



Submission to the Inquiry into the Harmful use of Alcohol in Aboriginal and Torres Strait Islander Communities

The Northern Territory Context

Alcohol consumption in the NT over the past decade has been upwards of 15 litres of pure alcohol per person aged over 15 with the most recent 2012-13 figures suggesting it has dropped a little to 12.84 litres of pure alcohol.¹ Both of these figures are significantly higher than the latest national 2011-12 estimate of 10.1 litres of pure alcohol.² If the NT were its own country, it would rank as one of the highest consumers of alcohol in the World.³

NT Indigenous consumption patterns reveal that half of the population aged 15 and over do not drink at all as opposed to the equivalent Australian Indigenous population percentage of only 35%.⁴ This would indicate that in the NT, a smaller group of the Indigenous population is consuming the alcohol yet the average consumption levels are higher than in other jurisdictions. For those consumers that do drink the levels of consumption are at extremely high levels. This partly explains why in the NT, the mortality rate for Indigenous alcohol-related conditions is 9-10 times that of the Australian average.⁵

¹ *Wholesale Alcohol Supply to June 2013*. Department of Business, Northern Territory Government, http://www.dob.nt.gov.au/gambling-licensing/liquor/Documents/wholesale_alcohol_supply_201306.pdf accessed on 6 March 2014, p.3.

² *Apparent Consumption of Alcohol, Australia, 2011-12*. Catalogue No. 4307.0.55.001, September 2013, Australian Bureau of Statistics, Canberra: Commonwealth of Australia.

³ *Global status report on alcohol and health*. World Health Organisation, Switzerland, 2011, Appendix 3 p.273-277.

⁴ *National Aboriginal and Torres Strait Islander Social Survey, 2008*. Catalogue No. 4714.0, April 2010, Australian Bureau of Statistics, Canberra: Commonwealth of Australia.

⁵ How much is too much? Alcohol consumption and related harm in the Northern Territory. *Medical Journal of Australia* 193(5), p.269-272.



The alcohol policy context for Indigenous people living in the NT is the most complex in Australia. Contained in the Northern Territory *Liquor Act* are a myriad of options to allow the community and individuals, through the NT Licensing Commission, to restrict the consumption and supply of alcohol in varying degrees in areas as large as whole communities or as small as single houses. This can include a regime of permits for the purchase of alcohol in these areas. The broad legislative framework for this has been in place for around 30 years. It gave those communities and individuals the autonomy to decide if alcohol abuse was at such a level to necessitate a supply and/or consumption restriction response.

The advent of the Australian Government's Northern Territory Emergency Response in 2007 and its accompanying legislation the *Northern Territory National Emergency Response Act 2007* (Cth) (NTER Act), had a profound impact on the way these restriction options operated. Effectively, overnight all *Aboriginal Land Rights (Northern Territory) Act 1976* (Cth) defined land and Town Camps (approximately 50% of the NT's land mass⁶) became 'prescribed areas' under the NTER Act. The effect of the legislation was to, amongst other things, ban the supply and possession of alcohol in those 'prescribed areas'. This had huge political and societal impacts over a very short period of time. It meant that areas that had specific restrictions that may not have completely prohibited alcohol, along with areas with no restrictions at all, were suddenly faced with prohibition.

This policy framework was then superseded by the Stronger Futures in the Northern Territory package which included the *Stronger Futures in the Northern Territory Act 2012* (Cth). However, most of the alcohol measures remain the same. The term 'prescribed areas' has been replaced with 'alcohol protected areas', however, the same coverage area still applies. There is also further legislative scope to develop Alcohol Management Plans in those 'alcohol protected areas' allowing the community some input into measures aimed at tackling alcohol-related harm. These plans have the ability to alter the restrictions placed on possession and supply of alcohol in specific 'alcohol protected areas'.

In addition to Australian Government policy on alcohol, the NT Government in recent years has also introduced a number of initiatives in an attempt to reduce high-risk consumption of alcohol and the harm associated with it. One of those initiatives included the Substance Misuse Assessment and Referral for Treatment (SMART) courts, which dealt with criminal matters where the substance misuse was an element of the offending and looked at ways of addressing the underlying cause of the crime. That included orders for treatment, counselling and/or bans on the purchase of alcohol.

Another program was the introduction of the *Banned Drinkers Register*, which is a system whereby a person who has alcohol misuse problems can be placed on the register and can no longer purchase takeaway alcohol from any licensed premises. In more recent times alcohol policy has been reformed with the changing of NT Governments in 2012. The previous initiatives ceased and the focus on alcohol policy now is to place people who have repeatedly been placed into alcohol related protective custody within a two month time-frame, into mandatory alcohol rehabilitation. Alcohol Protection Orders (APO) have also been implemented and can be issued by courts where an offence involves the misuse of the

⁶ <http://www.nlc.org.au/articles/info/what-does-the-northern-land-council-do/> accessed on 6 March 2014.



alcohol. It effectively bans that person from consuming alcohol and they commit an offence if they breach the order.

Safety and Wellbeing of Children

Indigenous children in the NT face a daunting array of developmental challenges in utero, as infants, and throughout childhood. These include high rates of diseases such as otitis media, anaemia, and respiratory illness; maternal ingestion of harmful substances in pregnancy; overcrowded living conditions; exposure to cigarette smoke in the home; exposure to high rates of family and community violence; high levels of vulnerability to abuse and neglect; and poor nutritional intake.⁷

The misuse of alcohol has substantial health and social impacts for the individual. The outcome of this places a huge burden on public emergency services including police, ambulance and hospital emergency departments.⁸ The levels of high-risk consumption in the Indigenous population in the NT only make this public burden and the negative outcomes for the individual even more profound. However, it also has very dire consequences for the most vulnerable in our community. For example, in 2009-10 Indigenous females were admitted to hospital in the NT as a result of assault at a rate of 24.1 per 1,000 or 842 instances. The equivalent non-indigenous rate was 0.3 per 1,000 or 27 instances.⁹ This effectively means that Indigenous women in the NT are 80 times more likely to be admitted to hospital for assault than non-indigenous females; they are almost 50 times more likely than any Australian female.¹⁰

A large portion of these assaults (59.6% in 2012-13 and around 60% over the last five years) are associated with alcohol consumption.¹¹ The latest data on alcohol related assaults show that in the 12 months ending January 2014, the NT had a rate 1,956.5 offences per 100,000. Of particular concern are areas like Alice Springs, Katherine, and Tennant Creek, with rates of 4,703, 4,807 and 15,457 respectively.¹² By any measure are extraordinarily high and further illustrate the pervasive impacts of alcohol use on the safety of the community.

The witnessing of these extreme levels of familial and community violence has a substantial impact on a child's neurological development and impairs the child's ability to 'regulate internal states like fear, anger, and sexual impulses'.¹³ It is this inability to regulate emotions that leads, for example, to a minor frustration rapidly escalating into rage; anxiety descending into terror; or sadness morphing into overwhelming grief. Add any other

⁷ Developing Practice (2011). Association of Children's Welfare Agencies and NSW Family Services Inc. Sydney, p. 4-17.

⁸ Collins DJ & Lapsley HM (2002). *Counting the cost: Estimates of the social costs of drug abuse in Australia 1998-99*, Canberra: Commonwealth Department of Health and Ageing.

⁹ Australian Institute of Health and Welfare analysis of the National Hospital Morbidity Database

¹⁰ Ibid

¹¹ Department of the Attorney-General and Justice, Northern Territory Government (2013). Northern Territory Quarterly Crime Statistics, June Quarter 2013, Darwin, p.26.

¹² Department of the Attorney-General and Justice, Northern Territory Government (2014). Northern Territory Crime Statistics, Data through January 2014, Darwin, p.34-36.

¹³ van der Kolk, B. (2005). Developmental Trauma Disorder: towards a rational diagnosis for children with complex trauma histories. *Psychiatric Annals*, 33(5), p.403.



deregulating elements such as alcohol, head injury or group contagion, and the problem is greatly exacerbated.

Researchers such as Vincent Felitti have argued that *'many of our most intractable public health problems are the result of compensatory behaviours such as smoking, overeating, and alcohol and drug use, which provide partial relief from the emotional problems caused by traumatic childhood experiences.'*¹⁴ In the NT, the deep social problems that the indigenous communities face coupled with high alcohol consumption, makes the impact of trauma even more pervasive.

Even before they are born, widespread alcohol use is blighting the physical and mental development of numerous children, condemning them to lives of marginalisation and dependence. An unconscionable number of children are being intellectually impaired for life; many are being maltreated; and many are ending up in the mental health and justice systems.

Measuring the Impact of these Hazards

On every available measure of safety and wellbeing, Indigenous children in the NT lag well behind those in other jurisdictions. Around forty-three per cent of our children are Indigenous.¹⁵ These children are less safe, less healthy, and less likely to attend school than Indigenous children elsewhere in Australia. They are three times more likely to die in infancy than other Australian children¹⁶ and are more likely to die from accidents.¹⁷

A crucial measure of development that we have in Australia now is the Australian Early Development Index (AEDI). The AEDI is a population measure of children's development as they enter school (Year 1). It is an adapted version of the Canadian Early Development Instrument, developed in response to communities' increasing interest in knowing how their children are developing.¹⁸ It allows us to compare the wellbeing of children in different parts of Australia on five developmental domains, being communication skills and general knowledge, emotional maturity, language and cognitive skills, physical health and wellbeing, and social competence. Children who score in the lowest ten percentile in a domain are considered to be developmentally vulnerable in that domain. Importantly, if a child is deemed to be vulnerable in two or more domains they require special assistance to succeed in school.

¹⁴ Felitti, V. & Anda, R. (2010). 'The relationship of adverse childhood experiences to adult medical disease, psychiatric disorders and sexual behaviour: implications for healthcare'. In R. Lanius and C. Pain (Eds), *The impact of early life trauma on health and disease: The hidden epidemic*, p.86. Cambridge University Press.

¹⁵ Australian Bureau of Statistics. *Population Projections, Australia - Population projections, By age and sex, Northern Territory - Series B, September 2008*, Cat. No. 3222.0, Canberra and *Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, September 2011, 1991 to 2021 - Series B* (made available through specific request), Cat. No. 3238.0, Canberra.

¹⁶ Northern Territory Child Deaths Review and Prevention Committee (2013). *Annual Report 2012-2013*, Northern Territory Government, Darwin, p.44.

¹⁷ Ibid p.52.

¹⁸ <http://www.aedidata.com.au/docs/default-source/public-library/aedi-data-linkage-policy.pdf?sfvrsn=4> accessed on 10 April 2014.



Across Australia in 2012, 10.8 per cent of all children have two or more developmental vulnerabilities. That number increases for Indigenous children to 26 per cent so that around one in four children experience these multiple vulnerabilities.¹⁹ In the NT for the same measure, the non-indigenous rate is slightly below the national average at 10.2 per cent, however, the rate increases to 38 per cent for Indigenous children who have multiple vulnerabilities.²⁰ In the very remote regions where the majority of NT Indigenous children live, it increases to almost 50 per cent.²¹

What this suggests is that at five years of age, the accumulating developmental hazards affecting Indigenous children in the NT have exacted a terrible toll and their prospects for a happy productive life are significantly impaired. It also identifies the substantial burden on the education system in adequately supporting and educating children where these vulnerabilities exist.

Child Protection and Youth Justice Implications

The NT Children's Commissioner deals with largely with the child protection and youth justice systems. In the NT, these systems are effectively dominated by Indigenous children with approximately 83 per cent of all children in out-of-home care being Indigenous²² along with between 89 to 100 per cent of those in youth detention over the last four years.²³ Invariably, alcohol is one of the main direct and indirect precursors behind the contact with these systems.

The majority of cases that come into contact with the child protection system are ones of neglect. The well-known local journalist Paul Toohey, referring to the NT Intervention, is quoted as saying that the problem is not essentially one of 'rapists in communities; it was and remains one of mass parental alcohol neglect'²⁴. The data and the experience of many service providers suggest he may be right. In fact, almost half (47%) of the substantiations of harm in 2012-13 in the NT related to neglect and 35 per cent related to emotional abuse which frequently involves children witnessing domestic violence – alcohol is frequently involved in both of these maltreatment types.²⁵ Only one per cent of substantiations in the NT involved sexual abuse as the primary harm type.²⁶

In a recent study of children on child protection orders in the NT who had been neglected, emotionally and physically abused, and sexually exploited, 86 per cent of the cases involved

¹⁹ Department of Education and Children's Services, Northern Territory Government (2013). Northern Territory AEDI 2012 results. Specific data provision.

²⁰ Ibid

²¹ Ibid

²² Office of the Children's Commissioner (2013). Annual Report 2012-2013, Children's Commissioner Northern Territory. Office of the Children's Commissioner, Northern Territory Government, Darwin, p.61.

²³ Australian Institute of Health and Welfare (2013). Youth detention population in Australia 2013. Juvenile Justice Series no. 13. Cat. no. JUV 31. Canberra: AIHW, p.51.

²⁴ Paul Toohey, NT News Sunday Territorian, 5 May 2013.

²⁵ Office of the Children's Commissioner (2013). Annual Report 2012-2013, Children's Commissioner Northern Territory Government, Darwin, p.52.

²⁶ Ibid



problematic parental alcohol use by one or both parents.²⁷ In addition, many the complaint cases that the Office of the Children's Commissioner deals with involve parental alcohol abuse as a significant factor. Although there are no specific studies around alcohol abuse and its role in the youth justice system in the NT, Weatherburn's compelling research suggests that neglect substantiations (in which alcohol is frequently a factor) are the strongest predictor of involvement in the youth justice system.²⁸

The Way Forward

The problem of risky alcohol consumption is a 'wicked' one that must be actively tackled on many levels. The necessary response components include a focus on the underlying drivers of demand, community education, the treatment of those with dependence, the protection of those who are vulnerable to alcohol-related harm and abuse, restrictions on the availability of alcohol, and effective regulation.

Improvements are urgently needed to our responses at all of these levels, but one area of policy stands out as needing the most urgent and robust attention and that relates to the readily availability of alcohol in many areas of the NT.

There are three related and incontrovertible facts that call for a response:

1. There is a deep reservoir of demand that is driving consumption. In line with national trends there has been a slight overall decline in overall NT consumption, however, there has been **no decline** in the dangerous drinking that is destroying the lives of countless men women and children. The available data (such as for alcohol related assaults) suggest that the demand is as strong as ever.
2. There is a ready supply of alcohol to meet the demand, both from legal and illegal sources – and those who are compelled to drink will do so as long as alcohol is available.
3. The drivers of this overwhelming demand are numerous and complex and include catastrophic historic, social and cultural upheaval as well as more personal factors such as alienation, emotional pain, lack of opportunity and anomie. These are much harder to address than the restriction of supply – ameliorative measures are significantly more costly, more complex, and take much longer to implement. Positive outcomes of therapeutic interventions are modest at best and will benefit relatively few addicts.

The NT is not a 'normal' jurisdiction. The statistics on alcohol-related harm suggest that an extraordinary level of harm has been caused to several generations and we need extraordinary measures to prevent this harm. It is clear that if this harm is to be addressed,

²⁷ Walker P (2014) Prenatal Alcohol exposure among children in the Child Protection system in the Northern Territory, unpublished conference paper.

²⁸ Weatherburn, D. & Lind, B. (1997). Social and economic stress, child neglect and juvenile delinquency. New South Wales Board Bureau of Crime Statistics and research. Attorney General's Department, Sydney, NSW.



then there must be a **radical approach to the restriction of supply** such as is routinely accepted with other dangerous substances.

This must include effective regulations that impose 'floor' prices, clear restrictions on supply in terms of targeted high risk drinkers, places and times, and effective policing. It goes without saying that such measures should be developed in close consultation with the Indigenous population of the NT. On the evidence from the two NT Indigenous alcohol summits held in late 2013, it is clear that a significant restriction of supply is the will of the vast majority of the Indigenous communities across the NT.

We cannot passively accept the extraordinary human devastation being caused because we are afraid of being accused of 'paternalism', do not want to offend the alcohol industry, or are worried about the 'inconveniences' that supply restriction will bring to the wider population. While decision-makers continue to 'fiddle' around the periphery of the problem the tragedy of the stolen generations is rapidly being eclipsed by that of the generations lost to alcohol.

Northern Territory Children's Commissioner

15 April 2014.

