

DEVELOPING AN ALCOHOL ACTION PLAN: STRATEGIES FOR CONSIDERATION

Report to the
Gundjeihmi Aboriginal Corporation

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STRATEGIC **D**IMENSIONS

TABLE OF CONTENTS*

| | Page |
|--|------|
| List of Recommendations | 3 |
| Introduction | 6 |
| Method | 7 |
| Qualifications | 7 |
| Recommended Actions | 9 |
| Electronic Identification | 9 |
| Kakadu Outlets | 10 |
| Strategic Management | 11 |
| Prevention and Early Intervention | 13 |
| Treatment and Care | 14 |
| Education and Employment | 15 |
| Gunbalanya | 16 |
| Next Step | 17 |
| Discussion of Proposals Made in 2008 | 17 |
| Appendix A - Stakeholder Contacts | 37 |
| Appendix B – Implementation | 38 |

LIST OF RECOMMENDATIONS

1. It is recommended that the Northern Territory Government install and maintain an electronic identification system to improve the monitoring of alcohol purchases and to enhance the targeting of restrictions applied to individuals.
2. Procedures at the Jabiru Golf Club and Gagudju Lodge to make the sighting of authorised photographic identification mandatory for all takeaway service and institute daily record keeping for takeaway purchases that detail buyers and quantities and ensure the record is checked so individuals do not exceed the daily quota.
3. Progress the review of the banning system that operates among licensed premises in Kakadu. The review should: (1) produce guidelines about unacceptable behaviours and associated penalties; (2) identify how best to disseminate and explain the guidelines; (3) design an appeals process; and, (4) review current list of life bans and adjust penalty as appropriate.
4. All clubs introduce a condition of membership that requires persons under the age of 21 who apply to be full club members to complete an alcohol education module to be developed in conjunction with Kakadu Health Service.
5. Licensing, Regulation and Alcohol Strategy actively support clubs to conduct a harm minimization audit and then make changes that will further promote responsible drinking patterns, make the premises safer and make the premises more attractive to broader sections of the community. This support is to include disseminating information about responsible drinking guidelines and delivering skill and knowledge strategies that assist people to drink within the guidelines if they choose.
6. Set up an Alcohol Reference Group to manage the implementation and evolution of an Alcohol Action Plan. It is to be a sub-committee of the Gunbang Action Group, with co-opted members as required. It will be responsible for developing the strategies that make up a Plan, engaging the stakeholders necessary for the implementation of strategies and keeping them accountable, and continually monitoring and reviewing progress to ensure the Plan remains relevant and effective.
7. Review the membership, structure, processes and focus of the Gunbang Action Group to ensure it is appropriate for setting a broad strategic policy and operational framework for addressing regional alcohol issues, acting as a key forum for community engagement, building partnerships, providing advocacy and undertaking longer-term planning.
8. The Gunbang Action Group receive regular compliance and enforcement reports from Police and Licensing Regulation and Alcohol Strategy, put processes in place to receive updates about local developments in education and employment and ensure it is informed of relevant regional health service activities.

9. A co-ordination and development position be established to provide administrative support to the Gunbang Action Group and sub-committees and to maintain and drive day to day action and strategy development.
10. Some kind of homeland reference committee be established to assist the management of alcohol by homeland residents. Whether or not it is a sub-committee of the Gunbang Action Group, it should report regularly to the Gunbang Action Group.
11. Government to assist with the development of an integrated program of community education initiatives for a three year period and then facilitate implementation. The community to be involved wherever possible to ensure relevance and appropriateness.
12. With community input, identify potential prevention and early intervention initiatives that will further protect young people from developing harmful drinking patterns. Implement an integrated suite of new and existing programs so options are constantly available.
13. With input from drinkers, identify and trial initiatives that are likely to engage problem drinkers and divert them from harmful drinking patterns.
14. Hold discussions with school and Department of Education and Training management to institute alcohol content into local curriculum. The content should aid children to make responsible choices about drinking as they grow up.
15. Place signs with clear messages around each homeland to nurture positive community attitudes and values. Messages should indicate support for responsible alcohol use, build pride in culture and offer confidence in the future. They should be developed in collaboration with each community.
16. Develop and promulgate cultural protocols that outline the boundaries of acceptable and unacceptable behaviours.
17. Identify a source of interim funds to maintain effective prevention and early intervention activities should original funds cease for reasons other than poor performance.
18. Alter the way royalty payments, lease payments and other payments are disbursed to reduce the availability of large sums of money being available all at once. Changes to be made with informed consent of each individual.
19. Health services to provide screening and brief interventions as routine procedures.

20. Complete a feasibility study of an outstation model for the provision of a local treatment and rehabilitation services as a matter of urgency and seek funds from Government to establish and maintain such a service.
21. Institute aftercare services to assist the reintegration of clients and avert relapse.
22. Trial a Men's Group as an intervention forum for men with drinking problems. Developing effective processes for attracting problem drinkers into the group to be a priority.
23. Provide strategies to support family and friends of drinkers with problems so their resilience is enhanced and they are better able to cope and support reintegration efforts.
24. Prepare a submission to Government to establish and maintain a "safe house". The submission should fit the house within a raft of measures to stop family violence in the long term.
25. Progress the establishment of a regional Health Board and ensure its service charter supports the Alcohol Action Plan and maintains effective alcohol-related programs already operating in health agencies across the region.
26. Discussions to be held with school council and management to determine what changes can achieve better engagement with the community, increased attendance by students and enhanced perceptions that formal education is a valued commodity.
27. Facilitate a regular forum of local businesses (private, community and government) to allow recruitment and retention experiences to be shared and supported and new initiatives to be developed.
28. In conjunction with drinkers and employers, develop strategies to specifically address the negative impact of mid-day alcohol availability on work attendance
29. It is recommended that development of an Alcohol Management Plan for Gunbalanya begin as a matter of urgency to take advantage of strategic developments in Kakadu.

INTRODUCTION

More effective management of alcohol in the West Arnhem region has been the focus of the Gunbang Action Group (GAG) for more than 15 years. A variety of strategies have been tried in that time and some continue to operate, but a renewed effort is now being sought.

In 2008 GAG received a proposal from d'Abbs, Martin and Chenhall¹ for an Alcohol Management Plan (AMP) to apply to the region. Various suggestions were made about engaging the community, supply reduction, improved prevention and treatment services, enhanced harm reduction services and more proactive law enforcement. These proposals have not yet been assessed for practicalities and acceptability in any systematic way. A consultation process has been instituted by Gundjeihmi Aboriginal Corporation to do this.

This report deals with the first of several phases aimed at having an Action Plan decided and operating. This first phase is designed to gauge local support and assess the appropriateness of the strategies proposed by d'Abbs et al (2008). At the same time it is to consider alternative strategies that may be more suitable for implementation.

While broad community input will be a part of the overall process, this initial phase concentrates on the perceptions and positions of key stakeholder groups. These groups include interests from across the local community, as well as relevant authorities that have formal responsibilities that can determine the viability and legitimacy of some strategies.

The information relates mainly to the Kakadu area of West Arnhem. Although Gunbalanya was included in the proposals of d'Abbs et al (2008), relatively cursory attention is given to the community at this time because of uncertainties arising from the Northern Territory Emergency Response (NTER). The NTER is currently under review and decisions about future of measures to be taken by the Australian Government will not be outlined until after September². Without knowing those outcomes and how circumstances might change, a wholesale assessment would be premature. Moreover, the Northern Territory Government has placed priority on the development and implementation of an Alcohol Management Plan for Jabiru rather than the broader region.³

This report collates information drawn from a range of selected stakeholders and authorities to guide judgements about preferred strategies for an Alcohol Action Plan.

¹ D'Abbs, P., Martin, D., Chenhall, R. Kakadu/West Arnhem Alcohol Management Plan Project: Revised Final Report. James Cook University, July, 2008.

² Department of Families, Housing, Community Services and Indigenous Affairs. Future Directions for the Northern Territory Emergency Response – Discussion Paper. Canberra, Government Printer, 2009.

³ This is a key activity for closing the gap in Aboriginal disadvantage - see page 10 of Department of Chief Minister. Closing the Gap of Indigenous Disadvantage. Progress Report 2007-08. Northern Territory Government, 2009.

METHOD

Data collection occurred throughout July 2009 and involved two processes: seeking written responses to a Schedule of strategies proposed by d'Abbs et al (2008) and conducting interviews. The Schedule sought to gauge the level of support stakeholders had for each strategy, obtain comments about the viability of each strategy and prompt suggestions for other strategies. The interviews focused more on defining the problems to be addressed, examining the strengths and weaknesses of the proposals made by d'Abbs et al and identifying other potential strategies.

Schedules were mailed to 28 stakeholder groups before July 2009 and 12 responses were received. This return rate was partly affected by some stakeholders regarding the interviews as a substitute. Others were unable to meet the timeframe due to formal responses relying on directions from business owners or Boards of Management that could not be easily accessed. Still others were either too busy or not interested.

Interviews were conducted between 10 July 2009 and 30 July 2009 and involved 36 individuals. Priority was given to speaking with Bininj organisations, health providers, local Police, the Division of Licensing, Regulation and Alcohol Strategy, and licensees implicated by the proposals of d'Abbs et al. The number of interviews was affected by time constraints and the availability of people. Except for a telephone conversation with the Mary River Roadhouse, all interviews were conducted face-to-face.

Initial contact was made with the key management of each stakeholder agency. It was at the discretion of these people whether other individuals were included in the interview settings or in responding to the Schedule. Participants are listed at Appendix A.

Preliminary recommendations were presented to the project Steering Committee in mid August for comment and discussion and a penultimate draft was circulated to members of the Gunbang Action Group in September.

QUALIFICATIONS

Several considerations should be remembered when looking at what actions might be taken in Kakadu and how the recommendations of this report have been derived:

- Drinking problems exist among both Aboriginal and non-Aboriginal people. This project has a particular focus on the former, but this does not imply that the problems among non-Aboriginal people are less serious. Outcomes will inevitably have an impact and relevance across the entire local population.

- The veracity of information supplied by all respondents has not been checked. Information has been accepted as being the views of the persons and organisations involved. Interpretation is moderated by the degree to which different opinions and observations coincide. Recommendations are based on the information given by respondents, an understanding of the literature and experiences obtained elsewhere and at other times.
- Alcohol is a legal commodity and businesses are licensed to provide it as part of commercial enterprise. It has a legitimate role in how people go about socialising, relaxing and enjoying their lives. However there is significant community intolerance toward unacceptable and avoidable levels of harm and disruption that can result from alcohol misuse and abuse.
- Not all people consume alcohol and not all who do consume alcohol are problem drinkers. While harms are associated with both moderate drinkers and chronic drinkers, sensitivity should be shown so responsible drinkers are not unnecessarily penalised. It may be inevitable or vital that responsible drinkers are involved in some of the strategies to be implemented, but preference is for well targeted solutions rather than global impositions.
- There is widespread acknowledgement that the Northern Territory as whole has an entrenched drinking culture which needs to be addressed. This is critical to the extent that individuals find it difficult to change their drinking patterns when the prevailing environment encourages and reinforces harmful drinking patterns. Fundamental to achieving long term reductions in alcohol-related harms is changing how people think about alcohol – its place in daily life, how it is managed and valued and how it is consumed. The goal should be greater personal accountability and responsibility. This needs to happen across the whole Territory if normative change is to occur.
- Alcohol-related problems arise from a mix of personal, social, economic, political and environmental factors. They can emerge at different times and manifest in different ways. Responses, therefore, need to be multi-dimensional, dynamic and flexible.
- Legislation requires the Director of National Parks to approve all measure related to access to alcohol in the Kakadu National Park. Consultation must occur with specific bodies (local Aboriginal people, Northern Land Council, local Aboriginal Associations and Gunbang Action Group). While the Licensing Commission usually governs alcohol access in the Northern Territory, an additional step is needed for approval in Kakadu.

RECOMMENDED ACTIONS

The following recommendations emerge from various sources, but largely from the consultations undertaken specifically for this report. The recommendations are grouped for convenience, with a brief introduction provided for each category. More detailed rationale and commentary can be found in the discussion of the proposals made by d'Abbs et al in 2008. That discussion also suggests other strategies and in some parts gives more concrete examples of how the recommended strategies might look.

The recommendations are based on the principles of harm minimisation, whereby the onset of harm is prevented, the escalation of harm is retarded or a progressive reduction in harm is enabled. They variously incorporate demand reduction strategies (reducing individual demand for alcohol by changing personal knowledge, attitudes and behaviours and by increasing community intolerance of risky drinking patterns), harm reduction strategies (minimising risk by moderating drinking choices and environmental factors, and providing interventions that address negative outcomes for drinkers) and supply reduction strategies (reducing alcohol consumption and related harm by managing the availability, accessibility and convenience of alcohol supplies).

While some of the recommendations will be more complicated to implement than others, they are aimed at practical activities rather than setting out principles or policy parameters. In presenting these recommendations it is presumed, unless otherwise stated, that current practices will remain as they are.

ELECTRONIC IDENTIFICATION

There is an overwhelming desire to match controls to behaviours, with greater constraints placed on those who are most likely to engage in harmful drinking or related activities. While population measures will capture individuals deemed to require some restriction, they necessarily impact on people who do not behave in unacceptable ways. To avoid negative consequences for people who drink responsibly or do not drink at all, it is proposed to exert controls through a system based on the identification of individuals. Various models have been operating in the Territory over recent years and demonstrate that this is a practical option.

- 1. It is recommended that the Northern Territory Government install and maintain an electronic identification system to improve the monitoring of alcohol purchases and to enhance the targeting of restrictions applied to individuals.**

In order of increasing utility, the system should have the capacity to:

- Allow a variety of identification documents to be used (e.g. driver's licenses, passports, 18+ Card, national identity cards from other countries, accredited cards available from selected community-based organisations, ERA identification tags).

- Enable individuals who have legal restrictions on access to alcohol to be identified at point of sale. Those identified will then be refused service.
- Enable individuals who have restrictions placed on them by non-judicial bodies to be identified at point of sale. This would allow the application of bans instituted as part of a local Accord or limits imposed by a community-based reference group⁴.
- Enable individuals with self imposed restrictions to be identified at point of sale. Takeaway alcohol would be provided according to the specific restrictions listed.
- Operate at the Jabiru Golf Club, Jabiru Sports and Social Club⁵, Gagudju Lodge, Mary Rive Roadhouse, Bark Hut Tourism Centre and Corroboree Park as a minimum.

If prohibition is the only qualification that the system registers, then a limit might be placed on the amount of takeaway that a resident can purchase if he or she does not appear on the system. This will require discussion with the three wayside inns, but the current limits imposed by Gagudju Lodge and the Jabiru Golf Club should serve as a guide. The limits should allow for individual variations but set an upper limit in terms of volume of alcohol that can be purchased.

If restrictions are to be more than prohibition, then the system will have to allow for the specification of beverage types or amounts that can be provided. This customised approach would require the system to integrate across outlets so multiple purchases can be prevented.

Installation includes the provision of education to the population about the system and the delivery of training to retail staff who will operate the system. Supportive infrastructure should also be provided, as it has been in other parts of the Territory.

The effects of the system must be monitored for unintended consequences such as drink driving, driving unlicensed, car theft, vehicle crashes, break and entry for alcohol, and increased on premise consumption.

KAKADU OUTLETS

Outlets in Kakadu have implemented a range of voluntary practices over the years which have contributed to reducing harm. These efforts are acknowledged, but there is room for some changes to build on what has already been achieved. Immediate actions can be taken that are not dependent on the electronic identification system being introduced. Those actions are:

⁴ This specifically means the Homeland Reference Group proposed and discussed below.

⁵ As this outlet does not sell takeaway alcohol, the advantages of the system will come from its capacity to identify people as they enter the premises. Other outlets will also derive this benefit as an add-on. This capacity needs to be accommodated in the design of the system.

- 2. Procedures at the Jabiru Golf Club and Gagudju Lodge to make the sighting of authorised photographic identification mandatory for all takeaway service and institute daily record keeping for takeaway purchases that detail buyers and quantities and ensure the record is checked to ensure individuals do not exceed the daily quota.**
- 3. Progress the review of the banning system that operates among licensed premises in Kakadu. The review should: (1) produce guidelines about unacceptable behaviours and associated penalties; (2) identify how best to disseminate and explain the guidelines; (3) design an appeals process; and, (4) review current list of long-term bans and adjust penalty as appropriate.**
- 4. All clubs introduce a condition of membership that requires persons under the age of 21 who apply to be full club members to complete an alcohol education module to be developed in conjunction with Kakadu Health Service.**
- 5. Licensing, Regulation and Alcohol Strategy actively support clubs to conduct a harm minimization audit and then make changes that will further promote responsible drinking patterns, make the premises safer and make the premises more attractive to broader sections of the community. This support is to include disseminating information about responsible drinking guidelines and delivering skill and knowledge strategies that assist people to drink within the guidelines if they choose.**

STRATEGIC MANAGEMENT

The Gunbang Action Group (GAG) has a long history of addressing alcohol issues in the region. It also has extensive networks. It is well positioned to oversight all developments and initiatives aimed at reducing local alcohol related harms. In this respect it should receive regular updates on diverse activities in the region. It should also be a point of accountability for other working parties that are established. This includes any Alcohol Reference Group set up to get strategies up and running. The management of specific strategies contained in an Action Plan, however, requires a smaller group that is able to engage, scrutinise and motivate agencies to implement actions. The recommended actions that follow from this are:

- 6. Set up an Alcohol Reference Group to manage the implementation and evolution of an Alcohol Action Plan. It is to be a sub-committee of the Gunbang Action Group, with co-opted members as required. It will be responsible for developing the strategies that make up a Plan, engaging the stakeholders necessary for the implementation of strategies and keeping them accountable, and continually monitoring and reviewing progress to ensure the Plan remains relevant and effective.**
- 7. Review the membership, structure, processes and focus of the Gunbang Action Group to ensure it is appropriate for setting a broad strategic policy and operational framework for addressing regional alcohol issues, acting as a key forum for community engagement, building partnerships, providing advocacy and undertaking longer-term planning.**

Implementation of some actions is dependent on centralised authorities. Those agencies often have broader accountabilities which can sometimes make them less responsive to localised conditions. To guard against this and ensure there is a sharing of information so integrated and complementary actions are optimized, the GAG should be the point of coordination and accountability. At a minimum, regular reports should be made to GAG on pro-active policing and liquor licensing enforcement, local developments in education and employment and relevant health service activities. It is recommended that:

- 8. The Gunbang Action Group receive regular compliance and enforcement reports from Police and Licensing Regulation and Alcohol Strategy, put processes in place to receive updates about local developments in education and employment and ensure it is informed of relevant regional health service activities.**

Despite the best intentions of those who get involved with Alcohol Management Plans, local management and implementation is often dependent on people devoting time and attention that is an adjunct to their other responsibilities. This situation often results in dissipated energies, more complex activities being sidelined and potential outcomes being compromised. A dedicated resource should be available, with the sole function of supporting management and meeting the day to day demands of running an integrated Plan. This position, for example, would ensure communications across all stakeholders, be involved in following up and negotiating strategy ideas, assisting with monitoring, measurement and reporting, preparing funding applications and making site visits to check on the progress of initiatives. The position would need to be established at a sufficient level to attract a person of quality who can represent the credibility and authority of the GAG. It is recommended that:

- 9. A co-ordination and development position be established to provide administrative support to the Gunbang Action Group and sub-committees and to maintain and drive day to day action and strategy development.**

Significant harms occur on the homelands spread across the region. A mechanism that monitors and manages individuals at those sites could reduce incidents. The preference is to develop a mechanism that gives the local residents themselves a greater say in how alcohol problems are dealt with and how to best care for their immediate home and family environments. It would essentially deal with transgressions of a non-legal nature and deliver social justice outcomes aimed at improving harmony, reducing harm and increasing the health and wellbeing of individuals and communities. The establishment of such a mechanism will require significant developmental work, looking at factors such as who would be involved, the limits of the behaviours it can address and the nature and extent of disciplinary and other interventions it can exercise, the processes it follows, and how it can ensure accountability and authority. It is recommended that:

- 10. Some kind of homeland reference committee be established to assist the management of alcohol by homeland residents. Whether or not it is a sub-committee of the Gunbang Action Group, it should report regularly to the Gunbang Action Group.**

PREVENTION AND EARLY INTERVENTION

Prevention and early intervention programs should be an ongoing part of any Plan – there should always be some strategies in operation. They are important for reducing the extent and severity of harms and for reinforcing change over time. These interventions can be aimed at individuals – giving them skills and knowledge to make informed choices about their drinking behaviours – or they can be aimed more widely to create a broader environment that is supportive of safe drinking and discouraging of harmful drinking patterns and related behaviours. These programs can come in many forms – alcohol education, life skills, parenting programs, hunting expeditions, cultural camps, adventure programs, sports activities, arts and crafts, music classes, dance lessons, homework centres, training – and be aimed at particular groups (e.g. young people so they are able to make more informed choices earlier in their lives, binge drinkers in an attempt to divert them from drinking cycles they get into). To be effective these programs need to engage people to want to participate, be accessible and culturally sensitive.

For many of these programs the gains are cumulative and build impetus for change over time. As a result, they are often long term activities. This can make secure funding problematic. While funding bodies should not continue to direct scarce resources at programs that are inefficient, inappropriate or ineffective, realistic timeframes and continuity plans should be considered when monies are provided.

The following actions are recommended:

- 11. Government to assist with the development of an integrated program of community education initiatives for a three year period and then facilitate implementation. The community to be involved wherever possible to ensure relevance and appropriateness.**
- 12. With community input, identify potential prevention and early intervention initiatives that will further protect young people from developing harmful drinking patterns. Implement an integrated suite of new and existing programs so options are constantly available.**
- 13. With input from drinkers, identify and trial initiatives that are likely to engage problem drinkers and divert them from harmful drinking patterns.**
- 14. Hold discussions with school and Department of Education and Training management to institute alcohol content into local curriculum. The content should aid children to make responsible choices about drinking as they grow up.**
- 15. Place signs with clear messages around each homeland to nurture positive community attitudes and values. Messages should indicate support for responsible alcohol use, build pride in culture and offer confidence in the future. They should be developed in collaboration with each community.**

16. Develop and promulgate cultural protocols that outline the boundaries of acceptable and unacceptable behaviours.

17. Identify a source of interim funds to maintain effective prevention and early intervention activities should original funds cease for reasons other than poor performance.

It is apparent that having access to substantial sums of money via various royalty and lease payments contributes to some people engaging in excessive drinking. Retail specials coincide with these payments and it is known that individuals can binge for weeks and take some months to balance their lives once again. A partial solution would be to have these payments staggered or placed in quarantined accounts. Individuals should choose for themselves how they obtain money that rightfully belongs to them, but instruction in money management should be provided to ensure those choices are well informed. This could be provided through partnerships between Government and financial institutions. In light of this, the action recommended is to:

18. Alter the way royalty payments, lease payments and other payments are disbursed to reduce the availability of large sums of money being available all at once. Changes to be made with informed consent of each individual.

TREATMENT AND CARE

A pathway of local therapeutic services should be in place to identify people at risk from their drinking, provide specialist clinical support and interventions on an outpatient or residential basis, and assist individuals to adjust their lives and maintain positive changes after treatment. There should be various access points into this system, with a preference for integrated and localised services. Innovative and intensive efforts are needed for the system to capture those who are most vulnerable (i.e. chronic drinkers). At the same time, support must also be provided to the family and friends subject to abuse and stress from people with drinking problems. This support can aid their own ability to cope and equip them to assist during the treatment and reintegration phases. It is recommended that:

19. Health services to provide screening and brief interventions as routine procedures.

20. Complete a feasibility study of an outstation model for the provision of a local treatment and rehabilitation services as a matter of urgency and seek funds from Government to establish and maintain such a service.

21. Institute aftercare services to assist the reintegration of clients and avert relapse.

22. Trial a Men's Group as an intervention forum for men with drinking problems. Developing effective processes for attracting problem drinkers into the group to be a priority.

- 23. Provide strategies to support family and friends of drinkers with problems so their resilience is enhanced and they are better able to cope and support reintegration efforts.**
- 24. Prepare a submission to Government to establish and maintain a “safe house”. The submission should fit the house within a raft of measures to stop family violence in the long term.**
- 25. Progress the establishment of a regional Health Board and ensure its service charter supports the Alcohol Action Plan and maintains effective alcohol-related programs already operating in health agencies across the region.**

EDUCATION AND EMPLOYMENT

Without detracting from the value of cultural learnings and the many ways in which Aboriginal people can be productively occupied in traditional activities, formal education and employment are vital avenues by which local residents can more fully participate in contemporary society. Opportunities need to be created for people to maximize access to these options. Innovative, flexible and sensitive approaches will be required in both settings to bridge the cultural differences that exist and patience and tolerance will be needed to accommodate outcomes that will take time to emerge.

There are some exciting initiatives already being pursued by local businesses and agencies and Government has recently announced a range of new policies and programs that deal with improved education and employment. These initiatives are promising and need long term commitment and support. They may not be suitable for all and, as a consequence, the need to continually invent and try alternate approaches will remain.

Earning a wage must deliver persons more than what is derived from the receipt of welfare or royalty payments. The nature of the work must be attractive and valued. If only menial positions are made available it is unlikely the satisfaction will be sufficient for people to want to persist. Positions should involve skill development and offer challenges and future opportunities. They should be a means by which an individual obtains a sense of esteem and meaning. Jobs in the construction and maintenance of community infrastructure have demonstrated such positive results in the past.

- 26. Discussions to be held with school council and management to determine what changes can achieve better engagement with the community, increased attendance by students and enhanced perceptions that formal education is a valued commodity.**
- 27. Facilitate a regular forum of local businesses (private, community and government) to allow recruitment and retention experiences to be shared and supported and new initiatives to be developed.**

28. In conjunction with drinkers and employers, develop strategies to specifically address the negative impact of mid-day alcohol availability on work attendance

GUNBALANYA

While recommendations have focused on Kakadu, it is apparent that neighbouring Gunbalanya should also examine the strategies it has in place to address alcohol issues. This would highlight opportunities to build stronger relationships between the two communities. They share common concerns and some similar resource needs. Efficiencies and enhanced outcomes for both locations could be derived by greater collaboration and having complementary services. This could be achieved across alcohol-specific programs and initiatives, but also in terms of schooling, employment, training and other broader factors.

Whilst development of an Alcohol Management Plan for Gunbalanya is not identified as a priority, it is on the Government agenda⁶. It would be timely if this process could begin sooner rather than later. While new control measures will not be considered in the current situation, there is work that can be undertaken.⁷ This includes reviewing the operation of the local Night Patrol and the adequacy of prevention, early intervention and treatment services available.

It would certainly be opportune to review the permit system. At a minimum the composition of local Liquor Permit Committee could be looked at, along with the criteria by which permits are issued or withheld. Reports indicate that a proportion of the alcohol incidents that occur in Kakadu, as well as the problems of grog running and drink driving, relate directly to residents of Gunbalanya. Synergies could be obtained by reviewing the permit system in light of an electronic identification system being introduced to Kakadu. Conducting this kind of review would of course have to be endorsed by the Gunbalanya community.

29. It is recommended that development of an Alcohol Management Plan for Gunbalanya begin as a matter of urgency to take advantage of strategic developments in Kakadu.

⁶ Implementing A Working Future (see www.workingfuture.nt.gov.au) states that place-based Alcohol Management Plans are to be introduced in Territory Growth Towns and Gunbalanya is one of those. The Alcohol Strategy unit advises that a Project Officer is being recruited for the West Arnhem/Darwin region to assist development of a Plan. It will work with three communities at a time and be based on community development approach.

⁷ The Division of Licensing, Regulation and Alcohol Strategy has intimated it will not proceed with any new control measures until the outcomes of the NTER review are known. It is not known whether the agency will support changes to the permit system in this context, but even if it is not prepared to endorse changes at this time it has indicated that development work can proceed in anticipation of the review being completed.

NEXT STEP

These strategies are suggested to be part of an integrated plan of action. That plan must necessarily be viewed as a long term venture as circumstances will change and different responses will be needed. It will be evolutionary rather than static and non-negotiable. For this reason there must be ongoing commitment and support. Effective engagement and communication will be key to this.

Decisions will need to be made about the priority to be assigned to each of these recommendations. While simultaneous implementation would be ideal, it is more likely that different strategies will be introduced at different times and, indeed, some strategies will naturally take longer to develop and set up in the first place. The choices made will depend on the specific issues of concern, the likely effectiveness of a strategy, resource availability and the degree of support from key stakeholders. Whatever order of strategies is selected, it is critical to keep the eventual Plan manageable and achievable.

Once the Plan is outlined and agreed, an Implementation Schedule will be required. This will detail how strategies will be put in place and implemented, identify the resources that will be needed and who will be accountable for delivery. It should also contain mechanisms by which the effectiveness and responsiveness of the actions can be monitored.

A brief account of the next steps are provided at Appendix B.

DISCUSSION OF PROPOSALS MADE IN 2008

For continuity, this section discusses the proposals made by d'Abbs et al (2008). The discussion seeks to clarify the practicalities and current appropriateness of the proposals. IN many regards the rationale for the set of recommended actions emerges from this analysis.

Restrict takeaway sales from outlets on the Arnhem and Kakadu Highways. These outlets not to sell takeaway to a resident of West Arnhem or a person travelling to West Arnhem, but they can sell to residents not in West Arnhem and to travelers not going to West Arnhem.

Detecting who is travelling to West Arnhem is dependent on self report and would require an elaborate tracking system for verification. Banning takeaway sales to anyone who is heading to West Arnhem is also discriminatory and liable to challenge as it affects more than people who live there. This is not a feasible option.

The proposal to restrict sales to residents rests on people being correctly identified. Identification could be established by photographic documentation that indicates place of residence (e.g. driver's license). Electronic systems have been successfully introduced to other parts of the Territory (i.e. Alice Springs, Katherine, Nhulunbuy) that expand the range of documentation that is acceptable. They have also added efficiencies that lessen errors in identification being made and increase the ability of problematic individuals to be targeted. The capacity for better targeting is significant as it reduces impositions being placed on responsible individuals while being able to manage individuals who are known to abuse alcohol or otherwise have problems arising from their drinking.

If identification relies on manual verification the simplest system would impose the same conditions on everyone known to be a resident of West Arnhem. Prohibition was the condition suggested by d'Abbs et al. Such a blanket ban, however, does not distinguish responsible and problem drinkers and this in turn can lead to stigmatising all local residents, cause disruption and inconvenience to people who have done nothing wrong, and can generate animosity and a growing sense of discrimination. These negative consequences can lessen community support and engagement for other interventions.

Experience tells that people are likely to seek alcohol further afield if they cannot buy it locally. If sales are not going to be allowed from any outlets along the Kakadu and Arnhem Highways then people will probably drive further to access outlets further along the Stuart Highway - Pine Creek, Katherine, Grove Hill, Noonamah, Coolalinga, Virginia and so on. This travel increases the risks associated with long distance driving and drink driving, and it can lengthen the time that people are away from their families and homelands. It might also increase break and entry offences to gain access to local alcohol supplies or greater intimidation to obtain alcohol from others.

These considerations argue for blanket bans being avoided. General limits could be put on the amount of alcohol or types of beverages that can be purchased by residents. This could satisfy some, but purchases from multiple outlets, travel risks and inequalities would continue to be issues. To ameliorate these concerns somewhat, the identification system could be designed so conditions are customised as much as possible to each individual. An electronic system is the only way for this to occur.

To contain costs, an electronic identification system could operate at the three wayside inns closest to the boundaries of Kakadu (i.e. Mary River Roadhouse, Corroboree and Bark Hut). These outlets could be linked to ensure that an individual is treated the same at all venues and cannot exceed any takeaway limits that might be applied.

There is an agreement in place with at least one outlet that it will contact the Licensing Commission about suspected "grog runners" and Police will sometimes distribute the license plate numbers of vehicles thought to be involved in grog running so sales might be prevented. It is unclear how effective these initiatives are, especially as they do not apply to all licensed premises in the Territory that might be a source of supply. To the extent that the Police and Licensing Commission deem them to be useful, these practices should continue. They

could be redundant, however, if an identification system places allows limits to be placed on the quantity of takeaway alcohol that can be purchased at any one time.

Introduce an electronic ID system to regulate takeaway sales in Kakadu and Gunbalanya. Licensed premises scan identification provided by the customer to ensure takeaway limits are not exceeded.

The Gunbalanya Sport and Social Club has not sold takeaway for 15 years. In Kakadu takeaway sales are only permitted from the Jabiru Golf Club and Gagudju Lodge. Other outlets sell takeaway to bona fide visitors for consumption at their accommodation. Both the Jabiru Golf Club and Gagudju Lodge have systems that limit the amounts of takeaway available and those limits are displayed.

Purchases from the Jabiru Golf Club can only be made to club members who are not residents of a Prescribed Area. While the qualification of residential address may be reviewed in light of NTER developments, it is currently enforced by an individual presenting a license or verbally reporting his or her address. The latter has an inherent risk if persons are not well known to servers and the practice should cease immediately. It should be mandatory that appropriate photographic identification (i.e. club card) is sighted for all takeaway sales.

At Gagudju Lodge takeaway alcohol is available to any person and is restricted to a number of cans of light or mid-strength beer. Details are taken of all takeaway sales and these are available to the Police if needed. They can also help to ensure multiple sales are not made to a single individual on any one day. These conditions have been set by an Indigenous Consultative Committee comprising three local Traditional Owners and management of the resort. It is worth noting that the ICC initially set differential limits for local Aboriginal people and others. This led to charges of racial discrimination and nor was it supported by the majority of local residents – highlighting the importance of correctly selecting representatives who can make decision on behalf of others. Policies must now be endorsed by each homeland community.

A banning system operates across outlets in both Kakadu and Gunbalanya. It applies to on-premises consumption and to takeaway sales at the Jabiru Golf Club and Gagudju Lodge. Bans at one outlet extend across all outlets and they are generally imposed for behaviours on premises, although other breaches (e.g. third party supply) can also result in bans. There has been some debate about the transparency of the banning process. A meeting earlier this year agreed to review the system and an initial workshop has proposed that: (1) guidelines be produced and disseminated so people understand what behaviours are unacceptable and the levels of penalty that can be applied; (2) an appeals process be designed; and, (3) current long-term bans be reviewed and lifted as needed. These actions should be completed as soon as possible.

In effect, therefore, restrictions already apply to takeaway alcohol in both locations: in Gunbalanya there are no sales and in Kakadu there are limits on availability. If both outlets in Kakadu demand appropriate photographic identification and maintain a record of takeaway

sales per day that is continually checked then the current restrictions could achieve a level of control. However the effectiveness of this kind of system is ultimately dependent on the conscientiousness and vigilance of serving staff. An electronic system would enhance the system by reducing human error in the detection of invalid identification documents and in tracking how much takeaway a person buys on any one day. An electronic system that links across takeaway outlets would prevent purchases from multiple outlets and by registering the amounts of takeaway purchased it can also ensure limits are not exceeded.

No respondents indicated a desire to review the current limits operating in Kakadu, but Licensing, Regulation and Alcohol Strategy (LRAS) expressed concerns about allowing limits that exceed the NHMRC guidelines for safe drinking⁸. LRAS reasons that it would be seen as condoning irresponsible drinking if it was to support amounts outside the guidelines. It is debatable what implications this might have for on-premise serving, but for takeaway sales the issue of unsafe drinking is more about how the alcohol is consumed rather than the amount sold. LRAS might concentrate more on disseminating the guidelines so people can make informed choices and it might give more support to skill and knowledge strategies that enable people to drink within the guidelines if they choose. Certainly there should be messages displayed at licensed premises that promote responsible drinking and the recommended guidelines. Such material should be conducive to the nature of the venue.

Some respondents highlighted a problem with third party purchases. All outlets condemn the practice. No electronic system would address this, except if the identification became a form of license for drinking. In that instance the identification could help detect those drinking without formal permission and it might increase the detection of who supplied the alcohol.

Require residents buying takeaway liquor in Kakadu and Gunbalanya to present an electronic ID for scanning. Residents with ID will also be able to purchase takeaway from outside the area, and share alcohol with others who have ID. They will not be permitted to purchases along Arnhem and Kakadu Highways or supply residents not permitted to have alcohol.

This extends the preceding proposal by identification documentation qualifying a person to purchase, possess and consume takeaway alcohol. This is a more extensive control on takeaway than the current systems operating at the Jabiru Golf Club and Gagudju Lodge. Alternatively, some residents in Gunbalanya have permits which allow them to access takeaway alcohol in the same way as presented by this proposal.

The central implication is that some persons should not be permitted to have alcohol and the electronic identification process will be the means by which this can be enforced. At a general level, systems operating in Alice Springs and Katherine demonstrate that markers can be included to distinguish people who can and people who cannot have takeaway alcohol. Those systems operate across all local

⁸ The latest recommendations are that people over 18 consume no more than two standard drinks a day on average and no more than four in a single session (National Health and Medical Research Council. [Australian Guidelines To Reduce Health Risks From Drinking Alcohol](#). Canberra, Government Printer, 2009)

takeaway outlets (and to Mataranka and Pine Creek for Katherine) and contain information about individuals who have legal restrictions on their access to alcohol (i.e. people on Prohibition Orders or other court imposed restrictions and people living in Prescribed Areas). If a person provides identification that does not register an existing restriction when scanned, then takeaway sales are allowed. Acceptable ID includes driver license, passports, 18+ Card, national identity cards from other countries, and recognised ID from accredited community-based organisations. In neither location does the system track takeaway sales.⁹

As a minimum, an electronic identification system can be established which operates across the two takeaway outlets in Kakadu (the Jabiru Golf Club and Gagudju Lodge) and the three wayside inns closest to the boundaries (Mary River Roadhouse, Corroboree and Bark Hut) and highlights people with legal restrictions on their access. A more advanced system could patch Jabiru Sports and Social Club into the system as the other major drinking venue in the region, along with restrictions imposed via the ban system that is in operation. Still further refinements could be made to include patron nominated/endorsed restrictions (e.g. limits based on health status¹⁰).

Thought could also be given to how such a system might be adapted to on-premises drinking. It might not be feasible to apply to each purchase and questions of liability might need to be explored, but perhaps it could at least register conditions on entry so there is some level of awareness among staff. This would be especially helpful for monitoring people who are prohibited from accessing alcohol. The detection of these people is presently based on paper-based descriptions being circulated, up to date and informative, and staff being watchful.

The more specific and targeted the electronic system can be, the more effective it will be as a means of managing the drinking behaviours of individuals. In addition to looking at the technical viability of doing this, careful consideration would also need to be given to who determines any non-judicial restrictions and the processes involved in making the system work.

In contrast to introducing a system to Kakadu, Gunbalanya has been a General Restricted Area since 1985 and residents must hold a permit to bring alcohol into the community. While the NTER has reduced the operations of the Gunbalanya Sports and Social Club, it is supporting the operation of permits as the system was in place before the intervention and founded on community wishes. It may be timely to review that permit system in light of the various models now operating across the Territory. As a minimum the composition and operating

⁹ Advice is that such a system can be constructive within days, but time is needed for consultations and negotiation about the details of the system. Cost varies by factors such as the number of points of sale involved, the data to be stored and accessed and the technological coverage, but a Kakadu system may be expected to exceed \$50k for establishment and maintenance of \$3,700 a year. If permits are not part of the system then establishment requires endorsement from Licensing, Regulation and Alcohol Strategy and approval from the Minister. Community support must also be demonstrated.

¹⁰ Health-related restrictions might be initiated by medial officers or family members in the best interests of an individual but that individual should endorse the restriction.

framework of the local Liquor Permits Committee may be revisited and an assessment made of whether new permits should be issued and others revised.

Allow visitors to Kakadu and Gunbalanya to obtain takeaway alcohol and liquor on-premises. People cannot bring liquor from outside these areas, but they will be able to buy alcohol to drink on premises and to take away if they show evidence of being bone fide guests or visitors.

The capacity of tourists to consume alcohol at major camping grounds in the National Park is a non-negotiable condition for the park management in any plans that might be made. It also wants provisions to be equitable across the community. But this is not possible given the proposal that visitors cannot bring alcohol into the area.

Visitors cannot purchase takeaway from the Jabiru Golf Club, due its membership conditions. A prohibition on alcohol being brought in from elsewhere argues for an additional outlet to be opened. While the Government has a moratorium on new takeaway licenses being issued, there are accommodation venues in the region which are not exercising their existing takeaway conditions. Some of those venues may relax their current conditions to allow limited takeaway to be taken off premises, but it uncertain that any would want to provide full takeaway services for those who are not guests. The provision of another public takeaway outlet would also contradict any other measures taken to limit access.

Maintaining the current situation that allows visitors to bring alcohol from outside the region lessens any argument for an additional takeaway outlet in Kakadu. Presuming that purchases were likely be made in Katherine or Darwin, this would also suit the current operations of travel companies that bring tourist groups to camp in Kakadu. Advice about limited local access should be provided to tourists well before they enter the region.

In Gunbalanya permits can only be obtained by residents. It would be a major change to extend access to visitors. This is another reason to review the permit system as it currently operates in Gunbalanya. This would have to involve extensive community consultation.

Declare Jabiru township a General Restricted Area that limits the possession and consumption of alcohol to those who have liquor permits.

The rationale for such a declaration is that it would provide the legal framework for other proposals by d'Abbs et al (2008) to be enacted and enforced. However, with the emphasis on the introduction of an electronic identification system that extends across Kakadu and neighbouring wayside inns, the declaration of Jabiru as a General Restricted Area can be considered excessive. Declaration of a General

Restricted Area means that the possession or consumption of alcohol by an individual requires a permit to be granted and an elaborate system has to be put in place to administer and support those permits.

Electronic identification systems operate in Alice Springs and Katherine, but neither location is a General Restricted Area. Permits are required but these are because of the declaration of Public Restricted Areas. Such areas do not allow people to drink alcohol in public places without a permit and permits can only be obtained for special occasions or events. These areas were instituted to combat the prevalence of public drinking and anti-social behavior. Jabiru does not display the same degree of public drinking and so the value of permits in this context is dubious.

Introduction of an electronic identification system does not require the declaration of a General Restricted Area and an accompanying extensive and intensive permit system to be put in place. While this might be revisited once the outcomes of the NTER review are known, at this stage there is no compelling reason to instigate a General Restricted Area.

Create an Alcohol Reference Group to oversight an Alcohol Management Plan.

Any Plan that is proposed needs to be well managed. This is typically achieved via an Alcohol Reference Group (ARG) that is responsible for developing the strategies that make up a Plan, engaging the stakeholders necessary for the implementation of strategies and keeping them accountable, and continually monitoring and reviewing progress to ensure the Plan remains relevant and effective.

The membership of the ARG should be dynamic to the extent that circumstances change, different strategies start and end and different skills and representation are needed as a consequence. The membership should contain the necessary knowledge, skills and connections that ensure the delivery of strategies and the monitoring of outcomes. The final selection of members should be clarified by what the local Plan involves. In any case, it is important to keep the ARG to a manageable size.

Administrative and expert support should be made available to the ARG. This recognises that the involvement of many members will be an adjunct to other responsibilities they have. Substantial time and effort must be devoted to the communications, follow up and monitoring, measurement, negotiation, reporting and co-ordination. A dedicated resource with organisational, administrative and engagement skills can assist in attending to these demands. Further, while members provide critical local understandings and perspectives, they are not likely to have specialist skills and knowledge for assessing or designing specific strategies, tracking developments and evaluating performance. Provision should be made to enable access to specialist advice and expertise as it is required.

The Gunbang Action Group (GAG) is not considered appropriate as an ARG. Its membership is too large and fluid to be effective. However an ARG could certainly be a sub-committee of the GAG. As a sub-committee it would include some members of GAG and co-opt others

who are not members but who are critical for getting certain strategies implemented. In this structure the ARG focuses on getting actions happening while the GAG holds the ARG to account via regular updates and progress reports.

The intent of the GAG should be providing the broad strategic policy and operational framework for the ARG, being the forum for community engagement and building partnerships, providing advocacy and undertaking longer-term planning. This takes advantage of the vast corporate history and the extensive connections it has developed throughout the community over many years. It would be opportune for GAG to reflect on whether its structure, processes and focus are aligned to this kind of role.

Have a dedicated Licensing Inspector to monitor and enforce compliance in Kakadu and Gunbalanya.

Pro-active policing and enforcement is to be encouraged, with greater patrols, surveillance and intelligence gathering. If the current capacity of LRAS and Police does not allow this, then Government may be asked to supply more personnel¹¹. If Government cannot make any new resources available then it is the deployment of existing resources that becomes critical. Inspections, patrols and surveillance should be as intensive as possible and focus on Kakadu, Gunbalanya and licensed premises along the Arnhem and Kakadu Highways. Efficiencies could be made by concentrating on high risk occasions – such as when royalty and other payments are disbursed. Inspections should continue to focus on Responsible Service of Alcohol, compliance with takeaway limits, the patron identification process and recording of takeaway details, and grog running.

Jabiru Police station has limited operating hours. While services can be provided out-of-hours, these are often not timely and so problems escalate or opportunities pass. This situation also lends itself more to react policing. It is expected this would be even more the case if staff were reduced. At a minimum, the current Police presence needs to be maintained.

In any case, compliance and enforcement reports should be made available to the GAG on a regular basis. These will demonstrate the degree of policing that is occurring, the type of breaches being detected and the actions being taken.

Ensure recurrent funding for existing Kakadu Health Service prevention programs.

Prevention and early intervention should be part of a balanced approach to alcohol issues.¹² They offer cost savings on the more intensive treatments required once problems are entrenched and they can either lessen the number of people exposed to harms in the first place or the severity of harms that emerge. These programs can provide individual skills and knowledge that enable people to make informed

¹¹ It is noted that eight new Licensing Inspectors have been provided by the Commonwealth as part of Closing The Gap and several Police officers have been placed at Gunbalanya as part of NTER.

¹² See National Preventative Health Taskforce *Australia: The Healthiest Country by 2020*. Canberra, Commonwealth of Australia, 2009.

choices about their drinking behaviours. They can also work toward creating a broader social environment that supports safe drinking and discourages harmful drinking patterns.

Useful elements of early intervention are screening and brief interventions that alert people to potential issues and possible solutions. Health providers are among the best situated to deliver these elements as they have the authority and responsibility to advise and intervene to make the health of a person better. People are also more likely to respond to the information when their health is at risk. All health services should include screening and brief intervention as routine procedures.

The Kakadu Health Service (KHS) has previously run programs that teach lifestyle skills, enhance resilience, and offer alternatives like sport and academic pursuits. These were invariably short-term due to conditions of their funding. As funds to the Service are substantially tied to specific programs and activities, it was not possible to divert funds from other services. Programs have typically ended prematurely because funding bodies have changed their priorities or they are not convinced the outcomes are of value.

A feature of prevention programs for alcohol issues is that outcomes can be incremental and take time to emerge in any demonstrable or sustained way. Extended time periods can be involved because prevention strategies seek to redefine what is acceptable and what people should aspire to. While looking for individual results, these programs essentially aim to build a critical mass that will eventually change community norms. This requires ongoing reinforcement and support for those involved.

Certainly funding bodies should not continue to direct scarce resources at programs that are inefficient, inappropriate or ineffective. However realistic evaluation frameworks should be developed that allow the benefits of prevention programs to be assessed over longer timeframes. Suitable monitoring regimes should be negotiated between program providers and funders to achieve this. Once agreed there should be clear criteria for determining whether a program should be ceased, adjusted or deserving of extended funding. Moreover, as long as a prevention program is identified as part of a local Alcohol Management Plan, funders should persist with their support (albeit that programs may need to be modified according to experience).

Securing more general funding arrangements which allow expenditure at the discretion of the Service is not a preferred option. This does not guarantee funds will be directed to prevention programs and it can reduce accountability. In stating this, however, it must be recognised that prevention programs which impact on alcohol issues may focus on content or activities that are not immediately associated with drinking choices. For example, KHS has sought to promote prevention through parenting programs and the delivery of budgeting and nutrition information. These initiatives aim to increase the control people can exert over their own lives and those of their families.

It would be helpful if a source of interim funds could be located so effective programs can be maintained while alternate recurrent funds are secured. If funding bodies change priorities or have limited monies available, programs can end through no fault of their own. This creates discontinuity and uncertainty which can diminish any benefits gained and make it more difficult to re-engage people. Bridge funding that is provided on a short-term basis would allow programs to continue while other permanent grants are obtained. This would be especially helpful if such funds could be made available without excessive paperwork¹³. The Northern Territory Government's Community Benefit Fund, for example, might be approached to earmark some of its grant money for this purpose on an as needs basis. Whatever the source, conditions would have to be developed about the processes involved (e.g. defining eligibility, setting any caveats to be applied, timelines and accountabilities).

Another reason for successful initiatives not continuing has been the reliance on certain personalities to drive and manage them. A range of qualities can be demanded to get programs up and running and to make them work – high level commitment, a willingness to work outside normal hours, patience, creativity, tolerance, doggedness, resolve, empathy and more. While the right mix of characteristics and skills might have to be brought in from elsewhere to start with, it should be a feature of initiatives that local people are recruited and mentored to eventually assume responsibility. This will protect against burnout or the movement of key persons. While others may come and go, it is local people who will stay and be in the best position to maintain activity over the longer term.

The delivery of prevention programs need not be the sole province of health services. Different programs can provide alternatives to drinking or strengthen skills and knowledge – hunting expeditions, cultural camps, adventure programs, sports activities, arts and crafts, music classes, homework centres, training in trades and so forth. These can be targeted at younger people, so their choices for health and wellbeing are consolidated earlier rather than later, but they also need to be available to older people who need ways to cope with the drinking of others or who want to address their own drinking. While providing immediate distraction and occupation, programs should also offer pathways to longer term benefits as much as possible.

Programs must be designed so they are sufficiently engaging and attractive for people to want to participate – this might include delivery on an outreach basis to overcome the reluctance or practical problems associated with individuals coming to unfamiliar or distant settings. Programs must also be culturally sensitive if they are delivered in meaningful ways. This includes using locations that are appropriate (i.e. homeland boundaries are not crossed) and groups are structured around acceptable relationships.

The local community should be consulted about the kind of programs it sees as relevant and acceptable. This consultation should include discussions with drinkers in an attempt to identify activities that might divert them from drinking as much as they do. An audit of past and

¹³ If evidence is provided that the program ended because of changes or conditions of the funding body rather than lack of effectiveness, this might be sufficient to warrant funds being available. Access would have to be less onerous than a full grant application.

present initiatives should also be undertaken. Negotiation of a suitable funding base should then be negotiated for programs suitable for the region. These tasks might be undertaken by the administrative officer supporting the ARG.

Different programs and initiatives might be located in Kakadu and Gunbalanya, depending on the needs and resources of each area. Duplication should be avoided as much as possible, whereas collaboration and interchange should be encouraged and facilitated wherever it can.

Prevention and early intervention should utilise formal education and community education channels to increase the capacity of individuals and communities to identify and address alcohol issues. Schools are key institutions for providing information and skills that can aid children to make responsible choices about drinking as they grow up. Content could deal with the history of alcohol, explain what alcohol is and what effects it can have both for individuals and more broadly, address why people drink and drink in different ways, offer strategies that strengthen how people cope, resist peer pressures or minimise harmful outcomes, and outline what treatment entails and what services are available. In addition to instructing the students themselves, the information can feedback to families and others in the community.

The same kind of information can be covered with community education. This can be delivered through various channels, including interactive and information exchange sessions, the display of posters, artwork, multimedia, theatre, printed materials and more. Community members should be involved in developing these strategies and materials to ensure they meet local conditions and priorities.

Restrictions on access to alcohol at selected one-off and public occasions can be bold statements that make people think more about how prevalent alcohol is in the life of the community. If applied judiciously, restrictions at some formal gatherings, certain sports events and other social occasions can help break the strong nexus that exists between drinking and enjoyment, celebration and socializing. They can demonstrate that alcohol is not a necessity and prompt people to think more about their own use.

Licensed premises can also be sites for education and highlighting responsible drinking. All clubs might require completion of an alcohol education module for all new young members to raise awareness. The module could contain information on current laws and regulations, standard drinks, safe drinking levels, health and behavioural problems that can occur in the short and long terms, and strategies to assist patrons minimise irresponsible drinking practices. Procedures for administering and assessing the module will need to be explored, but they should not be onerous to patrons or management. If existing modules in use elsewhere cannot be adapted, the content could be developed in conjunction with KHS. It need not be complicated or lengthy, but the exercise should alert patrons to potential problems and reinforce responsible drinking patterns. Venues can also host interactive sessions (e.g. Operation DrinkSense¹⁴), optimise patron care practices and offer entertainment and other diversions that lessen the emphasis on drinking.

¹⁴ This program has patrons drink light or full strength beer with regular measurement of Blood Alcohol Content to demonstrate the differential rate of intoxication. Additional issues and information are provided at the same time.

Greater collaboration between Kakadu Health Service, Gunbalanya Health Centre and the Kunbarllanjja CGC.

This proposal was intended to immediately strengthen the delivery of prevention programs in Gunbalanya where less infrastructure was in place. There should be an audit of the current situation and collaboration in the use of resources and expertise in Kakadu should be maximized. This should occur in all aspects of alcohol-related health delivery, including prevention, early intervention, treatment, follow up and case management.

Establish a community-controlled regional health service.

Longer term efficiencies will be achieved with the setting up of a regional health service. The last six months has seen establishment of the West Arnhem Health Steering Committee and more recently the Red Lily Interim Health Board. A regional budget and strategic plan for the region have been prepared and it is expected to be endorsed shortly. The new Board will manage all health services in the region (initially encompassing Minjilang, Warrumi, Cobourg, Gunbalanya and Kakadu, and perhaps Maningrida at a later date). There will be a review and redesign of programs and services so they are appropriate to the people of the region.

Alcohol will be a focus to the extent that it contributes to the health status of people. Strategies are likely to centre on greater education about alcohol (e.g. its effects, how it can be managed more safely, what the difference is between different styles of drinking and the risks involved). Support will also be given to including alcohol in the health agenda at schools and the provision of local rehabilitation services. While the details of the services are yet to be finalised, it should be a minimum requirement that they support the range of strategies included in the regional Alcohol Action Plan and programs that are successfully operating in health agencies now.

The establishment of this service should continue to be progressed. GAG should receive regular updates on alcohol-related programs and statistics from the new Board so it can track developments, assist integrated responses and provide support wherever it can.

Enhance access to existing residential treatment services located in Darwin by ensuring a proportion of capacity is available to voluntary clients, even if it means expanding capacity to achieve this.

Despite an understanding that West Arnhem clients have a priority, the nominated services of CAAPS and FORWAARD currently have little capacity for voluntary clients. These agencies are accommodating increased numbers of court-ordered individuals with alcohol and petrol sniffing problems and this is linked to their funding agreements. Discussions are attempting to secure a greater balance between mandated and self-referred clients but it is uncertain what conclusion will be reached. Even if capacity is expanded, there will always be competition from clients coming from Darwin and other parts of the Territory that will still make access for West Arnhem residents problematic.

A feasibility study should look into the provision of a local treatment and rehabilitation centre which can service the needs of the region. This facility could be located at a homeland site, as has occurred with Aboriginal programs in other parts of the Territory (e.g. Mount Theo, King River). The provision of a local centre has several advantages, including: clients not having to leave their country; family and other support networks being more accessible; more local people being engaged in the provision of solutions so there is greater investment in making changes; and, service being more immediately available for people at the time they make a decision to seek help.

The provision of a local service for the region is also consistent with the development of hub towns and growth towns.¹⁵ A feature of this joint Australian Government and Northern Territory Government initiative is to improve access to health services in remote communities and reduce the disadvantages that presently manifest by services being located in urban and distant settings. This initiative should help address the reported forty percent of known potential clients who do not currently enter treatment because the services are not local.

Apparently there are vacated outstations with basic infrastructure that could be used for this purpose. Some upgrade investment would be required¹⁶. The program could be modeled on those available elsewhere, including CAAPS and FORWAARD, but be couched in ways that are appropriate to the cultural understandings of people in the West Arnhem region. The Department of Health and Families, AMSANT and other services could be drawn on for this. Presumably it would be a combination of different elements such as respite, “drying out”, rehabilitation, activities, learning and skills development, and a strengthening of cultural vitality.

Regardless of where residential treatment is delivered, aftercare services must be instituted to assist reintegration and avert relapse. Clients are likely to return to the same settings which gave rise to their alcohol problem and, for any benefits from treatment to be sustained, those people need intensive help to avoid triggers that will set off problems once again. People need to develop new relationships and new ways to spend their time and energies. Considerable support can come from within the community and from family, but trained specialists might also be needed for times of crisis and relapse.

Residential treatment is one of the most effective interventions for people with chronic alcohol problems, but it is important that outpatient and outreach services are available to others who have less severe issues. Ongoing counselling, health education and instruction about coping mechanisms should continue to be provided for individual drinkers and families.

While a variety of therapeutic interventions must be provided for people to address their own drinking problems, support for family and friends of drinkers is also required. Non-drinkers and responsible drinkers can often suffer abuse, experience stress and develop their own

¹⁵ See Working Future documentation published by the Northern Territory Government.

¹⁶ Page 13 of Department of Chief Minister. Closing the Gap of Indigenous Disadvantage. Progress Report 2007-08. Northern Territory Government, 2009 indicates that substantial additional monies have been provided by the Northern Territory and Australian Governments, COAG and NTER. Consideration of a local service for West Arnhem should be seriously considered in discussions about how those monies might be spent.

problems as they try to live with people who consume excessively. It is important that strategies are available to enhance the resilience of these people and equip them with ways to cope better and deal with the drinkers.

In conjunction with a broad, community-based family violence strategy, establish safe houses in Jabiru and Gunbalanya so residents can seek protection from alcohol-fueled violence.

It is reported that up to ninety percent of family violence incidents are related to alcohol.

While suitable houses may be available in Jabiru to become safe places, significant alcohol-fueled family violence occurs outside of Jabiru in homelands that are dispersed across Kakadu. If a safe house is to be established, procedures will need to be developed that identify how access will be facilitated for people outside of town. An alternative might explore relocating people to safe outstations that are closer.

Whatever option is identified as the most effective for offering protection to those vulnerable to family violence, it is noted that funds were recently announced to support more crisis accommodation, counseling services and public education¹⁷. These in turn complement the Australian Government funded safe houses program in remote communities¹⁸. With these resources now on offer it is opportune that funding submissions be prepared – and it is important to ensure any agreements include both establishment and recurrent costs.

Such applications should articulate how “safe places” fit within a raft of measures. Safe houses are only part of any approach taken. Consideration must be given to other components such as education, community awareness, policing, legal interventions, and the rehabilitation of perpetrators. This is reflected in initiatives sponsored by the Northern Territory and Australian Governments and involving the training of remote family violence workers, the development of men’s cooling off and wellbeing centres, and facilitators assisting remote families to create safe living environments¹⁹.

Continue the Night Patrol at Gunbalanya and consider the establishment of a Night Patrol in Jabiru with community contributing to costs of operation.

The Gunbalanya Night Patrol continues. Its workload has altered due to the reduced availability of alcohol at the Gunbalanya Sports and Social Club and the expanded Police presence. However it remains effective for mediating potentially violent and disruptive situations,

¹⁷ Minister for Children and Families Press Release of 20 March 2009 entitled Domestic Violence Ads To Tell Territorians: You Must Report commits Government to \$15 million over four years.

¹⁸ See page 8 of Department of Chief Minister. Closing the Gap of Indigenous Disadvantage. Progress Report 2007-08. Northern Territory Government, 2009.

¹⁹ For example see Department of Health and Families. Annual Report 2007-08. Government Printer, Northern Territory, 2008

detecting petrol sniffing and other drug use, and dealing with intoxicated individuals who still acquire bulk alcohol. By virtue of operating under the directions of the community, the Patrol also helps to set the tone of the community by reinforcing what are acceptable and unacceptable behaviours. If further investigation finds support, there may be a review of the Patrol to see if its operation can be enhanced.

The benefits usually associated with having a patrol in Jabiru are diminished due to the spread of homelands and bush sites where most of the drinking occurs. This makes it more difficult to monitor activities effectively or efficiently; notwithstanding that a Jabiru based service would be able to service Town Camp. Further, there is nowhere to take drunks, and most particularly those who are violent and troublesome. Police cells are an option, but the station is not always open.

Despite these limitations, past experience indicates a patrol can be useful for taking people home before they get too drunk and for relocating families at risk of abuse. It is debatable whether a trained, well staffed and well equipped patrol is needed for these outcomes which could be delivered with an enhanced transport system. Due to the expense involved in establishing and maintaining a professional patrol, re-establishing a Night Patrol in Jabiru deserves further work to clarify what will be involved.

To provide some control across the homelands in the absence of patrols, it has been suggested that some kind of homeland reference committee (HRC) be established. It would have representation from each homeland (1-3 depending on size) and act to monitor and manage behaviours of homeland residents. It would meet regularly, with members being a conduit for information from the communities and to the communities. Its purpose would be to discuss alcohol incidents and issues at any one homeland and decide on responses – including disciplinary and other interventions for misbehaving individuals - aimed at improving harmony, reducing harm and increasing the health and wellbeing of individuals and communities. Persons with cases brought to the attention of the HRC would be invited to attend to explain themselves and negotiate outcomes.

The kind of decisions made by the HRC would depend on the nature of the problems presented. Possibilities could include: growling; organising money to be diverted or otherwise improve a person's money management; taking someone to treatment or to other relatives for respite; encouraging a person to return to country, participate in ceremony or art or hunting programs or undertake alcohol education; placing a person on the ban list at local licensed premises; or, denying access to vehicles. The limits of actions would need to be negotiated among the clans and with various authorities and agencies (e.g. Police, licensees, health providers) to ensure they are sanctioned, legal and supported. Whatever the parameters, the HRC would need to complement existing structures and not emerge as a parallel system. Its charter would essentially be to deal with transgressions of a non-legal nature and deliver social justice outcomes.

Such a committee would place a degree of control in the hands of local residents. It also enables a form of accountability to be asserted by a collective rather than individuals in communities who may be influenced by the relationships that exist. How the membership of the

committee is selected is an important consideration. Traditional Owners would be a logical starting point as they have an established standing and long involvement in the politics that exist across groups. But not all outstations have connections to Traditional Owners and so there is a need to discuss composition in detail to ensure the committee receives the respect and deference required for it to operate effectively.

While work will be needed to develop this notion into a practical option, it offers significant gains that argue for the work to be done. It offers a means by which local residents can have a greater say in how alcohol problems are dealt with and how to best care for their immediate home and family environments.

The committee should report to the GAG to ensure wider awareness of what is happening, to nurture links with critical agencies and interests and to assure public accountability. Whether it is a sub-committee of GAG probably depends on the degree to which there is overlap between the membership of both groups.

Introduce a Family Wellbeing Empowerment Program or similar program that changes the culture of drinking by individuals, creating a health social environment through agreed rules, values and behaviours.

The Family Wellbeing Empowerment Program established men's groups to address personal and community issues by defining norms and values related to responsibility, reciprocity and justice. Discussions in these groups can cover many dimensions – physical, mental, social, emotional, spiritual. Typically stories are shared and ways of changing behaviours are explored. If problem drinkers can be enticed to such groups, these processes can assist moderation in drinking.²⁰

Getting people to these groups is difficult as they often have to compete with drinking to start with. Individuals need to be engaged and enticed to swap drinking for participation in such a forum. This can come from early interventions at health services, outreach and motivational interviewing (i.e. emphasising harms to family and culture) and the offer of alternative activities (e.g. hunting, ceremony, care for country outings, home crafts, provision of meals). The formation of an HRC would also be an ideal mechanism for persuading people.

It would be critical for Traditional Owners and others with authority and respect to be part of these groups as they could reinforce and educate people about Aboriginal culture and define the limits for proper behaviour. Indeed, there is a role for cultural protocols to be reasserted and promulgated. These would outline the behavioural expectations for Aboriginal people and alert non-Aboriginal people to behaviours that should not be directly or inadvertently encouraged. Protocols would be developed as part of establishing an HRC to the extent that the HRC will be determining the boundaries of acceptable and unacceptable behaviour. Protocols should be developed by local

²⁰ See Brady, M. *The Grog Book*. Canberra, Department of Health and Ageing. 2005. It should also be noted that equivalent female groups may be set up as drinking problems are not exclusively a male domain.

communities even if an HRC is not created. They can make explicit what will be tolerated and what will not. They can be conveyed through conversations, the modeling of acceptable behavior (especially by those with status, such as business leaders, health workers, elders, sports champions, government officers), formal instruction (in communities and settings such as schools and workplaces), and signage and other public displays.

Similarly, clear messages might be placed strategically around each community to nurture a positive attitude and define community values. Messages can indicate support for responsible alcohol use (if appropriate), build pride in culture and offer confidence in the future. These messages can be developed through community activities which can also serve to address tensions and hopefully bind the community. Design can be undertaken by young and old in the community.

Improve education outcomes and create opportunities for training and employment.

Despite widespread agreement for these factors to be addressed, these avenues to change are often relegated in priority for action because outcomes have a long-term horizon, implementation is complex and demanding of resources, and there are significant cultural differences that come into play. They offer powerful pathways to an improved future, however, and demand perseverance, innovation and engagement. It is encouraging that Government policies have recently detailed a way forward that addresses these matters to some degree.²¹

To ensure they obtain scrutiny and attention, the GAG should have processes that require updates to be made about local developments in education and employment. This should occur even if specific strategies are not included in any Action Plan.

School attendance has been promoted in different parts of the Territory in different ways – linking it to use of community resources or the payment of welfare monies. These same approaches could be adopted in West Arnhem, but schooling itself should be such that children and parents want to participate. Provisions might need to be made to address practical issues bearing on the attendance and attention students (e.g. transport or remote delivery, nutrition and hygiene, physical environment) but attention must also be given to assisting learning processes, ensuring the relevance of the curriculum and making achievement meaningful.

The learning process can be assisted by systemic factors, like use appropriate language teacher ratios and learning styles, and complementary initiatives, such as introducing homework programs. 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, perhaps by setting up an Aboriginal reference group to help with planning and development, and recruiting more local aides. Cross cultural content

²¹ See Implementation Plan for National Partnership Agreement on Remote Service Delivery Between the Commonwealth of Australia and the Northern Territory.

that highlights the value of alternate perceptions and experiences might also be considered. 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 will want to aspire to. Recent announcements by Government and ERA to offer career options and training for those who apply themselves point to other incentives that can be supported.

There should be analysis of ways that school property can become more of a community resource. For example, the grounds and buildings might be made more available for external community groups and activities and be accessed for after-school programs and holiday programs. By making facilities more accessible, school can become more “user friendly” and encourage greater involvement for the local adults and children.

In the same vein, opportunities should be explored that build stronger relationships between Jabiru and Gunbalanya schools. Synergies and complementary activities may be identified that will make greater use of resources for the local region and add to the two communities linking their futures together.

Substantial effort has been directed at making education more accessible and valued, but there may still be other local initiatives that could bring further gains. Discussions should be held with school councils and management urgently to determine what changes might be made to achieve better engagement with the community, increased attendance by students and making formal education a valued commodity.

Training and employment opportunities should be created wherever possible in the private sector, community-based organisations and government. New enterprises which take advantage of local expertise and aptitudes should also be encouraged, although the kind of activities that can be established will be limited somewhat by the requirements of the National Park, cost of infrastructure and other considerations.

There should be a preparedness to provide additional support to aid the transition of people into the discipline of work - especially those at risk of significant drinking issues. These additional efforts are illustrated by ERA and Intercontinental Hotels which both have dedicated staff to seek out individuals, ensure they are presentable for the work to be undertaken on the day, provide transport to work and act as ongoing mentors. Of course these provisions should not be abused, but they must have some built in flexibility and tolerance in recognition of the cultural and personal challenges involved.

Similarly, the family demands and the ceremonial obligations of Aboriginal people can impact on their reliability. While patience needs to be practiced, this could also be partly offset by having a pool of people trained for positions. Alternatively, activities that are important for

maintaining traditions and culture might be recognised as legitimate and part of what a company or organisation should pay for. In any case, some innovative approaches need to be explored so pathways to the future can be identified.

Earning a wage must deliver persons more than what is derived from the receipt of welfare or royalty payments. The nature of the work must be attractive and valued. If only menial positions are made available it is unlikely the satisfaction will be sufficient for people to want to persist. Positions should involve skill development and offer challenges and future opportunities. They should be a means by which an individual obtains a sense of esteem and meaning. Jobs in the construction and maintenance of community infrastructure have demonstrated such positive results in the past.

A forum which allows the exchange of information on the different strategies adopted or trailed by various employers should be encouraged. There are a number of major agencies (e.g. Warnbi Aboriginal Corporation, Djabulukgu Association, Northern Territory Government, ERA and Parks) and other small businesses located in the region. They all provide opportunities for new approaches to recruitment and retention to be implemented. It is important that their experiences are shared and mutual support is given to initiatives that offer potential solutions.

Lastly, there are complaints that access to alcohol in the middle of the day can distract people from further work in a day. A number of steps might be taken to combat this: provide education on alcohol for the workplace; use the authority of the HRC to prohibit drinking before the end of shift; provide incentives to cease drinking (e.g. earlier knock off time or token weekly bonus). It would be valuable to talk with workers who get into the lunchtime cycle to find out what measures could assist. Licensees might be asked not restrict sales to workers in the middle of the day, but this could be problematic due to others who legitimately end shifts at that time. An electronic identification system could help overcome this by enabling a condition to be added that prohibits midday sales.

APPENDIX A - STAKEHOLDER CONTACTS

| MAIL | INTERVIEWS ¹ |
|--|---|
| Alcohol and Other Drugs Program | |
| Aurora South Alligator | Christian Sutter |
| Bark Hut Tourism Centre | Tom Starr |
| Corroboree Park | Peter Shappert |
| Crocodile Holiday Inn | David Bowen |
| Department of Environment, Water, Heritage and Arts (Darwin) ² | |
| Department of Environment, Water, Heritage and Arts (Kakadu) | Sarah Kerin |
| Department of Families, Housing, Community Services and Indigenous Affairs | Peter Lawlor, Carita Davis |
| Department of Health and Ageing, Drug Strategy Unit ² | |
| Djabulukgu Association | Liam Maher, Dwane Baked, Freida Baker, Violet Lawson |
| Energy Resources Australia | Pat Carrick |
| Gagudju Association | Rob Trenerry |
| Gagudju Lodge, Cooida | Troy Scott |
| Gunbalanya Sports and Social Club | Alex Siebert |
| Gundjeihmi Aboriginal Corporation | Justin O'Brien |
| Humpty Doo Hotel | Rod Parry |
| Humpty Doo Tavern | Danny Cross |
| Jabiru Community Health Centre | Penny Pounder |
| Jabiru Golf Club | Robert Hay-Hendry |
| Jabiru Police | Roger Ilett |
| Jabiru Sports and Social Club | Steve Josh |
| Kakadu Health Service | Ronald Lami Lami, Samson Henry, Dr Derrick Bui, David Scholz, Adrian Coulthard, Tina Miller |
| Kakadu Lodge | Peter Wilson |
| Licensing, Regulation and Alcohol Strategy | Micheil Brodie |
| Mary River Roadhouse | Mick Markham |
| Northern Land Council (Jabiru) ² | |
| Tourism NT ² | |
| Warnbi Aboriginal Corporation | Amy Qin, Rodney Hodge |
| | Marion Scrymgour |

1 - While individuals are associated with the corresponding stakeholder groups in some way, it is recognised that they may not necessarily represent those organisations. This does not diminish the value of their perspectives.

2 – No written or verbal responses were received from these stakeholders.

APPENDIX B – IMPLEMENTATION

The desirability of each proposed strategy should be discussed, with broader input determining whether changes should be made. An order of priority should then be determined. These decisions may be made by the broader Gunbang Action Group. A smaller Alcohol Reference Group should then be formed to develop a more detailed plan of implementation for each of the strategies.

A rough example of the resulting Implementation Schedule is provided below to indicate the kind of information that will need to be considered and documented. Details would be needed for each strategy.

The Activities column should cover all major actions that will need to be taken for a strategy to be delivered. The Lead Agency column refers to the agency that will have primary responsibility for ensuring the activity takes place and for reporting on progress. It does not indicate the only agency that will be doing the work. Others may be equally involved in taking action, but the nominated agency is the one that will be held publicly accountable to GAG and be best positioned to engage others. The last column is to record progress over time or to set tangible outcomes to be delivered.

| STRATEGY | ACTIVITIES | LEAD AGENCY | COMPLETION BY | PROGRESS |
|---|---|---|---------------|----------|
| Install and maintain an electronic identification system. | <ul style="list-style-type: none"> Licensing, Regulation and Alcohol Strategy to advise formal requirements. | Licensing, Regulation and Alcohol Strategy (LRAS) | September 09 | |
| | <ul style="list-style-type: none"> Determine design of the system by discussion with key stakeholders | Gunbang Action Group | October 09 | |
| | <ul style="list-style-type: none"> Consult community and obtain indication of support. | Coordination and Development Officer | November 09 | |
| | <ul style="list-style-type: none"> Liaise with Government on content and design. | Alcohol Reference Group | December 09 | |
| | <ul style="list-style-type: none"> Create and test system | LRAS | February 09 | |
| | <ul style="list-style-type: none"> Deliver public education and staff training. | LRAS | March 09 | |
| | <ul style="list-style-type: none"> Begin operation. | LRAS | March 09 | |