AADANT

ASSOCIATION OF ALCOHOL AND OTHER DRUG AGENCIES NT

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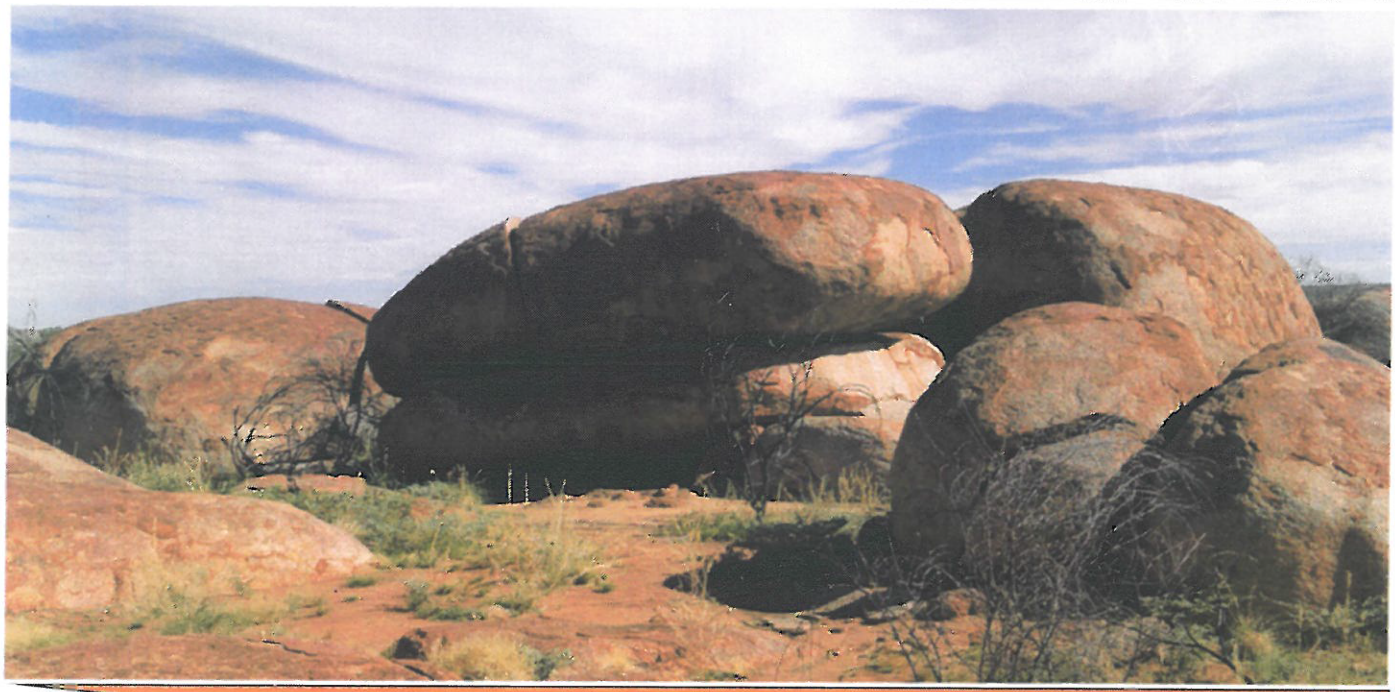

At **AADANT** Our Mission is:

To build and maintain a strong, sustainable and culturally diverse Alcohol and Other Drugs (AOD) sector to reduce alcohol and other drug related harm across the Northern Territory community.

Patterns of supply of, and demand for alcohol in different Aboriginal and Torres Strait Islander communities, age groups and genders

- The NT has a higher per capita intake of Alcohol (3.5litres per year/per person, over the age of 15, more) than the rest of Australia and Internationally.
- Dry Communities:
    - Nearest outlet to purchase and consume alcohol can be hundreds of kilometres away.
    - Alcohol is being consumed illegally.
    - Permits to consume alcohol in the home available.
    - Residents who cannot obtain these permits choose to travel vast distances to purchase alcohol in areas where it is available for sale. E.g. Driving from Ngukurr or Numbulwar to Mataranka.
    - Subsequent intoxication (related expense) results in sleeping rough, reduced hygiene, increased risk of harm, dehydration, hunger.
    - Humbugging – to source food or transport back to community – increased impact on Emergency Relief Providers and community service.
    - Municipal (Council) Staff pick-up empty alcohol beverage containers on a daily basis throughout 'dry' towns and surrounding creeks and riverbanks.
- Without the opportunity to learn responsible drinking behaviour, young people are introduced to alcohol on the side of the road where the behaviour is anything but responsible.
- **Case Study:** Community member reported that his young niece and nephew at 15 years of age had their first drink on the side of the road; they had to fight for more drink (consisting of hot beer) on an unsafe road side. He asked why they couldn't have a club in Barunga so that his kids could learn responsible drinking behaviour and stop the desperate nature of consumption in the drinking areas on the highway.

The social and economic determinants of harmful alcohol use across Aboriginal and Torres Strait Islander communities

- **Stigma and discrimination**
- **Marginalisation**
- **Unemployment** – no real jobs in remote communities
- **Lack of housing or poor standard of accommodation**
- **Health issues**
- **Relationships** - Domestic violence
- **Availability:** Unit price of alcohol is cheaper than water in supermarkets in some areas such as Alice Springs
- **Inadequate Resourcing:** Alcohol Management Plans developed for and by communities, however, implementation is impeded by insufficient resourcing of proposed strategies. Impeding enthusiasm to engage in some communities and unable to produce results.
- **Poverty** and lack of purpose eg employment opportunities
- **Trans-generational trauma** and impact of stolen generation leading to ongoing **mental health** issues

- **Social and Emotional Wellbeing:** Low confidence, low self-esteem and low sense of self-worth resulting from living in a constant state of crisis, poor education, overcrowded houses, lack of personal safety and the constant threat of physical violence.
- **Welfare Dependency:** These barriers inhibit participation in employment-related activities which causes dependency on welfare. Participants who engage in employment related activities from time to time may be perceived as being unreliable.
- **Social responsibility:** No local place to develop a culture of responsible drinking. Prohibition doesn't work.
- **Cultural destabilisation:** Lack of "role models" in communities. Many "leaders" or "Elders" are themselves hard drinkers.
- **Opportunity – real or perceived:** Lack of opportunity, or perception of opportunity, for individuals to improve their lot in life; e.g. no matter how hard someone works, at present there is no opportunity to buy your own home on an Indigenous community or even to rent privately. This condemns everyone to living in horrendous overcrowded conditions which impacts on mental well-being, health and hygiene.
- **Case study:** Borroloola resident cited **housing as the primary problem**. She commented that it was not culturally correct that Aboriginal people wanted to live together and that they prefer a separate space. She felt that current efforts were little more than band aids and until housing crisis was fixed there would be no improvement. She believed that if clients were given the **appropriate training (home and financial management) prior to entering and establishment** that there would be success and reduction in property damage. She noted it would require **long term commitment**. No one is being heard. She felt it was too late for the young people in her community and felt that the best solution was to remove them from the town and give them **professional help** until such time as the client could confidently say...thank you, I can manage on my own now.
  She cited a generational change noting that she was, as a teacher's aide, presently teaching the children of her original students. She commented that **attendance was much lower** and children often attended **under the influence of drugs**. She said a lot of the children were being raised by their grandparents. She commented that the parents had attended school more regularly and were literate and that despite this they spent their time drunk leading to non-attendance from their own children who were mostly illiterate and innumerate.
  She said they had **no hope, nothing to strive for** and that current career promotion was pointless because until they had a home – what was there to strive for.
  She commented that they were lucky to have a "space" at present and in these circumstances how could they see themselves as successful. She did, however, comment that **white education had a definite role to play**.
  She felt that **money disappeared through NGOs** and that the best services would come not from Southern expertise but from utilising **local expertise and knowledge**. She felt **aboriginal people had a role to play** here but did not exclude white people.
  Her solution: creating strong foundations through appropriate housing which required training and support in its implementation and then build other projects around that as the communities strengthened. She felt it was appropriate to be punitive – pay for damage.
  She felt **local aboriginal councils were often corrupt** and that sometimes the **boards did not know how to remove particular individuals** that were not working to benefit the communities.

She talked about the **middle generation not knowing how to cook and clean**. Talked of two girls who worked at motel and asked to have money withheld. Great way to save and avoid family taking the money, however, once they saved $800 they went to Katherine and spent it on clothes and alcohol – reason – **neither had a home, just a space so nothing to be proud of, nothing in town to spend the money on, no place to clean and wash clothes so they just throw them away and buy new.**

Trends and prevalence of alcohol related harm, including alcohol-fuelled violence and impacts on newborns e.g. Foetal Alcohol Syndrome and Foetal Alcohol Spectrum Disorders

- **Abuse:** Aboriginal women in the NT are **82 times** more likely than non Aboriginal women to be hospitalised for injury related to family or domestic violence (alcohol huge contributor).
- **Neglect:** Children- parental neglect and lack of stimulation leads to poor health, nutrition, hygeine and learning difficulties - brain development in early years significant to development of emotional regulation and leads to subsequent behavioural problems in school. Poor educational outcomes follow.
- **Case Study:**
    - 2 deaths on Roper Highway related to the Jilkminggan Drinking area 2012
    - 2 deaths on Central Arnhem Highway 2013
    - Brother kills brother in a drunken dispute in Ngukurr 2013; valued staff member jailed for life.

The implications of Foetal Alcohol Syndrome and Foetal Alcohol Spectrum Disorders being declared disabilities

- **Generational with long term issues:** Incurable and trans-generational (harm done to female foetus in utero) will take generations to address even with education and early intervention. Naming and shaming the mothers by criminalising the use of alcohol during pregnancy is not the answer
- **Declared Disability:**
    - Bring it into focus as a National agenda
    - Reduce pressure on carers
    - Access to disability support providers
    - Centrelink support.

Best practice treatments and support for minimising alcohol misuse and alcohol-related harm

- Education
- Counselling – including outreach counselling.
- Rehabilitation - rehabilitation and detoxification facilities that have well established partnerships with community development programs so that the service system reflects the broad spectrum of needs.
- Peer Support Initiatives: Strong community leaders needed who act responsibly as they are the role models who can help those caught up in the cycle of abuse.
- Community based critical support services (Counselling, Rehabilitation) need to be community based where families are more able to support the person/s.

- Early Intervention –
    - Investing in Family Support work; particularly where family violence is an issue, AOD abuse can also be addressed.
    - Family support can involve counselling, advocacy, referral and case management.
    - CCNT utilises a "Family Coping" model of intervention which acknowledges the central place of the family within the culture and identifies the family as the place for intervention, sustained prevention and community education.
- Improve early child hood programs
- Social and Emotional Wellbeing Programs
- Supporting treatment facilities - assisting people along the spectrum of treatment by working with people who are both pre and post contemplative.
- Correctional Programs: both pre and post release, providing support along a continuum assisting with the stages of change relative to the model of addiction.
- Outreach programs with flexible service delivery - essential aspects and the model of "place based service delivery" are more effective in producing sustainable support rather than the 'fly in fly out model'.
- Group and family Programs

Best practice strategies to minimise alcohol misuse and alcohol-related harm

- Community Capacity Building
- Community Service Employee Accommodation and Traineeship program – provision of accommodation (low rent) to comm. service employees to provide delivery to communities.
- Traineeship – utilise southern university graduates to gain experience and provide employee bank.
- Development of community AMPs from within community (with support from above employee bank)
- Fundamental living standards:
    - Access to food and drinking water
- holistic framework
- Control supply
- licensing restrictions
- Education programs
- Media – education and marketing
- Meaningful alternative activities and opportunities
- Employment and training opportunities
- Provide a local club where responsible drinking is practiced;
    - Have alcohol supplied in conjunction with food and entertainment (local musicians playing gigs – small business opportunity) - money stays in the community and goes towards supporting local sports groups and community projects.
- The opportunity to participate in SPORT. E.g. Borroloola Cyclones have numerous players with alcohol addiction issues but are at their best when they have the opportunity to participate in structured sports, and choose to play rather than drink.

- Government backing – thorough consultation and communication – industry round table.
- Effectively engaged and motivated communities.
    - Discovering what can be a motivating factor for someone to address their substance misuse often takes time and an ability to develop trust and respect both on an individual and community level.
- Funding
    - Proposals which span 3 – 5 years rather than 'one off' or twelve month funding cycles.
    - Funding packages which incorporate evaluation as a separate expense/activity. Evidence based practices are the most legitimate form of treatment, however often NGO's have limited resources/expertise to ensure that their programs are properly evaluated.
- Utilise existing community resources (requires considerable investment) particularly in the areas of workforce development and infrastructure.
- 'Mentors' in remote locations provided with training and role modelling so that staff are familiar with not only the impact of AOD abuse, but the associated causal factors.
- Health Promotions and Well Being activities – raising awareness of alternatives to a life dominated by AOD abuse.
- Group activities - facilitate peer support and encouragement which over time can provide strength and resilience through knowledge and ownership.

Best practice identification to include international and domestic comparisons.

No feedback provided from the sector.