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**Submission to the Community Affairs Legislation Committee Inquiry into  
the Social Security and Other Legislation Amendment (Welfare Reform  
and Reinstatement of the Racial Discrimination Act) Bill 2009 and other  
NTER related Bills**

**Aboriginal Medical Services Alliance of the Northern Territory  
(AMSANT)**

February 2010

**Introduction**

1. The Aboriginal Medical Services Alliance Northern Territory (AMSANT) represents the Aboriginal community-controlled health sector in the Northern Territory. Our emphasis is on the delivery of comprehensive primary healthcare to Aboriginal Territorians.
2. AMSANT welcomes this opportunity to provide comments on the Bills before the Committee. AMSANT has previously provided submissions and other input to government and relevant inquiries, including the NTER Review Panel, on the impacts of the NTER on Aboriginal health and wellbeing.
3. AMSANT has been able to contribute perspectives from affected 'prescribed communities' in the NT through the communities' links and participation in the governance of our members – local Aboriginal community controlled health services.

4. AMSANT has welcomed the significantly increased government investment targeted at the issues of Aboriginal health and disadvantage that has been provided under the NTER.
5. As a member of the Northern Territory Aboriginal Health Forum (NTAHF), a tripartite body also made up of the Northern Territory and Commonwealth Governments, AMSANT has a significant role in the Expanding Health Service Delivery Initiative (EHSDI) that was established as part of the NTER and is providing much needed increased investment in Aboriginal primary health care in the Northern Territory.
6. AMSANT notes that the NTER measures, including those included in the Bills, primarily address or impact on issues that are important social and cultural determinants of Indigenous health – housing, employment, education, poverty, the significance of land and culture, substance misuse, the impacts of discrimination and marginalisation, and the level of control that individuals and communities are able to exert over their life circumstances.
7. Given that the NTER has now passed to a ‘sustainable development’ phase and has been re-badged “Closing the Gap in the Northern Territory”, AMSANT believes that the redesign of the NTER measures should have taken greater account of the available strong evidence relating to these determinants of health. It has only partly done so.
8. AMSANT submits that the Government’s proposed legislative amendments are not sufficiently evidence-based and consequently have the potential, in some areas, to create more harm than benefit, and to dilute efforts towards ‘closing the gap’ through waste and duplication. In some area the amendments represent a substantive improvement on the previous legislation.
9. AMSANT believes that the Government has failed to make a cogent case that the redesigned measures are special measures under the *Racial Discrimination Act 1975* (RDA).
10. In relation to the Bills which are the subject of this inquiry:
  - a. AMSANT supports the intent of the Families, Housing, Community Services and Indigenous Affairs and Other Legislation Amendment (Restoration of the Racial Discrimination Act) Bill 2009 presented by Senator Siewart, that (i) amendments are required to repeal the sections of the NTER legislation that exclude the operation of the RDA (Cth) and State and Territory laws that deal with discrimination, and, (ii) new provisions should be inserted ensuring the application of the RDA;
  - b. The measures of the NTER should be redesigned to ensure that they comply with the RDA and other human rights obligations, including the United Nations Declaration on the Rights of Indigenous Peoples, and;
  - c. The restoration of the RDA should take place as soon as possible, not at the end of 2010 as currently envisaged in the Government’s amendments.

### Community consultation process and ‘special measures’

11. AMSANT submits that the community consultation process undertaken by the Government for the redesign of the NTER was deficient and inadequate for the purpose of deeming the measures as ‘special measures’ under the RDA.
12. One of the three overarching recommendations of the NTER Review Panel supported by the Australian Government was that in addressing the unacceptably high level of disadvantage and social dislocation in remote communities, “both governments acknowledge the requirement to reset their relationship with Aboriginal people based on genuine consultation, engagement and partnership”.
13. The Australian Government also supported the Review Panel’s overarching recommendation that “Government actions affecting Aboriginal communities respect Australia’s human rights obligations and conform with the *Racial Discrimination Act 1975*”.
14. While the Government is to be congratulated for its support for these recommendations, AMSANT is concerned that the actions of the Government in implementing them in relation to the redesign of the NTER fall well short of the standards required to fulfill such commitment.
15. The *Future Directions* discussion paper, released in advance of community consultation meetings, was inadequate to the task of informing the consultation process. It presented a pre-determined government agenda, was limited to only eight of the measures and omitted many issues (see Unaddressed NTER issues, p12).
16. Feedback from AMSANT members on the community consultation meetings indicated significant defects in the organisation and conduct of the meetings such as to question their validity as an effective consultative mechanism for determining the nature and extent of community concerns regarding the NTER measures or for determining consent for the Government’s redesigned measures.
17. These concerns were mirrored in other evaluations of the consultation process, including the *Will They Be Heard* report<sup>1</sup> and the government-commissioned CIRCA Review Report.
18. There were many technical defects with the community consultation process. These included:
  - a. Lack of independence of the government personnel carrying out the consultations. The use of ICC Managers and Government Business Managers (GBMs) charged with implementing the NTER to conduct the consultations reviewing its performance presented a significant conflict of interest. In addition, as ICC Managers and GBMs hold significant power over the affected communities as enforcers of the Government’s NTER policies, their role in the consultations created an interactional context for community members that was not conducive to achieving unbiased outcomes.

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<sup>1</sup> A Nicholson, L Behrendt, A Vivian, N Watson, M Harris, (Jumbunna Indigenous House of Learning), *Will They Be Heard? – a response to the NTER consultations June to August 2009*, (November 2009).

- b. Lack of notice and time for meetings meant that participation was generally poor and discussion time was inadequate to enable the proper consideration of the range of measures and issues.
  - c. Inadequate explanation of the measures and the lack of interpreters in many meetings precluded the possibility of informed discussion and decision-making.
19. Given the history of the NTER, ‘resetting the relationship’ is as much about the need to overturn top down, coercive and disempowering policies that have engendered so much resentment towards government from a significant number of communities, as it is about the quality of engagement and partnership from here on. Yet the Government has changed very little of the policies themselves.

### **Income management**

20. AMSANT supports the intention of the government to ensure that any provision in terms of income management will apply to all Australians rather than just Aboriginal people on prescribed communities in the NT.
21. However, AMSANT continues to oppose any form of compulsory income management for the reasons that follow.
22. There is no compelling evidence that compulsory blanket income management is an effective tool for helping to improve the living conditions for children and families in Indigenous communities, or to support disengaged youth and vulnerable individuals in the broader community. In fact, the jury is still out on questions of its efficacy. The claims that quarantining welfare income under the NTER has significantly improved health and reduced alcohol consumption cannot be sustained on the evidence presented. Indeed, the report most strongly relied on by the Government - the Australian Institute of Health and Welfare’s evaluation of income management<sup>2</sup> – is full of doubts and qualifications, stating that the research studies used were “towards the bottom of an evidence hierarchy”; and that “the overall evidence about the effectiveness of income management in isolation from other NTER measures was difficult to assess”. A key research study relied on included only a small number (76) of non-randomly selected clients from four locations.
23. Available evidence also questions the application of income management as a compulsory blanket, first resort measure. For example, the Cape York Welfare Reform trial shows that income management is applied to a minority of welfare recipients as a last resort compliance tool. Only 80 out of 424 case-managed clients were on income management as at September 2009<sup>3</sup>.
24. Despite this, the new scheme of income management will be applied on a blanket basis to two classes of welfare recipients: people aged 15-24 in receipt of welfare payments for thirteen weeks or more (so-called “disengaged youth”); and people aged between 25 and pension age who have received welfare payments for more than 12

<sup>2</sup> At [www.fahcsia.gov.au/sa/indigenous/pubs/nter\\_reports/Pages/income\\_management\\_evaluation.aspx](http://www.fahcsia.gov.au/sa/indigenous/pubs/nter_reports/Pages/income_management_evaluation.aspx)

<sup>3</sup> Families Responsibilities Commission Quarterly Report No. 5, July – September 2009.

months (“long term welfare recipients”). The Minister’s explanatory material states that “these groups have been chosen based on their need for support due to their high risk of social isolation and disengagement, poor financial literacy, and participation in risky behaviours”. Yet it is clear that the majority of 15-24 year old and 25 to pension age welfare recipients will not fit these descriptions and therefore will be unnecessarily subject to income management and its attendant restrictions on their lives. For those that may fit these descriptions there is no evidence that first resort compulsory income management is an effective means of providing such support.

25. AMSANT also notes inconsistencies in the Government’s justification for the need for income management. For example, the Minister has frequently advanced prevention of ‘humbugging’ of the elderly as a benefit of income management, yet the new scheme exempts pensioners. Indeed, the stated reasons for the need for income management under the new scheme have changed significantly, without any evidence to support the changed objectives.
26. AMSANT believes that the new scheme of compulsory income management will have a disproportionate impact on Aboriginal Territorians, as the target categories that will be subject to income management are more heavily represented by Aboriginal people. Given that many people report that income management results in significant negative impacts on their daily lives this amounts to indirect discriminatory treatment.
27. Negative impacts reported by people on income management include the shame and stigmatisation of the racially targeted nature of the measure, significant difficulties and inconvenience in using the BasicsCard, increased travel costs in accessing approved stores and lack of choice and flexibility in purchases and when travelling. It punishes the majority who are effectively managing their money and fails to promote personal responsibility or improve money management skills for those that don’t.
28. The uncertain benefits of compulsory income management cannot justify the enormous opportunity cost of the measure. It has cost almost \$100 million per year to date to income manage 15,000 people, and it is forecast to cost in excess of \$650 million in the NT for the seven years between 2007-08 to 2013-14. A serious question arises regarding the opportunity cost of the measure. For example, this amount of money could provide desperately-needed community services and intensive case-management for those in real need. It could almost double the amount available for new and upgraded housing. Current budgeted expenditure will provide new housing in *only 16* out of the 73 prescribed communities and over 600 non-prescribed communities in the NT. Given that housing is a critical determinant of health and wellbeing, the inability of current funding levels to significantly or even marginally reduce overcrowding in most Aboriginal communities will deliver a social cost of poorer health outcomes and ongoing risk of neglect and abuse.
29. It is acknowledged that there has been support expressed in some communities for compulsory income management. However, it is also clear that there is very significant opposition to the measure. It should also be observed that prescribed communities were never afforded input into the design of this measure, or provided with alternative policy options for achieving the stated objectives of the measure.

30. AMSANT is of the view that blanket compulsory income management should only be applied at a community level where there is demonstrated support from the community for the measure. This is consistent with the approach supported by AMSANT in relation to the restriction of alcohol in communities.
31. AMSANT has previously supported a well-evaluated trial of the use of income management for welfare recipients who are not caring appropriately for their children or who are abusing alcohol as a means of introducing a disincentive for such behaviours. Such a trial has not yet occurred but should occur prior to any decision to introduce income management on a larger scale.
32. AMSANT also supports the provision of voluntary income management to individuals who request it.
33. AMSANT believes that the most effective means of addressing the dysfunction within communities that resulted in the application of compulsory income management in the first place, is an approach focused on intensive case management targeted on the basis of appropriate 'triggers' that are supported by the affected communities, and designed to deliver supports and services according to the individual's need.
34. AMSANT notes that the proposed exemption process is administratively cumbersome and discretionary in nature and, in our view, will present significant difficulties for those on income management who would wish to be exempt. Many who should qualify for exemption will remain stuck on income management for a considerable period. AMSANT believes that the process should be reversed and that all currently on income management should be automatically removed. If income management is to continue, it should only be applied on a voluntary basis or according to the conditions outlined in paragraph 32 and 34 above.

### **Restrictions on alcohol**

35. As a peak Aboriginal health organisation, AMSANT has developed considerable expertise around the issues of alcohol control and alcohol-related health and wellbeing issues.
36. Government-imposed prohibition of alcohol in Aboriginal communities does not meet the requirements of a special measure under the RDA. The Australian Human Rights Commission has provided an opinion that alcohol restriction implemented with the full support of communities can qualify as a special measure under the RDA<sup>4</sup>.
37. Prior to the NTER, many Aboriginal communities had been declared 'dry communities' in the NT at the request of the Aboriginal communities themselves. This has occurred through the processes of the Northern Territory Licensing Commission. This demonstrates the preparedness of communities to provide leadership and take responsibility on this issue and to support alcohol restrictions.

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<sup>4</sup> See 2007 Social Justice Report. At [http://www.hreoc.gov.au/social\\_justice/sj\\_report/sjreport07/index.html](http://www.hreoc.gov.au/social_justice/sj_report/sjreport07/index.html)

38. There is a lack of evidence demonstrating that imposed alcohol prohibition on communities and town camps under the NTER has made a significant contribution to addressing the alcohol problem.
39. The approach of blanket prohibition of alcohol impedes or avoids confronting the urgently needed evidence-based reform of alcohol policy in the Northern Territory.
40. Locally based alcohol measures, such as Alcohol Management Plans (AMPs), are a more effective way to reduce alcohol consumption. Such measures require the support and involvement of communities in their design and implementation.
41. International and Australian research shows that the primary strategies for reducing levels of alcohol harm are adopting minimum pricing regimes and a graded volumetric tax for alcohol; reducing the availability of alcohol through reducing trading hours; and reducing availability of alcohol through a reduction in the number and density of outlets.
42. The Alice Springs Alcohol Supply Reduction Plan, commenced in October 2006, has demonstrated the effectiveness of supply reduction strategies. The Plan provided for restrictions on the hours of sale for port and wine, restrictions on the size of wine and port casks, restrictions on sale quantity, and the removal of long-neck beer bottles from sale.
43. Evaluation of the controls under the Plan by the Menzies School of Health Research<sup>5</sup> indicated an 18 percent overall decline in pure alcohol consumption since October 2006. Furthermore, there has been a 50 percent reduction in homicides and suicides, a 20 percent reduction in grievous bodily harms, and a substantial reduction in other alcohol related harms in Alice Springs over the same period.
44. AMSANT has developed a policy document, *Options for Alcohol Control in the Northern Territory*,<sup>6</sup> that outlines key measures for addressing alcohol, utilising the experience of Aboriginal community-controlled health services in the NT and evidence-based research on alcohol misuse from Australia and overseas. The document is appended to this submission.
45. AMSANT's *Options for Alcohol Control* document recommended that the NTER alcohol measures should be amended to ensure:
  - a. *Dry areas are determined according to the wishes of communities and supported by the provision of adequate policing, the retention of permit access (where on Aboriginal land), and that nearby liquor outlets, such as roadhouses, are subject to appropriate alcohol restrictions;*
  - b. *Wet canteens on communities are well run and do not permit takeaway alcohol;*
  - c. *The measures do not override existing alcohol management plans and liquor supply plans;*
  - d. *There are adequate treatment and rehabilitation programs according to need.*

<sup>5</sup> At [http://www.menzies.edu.au/sites/default/files/images/file/Alice\\_Springs\\_AMP\\_report.pdf](http://www.menzies.edu.au/sites/default/files/images/file/Alice_Springs_AMP_report.pdf)

<sup>6</sup> At <http://www.amsant.org.au/AMSANTPolicyAlcoholControlFinalJan08.pdf>

46. Any alcohol measures put in place need to be evaluable. The NTER failed to ensure that key data - alcohol sales, apparent per capita consumption and alcohol harms data such as homicides, suicides, MVAs, alcohol attributable hospital admissions and ED presentations - were available over time at a regional level. As such it is not possible to properly assess the impact of the measures. This is the antithesis of the evidence-based approach that is needed to address the harms created by "the rivers of grog" flowing along the Stuart Highway and its major feeder routes in the NT.
47. AMSANT supports the intent of proposed amendments that improve aspects of the current NTER alcohol measures, particularly in providing flexibility to meet the individual needs of communities. However, the amended legislation retains an overall discriminatory, uncoordinated and inadequate approach to alcohol control.

### **Five-year leases**

48. AMSANT did not support the compulsory declaration of five-year Commonwealth leases over prescribed communities under the NTER and believes that the leases should be rescinded.
49. AMSANT supports the need to rationalise the way in which houses and other infrastructure are built and maintained and essential services are provided on Aboriginal land to ensure that new houses can be quickly built, be well-maintained and the necessary public health services provided.
50. AMSANT has previously suggested that new houses and other infrastructure could be owned and managed by appropriate Aboriginal-controlled bodies or an Aboriginal Housing Authority and that this would be more effective than a Commonwealth take-over. This should be negotiated with the respective Land Councils under provisions already existing in the *Aboriginal Land Rights (Northern Territory) Act 1976*.
51. AMSANT also believes that there needs to be proper resolution of land title in negotiation with native title holders for the leasehold areas (town camps) around the regional centres.
52. The current amendments will result in the five-year leases being immune from challenge under the RDA. This is unacceptable and inconsistent with the government's commitment that the redesign legislation will bring the NTER measures in line with the RDA.
53. AMSANT notes that the Australian Government has never provided adequate evidence of the need for compulsory five-year leases, as mechanisms already existed under the *Land Rights Act (Northern Territory) Act 1976* to obtain leases and to negotiate conditions that address issues such as security of assets and community housing management standards.
54. The effect of declaring the five-year leases was to override the decision-making powers of traditional land owners and the statutory role of Land Councils with respect to approvals for activities and developments within prescribed town and community areas on Aboriginal land.



55. The government's commitment to "the progressive transition" of the five-year leases to so-called 'voluntary' long-term leases confirms its intention to exclude traditional land owners from participation in decision-making over the development of Aboriginal communities for the foreseeable future. Traditional land owners and community residents will have no decision-making powers in relation to the administration of long-term leases.
56. The so-called 'voluntary' leases could be more accurately described as coercive, as the government has imposed the non-negotiable condition that no new or upgraded housing or any other Commonwealth-funded infrastructure will be approved in a community unless a long-term lease is in place.
57. A further objective of the Government's policy is to ensure the transfer of all government-provided Aboriginal housing to the public housing sector, under the control of the Northern Territory's public housing authority – Territory Housing. As outlined in 49 above, an Aboriginal community controlled housing cooperative model is preferred and more consistent with Australian government policy where responsibility for public housing is being devolved from state governments to community housing models.
58. AMSANT notes that the effect of these policies is to dramatically reduce the level of Aboriginal control and participation in decision-making over the development of their communities and management of community housing.
59. AMSANT draws the attention of the Committee to existing evidence that shows that increased control afforded to Indigenous communities produces positive socio-economic outcomes. For example, one of the main findings of over 20 years' research by the Harvard Project on American Indian Economic Development is that when Indigenous nations "make their own decisions about what development approaches to take, they consistently out-perform external decision makers—on matters as diverse as governmental form, natural resource management, economic development, health care, and social service provision"<sup>7</sup>.
60. Article 23 of the UN Declaration on the Rights of Indigenous Peoples (UNDRIP), which the Australian Government has endorsed, states that "Indigenous peoples ... have the right to be actively involved in developing and determining health, housing and other economic and social programmes affecting them and, as far as possible, to administer such programmes through their own institutions."
61. AMSANT believes that new and existing housing and other infrastructure in communities should be owned and managed by appropriate Aboriginal-controlled bodies and that the government should be actively encouraging such outcomes.
62. AMSANT recommends that the government scraps the existing five-year leases and immediately commences good faith negotiations with Aboriginal land owners and Land Councils on leasing and other arrangements that protect the property rights of Aboriginal land owners and preserves the ability of Aboriginal communities to determine and control their own futures.

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<sup>7</sup> At <http://www.hks.harvard.edu/hpaied/overview.htm>. Accessed February 2010

### **Community store licensing**

63. AMSANT believes that the licensing of community stores has been a positive development and has the potential to improve governance standards and the role of stores in food security.
64. However, AMSANT is concerned that there is considerable risk that the conditions of licensing, particularly the use of wide discretionary powers, restrictions on choice, and the potential for imposing unreasonable costs of compliance, both in terms of money and time, will be counter-productive to these objectives.
65. AMSANT notes that the proposed legislative amendments to remove the licensing of store managers and only license store owners, and to mandate the registering of store associations under the *Corporations (Aboriginal and Torres Strait Islander) Act 2006* (CATSI Act), are not adequately explained or supported by evidence. These provisions have the effect of reducing choice and the potential for increasing the administrative burden of store associations.
66. The government seems to have given priority to providing itself with a wider range of options for intervention rather than on the more important need for the provision of appropriate support services to ensure that community store associations are able to effectively meet their responsibilities.
67. AMSANT is concerned at the legislative linkage of community store licensing with income management. AMSANT believes that the focus of the Government's actions should be on ensuring that all community residents, including those on income management, have access to an adequate, affordable store within reasonable proximity of their communities.

### **ACC law enforcement powers**

68. AMSANT has concerns about an ongoing role for the Australian Crime Commission (ACC) in the investigation and prosecution of sexual abuse and violence in Aboriginal communities in the NT as a result of the granting of special law enforcement powers under the NTER.
69. There are ongoing challenges with the ACC's lack of cultural competency and its intrusive and coercive methodology that fails to provide cultural security.
70. The use of a Federal body whose main function is to fight organised crime has also acted to overly dramatise the nature of the problem of child sexual abuse in Aboriginal communities and contributed to their stigmatisation. This has led to the extraordinary use of powers to obtain medical records from primary health care services without the consent of clients and where there is no specific suspicion or evidence of wrongdoing to justify the files of the individuals being sought. This has serious adverse public health implications and these powers should be rescinded. The slight reduction in scope of the ACC's powers proposed in the Government's Bill does not alter the inappropriateness of the ACC's role in this regard.

71. AMSANT believes that the most appropriate response to the issues of violence and child abuse in Aboriginal communities is through reliance on the NT Police and relevant child welfare agencies, and most importantly, ensuring that these agencies are adequately resourced for the task and that there is appropriate engagement and participation of the communities themselves in achieving solutions. There should be a commitment to handing over responsibility to these agencies once their capacity to undertake this work has been improved.

**Business management area powers**

72. These measures give the Government the power to unilaterally vary and terminate funding agreements and the Minister can make intrusive directions in relation to the assets and actions of organisations providing services in prescribed communities.
73. The business management powers are unprecedented, excessive and unnecessary, and have not been used – there is no reason to keep them, particularly as the NTER is supposed to have moved to a ‘sustainable development’ phase.
74. The powers are not special measures as they permit unilateral adverse decision-making by the Minister against the wishes of the governing bodies of Aboriginal and other organisations. The powers are intrusive and coercive and extend inappropriate control over the assets of such organisations.

**Restrictions on pornography and Controls on use of publicly-funded computers**

75. These two measures are similar in that they were originally introduced to protect women and children from inadvertent exposure to pornography.
76. There has been no evidence provided by the Government demonstrating that greater protection has resulted from the measures.
77. The government has also failed to explain why existing restrictions on the use of publicly funded equipment and access to pornographic materials are not sufficient and why additional controls are necessary for Aboriginal communities.
78. Both measures have contributed to the stigmatisation of prescribed Aboriginal communities by suggesting their use of pornography is considerably in excess of such misuse in the broader community.
79. Consultation over the measures has been inadequate as they were not discussed at many of the community consultation meetings because the subject was considered culturally inappropriate.
80. The measures do not appear to meet the requirements of a special measure and should be removed.

**Unaddressed NTER issues**

81. There are a number of significant deficiencies with the NTER measures that have not been addressed in the suite of legislative amendments proposed by the government.

Many of these were also not included in the Government's *Future Directions* discussion paper. The following issues, in particular, require further consideration, representing matters that are important in terms of the government's commitment to reset its relationship with Aboriginal people based on genuine consultation, engagement and partnership.

*Consideration of customary law in bail and sentencing decisions*

82. AMSANT is concerned that the Government has not revisited the misguided decision to remove consideration of customary law or cultural practice in bail applications or in determining sentencing in relation to an offense against any law of the Northern Territory.

*'Statutory rights'*

83. AMSANT believes that the Government should remove the statutory rights powers which provide the Australian or Northern Territory Governments the power to acquire unreasonable and unnecessary rights over Aboriginal land against the wishes of traditional land owners and without any benefit to them.

*Government Business Managers*

84. AMSANT is disappointed at the failure to re-assign the role of GBMs according to community development objectives (as recommended by the NTER Review Panel).

## **THE NEED FOR ALCOHOL CONTROL**

Alcohol misuse is having devastating impacts on Aboriginal lives and communities. It is a major factor contributing to the burden of ill health and premature deaths in Aboriginal communities. In addition to serious short and long-term health conditions, alcohol is a major cause of premature deaths due to suicide, cirrhosis of the liver, homicide, manslaughter, haemorrhagic stroke and motor vehicle accidents, and the NT has amongst the highest premature death rates from these conditions. Within the NT, the Aboriginal population of Central Australia has almost twice the death rate from these conditions as the Top End.<sup>1</sup> It is a contributing cause in domestic violence and sexual and other assaults, the neglect and abuse of children, and the disruption and dysfunction of communities.

At 17.3 litres of pure alcohol per year, the NT has the second highest per capita consumption in the world and almost double the national average of 9.79 litres.<sup>2</sup> Over-consumption is a serious problem amongst both the Indigenous and non-Indigenous populations.<sup>3</sup>

## **LISTEN TO ABORIGINAL COMMUNITIES**

Aboriginal communities have sought to address alcohol misuse through various mechanisms, including opposing the opening of liquor outlets or by declaring their communities dry. However, their efforts have often been undermined by a lack of support from governments. In some cases alcohol has been forced on communities against their wishes. Governments have also failed to provide sufficient policing to enforce alcohol restrictions, or to ensure that the granting and conditions of liquor licenses do not undermine community wishes to restrict alcohol availability.

The Aboriginal community-controlled health sector has a key role in addressing alcohol and other substance misuse issues. Key underlying principles for controlling alcohol misuse include the need for an holistic approach addressing the broad determinants of substance misuse, based on community control and harm minimisation principles, and improved coordination and collaboration between Commonwealth and Territory governments and Aboriginal communities.

## **PROPOSED ALCOHOL CONTROL MEASURES**

The following measures for controlling alcohol misuse have been developed utilising the experience of Aboriginal community-controlled health services in the Northern Territory and evidence-based research on alcohol misuse from Australia and overseas<sup>4</sup>.

### **▼ Alcohol supply reduction**

Restricting the availability of alcohol is the most effective means of reducing alcohol consumption and related harm. There is extensive research from both Australia and overseas which demonstrates the effectiveness of alcohol supply reduction measures.<sup>5</sup> AMSANT believes that evidence-based supply reduction measures should continue to be introduced until per capita population alcohol consumption has reduced by at least one third of the current level, which would see the NT drinking at about the same level as the national average. The following specific measures are recommended:

#### **I. Reduce the number and types of liquor outlets**

The NT has the highest density and diversity of liquor outlets in Australia. Strong evidence exists showing a relationship between outlet density and alcohol-related harm.<sup>6</sup> The number of NT liquor outlets should be reduced by buying back take-away licenses from petrol stations, corner stores and roadhouses. Appropriate population-based outlet densities should be established through evidence-based research (see I5 below).

## **2. Reduce trading hours**

Reducing trading hours, particularly for takeaway alcohol sales, has been shown to be an effective measure for reducing alcohol consumption and related harm. Reductions in trading hours should be achieved by:

- reducing takeaway sales hours, eg, from 12 noon to 8pm;
- reducing on-site sales hours, eg, by limiting trading hours to 11am to 2am;
- adopting restricted alcohol sales days, eg, Thursdays and Sundays, where no alcohol sales are permitted or take-away sales are banned (see also 5 below).

## **3. Ban or tightly restrict takeaway sales**

Takeaway outlets are the main source of alcohol for chronic and dependent users. Provision must be made for the outright banning of takeaways in communities supporting such a measure. There is also the need to develop a set of minimum Territory-wide standards for restricted takeaway trading hours (see 15 below).

## **4. Restrict cheap alcohol products and adopt a minimum price benchmark**

Price is the single-most determinant of consumption and harm.<sup>7</sup> The availability of cheap alcohol products results in increased consumption at risky levels. Banning such products, eg 4 litre wine casks and 2 litre port, has been shown to reduce levels of over-consumption and related harms.<sup>8</sup> It is essential to ensure the comprehensive removal of such products to prevent chronic users from substituting with cheap alternative products. In order to prevent product substitution, the NT should introduce a minimum price benchmark or volumetric tax for alcohol products based on a price of 90 cents per standard drink. This would ensure that as a benchmark, the cheapest form of alcohol would be full strength beer as sold in half for full cartons.<sup>9</sup>

## **▼ Demand reduction: encourage responsible drinking**

Evidence shows that banning alcohol, while dramatically reducing alcohol-caused harms, does not eliminate alcohol abuse and related harm altogether. In addition, there are positive effects in the proper use of alcohol and, drunk in moderation, it may be good for health. Although prohibition is a legitimate option supported by many remote Aboriginal communities, evidence shows that those who wish to drink will move to places where they can obtain alcohol or try to obtain it via illegitimate means, such as grog runners. Some remote communities also choose not to ban alcohol completely and alcohol will continue to be available in regional centres. Consequently, it is very important that over time Aboriginal people learn to drink responsibly and that measures be introduced which promote the responsible use of alcohol:

## **5. Align Centrelink payments to restricted alcohol days**

A significant reduction in alcohol-related harm and community disruption in remote and regional communities could be achieved by aligning Centrelink payments to a single day per week (Thursdays) on which no takeaway sales are permitted.

## **6. Introduce permit systems to encourage responsible drinking**

There are successful examples in the NT of the use of permit systems to link responsible drinking to continued access to alcohol and withdrawing access for irresponsible drinking. The alcohol permit system introduced on Groote Eylandt in 2005 has led to significant reduction in crime and anti-social behaviour and improvement in health outcomes.<sup>10</sup> A similar system is being introduced in near-by Nhulunbuy. Critical elements of successful permit systems include the need for extensive consultation and community support, an agreed community-controlled model of enforcement and complementary restrictions on trading hours and takeaway sales.

## **7. NT-wide ban on alcohol advertising and promotions**

Alcohol advertising encourages irresponsible drinking behaviours and should be banned in the NT. Promotions such as the linking of cheap petrol to the purchase of alcohol should also be banned.

## ▼ Demand reduction: provide adequate treatment & rehabilitation services

There are insufficient alcohol treatment and rehabilitation services and to cope with current levels of demand in the NT.

### **8. Need for increased treatment services**

Provide for increased alcohol treatment and rehabilitation services, including detoxification and residential treatment facilities, based on evidence-based need and comprehensive regional coverage. Such services need to be supported to implement quality improvement systems and be accountable through reporting on key performance indicators so that outcomes can be assessed

### **9. Integrating Alcohol & Other Drug and Mental Health services in Primary Health Care**

There is a need for improved integration and coordination of Alcohol and Other Drug services and Community Mental Health services with the Primary Health Care sector. The Primary Health Care sector should be funded to provide community-based treatment and rehabilitation, including screening, brief interventions, assessment, care planning, support for home based and supported withdrawal programs, provision of pharmacotherapies and community-based structured counselling.

### **10. Return of alcohol sales revenue into alcohol programs**

There needs to be a return of monies generated by alcohol sales into alcohol programs, as occurred with the successful Living With Alcohol Program. This could include:

- Funding for alcohol-free community events on Sundays and at other times. Such events would provide positive community experiences and, where combined with alcohol-free days, a respite from alcohol-related violence and disruption.
- Funding for alcohol treatment and rehabilitation services.
- Funding for night patrols.

## ▼ Harm Minimisation: community-based services and facilities

Given the reality that many Aboriginal people will continue to drink it is also important to attempt to reduce the harms that occur when drinking occurs.

### **11. Enhanced night patrols and policing in remote communities**

There is the need for enhanced night patrols and community policing in remote communities. These are essential and effective community-based harm minimisation measures.

### **12. Aboriginal Social Clubs**

Where communities decide to allow drinking, there is the need for community venues that encourage responsible drinking patterns and reinforce community standards. Many wet canteens have not been effective in this regard, and have resulted in increased consumption.<sup>11</sup> However, there are successful examples, such as the Kalkaringi Social Club. This model, based on extensive community consultation and agreement on governance and policing of rules, and no provision for takeaway alcohol, should be considered for use in other communities. There is the need for a level of sustained government funding as a harm minimisation measure, and the potential for employment and training opportunities, eg, training a community member in hospitality.

## ▼ Develop effective alcohol management strategies

As communities in the NT differ in their circumstances and attitudes with respect to alcohol issues, there is the need for regional and local approaches to alcohol management which are developed and managed by Aboriginal communities and relevant non-Aboriginal stakeholders.

### **13. Develop alcohol management strategies**

There is the need for an increased priority on the development of local and regional Alcohol Management Plans and Liquor Supply Plans. It is of concern that there are no minimum standards or

requirements set by government in relation to processes and content for such plans. This includes issues of Aboriginal input and appropriate evidence-based standards relating to the supply reduction measures outlined in this paper (see above and 15 below). These should be adopted as minimum requirements in all Alcohol Management Plans and Liquor Supply Plans.

### ▼ Establish strong alcohol licensing, control and standards

The ability to implement alcohol restrictions and alcohol management strategies depends on the effective operation of, and standards relating to, liquor licensing and alcohol legislation.

#### 14. Reform of the Licensing Commission and NT Liquor Act

Reform of the Licensing Commission and the *NT Liquor Act* is required to ensure that appropriate community input, evidence-based measures and powers of control are achieved. This includes:

- Greater general community and Aboriginal representation on the Commission;
- Toughening sanctions against outlets that breach their license conditions;
- Powers for the Commission to inquire into and promulgate Local or Regional Liquor Supply Plans, and to inquire into alcohol-related matters and recommend Alcohol Policy Guidelines;
- Establishing harm minimisation audits for liquor licenses;
- Legislating to provide Aboriginal community leaders with powers to control problem drinkers.
- Ensuring that the Department of Health and Community Services is required to give an opinion on each application;
- Ensuring that objections can be entered by all interested people or parties and not simply by people or parties in the vicinity of the proposed new license.

#### 15. Establish evidence-based Territory-wide standards

Territory-wide minimum standards on key alcohol policy measures, such as outlet densities and types, and takeaway sales restrictions, should be developed through evidence-based research and applied as minimum standards for Alcohol Management Plans and Liquor Supply Plans by the Licensing Commission. It is not appropriate that such work is left to local or regional committees which lack the necessary resources, expertise and impartial objectivity.

#### 16. Better data collection and evidence reporting

There is the need for better data collection and evidence in relation to issues such as alcohol sales, alcohol-related harm and the effectiveness of alcohol treatment and control measures. The following data should be publicly reported on every 3 months except for the survey data which should be annual.

	Indicator	Source
	<i>Consumption</i>	
1	Apparent per capita consumption by region	Wholesale sales to liquor outlets data currently collected by Racing, Gaming and Licensing.
	<i>Health</i>	
2	Hospital separations for selected acute and chronic alcohol caused conditions	DHCS hospital data collection
3	Mortality rates for suicide, homicide, cirrhosis of the liver and haemorrhagic stroke by region	ABS mortality reports and NT Coronial reports
	<i>Crime</i>	
4	Confirmed assaults	NT Police data collection (PROMIS)
	<i>Road injury</i>	
5	Serious road injuries (fatalities or injuries requiring hospitalization)	Transport and Works data collection.
	<i>Drinking patterns<sup>1</sup></i>	
6	Proportion of alcohol consumed at risky and high risk levels.	Survey data



7	Proportion of the population drinking at risky and high risk levels.	Survey data
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## ▼ Reform Federal Emergency Intervention alcohol measures

The prospect for improved coordination and collaboration between the Commonwealth and Territory governments and Aboriginal communities has been undermined by the unilateral alcohol measures contained in the Federal Government's Emergency Intervention legislation.

### 17. Reform of the Federal Emergency Intervention alcohol measures

The Federal Emergency Intervention alcohol measures should be amended to ensure:

- dry areas are determined according to the wishes of communities<sup>12</sup> and supported by the provision of adequate policing, the retention of permit access (where on Aboriginal land), and that nearby liquor outlets, such as roadhouses, are subject to appropriate alcohol restrictions;
- 'wet' canteens on communities are well-run and do not permit takeaway alcohol;
- the measures do not over-ride existing alcohol management plans and liquor supply plans;
- there are adequate treatment and rehabilitation programs according to need.

#### END NOTES

<sup>1</sup> *National Alcohol Indicators Bulletin No 11*, "Trends in alcohol-attributable deaths among Indigenous Australians, 1998-2004". National Drug Research Institute. January 2007. Alcohol is the leading cause of years of potential life lost amongst the Aboriginal community (Central Australian Aboriginal Congress, 1997, 'Position Paper: Substance Misuse in Central Australia').

<sup>2</sup> The Northern Territory consistently has the highest alcohol-caused death and hospitalisation rates of all Australian jurisdictions (National Drug Research Institute 2003, *Australian Alcohol Indicators, 1990-2001*).

<sup>3</sup> However, of those who currently drink, 70% of Aboriginal men and women drink at harmful levels compared with only 15% of non-Aboriginal people (>6 standard drinks per day), (Gray et al. 2004, *Substance misuse and primary health care among Indigenous Australians*, Consultant Report 7).

<sup>4</sup> Babor, T et al 2003, *Alcohol: no ordinary commodity*, Oxford University Press, New York.

<sup>5</sup> Eg, Stockwell, T. Alcohol policy, harm reduction and the prevention paradox. *Journal of Health promotion for Northern Ireland*. 2001; 15:22-25.

<sup>6</sup> Donnelly, N, S Poynton, D Weatherburn, E Bamford & J Nottage, 2006, 'Liquor outlet concentrations and alcohol-related neighbourhood problems', in *Alcohol Studies Bulletin*, No 8, April 2006.

<sup>7</sup> Heavier and younger drinkers usually respond more to price controls than other drinkers (Godfrey, C, 1997, 'Can tax be used to minimise harm? A health economist's perspective'. In Plant, M, Single E, Stockwell T (eds), *Alcohol. Minimising the Harm. What works?* London. Free Association Books Ltd, 1997;29-42).

<sup>8</sup> In 1995/96 the banning of 4 and 5 litre cask wine in Tennant Creek resulted in a significant decrease in alcohol-related harm (Gray, D, S Siggers, D Atkinson, B Sputore & D Bourbon, 2000. 'Beating the Grog: An evaluation of the Tennant Creek Liquor Licensing Restrictions' in *Australian and New Zealand Journal of Public Health* 24(1):39-44).

<sup>9</sup> By comparison, the average cost per standard drink of a range of cheap bulk alcohol (2 and 4-litre port and 4 and 5-litre wine casks) is between 26c to 28c for further detail see Hogan et al, 'What price do we pay to prevent alcohol related harms in Aboriginal communities? The Alice Springs Trial of Liquor Licensing restrictions', *Drug and Alcohol Review*, 2006, (25), 1-6,

<sup>10</sup> Introduction of the permit system along with restrictions on takeaway sales from the licensed club have resulted in an 80% reduction in confirmed cases of interpersonal violence over 12 months and a 67% reduction in confirmed sexual assault.

<sup>11</sup> Evidence from the NT and North Queensland has shown that increased alcohol availability from clubs and canteens has resulted in an increased culture of heavy drinking in some communities, including amongst previously occasional or non-drinkers, particularly Aboriginal women (*Alice Springs Town Camps Review Task Force Report*, June 2006, p71).

<sup>12</sup> Many Aboriginal communities in the NT have banned alcohol. As of March 2006, there were 97 'dry' areas designated in the NT.