SELECT COMMITTEE ON SUBSTANCE ABUSE
IN THE COMMUNITY

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Jawyon Association
Smoothing the dying pillow
Substance abuse in Katherine

A Submission to the House of Representatives Standing Committee on Family and Community Affairs April 2001

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Community Affairs

Jawoyn Association
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1 Introduction

Seventy years ago, there was a widespread perception that Aboriginal peoples across Australia were likely to die out, and that all that could be done by white society was to smooth the dying pillow- of a dying race.

That we have survived is a tribute to the strength of our Elders and our Law. But we face new threats, of which substance abuse is the major one.

The question has to be asked.

Is the chronically widespread availability and abuse of drugs. and alcohol a 21st century version of "smoothing the dying pillow'?

To say that substance abuse is a major contribution to the destruction of the Aboriginal community is almost a redundancy. Formal and informal studies in the Northern Territory and elsewhere in Australia indicate that, while indigenous people are somewhat less likely to drink compared to the non-indigenous population, those that do drink do so at far more dangerous levels than in the general population. Abuse of other substances whether legal, such as tobacco or illicit, such as marajuana and petrol and other inhalant sniffing, is also at far higher levels than amongst the general population.

The problems of indigenous people's alcohol abuse, in particular, is often seen as a focus point of racial difference and tension in remote Australia. Non-indigenous people's perceptions often revolve around the obvious: indigenous drinking very often occurs in public, and often involves anti-social behaviours. Concerns are regularly raised as to the damage this "causes' the tourist industry in particular. Little heed is paid to the effects these same behaviours have on the quality of life of indigenous people who experience far more acute levels of 'humbug", social disruption and violence. Hidden from view, as well, are issues that affect our communities disproportionately such as suicide and motor vehicle accidents.

There is a complex interplay of forces that contribute to these dangerous levels of alcohol and other substance abuse - as well as the apparent intractability of the problem. There is increasing evidence that poor socio-economic status is strongly associated with harmful consumption (ABS, 4704.0:55), with obvious implications for indigenous people who figure at the bottom of most social indicators. This issue is heightened by generally poor health outcomes for indigenous people across a range of chronic diseases. Alcohol and other drug abuse contributes to and exacerbates these problems.

The situation in Katherine and the surrounding region is no better, and arguably worse, than many other areas in the Northern Teri7itory. For example in 1998-99 nearly 8,000 intoxicated indigenous people were admitted to the Katherine Sobering Up Shelter or police cells, a statistic that is but a surface reflection of the deeper problems that face us. There is no evidence that the effects of alcohol abuse, in particular, have in any way diminished in recent years.

The only light on the horizon, at least as far as alcohol abuse is concerned, has been seen through the collaborative approach engaged between Katherine community groups, the police and the Northern Territory Liquor Commission with regard to restrictions on alcohol take away sales and public bar hours. This initiative building on the pioneering work of the Tennant Creek community - has had significant short term benefit for the Katherine region despite strong resistance from vested interests such as some local hoteliers.

In making this submission, the Jawoyn Association seeks to suggest to the House of Representatives Committee a revitalised, holistic approach to tackling the issue of substance abuse as part of a broader approach to the socio-economic development of the region.

To put it simply. Substance abuse is both a symptom and cause of much that bedevils our people.

As has been noted by our Executive Director, Robert Lee, our families see children being born as sick people, and see our people dying too young from preventible diseases. Surface explanations such as poor nutrition, poor and overcrowded living conditions mask broader socio-economic malaise. Education levels are not only low, but arguably declining - and there is an obvious link between education and health levels, let alone access to employment. Employment on many communities is effectively non-existent, with resultant impoverishment
that further feeds into poor health outcomes. All these outcomes feed back into a vicious cycle, with many of our people too ill through substance abuse to take up the limited opportunities that might be available.

Hanging over all this is substance abuse. Why do so many of our people drink? Smoke ganga? Sniff petrol?

For some, it is a relief from the boredom of a life with few opportunities. For some it is relief from the pain of powerless existences. For all of us, whether we abuse substances or not, it is a grave threat to all of our people.

The Association has a reputation for achieving limited successes and advances in the area of economic development, training and employment. However, we find that many of our people are too ill and/or too affected by substance abuse to participate in these expanded opportunities. A whole generation of people is being lost, and we fear the next generation may face a similar fate unless urgent action is taken.

Through its Five Year Plan *Nyarrang Nycui-burrk bunbun Yunggaihmih*-"We're moving ahead" and subsequent work by us, the Jawoyn Association, sees an increasing need to provide a highly developed level of regional coordination across a range of activities: economic, social and cultural. The Association believes that it is crucial to link all programs and projects within the region if we are to advance the health and other interests of indigenous people within the region. An explanation of the ways in which the Association believes these activities should be coordinated was recently developed for an application to the Department of Health and Aged Care by the Association for a Coordinated Care Trial for the region east of Katherine. We are hopeful that this Coordinated Care Trial will proceed by the end of this year.

A core element that has evolved from the work of the Association over the last five years has been the development of the Nyirranggulung process. Nyirranggulung, a Jawoyn word meaning "one mob together", is descriptive of a series of coordinated and linked regional agreements or projects designed to improve the socioeconomic status of indigenous people within the context of a model of regional development that will benefit indigenous and non-indigenous peoples alike.

It should be noted that the Association's approach to alcohol and other drug use is to be fully integrated within this process. It should not be seen as an isolated health activity: it is a project that is to be intimately linked with a broad range of other economic, educational, social and cultural projects.

The Association has made a submission to the Northern Territory government (December 1999) proposing an organisation to be known as Wakmiyn Wakai be established to tackle alcohol and other substance abuse. To date this has resulted in some further discussions, at least on the operation of the Sobering Up Shelter, but a replacement for the Katherine Alcohol and Drug Association (KADA) has not been finalised.

Wakmiyn Wakai is from the Jawoyn phrase, "No Grog". This does not imply that our approach will be one based on abstinence, although that may be a solution for some individuals. What it means is that the Association aims to establish lives for the people of the region that is no longer dominated by grog in the way it currently does.[1] It denotes developing ways to live with the grog without it killing our people.

2 The effects of substance abuse on our families

There have been no significant studies specific to the relationship between substance abuse and family life in the Katherine region. However, there is no doubt results of similar studies elsewhere in the Northern Territory could not be extrapolated to families here. What follows here is an impressionistic account of how substance abuse works.
For the most part, our people live in overcrowded circumstances. It's no exaggeration to imagine an extended family group of eight or nine people, ranging from babies and school kids through to aged pensioners, living in a three bedroom house. It's often worse than this.

This is one night:

> *It is a drinking household. It is noisy* until *late most nights. There are drunken arguments – occasional violence, not just between the* drinkers but *perhaps also - towards the* young and *old. Most* adults are unemployed or underemployed on *the Local CDEP projects.*

[1] Wak is the Jawoyn word for water, but has also come to be used as a term for alcohol - Generally beer. It is a sad reflection that in Jawoyn. as in many other Aboriginal languages, words that denote life sustaining substances such as water have so often come to be applied to alcohol.

A large proportion of the family income gets spent on grog, so there is offten little food and bills are often unpaid. Perhaps the electricity is off, certainly there is no money to repair the broken fridge.

The kids are mostly hungry, which makes it impossible in the school next day. They are also tired as they were kept up last night. In any case, some of the kids are deaf - poor water supplies and hygiene take their toll on up to 1 00 per cent of school kids in some communities.

The older kids have dropped out of school, either through truancy or the lack of secondary education. They have been up last night,. too. Sick of being beaten by their uncle, they've spent the night wandering around the community with their mates. Petrol was hard to get last night, so they have broken into the school to pinch glue. They got some money from a teacher's desk, so they will be able to buy some ganga later that day. They may not be old enough to get CDEP work: certainly other employment would be hard. Their spoken English is poor, and they can barely read or write - they have had only one year of "post secondary" schooling.

Money has run out in the household, but 'fortunately" grandma has her cheque coming through today social security payments in the household can now be staggered so there is money for grog every second or third day. Grandma wants to spend money on food for the grandkids but her older grand son will skip going to CDEP to make sure when she gets her cheque he can humbug her for enough money to pool with others for the $200 taxi ride into Katherine to buy grog. In any case, he has the shakes and wouldn't be able to operate the tractor at work anyway. His wife won't be on that trip - last night she has been hit over the head with a star picket and had to be taken into hospital. There she will join her younger sister who has just had a baby. She's been there for nearly a month as the kid has been born underweight. Another long night for the Aboriginal Health Workers, as well. There is no ambulance so they have had to use a private vehicle to get into Katherine.

The community night patrol has had a long night as well. They had missed the kids breaking into the school because they had been called out to a disturbance. They had stopped the argument, and successfully encouraged that household to stop drinking for the night. When they heard what had happened at the school they had a good idea who had done it, and picked the kids up. Should they call the cops? At least one of the kids would get a mandatory sentence of 28 days ***in*** *Don Dale if they did, so they decide to talk to the family the next day to see if sornething can be worked out. The kid is sick - a sniffer - it's hard to see how a month in detention will change that. Perhaps he can be sent to his cousins out bush.*

In any case, the coppers were elsewhere last night. There had been a bad smash on the road that night. Six people, all drunk, had missed the crossing on the dirt road and were also in hospital. Two were not expected to live. It would be a hard task for the Aboriginal Community *Police Officer, who is related to all involved,* taking that *sort of news to the families the next* day.

The above scenario could be replicated any night of the week across the Northern Territory. The effects of substance abuse on family life are obvious - but often invisible to non -Aboriginal people, who often see little beyond "anti social" behaviour on the streets of towns like Katheiine.

Some of the communities in the Kathchne region have faced waves of suicide attempts amongst the young; for others years of substance abuse achieves much the same, with brain damage and other disabilities too common. In many families, child rearing is almost the exclusive domain of grand mothers - the parental generation is drunk, or dead.

As an immediate cause, substance abuse is causing widespread devastation amongst our families. Unless and until radical changes are made to the economic position of Aboriginal families it is difficult to imagine ways through the vicious cycle our families face of impoverishment, ill health, poor education and low employment outcomes.

The Jawoyn Association, as note above, is involved with seeking multi-faceted solutions, but we face a chronic lack of resources to do so. The Association has made largely unsuccessful submissions to government over the years on a variety of aspects of solving these problems.

3 Crime, violence (including domestic violence), and law enforcement

The scenario outlined in Section 2 above touches on the relationship between substance abuse, crime, violence and law enforcement. Again, there is a complex interplay of forces.

Data from the Katherine and Tennant Creek experiments with reducing alcohol takeaway regimes, as well as the introduction of night patrol and sobering up shelter schemes, have clearly demonstrated the relationship between access to alcohol and criminality including violence/domestic violence. Indeed, the relationships demonstrated have been so stark that it is surprising that government has not been more proactive than it has in making more generalised changes to licensing laws throughout the Northern Territory.

The Royal Commission into Aboriginal deaths in Custody found that in the vast majority of cases, alcohol played a significant role into the final apprehension into custody of those who died, and that a disproportionate number of cases involving custody and jailing involved drugs and alcohol. **A number of recommendations were made by that Royal Commission, and should be noted by the current inquiry.**

This situation has not changed over the last decade. Grog and drugs are an overwhelming factor in Indigenous contact with the criminal justice system. The Royal Commission recommendations, in conjunction with community initiatives over alcohol availability, suggest far more fruitful directions in legislation than the punitive approaches embodied in mandatory sentencing regimes.

Likewise, alcohol plays a major role in domestic violence. Recent research suggesting Indigenous women were 45 times more likely to experience domestic violence is a stark demonstration of the effect of alcohol on the lives of our people: the women who are so often the victims, and the families who depend on the love of their mothers. aunties and grandmothers.

It cuts both ways. The task of Northern Territory police in "dealing" with the results of substance abuse - especially alcohol - is an onerous one. To this might be added to pressures on the health system, at the primary and acute hospital levels. Where substantial reductions in alcohol consumption have been achieved - such as in Tennant Creek and more recently in Katherine - there have been concomitant reductions in pressure on policing and legal systems and health services.

These reductions have been immediate and dramatic and have obvious potential impacts on government finances.

4 Road trauma

Although comprising 28 per cent of the Northern Territory population, Aboriginal people comprise 50 per cent of road deaths. Most of these deaths directly involve the presence of alcohol. Recent initiatives in driver licensing and education by the Northern Territory University in the Tennant Creek region - which have included drink driving education - have achieved localised reductions in such fatality rates. The fact that this localised effect has taken place in conjunction with effective community - initiated reductions in alcohol availability and sobering up facilities has obvious implications.

5 Workplace safety and productivity

A training study in an Aboriginal community in western Amhem Land where there is access to licensed drinking premises during lunch times (Mackinolty 1992) found that all piece workers in a particular enterprise were affected by alcohol every afternoon. There were obvious implications for workplace safety - let alone productivity - as the enterprise used, in part, technical equipment and machinery.

To our knowledge, there have been no formal studies of workplace accidents or productivity levels on Aboriginal communities affected by drugs and alcohol. Quite apart from the immediate potential impact on victims of accidents, there are worrying implications for employers with respect to duty of care, let alone insurance/workers compensation for the victims themselves.

Less obvious are the problems in workplace training - an important consideration if our people are to break out of economic disadvantage. Experience in the Jawoyn training section has been that high levels of absenteeism can be directly related to substance abuse. Indeed, many Aboriginal people are simply too badly affected by substance abuse that they are incapable of undertaking training programs at all.

6 Health care costs

It is patently - indeed painfully - clear that substance abuse has dramatic effects on health care costs. A simple analysis of every event as outlined in the scenario outlined in Section 2 above demonstrates costs to the health system. This submission makes no attempt to quantify these costs, but such figures if obtained would readily demonstrate the huge sums involved. It is equally clear that even minor reductions in substance abuse particularly alcohol - would generate substantial funds available for primary health care programs, for instance.

7 Funding

There is little doubt that there are too few resources available to combat substance abuse - particularly for Aboriginal communities which are affected disproportionately.

Inevitably there will be calls given to the current inquiry for increased funding; just as inevitably it will be suggested by some that government resources are too limited for significant increases (if any at all) to address the problem.

The view of the Jawoyn Association is that substantially increased resources should be made available, and that **such increases should be seen as an investment into the community, and not a drain on the public purse.**

An obvious, and sensible, approach to increased resources is through increased excise charges on alcohol. The Wine Cask Levy - which targeted a single form of alcohol much favoured by Aboriginal drinkers - has demonstrated that properly identified and quarantined money dedicated to alcohol programs can deliver resources in a fashion that does not have a major impact on fiscal policy - with significant benefits in programs. However, the Levy was never sufficient, and was not equitably spread across all forms of alcohol product. The Jawoyn Association does not have the resources to estimate the funds required, nor the required additional impost on alcohol required.

What is required, however, is a substantial level of resourcing to be made available to drug and alcohol programs, and a major shift in how those monies are spent along the following lines:

- Commitment to funding should be a long term one. Government directed programs have suffered from too much "short termism": programs have had limited life, too often subject to the latest bureaucratic whims or short term problems of government, with resources directed away from programs before they have demonstrated major results. Excise funds for these programs should be indexed or based on a fixed percentage of excise. they must be quarantined from General Revenue, and should be established on a time line of at least a decade.

- There should be a far greater level of direct funding from the Commonwealth excise to community especially Aboriginal-controlled - organisations. There is an important precedent being developed in the Northern Territory through direct funding of Aboriginal managed primary health care services. It would seem an obvious extension of this successful pattern to consider such services as the recipients of such funds given the crucial relationship

between health and substance abuse. Such an approach would allow flexible, tailor made approaches at the level of individual care plans, community and regional strategies.

· There should be far greater levels of coordination between different sectors of government and Aboriginal-managed programs. At present in the Northern Territory, the efforts in the field of Territory Health Services are substantially carried out in isolation. An all of government approach, where government is seen as a partner with Aboriginal managed services, should particular involve portfolios such as health, children's services, aged care, police and correctional services, sports and recreation services, Aboriginal development and small business and industry.

For example, the Jawoyn Association proposes an Aboriginal-managed service should be resourced to run a service that

- Links and coordinates alcohol and drug programs with broader regional socio-economic advancement activities that provide a "path' for individuals, families and other groups away from destructive behaviours associated with substance abuse.

- Identifies and targets individuals, families and groups experiencing harm or at risk of harm through alcohol and drug abuse, including the high number of people from 'out of town" that figure so highly in admissions to the Sobering Up Shelter and police cells (in Katherne, 82%).

- Coordinates closely with all stakeholders, with a special emphasis on outlying communities, allowing those communities to develop and strengthen local solutions; in particular coordination between the Kalano night patrol and those outlying communities.

- Rejects "single solution" approaches such as abstinence, though this may be a solution to certain individuals, in favour of a continuum of case-managed approaches tailored to individual/family/community based solutions based on a harm minimisation philosophy.

- Adopts principles of 'continuous care' whereby clients are followed through various services (eg sobering up shelter through to diversion/rehabilitation through to half way houses and/or return to families/communities through to training and employment).

- Provides culturally appropriate education and promotion of harm prevention, minimisation and reduction, including the promotion of "safe" drinking environments through social and other activities to break the cycle of binge and other excessive anti-social behaviour patterns.

- Develops closer relationships with Territory and Commonwealth government agencies in coordinating integrated approaches to minimising the effects of substance abuse.

- Develops a working relationship with the alcohol "industry", from the local liquor outlets to representative bodies at Territory and national levels such as the AHA in order to develop mutual understanding and common strategies as opposed to the often confrontationist Liquor Commission-mediated process that currently exists.

- Provides "results-based" programs that can be assessed and monitored by stakeholders, and indeed the taxpayer, through regular internal and independent evaluation processes.

It would also undertake to cooperate and work closely with government and non-government agencies in the operation and development of programs, including the gathering and collation of appropriate statistics and in meeting relevant government standards and regulations.

8 An holistic service model

The Jawoyn Association does not believe there is a single model - let alone a "magic bullet" - to deal with alcohol and drug problems in the region. Although people experiencing harm through substance abuse are clearly ill, it not a medical problem, and cannot be dealt with under a solely medical model of care. The problems people experience are as much social, economic and cultural as medical, and therefore must be dealt with on a holistic level, and must be incorporated with activities on a broader scale. The service model proposed incorporates the following:

Case management at individual. family, group and community levels

Case management is most often understood as a process that is carried out with individuals on a more or less one-to-one basis. While this approach is arguably useful, it is culturally inappropriate for Aboriginal People as a sole methodology.

For example, a group of young male drinkers or marajuana users may well benefit from individual case management, but benefits are likely to be limited if isolated from.' "case managing" the peer group that shares this behaviour. Similarly, the behaviour of such a cohort can be influenced by - or influence - a whole Community. – "Community case management" may at this level be as simple or as complicated as providing alternate activities by the community to divert or ameliorate behaviour patterns by the group and individuals within it. Further, the 'alternate activities' may be quite different in different contexts. For example, involvement in ceremony by the individual (or cohort) may be more beneficial than in other contexts.

Conversely, a similar age cohort of young female drinkers or marijuana users will benefit from a similar general approach but with differing, gender-appropriate support mechanisms to prevent, reduce and/or minimise harm.

The high likelihood of criminal activity arising from substance abuse - an estimated 80-90 per cent of indigenous imprisonment 's associated with substance abuse - should involve a level of "case management" for people under incarceration ' With jailing currently involving Don Dale, Berrimah or, at worst, Alice Springs, makes this kind of work impossible to undertake at present and any drug and alcohol programs running at these institutions is inevitably divorced from close contact with the communities involved. The Jawoyn Association has proposed the establishment of Jawoyn-owned Banatiarl to function as a low security correctional facility which will allow such work to be coordinated through the substance abuse program.

At varying levels and stages of treatmment, we would seek to adopt models that variously will take into account the need to 'manage" more complex family, group and community issues than traditional case management normally contemplates. This would necessarily involve services as appropriate to carers and families substance affected individuals, including respite services.

Nyirranggulung regional coordination of services

Despite considerable efforts from THS and agencies such as LWA, there has been little, if any, effective regional coordination of Alcohol and other Drug services. This is not necessarily the fault of those groups, but in the view of the Association a legacy of post-Native Welfare atomisation of services and community development.

For reasons of equity and cost effectiveness, the Association believes coordination and funding of Alcohol and other Drug services should be regionally based. This is on the basis of equity, so as communities in the region receive a consistent service based on need as well as on the basis of cost effectiveness so as to reduce duplication of services as well achieving economies of scale.

Many of the problems experienced in the Katheiine township are, arguably, in reality problems transferred from outlying communities and, again, are not simply . “medical" problems but the result of the inequitable distribution of economic and social resources between town and bush. The Jawoyn model would emphasise the need to:

(a) Develop and strengthen locally based programs and solutions in outlying communities such as night patrols/warden schemes; half way housing, domestic violence programs and suicide prevention/ intervention strategies.

(b) Undertake regional development programs in training, employment and economic/social development that reduce the current maldistribution of resources between town and bush.

© Coordinate relationships between t . own and bush based programs including night patrols and warden schemes.

(d) Utilise traditional authority structures to affirm the strength of locally-based programs as well influencing social behaviour by and between diverse groups in Katherine.

(e) Coordinate regional education and promotional campaigns over harm minimisation strategies.

Coordination with other agencies in the town/region

The Jawoyn model proposes an enhanced level of coordination with other agencies in the Katherine township and the bush.

This will not be limited to those agencies that might narrowly be viewed as being concerned with Alcohol and other Drug services - though this latter objective would be met by the inclusion of such

groups in its management structure, and close liaison with groups such as the judiciary, police and correctional services.

A particular emphasis would be given to coordination with government and non-govenment health services and health professionals. As well as THS. and agencies such as LWA, this would include the Katherine West Health Board, Wurli Wurlinjang and the proposed Nyirranggulung (Katherine East) Health Authojity[2]. Liaison would be maintained with Katherine Hospital in terms of acute care (detoxification) as well as general follow up under case management.

A key element would be coordination and liaison with other health professionals in private practice. This would involve formal relationships with groups such as the Top End Division of General Practice and the Allied Health Alliance (cf Nyirranggulung Health Authority application for Coordinated Care Trial), and the utilisation where practicable of the Case Conferencing mechanisms now available through the Commonwealth funded Enhanced Primary Health Care Package.

Industry working party/liaison mechanism

Our proposal would also establish a permanent working party/liaison mechanism with local and regional liquor outlets and their representative bodies at the Territory and national level. This would be designed, in part, to attempt to avoid the often confrontationist Liquor Commission mediated process that currently exists. This relationship would have the added advantage of linking the increasing number of Aboriginal-owned/controlled liquor outlets such as road houses, community stores and clubs[3] With the liquor industry to establish and coordinate regional protocols in takeaway regime[4], training standards and . safe drinking" behaviour. A focus of the work of this working party/liaison mechanism would be the relationship between liquor outlets and "dry" communities.

Coordination with other Nyirranggulung projects

As noted above, the Nyirranggulung process involves a range of interrelated economic, cultural and social development projects which are summarised as attached. Coordination with these projects would be valuable from both the stage of identification of individuals/groups at risk of harm (through, for. example, sports and recreation or education projects) through to establishing training and employment for people in "after care" environments.

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[2] The Nyirrangcrulung Health Authority, sponsored by the Jawoyn Association and participating communities has applied for the establishment of a Coordinated Care **Trial.** Vvrhether this is successful or not for 2001-2002, it is likely a similar structure would be in place under the "zone" formula of health funding by July 2004.

[3] There **is** currently one licensed AboricFfnal community club. and one con-imunity-based takeaway in the region. There are presently two licensed Aboriginal-owned road houses and one joint venture tourist operation with a liquor licence. There are a considerable number of "dry- conununities in the region. There is a considerable number of licensed takeaway outlets in Katherine and across the region few of which can be said to have voluntarily adopted harm rriininiisation practices in conjunction with Aboriginal groups. For example. the Gunbang Committee in the Kakadu region has established such a regional mechanism. The now Jawoyn-owned Mary River Roadhouse
is cooperating with this process in the Kakadu region.

[4] For example the Gunbang Committee in the Kakadu region has established such a regional mechanism. The now Jawyn owned mary River Roadhouse is cooperating with this process in the Kakadu region.

A key example Of this process is in the Law and Order Nyirranggulung Agreement. As well as being a process of Aboriginalising the Police service in the Nyirranggulung region, it has also led to the establishment of culturally appropriate suicide prevention strategies established on one community. Under the Nyirranggulung process, two communities with licensed outlets are now "taxing liquor sales to subsidise community warden schemes.

9 . General service provision

The Jawoyn model would establish the following general services in conjunction with the specific projects outlined below. In each service area, we would emphasise supportive, sensitive and culturally appropriate care regimes.

(a) Operate a restructured sobering up shelter.

(b) Establish and operate a diversionary/drop in centre.

(c) Assist with recruitment and training of community substance workers.

(d) Continue support and training for night patrols and warden schemes.

(e) Further investigate the establishment of a detention/correctional facility at Banatjarl.

(f) Assess individual, group and community alcohol and drug consumption patterns and, where possible and appropriate, monitor moves towards "safe" drinking behaviour at each of these levels.

(g) Liaise with Katherine Hospital over detoxification for individuals at risk.

(h) Establish a flexible, responsive case management system for individuals, groups, families and communities.

(i) Liaise with other health professionals and groups in the areas of medical and/or psychiatric care over referrals.

0) Link after care for clients with Nyirranggulung projects to maximise the opportunities for training and employment.

10 General service outcomes

Our work would be assessed on the following outcomes:

(a) The development, in conjunction with other service providers in the region, with a coordinated and culturally appropriate approach to a range of harm reduction, minimisation and prevention services based on case management at individual, family, group and community levels.

(b) Support and development of services in outlying communities to improve the level of service to those communities.

(c) Development of protocols involving

- identification of individuals or groups at risk or experiencing harm from alcohol or other drug use;
- client assessment;
- admission and referral procedures,
- gathering, collation and use of income and
- outcome data, and client confidentiality.

(d) Effective relationships and coordination with other service deliverers, both within and beyond alcohol and other drug services.

(e) An effective relationship with Correctional Services, including the possible establishment of the Banatjarl facility, in dealing with post-institutionalised clients who have had or are at risk of experiencing harm from alcohol or other drugs.

(f) Similar relationships with other organisations outside the region who may "pass on" clients to Katheilne.

(g) Reduction in the incidence of risk-taking and anti- social behaviours by individuals using services of the region.

(h) Staff development and training in delivering alcohol and other drug services.

(i) Reduction in intoxication in public places, including a reduction in adn-iissions to Sobering Up Shelter and police cells.

11 Client base of the programs

The primary emphasis of the program would be in the provision of treatment and after care for Aboriginal people of the region with alcohol and other drug programs. This is largely for practical reasons: Aboriginal people of the region in general experience far higher levels of harm through substance abuse than does the general population. Further more, by and large the need for effective treatment and after care dictates culturally different approaches ones which most non-Aboriginal people would find as inappropriate as non-indigenous cultural approaches would be to indigenous clients.

Some elements of the service - particularly that of the Sobering Up Shelter - would not have this problem as this is a "front line" intervention service designed as much as anything else to circumvent further harm or **risk** taking behaviour and provide a safe environment for short term (overnight) recovery.

There is no hard and fast line possible on this. For example, there are many families in the Katherine region of mixed heritage, and in these cases it would be often be appropriate to involve non-indigenous people either directly as clients, or as members of substance affected families.

In any case, it will be necessary to develop close coordination with other service delivery groups in the region. We have recommended that a full time psychologist/counsellor be based with Centacare to service the region and would be a "shared" resource for use by Aboriginal and non-Aboriginal clients, as well as providing a. training and professional development resource to all service providers.

12 Kalano Rehabilitation Service: Rockhole and Warlangluk

The Kalano Rehabilitation Service at Rockhole has operated for nearly 20 years, with varying results over the years. The recent acquisition of land by the Jawoyn Association for the new facility to be operated by Kalano gives the opportunity to build on more recent successful approaches by Kalano.

The Jawoyn Association believes, notwithstanding some reservations in some quarters, that the Kalano Rehabilitation Service is a crucial component of treatment options available to the region (see letter of support to Kalano attached). The Association, as noted above, sees Kalano as a crucial partner in our service model. and with potentially valuable links to the services we propose in this submission.

13 Night patrols and warden schemes

Night patrol and warden schemes have proved highly successful and are supported by the Jawoyn Association, and we note the need for continuing training identified. The Kalano Patrol, in particular, has contributed to individual and community safety in Katherine despite limited resources as they, perhaps more than any group other than the police service,, are at the "front line" of dealing with the effects of substance abuse.

We see it as important that there be greater communication and coordination between the Kalano night patrol and other service providers, particularly with outlying community organisations and programs to assist in identifying, on an individual, family, group or community level, ongoing problems being experienced in Katherine with visitors to town from those outlying communities.

There are a number of night patrols/warden schemes elsewhere in the region, including two supported through the Nyirranggulung process at Barunga and Wugularr. The results achieved by the Nyirranggulung wardens have been dramatic on those two communities.

14 Community-based projects

There are a number of community-based projects within the region funded by THS, LWA, ATSIC and other programs. As has been noted elsewhere, there is little, if any, proper regional coordination of these programs, and few effective linkages between town and outlying communities. This is despite the wealth of evidence that many of the problems are effectively "imported" into towns like Katherine.

It is recommended that there be further work, in conjunction with various Aboriginal agencies and government on developing a regional approach to alcohol and other drug strategies. It is also recommended that increased resources, especially in after care, be devoted to community-based projects.

There have also been entirely unsuccessful attempts in the past to work with outlying communities about the social behaviour and grog problems that are "imported" - often driven by non-Aboriginal political motivations and negligible Aboriginal ownership of the process.

It is proposed that the Jawoyn-proposed service, in conjunction with the outlying communities and other service providers, be funded to develop proposals for a regional alcohol and other drug and social behaviour protocol that will be effective **because** they are driven by Aboriginal people in a culturally appropriate way; v.7i11 incorporate traditional social and legal authority structures and will mutually brokered between Aboriginal groups and communities

15 "Safe" drinking programs

This is at early stages of discussion, and planning has commenced at Kalano, Barunga and Wugularr on the development of "safe" drinking programs through the institution of social clubs. As noted above, Aboriginal organisations have, or are planning, direct investments in licensed outlets. This has the potential to raise difficulties for those communities and organisations, if for no other reason than such projects fly in the face of populist abstinence approaches to substance use.

Nevertheless, such approaches are supported by the Association. The suggested links with the alcohol industry outlined above will play a crucial role in developing policy in this area. The Association proposes approaching the industry to fund a conference of current and prospective Aboriginal licensees as a first step in developing such policy.

16 Education programs

Ongoing education and promotion campaigns are a vital component of alcohol and other drug programs particular those designed for indigenous people.

We would propose taking an active role in the development and design of regional, culturally relevant material in conjunction with other service providers.

17 The development of regional planning on Alcohol and other Drug Programs

There is an undoubted need to develop a regional approach to planning for indigenous Alcohol and Other Drug Programs. The advantages of this approach include:

- Sharing of ideas and respurces.
- More cost effective use of available resources
- The capacity for copoeration and coordination between outlying communities and the Katherine township.
- The capacity to integrate Alcohol and Other Drug Programs with broader regional, social, cultural and economic development projects.

There is a sense in which a body like the Jawoyn Association can evolve, at least in the Katherine East area of its proposed Coordinated Care Trial**,** as a regional service delivery group in the field of alcohol and other drug services. It would certainly seek an active partnership with the THS Alcohol and Other Drug Program in developing regional planning.