

Introduction: Melbourne Hearing – Inquiry into the harmful use of alcohol in Aboriginal and Torres Strait Islander communities

Research Team & Background

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(apologies Dr Richard Chenhall)

We have been conducting qualitative research on Alcohol Management Plans in northern Australia from 2011 onwards. In this time we have collaborated on related research projects with a range of experts and academics, including: Prof. Robin Room (Univ. of Melb/Turning Point Alcohol & Drug Centre), Prof. Peter d’Abbs (Menzies School of Health Research, NT) & our co-author Dr Richard Chenhall (Snr Lecturer, Centre for Health & Society, University of Melbourne).

Funding

Several institutions have funded our research:

- The University of Melbourne
- The Indigenous Justice Clearinghouse (NSW Department of Attorney General)

- The Lowitja Institute
- The (former) Department of Families, Housing, Communities Services and Indigenous Affairs (now the Department of Prime Minister & Cabinet)
- The Foundation for Alcohol Research & Education

The Research

We are in the final write-up stage of two research projects:

1. Alcohol Management Plans in Indigenous Australia (Lowitja)
2. Alcohol Management Plans: Innovation in Research & Evaluation (FaHCSIA/PM&C)

We also are due to commence another project in the coming months:

3. Alcohol Management Plans in Aboriginal Communities: An ethnographic study (FARE)

We have already conducted multi-sited fieldwork in the Northern Territory in four locations: Alice Springs, Darwin, Katherine and Jilkmिंगgan. This fieldwork included focus groups and interviews with key stakeholders in each location, including: local health sector personnel, night patrols, NT government officials, Community Aboriginal Organisations and non-government advocacy & community groups. We are in the final stages of writing up this research, therefore are yet to publish the final results.

Ethics

All of our research has had formal approval from the University of Melbourne's Health Sciences Human Ethics Sub-Committee prior to commencement.

Key Findings & Issues

Although our research has focused on Alcohol Management Plans, over the course of our research we found it was necessary to broaden our investigation to look at the wider context of alcohol misuse in community and town contexts in the Northern Territory.

Some of the key issues and findings from our research that are relevant to this Inquiry include:

No AMPs under the Stronger Futures in the Northern Territory Act have been signed off

- 22 AMPs developed in communities under the SFNT (some have had community endorsement since 2010)
- None have been authorised
- One sticking point 'safer drinking area'

Safer Drinking Areas

- *Alcohol Protected Areas* (APA) under SFNT: most communities outside of townships are designated as Alcohol Protected Areas, no alcohol to be

consumed – informal drinking camps often established at borders of communities or in unsafe areas – extremely hazardous conditions

- Land tenure is one of the obstacles in establishing ‘safe drinking areas’
- If safe drinking zones established in Alcohol Protected Areas, the Commonwealth would be liable for any deaths or injuries that may occur in such places
- The 4 NT Land Councils could grant long-term leases under the *Aboriginal Land Rights (Northern Territory) Act 1976* [would protect underlying title of TOs potentially resolve issue]

Alcohol Supply

- Floor price –evidence shows its efficacy but strong industry resistance, lobbyists (Australian Hotels Association \$150,000 in political donations leading to last NT election)
- Volume and modes of alcohol supply varies: highly contextual but similar in regional groupings

Regional Issues

- Real need to recognise the links between towns and communities
- AMPs for towns and APA communities fall under different jurisdictions: communities - federal responsibility; towns – NT responsibility
- Outlet proximity to communities & varying restrictions – if you change restrictions (open hrs/volume/type) people will travel to the next closest outlet

- Public bans and place based bans often encourage simple shifting of the problem from one place to another
- Perception of violence/crime perpetrated by itinerant populations – not supported

Child-centred Approaches – with family based responses

- The approach that centralises the child and family as the focus for reducing alcohol-related harms, and especially violence - evidence shows harms from alcohol misuse ripple outwards impacting on others. This approach recognises that some of the greatest harms from alcohol misuse fall on those closest to the drinker.

Complexity and cross-over in Northern Territory & Federal legislation, policy and programs

- Very little understanding in the NT of how alcohol laws/programs/policies intersect due to complexity and ongoing introduction and repeal of legislation/ policy/programs
- People are disengaging from AMP process – constant changes in rules (minimum standards introduced after AMPs were already developed) (AMPs introduced in many towns, then discontinued without many stakeholders knowing they ever existed eg. Alice Springs, Katherine)
- More transparency and communication with communities and stakeholders in towns about AMP approval process
- Stronger Futures in the Northern Territory – Minimum Standards – major issue in the lag time between AMP development in communities and

Minimum Standards rollout – also need to have flexibility for specific contexts.

- Repeal of NT Alcohol Reform Acts in 2013 discontinued – BDR & SMART courts – this decision NOT based on evidence:
 - *2,500 people on BDR when it was abandoned*
 - *After BDR alcohol admissions increased: The Royal Darwin Hospital - 29%, Katherine Hospital – 54%, Gove Hospital - 55%, Tennant Creek Hospital – 107%, and the Alice Springs Hospital – 86% (NT Dep Health)*
- *Alcohol Protection Orders* (Russell Goldflam said around 700 orders in place as of March 2014) – criminalisation issues (breach attracts 3-month jail sentence)
- *Alcohol Mandatory Treatment* (Jul-Sep 2013 - 101; Oct-Dec 2013 - 105; Jan-March 2014 – 105) – no evidence of efficacy, no requirements for organisations as to treatment programs
- Greater need for provision of disaggregated statistics to be provided in a timely manner for remote communities to enable a better understanding the level of alcohol related problems (second order effects)