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Gunbang Action Group

Are we looking after our kids the right way?

*Counting the cost of kunbang (alcohol) at the
Kunbarlianjnja Clinic - 1999*

Are we looking after our kids the right way?

Don't spend our kids money on Kunbang and gambling!!

Counting the cost of Kunbang (alcohol) at the Kunbarllanjnja Clinic 1999

Drawing

Counting the cost of kunbang (alcohol) at the Kunbarlianinja clinic

This report looks at some of the costs that kunbang has on the clinic at Kunbarlianinja (Oenpelli). It also tries to show some of what it does to our community, both bininj and balanda, our families and the work we try to do. It was written at the request of Territory Health Services, to provide information for traditional owners, concerning the renewal of the Gunbalanya Sports and Social Club lease by the Northern Land Council, 1999.

We have only discussed areas where the clinic keeps some sort of data, past and present. All clinic staff have been invited to add to the report.

The opening section was recorded 12/7/99 by Laurie Nadjammerrek, the senior man at the clinic, and was translated into English for this report by Steven Etherington.

The "Trauma" figures were provided by Dr. Christine Connors, Senior DMO at Rural Services, THS, Darwin.

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Kunbang story

Laurie Nadjammerrek

To start with, when they used to drink, it was okay. They didn't fight each other, everything was fine. This was a long time back, in the 1970s. When they used to drink then, the kunbang wasn't such a problem. At that time that old NaWamud Nangaingbali was president, and he talked to Canberra and got the club here at Kunbarlianjnja. But before that it was different. Border Store was there, and people used to drink there at Border Store. All the men and women used to fight, they shut down that Border Store licence. Then after it closed, the white people were arguing about that Border Store. Old Nangaingbali went and asked them about a licence for liquor. He went off and then came back and asked the Council, "is it okay if we build a club here, close by, so we can keep an eye on it? " And the others all said, "Okay That's how the club came from Border Store to Kunbarlianjnja. So they built it here Kunbarlianjnja. That old man thought that was good, because there wouldn't be any fighting, he thought. The next year the federal government looked at the idea and said it was good - this was the Canberra mob. They came back and said it was okay to move the club to Kunbarlianjnja, they nominated Kunbarlianjnja and gave approval. That old man Nawamud came back and told us about the Kunbarlianjnja Club. He said "We'll put this club here at Kunbarlianjnja so we can keep an eye on it to stop the fighting that used to go on at Border Store " So the others all agreed. They said they would keep it under control, here close by, so there would be no fights. So it was a good arrangement when it first opened, as that old man arranged it. That was my grandfather. He said it would be good for us to have our own club at Kunbarlianjnja. It was okay then, they used to drink without fighting, and they didn't cause trouble for those working at the hospital - they didn't give them any hassles. This was way back then. However, as time went on, and, I'm talking about 1975, things were still going okay, the arrangements for that club. Up until 1975. There were no fights. It went along well. They came and saw what was happening, including the Liquor Commissioner, and they told the government things were okay.

We told them it was fine, and we wanted the club here. This was back early when things improved in that they were not fighting. The club was okay then. The next year it continued on okay, they didn't yet fight and they weren't hassling the hospital staff here. It was okay then that club there, down there where the fig trees are, that area they call Wundulbundul. So the club was fine back then. They didn't fight. Another year went by and they started fighting. They used to fight when they drank too much hard liquor, or different sorts of strong grog. Sometimes they would get it from Jabiru from the other club. Jabiru is the same as Kunbarlianjnja. Kunbarlianjnja here, and Jabiru too its the same. Both have had the clubs for the same time. They both started off back then the same. When they drink now at the club they come and hassle people working here at the hospital at night. Daytime is okay if they drink. But if they drink at night, they intimidate the balanda working at the hospital, these people who work here. These balanda don't appreciate that. We knock off and finish, but they have to work for long hours because of this pressure. But they want to have a sleep too. That's because of kunbang, that kunbang available at the club here at Kunbarlianjnja. If they ban someone, well there is that other, the second one. "if they ban someone from the club, they just go to Jabiru. They send them to Jabiru to drink, and they come back drunk. So there's two places to make them drunk. Then they fight. When they shut them out, or bar them out from the club. Well maybe okay if they drink at the club, but banning them is not a good idea. If they ban them, they should ban them right through - not separately, both clubs, here and at Jabiru. The same as what used to happen in the past. That was an excellent system. Nowadays, I mean 1999, it has got very much worse, in both clubs, Kunbarlianjnja and Jabiru. Working here in the daytime is okay, but at night, well, you don't want it. They get tired, they get worn out working very long hours. We get tired working long hours, ...if you're on call to run things. That's what I mean. So that's what I want the NLC to look at about kunbang, and about fighting. That's it. Whereas in earlier days it was okay, now its no good. Now, 1999, its no good, and 1998. That's all I want to say to you, balanda NLC mob for you to listen to, and those at Kunbarlianjnja - about kunbang. That's all.

The women collect the money for the children (*Family Allowance - sic.*) - 1 mean for the mothers to buy food for their children. A mother should buy food for her children to **fill** them up/give them enough to eat. They always want to be **filled**, and that's her job. She shouldn't have to worry about it much. So if a mother gets money for her child, she should buy food for the children first, so they will eat. Then the doctor or those who work at the clinic won't be saying, "How come this kid is getting so skinny? Doesn't the mother buy any food for this child?" That's what that balanda would say. "I want that mother to buy food for the child. Not to go and get kunbang. That's not, for kids. She had this child, and the money is for the child, from the government, the federal government. It's to buy for the child, for food for the children. The child should eat, and the mother can't refuse this to her child. She needs to get that money and buy the food for the child. If he eats the child will grow well. If not, if she just leaves the child alone, it won't know what to do, it will be like an orphan, with no one to look after it. Then the mother goes off for kunbang with the money. " Then the balanda are saying, "Why is that mother going off with the money instead of buying food? If she doesn't change what she is doing, or change her mind, then maybe they should stop giving her the money for the child. If she wants to, she can get food for her child with that money, so it has enough to eat. They'll look at the child and ask why it's getting skinny. A child wants food so it will grow and be healthy, so we will see it growing up well. That cheque is not hers. She can't take it and cash it for kunbang - that money.

When they drink, when they drink in the daytime, they come and hassle the people working here at the hospital, when we work here in the mornings, that's when you come with sick kids or men or old people. You bring them to hospital in the mornings, when we work in the mornings. You can see that in the mornings. That's when you should come. For medicine, bandages, check ups, those are the jobs we do for you then. Every morning is when you should come - in the daytime. Night time, after the club, don't come then, we don't want you to come then. They get too tired, we all get too tired for that. Daytime and afternoons we work. You don't have to work much then so if you want to come, come then. **If** you want to drink in the day, well they shouldn't come here asking for medicine or whatever, everyone is too tired, you should come in the morning. If you want to drink, well then just go home. Just go home after the club, just home. After dinner, midday, well they close up here so they can do all the little jobs, sending in paperwork, ordering things like more medicine etc.. ..and they don't want to get interrupted, so if you want to drink, well, go home. Then in the afternoon when we knock off, those who work here are pretty tired, so if you have any symptoms, if you reckon you are sick, then come daytime. If you want to drink in the daytime, well then just go home. ..the same as Darwin hospital. There, those balanda will just say, "Don't just leave it. If you want to come, come in the mornings. In the daytime. Don't leave it to the afternoon either there or here. And don't come after the club looking for medicine, or wanting to phone up your family or whatever. If you want to do that after the club, there's a public phone outside there at Mibornde or the shop. Ring up there. That's why they built them outside there" That's what happens at hostels, in the big places, you have to put the money in. If you want to drink just go home.

Safe and dangerous drinking - amounts and costs

Surveys done in Kunbarlanjnja show the harmful amounts of alcohol that people drink. It is important to say that we know that not all men and women drink alcohol, and that many drink safely.

A study in 1996 found that the average amount of beer drunk in Kunbarlanjnja over the 6-day drinking week:

- for men is about 9 heavy cans and 2 light cans/day (\$33.60/day)
- for women is about 6 heavy cans and 1 light can/day (\$21.80/day)

If you want to talk about the risks of alcohol, then you need to be able to tell people about the amount of alcohol that may do them harm. Australian guidelines talk about responsible, hazardous and harmful amounts of alcohol. In the clinic we talk to people about **safe, risky** and dangerous levels.

For men'

- safe is 3 heavy cans/day (\$9.60/day)
- risky is 4 heavy cans/day
- dangerous is more than 4 heavy cans/day (\$12.80/day) ,

For women

- safe is 2 heavy cans/day (\$6.40/day)
- risky is 3 heavy cans/day
- dangerous is more than 3 heavy cans/day (\$9.60/day)

It is OK to have a party now and then, but these figures show that many men and women in Kunbarlanjnja are drinking dangerous amounts of alcohol every day. The figures also give a rough idea as to how much it costs each day.

How much does this cost?

Let's take a family of 6 living in Kunbarlanjnja:

- grandmother, husband and wife and 3 children aged 14, 9 and 4 years.

Their average income each fortnight is \$1349.70 (see-Appendix 1, p.14). If mum and dad are drinking an average amount (see above) and grandmother doesn't drink:

- they spend \$664.80 1 fortnight together on alcohol
- this is half (49%) of the family's total income

This is a much higher figure than other communities with a club.

If they were to drink safely, they would save.\$472.80 each fortnight.

This cost is important when thinking about money for feeding kids properly (see'Skinny Kids'p.10).

Introducing the clinic figures

People drink alcohol for many reasons. Unfortunately the clinic sees most of the bad effects and very few of the good. Every day and night, alcohol plays a part in most of the stories of the patients we see. We divide the effects into two, immediate.(acute) and long-term (chronic).

immediate:

- **trauma**, eg. broken hands from fighting, falling over, burns. car accidents
- stomach pains, eg. ulcers, pancreatitis, vomiting blood
- brain problems, eg. fits, memory loss
- problems with the way people behave, eg. sexually transmitted diseases (STDS) such as gonorrhoea, syphilis and HIV/AIDS, problems in the family (arguments and domestic violence), lost time at work (hangover)
- death

long term:

- heart disease, eg. **high blood pressure**, strokes and heart attacks
- stomach problems, eg. ulcers, cirrhosis, liver and stomach cancer
- brain problems, eg. memory loss, dementia, numbness and trembling
- problems with behaviour, eg. dependence (alcohol rules their lives), not feeding kids leading to **skinny children**, crime
- disability and death

The clinic keeps some figures on some of the various problems, but as alcohol affects so many areas it does not keep any regular lists just for alcohol alone. However we can start to look at certain areas and make some conclusions.

From the lists above we have chosen problems **in bold letters - trauma** (immediate), **skinny kids** (long-term) and **high blood pressure** (long-term) as indicators of the effects that alcohol is having in the clinic. We also decided to talk about the cost in dollars to the clinic of being on-call at nights after the Club closes.

Nights on, call

The clinic provides an emergency service to Kunbarlianjnja and the surrounding 9 outstations every day and night of the year. The same staff who work by day, also work at night.

Staff are rarely called out after the clinic has closed between 5pm and 8.30 pm, but after Club closes, call outs begin. Our figures show that these call outs are almost all related to alcohol.

Currently the cost/yr (98-99) for paying staff call outs at night is \$76,551

- 15% of all the money given to run the clinic
- 20% of our wages allocation

This is compared to wages allocation of 14% (Batchelor) and 19% Wadeye, (Port Keats).

Oenpelli outstations made only 7 emergency callouts in 98-99, (cost about \$1000).

Some call outs are not real emergencies, but people affected by alcohol cannot make a reasonable decision to wait until morning or look after the problems themselves.

Only \$2193 (2.8%) was spent on Aboriginal health workers, who rarely do on call, as they are unable to cope with the requests and threats made by people affected by alcohol, and unable to feel secure about keeping clinic vehicles at home safely. An exception to this is Sundays, when the Club is closed and the on call is done by a health worker.

The doctor is paid through Medicare and so doesn't appear in these figures.

Lunchtime

The clinic used to close from 12-1 pm during the week, but the humbug from people affected by alcohol coming back via the clinic after lunchtime closing was so great that we now close from 1-2 pm.

Trauma

The Aerial Medical Service (AMS) provides both a 24 hour telephone consultation service and an evacuation service by airplane.

The following table shows some of the AMS evacuations for Kunbarlianinia:

type of evacuation	number of patients	% of Kunbarlanjnja evacuations	evacuations each year/1000 people in Kunbarlanjnja	evacuations each year/1000 people in Darwin region
total	509	100	119	105
trauma	62	12	14.5	13

Trauma includes car accidents, family violence, assaults and accidental injury. AMS figures also show Kunbarlianjnja is similar to other large communities with a licensed club, but is higher than 'dry' communities or those with a restricted licence. Nearly all of these patients are adults. The average cost of an evacuation by air is approximately \$1 000, with the cost in hospital being about \$600 every day.

We don't know the exact number of trauma cases associated with alcohol as this is not routinely recorded. However the experience of the AMS doctors is that **most cases of trauma happen as a result of heavy drinking**, except for accidental injuries, (eg. a child falling from a tree).

We do know from Australian figures that the, single most important way we can reduce unnecessary deaths in Aboriginal men is to reduce trauma related to alcohol.

Only a small number of people with alcohol-related trauma need evacuation. Most will be managed at the local health centre. Alcohol-related trauma is very difficult for health staff to manage as:

- it usually occurs at night when -few health staff are working
- drunk people can be aggressive and threatening to the health staff who are trying to help them
- it is very hard to be sure that a person doesn't have a serious injury when they are also very drunk
- it may involve the police, either needing their assistance, or as part of an investigation

Control of patrons is good in the Club with regard to trauma. We rarely get called there apart from an occasional person fitting.

There is a pattern to the injuries we see at the clinic:

- on Mondays we see hand injuries left over from Fri/Sat night in young men
- on Wednesdays, (UB more than Pension weeks) we see cuts to the face and scalps in women, hand and arm injuries to men and other injuries from falling over.

The callouts mostly stop around midnight, apart from the Dry season, when

people injure themselves when drunk on kunbang brought in from elsewhere.

Skinny kids

The clinic now keeps figures on the way in which children under 5 years old are growing. We spend a lot of time at the baby clinic each Tuesday and at check-ups, weighing and measuring the kids. These are kids who are too young to go to school. Losing weight or growing too slowly are important signs that things are going wrong.

Why is it important that kids grow well?

The most important time for brains to grow is under 2 years old. If they grow too slowly, then the chances for kids to be able to learn from family members and at school is less. They have memory problems, and importantly they have a greater chance of developing diabetes, heart and kidney disease later on in life (see picture, Appendix 2 p. 1 5) 1

The best chance to catch-up growing is when a child is less than 2 years old. By the time they are at school (4-5 years old), it's too late and the kids are unlikely to reach their full potential. These **kids are the future of Kunbarlianjnja**.

What do the figures show?

38% of children in Kunbarlianjnja under 5 years old are not growing well, as compared to about 3% in Australia and 24% in the NT. Looking at how the various age-groups are doing:

age (months)	growing well %	not growing well %
0-5	100	0
6-11	42	58
12-17	60	40
18-23	50	50
24-35	63	37
36-47	62	38
48-59	75	25

These are important figures. They show that when kids are being breast-fed, they grow beautifully (growing well = 100%). **At the clinic we never see skinny babies who are being properly breast-fed under 6 months old.**

But, after about 6 months old, babies need food to help them grow as well as breast milk. What the figures now show us is that kids quickly become skinny, and that most aren't growing well from 6-11 months (58%). In fact we can say that about half the children in Kunbarlianjnja don't grow well enough to be OK by 2 years old, and that by the time they get to school, a quarter (25%) aren't growing well. This is not good news for the future.

We know that these kids can grow normally if given the chance, because when they are breast-fed there are no problems. This means that once their bodies need food from their families, they aren't getting enough proper food.

How much does food and kunbang cost?

We have already looked at the cost of alcohol each fortnight to a family drinking an average amount in Kunbarlianinja (\$640 - see p. 6) and the money they would save if they drank safely (\$470 each fortnight).

To feed our family of 6 in Kunbadianinja for a fortnight cost around \$500. This is about 37% of the total income, as compared to \$375 in Darwin (28% of total income). Darwin is the most expensive city in Australia to feed a family like this.

The money that is left over after buying food is used for other items including clothes, bedding, petrol, personal and family things and gifts, alcohol and cigarettes.

If our family was drinking an average amount for Kunbarlianinja, they would have \$210 left over each fortnight for 6 people

If they drank safely:

- it would be \$680 for the family

These figures are a rough guide only.

High blood pressure

Drinking too much alcohol makes your blood pressure go up. In turn, high blood pressure makes you more likely to have heart disease and strokes. Looking at the blood pressure in a community can give a good indication of people's lifestyle.

Results from a series of surveys' done on men in Kunbarlianjnja showed that about 20% of men over 20 years old have high blood pressure. This compares with less than 5% in the rest of Australia.

age (years)	Kunbarlanjnja %	Australia (approx%)
20 - 29	14	2
30 - 39	21	4
40 - 49	25	5-10
50 - 59	19	10
60+	30	10

Over half the high blood pressure in Kunbarlianjnja is caused **by** drinking too much alcohol. If men drink safely- then their blood pressure can return to normal.

Women who drink dangerously have the same problems, but the clinic hasn't kept specific figures on them, except in pregnancy when they should try not to drink alcohol at all.

People who have high blood pressure can have tablets that, if they are taken every day, can delay problems later. But much better than tablets are the changes that people can make to their own lives like drinking safely. Only half the men with high blood pressure have come for check-ups to the clinic, and only half of these take their tablets.

This means that three quarters (75%) of men with high blood pressure in Kunbarlianjnja are not looking after themselves, which is about 57 men.

What happens to men with high blood pressure?

Men in the Arnhem Land region are 6 times more likely to die of heart disease than men elsewhere in Australia. If they were to drink safely this figure drops almost straight away. The Tiwi have managed to halve the numbers of people who die by concentrating on high blood pressure and kidney disease.

A fit 30 year old man who doesn't smoke and has a normal blood pressure, has almost no chance of having a heart attack or stroke in the next 10 years. If he has high blood pressure, his chances double to about 10%. (if he smokes it doubles again)

Trying to support safe drinking at the clinic

The clinic has been working with the *'Living with Alcohol'* staff, trying to develop a plan to help us deal with the huge amount of problems that alcohol causes in Kunbarlianjnja. The clinic receives no special funds to help it. **Our aim is to help people to think about drinking safe amounts of - kunbang.**

Because of the difficult politics within the community, we decided just to try to plan with the clinic staff and try to improve how we deal with people and families affected by alcohol when they walk in the door as patients:

- we kept figures of people with alcohol problems
- we get people who drink too much to look at ways they might drink safely
- we organised training around a story-board for health workers as used by *'Living with Alcohol'* to talk to families and kids
- we made up posters to help talk about safe drinking (see Appendix 3 p. 1 6)
- we organised a week-long session with the footy teams to discuss health along with training tips/sessions
- we tried to look at encouraging people to have days away from alcohol, stop while they are pregnant,- tell people drinking for the first time about what is safe drinking etc
- we try to explain to every patient who drinks too much, how it is affecting their body
- we started a regular Tuesday morning baby clinic

It is a very difficult job, and can be very disheartening for all the clinic staff.

Staff try to attend meetings of the *'Gunbang Action Group'* regularly, to try to represent the clinic in the discussions about alcohol in the region.

In an attempt to start to look at trying to support safe drinking practices, the clinic has attempted to establish a formal relationship with the Club. A workshop with *'Living with Alcohol'* workers and clinic staff requested that we try to work with people banned from the Club as they had shown themselves as having trouble with alcohol. Despite several tries, we have had no answers to our formal and informal approaches for the past 18 months since THS took over the day-to-day running of the clinic.

There are several areas in which the Club and Community Health Centre could work to the benefit of both patients and patrons, but without formal ties and talking together, there will be no trust and progress. Kunbang is a serious problem in Kunbarlianjnja for bininj and balanda alike, and needs to be talked about openly and honestly.

What happens to skinny babies and kids

- Too small = heart, liver kidneys wear out quick
- Get diabetes, kidney & heart problems
YOUNGER
- FINISH YOUNGER

Bigger babies

Stronger – take longer to wear out

Get diabetes, kidney and heart
problems OLDER

LIVE LONGER

HOW MUCH BEER IS SAFE?

If men drink heavy beer every day

3 cans = safe drinking

4 cans = risky

More than 4 heavy cans each day is dangerous for men.

Appendix 4 Sources of information for this report

Sources of information include:

- Community Market Basket Survey, Kunbadianjnja, 1999
- Tiwi Renal Survey, Dr. Wendy Hoy, Menzies School of Health Research
- Dr. Tarun Weeramanthri, Community Physician, Darwin Rural Services
- Men's Health Surveys, '94-97 at Kunbarlianjnja
- Financial data, Kunbarlianjnja Clinic
- Growth Activity Analysis data for Oenpelli, 1st quarter, 1999 (THS)
- Trauma data, Dr. Christine Connors, Senior DMO, Darwin Rural Services
- *'Kunbang ... or Cerembnies'*, Peter d'Abbs, Menzies School of Health Research/Living with Alcohol, 1996
- *'The grog book'*, Dr. Maggie Brady, 1998
- Injalak Arts and Crafts -
- Clinic staff, Kunbarlianjnja Community Health Centre, 1999