



GUNBANG ACTION GROUP
SUBMISSION TO
NORTHERN TERRITORY ALCOHOL POLICIES AND LEGISLATION REVIEW

This submission is made on behalf of the Gunbang Action Group (GAG). GAG has existed for more than 20 years as a coalition of local interests intent on reducing the impact of alcohol and other drugs in the region of Kakadu. It operates voluntarily and draws its membership from commercial, indigenous, community and government sectors. Details can be found at gunbangactiongroup.com.

This submission is based on the practical experience of GAG over many years as it has planned, advocated and initiated strategies. The comments centre on the issue of alcohol service provision and management in remote communities. We believe the lessons learned and the insights gained are relevant to other parts of the Territory.

EFFECT OF RESTRICTIONS

Prior to the Northern Territory Emergency Response (NTER) in 2008, all but two outstations in Kakadu were allowed access to alcohol. Since then it has been a criminal offence for any Bininj to have alcohol on their home lands. As a result Aboriginal people rightly feel singled out and unfairly subject to alcohol restriction. In contrast, residents of Jabiru (largely non-Aboriginal) have continued to have unrestricted access to alcohol, Park employees have been able to drink under a permit regime and tourists have access to six licensed premises and camping sites exempt from the NTER.

Under the NTER local Aboriginal people can either drink on licensed premises within the Park or at places outside the Park boundary. This entails travel for nearly any Bininj who wants to drink legally. This can result in periods of absence from family, increased expense (for travel or on-premises prices), as well as greater chances of road accidents and deaths.

It is known that grog running occurs and observations from long-term residents indicate that it has increased over recent years. The spread of communities over 100 kms, the limited policing capacity that is available and the large geographic area to be covered make enforcement problematic. Grog running has reinforced binge drinking as a norm, with people consuming quickly to avoid detection and to make the most of sporadic supplies. These drinking sessions occur both away from communities and within communities.

While the restrictions produced some decline in drinking, they have not stopped alcohol abuse. Restrictions have probably put more emphasis on collecting larger amounts of money to obtain supplies. This does not imply the place is awash with drunks. There are those who surreptitiously acquire alcohol, consume moderately and cause no trouble for anyone. This includes many who are employed or continue to carry out obligations and responsibilities. There is a small minority whose efforts are almost exclusively focused on the pursuit of alcohol and who are most likely the beneficiaries of grog running and unregulated drinking in outstations in the Park. Intoxication occurs among such people more readily, but it is typically episodic.

The most apparent outcome of the prohibition has been criminalising people who are doing no more than anyone living in Jabiru, working for Parks or visiting tourist areas might do. Bininj are targeted for highway inspections, have threats of vehicle confiscation and charges being laid.



The coercive and blanket approach taken in implementing the NTER has disempowered Bininj. They have not been actively involved in deciding the alcohol management regime that is in place. This has fuelled a sense of inevitability and lack of control and that has discourages any responsibility being taken. Engaging Bininj in local and better targeted initiatives has become more difficult as a consequence and avenues to encourage Bininj to assume greater responsibility have been frustrating.

This situation is compounded by there being no clear or predictable pathway for conditions to change. In 2016 the NT Government assumed more say over community restrictions, with the Commonwealth allowing greater consultation with communities to rollout Alcohol Management Plans and Alcohol Action Initiatives. However the Commonwealth Minister retains a power of veto on the grounds of safety and harm. In practice this has led to few, if any, new supply regimes being introduced to NT communities. The criteria for approval should be distinct and pragmatic and reasons for rejection should be detailed so adjustments can be made. Without some clear framework the process is confusing and alienating.

In attempting to put together a proposal for liquor permits in Kakadu, the GAG has been told by NTG officials that it should try to negotiate with the Federal Minister so a decision by the DG of Licensing is not overturned. It is ridiculous for a community group to have to engage at that level, especially when the process requires application to be made at the NTG level. Licensing should exercise greater vigour in representing the interests of Territorians.

INVOLVE ABORIGINAL PEOPLE IN DECISION MAKING

The NTER removed almost all Aboriginal people residing on Aboriginal land from making decisions about how alcohol would fit into their lives. All people were lumped together in terms of alcohol-related risks, and measures were introduced without meaningful consultation or explanation in many local communities. Avenues for change since the NTER have been dictated by Government processes that have been so confusing, variable and bureaucratic that effort has been far from encouraged.

For effective progress, Aboriginal people must be empowered to be part of defining their priority issues and finding solutions. Otherwise they will never take the necessary responsibility for addressing the problem of endemic alcohol abuse. Meaningful participation is consistently seen as fundamental to effective responses.¹ In developing a national framework for addressing alcohol and drug issues among Aboriginal and Torres Strait Islander peoples, the National Indigenous Drug and Alcohol Committee found “Aboriginal....ownership of solutions was overwhelmingly identified as being an important principle”.² This is predicated on those directly impacted and involved being more fully aware of local conditions, influences and dynamics. Further, if the responsibility and accountability for putting actions in place lie with other agents, there is little intrinsic reason for Aboriginal people to adhere and foster changes.³

¹ See Gray, D. and Wilkes, E. Reducing Alcohol and Other Drug Related Harm. Closing the Gap Clearing House. Canberra, Australian Institute of Health and Welfare & Australian Institute of Family Studies, 2010; and, Commonwealth of Australia. National Aboriginal and Torres Strait Islander Health Plan 2013-2023. Canberra, Commonwealth of Australia, 2013.

² See page 13 of National Indigenous Drug and Alcohol Committee Alcohol and Other Drug Treatment for Aboriginal and Torres Strait Islander Peoples. Canberra, Australian National Council on Drugs, 2014

³ There are suggestions where community members address local alcohol-related concerns there can be greater acceptance of more restrictive policies – see Drug and Alcohol Review, 35(3), 2016, 263–272



This does not mean assigning full responsibility to Aboriginal people alone. A partnership must be forged with Aboriginal people so their perspectives, understandings and resources can be combined with the specialised skill set and knowledge base provided by substance use experts and officials. Both can inform each other and learn to develop strong pathways to This also facilitates mentoring between cultures so there is more shared appreciation and skill development that can build into the future.

GAG has struggled with engaging the local Bininj in a meaningful way. An initiative that delivered positive outcomes was the Bininj Reference Group, which began about 2011. This involved key leaders from each of the homelands meeting on a regular basis to discuss issues, raise matters for the GAG and comment on matters from the GAG. It was established in light of the formal meeting structure of GAG not being deemed culturally suitable to maximise participation. The group was headed by two senior Aboriginal people. The BRG took advantage of existing communication networks and allowed time for conversations to occur within communities.

No meetings happened in the first few months, largely because the notion of coming together regularly on their own to talk about alcohol management was not a usual practice for Bininj. As an alternative, the BRG leadership, accompanied by the GAG Coordinator, would visit each of the homelands to talk about matters and share what different homelands had to say. This worked well until the death of a senior man. The visits to homelands continue and efforts are being made to try and get homeland leaders together prior to each GAG so they can work in parallel.

These efforts have demonstrated that Bininj can be engaged and contribute constructively to the way alcohol is managed. Notwithstanding setbacks, GAG still holds out great hope that this approach can develop further. Resources are limited, however, so effort and support is sporadic.

Experience suggests that participation can be assisted by maintaining communication channels (accepting that emails and telephones may not be readily available), being flexible to account for interruptions and competing demands that can interfere with processes, valuing participation (this could be in payment or by in-kind contributions) and allowing for trial and error within a reasonable margin of risk for any suggested actions.

Mechanisms should be provided for so Aboriginal people can be actively and respectfully engaged in making decisions about their futures. Even at a Territory level it could be useful to have a regular forum (e.g. biennial) for community leaders to discuss their experiences and learn about developments in the area of alcohol management.

Finally, it would help all communities and people working in the field if there was a repository of strategies that have been or could be tried in remote communities. Details of effectiveness, practical lessons, the relevant evidence base and other aspects could also be included. Presently the sharing of knowledge relies heavily on individuals drawing on their own experiences or endeavours to find information. A central clearinghouse would enable communities to be better informed about what they might choose to do and it would reduce effort spent on “re-inventing” strategies.



DATA

There are no ready data available to inform plans or evaluate strategies at the local level. For several years the NT has talked about a joint group of Justice, Police and Health to collate and distribute data. Nothing seems to have come of this. Data requests have repeatedly gone unmet. Further when individual agencies are approached the data is generally only available at such a high level of aggregation that it is not useful for informing small geographic areas. GAG for instance, is often referred to West Arnhem data when only data dealing with the Kakadu area is of interest. The data too, is often unable to identify critical variables that can influence interpretations (e.g. number of tourists, Aboriginality or seasonal events).

This places a burden on local agencies to be able to extract information and seek approvals for its release. This is time-consuming for agency staff and often does not eventuate as a result. Indeed it has been found that current systems are not even designed to collect data. The Jabiru Health Centre, for example, has had to institute its own record system to monitor alcohol presentations and associated correlates. Alcohol has been a priority issue in the NT for decades and yet internal government systems still do not appear to be geared to effectively record basic data.

It would be beneficial for planning, implementing and evaluating strategies and for understanding the nature of alcohol harms in the Territory if the proposed joint Department group actually functioned and was able to deliver customised reports from an integrated database. Attention should be given to dedicated resources for this to happen.

Other data issues relate to the emphasis often put on changes in outcomes and indicators. First, it needs to be noted that it can take considerable time for strategies to show any effects. Sufficient time must be allowed for results to emerge. Second, prevention can be a valid pursuit and in this context having no changes in selected indicators should be accepted as worthwhile gains. Lastly, in the longer term the emphasis given to activity based reporting at the expense of an outcomes reporting framework should be examined.

Further, the actual quantification of drinking and related attitudes and influences in remote areas, let alone specifically for Aboriginal people, has been subject to little contemporary research. This makes accurate monitoring and assessment problematic. The last known piece of work done was in 2009 when Department of Justice commissioned a study by Healthcare Planning and Evaluation. An incomplete draft report was produced but the results have not been widely circulated.

It would be good if a regular monitoring system was put in place to provide indicators of usage patterns and levels of harm. It may be as rudimentary as a sentinel system of key communities that is coordinated across the Territory. This could be of general value. Of course, having systems that involve all communities would be even more helpful as it would allow information to be identified for specific areas. At present action is based largely on anecdotal and intermittent information.

GOVERNMENT RESPONSIVENESS

Over the course of its 30 year existence, GAG has benefited from the active involvement of many Government agencies. It has learned, however, that the decision making processes of Government can be lengthy and complicated. This can be dissatisfying for those who work hard at the local level to put submissions and proposals together. A more responsive and



flexible approach should be facilitated. On several occasions GAG has designed local alcohol management initiatives only for them to be overridden by government policy – robbing the community of its momentum.

This also applies to how funds are made available. While the principle of funding rounds is understood, the need for programs may be more immediate. A process for fast-tracking would be good. Similarly, while the reporting and acquittal demands seem to have eased a little over time, this too should be reviewed so only the optimum requirements are put on community members to meet obligations.

SUPPORT FOR COMMUNITY GROUPS

Final decisions made in communities often rest with the Government position – due to its funding and policy leverage. Experience tells that while extensive discussion can occur among active, committed and interested stakeholders in the local community, decisions can be relegated if they do not align with Government parameters.

Partnerships need to recognise equality between the community and government in designing strategies. Government needs to be transparent and up-front about any limitations it will impose. It is frustrating at best and de-motivating at worst to seek constructive community feedback and then have it dismissed because of factors that should have been identified at the outset. As far as possible community initiatives should be decoupled from political exigency and assessed on their merits using an outcome-based framework.

GAG has implemented a range of initiatives over the last few years: education materials, local ID card, Community Safety Plan, Volatile Substance Management Plan, an effective local ban system across licensed premises.⁴ It has also been important as an information sharing forum across diverse groups and a venue for issues to be openly discussed. This has come from the dedication and commitment of all agencies that volunteer their time and effort to being members. For the past eight years continuity has been maintained by having a dedicated resource to manage the GAG. A part-time coordinator position has been funded by Gundjeihmi Aboriginal Corporation (GAC) to provide administrative support, develop or implement actions, liaise with various agencies, prepare submissions and correspondence and facilitate Bininj participation.

The position has been pivotal in making GAG an effective and enduring entity. But while the entire Kakadu community and Government agencies benefit from the work of GAG, the position has been paid solely by monies from the Mirarr (traditional owners). The money has been paid either directly through GAC or via the Kakadu West Arnhem Social Trust⁵

It is fortunate that Aboriginal people in Kakadu have had access to significant revenue in the form of royalties (from mining and the National Park) and that they were forward thinking in quarantining some of those monies for the greater good. This has enabled GAC to invest millions of dollars in other initiatives such as employment programs and the Djidbidjidbi College. It is rare that a community would provide so much of this infrastructure from its own monies. A greater readiness to acknowledge and supplement this expenditure would be welcome.

⁴ See GAG website for more detail

⁵ KWAAT was established jointly by Energy Resources of Australia and GAC. Monies have been set aside to assist disadvantaged Aborigines in the Kakadu West Arnhem region.



Having a similar resource committed to the efforts of all local communities could be valuable. As most local stakeholders are volunteers and have competing demands and duties to meet, they generally have little time to devote to the organisational and administrative side of an effective intersectoral group. Their time is better spent on strategic planning and implementation that suits local circumstances. A dedicated can ensure information flow, the follow up on intended actions and decisions, engagement with the right stakeholders, time consuming advocacy and liaison, and the preparation of documents and correspondence.

BANS AND THE BANNED DRINKERS REGISTER

The BDR is seen as a positive step in a suite of strategies. It would be beneficial to have the upcoming system properly monitored and evaluated and responses made to improve its effectiveness. GAG also suggests that its value would be enhanced by allowing more flexibility to meet local needs. For Kakadu the incorporation of the local ban system into the BDR would be a boon, as it would eliminate some of the identification issues that arise on licensed premises.

As with some other communities, GAG has developed a local ID Card – the West Arnhem ID. This was in response to many local Bininj not having suitable ID (i.e. no drivers license, no passport, lost cards, 18+ being demeaning for senior people) for accessing bank accounts, outstation services and the like. In conjunction with Westpac and Police, acceptable criteria were established for the distribution of the card and around 700 have been issued in the past few years to Bininj from across the region. The card is also useful for other purposes, including access to licensed premises.

Although the BDR accommodates many forms of ID, there has been a refusal to accept local cards like the WAID. This approach should be reviewed in light of suitably secure cards being available. Local cards are easier to replace if lost or damaged so Aboriginal people are not at a disadvantage for lengthy periods when applications are required through other bureaucratic processes.

It should also be noted that the local ban system has been operating in Kakadu for many years. It has proven effective as a management tool. Individuals can be banned from premises for varying lengths of time depending on what disruption and misbehaviour they get up to. Penalties over one month apply to all licensed premises in the district. The immediacy of the bans and the impact of not being allowed to drink at any of the few local licensed premises (for socialising and drinking) make this a powerful tool.

The system is based on agreement among licensed premises and is based on sections 105 and 121 of the Liquor Act. A detailed framework has been developed by GAG. A major difference from systems operated elsewhere is ensuring there is a simple appeal process and excluding “life” as a ban (as it does not allow for change).

The system works well and is useful for keeping repeat trouble-makers off premises. It must be acknowledged, however, that it can lead to illegal drinking or substitution (e.g. cannabis). In some cases people have left to live elsewhere where they can obtain alcohol until the ban is lifted.

This sort of banning systems, if applied fairly should be supported as much as possible by policy and regulation. It has proven to be a key strategy in Kakadu.



OPPORTUNITIES FOR CHANGE BY STARTING EARLY

There is little alcohol-specific education or ongoing awareness-raising for the general population, let alone Aboriginal people. Although older people may have been exposed to material before, reinforcement is required through repetition and innovative approaches. More can be done with younger people too, especially during schooling. This education should not just focus on negative aspects of alcohol – it should also provide advice and strategies about harm reduction strategies, building resilience and actions for early prevention.

Often drinking is a symptom of many other influences and this argues for more education and instruction for people in non-alcohol specific topics too: for example, parenting, financial management, conflict resolution. Helping to deal with such other issues can contribute to changes in drinking.

Schooling itself should be such that families want to participate. Provisions might need to be made to address practical issues (e.g. transport, nutrition and hygiene, physical environment) but attention must also be given to assisting the learning process, ensuring the relevance of the curriculum and making achievement meaningful.

The learning process can be assisted by addressing systemic factors, like use of appropriate language teacher ratios and locally relevant pedagogy and curriculum. Curricula need to blend with the experiences and knowledge of the student's world. This can be assisted locally by increasing the involvement of parents in school life and the education process. Indeed the engagement of parents should be a priority so they can support children at home and learn at the same time. Meaningful outcomes will link formal learning to improved life choices. Essential to this is having role models, mentors, and future opportunities that children and adolescents may aspire to. Every encouragement must be given to make these tangible, even in remote places.

In addition to formal education, it is important to address community attitudes that endorse and cultivate "a drinking culture". More initiatives should be focused on how to encourage people to seek help, what changes family and community members can make to dissuade unacceptable use, how the priority given to drinking can be reduced. This can involve information campaigns, activity based programs, group interventions and the like.

Ultimately there must be pathways to training, employment and other meaningful occupation created. There is a role for Aboriginal organisations to partner with peak bodies and industry to translate VET into productive and ongoing outcomes. In Kakadu, for example, this is being pursued by GAC working with GTNT and the Department of Education through the local school.

Consideration should also be given to more support and acknowledgement of the cultural demands that Aboriginal people must carry out. Activities that are important for maintaining traditions, ceremonies and culture might be recognised as legitimate and important to the health and welfare of the country and the people.

LOCAL POLICE ACCESS

For some years access to local Police in remote communities has become increasingly limited. After hours contact is by telephone to officers at Police headquarters in Darwin or Alice Springs. It is at the discretion of those receiving calls as to how urgent they classify



incidents and how quickly they can arrange an appropriate response. This can lead to situations escalating and, over time, it has discouraged people from actually trying to report trouble. Delays can also put risks on other service providers who may be in attendance. To improve relationship and cooperation between remote Police and local residents a more instant and responsive approach should be provided for.

This would be a significant influence for managing grog running. As it is, as the working times of Police are known, it is relatively simple to organise runs. Random blitzes can help, but taking the risks of grog running might reduce further if it was known that personnel were always on-call.

REGIONAL TREATMENT

A significant and missing component in dealing with people who have alcohol problems in remote communities is that therapeutic intervention is totally absent or hard to access. To obtain intensive clinical help individuals typically have to access services in major centres. This means leaving their families and support networks, and the spiritual connection of their homeland.⁶ This creates a situation where clients are learning within an environment that does not relate to their everyday situations and this can risk people exhibiting old behaviours when they return to the community setting.

Current options are not ideal for various reasons. First, they seldom allow the ready involvement of family. This is a fundamental principle for effective treatment as family members can learn how to cope with alcohol abuse and it can equip them to assist during the treatment and reintegration phases.⁷ Delays in admission can also occur because the services are in high demand and have limited capacity. This can see motivation to attend wane. Centres also provide for a mix of people across different regions, often causing between different Aboriginal groups.

To encourage uptake, it has been argued that local facilities should be provided. These should not be intensive (as that would simply replicate services available elsewhere) but they can provide time out and respite and rudimentary interventions to challenge alcohol use and related attitudes. Their proximity can allow easier access for family and other community members to be engaged in becoming part of the solutions. A regional service too can be more immediately available for people at the time they make a decision to seek help.

Such centres would be intermediary between any services that can be accessed within the local community (i.e. clinic staff or visiting programs) and the sophisticated residential services available away from community. People can make use of it as they need it, time and again if necessary. While investment in staff and infrastructure will be required, this will be at a far lower cost than many treatment services that are currently provided. Facilities can be temporary and employ traditional skills and designs. Staff can be peers with minimal training in brief interventions and motivational interviewing, rather than sophisticated and complex psychological therapies. The Mount Theo project from Yuendumu is an example of

⁶ See Healing Foundation Restoring Our Spirits – Reshaping Our Futures. Canberra: Healing Foundation, 2016 for discussion of why maintenance of these links are fundamental to health and wellbeing.

⁷ National Indigenous Drug and Alcohol Committee Alcohol and Other Drug Treatment for Aboriginal and Torres Strait Islander Peoples. Canberra, Australian National Council on Drugs, 2014



this approach. Work could be commissioned to fully explore this option and its viability for other remote communities.

With or without such facilities being provided, a gain could be made immediately in many remote settings if the existing services worked in a more integrated manner. While many providers try to link in with another, this is not always possible. Support for local interagency forums and communications would aid collaboration. In Nhulunbuy, for example, there is a group of agencies that deal with domestic violence cases and it meets regularly to share information about perpetrators and victims to ensure both the best and most appropriate action is taken with each.

Similarly, with many services delivering on a visitation basis, it is important that local demands, conditions and timelines are respected. There should also be a degree of rationalisation and coordination so communities are not inundated at one time and ignored at other times. When decisions are made at a distance and they are at odds with local priorities and concerns, the cooperation and commitment of communities suffer.

LIQUOR PERMITS

The least desirable situation is to have alcohol unregulated. It opens up the possibilities of excessive consumption and associated negative consequences and it fuels corrupt and exploitative acts. Unregulated alcohol consumption also severely reduces any opportunity of instilling responsible drinking patterns in community. Liquor Permits provide one way of avoiding this in remote settings.

Bininj in Kakadu see Liquor Permits as a way of re-asserting control over alcohol. Rather than complying to a paternalistic regime of imposed restrictions, they want to exercise their own solutions and demonstrate they are responsible for caring for individuals, families and communities. Presently there is no way to do this.

A system is in the final stages of drafting under the auspices of GAG and it is founded on permits be allowed on an outstation-by-outstation basis. Permits will be issued to individuals for consumption at their home community only. The system takes advantage of the authority of the local family group for enforcement. Each outstation is relatively small in number and area and centred around families with clear leadership structures. If there are persistent or major breaches then all permits would be withdrawn. It will be up to individuals to behave for the sake of their own permits and for all others in the community who have permits. This should nurture greater self-determination and responsibility. Pressures to binge or drink excessively would be lessened too. Everyone would have a vested interest in being responsible in order to maintain their permits and regular amounts can be purchased rather than bulk supplies at any one time.

As has happened in other NT communities, a Permit Committee would be established with key leaders from each outstation, Police and others as necessary. The Committee would make recommendations about who is responsible to have a permit, who should have a restricted permit and who should not. It is acknowledged that these committees have a history of becoming dysfunctional. Research shows this is usually due to corrupted members who hand out permits as favours, members being worn down by constant complaints and pressures (particularly when cultural obligations are pertinent) or from a lack of motivation when recommendations are vetoed by Police or Licensing. These issues might be addressed by providing greater checks and balances to the decision making process.



Some suggestions for any regional permit system are:

- Maintain a collective to make recommendations about the allocation and withdrawal of permits. By a Committee being publically responsible there is no exposure of individuals as solely accountable and thereby susceptible to community pressures.
- Police alone should not be in a position to recommend permits. Community members have a good appreciation of how individuals handle alcohol and that knowledge needs to be tapped.
- There should be regular reviews of how permit systems are operating on each community to ensure there is transparency, community support and effective management.
- Police should have only limited grounds for rejecting the advice of community members on a Committee. Decisions seem to be currently based on criminal history within the past two years, but the practice is arbitrary. The nature and seriousness of offences and not just the timeframe should be considerations. There needs to be acknowledgement of people reforming and having been penalised already.
- Communities and applicants need clear instruction on their obligations under the permit system and how the system operates, and they should receive education in responsible drinking and strategies for harm minimisation
- There should be opportunities for people to undertake remediation if a permit is suspended. This may prompt more people to engage in various treatment and intervention programs more readily.
- Consider “reverse restrictions” for most people, whereby individuals can purchase and consume whatever they want until they violate a legal condition or a condition imposed by the Permit Committee. It is only once a person engages in unacceptable behaviours that limits are placed on beverage types and/or amounts. However people with a past history that indicates significant risk would have limits from the outset.
- Increase the penalties that apply to secondary supply (i.e. the on-selling of alcohol rather than responsible social sharing).
- Link local permits systems to the BDR to aid enforcement.

NON-ACCORD LICENSED PREMISES

The Kakadu Liquor Accord functions well. However its voluntary efforts are undermined by neighbouring licensed premises outside the Park that do not abide by the same practices (e.g. they allow bulk sales, they have less stringent RSA and significantly contribute to grog running). Some regulation or framework that can help align those premises with the measures adopted by the Accord members would be very useful. The current disparity is frustrating to the Accord as members see their conscientious efforts being flouted.