as steps in forming a local advisory committee, developing a plan, identifying funding sources, selecting and training staff, responsibilities and roles with respect to child protection, codes of conduct, operating procedures, occupational health and safety issues, maintaining a vehicle, and monitoring and evaluation (NSW Crime Prevention Division 2003). The guide also includes templates for various data collection and reporting forms, some but not all of which are specific to NSW departmental requirements.

Blagg (2003) reviewed 63 night patrols in Western Australia, NT, NSW, Victoria and South Australia. Like other observers, he found that inadequacy and uncertainty of funding was a major problem for many patrols, however he also identified another common problem: inadequate support from local communities. Some night patrols, Blagg found, have also found themselves subjected to conflicting expectations. Patrols are often viewed by non-Aboriginal agents as an extension of mainstream policing (the 'eyes and ears' of police) or even as a means of getting young people off the streets, whereas from the point of view of the patrols themselves their main function is not policing, but rather mobilizing the capacities of Indigenous communities for caring, support and mediating conflict. 'Night patrollers', argues Blagg, 'are not police and the majority of patrollers do not want policing powers' (2003, p.74).

8.6 Harm reduction measures (2): safe houses

Safe houses are a response to family violence, much of which – especially in Indigenous communities – is associated with alcohol misuse. We were unable to locate any evaluations of safe houses in Indigenous communities. A number of recent literature reviews focus on Indigenous family violence, and in some cases describe interventions (e.g. (Blagg 2000; Leveratt 2003; Keel 2004)). Although we were not asked to address family violence, given the association between alcohol and drug misuse and family violence in

Indigenous settings, a regional alcohol strategy should also include a family violence strategy, and it is in that context that safe houses should be considered.

Blagg reviewed models for intervening in Indigenous family violence, and reported a number of instances where safe houses were seen as an integral component of a strategic response to family violence (Blagg 2000). Models of intervention, he argues, should wherever possible work through existing community structures, and focus on family violence as a community issue rather than simply a criminal justice problem. Consultations with Aboriginal people in Western Australian communities, carried out as part of Blagg's review, revealed that most women wanted programs and services that worked towards healing families rather than punishing offenders, with provision for cooling-off periods and such measures as temporary banishment of offenders. Intervention models should also be grounded in an understanding of local community dynamics, rather than models of 'crisis' imported from mainstream society. (In the latter, 'crisis' usually signifies a temporary disruption of a normal pattern; one Aboriginal police officer told Blagg: 'When aren't we in crisis? Crisis is how we live'.)

Leveratt (2003) notes that few interventions into Indigenous family violence have been evaluated, but cites one exception: the Apunipima Family Violence Advocacy Project in Cape York, which has since been closed because of lack of funding. The report on the Apunipima project drew a number of conclusions, which included the following: about key elements of success. These included:

- investment in building strong relationships between non-Indigenous agencies and Indigenous people is needed before the service is seen as safe and helpful;
- service delivery is more successful if it is flexible enough to be delivered, when necessary, outside the strict scope of the service.
- the belief that Indigenous workers are the only ones to provide adequate services no longer has credence in Aboriginal communities. Women who are survivors of family violence often feel more confident talking to a non-Indigenous 'stranger', maybe because she/he has no close links in the community.
- workers in services in Indigenous communities must always be training someone to take their place when they leave, to avoid gaps in service provision.
- services should involve Indigenous workers and community members in the design and development of programs from their inception ((Myles and Naden 2002), cited in (Leveratt 2003)).

A group working in western NSW has developed a model of best practice for community-based programs addressing Indigenous family violence (Broken Hill & Menindee Rural Crisis Intervention Projects 2001). Key principles identified were:

- culturally appropriate practice;
- flexible work practices;
- community involvement and participation;
- community development approach;
- interagency collaboration;
- working with men.

The final report of the Broken Hill and Menindee Rural Crisis Intervention Projects describes the implementation of the projects and elaborates on these principles of best practice (Broken Hill & Menindee Rural Crisis Intervention Projects 2001).

8.7 Summary

Interventions to reduce demand for alcohol among Indigenous Australians have traditionally favoured two types of program: health promotion and residential treatment. At the same time, early intervention programs have been relatively neglected.

Few health promotion programs have been evaluated and, of those that have, none stand out as offering a model of program effectiveness.

A number of tools have been developed recently to aid in secondary interventions, including a set of alcohol treatment guidelines, and a 13-item screening instrument known as Indigenous Risk Impact Screen (IRIS). The latter covers mental health as well as substance misuse. However, attempts to trial early intervention in Indigenous primary health care settings have had disappointing results.

One program that has properties of both primary and secondary intervention, and that has been evaluated with promising results, is the Family Wellbeing Empowerment Program (FWEP), originally developed by Aboriginal people in Adelaide, and since adapted for use among men's groups and other groups in regional and remote Indigenous settings.

Aboriginal drinkers who wish to stop or reduce their drinking are more likely to seek residential treatment than non-Aboriginal drinkers. Traditionally, most residential facilities catering for Aboriginal clients have favoured abstinence-based 12-step type approaches, although recently there has been some broadening of approaches. Concerns have been expressed regarding the effectiveness of residential treatment/rehabilitation programs, although few have been evaluated. In recent years, growing demand for mandated places generated by court diversions has placed pressure on the capacity of residential facilities to accept voluntary clients.

Evidence on the effectiveness or otherwise of compulsory treatment is inconclusive, and often hampered by poor evaluation designs. Although Aboriginal Australians are over-represented in the criminal justice system, their participation in diversionary programs throughout Australia is below that of non-Aboriginal people.

Several studies of night patrols (or community patrols) have shown that they can contribute to reducing juvenile crime and enhancing community safety. However, they are often inadequately resourced.

Safe houses are seen as an integral part of Indigenous family violence strategies, although there have been few evaluations of their impact. Some models of best practice have been published.

9 Community Justice Groups and Alcohol Management Plans

This section focuses on the requirement set out in the Terms of Reference to “assess national and international models for the development and involvement of Community Justice Groups (CJGs) as a key component of AMP implementation, monitoring and evaluation”.

CJGs in Australia typically have roles beyond those concerned with alcohol use and misuse. While we refer to some of these roles, the main focus of this section will be on CJGs in relation to AMPs. In this context, Queensland has by far the most experience of any Australian jurisdiction, with CJGs having been established for well over a decade in a number of Indigenous communities and with a statutory scheme for their role in AMPs having been implemented in 2002.

9.1 Origins and development of Community Justice Groups in Australia

CJGs in Australia originally arose as one response to calls for the recognition of customary law in Australian jurisdictions. A report by the Australian Law Reform Commission in 1986 examined local justice mechanisms for Aboriginal communities, and concluded that in many communities unofficial methods of dispute resolution operate alongside the general legal system. The report recommended that such local resolution mechanisms be encouraged and supported (ALRC 1986, para 177, quoted in Limerick 2002). The 1991 Royal Commission into Aboriginal Deaths in Custody also made a series of recommendations calling for greater involvement of Indigenous people in administering justice in their communities, as a result of which a number of community justice programs were initiated around Australia (Johnston 1991). More recently, a Western Australian Law Commission Report into Aboriginal Customary Law came to similar conclusions (Law Reform Commission of Western Australia 2005).

In Queensland, a Legislative Review Committee in 1991 proposed new forms of governance and community justice for Queensland Indigenous people, not only in the discrete Indigenous communities such as those in Cape York but also for the substantial number of Indigenous people living outside them (Queensland Legislation Review Committee 1991). While the recommendations of this report were never formally implemented by the Goss government or its successors, it added a further impetus to moves to address the pressing justice issues in Queensland Indigenous communities (Ryan, Head et al. 2006). One such move was the establishment of Community Justice Groups for Queensland Indigenous communities. Initially, the concept was piloted in three communities through a collaboration between Queensland’s Corrective Services Commission and the Townsville-based Yalga-binbi Institute for Community Development – Kowanyama and Pormpuraaw in Cape York peninsula and Palm Island, off Townsville (Limerick 2002).

Initial reviews of these pilot justice groups found that they had reduced familial disputes and levels of violence, and had contributed significantly to a reduction in crime and breaches of correctional orders, especially for juvenile offenders (Ryan, Head et al. 2006). The pilot groups were also found to have resulted in significant savings in the cost of administering the mainstream justice system – the annual funding for a CJG (some \$50,000) is about that of incarcerating a person for a year (Limerick 2002). The \$50,000

average funding for a CJG essentially covers the cost of a (full or part-time) coordinator and various other ancillary costs.

Subsequently, the Queensland government established a Local Justice Initiatives Program (LJIP) to support the establishment of CJGs on a state-wide basis, not only in remote communities but also in regional centres such as Mackay and Cairns and even in some areas of Brisbane (Limerick 2002).

CJGs typically include 'elders' and respected community members, although some urban justice groups have had representation from young people, and usually there are more women than men, as Limerick observes. Justice group members themselves are not paid, and in general few resources apart from that of the coordinator are available for such things as their professional development, ongoing support or training – a point to which we return below. There is also some evidence that the original strong focus on community development, planning and facilitation in the pilot justice groups has weakened now that CJGs are funded through Queensland's Local Justice Initiatives Program (Ryan, Head et al. 2006).

Two other general points about Queensland CJGs are relevant to consideration of their role with respect to AMPs. Firstly, CJGs are not simply reflections of Indigenous traditional law, but rather should be seen as 'intercultural' institutions, drawing from and contributing to Indigenous values, practices, and cultures as well as those of the general Australian society (Martin 2003; Martin 2005). Secondly, Queensland CJGs as originally developed had no formal statutory basis and powers. They essentially exercised a de facto legal authority through the partnerships that they created with agencies of the justice system, and such authority as they had within their community derived from the status of their members (Limerick 2002). In contrast, their more recent roles and functions specifically in relation to Alcohol Management Plans are now set out in legislation, although flexibility in their structures to suit local circumstances has been maintained.

In New South Wales, CJGs were adapted from their Queensland counterparts, but as yet they do not have statutory roles, except in relation to circle sentencing, and their roles do not appear to include alcohol matters but rather are focused on justice issues. CJGs in NSW are representative groups of Aboriginal people who come together to examine the crime and offending problems in their communities and develop ways to address these issues (New South Wales Crime Prevention Division 2005).

The Northern Territory does not have CJGs of the Queensland type, with their formal roles in Alcohol Management Plans. The recent 'Little Children are Sacred' report recommended both the establishment of CJGs and accelerated development of AMPs, but did not specify a role for the former with respect to the latter (Board of Inquiry into the Protection of Aboriginal Children from Sexual Abuse 2007). In Western Australia, the Law Reform Commission has proposed that community justice groups be established and given statutory recognition, with one of their envisaged roles being control of alcohol (Law Reform Commission of Western Australia 2005).

9.2 Community Justice Groups dealing with alcohol supply

Queensland is the one jurisdiction in which CJGs have a statutory role with respect to Alcohol Management Plans. Interestingly, CJGs are not the first examples in Queensland of an attempt to utilise Aboriginal decision-making processes and authority to manage alcohol. Amendments enacted in 1995 to the *Local Government (Aboriginal Lands) Act* included a new Part 6 of the Act that attempted to link the operations of Aboriginal custom and tradition together with those of the mainstream legal system to provide mechanisms to

control alcohol being brought into communities, deter the illegal sale of alcohol, and minimise alcohol-related disturbances. One innovative product of the new legal provision was the emergence in the Cape York community of Aurukun, through an extended process of community consultations, of the Aurukun Alcohol Law Council as an advisory and decision-making body recognised under Aboriginal tradition and, as far as appropriate, operating in accordance with it (Martin 1998).

Mechanisms were provided for the Law Council to declare both 'public places' and 'private places' either 'controlled' or 'dry'. Alcohol could not be consumed or brought into dry places at all, while there could be limitations declared by the Law Council for a controlled place on the type or quantity of alcohol consumed, possessed, or carried in a vehicle, aircraft or boat. Public places were defined as roads, places occupied or under the control of the Shire Council or of the State, such as the barge landing, the airport, and the school. Private places were those occupied by individuals, groups, or entities other than the State or Shire Council, or places over which a person or group had the authority to control access under Aboriginal tradition. Private places included individual dwellings, and traditional lands and outstation areas.

The Law Council could declare public places to be dry or controlled on its own initiative, or on written application from the Shire Council or a State agency. However, declarations over private places could only be made by the Law Council following written or personal application from the occupier (as in a dwelling) or from those with authority under Aboriginal tradition (as for an outstation or traditional land area within the Shire). Before the Law Council could decide whether a place should be dry or controlled, it had to display written notices with information on the proposal inviting both written objections and supporting submissions. As well as issuing written notices, the Law Council could consult with the Aurukun community in any way it considered appropriate. It could also advise the relevant Minister of relevant traditional groupings in the region, with a view to their being declared as 'recognised traditional groups' for the purposes of the Act.

The result of a properly functioning Alcohol Law Council could have been a mosaic of dry, controlled and otherwise unrestricted places across the Aurukun shire lands. However, no decisions were actually taken by the Council until some time after its establishment, when funds were allocated and a Co-ordinator appointed to work with it. An important lesson from the early operations of the Aurukun Alcohol Law Council was that without effective support mechanisms, the potential of such a legislative scheme could not be realised.

The bestowal of a statutory role on CJGs with respect to alcohol management formed part of the Queensland Government's response to the 2001 Fitzgerald inquiry into alcohol misuse and related issues in Cape York communities (Cape York Justice Study 2001). Initiatives to address alcohol problems foreshadowed under the Government's *Meeting Challenges Making Choices (MCMC)* policy included the development of AMPs, the transfer of canteen licences to independent entities¹⁸, and the creation of statutory powers for CJGs with regard to alcohol restrictions (Queensland Government 2002). This last initiative required legislative amendments through the Community Services Legislation Amendment Act 2002.

CJGs' statutory functions include the development of AMPs; the declaration of 'dry places' and recommendations for 'restricted areas' on community lands¹⁹; issuing official, binding

¹⁸ As of the beginning of 2008, no progress had been made with implementing this provision. However, Queensland Premier Anna Bligh has since indicated that communities in which councils do not divest themselves of responsibility for holding and managing canteen licenses face possible loss of those licenses.

¹⁹ A 'Dry Place' is a public place where people cannot drink, carry alcohol or be drunk. A 'Restricted Area' is

recommendations to the body operating the liquor outlet in that community; making recommendations to government regarding community alcohol purchase limits, and implementing local strategies to address community justice issues.

AMPs, which are supposed to be developed in consultation with the relevant community by its Community Justice Group, provide the major mechanism through which community-level alcohol restrictions are implemented. AMPs can address a range of issues including:

- designating places where people can drink;
- trading hours for the community canteen;
- limits on take-away alcohol from the community canteen;
- the types of alcoholic beverages which can be sold at the canteen;
- quantities and types of alcohol which can be brought into the community;
- designating 'dry places' within community lands;
- implementation of actions to curtail 'sly grogging'; and
- restrictions on the production of homebrew in the community (Queensland Government 2003).

Although CJGs play an important role in developing the alcohol control regime for their community, they do not enforce it. Details of restrictions are promoted in the community through signage on surrounding roads, through radio and newspaper advertisements, and so forth. Once they are approved, AMP restrictions are enforceable under the Liquor Act by the Queensland Police, Aboriginal community police, and officers from the Liquor Licensing Division.

Outcomes reported in evaluations of AMPs conducted to date are summarised above in section 7.2.3.

9.3 Prospects and challenges: a summary

A number of points can be made following the above discussion on CJGs, particularly in light of the Queensland experience, and of other studies considered earlier in this report. Firstly, solutions that effectively turn off the alcohol 'tap', without addressing other measures, and that place a large onus on a CJG for establishing and implementing supply reductions, are unlikely to succeed.

Secondly, in communities that are deeply affected by excessive alcohol consumption, it may be very difficult to establish a CJG with the necessary capacity to implement alcohol restrictions. Since alcohol controls are themselves likely to be a highly contentious issue, and not only amongst drinkers, it is essential to develop strategies to maximise community participation in the development and implementation of an AMP while not succumbing to 'lowest common denominator' and ineffective restrictions. Mechanisms need to be developed for example to insulate the establishment of alcohol restrictions and their ongoing implementation from politicking by committed drinkers and the alcohol lobby alike.

an area that is declared under Queensland's Liquor Act to have restrictions on the carriage of alcohol. A Restricted Area declaration could restrict all alcohol from being brought into the area, or alternatively it could set limits on the quantity and types of alcohol. Unlike Dry Places, Restricted Areas are declared by government, but with limits established primarily on the advice of the CJG, based on the AMP which it has developed in consultation with community members. A Restricted Area could include the whole of the community township area and the Aboriginal land surrounding it, or it could apply to parts of the wider area such as an access road, an airstrip, or a barge landing.

Thirdly, while CJGs can be a very useful means of facilitating community input into the planning and implementation of alcohol control measures, in the absence of committed resources and other forms of support, they are highly vulnerable institutions in terms of their sustainability, and typically place their members under enormous personal pressure (Martin 2004). One risk in establishing them is that they are seen in some simplistic sense as reflecting a form of traditional law in the way they operate. Another is that they can provide a means by which government abdicates its own responsibility towards its citizens to ensure that they are not exposed to the worst ravages of alcohol abuse.

Finally, reviews of the Queensland AMPs highlights the need to to avoid 'enclave' alcohol policy development and implementation. A regional approach is vital.

In a report prepared for the Australian National Council on Drugs which sought to identify factors contributing to the success of particular Indigenous substance misuse services across Australia (Strempel et al 2003), a number of 'elements of best practice' were recognized. These were:

- Indigenous community control;
- clearly defined management structures and procedures;
- trained staff and effective staff development programs;
- multi-strategy and collaborative approaches;
- adequate funding; and
- clearly defined realistic objectives aimed at the provision of appropriate services that address community needs.

These findings were based on a number of case studies around Australia, as well as on existing literature and the authors' own experience, and covered a far wider range of activities than those typically to be found within the aegis of CJGs. Nonetheless, they are very relevant to issues regarding the establishment, roles, and ongoing viability of CJGs.

PART 3: TOWARDS AN ALCOHOL CONTROL STRATEGY FOR
KAKADU/WEST ARNHEM

10 Alcohol management plans and alcohol policy in the Northern Territory

In the Northern Territory, Alcohol Management Plans have become incorporated into a broader strategy for addressing alcohol-related problems through the NT Alcohol Framework (Northern Territory Government 2004a; Northern Territory Government 2004b), a document commissioned by the NT Government in 2004, and substantially (although not entirely – see below) endorsed by the Government in a Ministerial Statement made by the Minister for Racing, Gaming and Licensing in October 2005 (Northern Territory Minister for Racing Gaming and Licensing 2005).

The NT Alcohol Framework Project was initiated in order to create a ‘broad structure’ within which governments, community interests, licensees, agencies and other stakeholders could work cooperatively towards reducing alcohol-related harm in the NT (Northern Territory Government 2004b). In February 2004, an Interim Report was made available for public consultation. Following the consultation period, the project team issued a Final Report in July 2004, in which it recommended an Alcohol Framework, made up of seven elements:

- a co-ordinated whole of government approach to alcohol;
- effective engagement with the community and business;
- support for local and regional action on alcohol;
- promotion of a culture of responsible alcohol use;
- enhanced access to treatment and other forms of intervention;
- an effective system for control of the supply of alcohol, and
- support for then liquor and hospitality industry to contribute to the aims of the Framework (Northern Territory Government 2004a, p.32).

The report’s authors noted that the commitment to supporting local and regional action had attracted widespread endorsement during the consultation phase, and proposed four specific measures to give effect to the commitment:

- legislative recognition of regional and local ‘liquor supply plans’;
- legislative support for local ‘alcohol management committees’;
- supporting development of local or regional ‘alcohol management plans’, and
- allocating resources to assist local communities in developing and managing alcohol management plans and/or liquor supply plans, and other forms of local community action (Northern Territory Government 2004a, p.46).

Underpinning the report’s approach is a distinction between ‘liquor supply plans’ and ‘alcohol management plans’. In explaining the distinction, the report’s authors note that the term ‘alcohol management plan’ has been used in the past to refer both to regional or local plans that focused exclusively on restricting the supply of alcohol, and to others that also covered additional aspects of harm prevention and management, such as support for night patrols, education programs or night shelters. The report argued that the two kinds of plan should be considered separately, in order to clarify the kinds of statutory authority that might be needed to give effect to regional controls on liquor supply. The term ‘liquor supply plan’, the report proposed, should be used to refer to ‘legally enforceable measures that control the availability of alcohol in a region or locality’ (Northern Territory Government 2004a, p.46). Alcohol management plans, in contrast, are defined much more broadly:

Regional and Local Alcohol Management Plans are plans negotiated between all or some of the following: local communities, community organisations, local government, Government agencies, licensees and others. They identify needs and opportunities, and set out the responsibilities and commitments to action of the various parties to the plan. Each plan will be tailored to local conditions. Plans may cover one, some or many of the following matters:

- consultation processes and work protocols,
- identification of required services and priorities including priorities for funding,
- local social control strategies,
- local community education strategies,
- undertakings by agencies and organisations to do particular things (for example, to provide visiting services or promote responsible use of alcohol locally in particular ways),
- ways in which policing will be undertaken,
- ways in which information will be circulated including information about breaches of the law,
- interaction between police and local community leaders and organizations, and
- undertakings by licensees about responsible service or other supply issues (Northern Territory Government 2004a, p.53).

AMPs as envisaged in the Final Report could *not* include alterations to existing regulations governing supply of alcohol, since these would fall within the purview of liquor supply plans. In our view the usefulness of the distinction between these two categories of local alcohol action is questionable, and might lead to confusion rather than clarification. We prefer to follow existing usage and stay with the concept of ‘alcohol management plan’, recognizing that some AMPs will have a narrower, others a broader scope, and that some may contain both statutory and non-statutory elements, whether relating to supply control or demand reduction. AMPs, in other words, can include elements of both alcohol management plans, as defined by in the Final Report, and liquor supply plans. This is the usage that informs our report.

A third component proposed in the Final Report for supporting local action is the ‘local alcohol management committee’. Such committees, the report suggests, could serve a range of functions, including generating ideas for action, coordinating the activities of local agencies, or negotiating local rules relating to alcohol use. Most of the report’s attention in this section, however, is devoted to outlining *statutory* functions that the committee might exercise: these include managing a permit system if such a system were to be adopted to manage access to alcohol; having formal consultations with the Licensing Commission and/or the Office for Alcohol Policy and Coordination; a right to representation in Licensing Commission hearings, and a right to apply to have an individual made subject to a compulsory treatment order. All of these powers, the report adds, should be conditional on the local committee pursuing principles of harm minimization in relation to alcohol use (Northern Territory Government 2004a, p.51-52).

The fourth and final measure proposed in the Report for supporting local alcohol action is the allocation of resources. The Report calls for the establishment of a separate program within either the Department of Health and Community Services or the Office for Alcohol Policy and Coordination to allocate and oversee three funding streams: a small grants program (up to \$30,000 per grant) to assist local communities in planning or action

research; a program to support placement of alcohol workers with local community groups, and a capital fund (Northern Territory Government 2004a, pp.56-59).

In responding to the report's recommendations, the Minister for Racing, Gaming and Licensing announced that the Government had accepted "the recommended framework outlined by the report" (Northern Territory Minister for Racing Gaming and Licensing 2005, p.2). Interestingly, however, in doing so it rejected a key recommendation of the report. The Interim Report had noted that on all recognized indicators of alcohol-related harm the NT consistently reported higher levels of harm than any other Australian jurisdiction, and that estimated per capita consumption of alcohol in the NT remained at around 1.5 times the national average. In light of these figures, the Final Report recommended that the Alcohol Framework should adopt a target of reducing per capita consumption of alcohol in the NT to the national average (after adjusting for age and other demographic factors) within five years.

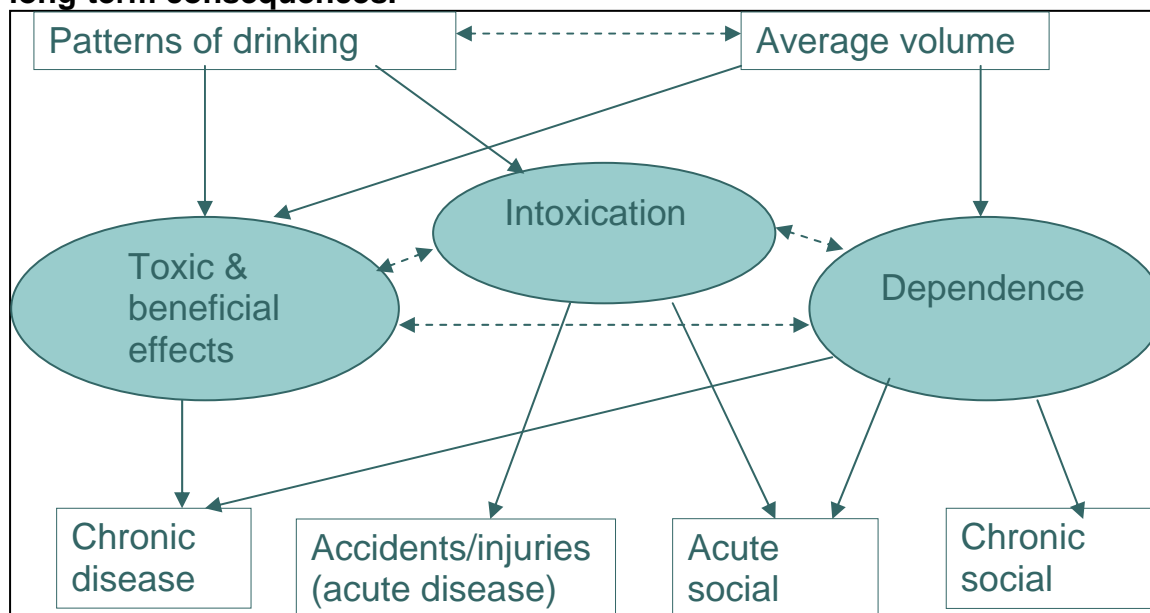
The NT Government did not agree; the Minister declared that "the government has rejected the recommendation to seek a general reduction in the amount of alcohol consumed by Territorians. Government believes that most Territorians know how to enjoy alcohol responsibly. They are not the target of this framework" (Northern Territory Minister for Racing Gaming and Licensing 2005, p.3).

With respect to local alcohol action, however, the Government was enthusiastic in its support, although here too it added a rider by expressing concerns with the recommendation to invest them with legal powers. This is presumably a reference to the proposal to give local alcohol management committees statutory powers, although the point is not clarified in the Ministerial Statement.

11 Frameworks and recommendations for an alcohol management plan

The relationship between alcohol and health and social outcomes is a complex one. Rehm et al (2003) have conceptualized it in terms of two causal factors – volume of alcohol consumption and patterns of drinking – and three ‘intermediate mechanisms’ – the toxic and beneficial biochemical effects of drinking, intoxication, and dependence. The relationships between these mechanisms and health and social outcomes are depicted in Figure 11-1. Direct toxic and beneficial biochemical effects of alcohol can influence chronic diseases in harmful or positive ways. Alcohol intoxication is directly linked to acute outcomes such as injuries, but can also be implicated in chronic diseases and social problems. Alcohol dependence is also implicated in chronic diseases, and in both acute and chronic social harms.

Figure 11-1: Conceptual model of alcohol consumption, intermediate mechanisms & long-term consequences.



Source: (Rehm, Room et al. 2003).

In order to reduce the burden of chronic and acute health problems and social harms, an AMP should address the issues of both intoxication and dependence by targeting both harmful drinking levels and harmful drinking *patterns*. The latter are a function of the amounts and types of liquor consumed on drinking occasions, drinking settings and the kinds of activities accompanying drinking (eg boating, driving).

A framework that lends itself to tailoring community-based substance misuse interventions to local needs and conditions is the so-called ‘four pillars’ model, which originated in Switzerland and Germany in the 1990s and which in 2003 was taken up as a framework for Canada’s National Drug Strategy, and for several local substance strategies (City of Vancouver 2005; Giesbrecht and Haydon 2006). The four pillars are:

- **Prevention:** helping people understand risks of substance misuse; encouraging people to make healthy choices, providing opportunities to reduce use (examples: educational programs; supply reduction measures);

- Treatment: providing access to services that help people address problem substance misuse, including outpatient services, residential treatment, housing support and ongoing medical care;
- Harm reduction: reducing spread of communicable diseases, preventing overdose deaths, increasing contact with health and social care services;
- Enforcement: promoting public order and safety, and improving coordination of law enforcement services with health and other agencies.

We recommend that these four ‘pillars’ (which have an added advantage of being readily understood by non-specialists) be used as a framework in engaging the community with respect to addressing alcohol problems in the community. All of the measures and programs reviewed in preceding sections of this report also fit readily into this framework.

11.1 Components of an Alcohol Management Plan: recommendations

In the remaining sections of this report we outline a strategy for developing and implementing an Alcohol Management Plan. The strategy is based on distinguishing between measures to bring about changes in the *short term*, and other measures aimed at securing changes in the *longer term*.

In the short term, steps should be implemented to:

- engage the community – especially bininj people – in activities designed to reduce alcohol and other drug related harms, including the development and implementation of an AMP;
- implement a regional supply-reduction system;
- improve access to prevention and treatment services;
- address current gaps in harm reduction services (especially safe houses in Gunbalanya and Jabiru);
- implement more pro-active law enforcement.

In the longer term, a sustainable reduction in alcohol and other drug related harms requires a commitment to bringing about changes in two spheres:

- changing the current *normal status* of destructive drinking patterns;
- generating new opportunities and new pathways as alternatives to a life based around welfare dependency and substance misuse.

Note that ‘longer term’ here should not be read as doing nothing about these measures until the short term ones have been put in place. Action should commence immediately on measures to bring about long term change, but in the realization that changes will not occur rapidly.

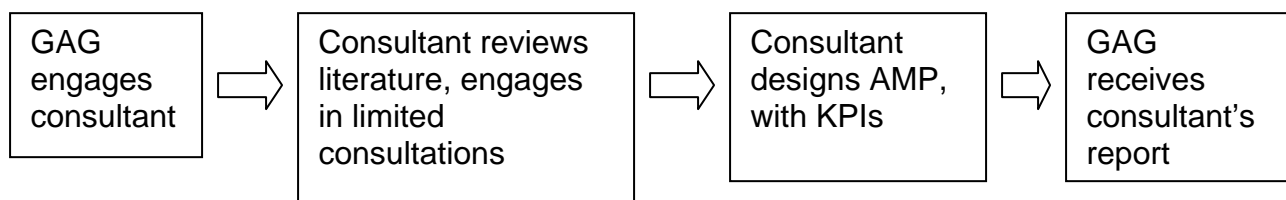
These steps are discussed in more detail below.

12 Engaging the community

This section is primarily about the *processes* involved in implementing an AMP rather than about the *content* of the Plan. Why does process matter? Because an AMP, whatever its constituent elements, is an attempt to bring about change at two levels. At the level of the local community it is designed to enhance local capacity to prevent, manage and treat alcohol misuse, in the expectation that these changes will in turn lead to changes at the level of individual behaviour, in particular reductions in levels and patterns of drinking that inflict harms on drinkers, their families and communities alike. Unless changes take place at both levels, an AMP, even if implemented, will not achieve its objective of reducing alcohol-related harms.

The terms of reference for this consultancy called upon the consultants to formulate an Alcohol Management Plan, complete with an implementation plan and Key Performance Indicators (KPIs) on the basis of a desktop review complemented by limited consultations in the community. The implied process is shown graphically in Figure 12-1²⁰.

Figure 12-1: Current process for formulating Alcohol Management Plan



While we have attempted in this report to update earlier work on alcohol-related problems in the region, review evidence and options relevant to an AMP, and (below) make recommendations for core components of an AMP, we also have some concerns that the process implied here is one that, if adopted uncritically, further reinforces the very marginalization of bininj that is contributing to present harmful patterns of substance misuse on their part.

As Howitt has observed, most social research in Kakadu/West Arnhem has been carried out using short-term consultancies which, by their very nature, are poorly equipped to offer insights into the perceptions of problems, priorities, and motivations for change (or lack of motivations) of those who – at the end of the day – are being called upon to change their behaviour (Howitt 1997).

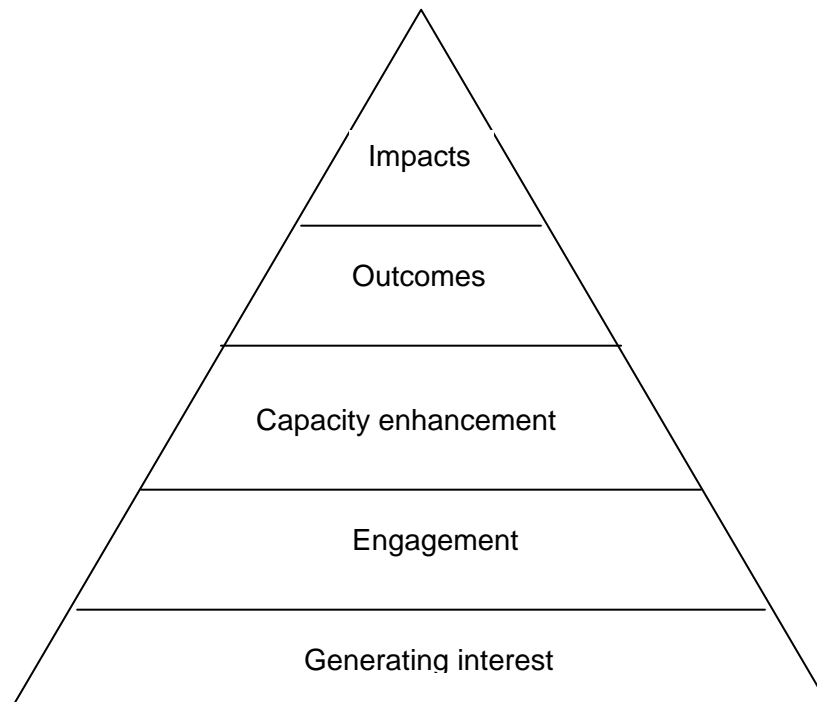
Similar observations have been made regarding attempts to introduce community-based prevention programs in American Indian communities (Thurman, Plested et al. 2003). Consultants are engaged, and make their recommendations. But nothing changes. The reasons for this tendency are not hard to identify: the processes we are talking about are a product of the ways in which problems are identified and addressed within a framework of governmental/bureaucratic rationality: a problem is defined; evidence-based measures are selected, key performance indicators specified, and pre-defined outcomes awaited. In a

²⁰ The nature and extent of consultation envisaged was described in the Terms of Reference as follows: 'Limited consultation with relevant agencies and licensees will be carried out. The consultation process will only include community consultation that adds to the extensive body of literature already in existence and is directly relevant to this Terms of Reference'.

context where all or most of the key stakeholders and groups are used to working within this framework, it may work well enough. What is usually missing from the framework, however, is provision to take account of the capacity and willingness of individuals and groups in a community to implement the changes expected of them.

One response to this omission that appears to be relevant to the Kakadu/West Arnhem context is the 'hierarchy of results' utilized by Noe et al in examining implementation of community-based substance abuse programs in 14 American Indian and Alaskan Native (AIAN) communities, all of them funded by the Robert Wood Johnson Foundation's Healthy Nations Initiative (Noe, Fleming et al. 2003). Like other observers, Noe et al noted the tendency of evaluators and funding bodies to look for indicators of program impact, often declaring an intervention a failure when no evidence of impact could be found. Such a perspective, in Noe et al's views, overlooks many of the challenges involved in bringing about change in communities. In many instances where substance misuse has become entrenched and many residents have become resigned to its presence, measurable impacts will only occur when several prior levels of community change have taken place. Impacts in their view sit at the top of what they call a hierarchy of results, which they depict graphically in Figure 13-2. (We have re-labeled the model as a hierarchy of 'community changes' rather than 'results', since that in our view describes more clearly what is involved here.)

Figure 12-2: Hierarchy of community changes



Source: Noe et al (Noe, Fleming et al. 2003)

Each level in the hierarchy is made up of a set of changes, each more difficult to achieve, and each requiring accomplishment of the lower level changes. 'In rare cases', Noe et al argue, 'a single program may be sufficiently potent to pass through several stages in the hierarchy and produce an impact. It is more likely that a succession of complementary

programs, with each building on the results of prior ones, is necessary to reach the ultimate impact, i.e. reducing substance abuse and its sequelae' (Noe, Fleming et al. 2003, p.17).

Each step involves distinctive kinds of activities:

- 1) Generating interest: getting people to attend activities, meetings and events in order to gain exposure to alternative messages and activities;
- 2) Engagement: gaining commitment of key people to working towards change in their community or organization;
- 3) Capacity enhancement: changes in practices in individuals and organizations relating to substance misuse - e.g. community representative bodies supporting changes in liquor licensing conditions;
- 4) Outcomes: observable changes in the behaviour of members of the population, such as a reduction in per capita alcohol consumption;
- 5) Impacts: measurable changes in levels of alcohol-related harm, such as a reduction in alcohol-related violence or improvements in indicators of family wellbeing and functioning.

This perspective implies a very different notion of the proper starting point of an Alcohol Management Plan. It means that attention must be given in the first instance, not just to identifying the optimal mix of services and programs required to reduce alcohol misuse, but to generating interest and engagement within the community.

Another relevant approach is the 'community readiness model' developed by researchers and community development workers at the Tri-Ethnic Center for Prevention Research at Colorado State University. The model is designed to serve both as a diagnostic tool and as an instrument for working with community groups (Edwards, Jumper-Thurman et al. 2000; Thurman, Plested et al. 2003; Plested, Edwards et al. 2006). The model conceptualizes 'community readiness' in terms of six dimensions:

- efforts already undertaken in a community about a particular issue;
- the extent of knowledge in the community about those efforts;
- leadership;
- community 'climate' – that is, the prevailing attitude in the community towards an issue;
- community knowledge about the issues;
- resources available for addressing the issue.

Proponents of the model argue that, unless change efforts are grounded in an understanding of the present situation with respect to each of these dimensions, those efforts are unlikely to bear fruit. For each dimension, the model also posits a nine-stage 'level of readiness' scale:

- no awareness of a problem: behaviour at issue regarded as normative, accepted;
- denial: belief that a problem does not exist, or that change is not possible;
- vague awareness: awareness of a problem but no motivation for action;
- preplanning: awareness that a problem exists, and recognition that something needs to be done, but no clear understanding as to what;
- preparation: active planning;
- initiation: implementation of a plan of action;
- stabilization: one or two programs operating;
- confirmation/expansion: recognition of limitations in operating programs, attempts to improve programs;

- professionalisation: training, evaluation, use of knowledge gained to address other problems.

This and other models like it are open to criticism on at least two grounds: firstly, they posit a linear sequence of community change which may bear little resemblance to much messier chains of events on the ground, particularly when the issues concerned are controversial and contested; secondly, they remain silent about the *political* dimension of community change – that is, for power struggles, and attempts by interest groups to mobilize support, within or outside the community to facilitate or obstruct change processes. Nonetheless, the community readiness model, and in particular the handbook describing how to apply it, which can be freely downloaded from the internet (<http://www.triethniccenter.colostate.edu/about.shtml>), may be useful in alerting would-be change agents to some of the key dynamics that are likely to influence the outcomes of attempts to bring about changes in policies or programs in communities.

One of the conclusions to be drawn from successful community-level interventions to combat alcohol misuse, such as the liquor restrictions introduced in Tennant Creek in the 1990s and the Alcohol Management system evaluated more recently in Groote Eylandt, is that introduction of the restrictions was preceded by a considerable amount of activity and achievement in each of the first three of the five steps itemized above. In Tennant Creek, for example, the Julalikari Association had already worked for several years previously in developing initiatives to reduce demand for alcohol misuse (including establishment of the first night patrol in Australia (Curtis 1993a)). It had mobilized support both among and beyond the Tennant Creek Aboriginal community, and adopted a leadership role in attempting to negotiate agreements with other stakeholders in the town, including the Town Council and individual licensees (Wright 1997). In Groote Eylandt, the permit-based system introduced in July 2005 was preceded by sustained engagement on the part of the mining company GEMCO, Anindilyakwa Land Council and both Community Government Councils – Angurugu and Umbakumba – and by a series of meetings in Alyangula, Angurugu and Umbakumba, with some of those meetings attracting widespread attendance.

By way of a negative example, the much less impressive outcomes of Alcohol Management Plans in Cape York communities, documented above, have been attributed in evaluations to a perception on the part of residents in the communities concerned that, notwithstanding the Queensland Government's rhetoric about 'community engagement' and 'partnerships', the original AMP-based restrictions on supply were imposed by the Government with little regard to community wishes or local conditions, and in isolation from complementary measures to reduce demand.

12.1 Current situation in Kakadu/West Arnhem

Where, on the hierarchy of changes above, should we place communities in Kakadu/West Arnhem? At first site, one could argue that here too communities have moved a considerable way through the hierarchy. The Gunbang Action Group has been in existence continuously for over ten years, for several of which it operated according to a Corporate Plan that was itself the product of extensive research and consultation. It is our observation, however, that while the continued existence of the GAG does indeed testify to the sustained engagement of a number of individuals and organizations, the GAG has in effect become a committee that, while it maintains something of a watching brief over alcohol-related issues in the community, has become cut off from the wider community, in particular the bininj community. To conclude thus is not to criticise the motivation,

commitment or actions of individuals involved. On the contrary, the roots of current problems of representation and engagement lie not so much in the GAG itself as in a pervasive disengagement on the part of bininj, both from the social and political institutions that make decisions and shape everyday life in the region, and from the emerging economies of tourism and mining.

12.1.1 Jabiru and the Kakadu region

The disengagement has two inter-related manifestations: firstly, limited participation by bininj in community-based institutions and groups; at the time of preparing this report, for example, there were no bininj on the committees of either the JSSC or the Jabiru Golf Club. The second is the limited role played by local Aboriginal organisations in representing bininj interests with respect to social issues such as alcohol-related problems.

Both phenomena appear to be products of historical processes that pre-date the commencement of uranium mining in the region, as well as events that have occurred since that time. Four significant causal factors are apparent. The first derives from settlement patterns and population movements that have evolved since the commencement of sustained European settlement in the region in the late 19th century. As Carroll notes, in contrast to other parts of the northern Australian ‘frontier’, the Kakadu region was not seen as having pastoral potential; instead, the major activities that emerged between the 1880s and the 1950s, and the major source of Aboriginal engagement with settler society, involved buffalo hunting, crocodile hunting, dogging and mineral prospecting. Although this pattern of European incursion did not generate conflict over resources, it nevertheless led to a catastrophic decline in the Aboriginal population between the 1880s and 1920 as a result of disease epidemics (Carroll 1996; Kakadu Region Social Impact Study Aboriginal Project Committee 1997). The Aboriginal Project Committee Report to the Kakadu Region Social Impact Study cites Keen’s estimate of a pre-contact population between the lower Adelaide River to the west and the East Alligator River as around 2000; in 1976, the number of traditional owners identified for Stage 1 of Kakadu National Park was 107.

A permanent settlement established by the government at Gunbalanya in 1906 initially attracted Gagadju-speaking people from west of the East Alligator River, but by the 1930s Gunwinjku-speakers from further east dominated. In the 1950s, further changes took place, with the collapse of the buffalo hides industry, and a shift to activities such as road-building that created more non-Aboriginal employment but fewer opportunities for Aboriginal people. These changes, combined later on with equal pay, drinking rights and universal welfare, are said to have led to a progressive disengagement on the part of Aboriginal people from the settler economy (Kakadu Region Social Impact Study Aboriginal Project Committee 1997).

It was in this context that uranium mining commenced in the 1970s, accompanied by the establishment of Kakadu National Park. At this time, there was no substantial permanent settlement in the Kakadu area, but rather what the APC report describes as a ‘scatter of camps’ with connections within and beyond the region (Kakadu Region Social Impact Study Aboriginal Project Committee 1997). In the words of the APC report: ‘There is no central indigenous source of authority on cultural or political questions bearing upon the Aboriginal domain’ (Kakadu Region Social Impact Study Aboriginal Project Committee 1997).

A second factor that appears to have led, albeit inadvertently, to disengagement on the part of Aboriginal people in the Kakadu region derives from the way in which the decision to mine uranium has been put into effect. It is well known that Aboriginal people opposed uranium mining. The Fox Commission believed that the national interest necessitated overruling their objections, a decision it considered could be justified by putting in place a series of measures to protect and promote the wellbeing of Aboriginal people in the region. These included recognition of Aboriginal land rights to the area, creation of Kakadu National Park, restrictions on development, and specific restrictions on availability of alcohol (Fox, Kelleher et al. 1977). As Howitt has observed, this decision subsequently led to the proliferation of regulations and controls governing development, the administrative complexity of which further marginalises local Aboriginal people, even though many of the regulations have been designed for their wellbeing (Howitt 1997).

A third factor contributing to both current disengagement and to the absence of agencies for representing Aboriginal interests can be found in the evolution of local Aboriginal organisations that has occurred since the advent of uranium mining. In general, these have served the functions of managing and distributing royalty payments, and/or investing in business enterprises, with much less emphasis on local service provision or representing Aboriginal interests within the broader social and political community.

Throughout the 1980s and into the early 1990s, the Gagadju Association, as the major resource and royalty association, became a de facto representative body for Aboriginal people in the Kakadu region (Kakadu Region Social Impact Study 1997). In the 1990s, however, the Association encountered financial difficulties. At the same time, the formation in 1991 of a Board of Management for Kakadu National Park, comprising all traditional owners in the region, provided an alternative locus of authority, while disputes over entitlements to claims led to the emergence of, and conflicts with, other royalty associations (Kakadu Region Social Impact Study 1997). Today, the Gagadju Association focuses on managing its business interests from its headquarters in Darwin, and has little involvement in day to day issues in the region. The Gundjeihmi Association, which represents members of the Mirarr Gundjeihmi clan, traditional owners of the Ranger mining area, represents Mirarr interests in NT and Australian Government arenas, but has little involvement in local issues.

The marginalisation of Aboriginal people in the Kakadu area has been further aggravated by a fourth factor: namely the manner in which the town of Jabiru was established, and the governance structures that have since evolved. Although the Ranger Inquiry recognised the Mirarr people as traditional owners of the land on which the Ranger mine and Jabiru township now sit, both parcels of land were excluded from the areas to be granted as Aboriginal land under the Land Rights Act. Moreover, the 13 sq. km comprising Jabiru township cannot be claimed as Aboriginal land under the Act (although it is currently subject to claim of native title by the Mirarr people under the Native Title Act) (Australian Government Director of National Parks 2006). The Jabiru township site is leased by the Director of National Parks to the Jabiru Town Development Authority (JTDA) under a 40 year lease that expires in 2021. The JTDA is responsible for developing and managing the town, but has devolved the latter responsibility to the Jabiru Town Council (Australian Government Director of National Parks 2006).

As originally envisaged under the Ranger Inquiry and the Commonwealth approval that flowed from it, Jabiru was to be developed as a closed mining town, initially in the

expectation that it would accommodate not one but three mining companies which, between them, would mine four uranium leases in the region. Kesteven and Lea claim that, in early planning that took place in the early 1970s, no provision was made for a permanent Aboriginal presence in the township. The place that ultimately became the town camp of Manabadurma was recognised initially only as a halting place for 'transients'. (Ironically, as Kesteven and Lea point out, in the planning and decision-making that went into creating Jabiru, local Aboriginal people who are, by any reckoning, the permanent occupants of the region, were seen as 'transients' while the true transients – those people who spend only a small portion of their lives in the mining town – were regarded as permanent residents (Kesteven and Lea 1997).)

Manabadurma has become the site of residence of those Aboriginal people to the east of Kakadu who have migrated to Jabiru following the commencement of its development in the 1980s. Some Mirarr traditional owners have married into these families. According to Kesteven and Lea, even when the authorities recognised that Manabadurma was to house permanent residents of Jabiru, the infrastructure requirements of Aboriginal people were regarded as somehow separate from the town proper; the JTDA expected Gagadju Association to manage the Manabadurma area, and a working group set up in the early 1980s to consider Aboriginal accommodation needs contained no Aboriginal members. (Perhaps it need not always have been so. Kesteven and Lea also report that in 1979 the NT Government offered Northern Land Council two places on the JTDA. The NLC declined the offer (Kesteven and Lea 1997).)

In recent decades governance arrangements for Jabiru have changed, although Kesteven and Lea claimed that at the time they carried out consultations on behalf of the KRSIS, few Aboriginal people had any understanding of the structures or processes that controlled the town (Kesteven and Lea 1997). Today, the Gundjeihmi Association is represented on the JTDA, and two of the JTC counsellors are bininj. Further changes are imminent. Under NT-wide local government reforms scheduled to come into effect on 1 July 2008, JTC and Gunbalanya Community Government Council will both become part of a new West Arnhem Shire Council (WASC). In addition to these two councils, the WASC will incorporate the Community Government Councils of Maningrida, Minjilang and Warruwi, and an area of currently unincorporated land that includes Cobourg Peninsula National Park, Kakadu National Park, Ranger uranium mine and Arnhem Land Trust Areas (Northern Territory Department of Local Government Housing and Sport 2007). WASC will be divided into four wards, each of which will elect three representatives to council, namely:

- Kakadu (formerly Jabiru)
- Gunbalanya
- Maningrida
- Warruwi/Minjilang/Cobourg.

Together, these four sets of processes appear to have resulted in a fragmentation of Aboriginal political authority in the Kakadu region and a social marginalisation of Aboriginal people with respect to the changing society in which they find themselves. To this must be added – although we do not elaborate on the point here – a very low level of participation by local Aboriginal people in the emerging mining and tourism-driven economy, other than by way of receiving royalty payments.

12.1.2 Gunbalanya

Across the East Alligator River, the community of Gunbalanya has a rather different history with respect to responding to alcohol-related problems, but one that also shows little recent evidence of successful community-based challenges to established patterns of alcohol supply and demand. Gunbalanya CGC was established in 1979. For more than 20 years the club has been under the management of the same manager. During that time it has won praise as an orderly, neat venue that offers activities such as games and a small cinema to complement drinking, and that maintains a policy of banning problem drinkers either of its own volition or on request from police. In 1992 Marcia Langton, an Aboriginal anthropologist who has written extensively on Indigenous alcohol problems, praised the Gunbalanya Sports and Social Club (GSSC) as an example of a high quality, Aboriginal-controlled drinking venue that might well serve as a model (Langton 1992).

Four years later d'Abbs and Jones saw the GSSC in a less sympathetic light. In a report commissioned by the Gunbang Action Group, they concluded that not only had it fostered widespread heavy, chronic alcohol consumption within the community, but had also become a centre of economic and political power (d'Abbs and Jones 1996). The report estimated per capita consumption among male drinkers at Gunbalanya and Jabiru Sports and Social Clubs (the two were grouped together for purposes of estimating per capita consumption) as equivalent to 1,151 mls of absolute alcohol per week – more than double the level designated at the time by the National Health and Medical Research Council as harmful; the corresponding estimate for female drinkers was 719 mls of absolute alcohol per week – again more than double the level described by NHMRC as harmful. The report described the relationship between the Gunbalanya Club and its patrons as a symbiotic one, 'in which drinkers are dependent upon the club, which in turn is dependent for economic prosperity on maintaining high consumption levels among drinkers' (d'Abbs and Jones 1996, p.51). Some of the profits from the Club were used to support worthwhile community ventures, such as a swimming pool. Laudable as these gestures were, they also had the effect of shielding the club against community members who were concerned about the effects of Club-based drinking on community life.

One issue that periodically attracted criticism was the Club's practice of lunchtime trading – between noon and 1 pm everyday except Sunday. In September 2002 a pilot and nurse at the community lodged a formal complaint with the Licensing Commission, claiming that availability of alcohol through GSSC was having harmful effects, including violence and anti-social behaviour, and that the lunchtime session were particularly damaging, with afternoon flights out of the community often having to be cancelled because the passengers were intoxicated (Northern Territory Licensing Commission 2005). By the time the complaint was heard in May 2003, the complainants had already left the community. However, the NTLC decided to proceed with a hearing in their absence.

The transcript of the May 2003 hearing neatly captures the dynamics of community concern about alcohol misuse in Gunbalanya, and the difficulties facing those trying to bring about changes. The co-ordinator of Injaluk Arts described the adverse effects of lunchtime trading on employment and productivity at the Arts Centre and the community in general, and the sister-in-charge of the community health centre reported that some health centre staff did not return to work after lunch. She said that afternoon medical evacuations were often made difficult, and described an instance of a child missing a flight out of the community for cardiac surgery because the parents were drinking at the Club. The sister also attributed poor levels of child health in the community in part to parental neglect

associated with alcohol abuse. At the same time, she also commented on the relatively small numbers of people presenting at the clinic for injuries, which she ascribed to the Club's policy of banning violent drinkers from the premises, and praised the Club's contributions in support of community events and facilities: 'without the Club', she stated, the community would be a poorer place' .

Similar positive views about the Club were expressed by other witnesses, including a Club Committee member (and brother of the Nominee), who claimed that problems associated with lunchtime trading had been much reduced since the Club introduced measures to prevent 'stockpiling' of drinks, and that most of the violence in the community was a product of petrol sniffing and cannabis use. The Chairperson and newly appointed CEO of the Council both spoke in support of the club and lunchtime trading, as did the (Indigenous) school principal, a senior Traditional Owner, and the Nominee himself.

During the lunchtime adjournment, a group of women approached the Licensing Commissioners requesting a separate hearing, on the grounds that they did not feel able to give evidence in the court-like setting of the hearing. The Commissioners' response is recorded in the Licensing Commission's report on the hearing:

After some discussion, it was agreed that such a meeting should only occur with the agreement of the Nominee of the Gunbalanya Sports and Social Club and on the basis that a Commission member would take detailed notes of what was said at the meeting, that these notes would be provided to the Club, and that the Club would be given an opportunity to comment on the contents. The conditions were agreed to by the women and the matter was formally put to the Club Nominee after the hearing recommenced. The nominee agreed to the proposed process (Northern Territory Licensing Commission 2005, p.6).

Given the well known reluctance of Aboriginal women to speak out on contentious matters such as alcohol in the presence of male community members who might hold different views, it is perhaps surprising that the Commissioners made their agreement to a separate meeting for the women conditional on the approval of the GSSC Nominee. Insofar as the Commissioners' role was to ascertain the views of community residents, one might have expected them to agree to the separate hearing for the women, regardless of whether the GSSC Nominee liked it or not. The Commission's report, however, argues that they were guided by considerations of procedural fairness.

The women's views are summarized in the report as follows:

- The main concern was the lunchtime session at the Club. The lunchtime session was seen as standing in the way of people getting proper full-time jobs and education. They wanted this session closed down;
- There was a great deal of concern that the drinkers were not looking after their own children, and that this meant that the non-drinkers ended up looking after the drinkers' children and dealing with all the other problems created by the drinkers. They felt that the drinkers needed to realise that being a parent involved responsibility, including ensuring their children were getting enough sleep, good food to eat and adequate clothing. The drinking parents were seen as not doing this, spending most of their money and time at the Club;
- There was a concern that the drinkers only thought about their own rights, and not their responsibilities to others nor the impact of their actions on others;

- They said that they did not want to force people to stop drinking, only to drink less and more slowly, spend less money on alcohol and think about their families;
- They acknowledged the existence of a variety of other problems that impacted on the Community including petrol and glue sniffing, gambling, the smoking of cannabis, as well as the consumption of home brewed alcohol;
- The non drinkers felt excluded from the decision-making at the Club and from the economic benefits from the Club (eg payment of funeral expenses) and did not feel that they were listened to;
- They were concerned that alcohol would destroy many of the men on the Community and that there would be only women and children left;
- They also raised concerns about the profit the Club made from the lunchtime session and wanted to see this information;
- They thought that the claims that people would leave the Community if the lunchtime session was stopped were exaggerated;
- They spoke of a time when the Club only operated from 4.00pm to 9.00pm and there was a six can limit per person. They said that, at that time, many people on the community worked full time and there were few problems (Northern Territory Licensing Commission 2005, s. 23).

The women's request for closure of the lunchtime session was not granted. Instead, the Commissioners asked the Club to consider imposing a voluntary limit of 4 cans of full strength beer per person per lunchtime session, on weekdays, for a trial period. The Club agreed. At a second hearing convened on 1 March 2005, the single Licensing Commissioner present was told that the 4 can limit was working well, with fewer alcohol-related problems. Club Nominee Alex Siebert informed the hearing that sales of 'food, soft drinks and cigarettes at the Club during the lunchtime session had gone up since the restrictions and alcohol sales were down'. The Commissioner was told that the Club was happy to continue with the 4 can limit, but would like it lifted for Fridays, since most workplaces in Gunbalanya closed for the weekend at midday Friday anyway. The Commissioner's report notes that 'a small number of people' repeated concerns raised at the earlier hearing, with an added complaint that the Club was not shutting for deaths and funerals. In its decision, the Commission agreed with the request to retain the 4 can limit on lunchtime sales, for Mondays to Thursdays only, excluding public holidays.

The report on the two Gunbalanya hearings offers a glimpse into patterns that have long been entrenched in the community: on the one hand, a profitable club with a high alcohol turnover, supported by powerful networks of Indigenous and non-Indigenous stakeholders (the Senior Traditional Owner at the time of the hearing was also President of the Club); on the other, groups of (mainly) women who periodically mobilise in order to contest the benign view of the Club, who sometimes have the support of a few non-Indigenous stakeholders, but who generally find it difficult to make their voices heard, especially in those arenas where decisions are made.

In October 2007, as indicated above, the Commonwealth unilaterally reduced trading hours at GSSC under the NT National Emergency Response Act, with lunchtime trading being among the conditions abolished. While the effect on alcohol availability was clear, the impact of these changes on community attitudes towards addressing alcohol issues is no doubt more complex, and beyond the scope of our report to examine. Lunchtime trading was abolished.

12.2 Conclusion

We do not pretend in this report to describe all of the factors that together shape the relationship between alcohol, drinking practices and local community characteristics. With respect to the development of an alcohol management strategy, however, it is possible to identify a number of salient features, all of which need to be taken into consideration.

In Jabiru, the Gunbang Action Group has an impressive record of sustained engagement with alcohol issues, but most bininj in the community are disengaged from any involvement in these issues, both as individuals and through organizations.

In Gunbalanya, decision-making about alcohol has long been dominated by an institutionalised system, centred on the GSSC and supported by powerful local networks, in which heavy regular drinking has become normative. The system and the drinking culture sustained by it have been periodically challenged, usually by groups of women, but these groups remain relatively powerless in the face of institutionalised support for the GSSC. More recently, trading conditions at the GSSC have been unilaterally modified by the Commonwealth Government. What this latest change means for community responses to alcohol problems remains unclear (although anecdotal reports of many drinkers moving to Jabiru may be one response indicator!).

Within the wider region, a number of liquor outlets serve both tourists and residents. Some of these have voluntary agreements in place with local organizations relating to serving alcohol, but there is no co-ordinated regional strategy in place, either voluntary or mandatory.

Together, these factors point to the need for a strategy for engaging residents of local communities in addressing problems relating to alcohol (and other substances). We do not outline here how this should be done, since a number of texts on community engagement and community development already do this adequately (see, in particular, Brady's 'The Grog Book' (Brady 2005) and May's article on addressing similar issues in American Indian reservations (May 1992).

We would hope, however, that the evidence and ideas brought together in this report will be a useful resource in the engagement process.

13 Framework for a regional supply reduction strategy

In this chapter we outline a framework for a regional alcohol supply strategy.

13.1 Guiding principles

1. Although the focus here is on alcohol, any alcohol control strategy should, as quickly as possible, be integrated into a broader *substance misuse* strategy. This is so for at least two reasons: first, alcohol misuse is one product of social problems that also give rise to other forms of substance misuse; second, reduced access to alcohol may well lead to attempts to substitute other recreational drugs. Several communities in West Arnhem Shire already have histories of using marijuana, kava and/or petrol sniffing at various times.
2. The area covered by the Kakadu/West Arnhem alcohol management strategy corresponds with the boundaries of Kakadu and Gunbalanya Wards in the new West Arnhem Shire Council (WASC) to come into effect on 1 July 2008. In order to avoid confusion over the connotations of 'West Arnhem' (which has a much more extensive geographical coverage in the title of WASC), we propose to call it a Kakadu/Gunbalanya alcohol management strategy.
3. In the proposals outlined below, it is assumed that all existing area-based restrictions on importation, possession and consumption of alcohol continue to apply²¹. All of the Aboriginal communities located in West Arnhem Shire, together with their associated homeland centres, are prescribed areas under the Commonwealth NT National Emergency Response Act 2007. In addition, Minjilang and Waruwi are 'dry areas' under Section VIII of the NT Liquor Act. Maningrida has a permit system under the same section, and Gunbalanya restricts alcohol availability to the Gunbalanya Sports and Social Club. Jabiru township is neither a prescribed area nor a restricted area under NT legislation, but town camps and outstations, such as Manabadurma, Mudginberri, Spring Peak and Patonga are prescribed areas. In addition, the NT Two Kilometre Law, which prohibits consumption of liquor in a public place, or unoccupied private premises without the owner's permission, within 2 km of a licensed premise, applies in both Jabiru and Gunbalanya.
4. The introduction of changes into alcohol availability at a regional level inevitably raises difficult issues about the proper exercise of statutory powers on the one hand and, on the other, the need to secure community acceptance. Where drinking patterns that can be objectively shown to be harmful to individual, family and community wellbeing have become entrenched, with both drinkers and those who make money from supplying them having a vested interest in maintaining the status quo, there is a strong case for governments exercising their statutory powers and imposing changes. This (notwithstanding rhetoric about partnerships) was the reasoning behind the Queensland Government's decision to introduce Alcohol Management Plans in Cape York Indigenous communities. At the same time – as evaluations of the Cape York AMPs themselves demonstrate – an inadequate process of community engagement can result in limited acceptance of restrictions, which then become challenges to be surmounted rather than catalysts for real change. In our view, the presence of multiple and sometimes competing interests relating to the sale and consumption of alcohol in the Kakadu/Gunbalanya region, and the ineffectiveness of ad hoc piecemeal restrictions on availability in reducing

²¹ Area based restrictions under the Commonwealth NT National Emergency Response Act 2007 are, at present, time delimited.

alcohol-related harm, mean that the NT Government needs to act in the public interest to impose controls on the availability of alcohol at a regional level. The steps outlined below constitute a framework for that system. At the same time, while the framework may be imposed, the goals of reducing alcohol-related harm within the contexts of the new framework should be pursued through a process of genuine community engagement, as foreshadowed in the previous chapter.

5. Given the fact that Commonwealth, NT and Regional Council laws and regulations are implicated in any system of regional alcohol control in this region, it is imperative that there be a co-ordinated approach to managing the system, involving Commonwealth, NT Government and West Arnhem Shire representatives, along with Kakadu National Park Board of Management, Gundjeihmi Association, Energy Resources Australia, Kakadu Health Service and Gagadju Association. The Gunbang Action Group may provide an appropriate forum for such coordination. Alternatively, it may be more appropriate to create a new Alcohol Reference Group, as called for in the NT Government's framework for Alcohol Management Plans (Northern Territory Department of Justice 2008).
6. In a society such as the NT, where access to alcohol is heavily restricted in some places and freely available in others, any sudden reduction in alcohol availability in one location can be expected to cause drinkers to generate new demands on, and in some cases move to, other places where alcohol is more readily available. That this is so is not an argument against introducing regional restrictions on availability, but it does mean that the likelihood of such consequences should be taken into account in formulating restrictions.
7. Some liquor outlets may challenge the legality of aspects of the system outlined below. In our judgement, and in light of relevant precedents, the measures would survive any such challenges (although we do not develop this argument here).

13.2 Framework for a system for control of supply of alcohol

Although each of the proposals outlined below has to be described separately, the implications of each should be considered as parts of an integrated system. Together, they are intended to reconcile the needs for an effective system of controlling supply of alcohol to people and communities where alcohol misuse continues to generate unacceptable harms, with the needs and wishes of other stakeholders, including liquor outlets, residents of the WAS and visitors.

The system has seven components:

- restrictions on takeaway sales by liquor outlets located along the Arnhem and Kakadu Highways;
- introduction of an electronic ID system to regulate and monitor takeaway sales in the Kakadu and Gunbalanya Wards of West Arnhem Shire;
- a requirement for purchasers of takeaway liquor in Kakadu and Gunbalanya Wards of West Arnhem Shire to present a form of ID readable by the electronic ID system in place;
- provisions for visitors to Kakadu and Gunbalanya Wards to obtain on-premise and takeaway liquor;
- declaration of Jabiru Township (other than existing Prescribed Areas) as a General Restricted Area under the NT Liquor Act;
- creation of an Alcohol Reference Group;
- designation of a Licensing Inspector with responsibility for Kakadu and Gunbalanya Wards.

In outlining the proposed framework, we have not specified *amounts* of liquor that should be incorporated into the various provisions of the framework. This level of detail should be subject to further consultations. We have simply outlined a *framework*.

Implementation of the framework proposed will require consistent, pro-active enforcement by NT Police and the Licensing Commission. At the same time, it would not create undue or complex additional burdens for either agency.

13.2.1 Restriction on takeaway sales by liquor outlets located along Arnhem and Kakadu Highways

Under the system proposed here, it would become an offence under NT Law for any liquor outlet located on or adjacent to the Arnhem or Kakadu Highways to supply packaged (takeaway) liquor to any resident of, or person travelling to, the West Arnhem Shire²². This restriction – which would apply to Indigenous and non-Indigenous people alike - should be written into the conditions of all licences affected by the provision: i.e.

Arnhem highway²³

- Aurora Kakadu
- Corroboree Park Tavern
- Humpty Doo Hotel Motel²⁴
- Humpty Doo Tavern
- The Bark Hut Tourism Centre.

Kakadu Highway

- Gagudju Lodge, Coinda
- Wirnwirnmirla (Mary River) Roadhouse.

Reasons for the restriction

No system for controlling alcohol availability in the Kakadu/Gunbalanya area is likely to be effective as long as liquor outlets located along the Arnhem and Kakadu highways remain outside the control area. The analysis of trends in liquor sales from 1994-95 to 2006-07 earlier in this report pointed to both a relative and an absolute increase in sales from several outlets located on the Arnhem Highway, and these figures pre-date the imposition of more stringent restrictions on trading by Gunbalanya Sports and Social Club under the Commonwealth NT National Emergency Response Act in late 2007.

The proposed restriction would not affect on-premise sales by the outlets concerned, nor would it prevent them from selling takeaway liquor to residents of the surrounding area or to, say, a recreational fishing party from Darwin bound for Point Stuart.

²² This restriction could apply only to Kakadu and Gunbalanya Wards of West Arnhem Shire. However, since all of the other Aboriginal communities in the shire – Waruwu, Minjilang and Maningrida – are already both prescribed areas under the Commonwealth NT National Emergency Response Act 2007 and restricted areas under the NT Liquor Act, there seems no point in excluding them from this provision. The status of small communities located in the Cobourg Peninsula area, however (which were not included in the brief for this consultancy) might require further examination, and provision may need to be made for them in this system.

²³ According to a list of licenses published online by NT Department of Justice (<http://www.nt.gov.au/justice/licenreg/liquor.shtml>), two other liquor outlets on or close to the Arnhem Highway have takeaway licences, although they were not included within the scope of this consultancy; if the list is correct, the restriction should apply to these outlets also. The outlets are: Mac's Liquor Humpty Doo (Woolworths) and United Humpty Doo.

²⁴ According to the Department of Justice list (see previous footnote), Humpty Doo Hotel Motel does not have a license to sell liquor to the general public, so would be unaffected by these measures.

Some outlets may argue that they cannot be expected to know who is a resident of the West Arnhem Shire. The framing of the restriction removes this problem by prohibiting sales to any person travelling to the WAS. If staff at the outlets concerned are in any doubt as to the applicability of this restriction in a particular case, they should be expected to make a reasonable effort to find out.

The restriction should not place an undue burden on any outlets, except those that may have become dependent on selling large volumes of takeaway liquor to people from Jabiru, Gunbalanya or surrounding areas.

One issue that may require further attention is the question of access to liquor by tourists/visitors in Cobourg Peninsula. Under the proposal here, outlets along the Arnhem Highway would not be permitted to sell takeaway liquor to such people, as they would be visitors to West Arnhem Shire. There are several premises in the Cobourg Peninsula area – which lies outside the scope of this consultancy – that have licenses such as ‘private hotel’ and ‘restaurant’ licences that entitle them to sell liquor to residents or patrons. If the mechanism doesn’t already exist, it should be possible to devise a way of making limited amounts of takeaway liquor available to visitors to the area via existing licenses.

There are several successful precedents for restrictions of this kind. The case study of Yalata earlier in this report documents restrictions imposed on three roadhouses, under which they are not permitted to sell takeaway alcohol (other than light beer) to residents of or persons travelling to Yalata community (Brady, Byrne et al. 2003; National Drug Research Institute 2007)²⁵. Similar restrictions imposed on Curtin Springs have also been shown to be effective. (In the case of the latter, contrary to the licensee’s expectations, the restrictions actually *improved* the outlet’s trade with tourists following a reduction in on-premise violence associated with Aboriginal drinkers (d’Abbs, Togni et al. 1999).

Note, however, that both the Yalata and Curtin Springs restrictions followed sustained representation by community groups that could legitimately claim to be expressing the aspirations of Aboriginal residents of the communities affected. As we have said elsewhere, the process is every bit as important as the product.

13.2.2 Introduction of an electronic ID system to regulate and monitor takeaway sales in the Kakadu and Gunbalanya Wards of West Arnhem Shire

As outlined above in section 3.6, several towns and smaller communities in the NT have recently introduced electronic ID systems to regulate and monitor takeaway sales. The legislative base for most of these schemes is the Liquor Legislation Amendment Act 2008, which was introduced into the NT Legislative Assembly in February 2008 (Legislative Assembly of the Northern Territory 2008; Northern Territory of Australia 2008). Under the new legislation, liquor outlets specified under regulation are required to scan identification from all customers intending to purchase takeaway liquor, while would-be customers are in turn obliged to produce identification in the form of a driver’s licence, passport, ‘Over 18’ card, or some other recognized format.

The system in Nhulunbuy commenced operation in March 2008 and, while no formal evaluation has yet been conducted, preliminary indications suggest that the system has

²⁵ As pointed out in the case study, Yalata community did not ask for light beer to be exempt from the restrictions; the Licensing Commission inserted the exemption.

contributed to a reduction in public drunkenness. Its effects on other alcohol-related problems are not yet known. Because the systems in place elsewhere in the NT came into effect only on 23 June 2008, no outcome findings are yet available.

However, it appears from the limited evidence available that electronic systems are (a) technically feasible and (b) enjoy acceptance among both community groups and liquor outlets. For these reasons, and in light of the greater difficulties in regulating sales in a context of multiple outlets without some form of electronic ID system, we recommend that a form of electronic ID system be considered for the Kakadu and Gunbalanya Wards.

As pointed out above in section 3.6, two kinds of system are available, both utilising the same hardware and software (supplied in the NT by Queensland company ID-Tech). The Nhulunbuy system identifies persons who hold a permit to purchase takeaway alcohol. The system in place elsewhere identifies persons who are either *not* permitted to purchase takeaway alcohol (e.g. because they are on a prohibition order, or are residents of a prescribed area, or are residents of another locality where the elders or leaders have indicated that no-one is to be allowed to have a permit) or who have already purchased the maximum allowable takeaway alcohol for that day.

The Nhulunbuy system requires all would-be purchasers to obtain a permit from the local police station, which is then ratified by the NT Licensing Commission on the recommendation of a local Permit Committee. The system in place elsewhere does not require the purchaser to obtain a permit, but does (like the Nhulunbuy system) necessitate the purchaser presenting a form of ID at the point of purchase which is readable by an electronic scanner. An image from the scanner is then conveyed to a central server, which checks to see whether or not the ID concerned matches that of someone subject to prohibition or a restriction.

While the Nhulunbuy system appears to work well in a relatively isolated setting, it might be administratively complex in a region with a larger population and/or significant numbers of tourists. For this reason, the system currently in place in Alice Springs and elsewhere probably represents a more feasible model for the Kakadu and Gunbalanya Wards.

Other aspects of the electronic ID system are discussed above in section 3.6.

13.2.3 Requirement for residents of Kakadu and Gunbalanya Wards to present electronic ID in order to purchase packaged (takeaway) liquor

Residents of Kakadu and Gunbalanya Wards in West Arnhem Shire would not be able to purchase, possess or consume packaged (takeaway) liquor in either Ward without presenting a form of ID readable by a system established along lines outlined above in 13.2.2. An electronic ID system would normally authorise holders to:

- purchase packaged liquor from authorised outlets located in WAS, subject to any special conditions attached to the licenses concerned;
- purchase packaged liquor from other outlets, including means such as wine club mail orders, subject to the liquor being consumed in accordance with local provisions;
- share liquor with other persons not prohibited from purchasing or consuming takeaway liquor, subject to the liquor being consumed in accordance with local provisions.

The system would not entitle holders to purchase packaged liquor from outlets along the Arnhem or Kakadu Highways, or to supply liquor to third parties who were not authorised to possess and consume takeaway liquor.

These provisions would not place restrictions on residents' access to on-premise liquor.

Residents of prescribed areas (under the Commonwealth NT National Emergency Response Act 2007) would not be eligible to purchase takeaway (but would have continuing access to purchase and consume on-premise liquor).

Note: In principle, this provision should probably be applied to the whole of West Arnhem Shire, since other communities in the Shire are both 'dry' under the NT Liquor Act and prescribed areas under Commonwealth law, and Maningrida already operates a permit system which is compatible with these provisions. However, our brief as consultants does not extend to the rest of the Shire, so it would not be appropriate to make recommendations for the wider area.

13.2.4 Restrictions on/entitlements of visitors to Kakadu and Gunbalanya Wards of West Arnhem Shire

Visitors to Kakadu and/or Gunbalanya Wards would *not* be permitted to bring packaged liquor into the Wards from outside, but may purchase liquor for on-premise consumption at local outlets, in accordance with license conditions.

Some outlets are permitted under their licenses to sell packaged liquor to guests or residents, and these provisions should remain.

There remains the issue of access to takeaway liquor by visitors who are not guests of hotels or caravan parks. They should be able to purchase limited amounts of packaged liquor, for consumption in accordance with local provisions. It may therefore be necessary to amend some licenses to allow premises (other than membership-based clubs) to sell limited amounts of packaged liquor to visitors, who could be asked to provide evidence of their non-residence.

13.2.5 Jabiru township to be made a General Restricted Area

The whole of Jabiru township should be declared a General Restricted Area under the NT Liquor Act²⁶, with the provisions of the supply control system outlined here written in as conditions of the restricted area. This would serve to codify the provisions and signify the responsibilities of NT Police and the Licensing Commission for enforcing them.

13.2.6 Creation, structure and role of an Alcohol Reference Group

The NT Government's framework for developing local Alcohol Management Plans calls for the formation of an Alcohol Reference Group, the functions of which involve:

- deciding the content of the Plan;
- engaging all local stakeholders necessary for implementation;
- progressing and monitoring implementation;
- reviewing the Plan regularly and updating it over time so that it remains relevant and effective (Northern Territory Department of Justice 2008).

²⁶ At present Manabadurma town camp in Jabiru and the nearby Mamukala homeland centre are General Restricted Areas.

In the event of a permit system being adopted, the Group would also have responsibility for making recommendations on granting, renewing, revoking and/or modifying permits.

Regardless of whether or not it takes on this additional role, and regardless of whether or not the Gunbang Action Group chooses to function as an Alcohol Reference Group, the group should include representatives of:

- Kakadu National Park Board of Management
- West Arnhem Shire (Kakadu and Gunbalanya Wards)
- Commonwealth NT intervention (logically, Government Business Manager in Gunbalanya)
- NT Government
- Jabiru police
- Gunbalanya police
- Kakadu Health Service
- Gunbalanya Health Centre
- Energy Resources Australia
- Gundjeihmi Association.

The Reference Group must be given adequate administrative support by the NT Licensing Commission. The experience of the Groote Eylandt permit committee has shown that the committee generates a considerable amount of procedural work which neither local police nor any agency is currently funded to provide. Similarly, the experience of Community Justice Groups implementing Alcohol Management Plans in Queensland has demonstrated that inadequate support for CJGs is a critical point of vulnerability in the plans. It is not reasonable to expect such a committee to remain viable – and it probably will not remain viable - unless administrative support is provided.

13.2.7 Designation of a licensing inspector with responsibility for Kakadu/Gunbalanya

The system for controlling alcohol availability outlined above is not complex, and should not pose undue challenges for enforcement agencies. However, it will require pro-active enforcement both by local police and the Licensing Commission. We suggest that the latter designate a licensing inspector with responsibility for liquor outlets affected by the regional system.

14 Improving access to prevention, treatment and other services

In this section we address the need for improved access to prevention and treatment services, harm reduction facilities, and law enforcement.

14.1 Prevention and early intervention

The review of services presented earlier in this report indicates that in recent years Kakadu Health Service has developed a number of targeted prevention programs such as the Gunbang Anbang Program working with young people and the Two Worlds Youth Life Project, designed to give young people life skills. All of these programs, however, operate on the basis of short-term, project funding. The most important need here is for those initiatives that are shown to be effective to have access to recurrent funding.

One position funded under the Gunbang Anbang program was for an AOD worker in Gunbalanya where, as mentioned earlier, a Volatile Substance Abuse Worker also provides educational services about alcohol. In general, however, Gunbalanya is less well equipped in terms of supportive infrastructure to mount preventative programs than Jabiru, where Kakadu Health Service complements the primary health care service provided through the NT Department of Health and Community Services. The most feasible way of redressing this problem would probably be through KHS strengthening its collaborative links both with Gunbalanya Health Centre and Kunbarllanjnja CGC. In the longer term, a community-controlled regional health service, serving the area covered by the proposed new West Arnhem Shire, would provide a stronger infrastructural base for region-wide prevention programs than exists at present.

The early intervention and referral services run by KHS through its Family Violence Counselling Service and Alcohol and Other Drugs Program appear to offer an appropriate and adequate service for the Jabiru/Kakadu area, although, again, its capacity to serve the needs of Gunbalanya is less clear. Certainly, the Jabiru-based services represent a significant improvement on those available at the time of the 1996 d'Abbs and Jones study, and should be assured of continued funding.

In short, at present the Jabiru area is well served by prevention and early intervention services, although targeted prevention activities are hampered by short-term project funding. In Gunbalanya on the other hand – where evidence presented above indicates that alcohol consumption levels and associated problems remain at a high level – there is less evidence of either a strategic approach to prevention and early intervention having been adopted, or of appropriate infrastructure having been put in place.

14.2 Treatment and rehabilitation

Aboriginal drinkers seeking to address their alcohol problems are more likely than non-Aboriginal drinkers to seek residential treatment, in part because their home environments are not supportive of attempts to reduce or stop drinking. At present, the two options available – both located in Darwin – are FORWAARD and CAAPS. Neither appears to be extensively used by clients from the Kakadu/West Arnhem area. We were advised that only five clients presented at CAAPS in 2007 from the entire area, and FORWAARD advised that only one client did so.

One response that has been suggested to us is that a residential treatment and rehabilitation facility should be built in the Kakadu/West Arnhem area. We are not convinced of the wisdom of this proposal, largely because we do not believe that it addresses current barriers to voluntary residential treatment.

At present, Aboriginal residential treatment facilities – including FORWAARD and CAAPS – are facing increasing demands from the criminal justice system to accept mandated clients via diversionary programs. In the NT, the recent establishment of Alcohol Courts with their powers to impose compulsory residential treatment is likely to further exacerbate these pressures. These demands are reducing the capacity of residential facilities to accept voluntary clients.

In our view, the answer to this problem lies not in building more residential treatment facilities – a costly option, both in terms of capital and operational costs, and one likely to generate difficulties in finding and retaining suitably trained staff. Rather, it should be addressed at an NT-wide level by examining the respective demands on existing facilities placed by both voluntary and mandated clients, funding an expansion of capacity if necessary, and quarantining a proportion of that capacity for voluntary clients, to enable existing facilities to offer timely services to voluntary clients. In this way, the overall residential treatment capacity available in the NT can be increased by building on, rather than attempting to duplicate, existing skills and other resources.

14.3 Harm reduction

At present, neither Jabiru nor Gunbalanya has a safe house to offer protection to people exposed to alcohol-fueled violence. Residents of both communities have indicated that they would like to see safe houses established, and we support this view. We would add one qualification: the limited relevant literature available (see above) suggests that the operation of any such facility should be integrated into a broader, community-based family violence strategy, which should in turn articulate with an alcohol management plan.

At the time of our fieldwork, Gunbalanya had a successful night patrol, and this in our view should continue to be supported. As mentioned earlier in this report, an attempt several years ago to set up a night patrol in Jabiru foundered after a short while – although not, apparently, because of lack of demand for the service.

Night patrols (or community patrols, as they are more appropriately called, especially as they need not operate purely at night) offer both benefits and dangers to a community like Jabiru. On the positive side, they represent a way of mobilising the community's own resources to provide care for community residents, and in some cases utilise the community's own dispute resolution capacities, rather than relying passively on the police. In so doing, they also generate jobs and skills among community members.

On the negative side, they can become vehicles (in more ways than one!) for legitimizing destructive drinking behaviour, by providing a pick up service for drunks.

In our view, the question of whether or not Jabiru should have a night community patrol and, if so, who in the community is prepared to contribute to running the service, is one that could usefully be made the subject of further community discussion.

14.4 Enforcement

Two enforcement agencies have responsibility for upholding laws relating to alcohol, and their active engagement is fundamental to any effective system for controlling alcohol misuse: liquor licensing inspectors and police. In addition, as pointed out earlier in this report, Parks Australia North has statutory authority over conditions governing all liquor outlets in Kakadu National Park.

While Gunbalanya to date has had to cope with similar limited police resources to other remote areas in the NT, this is not true of Jabiru, where the local police station has six positions. Yet numerous people with whom we spoke in the course of this consultancy claimed that police in Jabiru were *not* pro-active in policing licensed premises or homeland centres. We also encountered evidence that the NT Licensing Commission had been less than vigilant (for example, one licensee was said to have unintentionally traded illegally for about six years, because no-one in authority had bothered to check the license details).

It is not within our brief to pass judgement on these agencies. We do, however, draw on evidence from elsewhere in Australia and overseas (much of it reviewed above) to insist that any regional approach to reducing alcohol-related harm requires the active and coordinated engagement of both licensing authorities and police. In addition, as we have also argued above, community-based strategies to address alcohol-related harm struggle for effectiveness in the absence of consistent and pro-active participation by local police.

Both of these changes are necessary components of an Alcohol Management Plan.

15 Sustainable change: challenging norms, creating new opportunities

No amount of new services or regulations will, in themselves, address a phenomenon that lies at the heart of current alcohol-related problems, namely that excessive drinking (that is, drinking that causes harm to drinkers themselves, their families and communities) has become *normal* among many Indigenous drinkers in both Jabiru and Gunbalanya, and in at least some of their associated homeland centres. Heavy consumption is sustained by cultural norms, informal and formal social and institutional arrangements – such as the ready availability of alcohol in and around Jabiru and, at least until the NT National Emergency Response, in Gunbalanya – and vested interests that derive profits from drinkers' heavy consumption.

The mechanisms of cultural support for this destructive *status quo* are complex, and cannot be adequately analysed purely within the constraints of this project. Suffice to say that heavy drinking by Indigenous drinkers is embedded in a mainstream culture that also celebrates heavy drinking, but within certain social and cultural boundaries. (For example, in October 2007 The Jabiru Rag reported that the prize for the best team name at the annual 'Four Billabongs for XXXX' fishing competition had been won by a team calling itself 'Alcoholics Who Fish' (The Jabiru Rag 2007). Brewers regularly sponsor sporting events at Jabiru's licensed clubs, thereby helping to sustain the cultural associations between recreation, drinking – and, of course, their own brands.) Challenges to current patterns of Indigenous drinking are also likely to invoke a defence grounded in the belief that the 'right' to consume as much as one pleases is an expression of Aboriginal equality as a citizen – a status that was so long denied to them, in part by denying Aboriginal people the legal right to possess and consume alcohol.

The normative nature of excessive drinking in Aboriginal communities is the central motif in much of Noel Pearson's writing on Aboriginal society, and his critique of mainstream approaches to Aboriginal alcohol problems stems from what he argues is a failure to recognize the consequences and implications of this situation (see, for example (Pearson 2001; Pearson 2002; Pearson 2008). Pearson claims that alcohol misuse has become a self-sustaining 'social epidemic' in many communities which, until it is challenged and changed, will undermine efforts to bring about improvements in all other spheres of life. Without wishing to enter into debates about all of the concepts and ideas underpinning Pearson's critique, we too would suggest that the pervasive and normative nature of destructive drinking represents a primary problem that must be addressed.

But how? One essential step has already been proposed and even, in part, implemented. The radical changes to trading conditions at the Gunbalanya Sports and Social Club imposed by the Howard government under the NT National Emergency Response in November 2007 will, if nothing else, curtail the hitherto central role of the GSSC in maintaining (and benefiting from) the very high levels of consumption by drinkers in Gunbalanya, identified both in the 1996 d'Abbs and Jones report and in this report (d'Abbs and Jones 1996). In a previous section of this report, we have proposed a regional supply reduction strategy designed to put an end to the current arrangements which, at a regional level, help to sustain high levels of consumption.

But restricted trading conditions will not in themselves change drinking norms. Regulatory changes in availability can be introduced in an instant; induced cultural change is a slower process, and almost certainly must be a 'bottom-up' one. The best prospect of bringing about such change – at least among the adult population – would appear to be the Family Empowerment Program described earlier (sections 8.1.1 and 8.1.2), or something similar. Programs of this nature work *with* people (rather than *on* people) to enable them to transform, firstly, their own lives in such a way that they are then able to go on and initiate changes in the world around them. Neither the Family Empowerment Program nor any similar programs can hope to offer a 'quick fix', but they may create the basis for lasting changes.

We therefore recommend that the Gunbang Action Group explore the introduction of a Family Empowerment Program or a similar program as a way of initiating a process of normative change and capacity building.

Finally, any lasting change also requires the creation of new opportunities – and this requires a long term commitment to improving educational outcomes and creating opportunities and incentives in training and employment. To explore how this might be achieved would take us beyond the limits of our brief and our expertise – but we close by calling for such a commitment at the local and regional level.

16 Appendix 1: Liquor licences, Kakadu/West Arnhem region

Premises	Type	Licence no.	Authority	Special conditions	Trading hours
Jabiru Golf Club	Club	81403051	(a) For consumption on or at the licensed premises by a member of the club or by a visitor in the presence of such a member; (b) For removal and consumption away from the licensed premises only to financial members of the Club.	Liquor shall be sold only for consumption away from the premises to financial members only during the following hours: Sun-Fri 1000 - 2200; Sat, Public Holidays 0900 - 2200; no trading on Good Friday or Christmas Day.	Sun 0900-2100; Mon-Thur 1000-2300 Fri 1000 - 2359 Sat 0900 - 2359 No trading on Good Friday or Christmas Day
Jabiru Sports & Social Club	Club	81401108	(a) For consumption on or at the licensed premises by a member of the club or by a visitor in the presence of such a member; (b) For removal and consumption away from the licensed premises only to financial members of the Club.	Liquor shall be sold only for consumption away from the premises to financial members only during the following hours: Sun-Fri 1000 - 2200; Sat, Public Holidays 0900 - 2200; no trading on Good Friday or Christmas Day.	Sun 1100-2300; Mon-Sat 1100-2300 Fridays and Saturdays trading hours extended to 01:00 (the following day) only in conjunction with entertainment. Public Holidays 11:00 and 22:00. No trading on Good Friday or Christmas Day
Gunbalanya Sports And Social Club	Club	81401069	For consumption on or at the licensed premises by a member of the club or by a visitor at the invitation and in the presence of such a member. Authority restricted to beer sales only.		Mon-Thur 1200-1300; 1730-2000; Fri-Sat 1200-1300; 1630-2000. No trading on Good Friday or Christmas Day
Aurora Kakadu	Roadside Inn Unserviced	81201532	Subject to the conditions specified below this licence authorises the sale of liquor for consumption on, at or away from the licensed premises.	Liquor shall be sold only for consumption away from the premises during the following hours: Sun-Fri 10:00-22:00; Saturday & Public Holidays 09:00-22:00; No trading on Good Friday or Christmas Day; Liquor may be sold at any time to bona fide lodgers of the premises or invited guests of the lodger (in the presence of the lodger) for consumption on the premises.	Sun-Sat 0700-2300. The premises may remain open for the sale of liquor after 23:00 hours provided that the other main services of the premises (fuel, food and accommodation) are also made available to the travelling public upon request.

Gagudju Lodge Cooinda	Roadside Inn Unserviced	81200350	Subject to the conditions specified below this licence authorises the sale of liquor for consumption on, at or away from the licensed premises.	Liquor shall be sold only for consumption away from the premises during the following hours:Sun-Fri 10:00-22:00;Saturday & Public Holidays 09:00-22:00;No trading on Good Friday or Christmas Day;Liquor may be sold at any time to bona fide lodgers of the premises or invited guests of the lodger (in the presence of the lodger) for consumption on the premises.	Sun-Sat 1000-2300;The premises may remain open for the sale of liquor after 23:00 hours provided that the other main services of the premises (fuel, food and accommodation) are also made available to the travelling public upon request.
Kakadu Lodge & Caravan Park	Private Hotel	80204630	Subject to the conditions specified below this licence authorises the sale of liquor for consumption on or at the licensed premises.	Liquor shall be sold only for consumption away from the premises to bona fide lodgers during the following hours: Sun-Fri 10:00-22:00; Saturday & Public Holidays 09:00-22:00; No trading on Good Friday or Christmas Day; Liquor may be sold at any time to bona fide lodgers of the premises or invited guests of the lodger (in the presence of the lodger) for consumption on the premises	Sun-Sat 1200-2359.
Gagudju Crocodile Holiday Inn	Public Hotel	80104168	Subject to the conditions specified below this licence authorises the sale of liquor for consumption on, at or away from the licensed premises.	Liquor shall be sold only for consumption away from the premises to bona fide lodgers during the following hours: Mon-Fri 10:00-22:00; Saturday & Public Holidays 09:00-22:00; No trading on Good Friday or Christmas Day; Liquor may be sold at any time to bona fide lodgers of the premises or invited guests of the lodger (in the presence of the lodger) for consumption on the premises	Courtyard Barbecue/ Swimming Pool: Sun-Sat 0600-0200 the following morning; Escarpment Restaurant & Cocktail Bar Sun-Sat 1000-0200 the following morning, subject to meals being available; Ginga's Tavern/Convention Area Sun-Sat 1100-0200 the following morning, subject to meals being available on request; Jim Jim Balcony Bar Sun-Sat 1600-0200 the following morning; Jim Jim Room Sun-Sat 1100-0200 the following morning.

Corroboree Park Tavern	Tavern	80304179	Subject to the conditions specified below this licence authorises the sale of liquor for consumption on or at the licensed premises.	Liquor shall be sold only for consumption away from the premises during the following hours: Sun-Fri 10:00-22:00; Saturday & Public Holidays 09:00-22:00; No trading on Good Friday or Christmas Day.	Sun-Sat 1000-2359.
The Bark Hut Tourism Centre	Roadside Inn Unserviced	81200994	Subject to the conditions specified below this licence authorises the sale of liquor for consumption on, at or away from the licensed premises.	Liquor shall be sold only for consumption away from the premises to bona fide lodgers during the following hours: Sun-Fri 10:00-22:00; Saturday & Public Holidays 09:00-22:00; Liquor may be sold at any time to bona fide lodgers of the premises or invited guests of the lodger (in the presence of the lodger) for consumption on the premises	Sun-Sat 0700-2300. The premises may remain open for the sale of liquor after 23:00 hours provided that the other main services of the premises (fuel, food and accommodation) are also made available to the travelling public upon request.
Wirnwirnmirla (Mary River) Roadhouse	Roadside Inn Unserviced	81204439	Subject to the conditions specified below this licence authorises the sale of liquor for consumption on, at or away from the licensed premises.	Liquor shall be sold only for consumption away from the premises to bona fide lodgers during the following hours: Sun-Fri 10:00-22:00; Saturday & Public Holidays 09:00-22:00; Liquor may be sold at any time to bona fide lodgers of the premises or invited guests of the lodger (in the presence of the lodger) for consumption on the premises Notwithstanding anything contained in this licence, the Licensee at all times shall comply with the formally communicated wishes of the Pine Creek Aboriginal Advancement Association in relation to the sale or supply of takeaway liquor to members of the Kybrook Community.	Sun-Sat 0700-2300. The premises may remain open for the sale of liquor after 23:00 hours provided that the other main services of the premises (fuel, food and accommodation) are also made available to the travelling public upon request.

17 Appendix 2: Trends in liquor purchases by outlets in the Kakadu/West Arnhem region: additional tables

Table 17-1: Liquor purchases by Jabiru outlets (litres)

Year	Wine, Cask	Wine, Bottle	Wine, Fortified	Cider	Spirits, Standard	Spirits, Mixed	Beer, Full	Beer, Mid	Beer, Low	Total liquor	Total abs alc
1994-95	7840	12291	1171	9265	5346	2462	260981		75295	374651	20579
1995-96	7498	12650	1104	7980	5357	4181	254965		85123	378858	20589
1996-97	8459	12692	1426	7232	7157	10735	303486		86078	437264	24205
2000-01	3515	8648	668	5776	4394	7657	151214	10715	36780	229366	12982
2001-02	4105	11154	719	6423	3839	10178	154767	11709	26392	229286	13208
2002-03	2336	11527	598	4998	4228	10010	128817	27918	23176	213607	12262
2003-04	3096	12126	368	4629	4436	10715	125708	43185	20333	224595	12775
2004-05	2510	12687	237	3441	4145	13238	115943	41289	18848	212339	12104
2005-06	1907	11389	304	5376	5095	15386	124242	52773	15523	231995	13175
2006-07	2502	10877	277	5226	5499	22568	125409	62507	15944	250809	14099

Source: NT Licensing Commission

Table 17-2: Liquor purchases by Arnhem Highway outlets (litres)

Year	Wine, Cask	Wine, Bottle	Wine, Fortified	Cider	Spirits, Standard	Spirits, Mixed	Beer, Full	Beer, Mid	Beer, Low	Total liquor	Total abs alc
1994-95	1760	346	102	2157	1739	4958	80875		26601	118537	6138
1995-96	1790	484.89	51	2478.9	1860.2	7841.3	90543		30393	135442	6953
1996-97	1688	396.71	24.1	1857.5	2138.7	8890.7	93692		32399	141086	7272
2000-01	2799	505	29	1530	1031	4982	71344	7029	21978	111227	5597
2001-02	4378	754	20	1989	1231	5788	74970	8694	15984	113808	6015
2002-03	5097	579	43	1530	1058	6255	76080	12794	11690	115126	6088
2003-04	4330	807	75	3023	1908	14983	75135	26970	15572	142802	7433
2004-05	3648	1861	288	2574	2223	19693	73572	35408	18665	157932	8160
2005-06	2400	1104	204	2490	1498	20526	65782	46653	12534	153192	7483
2006-07	3056	950	32	2385	1513	18855	65218	54416	11861	158285	7652

18 Appendix 3: Persons consulted

Surname	Given name	Position
Alderson	Judy	Resident, Spring Peak o/s
Alderson	Philip	Resident, Spring Peak o/s
Alderson	Jessie	Resident, Patonga o/s
Alderson	Bradley	Resident, Patonga o/s
Ashley	Joe	Resident, Manabudurma Town Camp
Avery	Karen	NT Racing, Gaming and Licensing Commission
Barnes	Gary	CDEP Co-ordinator, Gunbalanya
Blawgur	Julian	Resident
Carrick	Pat	ERA
Carine	Fiona	Office Manager, Kakadu Health Service, Jabiru
Cooper	Mark	Food & Beverage Mgr, Gagadju Crocodile Holiday Inn, Jabiru]
Deegan	Samantha	Resident, Jim Jim
Dewar	Graeme	Gunjeihmi Aboriginal Corporation
Duncan	Andrew and Kaye	Managers, Aurora Kakadu Lodge & Caravan Park, Jabiru
Dunne	Wayne	Manager, Jabiru Sports & Social Club
Elsie Smith	Hagar	Resident, Spring Peak o/s
Fitzsimmons	Dana	GP, Kakadu Health Service
Fulcher	Michelle	Consultant to ERA
Garnarradj	Andy	Chairperson, Kunbarrlanjnja Community Government Council
Gardner	Marc	Jabiru Town Council
Gillies	Jeff	General Manager, Gagadju Crocodile Holiday Inn & Gagadju Lodge Coinda
Gray	Peter	A/OIC Jabiru Police Stn
Grey	Sally	RN Student Midwife, Gunbalanya
Hay-Hendry	Rob	Manager, Jabiru Golf Club
Heggie	Hugh	Doctor, Gunbalanya
Humphries	Ross	Manager, Community Relations, ERA
Hunter	Del	Resident, Kurrajong o/s
James	Leon	Alcohol & Other Drugs Coordinator & Mentor, Kakadu Health Service
Jones	Peter	
Kyaw	Ying	A/Business & Information Manager, Licensing & Regulation, Department of Justice (NT).
Laker	Lyn	Outstation (DEMED) Nurse, Gunbalanya
Lamanga	Teresa	Resident, Mudginberri o/s
Lawler	Peter	Govt Business Manager, Gunbalanya
Lawson	Violet	Resident, Paradise o/s
Lindner	Dave	Resident
Magee	Tricia	Women's Health Nurse, Gunbalanya

McKelvie	Peter	General Manager, Aurora Kakadu
Montz	John	Director, Alcohol & Other Drugs Program, NT Dept. Health & Community Services
Muir	Mandy	Resident, Patonga o/s
Newnham	Ian	Chairperson, Jabiru Town Council
O'Brien	Justin	Chief Minister's Department, Northern Territory Government
Ordasi	Lourdes	Substance Misuse & Family Violence Coordinator, Kakadu Health Service.
Paterson	David	ERA
Petterson	Elizabeth	Resident, Spring Peak o/s
Sandford	Marcus	Manager Operations North, Kakadu National Park
Scholz	David	Kakadu Health Service
Skov	Steven	Community Physician, Centre for Disease Control, NT Dept Health and Community Services
Starr	Tom	Owner, licensee, manager of The Bark Hut Tourism Centre
Sullivan	Joanne	Resident, Manabudurma Town Camp
Tuppock	Joan	Health Centre Manager, Gunbalanya
Tyler	Ben	Resident, Patonga o/s
Vigona	Jessica	Resident, Patonga o/s
White	Ian	Northern Land Council
Wood	Vicki	Resident, Mudginberri o/s
Wressell	Jenny	Clinic Manager, Clinic Jabiru Clinic
Wright	Neil	Senior Policy Adviser, Alcohol and Other Drugs Program, Dept Health & Community Services

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