

Aboriginal Peak Organisations Northern Territory

**An alliance of the Central and Northern Land Councils,
Central Australian Aboriginal Legal Aid Service,
North Australian Aboriginal Justice Agency and
Aboriginal Medical Services Alliance Northern Territory**

APO NT Submission to the Northern Territory Government Review on Alcohol Policies and Legislation

21 JULY 2017

Table of Contents

About APO NT	4
Acronyms	5
Recommendations	7
1. Introduction.....	13
2. Social determinants of health.....	14
3. The need to recognise the link between trauma and alcohol misuse	16
4. International human rights obligations.....	17
4.1 Northern Territory's obligations under human rights law	18
4.2 Progressive realisation of rights.....	18
4.3 Indigenous health and human rights.....	18
4.4 Rights of Indigenous peoples under Declaration on the Right of Indigenous Peoples....	19
5. Prevalence of alcohol in the Northern Territory.....	20
5.1 A 'core social value' in the Northern Territory	20
5.2 Alcohol misuse and Indigenous Australians.....	20
6. Alcohol-related harm in the Northern Territory	21
7. Past alcohol policy and legislation in the Northern Territory	22
7.1 Living with Alcohol Program	22
7.2 Therapeutic Alcohol and Other Drug Court - CREDIT Court/SMART Court	23
7.3 Alcohol Management Plans.....	24
7.4 The Northern Territory Emergency Response and Stronger Futures Legislation.....	24
7.5 Enough is Enough campaign	25
7.6 Alcohol Mandatory Treatment	25
7.7 Alcohol Protection Orders	26
7.8 Point of sale intervention.....	26
8. Current Issues.....	26
8.1 Inconsistency in policy and legislation	26
8.2 Punitive measures	27
8.3 Discriminatory application of laws.....	27
8.3.1 Alcohol Protection Orders	28
8.3.2 Alcohol Mandatory Treatment Scheme	28
8.3.3 Paperless arrests	29
8.3.4 Point of sale interventions (or Temporary Beat Locations)	30
8.3.5 Adverse effect of racial discrimination.....	31
8.3.6 Lack of community consultation.....	32
9. The costs of a 'tough on crime' approach to a health problem	33
10. Supply reduction measures	33
10.1 Sale restrictions	34
10.1.1 Floor price.....	34
10.1.2 Volumetric tax.....	36
10.2 Living with Alcohol Program	37
10.3 Community led supply reduction measures	37
10.4 Alcohol Management Plans.....	38
10.5 Availability of alcohol in the Northern Territory	41

10.5.1 Reduce trading hours	42
10.5.2 Banned Drinkers Register (BDR)	44
10.5.3 Number of take-away outlets	45
10.5.4 Community social clubs.....	46
10.6 Accountability of licencees	47
10.6.1 Risk-based licensing.....	47
10.6.2 Licensees accountable for irresponsible service of alcohol (Dram shop liability)	48
11. Demand reduction measures	49
11.1 Encourage alternatives to alcohol.....	49
11.1.1 Youth programs.....	49
11.1.2 Sport programs	50
11.2 Comprehensive primary health care	51
11.2.1 Early childhood intervention and development	51
11.2.2 Prevention and health promotion.....	52
11.3 Prohibition of alcohol advertising.....	53
11.4 Prohibition of political donations from liquor industry representatives	54
12. Harm reduction measures	54
12.1 Rehabilitation and treatment	54
12.1.1 Need for increase in rehabilitation and support options	54
12.1.2 Importance of comprehensive aftercare	57
12.1.3 Culturally appropriate treatment and support.....	58
12.1.4 Community-controlled and culturally appropriate services	58
12.1.5 Trauma and social and emotional wellbeing service.....	59
12.1.6 Voluntary treatment	61
12.1.7 Sobering up shelters and night patrol.....	61
12.2 Therapeutic Jurisprudence	62
12.2.1 Alcohol and Other Drugs Court.....	62
12.2.2 Diversion options.....	63
12.3 Prevention, diagnosis and treatment for Foetal Alcohol Spectrum Disorder.....	65
12.4 Increase in family violence services	66
12.4.1 Men's programs	67
13. Conclusion	69
References	70

About APO NT

Aboriginal Peak Organisations of the Northern Territory – APO NT – is an alliance comprising the Central Land Council (CLC), Northern Land Council (NLC), Aboriginal Medical Services Alliance NT (AMSANT), North Australian Aboriginal Justice Agency (NAAJA) and Central Australian Aboriginal Legal Aid Service (CAALAS).

The alliance was created to provide a more effective response to key issues of joint interest and concern affecting Aboriginal people in the Northern Territory, including through advocating practical policy solutions to government. APO NT is committed to increasing Aboriginal involvement in policy development and implementation, and to expanding opportunities for Aboriginal community control. APO NT also seeks to strengthen networks between peak Aboriginal organisations and smaller regional Aboriginal organisations in the NT.

Acronyms

ACT	Australian Capital Territory
AMP	Alcohol Management Plan
AMSANT	Aboriginal Medical Services of the Northern Territory
AOD	Alcohol and Other Drugs
APO	Alcohol Protection Order
APO NT	Aboriginal Peak Organisations Northern Territory
BDR	Banned Drinkers Register
CAALAS	Central Australian Aboriginal Legal Aid Service
CAAAPU	Central Australian Aboriginal Alcohol Programs
CAAPS	Council for Aboriginal Alcohol Program Services
CAYLUS	Central Australian Youth Link Up Service
CDEP	Community Development Program
CLC	Central Land Council
CTH	Commonwealth
CREDIT	Court Referral and Evaluation for Drug Intervention and Treatment
DFV	Domestic and Family Violence
DFVN	Domestic Family Violence Network
ELT	Early Life Trauma
FARE	Foundation for Alcohol Research and Education
FASD	Foetal Alcohol Spectrum Disorder
FORWAARD	Foundation of Rehabilitation With Aboriginal Alcohol Related Difficulties
ICESCR	International Covenant on Economic, Social and Cultural Rights
NAAJA	North Australian Aboriginal Justice Agency
NLC	Northern Land Council
NPY	Ngaanyatjarra Pitjantjatjara Yankunytjatjara
NSW	New South Wales
NT	Northern Territory
NTER	Northern Territory Emergency Response Legislation (The Intervention)
NTG	Northern Territory Government
NTPA	Northern Territory Police Association
PAAC	People's Alcohol Action Coalition
POS	Point of Sale
PTSD	Post-Traumatic Stress Disorder
RBL	Risk-based Licensing
SEWB	Social and Emotional Wellbeing
SFNT Act	<i>Stronger Futures in the Northern Territory Act</i>
SMART	Substance Misuse Assessment Referral for Treatment

SOS	Sobering up Shelters
TBLs	Temporary Beat Locations
TIC	Trauma Informed Care
UNDRIP	United National Declaration on the Rights of Indigenous Peoples
WDO	Work Development Order

Recommendations

Recommendation 1

That approaches to addressing alcohol policy must encompass the social and cultural determinants of health.

Recommendation 2

That trauma informed systems are established by the NT Government in all services providing rehabilitation, detoxification or other support as a matter of urgency in recognition of the link between family violence, intergenerational trauma, alcohol misuse, addiction and trauma disorders.

Recommendation 3

That the core principles of the *United Nations Declaration on the Rights of Indigenous Peoples* are incorporated in alcohol policy with a human rights framework.

Recommendation 4

That the *Alcohol Protection Act 2013* (NT) is repealed under the *Alcohol Harm Reduction Bill 2017* (NT) and Alcohol Protection Orders are abolished in their entirety.

Recommendation 5

That *Alcohol Mandatory Treatment Act 2013* (NT) is repealed under the *Alcohol Harm Reduction Bill 2017* (NT).

Recommendation 6

- a) That conducting identification checks at takeaway alcohol outlets requires a legislative basis and that the operation of TBLs should be non-discriminatory; and
- b) That TBLs remain in force until the reintroduction of the BDR and be phased out with consideration given to issues arising during the BDR roll-out.

Recommendation 7

That alcohol legislation and policy must be sensitive to the impacts of discrimination on alcohol and other drug misuse.

Recommendation 8

That community control, community empowerment and self-determination underpin alcohol legislation, alcohol policy and the delivery of alcohol services and programs in the Northern Territory.

Recommendation 9

That the Northern Territory Government amends the Liquor Act (NT) to allow Licencing NT to set a floor price for alcohol products based on a price of \$1.30 per standard drink.

Recommendation 10

That the Northern Territory Government lobbies the Commonwealth Government to abolish the Wine Equalisation Tax and implement a volumetric tax for all alcohol products.

Recommendation 11

That the Northern Territory Government recognises the success of the Living with Alcohol model and consider such a model when adopting a harm-minimisation approach.

Recommendation 12

That the Northern Territory Government implement the recommendations of the Northern Australian Aboriginal Justice Agency (NAAJA) regarding drinking spots near restricted areas.

Recommendation 13

- a) That the Northern Territory Government calls upon the Commonwealth Government to delegate the assessment and implementation of alcohol management plans (AMP) developed under the Stronger Futures Northern Territory Act to the Northern Territory Government.
- b) That a legislative deadline of six months be introduced within which all community AMPs and other community driven strategies need to be reviewed and processed.
- c) That a transparent process for ensuring AMPs meet minimum standards is agreed to so that communities know what is expected. This should include publishing the minimum standards in plain language. All AMPs would be approved if it can be determined that they have met these minimum standards.
- d) That APO NT be involved in a working group to determine the minimum standards.

Recommendation 14

That one take-away free day per week, which aligns with Centrelink payments, be introduced in locations where a need is identified.

Recommendation 15

That the Northern Territory Government develops minimum Territory-wide standards for on-licence and off-licence alcohol trading hours:

- a) reducing takeaway sales hours (e.g. opening at 2pm)
- b) reducing on-site sales hours (e.g. 12pm to 2am)

Recommendation 16

That the Northern Territory Government introduces in designated late night precincts:

- a) lockout laws that limit trading hours to 2am;
- b) drink restrictions that limit alcohol sales after midnight; and
- c) mandatory ID scanning that is connected to the BDR.

Recommendation 17

That the Northern Territory Government reinstates the Banned Drinkers Register with the required improvements outlined in NAAJA's submission to this Expert Panel.

Recommendation 18

- a) That the Northern Territory Government establishes appropriate outlet densities based on research and evidence.
- b) That the Northern Territory Government introduces a buy-back scheme that focuses on licences causing the most harm.

Recommendation 19

- a) That the Expert Panel exercise great caution in considering the recommendations of the Bowchung report to reinstate access to alcohol in social clubs.
- b) That licensed clubs in remote communities only be established in accordance with the criteria outlined in the Bowchung Report and the Congress Position Paper on Aboriginal Social Clubs.
- c) That any reinstatement of access to alcohol in social clubs should include an evaluated trial to ascertain that they are acting as an effective harm minimisation measure.

Recommendation 20

That the Northern Territory Government amend the Liquor Act (NT) to include:

- a) licence categories;
- b) annual licence renewal process and fee;
- c) a risk-based licensing fee system that, at a minimum, calculates fees according to licence type, occupancy, trading hours, location, volume of gross liquor sold and number of licences owned by an operator;
- d) risk-based loadings for non-compliance; and
- e) A system based on harm minimisation for determining whether any new license are granted. The system must include mechanisms to ascertain community views.

Recommendation 21

That the Northern Territory Government considers the introduction of legislative provision providing for Dram Shop Liability as a harm-minimisation measure.

Recommendation 22

That Aboriginal communities across the Northern Territory participate in the design and delivery of youth services and programs that can provide a meaningful alternative to engagement with and misuse of alcohol.

Recommendation 23

That the Good Sports Program be incorporated in all future accords and AMPs to ensure that all sporting clubs in the NT are healthy, safe and friendly places for our youths.

Recommendation 24

That early intervention and prevention are a priority for alcohol policy and legislation in the Northern Territory, through the adequate resourcing of Comprehensive Primary Health Care which incorporates early childhood intervention, as well as prevention and health promotion.

Recommendation 25

- a) That all forms of alcohol advertising in the Northern Territory are prohibited.
- b) That all forms of alcohol promotion and sponsorship of sport are prohibited.

Recommendation 26

That all forms of political donations from the alcohol industry and its representatives in the Northern Territory be prohibited.

Recommendation 27

That the Northern Territory Government increases alcohol treatment and rehabilitation services, including detoxification and residential treatment facilities, based on need and comprehensive regional coverage.

Recommendation 28

That the primary health care sector 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 therapies

Recommendation 29

That the allocation of funds for treatment and rehabilitation services to Aboriginal communities explicitly recognise Aboriginal community controlled organisations as preferred providers.

Recommendation 30

That the Northern Territory Government ensure that all patients who have been treated in residential rehabilitation /detoxification services have access to ongoing AOD treatment (preferably within ACCHSs or government PHC) given the evidence that people benefit from long term treatment rather than episodic based care. All residential services should be required to link patients in to ongoing treatment as a condition of funding and provide the community based treatment service with a comprehensive discharge summary and treatment plan.

Recommendation 31

That cultural support measures and cultural safety practices underpin any therapeutic approach to the treatment of alcohol dependence.

Recommendation 32

That all levels of Government provide on-going support and resources for Aboriginal Community Controlled Health Services (ACCHSs) to deliver Social and Emotional Well-being programs for Aboriginal people with integrated Social and Emotional Wellbeing, mental health and AOD services, as effective, evidence-based mechanisms to address harms caused by alcohol.

Recommendation 33

That the Northern Territory Government increase funding to Sobering up Shelters and night patrol to increase their capacity and operating hours and extend funding to include Day Patrol services.

Recommendation 34

That strategies like the CREDIT Court and SMART Court are reinstated to break the cycle of physical and social harm attributed from the misuse of alcohol and the rising rate of incarceration.

Recommendation 35

That alcohol use and harm is treated as a health issue and, where appropriate, evidence-based diversionary programs and services, such as BushMob, are introduced, expanded and properly resourced, to prevent imprisonment for alcohol-related offences.

Recommendation 36

That the Northern Territory Government introduces a work development order scheme, modelled on the New South Wales scheme, to assist individuals who are having difficulty in settling their fines due to a substance addiction.

Recommendation 37

That the Northern Territory Government implements the recommendations of the Northern Territory Parliamentary Inquiry into Foetal Alcohol Spectrum Disorder.

Recommendation 38

- a) That the Expert Panel note the recommendations APO NT made to the Senate Finance and Public Administration References Committee Inquiry into Domestic Violence in Australia.
- b) That the Northern Territory Government increases access to and funding of women's shelters and safe houses.
- c) That the Northern Territory Government provides a range of short and long-term public housing options for persons affected by domestic and family violence as an essential measure in dealing with family violence problems

Recommendation 39

That Aboriginal men's programs that encourage building 'self' and healthy relationships, include mental health counselling and support, domestic violence education advice and counselling, and confidential sexual health treatment and advice be resourced and expanded across the Northern Territory. These should be based in ACCHSs wherever possible. (Note the successful mens services at Aboriginal Community Controlled Health Services such as Danila Dilba, Congress and Wurli Wurlinjang).

Recommendation 40

That rehabilitation services, which can support families be increased given that many women did not access residential treatment because of their family obligations.

Recommendation 41

That all Alcohol and Other Drug services be required to be family centred and address the needs of dependent children

Recommendation 42

That services be required to address the needs of young people and others who are using alcohol in conjunction with other addictive substances and /or who have comorbid mental health issues.

1. Introduction

It is well-known that alcohol misuse and alcohol-related harm is a grave problem in the Northern Territory (NT) that disproportionately impacts on Aboriginal families and communities. APO NT and our members have been involved over many years in trying to achieve coordinated action in relation to alcohol issues affecting our communities. Alcohol misuse is devastating the lives of too many Aboriginal people and families in the NT. Previous NT Governments have not provided solid, consistent policy on alcohol. Instead they have implemented a somewhat 'mish-mash' of government policies.

APO NT believes that addressing alcohol and drug misuse, along with the many health and social consequences of this misuse, can only be achieved through a multi-tiered approach incorporating broad-based public health measures to reduce alcohol consumption amongst the whole community. APO NT supports evidence-based alcohol policy reform, including supply reduction measures, harm reduction measures, and demand reduction measures. Without addressing the social determinants of health, and ongoing trauma, policy makers are not addressing the root causes of alcohol problems. APO NT urges the NT and Australian governments to support policies and programs which reduce alcohol related harm to Aboriginal families and communities, are based on best available evidence and have the informed consent of local communities.

APO NT is concerned that measures currently in place are punitive, racially discriminatory, ineffective and do not have an evidentiary basis. APO NT supports an alcohol-harm reduction framework that encompasses the social determinants of health, is evidence-based and community-led, is compliant with core principles of the *United Nations Declaration on the Rights of Indigenous Peoples*, is centered on prevention, intervention, diversion, and has processes for regular, independent and open review and evaluation. APO NT urges that alcohol misuse should primarily be viewed as a health problem with the factors of socio-economic status disadvantage, trauma, marginalisation and exclusion driving both alcohol and illicit drug use in Aboriginal people. Dealing with the underlying determinants must be a central part of the response.

We welcome and support the changes that have been implemented by the Gunner Government, such as:

- the moratorium on new takeaway licenses other than in exceptional circumstances;
- the strengthening of legislation to ensure Sunday trading remains limited;
- the limiting of floor space for liquor outlets to 400m²;
- the requirement of public hearings for liquor applications where an objection has been lodged; and
- the reinstatement of the Banned Drinkers Register (BDR) and the repeal of the *Alcohol Mandatory Treatment Act 2013* and *Alcohol Protection Orders Act 2013* through the introduction of the *Alcohol Harm Reduction Bill 2017* (NT).

We acknowledge the commitment of your government to address the high level of alcohol consumption that is prevalent across the NT and the steps you have taken to reduce alcohol-related harm, yet as our submission will set out, further reform is required.

The aim of APO NT's submission is to provide support for the submissions our member organisations NAAJA, CAALAS and AMSANT, and to refer the Expert Panel to the comprehensive submissions and recommendations of Central Australian Aboriginal Congress (Congress), Danila Dilba, Domestic Family Violence Network (DFVN), People's Alcohol Action Coalition (PAAC) and the Foundation for Alcohol Research and Education (FARE).

2. Social determinants of health

APO NT shares an understanding that tackling the plight of our communities can only be achieved through coordinated action across a broad range of policy areas: in housing, employment, education and health; but equally importantly is ensuring that the right conditions are in place for creating strong, resilient communities.

The task of improving health and social outcomes requires empowering individuals and communities through developing self-esteem and strong cultural identity that can underpin educational achievement, enhanced capacity to obtain and remain in employment, and to avoid destructive behaviours such as problematic substance use and interpersonal violence that all too often lead to contact with the criminal justice system.

The World Health Organization provides evidence that Indigenous health and wellbeing is profoundly affected by a range of interacting economic, social and cultural factors: poverty, economic equality and social status; housing; employment and job security; social exclusion, including isolation, discrimination and racism; education and care in early life; food security and access to a balanced and adequate diet; addictions, particularly to alcohol, inhalants and tobacco; access to adequate health services for alcohol and other drugs and social and emotional well-being services; and control over life circumstances.¹

Social deprivation and associated factors, such as income and education, are clearly linked to the risk of dependence on alcohol, thus these factors need to be addressed. APO NT believes that any policy or legislation aimed at tackling alcohol addiction will not have lasting effects if policy makers do not also address other social determinants of health including housing, education, health and control. Inadequate housing, infrastructure, job prospects and opportunities for recreation have been identified as areas in need of attention in order to

¹ World Health Organisation. (2007). *The World Health Report 2007 – A Safer Future: Global Public Health Security in the 21st Century*. Retrieved from http://www.who.int/whr/2007/whr07_en.pdf?ua=1.

help combat alcohol misuse.²

The scourge of alcohol and other drug misuse, the underlying causes and the accompanying burden of unresolved and ongoing intergenerational trauma in families and communities requires strong action. Addressing the significant human and social costs of the unacceptably high numbers of Aboriginal people in the NT with alcohol and other drug addictions must be based on a balanced approach that recognises the complex dimensions of causality and action.

Research further indicates the importance of key determinants for Indigenous peoples generally and Aboriginal peoples in Australia in particular. These include:

- the fundamental importance of control and empowerment;
- the debilitating impacts of social exclusion, racism and discrimination; and
- the protective role of culture, language and land.³

Further, policies targeting a particular area of alcohol addiction need to be based on careful assessment of the circumstances and needs of those targeted. For example, “Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice” states:

‘The co-morbidity of mental health and harmful substance use among Aboriginal people needs to be contextualized by the legacy of colonisation, racism and marginalization from dominant social institutions. International and Australian research clearly demonstrates that health in general, mental health and substance misuse are affected by social and structural factors such as housing, education, employment, income, transport and access to supportive social networks.’⁴

Recommendation 1

That approaches to addressing alcohol policy must encompass the social and cultural determinants of health.

² Wilkes E., Gray D., Saggars S., Casey W. and Stearne A. (2010). Substance Misuse and Mental Health among Aboriginal Australians. In Purdie N., Dudgeon P. and Walker R. (Eds). (2010). *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice* (pp. 117-134). Canberra, Australia: Department of Health and Ageing. Retrieved from http://research.acer.edu.au/cgi/viewcontent.cgi?article=1024&context=indigenous_education.

³ Cooper, D. (2011). *Closing the gap in cultural understanding: social determinants of health in Indigenous policy in Australia*, Aboriginal Medical Services Alliance of the Northern Territory (AMSANT), Darwin.

⁴ Wilkes E., Gray D., Saggars S., Casey W. and Stearne A. (2010). Substance Misuse and Mental Health among Aboriginal Australians. In Purdie N., Dudgeon P. and Walker R. (Eds). (2010). *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice* (pp. 117-134). Canberra, Australia: Department of Health and Ageing. Retrieved from http://research.acer.edu.au/cgi/viewcontent.cgi?article=1024&context=indigenous_education.

3. The need to recognise the link between trauma and alcohol misuse

Alcohol and substance misuse is associated with intergenerational and other types of trauma, including childhood trauma. Alcohol and other drugs are often used as a coping mechanism for dealing with unresolved trauma and grief and its resulting psychological distress.⁵

In Danila Dilba's submission to the Expert Panel, it stated:

*'A more contextualised understanding of the link between social determinants is seen in the co-morbidity of mental health and alcohol consumption. An individual may live in a community with high levels of intergenerational trauma, resulting from colonisation, racism and marginalization. This trauma may lead individuals towards unsafe drinking patterns (including dependence and addiction) resulting in social upheaval, housing complications and poverty.'*⁶

Alcohol rehabilitation programs are not likely to have long term positive effects if they do not address the underlying issues associated with histories of trauma and loss for people. The growing evidence base in relation to working with individuals and communities with issues relating to trauma and loss has identified that effective programs rely on genuine community engagement, principles of empowerment and long-term engagement in treatment and support.⁷

A study of alcohol and substance-addicted participants found over half had symptoms of Post-Traumatic Stress Disorder (PTSD) and over 80 per had experienced traumatic events.⁸ This concurs with the NDLERF study of Darwin's Long Grass residents which found that around 20 per cent of people staying in the Long Grass had PTSD symptoms and that the vast majority had experienced "an extraordinary number of trauma events".⁹

⁵ Atkinson, J. (2002). *Trauma Trails Recreating Song Lines – The Transgenerational Effects of Trauma in Indigenous Australia*. North Melbourne: Spinifex Press.

⁶ Danila Bilba. (2017). *Submission to the Northern Territory Government Alcohol Policies and Legislation Review in the Northern Territory*, p. 7.

⁷ Purdie N., Dudgeon P. and Walker R. (Eds). (2010). *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice* (pp. 117-134). Canberra, Australia: Department of Health and Ageing. Retrieved from http://research.acer.edu.au/cgi/viewcontent.cgi?article=1024&context=indigenous_education.

⁸ Dore, Glenys, Katherine Mills, Robin Murray, Maree Teesson, and Philippa Farrugia. 2012. "Post--- traumatic Stress Disorder, Depression and Suicidality in Inpatients with Substance Use Disorders." *Drug and Alcohol Review* 31 (3) (May): 294–302

⁹ Holmes, C., & McRae-Williams, E. (2009). *An investigation into the influx of Indigenous 'visitors' to Darwin's Long Grass from remote NT communities—Phase 2*, Monograph Series no. 33. Hobart: National Drug Law Enforcement Research Fund (NDLERF), Commonwealth of Australia.

APO NT have argued for a specific focus on programs dealing with the prevalence of trauma experienced by those with chronic alcohol addiction.¹⁰ Evidence shows that effective programs rely on genuine community engagement and principles of empowerment. Increased support is required for community-based recovery strategies such as the Fitzroy Valley and the Kimberley Healing and Empowerment Program, as well as Social and Emotional Wellbeing programs offered as part of comprehensive primary health care, and the use of healing initiatives, which exist in some communities already.¹¹

APO NT supports DFVN, Danila Dilba and AMSANT in their recommendation that trauma informed systems are established by the NT Government in all services providing rehabilitation, detoxification or other support as a matter of urgency in recognition of the link between family violence, intergenerational trauma, alcohol misuse, addiction and trauma disorders. It is important to note that a key feature of trauma informed systems is sharing power with clients. Community controlled organisations are best placed to implement Trauma Informed Care (TIC) systems that will work for Aboriginal people and should be the preferred providers.

Recommendation 2

That trauma informed systems are established by the NT Government in all services providing rehabilitation, detoxification or other support as a matter of urgency in recognition of the link between family violence, intergenerational trauma, alcohol misuse, addiction and trauma disorders.

4. International human rights obligations

In a workshop paper, former Aboriginal and Torres Strait Islander Justice Commissioner Tom Calma stated:

*'Social determinants theory recognises that population health and inequality is determined by many interconnected social factors. Likewise, it is a basic tenet of human rights law that all rights are interconnected and that impacting on the enjoyment of one right will impact on the enjoyment of others. Because of this synergy, human rights discourse provides a framework for analysing the potential health impacts of government policies and programs on Indigenous peoples.'*¹²

¹⁰ Aboriginal Peak Organisation NT. (2013). *APO NT Submission on the NT Alcohol Mandatory Treatment Bill May 2013. Not under the influence of evidence: A sober critique of the Alcohol Mandatory Treatment Bill*, p. 19-20. Retrieved from <http://www.amsant.org.au/apont/our-work/apo-nt-policy/alcohol-and-other-drugs/>.

¹¹ Ibid.

¹² Calma, T. (2007, April). *Social determinants and the health of Indigenous peoples in Australia – a human rights based approach*. Paper presented at International Symposium on the Social Determinants of Indigenous Health, Adelaide. Retrieved from <https://www.humanrights.gov.au/news/speeches/social-determinants-and-health-indigenous-peoples-australia-human-rights-based>.

It is clear that alcohol-related harm in many communities is a major concern and greatly affects the health and well-being of communities. Under Article 12 of the *International Covenant on Economic, Social and Cultural Rights* (ICESCR), which has been ratified by Australia, all Australians have the right to the enjoyment of the highest attainable standard of physical and mental health.

The operationalising of a rights based approach to health, begun throughout the United Nations structure by means of the *Common Understanding of a Human-Rights Based Approach to Development Cooperation*,¹³ requires that:

- people are key actors in their own development, rather than passive recipients of commodities and services;
- participation is both a means and a goal; and
- strategies should be empowering, not disempowering, and encourage active engagement of all stakeholders.¹⁴

These human rights considerations are seen as critical in addressing the social determinants of health.¹⁵ They also support services provided by Aboriginal community controlled organisations wherever possible.

4.1 Northern Territory's obligations under human rights law

Pursuant to Article 28 of the ICESCR, the human right obligations contained within the ICESCR extend to the Northern Territory, as a jurisdiction, without any limitation or exception.

4.2 Progressive realisation of rights

As such, pursuant Article 2 of the ICESCR, the Northern Territory government must 'take steps... to the maximum of its available resources, with a view to achieving progressively the full realization of the rights recognized' in the ICESCR.

4.3 Indigenous health and human rights

Alcohol misuse and related harm is to be seen primarily as a health issue. As mentioned, all Australians have the right to the enjoyment of the highest attainable standard of health.¹⁶

¹³ United Nations. (2003). *The Human Rights-Based Approach to Development Cooperation: Towards a Common Understanding Among the UN Agencies*. New York. Retrieved from www.unescobkk.org/fileadmin/user_upload/appeal/human_rights/UN_Common_understanding_RBA.pdf.

¹⁴ Calma, T. (2007, April). *Social determinants and the health of Indigenous peoples in Australia – a human rights based approach*. Paper presented at International Symposium on the Social Determinants of Indigenous Health, Adelaide. Retrieved from <https://www.humanrights.gov.au/news/speeches/social-determinants-and-health-indigenous-peoples-australia-human-rights-based>.

¹⁵ Ibid.

¹⁶ United Nations. (1976). *International Covenant on Economic, Social and Cultural Rights*, Article 12. Retrieved from <http://www.ohchr.org/EN/ProfessionalInterest/Pages/CESCR.aspx>.

Regarding the health of Indigenous Australians, the Federal, State and Territory Governments have an obligation to take the necessary steps to realise the right of Indigenous people to access to health care and social services without discrimination.¹⁷ Governments must also support Aboriginal and Torres Strait Islander peoples to run their own organisations and services, and in deciding for themselves issues affecting their health, housing and other matters.¹⁸

4.4 Rights of Indigenous peoples under Declaration on the Right of Indigenous Peoples

The core principles of the *United Nations Declaration on the Right of Indigenous Peoples* (UNDRIP) are crucial in alcohol policy with a human rights framework. The core principles of the UNDRIP are the right to be free from discrimination,¹⁹ the right of self-determination,²⁰ the right to participation in decision making,²¹ the obligation on Governments to obtain the free, prior and informed consent of Indigenous peoples before adopting and implementing measures that affect them,²² and the right to respect for and protection of culture.²³

Recommendation 3

That the core principles of the *United Nations Declaration on the Rights of Indigenous Peoples* are incorporated in alcohol policy with a human rights framework.

¹⁷ United Nations. (2007). *Declaration on the Rights of Indigenous Peoples*, Article 24. Retrieved from http://www.un.org/esa/socdev/unpfii/documents/DRIPS_en.pdf. See also United Nations. (1969). *International Covenant on the Elimination of Racial Discrimination*, Article 5. Retrieved from <http://www.ohchr.org/EN/ProfessionalInterest/Pages/CERD.aspx>.

¹⁸ United Nations. (2007). *Declaration on the Rights of Indigenous Peoples*, Article 23.

¹⁹ United Nations. (2007). *Declaration on the Rights of Indigenous Peoples*, Article 2. See also United Nations. (1969). *International Covenant on the Elimination of Racial Discrimination* Articles 1, 2, 4, 5. United Nations. (1976). *International Covenant on Economic, Social and Cultural Rights*, Article 2(2); United Nations. (1976). *International Covenant on Civil and Political Rights*, Article 2(1). Retrieved from <http://www.ohchr.org/EN/ProfessionalInterest/Pages/CCPR.aspx>.

²⁰ United Nations. (2007). *Declaration on the Rights of Indigenous Peoples*, Articles 3, 4. See also United Nations. (1976). *International Covenant on Economic, Social and Cultural Rights*, Article 1; United Nations. (1976). *International Covenant on Civil and Political Rights*, Article 1; United Nations. (1948). *Universal Declaration on Human Rights*, Articles 5 and 23. Retrieved from <http://www.un.org/en/universal-declaration-human-rights/>.

²¹ United Nations. (2007). *Declaration on the Rights of Indigenous Peoples*, Article 18.

²² Ibid, Article 19.

²³ Ibid, Articles 12, 13, 14.

5. Prevalence of alcohol in the Northern Territory

5.1 A 'core social value' in the Northern Territory

There is a strong, entrenched drinking culture in the Northern Territory. The amount of alcohol consumed in the NT remains among the highest in the world. The average number of drinks per day for people living in the Northern Territory is 3.2, which is almost 3 times higher than the global average.²⁴

The Territory has the highest per capita consumption of alcohol in Australia (over 18 standard drinks per week per person over the age of 15).²⁵ Of people aged 12 years and older, 38.6 per cent consume alcohol at rates that place them at risk of short-term harm, and 28.8 per cent consume alcohol at levels that place them at risk of long-term harm, including chronic disease and illness.²⁶ These figures are significantly more than the national average for short-term and long-term harm (25.7 per cent and 17.6 per cent respectively).²⁷

5.2 Alcohol misuse and Indigenous Australians

Alcohol misuse and alcohol-related harm disproportionately impacts on Aboriginal families and communities for a number of complex reasons. The average amount of alcohol consumed amongst Aboriginal people was twice as high as their non-Aboriginal counterparts. Data shows that the average alcohol consumed amongst Aboriginal Australians was 1.5 bottles of wine compared to 5 glasses of wine amongst non-Aboriginal people.²⁸

Aboriginal people are 1.6 times more likely to abstain from alcohol use compared to non-Aboriginal people. In 2011 to 2013, the Northern Territory also had the highest percentage of Indigenous adults abstaining from alcohol at 50.5 per cent. In the same period, 15.4 per cent of non-Indigenous adults abstained, which was below the national average of 16.3 per cent.²⁹

However, Aboriginal people who do drink are more likely to drink at dangerous and risky levels.³⁰ The proportion of Indigenous adults at risk of long-term harm from alcohol in the NT

²⁴ Northern Territory Government. (2017). *Northern Territory Alcohol Policies and Legislation Review*. Darwin: Northern Territory Government.

²⁵ Northern Territory Department of the Attorney General and Justice. (2017). *Northern Territory Wholesale Alcohol Supply 2008 to 2015*, p. 3. Retrieved from <https://justice.nt.gov.au/attorney-general-and-justice/statistics-and-strategy/wholesale-alcohol-supply-data>.

²⁶ Australian Institute of Health and Welfare. (2014). *National Drug Strategy Household Survey 2013*. Retrieved from <http://www.aihw.gov.au/alcohol-and-other-drugs/data-sources/ndshs-2013/>.

²⁷ Ibid.

²⁸ Northern Territory Government. (2017). *Northern Territory Alcohol Policies and Legislation Review*. Darwin: Northern Territory Government.

²⁹ Steering Committee for the Review of Government Service Provision. (2017). *Report on Government Services 2017*, Volume E: Health, Table EA.23. Retrieved from <http://www.pc.gov.au/research/ongoing/report-on-government-services/2017/health/rogs-2017-volume-e.pdf>.

³⁰ Australian Government. (2017). *Aboriginal and Torres Strait Islander Health Performance Framework*.

has decreased from 14.2 per cent in 2013-14 to 13.3 per cent in 2014-15. This figure is below the national average of 15.8 per cent.³¹ Increased drinking rates and hospitalisation as a result of alcohol consumption is evident in rural and remote communities. Aboriginal people in rural and remote regions are 1.5 times more likely to drink at risky levels for both lifetime and single-occasion harm.³²

6. Alcohol-related harm in the Northern Territory

Misuse of alcohol has devastating health and social consequences for all Territorians, and has a social cost of approximately \$642 million a year.³³ Crime statistics from the Northern Territory specifically show that 60 per cent of assaults were associated with alcohol.³⁴ Roughly 40 per cent of all Northern Territory road fatalities in 2015-2016 involved an illegal blood alcohol levels.³⁵ Alcohol is involved in approximately 65 per cent of all family violence incidents in the Northern Territory.³⁶ A total of 9816 Aboriginal people were hospitalised related to alcohol during 2013-2015, reflecting 2 per cent of total hospital admissions of Aboriginal Australians.³⁷ The NT also has the highest death rate due to alcohol of any Australian jurisdiction with 11.8 per cent of all deaths begin due to alcohol.³⁸

Parental substance misuse, particularly alcohol abuse, is also commonly associated with the occurrence of child abuse and neglect and identified in families involved with child protection

Canberra: Australian Government. Retrieved from

https://www.pmc.gov.au/sites/default/files/publications/2017-health-performance-framework-report_0.pdf

³¹ Steering Committee for the Review of Government Service Provision. (2017). *Report on Government Services 2017*, Volume E: Health, Table EA.23. Retrieved from <http://www.pc.gov.au/research/ongoing/report-on-government-services/2017/health/rogs-2017-volumee.pdf>.

³² National Rural Health Alliance. (2014). *Alcohol Use in Rural Australia*. Canberra: National Rural Health Alliance. Retrieved from

<http://ruralhealth.org.au/sites/default/files/publications/nrha-factsheet-alcohol.pdf>.

³³ Davidson, H. (2017, July 4). Tackling alcohol in remote areas: communities plead for local. *The Guardian*. Retrieved from <https://www.theguardian.com/australia-news/2017/jul/04/tackling-alcohol-remote-areas-communities-plead-local-control>.

³⁴ Northern Territory Government. (2017). *Northern Territory Alcohol Policies and Legislation Review*. Darwin: Northern Territory Government.

³⁵ Ibid.

³⁶ Northern Territory Police. (2017). Northern Territory crime statistics. Retrieved from <http://www.pfes.nt.gov.au/%20Police/Community-safety/Northern-Territory-crime-statistics.aspx>; Foundation for Alcohol Research and Education. (2015). *National framework for action to prevent alcohol-related family violence*. Canberra: FARE. Retrieved from <http://fare.org.au/wp-content/uploads/research/FARE-National-framework-to-prevent-alcohol-related-family-violence-web.pdf>.

³⁷ Australian Government. (2017). *Aboriginal and Torres Strait Islander Health Performance Framework*. Canberra: Australian Government. Retrieved from

https://www.pmc.gov.au/sites/default/files/publications/2017-health-performance-framework-report_0.pdf

³⁸ Gao C, Ogeil R, Lloyd B. *Alcohols burden of disease in Australia*, Vic Health, FARE , Eastern Health and Turning Point.

services.³⁹

Alcohol is also one of four modifiable risk factors that contributes to a third of preventable chronic disease.⁴⁰ Health workers, educators and communities indicate a high incidence of Foetal Alcohol Spectrum Disorder (FASD) in the Territory. Internationally, studies have found prevalence rates of around 1 to 3 per 1,000 births in general populations and around 10 per 1,000 (or 1 per cent) in high risk populations.⁴¹

7. Past alcohol policy and legislation in the Northern Territory

7.1 Living with Alcohol Program (1991-2000)

The Living with Alcohol Program is still nationally considered best practice today.⁴² The Living with Alcohol program was a whole-of-government approach to combat the considerable harm experienced by the community as a result of alcohol. It was funded by the revenue raised from the Territory excise on heavy beer and wine. The program was nationally recognised as being highly successful because, within the first four years of operation, it led to:

- a shift to light beer;
- a substantial reduction in total amount of alcohol consumed; and
- a reduction in the amount of harm caused, notably 129 lives were saved and 2,100 alcohol-related admissions were prevented.⁴³

The revenue raised from the tax was dedicated to pay for prevention and treatment programs. In the first four years, a total of \$18 million of the levy raised paid for a broad range

³⁹ Northern Territory Government 2010, Growing them Strong, Together: Promoting the safety and wellbeing of the Northern Territory's children, Report of the Board of Inquiry into the Child Protection System in the Northern Territory 2010, M. Bamblett, H. Bath and R. Roseby, Northern Territory Government, Darwin.

⁴⁰ Australian Institute of Health and Welfare. (2014). *Australia's health 2014*. Canberra: Australian Institute of Health and Welfare. Retrieved from <http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129548150>.

⁴¹ Expert Panel on Action to Prevent Foetal Alcohol Spectrum Disorder. (2015). *The Preventable Disability*, p. 13. Retrieved from https://parliament.nt.gov.au/_data/assets/pdf_file/0005/363254/Final_FASD_Report.pdf.

⁴² Northern Territory Government. (2014). *Submission to the Inquiry into the Harmful Use of Alcohol in Aboriginal and Torres Strait Islander Communities*, p. 5. Retrieved from http://www.aph.gov.au/Parliamentary_Business/Committees/House/Indigenous_Affairs/Alcohol/Submissions.

⁴³ Goldflam, R. (2010). Damming the Rivers of Grog: Taking the hard decisions to stop the violence. *Drug and Alcohol Review*, 29, p. 11. MA, USA: Blackwell Publishing. 11. Retrieved from <http://members.ozemail.com.au/~pipmcmanus/Damming%20the%20Rivers%20of%20Grog.pdf>.

of new prevention and treatment programs in the Territory.⁴⁴ Along with the substantial reduction in consumption and decrease in alcohol-related harm, there was an associated cost saving of \$124 million.⁴⁵

By 2004, alcohol-related fatal accidents reduced by 30 per cent, alcohol-related deaths reduced by 31 per cent, alcohol-related accidents reduced by 29 per cent and per capita consumption reduced by 18 per cent.⁴⁶

7.2 Therapeutic Alcohol and Other Drug Court - CREDIT Court/SMART Court (2003-2013)

The Court Referral and Evaluation for Drug Intervention and Treatment (CREDIT) Court was established under *Bail Act 1992* (NT) in Alice Springs and Darwin. It was a court of therapeutic jurisprudence and heard criminal matters where the offender has history of serious substance misuse and had committed an offence. It operated as a bail diversionary process for those charged with an offence linked to their drug or alcohol dependency. The presiding magistrate was able to refer court-based clinicians for assessment and referral to treatment and rehabilitation programs provided by agencies. If a person completed treatment, it was a mitigating factor taken into account at sentencing. The aim of the court was to reduce crime, drug use and social offending, and improve health and social function. The CREDIT Court was replaced by Substance Misuse Assessment Referral for Treatment (SMART) Court.

The SMART Court commenced operating in a limited capacity in the Northern Territory on 1 July 2011 and from 1 July 2012, the court operated with full capacity, which included a holistic integrated case management model for people being issued with SMART orders. This court was of therapeutic jurisprudence and heard criminal matters where the offender had a history of serious substance misuse and had committed an offence.⁴⁷ The court issued 108 orders by the end of March 2012.⁴⁸

The court aimed to reduce offending and antisocial behaviour associated with substance misuse, increase rehabilitation, reduce the number of people re-offending and provide a pathway into treatment for problem drinkers and reduce the harms associated with

⁴⁴Ibid; National Drug Research Institute. (2000). *Preventing Harmful Drug Use in Australia: Indigenous Australian Alcohol and Other Drug Issues*. Retrieved from <http://ndri.curtin.edu.au/local/docs/pdf/publications/M38.pdf>

⁴⁵ Ibid.

⁴⁶ Ibid.

⁴⁷ Aboriginal Peak Organisation NT. (2014). *Submission to the Inquiry into the Harmful Use of Alcohol in Aboriginal and Torres Strait Islander Communities*, p. 34. Retrieved from <http://www.amsant.org.au/apont/wp-content/uploads/2015/02/140417-APO-NT-Submission-Into-harmful-use-of-alcohol-in-ATSI-communities.pdf>.

⁴⁸ Ibid.

substance misuse through improved health and social outcomes for people whose offending was related to substance misuse.⁴⁹

However, after only 18 months of operation, it was abolished by the Country Liberal Government in its December 2012 budget with no evaluation to assess effectiveness.⁵⁰

7.3 Alcohol Management Plans (commenced 2005)

An alcohol management plan (AMP) is an agreed approach to the sale and consumption of alcohol within a community, aimed at reducing alcohol harm and increasing community safety. By 2005, Northern Territory Government AMPs were put in place in Groote Eylandt and Bickerton Island. AMPs were in place for Alice Springs, Katherine, Tennant Creek, Palmerstone, East Arnhem Land, Jabiru, Borroloola and Darwin by 2008. As at May 2013, there were 24 AMPs being either managed or developed in both regional and remote locations across the Northern Territory. However, since 2014, only one AMP has been approved. Evaluations of the impact of the reduction of the alcohol supply in remote Indigenous communities have found that this strategy has been effective in reducing serious injury in selected communities.⁵¹ Further discussion of AMPs can be found in 10.4.

7.4 The Northern Territory Emergency Response and Stronger Futures Legislation (commenced 2007)

Under the *Northern Territory Emergency Response* (NTER) or ‘the Intervention’, the Minister declared most Aboriginal communities in the Northern Territory ‘Prescribed Areas’. It became an offence to take, possess, drink or supply alcohol on all Aboriginal land, community living areas, town camps and Canteen Creek, Finke and Daly River (‘Prescribed Areas’). Blue signs were put up to mark these areas and declared alcohol and pornography as prohibited. A first offence could see a fine up to \$1,100. Possessing more than three cases of beer could lead to one being charged with a trafficking offence and up to a \$74,000 fine or 18-months imprisonment.⁵²

⁴⁹ Australian Institute of Criminology. (2005). *Specialty courts in Australia: Report to the Criminology Research Council*, p. 27. Retrieved from <http://crg.aic.gov.au/reports/2005-07-payne/2005-07-payne.pdf>.

⁵⁰ Aboriginal Peak Organisation NT. (2014). *Submission to the Inquiry into the Harmful Use of Alcohol in Aboriginal and Torres Strait Islander Communities*, p. 34. Retrieved from <http://www.amsant.org.au/apont/wp-content/uploads/2015/02/140417-APO-NT-Submission-Into-harmful-use-of-alcohol-in-ATSI-communities.pdf>.

⁵¹ Margolis, S. A., Ypinazar, V. A., & Muller, R. (2007). The impact of supply reduction through alcohol management plans on serious injury in remote indigenous communities in remote Australia: a ten-year analysis using data from the Royal Flying Doctor Service. *Alcohol & Alcoholism*, 43(1), 104-110.

⁵² Central Land Council. (2012, April). News. *Land Rights News Central Australia*, p. 25. Retrieved from <http://www.clc.org.au/files/pdf/page25.pdf>.

7.5 Enough is Enough campaign (commenced 2011)

The Enough is Enough Campaign was introduced through the *Alcohol Reform (Substance Misuse Assessment and Referral for Treatment Court) Act 2011* (NT). This campaign saw the following measures put in place:

- Turning problem drinkers off tap through banning notices for the purchase, possession or consumption of alcohol across the NT;
- Establishment of a Banned Drinkers Register;
- treatment provisions for Problem Drinkers which required people with to undertake assessment and treatment if they wanted their ban to be lifted;
- Establishment of an Alcohol and Other Drugs Tribunal with the power to make orders for the benefit of people who misuse alcohol or drugs, including treatment with the consequence of not following the order being ongoing banning (but not forced treatment); and
- In some selected cases (e.g. people caring for dependent children), referral for assessment for income management of people who are misusing alcohol.⁵³

This Act saw the establishment of the Banned Drinkers Register (BDR) which operated from 2011 to 2013. At the end of 2012, funding for the SMART Court was discontinued, the court was wound down, and no alternative was put in its place. No AOD-specific court has been operating in the Territory since December 2012.⁵⁴

7.6 Alcohol Mandatory Treatment (commenced 1 July 2013)

In 2013, alcohol mandatory treatment (AMT) was introduced under the *Alcohol Mandatory Treatment Act 2013* to reduce alcohol-related and anti-social behaviour. Individuals over 18 years of age can be subject to Mandatory treatment for up to three months if taken into police custody for being intoxicated in public three or more times in two months.⁵⁵ Individuals are clinically assessed and an independent tribunal then decides the best treatment options including up to three months in a secure residential treatment facility or community residential treatment facility, and/or another form of community management, such as income management. An evaluation by the Menzies Institute of Health Research found that

⁵³ Northern Territory Government. (2011). *Alcohol Reform (Prevention of Alcohol-Related Crime and Substance Misuse) Bill 2011: Enough is Enough Reform Package*. Retrieved from http://www.territorystories.nt.gov.au/bitstream/10070/237630/4/Lawrie-300311-Historic_alcohol_reforms_introduced_to_Parliament_attachment3.pdf.

⁵⁴ Pyne, A. (2012). Ten proposals to reduce Indigenous over-representation in Northern Territory prisons. *Australian Indigenous Law Review*, 16, 2.

⁵⁵ Northern Territory Department of Health. (2017). *Evaluation of the Alcohol Mandatory Treatment Program*. Retrieved from <http://digitallibrary.health.nt.gov.au/prodjspui/bitstream/10137/1226/1/Alcohol%20Mandatory%20Treatment%20Evaluation%20Report.pdf>.

AMT had little benefit to most people who participated in it.⁵⁶

7.7 Alcohol Protection Orders

(commenced December 2013)

Police can give a person an Alcohol Protection Order (APO) if that person is over 18 years old and he or she is charged with an offence punishable by six months in prison (known as a qualifying offence) or the police believe the person was affected by alcohol at the time he or she committed the offence. If you are given an APO, it is an offence to possess alcohol, consume alcohol, or enter a licensed premise, except if it is your work or home. An individual's first APO is issued for three months. An individual subject to such order will not be able to drink or possess alcohol in one's own home during the order. If a person breaches an order, or commits another qualifying offence within 12 months of the order finishing, that person may be issued another order for six months. If a person breaches the conditions of a six month APO, that person may receive another order for 12 months. A person can also apply for a voluntary APO with the police.⁵⁷

7.8 Point of sale intervention

(commenced 2014)

With the removal of the BDR in 2013, point of sale (POS) interventions, previously labelled Temporary Beat Locations (TBLs), were introduced. This intervention involves police being stationed outside takeaway alcohol outlets to check customer IDs and determine where the alcohol purchased, or to be purchased, will be consumed. The aim is to prevent people from taking alcohol to areas where drinking is prohibited. This includes town camps and remote communities. TBLs are thus nearly always applied to Aboriginal people.

8. Current Issues

8.1 Inconsistency in policy and legislation

Firstly, there is geographical inconsistency of alcohol regulation within the Territory. In Darwin, take-away alcohol can be purchased and consumed in selected public places. In Katherine, take-away alcohol cannot be purchased during the morning, nor during the weekend.⁵⁸ For residents and tourists in the East Arnhem region, you must hold a liquor

⁵⁶ Ibid.

⁵⁷ Northern Territory Government. (2017). Alcohol Protection Orders. Retrieved from <https://nt.gov.au/law/alcohol/alcohol-protection-orders>.

⁵⁸ Aboriginal Peak Organisation Northern Territory. (2013). *APO NT Submission on the NT Alcohol Mandatory Treatment. Not under the influence of evidence: A sober critique of the Alcohol Mandatory Treatment Bill*. Retrieved from <http://www.amsant.org.au/apont/our-work/apo-nt-policy/alcohol-and-other-drugs/>

permit to buy and drink takeaway alcohol. In most remote communities, alcohol cannot be purchased or consumed.⁵⁹ This can be justified sometimes (e.g. many very remote communities want alcohol to be banned) but in other circumstances, there is little justification based on evidence or community preferences for the inconsistencies.

Secondly, the Northern Territory has been subject to conflicting alcohol policy regimes imposed at Federal, Territory and local government levels for too long. This is confusing for Aboriginal people and has undermined the effectiveness of specific evidence-based initiatives. APO NT urges approaches to alcohol policy that are coordinated, responsive to local need and that are evidence-based.⁶⁰

8.2 Punitive measures

Not only does the Territory not have a coherent approach to alcohol policy, current measures are punitive responses to those with alcohol problems rather than tackling alcohol as a community-wide issue. Since the abolition of the Banned Drinkers Register and the SMART Court, this punitive approach has intensified.

Northern Territory Government measures such as AMT, APOs and paperless arrests are counter-therapeutic; they criminalise drinking for vulnerable individuals and are not evidence-based, they are contrary to fundamental recommendations of the *Royal Commission into Aboriginal Deaths in Custody*, they lead to greater contact between Aboriginal people and police and more Aboriginal people entering the criminal justice system, and affronts the principles of individual liberty from arbitrary detention.⁶¹

8.3 Discriminatory application of laws

APO NT is concerned that a number of the current alcohol laws and policies are racially discriminatory.

Ignoring the debate about whether Aboriginal and Torres Strait Islander people are the target of these laws, it is clear that Aboriginal people 'bear the brunt of the coercive power' that paperless arrests, APOs and AMT give to police.⁶² The reasons for this are complex, but the effect is that Aboriginal people are more likely to come to the attention of police for offences

⁵⁹ Northern Territory Government. (2017). Buying takeaway alcohol. Retrieved from <https://nt.gov.au/law/alcohol/buying-takeaway-alcohol>.

⁶⁰ Aboriginal Peak Organisation Northern Territory. (2014). *Submission to the Committee on the review of Stronger Futures in the NT and related legislation*, p. 5.

⁶¹ Aboriginal Peak Organisation NT. (2014). *Submission to the Inquiry into the Harmful Use of Alcohol in Aboriginal and Torres Strait Islander Communities*, p. 11, 36-7. Retrieved from <http://www.amsant.org.au/apont/wp-content/uploads/2015/02/140417-APO-NT-Submission-Into-harmful-use-of-alcohol-in-ATSI-communities.pdf>.

⁶² Hunyor, J. (2015). Imprisonment: Paperless arrests and the rise of executive power in the Northern Territory. *Indigenous Law Bulletin*, 8(21), 3, p. 8. Retrieved from <http://www.austlii.edu.au/au/journals/IndigLawB/2015/49.pdf>.

while under the influence of alcohol, and police discretion is less likely to be exercised in their favour.⁶³

8.3.1 Alcohol Protection Orders

Between the commencement of the APO Act and 19 July 2014, 86 per cent of first APOs issued and 94 per cent of second APOs issued were to Aboriginal people.⁶⁴

Over the years, APO NT has expressed numerous concerns about the APO regime. APO NT is concerned that APOs:

- ignore health experts on effective ways to reduce alcoholism;
- result in more encounters with police;
- give police far-reaching powers, for almost all criminal offending, which is usually reserved for courts;
- contain an inadequate process for reconsideration and review of orders;
- do not have a tracking system such as the BDR;
- have unintended consequences such as prohibiting a person from entering or being in a supermarket or sporting event (as they are licensed premises); and
- do not contain a requirement to ensure that a person can understand the issuing notice or that it is explained to them in language or in terms that they can understand.

APO NT supports abolition of APOs under *Alcohol Harm Reduction Bill 2017* (NT).

Recommendation 4

That the *Alcohol Protection Act 2013* (NT) is repealed under the *Alcohol Harm Reduction Bill 2017* (NT) and Alcohol Protection Orders are abolished in their entirety.

8.3.2 Alcohol Mandatory Treatment Scheme

Nearly all (99 per cent) of people assessed under the AMT scheme are Indigenous.⁶⁵

APO NT opposes AMT because it is counter-therapeutic, criminalises drunkenness and vulnerable individuals, and it is an affront to the principles of individual liberty from arbitrary detention. AMT leads to greater contact between Aboriginal people and police, and more

⁶³ Allard, T., Stewart, A., Chrzanowski, A., Ogilvie, J., Birks, D., & Little, S. (2010). Police diversion of young offenders and Indigenous over-representation. *Trends and issues in crime and criminal justice*, (390), 1. Retrieved from http://www.aic.gov.au/media_library/publications/tandi_pdf/tandi390.pdf; Luke, G., & Cunneen, C. (1995). *Aboriginal over-representation and discretionary decisions in the NSW juvenile justice system*. Sydney: Juvenile Justice Advisory Council of NSW.

⁶⁴ North Australian Aboriginal Justice Agency. (2017). *Submission to the Northern Territory Government Alcohol Policies and Legislation Review in the Northern Territory*, p. 13.

⁶⁵ Law Society Northern Territory. (2014). Six Month Review of the Alcohol Mandatory Treatment Act. Retrieved from http://lawsocietynt.asn.au/index.php?option=com_content&view=article&id=457:six-month-review-of-the-alcohol-mandatory-treatment-act&catid=901:latest-news&Itemid=253.

Aboriginal people entering the criminal justice system and our jails. The AMT scheme fails to achieve its outcomes while drawing significant resources away from other effective services that are underfunded or not funded at all, such as voluntary treatment services and facilities in remote communities and culturally strengthening approaches and models that will assist Aboriginal communities to take responsibility for the damage done by alcohol.

The recent review of the AMT program found that the program was poorly designed, expensive (costing \$18 million in 2015-16 to treat just 190 people), able to provide very few effective interventions and had no long-term health benefits.⁶⁶

APO NT supports the repeal of *Alcohol Mandatory Treatment Act 2013* (NT) under the *Alcohol Harm Reduction Bill 2017* (NT) and the recommendations of the AMT evaluation review published in January 2017.

Recommendation 5

That *Alcohol Mandatory Treatment Act 2013* (NT) is repealed under the *Alcohol Harm Reduction Bill 2017* (NT).

8.3.3 Paperless arrests

Police can arrest people because they believe on reasonable grounds that the person has committed or were about to commit an ‘infringement notice offence’. The person can be held for up to four hours, or until they are no longer intoxicated.⁶⁷

Between December 2014 and mid-2015, the paperless arrest provisions had been used over 700 times and approximately 75 per cent of those detained were Aboriginal and Torres Strait Islander people.⁶⁸

Paperless arrest provisions lead to over-policing of trivial public order offences committed by Indigenous people. This results in what is commonly known as the ‘trifecta’ wherein minor offences such as offensive language (usually directed at a police officer) escalate to serious charges, such as resisting arrest and assaulting police.⁶⁹

⁶⁶ Northern Territory Department of Health. (2017). *Evaluation of the Alcohol Mandatory Treatment Program*. Retrieved from

<http://digitallibrary.health.nt.gov.au/prodjspui/bitstream/10137/1226/1/Alcohol%20Mandatory%20Treatment%20Evaluation%20Report.pdf>.

⁶⁷ Hunyor, J. (2015). Imprisonment: Paperless arrests and the rise of executive power in the Northern Territory. *Indigenous Law Bulletin*, 8(21), 3, p. 3. Retrieved from <http://www.austlii.edu.au/au/journals/IndigLawB/2015/49.pdf>.

⁶⁸ Lauder, S. (2015, May 25). NT Arrest Powers under Scrutiny after Death in Custody. *ABC News*. Retrieved from <http://www.abc.net.au/news/2015-05-25/nt-arrest-powers-under-scrutiny-after-death-in/6494086>.

⁶⁹ Office of the Aboriginal and Torres Strait Islander Social Justice Commissioner. (1996). *Indigenous Deaths in Custody: 1989 to 1996*. Retrieved from <https://www.humanrights.gov.au/our-work/aboriginal-and-torres-strait-islander-social-justice/publications/indigenous-deaths-custody>.

8.3.4 Point of sale interventions (or Temporary Beat Locations)

Following the dismantling of the BDR system, alcohol-related emergency department presentations to the Alice Springs hospital more than doubled over the next six months.⁷⁰ In response, police increased the use of TBLs.

TBLs have been effective overall in reducing alcohol consumption and related behaviour.⁷¹ The *House of Representatives Standing Committee on Indigenous Affairs final report into the harmful use of alcohol in Aboriginal and Torres Strait Islander communities* notes that TBLs have had a very positive impact on reducing alcohol-related harm in and around those venues where police were stationed.⁷²

However, APO NT is concerned by the discriminatory nature of this over-policing of liquor outlets.⁷³ In its submission to the current review, NAAJA stated:

*'There is a real risk that individual Police Officers make assumptions about people wishing to buy alcohol based on their race or demeanor. The Police might target Aboriginal people under this arrangement on the basis of a reasonable belief that Aboriginal people live on restricted areas and therefore it is appropriate to target them, however this perception and the optics of this are concerning. Because Police Officers target Aboriginal people and even if a person shows identification and is permitted to purchase alcohol the feelings of shame and being targeted lends itself to discrimination and this, in turn, can be associated with trauma.'*⁷⁴

APO NT has previously raised concern about the legality of this measure. Police must reasonably suspect that a relevant offence is likely to be committed before they can take actions. Police seem to be equating that a person is a resident of a restricted or alcohol protected area with reasonable suspicion that they will consume alcohol in that area. Police are requiring a person who is a resident of a restricted or alcohol protected to prove that they will consume the alcohol in a lawful place. This reverses the onus of proof and arguably

⁷⁰ National Drug Research Institute. (2014). *Submission to the Inquiry into the Harmful Use of Alcohol in Aboriginal and Torres Strait Islander Communities*, p. 9.

⁷¹ Taffa, V. (2015). Temporary beats having a lasting effect. *The Southern Thunderer*. Retrieved from <http://www.southernthunderer.com.au/success-with-temporary-beat-locations-in-katherine/>.

⁷² House of Representatives Standing Committee on Indigenous Affairs. (2015). *Inquiry into the harmful use of alcohol in Aboriginal and Torres Strait Islander communities: Alcohol, hurting people and harming communities*, p. 20 [1.101]. Retrieved from http://www.aph.gov.au/Parliamentary_Business/Committees/House/Indigenous_Affairs/Alcohol/Report.

⁷³ Sinclair, C. (2014, March 28). Protest against racial profiling in Alice Springs. *Centralian Advocate*. Retrieved from <http://www.ntnews.com.au/news/centralian-advocate/protest-against-racial-profiling-in-alice-springs/news-story/68587b5a065ceb9bb02e54648c8f01b5>.

⁷⁴ North Australian Aboriginal Justice Agency. (2017). *Submission to the Northern Territory Government Alcohol Policies and Legislation Review in the Northern Territory*, p. 19.

breaches the right to silence.⁷⁵ We refer the Expert Panel to NAAJA's detailed discussion on the legality of such type of identification checks in its submission to the current review.⁷⁶

There are also concerns that this type of intervention is expensive and an unsustainable use of police resources.⁷⁷

APO NT supports NAAJA's recommendation that conducting identification checks at takeaway alcohol outlets requires a legislative basis and that the operation of TBLs should be non-discriminatory.⁷⁸

APO NT also supports the recommendations of Congress, PAAC and FARE that TBLs should remain in force up until there is review and evaluation of the BDR to show that it is an effective supply reduction measure that can replace TBLs.

Recommendation 6

- a) That conducting identification checks at takeaway alcohol outlets requires a legislative basis and that the operation of TBLs should be non-discriminatory; and
- b) That TBLs remain in force until the reintroduction of the BDR and be phased out with consideration given to issues arising during the BDR roll-out.

8.3.5 Adverse effect of racial discrimination

Evidence suggests that discrimination and racism are associated with a range of adverse health conditions among Aboriginal and Torres Strait Islander people.⁷⁹ Studies show links between race-based discrimination and depression and anxiety, as well as smoking, substance use, psychological distress and poor self-assessed health status.⁸⁰ Racism has also

⁷⁵ Aboriginal Peak Organisation NT. (2014). *Submission to the Inquiry into the Harmful Use of Alcohol in Aboriginal and Torres Strait Islander Communities*, p. 15. Retrieved from <http://www.amsant.org.au/apont/wp-content/uploads/2015/02/140417-APO-NT-Submission-Into-harmful-use-of-alcohol-in-ATSI-communities.pdf>.

⁷⁶ North Australian Aboriginal Justice Agency. (2017). *Submission to the Northern Territory Government Alcohol Policies and Legislation Review in the Northern Territory*, p. 19.

⁷⁷ Schubert, S. (2015, February 11). Adam Giles' alcohol policy draining police resources, says Police Association president Vince Kelly. *ABC News*. Retrieved from <http://www.abc.net.au/news/2015-02-11/bottle-shop-cops-draining-resources,-says-police-association/6085626>.

⁷⁸ North Australian Aboriginal Justice Agency. (2017). *Submission to the Northern Territory Government Alcohol Policies and Legislation Review in the Northern Territory*, p. 19-20.

⁷⁹ Australian Institute of Health and Welfare. (2009). *Measuring the social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples* (Cat. no. IHW 24). Canberra: Australian Institute of Health and Welfare. Retrieved from <http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=6442458717>.

⁸⁰ Paradies, Y., Harris, R., & Anderson, I. (2008). *The impact of racism on Indigenous health in Australia and Aotearoa: Towards a research agenda*. Cooperative Research Centre for Aboriginal Health. Retrieved from <https://www.lowitja.org.au/sites/default/files/docs/Racism-Report.pdf>.

been associated with increased levels of alcohol consumption.⁸¹ This strongly highlights the need for alcohol policies, legislation and interventions to be non-racially discriminatory.

Recommendation 7

That alcohol legislation and policy must be sensitive to the impacts of discrimination on alcohol and other drug misuse.

8.3.6 Lack of community consultation

APO NT believes that community consultation in the development and operation of alcohol supply reduction measures is crucial.

In the Northern Territory, the compulsory alcohol restrictions that have been imposed on Indigenous communities have constituted “an affront to Indigenous self-determination.”⁸² Without community support, these interventions are “an overly simplistic solution to a complex problem” and revive a protectionist past.⁸³

Lack of control over one’s own life has been shown to be an important driver of ill-health and is also associated with a higher consumption of alcohol. There is evidence that the regular exposure to stress associated with lack of capacity to exercise control in life can profoundly undermine physical and mental health.⁸⁴ There is a growing body of evidence identifying resilience, self-determination, community control, and connection to language, culture and country as significant protective factors for Indigenous peoples in Australia against emotional and mental ill-health, including suicide prevention.⁸⁵ Consequently, policy makers must be alert to the importance of empowerment approaches in addressing alcohol in the Aboriginal community.⁸⁶

APO NT notes the importance of Aboriginal and Torres Strait Islander people being in control of their own actions and services, the need to engage Aboriginal and Torres Strait Islander people in the planning and development of strategies to address the misuse of alcohol and the importance of empowerment approaches in addressing alcohol in the Aboriginal

⁸¹ Zubrick, R., Silburn, R., Lawrence, M., Mitrou, G., Dalby, B., Blair, M., Griffin, J., Milroy, H., De Maio, A., Cox, A., and Li, J. (2005). *The Western Australian Aboriginal Child Health Survey: The Social and Emotional Wellbeing of Aboriginal Children and Young People*. Perth, Curtin University of Technology and Telethon Institute for Child Health Research.

⁸² Calladine, K. (2009). Liquor restrictions in Western Australia. *Indigenous Law Bulletin*, 7(11), 23.

⁸³ Ibid.

⁸⁴ Syme, S. (2004). Social determinants of health: The community as an empowered partner: Preventing Chronic Disease. *Public Health Research, Practice, and Policy* 1(1), 1–5.

⁸⁵ Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project. (2016). *Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP) Final Report*. Retrieved from http://www.atsispep.sis.uwa.edu.au/data/assets/pdf_file/0005/2882840/ATSISPEP-Conference-Program-2016.pdf.

⁸⁶ People’s Alcohol Action Coalition. (2014). *Submission to the Inquiry into the harmful use of alcohol in Aboriginal and Torres Strait Islander communities*.

community.

Recommendation 8

That community control, community empowerment and self-determination underpin alcohol legislation, alcohol policy and the delivery of alcohol services and programs in the Northern Territory.

9. The costs of a ‘tough on crime’ approach to a health problem

The Northern Territory continues to have the highest imprisonment rate of any state or territory in Australia. At June 30 2015, the adult imprisonment rate was 923 prisoners per 100,000 adult population, compared with the national rate in 2016 averaging 208 prisoners per 100,000 adult population.⁸⁷

Aboriginal and Torres Strait Islanders comprised 84 per cent (1,393 prisoners) of the adult prisoner population in the NT. This was the largest proportion of Aboriginal and Torres Strait Islander prisoners of any state or territory, with a national average of 27 per cent in 2016.⁸⁸

Setting aside the social costs of alcohol-related harm, the money that is spent on incarcerating individuals is not sustainable. The daily cost of keeping one individual incarcerated in the Northern Territory is a huge \$322.⁸⁹ Much of this funding could be spent on innovative policies and programs that prevent crime, reduce reoffending and deal with the underlying causes of offending, such as problem drinking. It is clear that in areas like housing, education, and services to support the health and development of our children, there is a real need for more funding. This could be achieved if we stop relying on failed ‘tough on crime’ approaches.

10. Supply reduction measures

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. APO NT 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.

⁸⁷ Australian Bureau of Statistics. (2016). Northern Territory - Snapshot at 30 June, 2016. Retrieved from <http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4517.0~2016~Main%20Features~Northern%20Territory~24>.

⁸⁸ Ibid.

⁸⁹ Steering Committee for the Review of Government Service Provision. (2016). *Report on Government Services 2016, Volume C: Corrective Services*, Table 8A.7. Retrieved from <http://www.pc.gov.au/research/ongoing/report-on-government-services/2016/justice/rogs-2016-volume-c-justice.pdf>.

In 2012 and 2013, a summit on alcohol policy and its impact on Aboriginal people and communities was held in Darwin and Alice Springs respectively, sponsored by APO NT. The summit was attended by around 150 people. Contributors included representatives from Aboriginal communities, service providers and a number of experts with academic and community experience. The summit delegates agreed that there was an urgent need for action and better evidence to address alcohol related harm across the NT. Reducing supply was seen as a priority area for action at the Alcohol Summit, as it is a critical ‘circuit breaker’ in the fight against alcohol harm. APO NT refers this Expert Panel to the Report of the Grog Summit.⁹⁰

10.1 Sale restrictions

10.1.1 Floor price

Price is the single-most important determinant of alcohol consumption and harm.⁹¹ Increasing the price of alcohol is an efficient and inexpensive measure to reduce alcohol consumption and consequently alcohol-related harm.⁹²

A floor price can be achieved either by removing very cheap products from sale, or setting a minimum price.⁹³

Removal of cheap alcohol from sale

The availability of cheap alcohol products results in increased consumption at risky levels. Banning such products, such as 4 litre wine casks and 2-litre port, has shown to reduce levels of over-consumption and related harms. It is essential to ensure the comprehensive removal of such products to prevent chronic users from substituting with other cheap alternative products.⁹⁴

Since July 2011, all Alice Springs supermarkets have stopped selling cask wine and very cheap bottled wine. Effectively, this means that a minimum floor price has been voluntarily established in Alice Springs. This led to a significant decrease alcohol consumption in Central

⁹⁰ Aboriginal Peak Organisations Northern Territory. (2013). *Grog in the Territory: Central Australian Summit on alcohol policy and its impact on Aboriginal people and communities – outcomes report*. Retrieved from: <http://www.amsant.org.au/apont/wp-content/uploads/2015/02/Central-Australian-Grog-Summit-Report-FINAL-7-November-20131.pdf>.

⁹¹ Chaloupka, F. J., Grossman, M., & Saffer, H. (2002). The effects of price on alcohol consumption and alcohol-related problems. *Alcohol research and health*, 26(1), 22-34. Retrieved from <https://pubs.niaaa.nih.gov/publications/arh26-1/22-34.htm>.

⁹² Babor, T. (2010). *Alcohol: no ordinary commodity: research and public policy*. Oxford University Press.

⁹³ People’s Alcohol Action Coalition. (2014). *Submission to the Inquiry into the harmful use of alcohol in Aboriginal and Torres Strait Islander communities*, p. 21.

⁹⁴ Aboriginal Peak Organisation Northern Territory. (2013). *APO NT Submission on the NT Alcohol Mandatory Treatment. Not under the influence of evidence: A sober critique of the Alcohol Mandatory Treatment Bill*, p. 21. Retrieved from <http://www.amsant.org.au/apont/our-work/apo-nt-policy/alcohol-and-other-drugs/>

Australia from around 25 to about 20 standard drinks per person per week. This fall in consumption led to significantly lower levels of alcohol-related harm, as measured by hospital admissions and Emergency Department presentations (particularly for assaults), as well as alcohol-related anti- social behaviour.⁹⁵ However, the bottle shops of two local pubs in Alice Springs continue to undermine this strategy by selling cask wine and cheap fortified wine (port) at around 80 cents a drink.

Minimum price benchmark

A minimum price benchmark is more effective than removing cheap alcohol from sale because it prevents product substitution by suppliers.

Since July 2011, all Alice Springs supermarkets have stopped selling cask wine and very cheap bottled wine. Effectively, this means that a minimum floor price has been voluntarily established in Alice Springs. This led to a significant decrease alcohol consumption in Central Australia from around 25 to about 20 standard drinks per person per week. This fall in consumption led to significantly lower levels of alcohol-related harm, as measured by hospital admissions and Emergency Department presentations (particularly for assaults), as well as alcohol-related anti- social behaviour.⁹⁶

However, the bottle shops of two local pubs in Alice Springs continue to undermine this strategy by selling cask wine and cheap fortified wine (port) at around 80 cents a drink.

The Northern Territory should introduce a minimum price benchmark for alcohol products based on a price of \$1.30 per standard drink. This would ensure that as a benchmark, the cheapest form of alcohol would be full strength beer as sold in half or full cartons. Contrary to popular belief, the price of spirits would not change, and only cheap wines would be affected in price.⁹⁷

We refer the Expert Panel to Congress' submission which details the support of stakeholders in the Northern Territory for a floor price and the issues to consider regarding the practical implementation of this supply reduction measure.⁹⁸

⁹⁵ Symons, M., Gray, D., Chikritzhs, T., Skov, S., Sagggers, S., Boffa, J., & Low, J. (2012). *A longitudinal study of influences on alcohol consumption and related harm in Central Australia: with a particular emphasis on the role of price*. Perth, Australia: National Drug Research Institute, Curtin University. Retrieved from https://www.dss.gov.au/sites/default/files/documents/11_2012/ndri_report.pdf.

⁹⁶ Ibid.

⁹⁷ Aboriginal Peak Organisation Northern Territory. (2013). *APO NT Submission on the NT Alcohol Mandatory Treatment. Not under the influence of evidence: A sober critique of the Alcohol Mandatory Treatment Bill*, p. 21. Retrieved from <http://www.amsant.org.au/apont/our-work/apo-nt-policy/alcohol-and-other-drugs/>.

⁹⁸ Central Australian Aboriginal Congress. (2017). *Submission to the Northern Territory Alcohol Policies and Legislation Review*, p. 18-20, [4.1.2]-[4.1.3].

Recommendation 9

That the Northern Territory Government amends the Liquor Act (NT) to allow Licencing NT to set a floor price for alcohol products based on a price of \$1.30 per standard drink.

10.1.2 Volumetric tax

A floor price should be introduced in conjunction with a volumetric tax. Volumetric taxation is placed on alcohol products based on their alcohol content. It has been described as one of the most effective ways of reducing harmful alcohol use and related harm in both Aboriginal and Torres Strait Islander and non-Indigenous communities.⁹⁹

A study in 2013 in the Medical Journal of Australia found that if the Wine Equalisation Tax was abolished and replaced with a volumetric tax on wine, taxation revenue would increase by \$1.3 billion per year, alcohol consumption would be reduced by 1.3 per cent, and \$820 million would be saved in health care costs and 59 000 disability-adjusted life-years would be averted.¹⁰⁰ The study found that for every 10 per cent increase in alcohol price, the number of alcohol-attributable deaths decreased by one third.¹⁰¹

There is strong evidence from other jurisdictions that supports the success of this measure. A 10 per cent increase in the minimum price of alcohol in two Canadian provinces resulted in a reduction in alcohol consumption by 16 per cent.¹⁰²

APO NT supports FARE's recommendation that the Northern Territory Government advocate that the Commonwealth Government abolish the Wine Equalisation Tax and apply a volumetric tax for all alcohol products.

Congress is calling for a return of alcohol sales revenue into measures to reduce alcohol-related harm, instead of lining the pockets of those in liquor industry. Congress recommends that a national fund be established where the revenue raised from a volumetric tax is to be placed, and access to the fund by jurisdictions is to be determined on the basis of their steps to reduced alcohol-related harm across the whole population.¹⁰³

⁹⁹ House of Representatives Standing Committee on Indigenous Affairs. (2015). *Inquiry into the harmful use of alcohol in Aboriginal and Torres Strait Islander communities: Alcohol, hurting people and harming communities*, p. 40, [3.17]. Retrieved from http://www.aph.gov.au/Parliamentary_Business/Committees/House/Indigenous_Affairs/Alcohol/Report.

¹⁰⁰ Doran, C. M., Byrnes, J. M., Cobiac, L. J., Vandenberg, B., & Vos, T. (2013). Estimated impacts of alternative Australian alcohol taxation structures on consumption, public health and government revenues. *Medical Journal of Australia*, 199(9), 619-622.

¹⁰¹ Zhao, J., Stockwell, T., Martin, G., Macdonald, S., Vallance, K., Treno, A., ... & Buxton, J. (2013). The relationship between minimum alcohol prices, outlet densities and alcohol-attributable deaths in British Columbia, 2002–09. *Addiction*, 108(6), 1059-1069.

¹⁰² Stockwell, Tim, M. Christopher Auld, Jinhui Zhao, and Gina Martin. Does minimum pricing reduce alcohol consumption? The experience of a Canadian province. *Addiction*, 107(5), 912-920.

¹⁰³ Central Australian Aboriginal Congress. (2017). *Submission to the Northern Territory Alcohol Policies and Legislation Review*, p. 20, Recommendation 7.

Recommendation 10

That the Northern Territory Government lobbies the Commonwealth Government to abolish the Wine Equalisation Tax and implement a volumetric tax for all alcohol products.

10.2 Living with Alcohol Program

The Living with Alcohol Program increased the price of alcohol and was found to be responsible for a reduction in acute alcohol-attributable death in the Northern Territory.¹⁰⁴ A review of alcohol control measures in Central Australia found that both the Living with Alcohol levy and the withdrawal of large volume casks were effective in reducing alcohol consumption.¹⁰⁵

APO NT believes this program is a model that worked and should be considered when adopting a harm-minimisation approach.

AMSANT recommends that there needs to be a return of the 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 should also be directed towards alcohol treatment and rehabilitation services and night patrols.¹⁰⁶

Recommendation 11

That the Northern Territory Government recognises the success of the Living with Alcohol model and consider such a model when adopting a harm-minimisation approach.

10.3 Community led supply reduction measures

APO NT supports locally developed strategies to restrict alcohol availability. It is essential that AMPs are be community driven.

¹⁰⁴ Chikritzhs T, Stockwell T, Pascal R & Catalano P. (2004). *The Northern Territory's Living with Alcohol Program, 1992- 2002: revisiting the evaluation*. Perth: National Drug Research Institute. Retrieved from: https://espace.curtin.edu.au/bitstream/handle/20.500.11937/5052/19234_downloaded_stream_326.pdf?sequence=2.

¹⁰⁵ Symons, M., Gray, D., Chikritzhs, T., Skov, S., Siggers, S., Boffa, J., & Low, J. (2012). *A longitudinal study of influences on alcohol consumption and related harm in Central Australia: with a particular emphasis on the role of price*. Perth, Australia: National Drug Research Institute, Curtin University. Retrieved from https://www.dss.gov.au/sites/default/files/documents/11_2012/ndri_report.pdf

¹⁰⁶ Aboriginal Medical Services Alliance of the Northern Territory. (2008). *Actions for Alcohol Control in the Northern Territory*, p. 3. Retrieved from [http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/consult.nsf/4EFFF7572B9A39B9CA2577F8000FD40A/\\$FILE/Appendix%201%20AMSANT%20Policy%20Alcohol%20Control%20Final%20Jan08.pdf](http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/consult.nsf/4EFFF7572B9A39B9CA2577F8000FD40A/$FILE/Appendix%201%20AMSANT%20Policy%20Alcohol%20Control%20Final%20Jan08.pdf).

One of the key messages delivered throughout the Grog Summit was that evidence shows that Aboriginal people must be in control of developing and implementing strategies to tackle alcohol issues and associated problems for them to be effective.¹⁰⁷

Fitzroy Crossing is a stand-out example of community members and their organisations taking a strong stance against alcohol and alcohol supply in their community. Before restrictions were in place in 2006, Fitzroy Crossing had very high rates of alcohol domestic-violence, injuries, car accidents and illness, with fifty deaths in fifty-two weeks, including 13 suicides in thirteen months. It was a “community in crisis.”¹⁰⁸ The women in Fitzroy decided that “enough is enough” and decided to go to the WA Director of Licensing to seek changes. Licensing restrictions in Fitzroy Crossing now limit take-away alcohol to low strength (max 2.7 per cent alcohol by volume) products. Since these restrictions, there has been a huge reduction in alcohol-related harm and an increase in social benefits in Fitzroy Crossing. These include:

- 45 per cent reduction in alcohol-related hospital admissions;
- 27 per cent reduction in alcohol fuelled violence;
- 14 per cent increased school attendance’ and
- 88 per cent reduction in take-away alcohol sales.¹⁰⁹

Another example of an Aboriginal organisation leading successful, supply reduction measures is the Ngaanyatjarra Pitjantjatjara Yankunytjatjara (NPY) Women’s Council who, after a ten-year battle to have the sale of alcohol to Aboriginal people stopped at the Curtin Springs roadhouse, struck up an agreement with the roadhouse owners. The Curtin Springs liquor licence now prohibits the sale of alcohol to Anangu and Yarnangu from the NPY cross-border region, or to others whom the licensee believes intend to sell on to anyone who resides or is travelling to the region. The fact that Curtin Springs continues to operate and make a profit, mainly from tourism, shows that roadhouses do not need to survive on sales of alcohol.¹¹⁰

10.4 Alcohol Management Plans

APO NT supports a whole-of-community approach in tackling the scourge of alcohol. Alcohol Management Plans are effective and essential components of alcohol policy if they are, be supported, driven and led by Aboriginal and Torres Strait Islander communities and

¹⁰⁷ Aboriginal Peak Organisations Northern Territory. (2012). *Communiqué: Grog in the Territory Summit Outcomes*. Retrieved from <http://www.amsant.org.au/apont/wp-content/uploads/2015/02/121216-APO-NT-Media-Release-Communique-Outcomes-Grog-Summit.pdf>.

¹⁰⁸ Aboriginal Peak Organisations Northern Territory. (2013). *Grog in the Territory: Central Australian Summit on alcohol policy and its impact on Aboriginal people and communities – outcomes report*, p. 10. Retrieved from: <http://www.amsant.org.au/apont/wp-content/uploads/2015/02/Central-Australian-Grog-Summit-Report-FINAL-7-November-20131.pdf>

¹⁰⁹ Aboriginal Peak Organisations Northern Territory. (2012). *Communiqué: Grog in the Territory Summit Outcomes*. Retrieved from <http://www.amsant.org.au/apont/wp-content/uploads/2015/02/121216-APO-NT-Media-Release-Communique-Outcomes-Grog-Summit.pdf>.

¹¹⁰ Ibid.

agencies, with support given from Northern Territory Government if needed to build the local capacity to develop the plan and if they are evidence based.

The 'one size fits all' approach declaring communities as 'dry', commenced in 2007 by the introduction of the *Northern Territory National Emergency Response Act (NTER) Act*, has resulted in drinkers relocating to unsafe drinking areas known as informal drinking camps or 'drinking paddocks'. A 2010 report by Menzies School of Health Research¹¹¹ found that when the *NTER Act* and the introduction of prescribed areas under the *Liquor Act* came into effect, a number of drinking camps relocated further afield. This often had unintended consequences resulting in new harms with drinkers in camps being at long distances from communities, their families and support services such as police and night patrols. The report noted that there were also increased risks of car accidents from drinkers returning from camps, pedestrian deaths and a mixing of clans resulting in increased violence.¹¹²

To overcome the harm from drinking camps, the report recommends police, night patrol and other support services work with community members to monitor the health and safety of people visiting drinking camps within the context of an AMP, which includes supply, harm and demand strategies and take into account wider regional supply routes and drinking patterns.

113

We support the recommendations of NAAJA regarding drinking spots near restricted areas.¹¹⁴

Another consequence of 'dry communities' is the displacement of the drinking problem to other areas. Drinkers relocate to the outskirts of towns and urban centres to drink.¹¹⁵ Levels of public drunkenness and violence have increased in Northern Territory towns due to the influx of large groups of itinerant drinkers displaced by the alcohol restrictions in their communities.¹¹⁶

In AMSANT's submission to the Expert Panel, it stated:

¹¹¹ Menzies School of Health Research. (2010). *Aboriginal Drinking Camps in and around Katherine, NT: causes, consequences and implications*.

¹¹² Northern Territory Government. (2014). *Submission to the Inquiry into the Harmful Use of Alcohol in Aboriginal and Torres Strait Islander Communities*, p. 28 [5.3]. Retrieved from http://www.aph.gov.au/Parliamentary_Business/Committees/House/Indigenous_Affairs/Alcohol/Submissions.

¹¹³ Ibid.

¹¹⁴ North Australian Aboriginal Justice Agency. (2017). *Submission to the Northern Territory Government Alcohol Policies and Legislation Review in the Northern Territory*, p. 17-18.

¹¹⁵ Department of Families, Housing, Community Services and Indigenous Affairs. (2009). *Report on the Northern Territory Emergency Response Redesign Consultations*. Retrieved from <http://apo.org.au/system/files/19860/apo-nid19860-48231.pdf>.

¹¹⁶ Hudson, S., & Hudson, S. (2011). *Alcohol restrictions in Indigenous communities and frontier towns*. Centre for Independent Studies, p. 18. Retrieved from <http://www.cis.org.au/app/uploads/2015/07/pm116.pdf>.

“It is acknowledged that Aboriginal communities carry a high burden of intergenerational and ongoing trauma resulting from colonisation and historic and ongoing government policies, institutional racism, discrimination and the effects of entrenched disadvantage and disconnection from traditional lands, languages and cultural practices. Trauma has profound impacts on the physical and mental health and wellbeing of individuals as well as broader community wellbeing”¹¹⁷

AMPs must be developed through genuine and thorough community consultation, with the voices of non-drinkers, drinkers, and their families heard. The responses from such consultation and the measures forming part of the plan must be specific to the needs to the community and driven by community members. Evidence shows that instead of putting a blanket ban on alcohol without community consultation, collaborative plans that incorporate supply, demand and harm reduction measures, that monitor the movement and sale of alcohol within the community, and that reflect the needs and wants of the whole community, will reduce the harm alcohol has on individuals, families and communities.

APO NT is also concerned that AMPs developed under the *SFNT Act* must be agreed upon by the community and the Commonwealth and are required to meet minimum standards under the *SFNT Act*.¹¹⁸

There is concern that the requirement of Ministerial approval is causing delay,¹¹⁹ the process of assessing AMPs against the Australia Government’s minimum standards is slow and inefficient and that once a community has mobilised to develop an AMP, the lack of responsiveness from governments can mean that impetus and motivation within the community is lost.¹²⁰

Few AMPs are actually in place, despite many having been prepared and submitted for approval.¹²¹ Some AMPs with community endorsement have been waiting for approval for two years or longer.¹²² Only one AMP has been approved since the *SFNT Act* was introduced

¹¹⁷ Aboriginal Medical Services Alliance of the Northern Territory. (2017). *Submission to the Northern Territory Government Alcohol Policies and Legislation Review in the Northern Territory*, p. 4.

¹¹⁸ *Stronger Futures in the Northern Territory (Alcohol Management Plans) Rule 2013* (Cth).

¹¹⁹ Bielefeld, S. (2014). *Submission to the Inquiry into the Harmful Use of Alcohol in Aboriginal and Torres Strait Islander Communities*, p. 4

¹²⁰ Langton, M. (2014, May 30). *Committee Hansard*, Melbourne, p. 29. In House of Representatives Standing Committee on Indigenous Affairs. (2015). *Inquiry into the harmful use of alcohol in Aboriginal and Torres Strait Islander communities: Alcohol, hurting people and harming communities*, 49 [3.72]. Retrieved from http://www.aph.gov.au/Parliamentary_Business/Committees/House/Indigenous_Affairs/Alcohol/Report.

¹²¹ Patterson, J. (2014, April 3). *Committee Hansard*, Darwin, p. 20. In House of Representatives Standing Committee on Indigenous Affairs. (2015). *Inquiry into the harmful use of alcohol in Aboriginal and Torres Strait Islander communities: Alcohol, hurting people and harming communities*, p. 48, [3.69]. Retrieved from http://www.aph.gov.au/Parliamentary_Business/Committees/House/Indigenous_Affairs/Alcohol/Report.

¹²² Langton, M. (2014, May 30). *Committee Hansard*, Melbourne, p. 29. In House of Representatives Standing Committee on Indigenous Affairs. (2015). *Inquiry into the harmful use of alcohol in Aboriginal and*

in 2012.

APO NT supports FARE's recommendation for the NT Government to call upon the Commonwealth Government to delegate the assessment and implementation of AMPs developed under the *SFNT Act* to the Northern Territory Government.

APO NT also refers the Expert Panel to Recommendation 7 of the *Standing Committee on Indigenous Affairs Inquiry into the Harmful Use of Alcohol in Aboriginal and Torres Strait Islander communities* that a legislative deadline of six months be introduced within which all community AMPs and other community driven strategies need to be reviewed and processed.¹²³

Recommendation 12

That the Northern Territory Government implement the recommendations of the Northern Australian Aboriginal Justice Agency (NAAJA) regarding drinking spots near restricted areas.

Recommendation 13

- a) That the Northern Territory Government calls upon the Commonwealth Government to delegate the assessment and implementation of alcohol management plans (AMP) developed under the Stronger Futures Northern Territory Act to the Northern Territory Government.
- b) That a legislative deadline of six months be introduced within which all community AMPs and other community driven strategies need to be reviewed and processed.
- c) That a transparent process for ensuring AMPs meet minimum standards is agreed to so that communities know what is expected. This should include publishing the minimum standards in plain language. All AMPs would be approved if it can be determined that they have met these minimum standards.
- d) That APO NT be involved in a working group to determine the minimum standards.

10.5 Availability of alcohol in the Northern Territory

Torres Strait Islander communities: Alcohol, hurting people and harming communities, 49 [3.72]. Retrieved from http://www.aph.gov.au/Parliamentary_Business/Committees/House/Indigenous_Affairs/Alcohol/Report.

¹²³ House of Representatives Standing Committee on Indigenous Affairs. (2015). *Inquiry into the harmful use of alcohol in Aboriginal and Torres Strait Islander communities: Alcohol, hurting people and harming communities*, p. 56, Recommendation 7. Retrieved from http://www.aph.gov.au/Parliamentary_Business/Committees/House/Indigenous_Affairs/Alcohol/Report

10.5.1 Reduce trading hours

Restrictions on trading hours have been effective in reducing alcohol consumption and alcohol-related harm in Aboriginal and Torres Strait Islander communities and this is supported by strong evidence.¹²⁴

Restricted alcohol sales day

APO NT supports adopting a restricted alcohol sales day, for example “Thirsty Thursday”, where alcohol sales are not permitted or take-away sales are banned.

The liquor licensing restrictions introduced into Tennant Creek in 1995 included a ban on sales of alcohol from hotel and bottle-shop takeaway outlets on Thursdays, closure of hotel front bars on Thursdays, on week days other than Thursdays takeaway sales were limited to the hours of noon to 9:00 pm, and restriction of front bar sales of light beer before noon.¹²⁵

Although the effectiveness of the restrictions diminished over time because new Centrelink provisions meant that recipients of benefits would no longer automatically receive their payments on Thursdays, they were associated with a 20 per cent reduction in the consumption of pure alcohol, and significant declines in alcohol-related harm and alcohol-related offences.¹²⁶ Alcohol-related emergency department presentations and incidents attended by police reduced considerably following the introduction of these measures with a 34 per cent and 55 per cent drop respectively observed compared to the same period in the previous year. However, when alcohol sales were reintroduced on Thursday afternoons the reduction in harms was not as high, with only a 13 per cent reduction in incidents attended by police. This pilot clearly showed that the tighter the restrictions, the greater the reduction in alcohol-related harm.¹²⁷

For some time, PAAC has recommended that there should be one day each week that is free from takeaway sales in parts of the Northern Territory.¹²⁸ Where possible, this day should correspond to the day on which Centrelink payments are made. Apart from the benefit that

¹²⁴ National Drug Research Institute. (2014). *Submission to the Inquiry into the Harmful Use of Alcohol in Aboriginal and Torres Strait Islander Communities*, p. 23-24.

¹²⁵ Aboriginal Peak Organisation Northern Territory. (2013). *APO NT Submission on the NT Alcohol Mandatory Treatment. Not under the influence of evidence: A sober critique of the Alcohol Mandatory Treatment Bill*, p. 21. Retrieved from <http://www.amsant.org.au/apont/our-work/apo-nt-policy/alcohol-and-other-drugs/>.

¹²⁶ Gray, D., Siggers, S., Atkinson, D., Sputore, B., & Bourbon, D. (2000). Beating the grog: an evaluation of the Tennant Creek liquor licensing restrictions. *Australian and New Zealand Journal of Public Health*, 24(1), 39-44.

¹²⁷ d’Abbs, P., Togni, S. & Crundall, I. (1996). *The Tennant Creek Liquor Licensing Trial, August 1995 – February 1996: An Evaluation*. Menzies Occasional Papers No. 2/96, Darwin: Menzies School of Health Research and NT Living with Alcohol Program.

¹²⁸ People’s Alcohol Action Coalition. (2011). What works is what we want. Retrieved from http://www.paac.org.au/html/what_works.html.

this would have for drinkers, it would also offer respite to those affected by problem drinkers, such as family members.¹²⁹

APO NT also highlight their belief that 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 on which no takeaway sales are permitted.

Recommendation 14

That one take-away free day per week, which aligns with Centrelink payments, be introduced in locations where a need is identified.

Standard Trading Hours

Trading hour restrictions for takeaway alcohol venues vary across the Northern Territory. The trading hours for takeaway alcohol differ between Darwin, Alice Springs, Elliot, Tennant Creek and Katherine.¹³⁰

Furthermore, there are no standard trading hours for venues licensed to sell alcohol for consumption on the premises in Northern Territory. Trading hours are determined upon application for a licence. No other state or territory in Australia determines trading hours on a case by case basis.¹³¹

APO NT points to the need for the development of a set of minimum Territory-wide standards for the trading hours of venues and merchants selling alcohol.¹³²

Recommendation 15

That the Northern Territory Government develops minimum Territory-wide standards for on-licence and off-licence alcohol trading hours:

- a) reducing takeaway sales hours (e.g. opening at 2pm)
- b) reducing on-site sales hours (e.g. 12pm to 2am)

¹²⁹ People's Alcohol Action Coalition. (2016). Northern Territory election platform: Calling time on too much grog, p. 14. Retrieved from http://www.paac.org.au/NT_Election_Platform.pdf.

¹³⁰ Northern Territory Government. (2017). Buying takeaway alcohol: Takeaway alcohol in the Katherine region. Retrieved from <https://nt.gov.au/law/alcohol/buying-takeaway-alcohol/takeaway-alcohol-in-the-katherine-region>.

¹³¹ Foundation for Alcohol Research and Education. (2017). *Submission to the Review of Alcohol Policies and Legislation: Alcohol harm reduction framework*, p. 20.

¹³² Aboriginal Peak Organisation Northern Territory. (2013). *APO NT Submission on the NT Alcohol Mandatory Treatment. Not under the influence of evidence: A sober critique of the Alcohol Mandatory Treatment Bill*, p. 21. Retrieved from <http://www.amsant.org.au/apont/our-work/apo-nt-policy/alcohol-and-other-drugs/>.

High risk areas in urban precincts

In a 12-month period (May 2016 - May 2017), there were 933 and 968 alcohol-related assaults in Darwin¹³³ and Alice Springs¹³⁴ respectively. In the same period, Nhulunbuy recorded only 42.¹³⁵

An increase in trading hours has been shown to be associated with an increase in harms and alcohol-related assaults have been shown to increase significantly after midnight. Extended trading hours have been shown to increase the availability of alcohol, which in turn is associated with an increase in assaults, domestic violence, road crashes, child maltreatment, and harmful consumption. These harms are substantial. If you increase trading hours, there is a 16-20 per cent increase in assaults for every additional hour of trading and conversely, if you decrease trading hours, there is a 20 per cent reduction in assaults.¹³⁶

‘Lockout’ and ‘last drink’ restrictions imposed in on-licence venues in Sydney’s CBD and Kings Cross precincts in 2014 reduced assaults by up to 70 per cent, with a similar reduction in serious (77 per cent) and less serious (73 per cent) antisocial behavior.¹³⁷

APO NT supports FARE’s recommendation in their submission to the Expert Panel to introduce lockout laws, drink restrictions and mandatory ID scanning that is connected to the BDR in designated late night precincts.

Recommendation 16

That the Northern Territory Government introduces in designated late night precincts:

- a) lockout laws that limit trading hours to 2am;
- b) drink restrictions that limit alcohol sales after midnight; and
- c) mandatory ID scanning that is connected to the BDR.

10.5.2 Banned Drinkers Register (BDR)

APO NT supports the Government in reinstating the BDR on 1 September this year to restrict the supply of alcohol to problem drinkers *without* resorting to criminalisation.

The BDR was highlighted as an example of a successful measure to reduce harmful alcohol

¹³³ Northern Territory Police. (2017). Darwin. Retrieved from <http://www.pfes.nt.gov.au/Police/Community-safety/Northern-Territory-crime-statistics/Darwin.aspx>.

¹³⁴ Northern Territory Police. (2017). Alice Springs. Retrieved from <http://www.pfes.nt.gov.au/Police/Community-safety/Northern-Territory-crime-statistics/Alice-Springs.aspx>.

¹³⁵ Northern Territory Police. (2017). Nhulunbuy. Retrieved from <http://www.pfes.nt.gov.au/Police/Community-safety/Northern-Territory-crime-statistics/Nhulunbuy.aspx>.

¹³⁶ People’s Alcohol Action Coalition. (2016). Northern Territory election platform: Calling time on too much grog, p. 14. Retrieved from http://www.paac.org.au/NT_Election_Platform.pdf.

¹³⁷ Foundation for Alcohol Research and Education. (2016). *Correcting the Sydney lockout myths*. Retrieved from <http://fare.org.au/wp-content/uploads/research/Correcting-the-Sydney-lockout-myths-August-2016.pdf>.

use and alcohol related harm.¹³⁸ The *House of Representatives Standing Committee on Indigenous Affairs final report into the harmful use of alcohol in Aboriginal and Torres Strait Islander communities* noted that”

“Evidence shows... that the BDR was working effectively to reduce the supply of alcohol to problem drinkers, and that its abolition was associated with increases in alcohol-related harm’.¹³⁹

It was emphasised that when the BDR was abolished, alcohol-related harms in the Northern Territory increased. The NTPA notes alcohol-related hospital emergency admissions rose by 80 per cent in the 14 months following the abolition of the BDR in the NT.¹⁴⁰

We consider the BDR provides a serious, social, but non-criminal consequence for people with alcohol dependence, and will prevent an increase in incarceration of Aboriginal people associated with measures that try to address alcohol dependence.

We agree with and support the recommendation of NAAJA that with the introduction of the BDR later this year, the following improvements to the system should be made:

- therapeutic pathways be made available;
- uniform implementation Territory-wide; and
- independent and comprehensive evaluation.

Recommendation 17

That the Northern Territory Government reinstates the Banned Drinkers Register with the required improvements outlined in NAAJA’s submission to this Expert Panel.

10.5.3 Number of take-away outlets

There are 530 liquor licences in the NT, equating to one outlet for every 353 adults.¹⁴¹ 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. The number of NT liquor outlets has been reduced by buying back take-away licenses from petrol stations, corner stores and roadhouses. In Alice Springs, the licenses for Gap BP

¹³⁸ See, for example, Kelly, V. (2014, June 5). *Committee Hansard*, Canberra, p. 2; Boffa, J. (2014, March 31). *Committee Hansard*, Alice Springs, p. 3.

¹³⁹ House of Representatives Standing Committee on Indigenous Affairs. (2015). *Inquiry into the harmful use of alcohol in Aboriginal and Torres Strait Islander communities: Alcohol, hurting people and harming communities*, p. 56 [3.109]. Retrieved from http://www.aph.gov.au/Parliamentary_Business/Committees/House/Indigenous_Affairs/Alcohol/Report.

¹⁴⁰ Northern Territory Police Association. (2014). *Submission to the Inquiry into the Harmful Use of Alcohol in Aboriginal and Torres Strait Islander Communities*, p. 13-14.

¹⁴¹ Davidson, H. (2017, July 4). Tackling alcohol in remote areas: communities plead for local. *The Guardian*. Retrieved from <https://www.theguardian.com/australia-news/2017/jul/04/tackling-alcohol-remote-areas-communities-plead-local-control>.

and Hoppy's have been bought back.¹⁴²

APO NT supports the moratorium on new takeaway licenses other than in exceptional circumstances. APO NT also argues for appropriate population-based outlet densities to be established through evidence-based research. APO NT also supports PAAC's recommendation that a 'buy back' scheme is introduced that focuses on those licences likely to cause the most harm.

Recommendation 18

- a) That the Northern Territory Government establishes appropriate outlet densities based on research and evidence.
- b) That the Northern Territory Government introduces a buy-back scheme that focuses on licences causing the most harm.

10.5.4 Community social clubs

In 2007, as part of the NTER, the Commonwealth Government imposed the following restrictions on most of the licensed clubs in remote communities:

- a maximum of 12 opening hours per week;
- the sale of low- and mid-strength beer only; and
- prohibition on takeaway sales.

A review of the effect of these changes has been released.¹⁴³ A significant reduction in consumption of alcohol through the clubs has been reported from around 20 to around 10 standard drinks per person per week. The Bowchung report concluded that there is no evidence to suggest that communities with clubs experience higher rates of alcohol-related harms than other communities and has recommended the reinstatement of access to alcohol in social clubs as a harm reduction strategy.¹⁴⁴

APO NT supports Danila Dilba's Recommendation 14 that the Expert Panel exercise great caution in considering the recommendations of the Bowchung report to reinstate access to alcohol in social clubs.¹⁴⁵

APO NT also supports Congress' Recommendation 11 that licensed clubs in remote

¹⁴² Aboriginal Peak Organisation Northern Territory. (2013). *APO NT Submission on the NT Alcohol Mandatory Treatment. Not under the influence of evidence: A sober critique of the Alcohol Mandatory Treatment Bill*, p 21. Retrieved from <http://www.amsant.org.au/apont/our-work/apo-nt-policy/alcohol-and-other-drugs/>.

¹⁴³ Shaw, G., Brady, M., and d'Abbs, P. (2015). *Managing Alcohol Consumption – A review on licensed clubs in remote Indigenous communities in the NT*. Canberra: Bowchung Pty Ltd. Retrieved from https://justice.nt.gov.au/_data/assets/pdf_file/0011/427538/D2016-0339-LR-Section1.pdf.

¹⁴⁴ Ibid p. 102.

¹⁴⁵ Danila Dilba. (2017). *Submission to the Northern Territory Legislative Assembly Expert Panel on Alcohol Policies and Legislation Review*, p. 12.

communities should only be established in accordance with the criteria outlined in the Bowchung Report and the Congress Position Paper on Aboriginal Social Clubs, and always include an evaluated trial to ascertain that they are acting as an effective harm-minimisation strategy.¹⁴⁶

Recommendation 19

- a) That the Expert Panel exercise great caution in considering the recommendations of the Bowchung report to reinstate access to alcohol in social clubs.
- b) That licensed clubs in remote communities only be established in accordance with the criteria outlined in the Bowchung Report and the Congress Position Paper on Aboriginal Social Clubs.
- c) That any reinstatement of access to alcohol in social clubs should include an evaluated trial to ascertain that they are acting as an effective harm minimisation measure.

10.6 Accountability of licencees

10.6.1 Risk-based licensing

As outlined in the Issues Paper, a one-off nominal fee of \$200 is payable at the time an application is made for a liquor licence. There is also no requirement to renew a licence.¹⁴⁷ The NT is the only jurisdiction that does not define licence categories within the Liquor Act.¹⁴⁸ Instead, licenses are given informal categories. Further to this, informal categories do not include conditions.

Risk-based licensing (RBL) has already been applied in a number of other jurisdictions, including the Australian Capital Territory (ACT), Queensland, Victoria and New South Wales (NSW).¹⁴⁹ The ACT system calculates licence fees according to risk factors such as venue type, occupancy, trading hours and volume of gross liquor sold (for takeaway liquor outlets).¹⁵⁰ The first ever evaluation of risk-based licensing in an Australian jurisdiction (ACT) by FARE and Centre for Excellence in Policing and Security makes a strong case for the continuation and wider application of the licensing model.¹⁵¹

¹⁴⁶ Central Australian Aboriginal Congress. (2017). *Submission to the Northern Territory Alcohol Policies and Legislation Review*, p. 26.

¹⁴⁷ Foundation for Alcohol Research and Education. (2017). *Submission to the Northern Territory Legislative Assembly Expert Panel on Alcohol Policies and Legislation Review*, p. 18-19.

¹⁴⁸ Ibid.

¹⁴⁹ Ibid.

¹⁵⁰ Foundation for Alcohol Research and Education. (2013, December 1). Risk-based licensing associated with decline in alcohol harms. Retrieved from <http://fare.org.au/2013/12/risk-based-licensing-associated-with-decline-in-alcohol-harms/>.

¹⁵¹ Ibid.

The study found that the introduction of risk based licensing in the ACT coincided with a 25 per cent reduction in alcohol-related offences in the two years since its introduction.¹⁵² Almost all of those interviewed felt that the introduction of RBL had benefitted the ACT, with many citing additional police resources now available for prevention.¹⁵³

APO NT supports FARE's Recommendations 4-6 in their submission to the Expert Panel to include licence categories in the *Liquor Act* (NT), an annual licence renewal process and fee, and to introduce a risk-based licensing fee system for all licence types that, as a minimum, offsets the cost of alcohol-related harm borne by government and the community. At a minimum, a system should calculate fees according to licence type, occupancy, trading hours, location, volume of gross liquor sold and number of licences owned by an operator.¹⁵⁴

APO NT also supports the stronger enforcement of licensing conditions. In NSW, venues caught breaching their licence conditions, committing an offence under the Three Strikes disciplinary scheme or being on the Violent Venues List incur a range of extra risk-based loadings for non-compliance.¹⁵⁵

Recommendation 20

That the Northern Territory Government amend the Liquor Act (NT) to include:

- a) licence categories;
- b) annual licence renewal process and fee;
- c) a risk-based licensing fee system that, at a minimum, calculates fees according to licence type, occupancy, trading hours, location, volume of gross liquor sold and number of licences owned by an operator;
- d) risk-based loadings for non-compliance; and
- e) A system based on harm minimisation for determining whether any new license are granted. The system must include mechanisms to ascertain community views.

10.6.2 Licensees accountable for irresponsible service of alcohol (Dram shop liability)

APO NT supports that licensees who serve patrons alcohol must be held responsible and accountable for the irresponsible service of alcohol.

¹⁵² Ibid.

¹⁵³ Ibid.

¹⁵⁴ Foundation for Alcohol Research and Education. (2017). *Submission to the Northern Territory Legislative Assembly Expert Panel on Alcohol Policies and Legislation Review*, p. 19.

¹⁵⁵ New South Wales Department of Justice. (2014, April 11). NSW Government announces periodic risk-based liquor licence fees. Retrieved from <http://www.justice.nsw.gov.au/Pages/media-news/media-releases/2014/liquor-licence-fees.aspx>.

Dram shop liability laws are in place in more than thirty states in the USA. The law means that the person or pub that serves a customer, who gets drunk and commits an offence or crime, may also be charged and prosecuted for serving that person too much alcohol.¹⁵⁶

Participants at the APO NT Grog Summit in 2012 and 2013 thought that licensees who serve people so much alcohol that they then cause trouble and/or act violently towards others should be held responsible and accountable for irresponsible service.¹⁵⁷ Dram shop liability in the U.S. has recently proved to be a powerful agent for change in the manner in which licensees serve their customers.¹⁵⁸ Introducing a law similar to 'dram shop liability' might mean that licensees and their staff take more responsibility towards the care of the patrons who are drinking.¹⁵⁹

Recommendation 21

That the Northern Territory Government considers the introduction of legislative provision providing for Dram Shop Liability as a harm-minimisation measure.

11. Demand reduction measures

11.1 Encourage alternatives to alcohol

11.1.1 Youth programs

There is a need for increased resources to provide young people with access to meaningful recreation and drop-in centres to prevent children from engaging in offensive behaviours. It has been shown that, with careful planning and implementation, sport and physical activity programs can contribute to reducing and preventing crime, particularly when combined with other programs to address personal and social development.¹⁶⁰

¹⁵⁶ Example of Dram Shop Liability legislation can be found in Shoebridge, A., & Australia, W. (1990). Tackling Excessive Drinking Or Excessive Supply. *Alcohol and Crime, Canberra Australian Institute of Criminology*, p. 5. Retrieved from http://www.aic.gov.au/media_library/publications/proceedings/01/shoebridge.pdf.

¹⁵⁷ Aboriginal Peak Organisations Northern Territory. (2013). *Grog in the Territory: Central Australian Summit on alcohol policy and its impact on Aboriginal people and communities – outcomes report*, p. 11. Retrieved from: <http://www.amsant.org.au/apont/wp-content/uploads/2015/02/Central-Australian-Grog-Summit-Report-FINAL-7-November-20131.pdf>.

¹⁵⁸ Shoebridge, A., & Australia, W. (1990). Tackling Excessive Drinking Or Excessive Supply. *Alcohol and Crime, Canberra Australian Institute of Criminology*, p. 5. Retrieved from http://www.aic.gov.au/media_library/publications/proceedings/01/shoebridge.pdf.

¹⁵⁹ Aboriginal Peak Organisations Northern Territory. (2013). *Grog in the Territory: Central Australian Summit on alcohol policy and its impact on Aboriginal people and communities – outcomes report*, p. 11. Retrieved from: <http://www.amsant.org.au/apont/wp-content/uploads/2015/02/Central-Australian-Grog-Summit-Report-FINAL-7-November-20131.pdf>.

¹⁶⁰ Clearinghouse for Sport. (2017). Crime Reduction and the Role of Sport. Retrieved from https://www.clearinghouseforsport.gov.au/knowledge_base/organised_sport/sport_and_government_policy_objectives/crime_reduction_and_the_role_of_sport.

APO NT refers the Expert Panel to the evidence contained in AMSANT’s submission that youth programs are effective in preventing young people from drinking alcohol:

“A report evaluating the support and delivery of youth programs by Central Australian Youth Link-up Service (CAYLUS) to young people aged 12-25 across 21 communities in Central Australia, found that 95 per cent of respondents felt that youth programs help keep young people from drinking grog. This report also suggests that the best results have been achieved in programs which are offered consistently and reliably, especially at night.”¹⁶¹

To ensure that these kinds of youth services are effective and meaningful in the context of Aboriginal communities it is imperative that youth programs take account of the culturally specific aspects of young people’s lives and do not rely on the assumption that young Aboriginal people have the same aspirations, needs, and interests as non-Indigenous kids.¹⁶² Programs need to be constant, reliable and regular, offer variety, focus on engagement, and be context-specific, meaning they should focus on the provision of meaningful, culturally relevant, gender and age appropriate activities.¹⁶³ Achieving these outcomes will require strong relationships and collaborative work with other agencies, including Aboriginal community-led organisations. APO NT recommends that these relationships are governed by the APO NT Partnership Principles.¹⁶⁴

Recommendation 22

That Aboriginal communities across the Northern Territory participate in the design and delivery of youth services and programs that can provide a meaningful alternative to engagement with and misuse of alcohol.

11.1.2 Sport programs

Sport is an important part of life for most Territorians. Evidence shows that recreational activities, including sport, assisted young people to develop self-confidence and self-worth,

¹⁶¹ Aboriginal Medical Services Alliance NT. (2017). *Submission to the Northern Territory Alcohol Policies and Legislation Review*, p. 9.

¹⁶² Fietz, P. (2006). *A good practice model for youth program development in Southern Central Australia*. Published as Appendix A in: *Proposal to implement best practice youth diversionary programs in Mutujulu, Imanpa, Docker River, Aputula and similar communities in Southern Northern Territory*. Retrieved from: <https://static1.squarespace.com/static/50061cbb84ae216bb5cb9339/t/58b4b41720099e8b54a88a95/1488237592839/Pauline+Fietz+2006+A+Good+Practice+Model.pdf>.

¹⁶³ Lindeman, M. A., Flouris, A., & Lopes, J. (2013). *Youth programs in remote Central Australian Aboriginal communities*. Centre for Remote Health, a joint centre of Flinders University and Charles Darwin University. Retrieved from: <https://static1.squarespace.com/static/50061cbb84ae216bb5cb9339/t/52967ea4e4b0316936dd2293/1385594532245/CRH+Youth+report.pdf>.

¹⁶⁴ Aboriginal Peak Organisations Northern Territory. (n.d.). APO NT Partnership Principles. Retrieved from <http://www.amsant.org.au/apont/our-work/non-government-organisations/apo-nt-ngo-principles/>.

ambitions for the future, and a commitment to community responsibility.¹⁶⁵

However, alcohol and sport are inextricably linked in Australian culture. It is difficult to be involved in sport in Australia and not be exposed to alcohol. Unfortunately, binge drinking and other alcohol problems are common in sporting settings. Research has found high levels of problematic drinking throughout amateur and community sport. It is estimated that over a third of players and members in community sporting clubs drink over 4 standard drinks per session (35.7 per cent) on a regular basis at their club.¹⁶⁶

The Good Sports Program in the Northern Territory has assisted in reducing alcohol-related harm. The program helps sporting clubs to become healthier, safer and more family friendly places, and is estimated to have prevented over 1, 300 alcohol-related injuries, assaults and road accidents combined in 2011 and 2012.¹⁶⁷

The Good Sports Program is an example of the positive benefits that can come from implementing a simple yet effective program. For this reason, the Good Sports Program is often incorporated into wider community initiatives such as Liquor Accords and local AMPs as a key way of tackling alcohol problems in the setting of sporting clubs.¹⁶⁸

Recommendation 23

That the Good Sports Program be incorporated in all future accords and AMPs to ensure that all sporting clubs in the NT are healthy, safe and friendly places for our youths.

11.2 Comprehensive primary health care

11.2.1 Early childhood intervention and development

The early years of life are fundamental to the physical and emotional health of children, for their social and cognitive development, and for later educational achievement and life chances.¹⁶⁹

Adverse childhood events have been causally linked to poorer long-term outcomes.¹⁷⁰ Alcohol

¹⁶⁵ House of Representatives Standing Committee on Aboriginal and Torres Strait Islander Affairs. (2011). *Doing Time – Time for Doing: Indigenous youth in the criminal justice system*, p. 61, 64-72. Retrieved from http://www.aph.gov.au/parliamentary_business/committees/house_of_representatives_committees?url=atsia/sentencing/report.htm.

¹⁶⁶ Australian Drug Foundation. (2012). *Submission to the House Standing Committee on Aboriginal and Torres Strait Islander Affairs Inquiry into the contribution of sport to Indigenous wellbeing and mentoring*, p. 4.

¹⁶⁷ National Drug Research Institute. (2014). *Submission to the Inquiry into the Harmful Use of Alcohol in Aboriginal and Torres Strait Islander Communities*, p. 20.

¹⁶⁸ Ibid p. 19.

¹⁶⁹ Aboriginal Peak Organisations Northern Territory. (2017). *Submission to the Royal Commission on the Protection and Detention of Children in the Northern Territory*, p. 52.

¹⁷⁰ Ibid.

misuse and addiction by parents and carers is known to be associated with a lack of responsive care and stimulation in early childhood. Children in these environments often lack the necessary skills for effective emotional regulation and self-control, which have been shown in longitudinal studies to lead to addictions including alcohol.¹⁷¹

Intergenerational cycles of disadvantage can be broken through sustained investment in properly designed, evidence-based early childhood programs including parenting programs.¹⁷² APO NT refers the Expert Panel to the Nurse Home visiting program, adapted by Congress, which ensures that such a program is appropriate for the cross-cultural environment of central Australia.¹⁷³

APO NT also refers the Expert Panel to the Northern Territory Aboriginal Health Forum's document *Progress and Possibilities*, which examines the Core Services needed to improve Aboriginal childhood outcomes in the NT. This document outlines a comprehensive primary health care framework for improving early childhood development that should underpin strategic investment and integrated core services.¹⁷⁴

11.2.2 Prevention and health promotion

As the peak body for Aboriginal community controlled health services (ACCHSs) in the NT, AMSANT's members provide over half of the care in the Aboriginal primary health care sector in the NT. Community-controlled health services have been operating in the NT for over 40 years, and bring with them strong relationships with communities, understanding of community needs, cultural competence, and a permanent presence in Aboriginal communities.¹⁷⁵

APO NT supports AMSANT's recommendation that early intervention and prevention become a priority for alcohol policy and legislation in the Northern Territory, through the adequate resourcing of Comprehensive Primary Health Care which incorporates early childhood intervention, as well as prevention and health promotion for chronic illness.

¹⁷¹ Moffitt, T. E., Arseneault, L., Belsky, D., Dickson, N., Hancox, R. J., Harrington, H., ... & Sears, M. R. (2011). A gradient of childhood self-control predicts health, wealth, and public safety. *Proceedings of the National Academy of Sciences*, 108(7), 2693-2698.

¹⁷² Olds, D. L., Eckenrode, J., Henderson, C. R., Kitzman, H., Powers, J., Cole, R., ... & Luckey, D. (1997). Long-term effects of home visitation on maternal life course and child abuse and neglect: Fifteen-year follow-up of a randomized trial. *Jama*, 278(8), 637-643.

¹⁷³ Central Australian Aboriginal Congress. (2017). *Submission to the Northern Territory Alcohol Policies and Legislation Review*, p. 13; see also Central Australian Aboriginal Congress. (n.d.). Child and Family Service. Retrieved from <http://www.caac.org.au/client-services/child-family-service>,

¹⁷⁴ Council of Australian Governments. (2009). *Protecting Children is Everyone's Business: National Framework for Protecting Australia's Children 2009–2020*. Commonwealth of Australia. Retrieved from: <https://www.dss.gov.au/our-responsibilities/families-and-children/publications-articles/protecting-children-is-everyones-business?HTML>.

¹⁷⁵ Aboriginal Peak Organisations Northern Territory. (2017). *Submission to the Royal Commission on the Protection and Detention of Children in the Northern Territory*, p. 53.

Recommendation 24

That early intervention and prevention are a priority for alcohol policy and legislation in the Northern Territory, through the adequate resourcing of Comprehensive Primary Health Care which incorporates early childhood intervention, as well as prevention and health promotion.

11.3 Prohibition of alcohol advertising

Alcohol advertising is allowed to be shown during live sporting broadcasts at any time of the day.¹⁷⁶

Professor Mike Daube from the McCusker Centre for Action on Alcohol and Youth comments that:

'Aboriginal children are as vulnerable as any others, and possibly more so, to the massive and cynical exposure of children to alcohol promotion, particularly through sports such as AFL, NRL and cricket. Aboriginal children are as aware as any others that the State of Origin game is not New South Wales against Queensland; it is VB against XXXX'.¹⁷⁷

McCusker Centre for Action on Alcohol and Youth says that current approaches to regulating alcohol advertising have failed and that a comprehensive regime needs to be established:

'Independent, legislated controls on the content, placement and volume of all forms of alcohol advertising and promotion are urgently needed. Such a system would include comprehensive codes and enforceable decisions with sanctions that genuinely act as a deterrent.'¹⁷⁸

Children should not be bombarded with alcohol advertisements when watching a sporting program. APO NT argues that both direct (television commercials advertising alcohol) and indirect (sponsorship badges and caps worn by teams) advertising of alcohol should be banned.

¹⁷⁶ Australian Communications and Media Authority (2010). Commercial Television Industry Code of Practice, p. 31. Retrieved from <http://www.acma.gov.au/~media/Broadcasting%20Investigations/Regulation/pdf/Commercial%20Television%20Industry%20Code%20of%20Practice%202010.pdf>

¹⁷⁷ Daube, M. (2014, June 30). *Committee Hansard*, Melbourne, p. 19. In House of Representatives Standing Committee on Indigenous Affairs. (2015). *Inquiry into the harmful use of alcohol in Aboriginal and Torres Strait Islander communities: Alcohol, hurting people and harming communities*, p. 43 [3.36]. Retrieved from http://www.aph.gov.au/Parliamentary_Business/Committees/House/Indigenous_Affairs/Alcohol/Report.

¹⁷⁸ McCusker Centre for Action on Alcohol and Youth. (2014). *Submission to the Inquiry into the Harmful Use of Alcohol in Aboriginal and Torres Strait Islander Communities*, p. 3.

Recommendation 25

- a) That all forms of alcohol advertising in the Northern Territory are prohibited.
- b) That all forms of alcohol promotion and sponsorship of sport are prohibited.

11.4 Prohibition of political donations from liquor industry representatives

The alcohol industry and its representatives continue to be one of the largest contributors of political donations.¹⁷⁹

Independent studies have demonstrated that political donations have an undue influence on political and policy making processes.¹⁸⁰

Over half of Australians believe that the alcohol industry has too much influence with governments and believe that donations are made in order to influence policy. Three quarters of Australians believe that donations from the alcohol industry to political parties should be prohibited.¹⁸¹

Recommendation 26

That all forms of political donations from the alcohol industry and its representatives in the Northern Territory be prohibited.

12. Harm reduction measures

12.1 Rehabilitation and treatment

12.1.1 Need for increase in rehabilitation and support options

People with severe alcohol addiction often have complex social problems, and individuals who drink at very harmful levels will have high rates of associated mental health and chronic health conditions. They will be overwhelmingly Aboriginal, and will present with high rates of homelessness, low formalised education levels, histories of incarceration, and exposure to trauma, both past and present. A significant number will have neurodevelopmental and cognitive impairment as a result of exposure to Foetal Alcohol Spectrum Disorders (FASD) or Early Life Trauma (ELT) and/or from the effects of long-term alcohol and other drug misuse,

¹⁷⁹ Breen, J. (2017, January 30). Political donations under fire after NT hotels boss confirms \$100k gift to Labor, Country Liberals. *ABC News*. Retrieved from <http://www.abc.net.au/news/2017-01-30/fresh-call-for-ban-on-political-donations-in-nt/8222568>.

¹⁸⁰ Peoples, C. D. (2014, February 10). Yes, Contributions Really Matter. But How? And What are their Broader Impacts?. *Edmond J. Safra Centre for Ethics, Harvard University*. Retrieved from <https://ethics.harvard.edu/blog/yes-contributions-really-matter>.

¹⁸¹ Foundation for Alcohol Research and Education. (2017). *Annual alcohol poll 2017*. Retrieved from http://fare.org.au/wp-content/uploads/FARE-ANNUAL-ALCOHOL-POLL-2017-REPORT-FINAL_DIGITAL.pdf.

including volatile substance misuse. As a group they are also heavily stigmatised, experiencing high levels of racism and social opprobrium.¹⁸²

It is also important to note that there are significant numbers of women with alcohol addiction, including many with children, who face additional barriers to accessing treatment as there are very few treatment and rehabilitation services that accept children or that are family-friendly.

There are insufficient alcohol treatment and rehabilitation services to cope with current levels and categories of demand in the NT. There is a need for increased alcohol treatment and rehabilitation services, including detoxification and residential treatment facilities, and services that are family-friendly, based on 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.

There are insufficient alcohol treatment and rehabilitation services to cope with current levels and categories of demand in the NT. There is a need for increased alcohol treatment and rehabilitation services, including detoxification and residential treatment facilities, and services that are family-friendly, based on 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.

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 therapies.

A recent report published by Dr. Ronald Donato notes the importance of Aboriginal community controlled health services in delivering comprehensive primary health care in order in addressing health outcomes:

‘There is a considerable body of international evidence which highlights that disparities in health owe much to contemporary structural and social factors embodied in what are termed the ‘social determinants’ of health, such as dispossession, racism, income,

¹⁸² Aboriginal Peak Organisation Northern Territory. (2013). *APO NT Submission on the NT Alcohol Mandatory Treatment. Not under the influence of evidence: A sober critique of the Alcohol Mandatory Treatment Bill*, p 7. Retrieved from <http://www.amsant.org.au/apont/our-work/apo-nt-policy/alcohol-and-other-drugs/>.

*employment, education, community capacity and the physical environment. However, locating the causative factors of health and ill health outside the health system presents major challenges. Primary healthcare (PHC) is recognised as central not just to dealing directly with chronic disease but also for providing a multidisciplinary framework that can interface with other sectors and tackle Indigenous disadvantage.*¹⁸³

Aboriginal community control, together with adequate resourcing and support and planned, comprehensive intervention, are integral to the effective provision of AOD services to Aboriginal Australians.¹⁸⁴ Alcohol and other drugs treatment has also been shown to be cost effective, providing a return of just over \$7 for every \$1 invested.¹⁸⁵

Some people unfortunately have sustained significant cognitive impairment from alcohol consumption or they may have permanently impaired capacity to make informed judgments for other reasons (for example, people with FASD or people with acquired brain injury from other causes). In these cases, people will require ongoing intensive case management and support and not a revolving door of mandatory rehabilitation which is unlikely to be effective. The Guardianship Board should be involved in the care and support of many people with significant cognitive impairment and requires adequate resourcing to provide this care.

Recommendation 27

That the Northern Territory Government increases alcohol treatment and rehabilitation services, including detoxification and residential treatment facilities, based on need and comprehensive regional coverage.

Recommendation 28

That the primary health care sector 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 therapies

Recommendation 29

¹⁸³ Donato, R., & Segal, L. (2013). Does Australia have the appropriate health reform agenda to close the gap in Indigenous health?. *Australian Health Review*, 37(2), 232-238.

¹⁸⁴ Gray, D. and Wilkes, E. (2010). *Reducing alcohol and other drug related harm*. Closing the Gap Clearinghouse: Australian Institute of Health and Welfare and Australian Institute of Family Studies. Retrieved from <http://www.aihw.gov.au/uploadedFiles/ClosingTheGap/Content/Publications/2010/ctgc-rs03.pdf>.

¹⁸⁵ Ettner, S., Huang, D., Evans, E., Ash, D., Hardy, M., Jourabchi, M., et al. (2006). Benefit-cost in the California treatment outcome project: does substance abuse treatment "pay for itself"? *Health Services Research*, 41(1), 192-213.

That the allocation of funds for treatment and rehabilitation services to Aboriginal communities explicitly recognise Aboriginal community controlled organisations as preferred providers.

12.1.2 Importance of comprehensive aftercare

A review of residential rehabilitation programs targeting Aboriginal people found that there was a lack of suitable support post rehabilitation, which is a factor in poor outcomes.¹⁸⁶ Since 2006, a remote AOD workforce has been growing throughout government and community controlled primary health care centres, with specified AOD positions throughout 40 remote communities in NT.¹⁸⁷ There is considerable evidence and support for the effectiveness of AOD programs as part of comprehensive primary health care. However, there is also a recognised need for the expansion of this workforce to adequately address the AOD service needs throughout remote communities.¹⁸⁸

There is a need for comprehensive and culturally appropriate after care plans, which take into account the individual needs of the person being released. After-care post rehabilitation needs to be:

- properly planned;
- based on a strong, culturally appropriate evidence base;
- available on remote communities as well as urban centres;
- adequately staffed and financed; and
- explicitly linked in with services available to that person in their community.¹⁸⁹

Recommendation 30

That the Northern Territory Government ensure that all patients who have been treated in residential rehabilitation /detoxification services have access to ongoing AOD treatment (preferably within ACCHSs or government PHC) given the evidence that people benefit from long term treatment rather than episodic based care. All residential services should be required to link patients in to ongoing treatment as a condition of funding and provide the community based treatment service with a comprehensive discharge summary and treatment plan.

¹⁸⁶ Brady, M. (2002). *Indigenous residential treatment programs for drug and alcohol problems: Current status and options for improvement*. Discussion paper no 236/2002. Canberra: Centre for Aboriginal Economic Policy Research. Retrieved from http://caepr.anu.edu.au/sites/default/files/Publications/DP/2002_DP236.pdf.

¹⁸⁷ Australian Indigenous HealthInfoNet. (2017). Remote alcohol and other drugs workforce program. Retrieved from <http://www.healthinfonet.ecu.edu.au/key-resources/programs-projects?pid=2152>.

¹⁸⁸ Aboriginal Peak Organisation Northern Territory. (2013). *APO NT Submission on the NT Alcohol Mandatory Treatment. Not under the influence of evidence: A sober critique of the Alcohol Mandatory Treatment Bill*, p. 14 [2.6]. Retrieved from <http://www.amsant.org.au/apont/our-work/apo-nt-policy/alcohol-and-other-drugs/>.

¹⁸⁹ Aboriginal Peak Organisation Northern Territory. (2013). *APO NT Submission on the NT Alcohol Mandatory Treatment. Not under the influence of evidence: A sober critique of the Alcohol Mandatory Treatment Bill*, p. 15 [2.6]. Retrieved from <http://www.amsant.org.au/apont/our-work/apo-nt-policy/alcohol-and-other-drugs/>.

12.1.3 Culturally appropriate treatment and support

Complementary support measures such as interpreters and cultural support must be in place to ensure treatment and programs have the best opportunity to be effective. Important cultural safety practices must be in place to address the problems associated with providing health services to Aboriginal people whose first language may not be English.

The use of Aboriginal Liaison services has been found to lead to “significant reductions in the self-discharge rates and enhanced institutional cultural safety more generally and may also increase service utilisation by a population that has little confidence in hospitals.”¹⁹⁰ Staff miscommunication and lack of cultural knowledge are central to the disparities of quality of health service outcomes experienced by Aboriginal people.¹⁹¹

The benefits of receiving treatment from health workers who not only speak the language of Aboriginal people, but understand their community life and where they have come from cannot be underestimated. This approach should underpin any therapeutic approach to the treatment of alcohol dependence.

Recommendation 31

That cultural support measures and cultural safety practices underpin any therapeutic approach to the treatment of alcohol dependence.

12.1.4 Community-controlled and culturally appropriate services

Numerous alcohol residential treatment programs in the NT have adopted a culturally appropriate approach in treatment, including:

- Foundation of Rehabilitation with Aboriginal Alcohol Related Difficulties (FORWAARD)¹⁹²
- Council for Aboriginal Alcohol Program Services (CAAPS)¹⁹³
- Central Australian Aboriginal Alcohol Programs Unit (CAAAPU).¹⁹⁴
- Social and Emotional Wellbeing Service (SEWB).¹⁹⁵

¹⁹⁰ Einsiedel, L. J., van Iersel, E., Macnamara, R., Spelman, T., Heffernan, M., Bray, L., ... & Davis, A. (2013). Self-discharge by adult Aboriginal patients at Alice Springs Hospital, Central Australia: insights from a prospective cohort study. *Australian Health Review*, 37(2), 239-245, p. 244.

¹⁹¹ Dunbar, T. (2011). Aboriginal People's Experiences of Health and Family Services in the Northern Territory. *International Journal of Critical Indigenous Studies*, 4(2), 2-16.
http://www.isrn.qut.edu.au/publications/internationaljournal/documents/Final_Dunbar_IJCIS.pdf.

¹⁹² For more information view the FORWAARD website: <http://www.forwaard.com.au/>

¹⁹³ For more information view the CAAPS website:
http://www.caaps.org.au/index.php?option=com_content&view=article&id=8&Itemid=8.

¹⁹⁴ For more information view the CAAAPU website: <http://www.caaapu.org.au/>.

¹⁹⁵ For more information view the CAAC website: <http://www.caac.org.au/client-services/social-emotional-wellbeing-service>.

This is an important aspect, as studies have shown that interventions that are effective in reducing substance misuse in the wider population do not necessarily translate similarly amongst Indigenous Australians.¹⁹⁶ This may be attributed to the fact that Indigenous healing is based on a much more holistic plane as compared to Western biomedicine.¹⁹⁷ It is unsurprising, thus, that a large factor behind the success of these aforementioned programs may be accredited to their innate holistic nature. A good example of holistic treatment is CAAPS. The family orientated treatment program provides stability within the family, whilst also encouraging intergenerational healing to take place.¹⁹⁸

The benefits for Aboriginal Health Workers in health care for Aboriginal people are well known in the NT. In his speech launching the Year of the Aboriginal Health Worker, AMSANT CEO John Paterson stated that:

*“For over three decades, Aboriginal Health Workers have been at the heart of the Aboriginal Primary Health Care system as registered health practitioners. Uniquely in Australia, Territory Aboriginal Health Workers are professional clinicians as well as providing other health system roles. Crucially, our Aboriginal Health Workers are the primary source of advice to non-Aboriginal health professionals, at the front line of cultural safety and with intimate knowledge of how communities work and therefore how to best deliver health services across our health system, from remote communities to hospitals. But most importantly, Aboriginal Health Workers: you are our family, you are our friends, you are our leaders. You are us.”*¹⁹⁹

12.1.5 Trauma and social and emotional wellbeing service

Particular focus also needs to be provided on programs dealing with the prevalence of trauma experienced by those with chronic alcohol addiction. Evidence shows that effective programs rely on genuine community engagement and principles of empowerment. Increased support is required for community-based recovery strategies, such as the Fitzroy Valley and the Kimberley Healing and Empowerment Program,²⁰⁰ Social and Emotional Wellbeing programs

¹⁹⁶ Gray, D., Siggers, S., Wilkes, E., Allsop, S., & Ober, C. (2010). Managing alcohol-related problems among Indigenous Australians: what the literature tells us. *Australian and New Zealand journal of public health*, 34(s1). Retrieved from <http://onlinelibrary.wiley.com/doi/10.1111/j.1753-6405.2010.00550.x/full>.

¹⁹⁷ Ypinazar, V. A., Margolis, S. A., Haswell-Elkins, M., & Tsey, K. (2007). Indigenous Australians' understandings regarding mental health and disorders. *Australian & New Zealand Journal of Psychiatry*, 41(6), 467-478.

¹⁹⁸ Aboriginal Peak Organisation Northern Territory. (2013). *APO NT Submission on the NT Alcohol Mandatory Treatment. Not under the influence of evidence: A sober critique of the Alcohol Mandatory Treatment Bill*, p. 25. Retrieved from <http://www.amsant.org.au/apont/our-work/apo-nt-policy/alcohol-and-other-drugs/>.

¹⁹⁹ Paterson, J. (2011). Closing the Gap Through Caring and Sharing for Our People. Aboriginal Medical Services Alliance of the NT. Retrieved from <http://amsant.org.au/attachments/article/95/110901-Speech-JP-Launch%20of%20YAHW%202011.pdf>.

²⁰⁰ Dudgeon, P., K. Cox, D. D'Anna, C. Dunkley, K. Hams, K. Kelly, C. Scrine, and R. Walker. (2012). *Hear Our Voices: Community Consultations for the Development of an Empowerment, Healing and Leadership Program for Aboriginal People Living in the Kimberley, Western Australia: Final Research Report*. Perth W.A.: Centre for Research Excellence Aboriginal Health and Wellbeing Telethon Institute for Child Health Research.

offered as part of comprehensive primary health care, and healing initiatives, such as We Al-li,²⁰¹ Marumali and the Family Wellbeing Program.²⁰²

APO NT cautions against an overemphasis on western paradigms and responses that may undermine Indigenous worldviews, Indigenous governance and leadership. It is important not to assume that the best response to trauma is one that is clinically mainstream, but rather that Indigenous people's concept of wellness is also considered as part of healing and recovery. Responses need to address the domains of connections to culture, body, mind and emotions, land, family and kinship, spirituality and community.²⁰³

Culture and spirituality are important in addressing intergenerational trauma through supporting resilience and positive social and emotional wellbeing.²⁰⁴ It is therefore essential that all service delivery to Aboriginal people, and especially when dealing with at risk young people, use approaches that are trauma-informed and that support and validate Aboriginal cultures and ways of being.²⁰⁵

AMSANT has identified eight core principles that capture the broader concepts of being trauma informed. These are:

1. Understanding trauma and its impacts;
2. Creating environments in which families and social groups feel physically, emotionally and spiritually safe;
3. Providing and employing culturally competent staff – staff respect specific cultural backgrounds including reflection of self as a cultural bearer;
4. Empowering and supporting clients' control;
5. Sharing power and governance including individuals and families in the design and delivery of programs;
6. Integrating and coordinating care to holistically meet the needs of individuals;
7. Support relationship building as a means of promoting healing; and
8. Enabling recovery – instilling hope.²⁰⁶

²⁰¹ Atkinson, J. (1994). Recreating the Circle with WE AL-LI: a program for healing sharing and regeneration. *Aboriginal and Islander Health Worker Journal*, 18(6), 8-13.

²⁰² McCalman, J., McEwan, A., Tsey, K., Blackmore, E., & Bainbridge, R. (2010). Towards social sustainability: the case of the Family Wellbeing community empowerment education program. *Journal of Economic and Social Policy*, 13(2), 8.

²⁰³ Gee G., Dudgeon P., Schultz C., Hart A. and K. Kelly. (2014). Aboriginal and Torres Strait Islander Social and Emotional Wellbeing. In Purdie N., Dudgeon P. and Walker R. (Eds). (2010). *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice* (pp. 55-69). Canberra, Australia: Department of Health and Ageing. Retrieved from http://research.acer.edu.au/cgi/viewcontent.cgi?article=1024&context=indigenous_education.

²⁰⁴ Ibid.

²⁰⁵ Aboriginal Medical Services Alliance NT. (2017). *Submission to the Royal Commission into the Protection and Detention of Children in the Northern Territory*, p. 10.

²⁰⁶ Aboriginal Peak Organisations Northern Territory. (2017). *Submission to the Royal Commission on the Protection and Detention of Children in the Northern Territory*, p. 40-41.

Recommendation 32

That all levels of Government provide on-going support and resources for Aboriginal Community Controlled Health Services (ACCHSs) to deliver Social and Emotional Well-being programs for Aboriginal people with integrated Social and Emotional Wellbeing, mental health and AOD services, as effective, evidence-based mechanisms to address harms caused by alcohol.

12.1.6 Voluntary treatment

APO NT supports the least restrictive measures to address alcohol related harm and alcohol dependence. APO NT supports greater funding of existing and new voluntary treatment programs.

There are currently voluntary residential treatment options available in Darwin, Katherine, Alice Springs, Tennant Creek and Nhulunbuy, however available spaces in these services is extremely limited. There is a further need for Government funded treatment services and complementary programs available in many parts of the NT.

There are already alcohol treatment programs in the NT which have adopted a culturally appropriate approach in treatment, as outlined above. Services already operating in the NT such as FORWAARD, CAAPS and CAAAPU operate on a voluntary treatment basis. Individuals are not coerced into participating in treatment programs; rather, they opt to partake in rehabilitation, because they have accepted that their alcohol misuse is a problem that needs to be healed. Rehabilitations which enforce treatment on individuals may cause negative effects. Negative perceptions of treatment may affect client motivation in a way that may cause future relapses, and reluctance to accept that alcoholism is a significant issue. These services are also able to delivery culturally appropriate alcohol rehabilitation service to Aboriginal people in the NT, however at present are not adequately funded to meet the need for voluntary rehabilitation.

12.1.7 Sobering up shelters and night patrol

Sobering up Shelters (SOS) and night patrols are run across the Territory. Despite that there are few evaluations of these programs, they provide opportunities for treatment and brief interventions and may encourage further community-based action to tackle alcohol misuse.²⁰⁷ The effectiveness of the night patrol as a self-controlled volunteer community intervention program with a relatively low budget has great utility and potential for many more centres. Properly managed, such programs also have great potential to build cooperation and mutual respect and support with local police. Night patrols are a tried and

²⁰⁷ Gray, D. and Wilkes, E. (2010). *Reducing alcohol and other drug related harm*. Closing the Gap Clearinghouse: Australian Institute of Health and Welfare and Australian Institute of Family Studies. Retrieved from <http://www.aihw.gov.au/uploadedFiles/ClosingTheGap/Content/Publications/2010/ctgc-rs03.pdf>.

proven program type.²⁰⁸

APO NT support Congress and Danila Dilba's recommendations to increase funding so SOSs and night patrol in order to increase their capacity and operating hours.

Recommendation 33

That the Northern Territory Government increase funding to Sobering up Shelters and night patrol to increase their capacity and operating hours and extend funding to include Day Patrol services.

12.2 Therapeutic Jurisprudence

12.2.1 Alcohol and Other Drugs Court

The Government should support programs that align with re-investment strategies such as the CREDIT Court and the SMART Court.

Currently, there is not a single program within the court system for alcohol or other drugs, nor for mental health, nor for Indigenous people, which puts the NT out of step with the rest of the country.²⁰⁹

Winner of the Chief Minister's Award in 2006, the CREDIT program was a successful drug and alcohol diversionary program. It operated as a bail diversionary process for those charged with an offence linked to their drug or alcohol dependency. Since its inception in May, 2003, 286 clients have been referred by the Court to CREDIT NT. The overall completion rate for clients accepted into the program is 78.5 per cent - being 56 per cent of people referred to the program in Alice Springs and 83 per cent of those referred in Darwin. The success of CREDIT NT in reducing illicit substance use harm surpassed expectation.²¹⁰

Former Chief Magistrate of the NT, Hilary Hannam believed that this model of SMART Court:

*"was potentially one of the best models in Australia, as it was the only court that could address both misuse of alcohol and illicit drugs, was available for youths and adult offenders, and enabled the Court to make orders appropriate for less serious and more serious and more serious offenders."*²¹¹

²⁰⁸ Memmott, P., Long, S., & Chambers, C. (2003). *A national analysis of strategies used to respond to Indigenous itinerants and public place dwellers*. Department of Families, Community Services and Indigenous Affairs.

²⁰⁹ Rawlinson, C. (2013, July 1). 'SMART courts' elimination worries Chief Magistrate as mandatory rehab begins. *ABC Radio Darwin*. Retrieved from <http://www.abc.net.au/local/stories/2013/07/01/3793167.htm>.

²¹⁰ Northern Territory Government. (2006). Northern Territory Chief Minister's Awards for Excellence in the Public Sector: 2006 Awards. Retrieved from: <http://www.nt.gov.au/chiefministerawards/award-past-winners/2006-awards.html#collab>.

²¹¹ Hannam, H, 'Current Issues in Delivering Indigenous Justice: Challenges for the Courts', AIJA Indigenous Justice Conference and Elferink, J (Shadow AG at the time), Alcohol Reform (Substance Misuse Assessment and

Strategies like the CREDIT Court and SMART Court, community controlled initiatives, AMPs and voluntary residential rehabilitation are urgently needed to break the cycle of physical and social harm and the rate of incarceration. Given the increasing over-representation of Indigenous offenders, the financial and social costs of incarceration should be recognised, along with urgent consideration for alternative and more effective ways of reducing alcohol and drug misuse-related offences.

APO NT considers there is a need for more diversionary, therapeutic AOD treatment options for courts and properly resourced, evidence based programs to help people break the cycle of offending and reoffending.

Recommendation 34

That strategies like the CREDIT Court and SMART Court are reinstated to break the cycle of physical and social harm attributed from the misuse of alcohol and the rising rate of incarceration.

12.2.2 Diversion options

Overall more alcohol diversion programs are needed, particularly for Aboriginal and Torres Strait Islander peoples who are overrepresented in Australian prisons. Prevention, early intervention and diversion of alcohol related crime offenders deliver significantly higher economic and social outcomes than conventional sentences.²¹² Indigenous tailored employment and diversionary programs could improve employment opportunities and reduce recidivism particularly for those on shorter sentences.²¹³

Bushmob in Alice Springs run a residential program for young people aged 12 to 24 who may be affected by alcohol or other drugs. It has a treatment focus on relationship building and 'getting back to country'. The Apmere Mwerre program at Loves Creek Station was the only non-custodial juvenile sentencing option in Northern Territory and was being run outside of Alice Springs as a trial program by the Bush Mob, an organisation that works with at-risk youth and young offenders.²¹⁴

Shahleena Musk, a senior lawyer at the Human Rights Law Centre, in her submission to the

Referral for Treatment Court) Bill – second reading in continuation, 5 May 2011.

²¹² National Congress of Australia's First Peoples. (2014). *Submission to the Inquiry into the Harmful Use of Alcohol in Aboriginal and Torres Strait Islander Communities*, p. 13. Retrieved from http://www.aph.gov.au/Parliamentary_Business/Committees/House/Indigenous_Affairs/Alcohol/Submissions.

²¹³ Sprianovic, C., Clare, J., Bartels, L., Clare, M., & Clare, B. (2014). Aboriginal young people in the children's court of Western Australia: Findings from the national assessment of Australian children's courts. *University of Western Australia Law Review*, 38, 86-116.

²¹⁴ Davidson, H. (2017, July 14). Northern Territory juvenile justice program's closure sparks war of words. *The Guardian*. Retrieved from https://www.theguardian.com/australia-news/2017/jul/14/northern-territory-jvenile-justice-programs-closure-sparks-war-of-words?CMP=Share_iOSApp_Other.

Royal Commission on the Protection and Detention of Children stated that:

“Most of the children in the youth justice system have suffered significant disadvantage, trauma and health problem. For the vast majority of children who offend, detention is not an appropriate response and can harm the very objects we are trying to achieve – rehabilitation and community safety... The NT government must shift its priorities away from shoring up failed youth detention centres that warehouse children towards proven, community-based options like education, training and drug and alcohol programs that help kids get their lives back on track.”²¹⁵

APO NT is disappointed by the recent announcement of the closure of the BushMob program due to insufficient funding from the Government to fix infrastructure and safety problems.

APO NT also refers the Expert Panel to the diversionary model of Balunda-a (Tabulam) Program in New South Wales, which is a court diversionary program provided in a community-based residential facility. The program aims to improve life skills and address specific areas of risk to reintegration in the community, including drug and alcohol misuse.²¹⁶ This program “increases educational, vocational and employability skills”²¹⁷ and has “a strong focus on cultural connection, literacy, life skills, substance misuse treatment and rebuilding family and community relationships.”²¹⁸ A related positive aspect about the Balund-a program is that it is tailored to each individual. The “content and delivery will reflect the needs of the predominantly Aboriginal clientele”²¹⁹ in ways such as the fact that “as well as learning how to budget and write job applications, elders teach the men turtle diving, cooking around a stone campfire, Aboriginal art and how to clean a porcupine.”²²⁰

In their submission to this review, Northern Territory Legal Aid Commission (NTLAC) discusses how it assists many clients with large fines debts that have often accumulated through years of unpaid fines, many of which relate to alcohol related anti-social behaviour. APO NT supports NTLAC’s recommendation that a work development order (WDO) scheme, modeled

²¹⁵ Ibid.

²¹⁶ New South Wales Department of Justice. (2015). Balund-a (Tabulam). Retrieved from http://www.correctiveservices.justice.nsw.gov.au/Pages/CorrectiveServices/Community%20Corrections/offender-management-in-the-community/balund-a_tabulam.aspx.

²¹⁷ Commissioner of Corrective Services. (2009). *Submission to the Senate Expert Panel on Regional and Remote Indigenous Communities*, p.6.

²¹⁸ Smith, B. and Ralston, N. (2009, August 5). Indigenous Offenders Working on Farm. *The Australian*. Retrieved from <http://www.theaustralian.news.com.au/story/0,25197,25887489-5006784,00.html>.

²¹⁹ Commissioner of Corrective Services. (2009). *Submission to the Senate Expert Panel on Regional and Remote Indigenous Communities*, p.6.

²²⁰ Callan, V., & Gardner, J. (2007). *The role of VET in recidivism in Australia*. Vocational Education and Training for Adult prisoners and offenders in Australia, Adelaide, Australia: National Centre for Vocational Education Research, 34-46.

on the New South Wales scheme, should be available to anyone struggling to pay off fines because they have a serious addiction to drugs, alcohol or volatile substances.²²¹

Recommendation 35

That alcohol use and harm is treated as a health issue and, where appropriate, evidence-based diversionary programs and services, such as BushMob, are introduced, expanded and properly resourced, to prevent imprisonment for alcohol-related offences.

Recommendation 36

That the Northern Territory Government introduces a work development order scheme, modelled on the New South Wales scheme, to assist individuals who are having difficulty in settling their fines due to a substance addiction.

12.3 Prevention, diagnosis and treatment for Foetal Alcohol Spectrum Disorder

In addition to the actions arising out of the APO NT Central Australian Grog Summit to address FASD,²²² APO NT directs the attention of this Expert Panel to our submission to the Northern Territory Expert Panel on Action to Prevent Foetal Alcohol Spectrum Disorders.²²³ APO NT also refers the Expert Panel to the findings of the NT Parliamentary Inquiry into Foetal Alcohol Spectrum Disorder (FASD), which recognised the huge cost that FASD can have to the community, including through coercive interventions, such as imprisonment, to control destructive behaviours.²²⁴

The implementation of recommendations identified by the Inquiry should be seen as a vital first step in addressing the alcohol misuse which is inextricably linked to the prevention and treatment of FASD.

Recommendation 37

That the Northern Territory Government implements the recommendations of the Northern Territory Parliamentary Inquiry into Foetal Alcohol Spectrum Disorder.

²²¹ Northern Territory Legal Aid Commission. (2017). *Submission to the Northern Territory Alcohol Policies and Legislation Review*, p. 5.

²²² These were (1) Work on preventing alcohol use during pregnancy, including through better drug/alcohol services for pregnant women, warning labelling on alcohol products, signage in outlets and pubs, strong messages for girls in schools and men/women in communities, increased antenatal services and a TV advertising campaign about FASD; and (2) Enable early diagnosis and support for children with FASD, including 'educational day-care' and support parents and carers.

²²³ Aboriginal Peak Organisations NT. (2013). *Grog in the Territory: Central Australian Summit on alcohol policy and its impact on Aboriginal people and communities – outcomes report*, pp.19-20. Retrieved from: <http://www.amsant.org.au/apont/wp-content/uploads/2015/02/Central-Australian-Grog-Summit-Report-FINAL-7-November-20131.pdf>.

²²⁴ North Australian Aboriginal Justice Agency, Central Australian Aboriginal Legal Aid Service. (2014). *Submission to the Northern Territory Expert Panel on Action to Prevent Foetal Alcohol Spectrum Disorders*, p. 10. Retrieved from: <http://www.caalas.com.au/Portals/caalas/Submissions/NT%20FASD%20Inquiry%20-%20joint%20CAALAS%20and%20NAAJA%20sub%20-%20May%202014.pdf>.

12.4 Increase in family violence services

Many Aboriginal children are growing up in communities where violence has become a normal and ordinary part of life.²²⁵ Adverse childhood experiences such as family violence can also cause epigenetic changes that heighten the individual's risk of developing serious chronic diseases in adulthood, in particular, depression, anxiety, obesity (a risk factor), alcohol and other drugs misuse, cardiovascular disease. In this instance, if a negative experience is embedded in a body it can negatively impact the health of that person, even if it happened many years earlier.²²⁶

AMSANT has noted that alcohol is a contributing cause in domestic violence and sexual and other assaults, the neglect and misuse of children, and the disruption and dysfunction of communities.²²⁷

As mentioned previously in this submission, alcohol is involved in approximately 50-60 per cent of assaults and 65 per cent of all family violence incidents in the NT.²²⁸ Alcohol in itself acts as a dis-inhibitor and mood amplifier which means that the underlying anger, frustration and powerlessness comes to the fore and is more likely to be acted upon, hence violent behaviour.²²⁹ Also previously mentioned, alcohol is used to 'self-medicate' and a coping mechanism. Thus, harmful use of alcohol is a driver and a consequence of family violence.

The World Health Organization recommends that prevention efforts to reduce domestic violence must be evidence based, which support culturally appropriate and cost-effective interventions that reduce the harmful use of alcohol.²³⁰ A lack of respect and acknowledgement for the reality of a different worldview continues to perpetuate the alcohol

²²⁵ O'Donoghue, L. (2015, October 22). Indigenous violence: It's everyone's business. *The Age*; Stanley, J., Kovacs, K., Tomison, A. and K Cripps. (2002). *Child Abuse and Family Violence in Aboriginal Communities: Exploring Child Sexual Abuse in Western Australia*. Retrieved from <https://aifs.gov.au/cfca/sites/default/files/publication-documents/wabrief.pdf>.

²²⁶ Aboriginal Peak Organisations Northern Territory. (2014). *Submission to the Senate Inquiry by the Finance and Public Administration References Committee into Domestic Violence in Australia*, p. 14. <http://www.amsant.org.au/apont/wp-content/uploads/2015/02/140817-APO-NT-Submission-Domestic-and-Family-Violence-Australian-Government.pdf>.

²²⁷ Aboriginal Medical Services Alliance NT. (2017). *Submission to the Northern Territory Alcohol Policies and Legislation Review*, p. 14.

²²⁸ Northern Territory Police. (2017). Northern Territory crime statistics. Retrieved from <http://www.pfes.nt.gov.au/%20Police/Community-safety/Northern-Territory-crime-statistics.aspx>; Foundation for Alcohol Research and Education. (2015). *National framework for action to prevent alcohol-related family violence*. Canberra: FARE. Retrieved from <http://fare.org.au/wp-content/uploads/research/FARE-National-framework-to-prevent-alcohol-related-family-violence-web.pdf>.

²²⁹ Staff at Sunrise Health Service (personal communication to Brionee Noonan, January 31, 2014).

²³⁰ World Health Organisation. (2007). *The World Health Report 2007 – A Safer Future: Global Public Health Security in the 21st Century*. Retrieved from http://www.who.int/whr/2007/whr07_en.pdf?ua=1.

problem and the trauma and pain that so many live with on a daily basis.²³¹ Thus, intervention strategies must be tailored to the experiences and circumstances of the individual and their community in all their complexity.²³²

APO NT directs the Expert Panel to APO NT's submission and recommendations to the Northern Territory Government's new Domestic and Family Violence Strategy.²³³

Recommendation 38

- a) That the Expert Panel note the recommendations APO NT made to the Senate Finance and Public Administration References Committee Inquiry into Domestic Violence in Australia.
- b) That the Northern Territory Government increases access to and funding of women's shelters and safe houses.
- c) That the Northern Territory Government provides a range of short and long-term public housing options for persons affected by domestic and family violence as an essential measure in dealing with family violence problems

12.4.1 Men's programs

Men are part of the solution of addressing family violence and should not be demonised.

The Central Australian Aboriginal Congress run a program called 'Inkintja', which provides two male psychologists specialising in violence and trauma to counsel Aboriginal men and conduct group work. Inkintja also provides a Men's health clinic, peer education, violence intervention, a men's shed, drop-in centre, community Liaison, research, and advocacy services. By empowering men and supporting and providing role models for younger men, men's groups aim to provide support to other men, change individual behaviour and promote action to improve wellbeing.²³⁴

An example of men's programs in the Aboriginal community-controlled health sector is Wurli-

²³¹ White, M. (2011). *Pathways to a good life well lived: Community-owned recovery plan for overcoming suicidal despair in the Fitzroy Valley*. Herculeia Consulting for Marra Worra Worra Aboriginal Corporation, Marninwartikura Fitzroy Women's Resource and Legal Centre, Nindilingarri Cultural Health and Kimberley Aboriginal Law and Cultural Centre, p. 10.

²³² Lawrence, C. (2006). A national disgrace: Violence against women and children in Indigenous communities. *Aboriginal and Islander Health Worker Journal*, 30(5), 29-33. Retrieved from: <http://search.informit.com.au/documentSummary;dn=268556421957602;res=IELAPA>.

²³³ Aboriginal Peak Organisations Northern Territory. (2014). *Submission to the Senate Inquiry by the Finance and Public Administration References Committee into Domestic Violence in Australia*, p. 14. <http://www.amsant.org.au/apont/wp-content/uploads/2015/02/140817-APO-NT-Submission-Domestic-and-Family-Violence-Australian-Government.pdf>.

²³⁴ Aboriginal Peak Organisations Northern Territory. (2013). *Grog in the Territory: Central Australian Summit on alcohol policy and its impact on Aboriginal people and communities – outcomes report*, p. 22. Retrieved from: <http://www.amsant.org.au/apont/wp-content/uploads/2015/02/Central-Australian-Grog-Summit-Report-FINAL-7-November-20131.pdf>

Wurlinjang Health Service's 'StrongBala Male Health Program'. The Wurli-Wurlinjang Health Service is a member of AMSANT. This is an Aboriginal run program for men to help themselves by accessing health services and participating in activities that promote healthy lifestyle, hygiene, proper nutrition, cultural security, money management, CDEP, work skills training and employment programs. Projects also encourage building healthy relationships include mental health counselling and support, domestic violence education advice and counselling, and confidential sexual health treatment and advice. The program sees up to 340 males per month, including homeless men, out of a client base of over 2,000. StrongBala is an Aboriginal led and controlled initiative, built on existing deep relationships. Decisions are made by Aboriginal men, and the program is supported by an Aboriginal controlled organisation and processes. There is a focus on cultural security and cultural safety, on Aboriginal culture and identity, and on self-help. APO NT supports the continuing of this program.²³⁵

The Youth Preventative Programs Coordinator at Sunrise Health Service noted that much emphasis is given to women in family violence, but little is provided to support men. The staff member implored that the Government needs to provide support for men with men's programs, men's places and men's counselling services. The community should be building the 'self' rather than punishing and we should be providing the man with skills and coping messages that they can use in their lives. Males, on some occasions, find it difficult to speak openly about their feelings, especially around issues of trauma and violence. In this respect male programs should also include activities not just counselling.²³⁶

Recommendation 39

That Aboriginal men's programs that encourage building 'self' and healthy relationships, include mental health counselling and support, domestic violence education advice and counselling, and confidential sexual health treatment and advice be resourced and expanded across the Northern Territory. These should be based in ACCHSs wherever possible. (Note the successful mens services at Aboriginal Community Controlled Health Services such as Danila Dilba, Congress and Wurli Wurlinjang).

Recommendation 40

That rehabilitation services, which can support families be increased given that many women did not access residential treatment because of their family obligations.

Recommendation 41

²³⁵ Ibid.

²³⁶ Aboriginal Peak Organisations Northern Territory. (2014). *Submission to the Senate Inquiry by the Finance and Public Administration References Committee into Domestic Violence in Australia*, p. 19.

<http://www.amsant.org.au/apont/wp-content/uploads/2015/02/140817-APO-NT-Submission-Domestic-and-Family-Violence-Australian-Government.pdf>

That all Alcohol and Other Drug services be required to be family centred and address the needs of dependent children

Recommendation 42

That services be required to address the needs of young people and others who are using alcohol in conjunction with other addictive substances and /or who have comorbid mental health issues.

13. Conclusion

APO NT calls on this Government to recognise that the inconsistent, 'mish-mash' of alcohol policies and legislation of previous governments has failed to protect our community from alcohol and its harms. We call on the Government to take a whole-of-government and whole-of-community approach to reduce the levels of alcohol consumption and related health and social harms that plague our community. Importantly, the Government must stop criminalising our communities' most vulnerable members and must support policies and programs that are based on best available evidence and have the informed consent of local communities.

References

- Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project. (2016). *Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP) Final Report*. Retrieved from http://www.atsispep.sis.uwa.edu.au/data/assets/pdf_file/0005/2882840/ATSISPEP-Conference-Program-2016.pdf
- Aboriginal Medical Services Alliance NT. (2008). *Actions for Alcohol Control in the Northern Territory*. Retrieved from [http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/consult.nsf/4EFFF7572B9A39B9CA2577F8000FD40A/\\$FILE/Appendix%201%20AMSANT%20Policy%20Alcohol%20Control%20Final%20Jan08.pdf](http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/consult.nsf/4EFFF7572B9A39B9CA2577F8000FD40A/$FILE/Appendix%201%20AMSANT%20Policy%20Alcohol%20Control%20Final%20Jan08.pdf)
- Aboriginal Medical Services Alliance NT. (2017). *Submission to the Royal Commission into the Protection and Detention of Children in the Northern Territory*.
- Aboriginal Medical Services Alliance NT. (2017). *Submission to the Northern Territory Alcohol Policies and Legislation Review*.
- Aboriginal Peak Organisations Northern Territory. (n.d.). APO NT Partnership Principles. Retrieved from <http://www.amsant.org.au/apont/our-work/non-government-organisations/apo-nt-ngo-principles/>
- Aboriginal Peak Organisations Northern Territory. (2012). *Communiqué: Grog in the Territory Summit Outcomes*. Retrieved from <http://www.amsant.org.au/apont/wp-content/uploads/2015/02/121216-APO-NT-Media-Release-Communique-Outcomes-Grog-Summit.pdf>
- Aboriginal Peak Organisations Northern Territory. (2013). *Grog in the Territory: Central Australian Summit on alcohol policy and its impact on Aboriginal people and communities – outcomes report*. Retrieved from: <http://www.amsant.org.au/apont/wp-content/uploads/2015/02/Central-Australian-Grog-Summit-Report-FINAL-7-November-20131.pdf>
- Aboriginal Peak Organisation Northern Territory. (2013). *APO NT Submission on the NT Alcohol Mandatory Treatment. Not under the influence of evidence: A sober critique of the Alcohol Mandatory Treatment Bill*. Retrieved from <http://www.amsant.org.au/apont/our-work/apo-nt-policy/alcohol-and-other-drugs/>
- Aboriginal Peak Organisation Northern Territory. (2014). *Submission to the Inquiry into the*

Harmful Use of Alcohol in Aboriginal and Torres Strait Islander Communities.
Retrieved from <http://www.amsant.org.au/apont/wp-content/uploads/2015/02/140417-APO-NT-Submission-Into-harmful-use-of-alcohol-in-ATSI-communities.pdf>

Aboriginal Peak Organisation Northern Territory. (2014). *Submission to the Committee on the review of Stronger Futures in the NT and related legislation.*

Aboriginal Peak Organisations Northern Territory. (2014). *Submission to the Senate Inquiry by the Finance and Public Administration References Committee into Domestic Violence in Australia*, p. 14. <http://www.amsant.org.au/apont/wp-content/uploads/2015/02/140817-APO-NT-Submission-Domestic-and-Family-Violence-Australian-Government.pdf>

Aboriginal Peak Organisations Northern Territory. (2017). *Submission to the Royal Commission on the Protection and Detention of Children in the Northern Territory.*

Allard, T., Stewart, A., Chrzanowski, A., Ogilvie, J., Birks, D., & Little, S. (2010). Police diversion of young offenders and Indigenous over-representation. *Trends and issues in crime and criminal justice*, (390), 1. Retrieved from http://www.aic.gov.au/media_library/publications/tandi_pdf/tandi390.pdf

Atkinson, J. (1994). Recreating the Circle with WE AL-LI: a program for healing sharing and regeneration. *Aboriginal and Islander Health Worker Journal*, 18(6), 8-13.

Atkinson, J. (2002). *Trauma Trails Recreating Song Lines – The Transgenerational Effects of Trauma in Indigenous Australia*. North Melbourne: Spinifex Press.

Australian Bureau of Statistics. (2016). Northern Territory - Snapshot at 30 June, 2016. Retrieved from <http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4517.0~2016~Main%20Features~Northern%20Territory~24>

Australian Communications and Media Authority (2010). Commercial Television Industry Code of Practice. Retrieved from <http://www.acma.gov.au/~media/Broadcasting%20Investigations/Regulation/pdf/Commercial%20Television%20Industry%20Code%20of%20Practice%202010.pdf>

Australian Drug Foundation. (2012). *Submission to the House Standing Committee on Aboriginal and Torres Strait Islander Affairs Inquiry into the contribution of sport to Indigenous wellbeing and mentoring.*

- Australian Government. (2017). *Aboriginal and Torres Strait Islander Health Performance Framework*. Canberra: Australian Government. Retrieved from https://www.pmc.gov.au/sites/default/files/publications/2017-health-performance-framework-report_0.pdf.
- Australian Indigenous HealthInfoNet. (2017). Remote alcohol and other drugs workforce program. Retrieved from <http://www.healthinfo.net.ecu.edu.au/key-resources/programs-projects?pid=2152>
- Australian Institute of Criminology. (2005). *Specialty courts in Australia: Report to the Criminology Research Council*. Retrieved from <http://crg.aic.gov.au/reports/2005-07-payne/2005-07-payne.pdf>
- Australian Institute of Health and Welfare. (2009). *Measuring the social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples* (Cat. no. IHW 24). Canberra: Australian Institute of Health and Welfare. Retrieved from <http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=6442458717>
- Australian Institute of Health and Welfare. (2014). *Australia's health 2014*. Canberra: Australian Institute of Health and Welfare. Retrieved from <http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129548150>
- Australian Institute of Health and Welfare. (2014). *National Drug Strategy Household Survey 2013*. Retrieved from <http://www.aihw.gov.au/alcohol-and-other-drugs/data-sources/ndshs-2013/>
- Babor, T. (2010). *Alcohol: no ordinary commodity: research and public policy*. Oxford University Press.
- Bamblett, M., Bath, H., and Roseby, R. (2010). (2010). *Growing them Strong, Together: Promoting the safety and wellbeing of the Northern Territory's children*, Report of the Board of Inquiry into the Child Protection System in the Northern Territory. Northern Territory Government, Darwin.
- Bielefeld, S. (2014). *Submission to the Inquiry into the Harmful Use of Alcohol in Aboriginal and Torres Strait Islander Communities*.
- Brady, M. (2002). *Indigenous residential treatment programs for drug and alcohol problems: Current status and options for improvement*. Discussion paper no 236/2002. Canberra: Centre for Aboriginal Economic Policy Research. Retrieved from

http://caepr.anu.edu.au/sites/default/files/Publications/DP/2002_DP236.pdf

- Breen, J. (2017, January 30). Political donations under fire after NT hotels boss confirms \$100k gift to Labor, Country Liberals. *ABC News*. Retrieved from <http://www.abc.net.au/news/2017-01-30/fresh-call-for-ban-on-political-donations-in-nt/8222568>
- Calladine, K. (2009). Liquor restrictions in Western Australia. *Indigenous Law Bulletin*, 7(11), 23.
- Callan, V., & Gardner, J. (2007). *The role of VET in recidivism in Australia*. Vocational Education and Training for Adult prisoners and offenders in Australia, Adelaide, Australia: National Centre for Vocational Education Research, 34-46.
- Calma, T. (2007, April). *Social determinants and the health of Indigenous peoples in Australia – a human rights based approach*. Paper presented at International Symposium on the Social Determinants of Indigenous Health, Adelaide. Retrieved from <https://www.humanrights.gov.au/news/speeches/social-determinants-and-health-indigenous-peoples-australia-human-rights-based>
- Central Australian Aboriginal Congress. (2017). *Submission to the Northern Territory Alcohol Policies and Legislation Review*.
- Central Land Council. (2012, April). News. *Land Rights News Central Australia*. Retrieved from <http://www.clc.org.au/files/pdf/page25.pdf>
- Chaloupka, F. J., Grossman, M., & Saffer, H. (2002). The effects of price on alcohol consumption and alcohol-related problems. *Alcohol research and health*, 26(1), 22-34. Retrieved from <https://pubs.niaaa.nih.gov/publications/arh26-1/22-34.htm>
- Chikritizhs T, Stockwell T, Pascal R & Catalano P. (2004). *The Northern Territory's Living with Alcohol Program, 1992- 2002: revisiting the evaluation*. Perth: National Drug Research Institute. Retrieved from: https://espace.curtin.edu.au/bitstream/handle/20.500.11937/5052/19234_downloaded_stream_326.pdf?sequence=2
- Clearinghouse for Sport. (2017). Crime Reduction and the Role of Sport. Retrieved from https://www.clearinghouseforsport.gov.au/knowledge_base/organised_sport/sport_and_government_policy_objectives/crime_reduction_and_the_role_of_sport
- Commissioner of Corrective Services. (2009). *Submission to the Senate Expert Panel on*

Regional and Remote Indigenous Communities.

Cooper, D. (2011). *Closing the gap in cultural understanding: social determinants of health in Indigenous policy in Australia*, Aboriginal Medical Services Alliance of the Northern Territory (AMSANT), Darwin.

Council of Australian Governments. (2009). *Protecting Children is Everyone's Business: National Framework for Protecting Australia's Children 2009–2020*. Commonwealth of Australia. Retrieved from: <https://www.dss.gov.au/our-responsibilities/families-and-children/publications-articles/protecting-children-is-everyones-business?HTML>

d'Abbs, P., Togni, S. & Crundall, I. (1996). *The Tennant Creek Liquor Licensing Trial, August 1995 – February 1996: An Evaluation*. Menzies Occasional Papers No. 2/96, Darwin: Menzies School of Health Research and NT Living with Alcohol Program.

Danila Bilba. (2017). *Submission to the Northern Territory Government Alcohol Policies and Legislation Review in the Northern Territory*.

Davidson, H. (2017, July 4). Tackling alcohol in remote areas: communities plead for local. *The Guardian*. Retrieved from <https://www.theguardian.com/australia-news/2017/jul/04/tackling-alcohol-remote-areas-communities-plead-local-control>

Davidson, H. (2017, July 14). Northern Territory juvenile justice program's closure sparks war of words. *The Guardian*. Retrieved from https://www.theguardian.com/australia-news/2017/jul/14/northern-territory-jvenile-justice-programs-closure-sparks-war-of-words?CMP=Share_iOSApp_Other

Department of Families, Housing, Community Services and Indigenous Affairs. (2009). *Report on the Northern Territory Emergency Response Redesign Consultations*. Retrieved from <http://apo.org.au/system/files/19860/apo-nid19860-48231.pdf>

Donato, R., & Segal, L. (2013). Does Australia have the appropriate health reform agenda to close the gap in Indigenous health?. *Australian Health Review*, 37(2), 232-238.

Doran, C. M., Byrnes, J. M., Cobiack, L. J., Vandenberg, B., & Vos, T. (2013). Estimated impacts of alternative Australian alcohol taxation structures on consumption, public health and government revenues. *Medical Journal of Australia*, 199(9), 619-622.

Dore, G., Mills, K., Murray, R., Teesson, M., & Farrugia, P. (2012). Post-traumatic stress disorder, depression and suicidality in inpatients with substance use disorders. *Drug and alcohol review*, 31(3), 294-302.

- Dudgeon, P., K. Cox, D. D'Anna, C. Dunkley, K. Hams, K. Kelly, C. Scrine, and R. Walker. (2012). *Hear Our Voices: Community Consultations for the Development of an Empowerment, Healing and Leadership Program for Aboriginal People Living in the Kimberley, Western Australia: Final Research Report*. Perth W.A.: Centre for Research Excellence Aboriginal Health and Wellbeing Telethon Institute for Child Health Research.
- Dunbar, T. (2011). Aboriginal People's Experiences of Health and Family Services in the Northern Territory. *International Journal of Critical Indigenous Studies*, 4(2), 2-6.
http://www.isrn.qut.edu.au/publications/internationaljournal/documents/Final_Dunbar_IJCIS.pdf
- Einsiedel, L. J., van Iersel, E., Macnamara, R., Spelman, T., Heffernan, M., Bray, L., ... & Davis, A. (2013). Self-discharge by adult Aboriginal patients at Alice Springs Hospital, Central Australia: insights from a prospective cohort study. *Australian Health Review*, 37(2), 239-245.
- Ettner, S., Huang, D., Evans, E., Ash, D., Hardy, M., Jourabchi, M., et al. (2006). Benefit-cost in the California treatment outcome project: does substance abuse treatment "pay for itself"? *Health Services Research*, 41(1), 192-213.
- Expert Panel on Action to Prevent Foetal Alcohol Spectrum Disorder. (2015). *The Preventable Disability*, p. 13. Retrieved from
https://parliament.nt.gov.au/data/assets/pdf_file/0005/363254/Final_FASD_Report.pdf.
- Fietz, P. (2006). *A good practice model for youth program development in Southern Central Australia. Published as Appendix A in: Proposal to implement best practice youth diversionary programs in Mutujulu, Imanpa, Docker River, Aputula and similar communities in Southern Northern Territory*. Retrieved from:
<https://static1.squarespace.com/static/50061cbb84ae216bb5cb9339/t/58b4b41720099e8b54a88a95/1488237592839/Pauline+Fietz+2006+A+Good+Practice+Model.pdf>
- Foundation for Alcohol Research and Education. (2013, December 1). Risk-based licensing associated with decline in alcohol harms. Retrieved from
<http://fare.org.au/2013/12/risk-based-licensing-associated-with-decline-in-alcohol-harms/>.
- Foundation for Alcohol Research and Education. (2015). *National framework for action to*

prevent alcohol-related family violence. Canberra: FARE. Retrieved from <http://fare.org.au/wp-content/uploads/research/FARE-National-framework-to-prevent-alcohol-related-family-violence-web.pdf>

Foundation for Alcohol Research and Education. (2016). *Correcting the Sydney lockdown myths*. Retrieved from <http://fare.org.au/wp-content/uploads/research/Correcting-the-Sydney-lockout-myths-August-2016.pdf>

Foundation for Alcohol Research and Education. (2017). *Annual alcohol poll 2017*. Retrieved from http://fare.org.au/wp-content/uploads/FARE-ANNUAL-ALCOHOL-POLL-2017-REPORT-FINAL_DIGITAL.pdf

Foundation for Alcohol Research and Education. (2017). *Submission to the Northern Territory Legislative Assembly Expert Panel on Alcohol Policies and Legislation Review*.

Gao C, Ogeil R, Lloyd B. *Alcohols burden of disease in Australia*, Vic Health, FARE , Eastern Health and Turning Point.

Goldflam, R. (2010). Damming the Rivers of Grog: Taking the hard decisions to stop the violence. *Drug and Alcohol Review*, 29, p. 11. MA, USA: Blackwell Publishing. Retrieved from <http://members.ozemail.com.au/~pipmcmanus/Damming%20the%20Rivers%20of%20Grog.pdf>

Gray, D., Siggers, S., Atkinson, D., Sputore, B., & Bourbon, D. (2000). Beating the grog: an evaluation of the Tennant Creek liquor licensing restrictions. *Australian and New Zealand Journal of Public Health*, 24(1), 39-44.

Gray, D. and Wilkes, E. (2010). *Reducing alcohol and other drug related harm*. Closing the Gap Clearinghouse: Australian Institute of Health and Welfare and Australian Institute of Family Studies. Retrieved from <http://www.aihw.gov.au/uploadedFiles/ClosingTheGap/Content/Publications/2010/ctgc-rs03.pdf>

Gray, D., Siggers, S., Wilkes, E., Allsop, S., & Ober, C. (2010). Managing alcohol-related problems among Indigenous Australians: what the literature tells us. *Australian and New Zealand journal of public health*, 34(s1). Retrieved from <http://onlinelibrary.wiley.com/doi/10.1111/j.1753-6405.2010.00550.x/full>

Hannam, H, 'Current Issues in Delivering Indigenous Justice: Challenges for the Courts', AIJA

Indigenous Justice Conference and Elferink, J (Shadow AG at the time), Alcohol Reform (Substance Misuse Assessment and Referral for Treatment Court) Bill – second reading in continuation, 5 May 2011.

Holmes, C., & McRae-Williams, E. (2009). *An investigation into the influx of Indigenous 'visitors' to Darwin's Long Grass from remote NT communities—Phase 2*, Monograph Series no. 33. Hobart: National Drug Law Enforcement Research Fund (NDLERF), Commonwealth of Australia.

House of Representatives Standing Committee on Aboriginal and Torres Strait Islander Affairs. (2011). *Doing Time – Time for Doing: Indigenous youth in the criminal justice system*, p. 61, 64-72. Retrieved from http://www.aph.gov.au/parliamentary_business/committees/house_of_representatives_committees?url=atsia/sentencing/report.htm

House of Representatives Standing Committee on Indigenous Affairs. (2015). *Inquiry into the harmful use of alcohol in Aboriginal and Torres Strait Islander communities: Alcohol, hurting people and harming communities*, p. 20 [1.101]. Retrieved from http://www.aph.gov.au/Parliamentary_Business/Committees/House/Indigenous_Affairs/Alcohol/Report

Hudson, S., & Hudson, S. (2011). *Alcohol restrictions in Indigenous communities and frontier towns*. Centre for Independent Studies, p. 18. Retrieved from <http://www.cis.org.au/app/uploads/2015/07/pm116.pdf>

Hunyor, J. (2015). Imprisonment: Paperless arrests and the rise of executive power in the Northern Territory. *Indigenous Law Bulletin*, 8(21), 3, p. 8. Retrieved from <http://www.austlii.edu.au/au/journals/IndigLawB/2015/49.pdf>

Lauder, S. (2015, May 25). NT Arrest Powers under Scrutiny after Death in Custody. *ABC News*. Retrieved from <http://www.abc.net.au/news/2015-05-25/nt-arrest-powers-under-scrutiny-after-death-in/6494086>

Law Society Northern Territory. (2014). Six Month Review of the Alcohol Mandatory Treatment Act. Retrieved from http://lawsocietynt.asn.au/index.php?option=com_content&view=article&id=457:six-month-review-of-the-alcohol-mandatory-treatment-act&catid=901:latest-news&Itemid=253

Lawrence, C. (2006). A national disgrace: Violence against women and children in

- Indigenous communities. *Aboriginal and Islander Health Worker Journal*, 30(5), 29-33. Retrieved from:
<http://search.informit.com.au/documentSummary;dn=268556421957602;res=IELAPA>
- Lindeman, M. A., Flouris, A., & Lopes, J. (2013). *Youth programs in remote Central Australian Aboriginal communities*. Centre for Remote Health, a joint centre of Flinders University and Charles Darwin University. Retrieved from:
<https://static1.squarespace.com/static/50061cbb84ae216bb5cb9339/t/52967ea4e4b0316936dd2293/1385594532245/CRH+Youth+report.pdf>
- Luke, G., & Cunneen, C. (1995). *Aboriginal over-representation and discretionary decisions in the NSW juvenile justice system*. Sydney: Juvenile Justice Advisory Council of NSW.
- Margolis, S. A., Ypinazar, V. A., & Muller, R. (2007). The impact of supply reduction through alcohol management plans on serious injury in remote indigenous communities in remote Australia: a ten-year analysis using data from the Royal Flying Doctor Service. *Alcohol & Alcoholism*, 43(1), 104-110.
- McCalman, J., McEwan, A., Tsey, K., Blackmore, E., & Bainbridge, R. (2010). Towards social sustainability: the case of the Family Wellbeing community empowerment education program. *Journal of Economic and Social Policy*, 13(2), 8
- Memmott, P., Long, S., & Chambers, C. (2003). *A national analysis of strategies used to respond to Indigenous itinerants and public place dwellers*. Department of Families, Community Services and Indigenous Affairs.
- Menzies School of Health Research. (2010). *Aboriginal Drinking Camps in and around Katherine, NT: causes, consequences and implications*.
- Moffitt, T. E., Arseneault, L., Belsky, D., Dickson, N., Hancox, R. J., Harrington, H., ... & Sears, M. R. (2011). A gradient of childhood self-control predicts health, wealth, and public safety. *Proceedings of the National Academy of Sciences*, 108(7), 2693-2698
- National Drug Research Institute. (2000). *Preventing Harmful Drug Use in Australia: Indigenous Australian Alcohol and Other Drug Issues*. Retrieved from
<http://ndri.curtin.edu.au/local/docs/pdf/publications/M38.pdf>
- National Drug Research Institute. (2014). *Submission to the Inquiry into the Harmful Use of Alcohol in Aboriginal and Torres Strait Islander Communities*.

- National Rural Health Alliance. (2014). *Alcohol Use in Rural Australia*. Canberra: National Rural Health Alliance. Retrieved from <http://ruralhealth.org.au/sites/default/files/publications/nrha-factsheet-alcohol.pdf>
- New South Wales Department of Justice. (2014, April 11). NSW Government announces periodic risk-based liquor licence fees. Retrieved from <http://www.justice.nsw.gov.au/Pages/media-news/media-releases/2014/liquor-licence-fees.aspx>
- New South Wales Department of Justice. (2015). Balund-a (Tabulam). Retrieved from http://www.correctiveservices.justice.nsw.gov.au/Pages/CorrectiveServices/Community%20Corrections/offender-management-in-the-community/balund-a_tabulam.aspx
- North Australian Aboriginal Justice Agency, Central Australian Aboriginal Legal Aid Service. (2014). *Submission to the Northern Territory Expert Panel on Action to Prevent Foetal Alcohol Spectrum Disorders*. Retrieved from: <http://www.caalas.com.au/Portals/caalas/Submissions/NT%20FASD%20Inquiry%20-%20joint%20CAALAS%20and%20NAAJA%20sub%20-%20May%202014.pdf>
- North Australian Aboriginal Justice Agency. (2017). *Submission to the Northern Territory Government Alcohol Policies and Legislation Review in the Northern Territory*.
- Northern Territory Department of the Attorney General and Justice. (2017). *Northern Territory Wholesale Alcohol Supply 2008 to 2015*. Retrieved from <https://justice.nt.gov.au/attorney-general-and-justice/statistics-and-strategy/wholesale-alcohol-supply-data>
- Northern Territory Department of Health. (2017). *Evaluation of the Alcohol Mandatory Treatment Program*. Retrieved from <http://digitallibrary.health.nt.gov.au/prodjsui/bitstream/10137/1226/1/Alcohol%20Mandatory%20Treatment%20Evaluation%20Report.pdf>.
- Northern Territory Government. (2006). Northern Territory Chief Minister's Awards for Excellence in the Public Sector: 2006 Awards. Retrieved from: <http://www.nt.gov.au/chiefministerawards/award-past-winners/2006-awards.html#collab>
- Northern Territory Government. (2011). *Alcohol Reform (Prevention of Alcohol-Related*

- Crime and Substance Misuse) Bill 2011: Enough is Enough Reform Package. Retrieved from [http://www.territorystories.nt.gov.au/bitstream/10070/237630/4/Lawrie-300311-Historic alcohol reforms introduced to Parliament attachment3.pdf](http://www.territorystories.nt.gov.au/bitstream/10070/237630/4/Lawrie-300311-Historic%20alcohol%20reforms%20introduced%20to%20Parliament%20attachment3.pdf)
- Northern Territory Government. (2014). *Submission to the Inquiry into the Harmful Use of Alcohol in Aboriginal and Torres Strait Islander Communities*. Retrieved from [http://www.aph.gov.au/Parliamentary Business/Committees/House/Indigenous Affairs/Alcohol/Submissions](http://www.aph.gov.au/Parliamentary_Business/Committees/House/Indigenous_Affairs/Alcohol/Submissions)
- Northern Territory Government. (2017). Alcohol Protection Orders. Retrieved from <https://nt.gov.au/law/alcohol/alcohol-protection-orders>
- Northern Territory Government. (2017). Buying takeaway alcohol: Takeaway alcohol in the Katherine region. Retrieved from <https://nt.gov.au/law/alcohol/buying-takeaway-alcohol/takeaway-alcohol-in-the-katherine-region>.
- Northern Territory Government. (2017). *Northern Territory Alcohol Policies and Legislation Review*. Darwin: Northern Territory Government.
- Northern Territory Legal Aid Commission. (2017). *Submission to the Northern Territory Alcohol Policies and Legislation Review*.
- Northern Territory Police. (2017). Alice Springs. Retrieved from <http://www.pfes.nt.gov.au/Police/Community-safety/Northern-Territory-crime-statistics/Alice-Springs.aspx>
- Northern Territory Police. (2017). Darwin. Retrieved from <http://www.pfes.nt.gov.au/Police/Community-safety/Northern-Territory-crime-statistics/Darwin.aspx>
- Northern Territory Police. (2017). Nhulunbuy. Retrieved from <http://www.pfes.nt.gov.au/Police/Community-safety/Northern-Territory-crime-statistics/Nhulunbuy.aspx>
- Northern Territory Police. (2017). Northern Territory crime statistics. Retrieved from <http://www.pfes.nt.gov.au/%20Police/Community-safety/Northern-Territory-crime-statistics.aspx>
- O'Brien, K. (2013, May 24). Grog culture defended as 'core social value'. *ABC News*. Retrieved from <http://www.abc.net.au/news/2013-05-23/giles-defends-nt-drinking-culture-as-core-social-value/4708310>

- O'Donoghue, L. (2015, October 22). Indigenous violence: It's everyone's business. *The Age*.
- Office of the Aboriginal and Torres Strait Islander Social Justice Commissioner. (1996). *Indigenous Deaths in Custody: 1989 to 1996*. Retrieved from <https://www.humanrights.gov.au/our-work/aboriginal-and-torres-strait-islander-social-justice/publications/indigenous-deaths-custody>
- Olds, D. L., Eckenrode, J., Henderson, C. R., Kitzman, H., Powers, J., Cole, R., ... & Luckey, D. (1997). Long-term effects of home visitation on maternal life course and child abuse and neglect: Fifteen-year follow-up of a randomized trial. *Jama*, 278(8), 637-643.
- Paradies, Y., Harris, R., & Anderson, I. (2008). *The impact of racism on Indigenous health in Australia and Aotearoa: Towards a research agenda*. Cooperative Research Centre for Aboriginal Health. Retrieved from <https://www.lowitja.org.au/sites/default/files/docs/Racism-Report.pdf>
- Paterson, J. (2011). Closing the Gap Through Caring and Sharing for Our People. Aboriginal Medical Services Alliance of the NT. Retrieved from <http://amsant.org.au/attachments/article/95/110901-Speech-JP-Launch%20of%20YAHW%202011.pdf>
- People's Alcohol Action Coalition. (2011). *What works is what we want*. Retrieved from http://www.paac.org.au/html/what_works.html
- People's Alcohol Action Coalition. (2014). *Submission to the Inquiry into the harmful use of alcohol in Aboriginal and Torres Strait Islander communities*.
- Peoples, C. D. (2014, February 10). Yes, Contributions Really Matter. But How? And What are their Broader Impacts?. *Edmond J. Safra Centre for Ethics, Harvard University*. Retrieved from <https://ethics.harvard.edu/blog/yes-contributions-really-matter>
- Purdie N., Dudgeon P. and Walker R. (Eds). (2010). *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice* (pp. 117-134). Canberra, Australia: Department of Health and Ageing. Retrieved from http://research.acer.edu.au/cgi/viewcontent.cgi?article=1024&context=indigenous_education
- Pyne, A. (2012). Ten proposals to reduce Indigenous over-representation in Northern Territory prisons. *Australian Indigenous Law Review*, 16, 2.

- Rawlinson, C. (2013, July 1). 'SMART courts' elimination worries Chief Magistrate as mandatory rehab begins. *ABC Radio Darwin*. Retrieved from <http://www.abc.net.au/local/stories/2013/07/01/3793167.htm>
- Schubert, S. (2015, February 11). Adam Giles' alcohol policy draining police resources, says Police Association president Vince Kelly. *ABC News*. Retrieved from <http://www.abc.net.au/news/2015-02-11/bottle-shop-cops-draining-resources,-says-police-association/6085626>
- Shaw, G., Brady, M., and d'Abbs, P. (2015). *Managing Alcohol Consumption – A review on licensed clubs in remote Indigenous communities in the NT*. Canberra: Bowchung Pty Ltd. Retrieved from https://justice.nt.gov.au/_data/assets/pdf_file/0011/427538/D2016-0339-LR-Section1.pdf
- Shoebridge, A., & Australia, W. (1990). Tackling Excessive Drinking or Excessive Supply. *Alcohol and Crime, Canberra Australian Institute of Criminology*. Retrieved from http://www.aic.gov.au/media_library/publications/proceedings/01/shoebridge.pdf
- Sinclair, C. (2014, March 28). Protest against racial profiling in Alice Springs. *Centralian Advocate*. Retrieved from <http://www.ntnews.com.au/news/centralian-advocate/protest-against-racial-profiling-in-alice-springs/news-story/68587b5a065ceb9bb02e54648c8f01b5>
- Smith, B. and Ralston, N. (2009, August 5). Indigenous Offenders Working on Farm. *The Australian*. Retrieved from <http://wl.theaustralian.news.com.au/story/0,25197,25887489-5006784,00.html>
- Sprianovic, C., Clare, J., Bartels, L., Clare, M., & Clare, B. (2014). Aboriginal young people in the children's court of Western Australia: Findings from the national assessment of Australian children's courts. *University of Western Australia Law Review*, 38, 86-116.
- Stanley, J., Kovacs, K., Tomison, A. and K Cripps. (2002). *Child Abuse and Family Violence in Aboriginal Communities: Exploring Child Sexual Abuse in Western Australia*. Retrieved from <https://aifs.gov.au/cfca/sites/default/files/publication-documents/wabrief.pdf>
- Steering Committee for the Review of Government Service Provision. (2016). *Report on*

- Government Services 2016, Volume C: Corrective Services*, Table 8A.7. Retrieved from <http://www.pc.gov.au/research/ongoing/report-on-government-services/2016/justice/rogs-2016-volumec-justice.pdf>
- Steering Committee for the Review of Government Service Provision. (2017). *Report on Government Services 2017, Volume E: Health*, Table EA.23. Retrieved from <http://www.pc.gov.au/research/ongoing/report-on-government-services/2017/health/rogs-2017-volumee.pdf>
- Stockwell, Tim, M. Christopher Auld, Jinhui Zhao, and Gina Martin. Does minimum pricing reduce alcohol consumption? The experience of a Canadian province. *Addiction*, 107(5), 912-920.
- Syme, S. (2004). Social determinants of health: The community as an empowered partner: Preventing Chronic Disease. *Public Health Research, Practice, and Policy* 1(1), 1–5.
- Symons, M., Gray, D., Chikritzhs, T., Skov, S., Siggers, S., Boffa, J., & Low, J. (2012). *A longitudinal study of influences on alcohol consumption and related harm in Central Australia: with a particular emphasis on the role of price*. Perth, Australia: National Drug Research Institute, Curtin University. Retrieved from https://www.dss.gov.au/sites/default/files/documents/11_2012/ndri_report.pdf
- Taffa, V. (2015). Temporary beats having a lasting effect. *The Southern Thunderer*. Retrieved from <http://www.southernthunderer.com.au/success-with-temporary-beat-locations-in-katherine/>
- Wilkes E., Gray D., Siggers S., Casey W. and Stearne A. (2010). Substance Misuse and Mental Health among Aboriginal Australians. In Purdie N., Dudgeon P. and Walker R. (Eds). (2010). *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice* (pp. 117-134). Canberra, Australia: Department of Health and Ageing. Retrieved from http://research.acer.edu.au/cgi/viewcontent.cgi?article=1024&context=indigenous_education
- World Health Organisation. (2007). *The World Health Report 2007 – A Safer Future: Global Public Health Security in the 21st Century*. Retrieved from http://www.who.int/whr/2007/whr07_en.pdf?ua=1
- United Nations. (1948). *Universal Declaration on Human Rights*. Retrieved from <http://www.un.org/en/universal-declaration-human-rights/>

- United Nations. (1969). *International Covenant on the Elimination of Racial Discrimination*. Retrieved from <http://www.ohchr.org/EN/ProfessionalInterest/Pages/CERD.aspx>
- United Nations. (1976). *International Covenant on Economic, Social and Cultural Rights*. Retrieved from <http://www.ohchr.org/EN/ProfessionalInterest/Pages/CESCR.aspx>.
- United Nations. (1976). *International Covenant on Civil and Political Rights*. Retrieved from <http://www.ohchr.org/EN/ProfessionalInterest/Pages/CCPR.aspx>
- United Nations. (2003). *The Human Rights-Based Approach to Development Cooperation: Towards a Common Understanding Among the UN Agencies*. New York. Retrieved from www.unescobkk.org/fileadmin/user_upload/appeal/human_rights/UN_Common_understanding_RBA.pdf
- United Nations. (2007). *Declaration on the Rights of Indigenous Peoples*. Retrieved from http://www.un.org/esa/socdev/unpfii/documents/DRIPS_en.pdf
- White, M. (2011). Pathways to a good life well lived: Community-owned recovery plan for overcoming suicidal despair in the Fitzroy Valley. Herculeia Consulting for Marra Worra Worra Aboriginal Corporation, Marninwartikura Fitzroy Women's Resource and Legal Centre, Nindilingarri Cultural Health and Kimberley Aboriginal Law and Cultural Centre.
- Ypinazar, V. A., Margolis, S. A., Haswell-Elkins, M., & Tsey, K. (2007). Indigenous Australians' understandings regarding mental health and disorders. *Australian & New Zealand Journal of Psychiatry*, 41(6), 467-478.
- Zhao, J., Stockwell, T., Martin, G., Macdonald, S., Vallance, K., Treno, A., ... & Buxton, J. (2013). The relationship between minimum alcohol prices, outlet densities and alcohol-attributable deaths in British Columbia, 2002–09. *Addiction*, 108(6), 1059-1069.
- Zubrick, R., Silburn, R., Lawrence, M., Mitrou, G., Dalby, B., Blair, M., Griffin, J., Milroy, H., De Maio, A., Cox, A., and Li, J. (2005). *The Western Australian Aboriginal Child Health Survey: The Social and Emotional Wellbeing of Aboriginal Children and Young People*. Perth, Curtin University of Technology and Telethon Institute for Child Health Research.