

Dr Sharman Stone
Chair, Standing Committee on Indigenous Affairs

CC: Committee members:

Hon Warren Snowdon MP (Deputy Chair) (Australian Labor Party, Lingiari, NT)
Mr Andrew Giles MP (Australian Labor Party, Scullin, Vic)
Ms Michelle Landry MP (The Nationals, Capricornia, Qld)
Hon Shayne Neumann MP (Australian Labor Party, Blair, Qld)
Mr Graham Perrett MP (Australian Labor Party, Moreton, Qld)
Ms Melissa Price MP (Liberal Party of Australia, Durack, WA)
Mr Rowan Ramsey MP (Liberal Party of Australia, Grey, SA)
Ms Fiona Scott MP (Liberal Party of Australia, Lindsay, NSW)
Mr Bert van Manen MP (Liberal Party of Australia, Forde, Qld)

15 February 2014

KALACC Submission to the Inquiry into the harmful use of alcohol in Aboriginal and Torres Strait Islander communities

Dear Ms Stone,

Please find attached the submission from the Kimberley Aboriginal Law and Culture Centre [KALACC] in response to the Committee's current inquiry in to the harmful use of alcohol in Aboriginal and Torres Strait Islander communities

KALACC was instrumental in regards to the actions of the Western Australian Coroner, Justice Alistair Hope, undertaking three major Coronial Inquests in to deaths in the Kimberley region of Western Australia. We also provided significant input in to the deliberations of the Western Australian Liquor Licensing Commissioner in regards to the introduction of Alcohol Restrictions in the community of Fitzroy Crossing.

There is an enormous amount of information already available in relation to this issue and one can be confident that the Committee will receive a great many submissions. Given this reality, KALACC will limit its focus in this submission to:

- Summarising and bringing to the Committee's attention some key recommendations and findings from previous Inquiries in to this and related matters;
- Drawing particular attention to youth issues and the need for strategies to support Aboriginal youth.

Regards

Wes Morris

KALACC Coordinator

Inquiry Terms of Reference:

The Committee will inquire into and report on:

- Patterns of supply of, and demand for alcohol in different Aboriginal and Torres Strait Islander communities, age groups and genders
- The social and economic determinants of harmful alcohol use across Aboriginal and Torres Strait Islander communities
- Trends and prevalence of alcohol related harm, including alcohol-fuelled violence and impacts on newborns, eg Foetal Alcohol Syndrome and Foetal Alcohol Spectrum Disorders
- The implications of Foetal Alcohol Syndrome and Foetal Alcohol Spectrum Disorders being declared disabilities
- Best practice treatments and support for minimising alcohol misuse and alcohol-related harm
- Best practice strategies to minimise alcohol misuse and alcohol-related harm
- Best practice identification to include international and domestic comparisons

Previous Inquiries and Related Processes Referred to in this Submission

- 1.a WA Coroner, *Coronial Inquest Report* in to 22 deaths, February 2008
- 1.b WA Coroner, *Coronial Inquest Report* in to 5 deaths at Oombulgurri Community, July 2008
- 1.c WA Coroner, *Coronial Inquest Report* in to 5 deaths at Balgo Community, October 2011
2. Western Australian Parliament Standing Committee on Health and Education, 17 March 2011
Report - ***ALCOHOL RESTRICTIONS IN THE KIMBERLEY: A 'WINDOW OF OPPORTUNITY' FOR IMPROVED HEALTH, EDUCATION, HOUSING AND EMPLOYMENT***
3. National Indigenous Drug and Alcohol Committee ***Bridges and barriers: Addressing Indigenous Incarceration and Health***, Revised Edition 2013
4. Close the Gap Campaign Steering Committee ***Close the Gap Progress and priorities report 2014***

Executive Summary

On 13 November 2013 the Legislative Assembly of the Western Australian Parliament unanimously passed a resolution calling on all governments to do more to address the tragic situation of Aboriginal suicide in the Kimberley.

Across January 2006 to January 2007 there were some 13 suicides in the small community of Fitzroy Crossing in the Kimberley, Western Australia. In 2007 the Kimberley Aboriginal Law and Culture Centre [KALACC] wrote to the Western Australian Coroner, Justice Alistair Hope, calling on him to undertake a major Coronial Inquiry process to determine reasons for this tragic situation. He agreed to this and brought down his report in February 2008. Thereafter, the Coroner has also undertaken subsequent, separate inquests in to 5 deaths in the community of Oombulgurri and 5 deaths in the community of Balgo. In relation to the 21 deaths investigated in 2007, the Coroner has commented that

Of the 21 suicide deaths in 2006, there are only two cases in which alcohol or cannabis was not detected by toxicological examination of the blood. In 16 of the 21 cases the blood alcohol level of the deceased was in excess 0.15%, three times the maximum permissible level for driving a motor vehicle

Given the extremely high correlation between alcohol and suicide, it is appropriate that KALACC at this time make this submission to the Commonwealth Inquiry in to the harmful use of alcohol in Aboriginal and Torres Strait Islander communities. But we do so at the end of the week in which the annual *Closing the Gap Report* has been delivered in Federal Parliament by the Prime Minister, Tony Abbott. And we note the publication of the annual Close the Gap Campaign Steering Committee **Close the Gap Progress and Priorities Report**. Three of the key messages in the *Progress and Priorities Report* are that:

- Aboriginal health cannot be viewed in isolation from the social determinants of Health and from the other Closing the Gap Building Blocks;
- community empowerment programs were identified as potentially effective strategies for enhancing social and emotional wellbeing and addressing suicide risk factors, especially among young people;
- there is a need to develop specific COAG Closing the Gap Targets in relation to incarceration rates and community safety

KALACC notes that there is a veritable wealth of information already available in regards to the harmful use of alcohol in Aboriginal and Torres Strait Islander communities. Some of the sources of this information are in the three Coronial Inquest Reports produced by the WA Coroner, in the 17 March 2011 report of Inquiry from the Western Australian Parliament in to *Alcohol Restrictions in the Kimberley*, and in the *Bridges and Barriers Report* produced by the National Indigenous Drug and Alcohol Committee.

It is KALACC's observation that such reports contain a great many very good and worthwhile recommendations that Government(s) simply fail to act on. We note that the first two of the Terms of Reference for this current Inquiry are as follows:

- Patterns of supply of, and demand for alcohol in different Aboriginal and Torres Strait Islander communities, age groups and genders
- The social and economic determinants of harmful alcohol use across Aboriginal and Torres Strait Islander communities

We welcome an inquiry in to supply and demand issues. But we seek in this submission to draw attention more particularly to the issue of the social determinants of harmful alcohol use.

Having commenced this submission with reference to the issue of suicide, we now conclude with a return to the same issue of suicide. The Western Australian Government has allocated some \$22.47 million towards the clinical and therapeutic treatment of Aboriginal people with severe and persistent mental illness. But across three Coronial Inquest Reports, Coroner Alistair Hope brought down some 35 recommendations and only three of these 35 related to clinical mental illness. Meanwhile, in December 2013 Professor Michael Chandler [who is cited in the **2014 Close the Gap Progress and Priorities Report**] released an academic journal article entitled **Cultural Wounds**. He concludes that article as follows:

if suicide prevention is our serious goal, then the evidence in hand recommends investing new moneys, not in the hiring of still more counsellors, but in organized efforts to preserve Indigenous languages, to promote the resurgence of ritual and cultural practices, and to facilitate communities in recouping some measure of community control over their own lives.

The Western Australian Coroner, in February 2008, highlighted the extremely high statistical correlation between alcohol and suicide. But that fact on its own does not in any way logically lead to the conclusion that what is required is clinical therapeutic interventions, either of the Mental Health variety or of the Alcohol and Other Drugs Variety. Professor Chandler's maxim is Cultural Wounds Require Cultural Healing. This is a message that government(s) are exceedingly slow in hearing. It is not an isolated message from KALACC. It is not an isolated message from an elderly Professor from Canada. The same message is to be found clearly written, amongst other places, in the **2014 Close the Gap Progress and Priorities Report**.

We hope that this is a message which the Aboriginal Affairs Standing Committee will hear loudly and clearly. To put this message in to specific context, you will note in the following pages that the Yiriman Project, auspiced by KALACC, was specifically endorsed and recommended by the WA Coroner in his **Balgo Inquest Report** of 2011 and by the WA Parliamentary Committee Report of March 2011. Yiriman won first place in the Indigenous Governance Awards. One of the members of your committee is the Hon Warren Snowdon MP. In his capacity as Minister for Aboriginal Health, Mr Snowdon presented this award to Yiriman in October 2012. Yet, there is no secure funding for a national award – wining program such as Yiriman and there is every prospect that this highly successful program which has run for 13 years, could be shut down as of 30 June 2014.

KALACC notes that the **2014 Close the Gap Progress and Priorities Report** is calling for specific progress to be made in regards to the implementation of the **National Aboriginal and Torres Strait Islander Health Plan** and in regards to the **National Aboriginal and Torres Strait Islander Suicide Prevention Plan**. To date, there has been little in the way of tangible implementation of either of these plans. KALACC's experience is that consideration of our requests for support for the Yiriman Project disappear in to a policy vacuum in Canberra. It is our hope that if there is tangible implementation of the Health Plan and of the Suicide Prevention Plan, then at some future time our requests for support for Yiriman will be properly considered from within the framework of an overarching commitment towards improving Aboriginal Health, a framework that recognised the central role that culture plays in regards to promoting Aboriginal social and emotional well being.

- 1.a WA Coroner, *Coronial Inquest Report* in to 21 deaths, February 2008
- 1.b WA Coroner, *Coronial Inquest Report* in to 5 deaths at Oombulgurri Community, July 2008
- 1.c WA Coroner, *Coronial Inquest Report* in to 5 deaths at Balgo Community, October 2011

Findings by Justice Alistair Hope

The following is an extract from a speech given by Justice Hope at the 2009 Billard, Blank Page Suicide Prevention Summit in 2009, following the Coroner's major February 2008 Coronial Inquest Report:

Alcohol Involvement

The inquest that was conducted in 2008 revealed that there was a very high correlation between death by self harm and alcohol or cannabis abuse. Of the 21 suicide deaths in 2006, there are only two cases in which alcohol or cannabis was not detected by toxicological examination of the blood.

In 16 of the 21 cases the blood alcohol level of the deceased was in excess 0.15%, three times the maximum permissible level for driving a motor vehicle.

In 11 of these cases the blood alcohol level was in excess of 0.2% which is an extremely high reading.

The association between alcohol and suicide has been established by a number of population and clinical studies.

The impact of alcohol abuse in this context should not be underestimated. As well as having a direct involvement in a number of the deaths, problems associated with alcohol abuse impact on every aspect of life for many people.

Alcohol and drugs have provided an escape for many and as such are a symptom of the problems encountered, but have also become a problem in their own right.

The following is an extract from pages 38 and 39 of the Coroner's *October 2011 Inquest Report* in to 5 deaths in the community of Balgo:

One organisation which has been particularly active in maximising diversions from the justice system and addressing problems such as petrol sniffing and alcohol abuse is the Kimberley Aboriginal Law and Cultural Centre (KALACC) located in Fitzroy Crossing. KALACC has been involved in a successful diversionary program for indigenous youth known as the Yiriman Project.

Yiriman has the objectives of immersing young people in a cultural framework and building community relationships and capacity. The Yiriman program involves indigenous elders working with youth, it is culturally based and community owned. Its prime means of engaging with youth is through intensive "cultural camps" in the bush.

KALACC is in the process of presenting a case to government for funding in order to extend the Yiriman program to address this issue directly.

While there clearly needs to be close supervision of any government funding, it also needs to be recognised that there are a limited number of organisations which are able to engage with indigenous elders in Aboriginal communities in order to provide such culturally based, community owned programs.

Recommendations by Justice Alistair Hope

The following recommendation can be found on page 40 of the Coroner's *October 2011 Inquest Report* in to 5 deaths in the community of Balgo:

Recommendation No. 2

I recommend that the State Government consider funding, or at least working with Aboriginal organisations such as KALACC, to provide culturally based solutions that address the issues of substance abuse and youth justice diversionary schemes.

I further recommend that consideration be given to relaxing the tendering procurement process in appropriate cases in recognition of the fact that the organisations which are capable of providing such services are very limited in number.

2. Western Australian Parliament Standing Committee on Health and Education, 17 March 2011 Report - ***ALCOHOL RESTRICTIONS IN THE KIMBERLEY: A 'WINDOW OF OPPORTUNITY' FOR IMPROVED HEALTH, EDUCATION, HOUSING AND EMPLOYMENT***

The Terms of Reference for this State Parliamentary Inquiry in 2010 – 2011 were as follows:

- (1) To inquire into the adequacy and appropriateness of prevention and treatment services for alcohol and illicit drug problems in Western Australia, with particular reference to:
 - (a) the evidence base, content, implementation and resourcing (including professional training) for health education and other interventions on alcohol and illicit drugs for school-aged students;
 - (b) the evidence base, adequacy, accessibility and appropriateness of the broad range of services for treatment and support of people with alcohol and drug problems and their families, and the most appropriate ways to ensure integrated care; and
 - (c) the adequacy of the current education and training of medical and allied health professionals in the alcohol and drug field.
- (2) To inquire into the impact on communities, and the social costs, of alcohol and illicit drug problems in Western Australia.
- (3) To report to the House by 26 May 2011.

The following are some of the findings from the Committee of Inquiry:

Data from DAO show that the Kimberley has nearly twice the State per capita average for consumption of alcohol; four and a half times the level of alcohol-related hospitalisation; and nearly three times the level of alcohol-caused deaths than the State average. The lifespan of an Indigenous person in the Kimberley is less than that of a person living in Perth. While death certificates do not show alcohol as the cause of death, many witnesses felt that it is an antecedent factor and has influenced early death rates in the Kimberley. Page xviii

Data provided by the Drug and Alcohol Office showed that nearly 20% of people in the Kimberley over the age of 14 years drank alcohol in 2004-05 at a level that was risky or a high risk of long-term harmful impact on their health, with 42% at levels that would create short-term harm. This data shows the region has:

- nearly twice the State average for per capita consumption of alcohol;
- four and a half times the level of alcohol-related hospitalisation than the State average; and
- nearly three times the level of alcohol-caused death than the State average.

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The Committee believes that, given the scope of the social and health problems remaining in the Kimberley, additional funds are urgently needed to take advantage of the break from heavy drinking or what might be described as a ‘window of opportunity’ provided by the existing restrictions. Funds provided in areas where liquor restrictions are now in place need to be delivered in consultation with the local communities. Working together the government and the local communities can ensure that those in need are provided for. Page XXVi

The report concludes with a consideration of the evidence from Lt General Sanderson that the cost to the State justice system could be as high as \$500-600 million per year for Indigenous programs spent overcoming the impact of alcohol and illicit drugs. Western Australia’s Chief Justice has recently described the interaction between the State’s Indigenous population (particularly juveniles) as ‘tragic’ and the situation in this State “is significantly worse than in any other part of the country. In terms of rates of juvenile detention and remand in custody, we have the highest rates in the nation”. The other concern for the Chief Justice is that “punitive responses in this area have not worked.”

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Finding 5

The Yiriman program was recommended by the Education and Health Standing Committee in the previous Parliament as one that should receive additional support and be used as a model for other regions as over a number of years it had shown itself to be effective. This recommendation was accepted by the previous government, but no commitment for funding was provided as the Government went into care-taker mode, and the program remains under-resourced. The Senate’s Community Affairs References Committee’s 2010 report *The Hidden Toll: Suicide in Australia* highlighted the successful outcomes of the Kimberley Aboriginal Law and Cultural Centre’s Yiriman program.

Recommendation from the Western Australian Parliament Standing Committee on Health and Education

Recommendation 9

The Government provide additional funding to allow the Yiriman program to extend their operations across the Kimberley.

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3. National Indigenous Drug and Alcohol Committee *Bridges and barriers: Addressing Indigenous Incarceration and Health*, Revised Edition 2013

Some of the findings from the *Bridges and Barriers Report* are as follows:

Harmful substance use

Importantly one of the major issues confronting the criminal justice system is the strong link that harmful substance use has with the risk of imprisonment (Weatherburn et al. 2006). Alcohol is well known as a common precursor to offending among Indigenous Australians, with indications that it could be a factor in up to 90 per cent of all Indigenous contacts with the justice system (Hazelhurst (1987), cited in Forensic and Applied Psychology Research Group 2005). Additionally, Indigenous offenders are more likely to report being under the influence of alcohol at the time of the offence or arrest (Joudo 2008), and Indigenous male offenders are more likely to be dependent on alcohol than non-Indigenous male offenders (Putt et al. 2005).

These findings highlight the importance of implementing strategies to address harmful substance use as a means of diverting Indigenous offenders away from the criminal justice system and into education and treatment. Such a policy would also help to reduce the disproportionately higher re-offending and re-incarceration rates among Indigenous people.

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research has demonstrated that Indigenous offenders are more likely to face numerous barriers to diversion programs, contributing to their low participation rate. These barriers stem from, but are not limited to, Indigenous offenders being more likely to have multiple charges, previous criminal convictions, harmful substance use problems which are not within the scope of most diversion programs (such as alcohol or inhalant use problems),⁷ or co-existing mental illness, coupled with the eligibility requirement of an admission of guilt. Furthermore, Indigenous offenders are more likely to have been convicted of a serious violent offence (Snowball and Weatherburn 2007). Unfortunately, one of these issues can often exclude offenders from most diversion programs due to their strict eligibility criteria.

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It has been argued that the reason for this lack of progress is the failure to recognise that the leading cause of Indigenous over-representation in the correctional system is harmful Indigenous substance use (Weatherburn et al. 2008). Substance use is a far more direct cause of Indigenous incarceration than economic and social disadvantage. Far from being a symptom of Indigenous disadvantage, harmful substance use is its principal cause (Pearson 2001). Strategies to address harmful substance use are urgently needed to break the cycle of physical and social harm and the rate of incarceration. Given the increasing over-representation of Indigenous people in the correctional system, the financial and social costs of incarceration need to be recognised, along with urgent consideration of alternative and more effective ways of reducing substance use-related offences.

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Recommendations from the Bridges and Barriers Report, pages 14 and 15.

General recommendations

1. Include information on incarceration rates for Indigenous men, women and young people in Closing the Gap: Prime Minister's Report, tabled annually in federal parliament.

2. Require each State and Territory receiving funding from the previously named Council of Australian Governments' Illicit Drug Diversion Initiative to:

- introduce and fund an increased number of Indigenous-specific diversion programs
- establish appropriate links with existing Aboriginal community-controlled health services in their region where possible
- provide data on participation rates for central reporting.

Identify and support current Indigenous-specific programs and best practices that are effective in reducing offending and re-offending.

4. Close the Gap Campaign Steering Committee *Close the Gap Progress and priorities report 2014*

Some of the findings from the *Close the Gap Progress and Priorities Report 2014* are as follows:

Two areas that are yet to receive dedicated attention through the national effort to close the gap are mental health and AOD. AATSIHS results provide a timely reminder that mental health and harmful AOD use remains a crisis in many Aboriginal and Torres Strait Islander communities....

In relation to AOD, we have noted significant reductions in Aboriginal and Torres Strait Islander smoking rates in part two of this report. Despite this improvement, Aboriginal and Torres Strait Islander people aged 15 years and over are still 2.6 times more likely to be daily smokers. In relation to alcohol consumption, in 2012-13 approximately 20% of Aboriginal and Torres Strait Islander people aged 18 years and over exceeded the lifetime risk guidelines. It should be noted that whilst this is a similar proportion as non-Indigenous Australians it has significant negative health impacts that need to be addressed as part of AOD strategy. Further, in 2012-13 one in five (22%) Aboriginal and Torres Strait Islander people aged 15 years and over said that they had used an illicit substance in the previous year. This also needs to be addressed in the strategy.

A target to reduce imprisonment rates should be introduced, and investing in mental health and drug and alcohol services be considered as a justice reinvestment measure. Justice reinvestment refers to policies that divert a portion of the funds for imprisonment to local communities where there is a high concentration of offenders. The money that would have been spent on imprisonment is reinvested into services that address the underlying causes of crime in these communities. Page 32

Without the broader context of the COAG Closing the Gap Agenda, health programs and services operating on their own are likely to have, at best, an unsustainable short-term impact. While the focus of this report is on health, the Campaign Steering Committee counsel that the COAG Closing the Gap Agenda cannot be cherry-picked, and health cannot be viewed in isolation from the social determinants of health. This broader, multi-dimensional approach to addressing health must continue. All 'fronts' of the health and disadvantage gap must be engaged simultaneously for life expectancy to improve, and the foundations and gains so far must not be squandered by failing to maintain momentum in relation to the social determinants of health

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Cultural continuity and community controlled health services

Research among Indigenous peoples in Canada by Professor Michael Chandler has demonstrated the presence of community-controlled (health and other) services in a community, as part of a matrix of indicators of community empowerment, is associated with lower suicide rates among its members.

Chandler's findings support Aboriginal and Torres Strait Islander-led research around community empowerment. The 'Hear Our Voices' Report identified a high level of need among communities in the Kimberley for a range of culturally appropriate and locally responsive healing, empowerment and leadership programs and strategies.

Culture was seen as a core component of any empowerment program. Importantly, the content, design and delivery of programs need to have legitimate community support and engagement, and be culturally appropriate, locally based and relevant to people's needs. Reflecting Chandler's findings, community empowerment programs were identified as potentially effective strategies for enhancing social and emotional wellbeing and addressing suicide risk factors, especially among young people.

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Recommendations from the *Close the Gap Progress and Priorities Report 2014*:

- For the completion of the implementation of the *National Aboriginal and Torres Strait Islander Health Plan 2013-23* in genuine partnership with Aboriginal and Torres Strait Islander peoples and their representatives at the national level by:
 - Establishing a clear process that ensures a national implementation strategy is developed;
 - Finalising a national implementation strategy within 12 months. This strategy should include service models, address health infrastructure needs, contain strategies to ensure financing over long periods, and build the health workforce, as well as develop measurable benchmarks and targets to monitor progress; and
 - Moving to an implementation phase, by securing the necessary funding to fully implement the plan.
 - Developing a dedicated Aboriginal and Torres Strait Islander mental health plan and otherwise implementing the *National Aboriginal and Torres Strait Islander Suicide Prevention Strategy* and completing and implementing the renewed *Social and Emotional Wellbeing Framework* and the planned AOD strategy.
 - Developing a whole-of-government mechanism across sectors and portfolios to drive an integrated response to health issues and their social and cultural determinants, including the impacts of intergenerational trauma.
 - Developing specific COAG Closing the Gap Targets in relation to incarceration rates and community safety in partnership with Aboriginal and Torres Strait Islander peoples and their representatives, as well as state and territory governments.

List of Attachments to this Submission

1. Photo of the Hon Warren Snowdon presenting the 2012 Indigenous Governance Awards, Category B, to the Yiriman Project.
2. Murdoch University *Report on the Three Year External Review and Evaluation of the Yiriman Project*
3. *Cultural Wounds*, an Academic Paper by Professor Michael J Chandler.