



LEGISLATIVE ASSEMBLY OF THE NORTHERN TERRITORY

**SELECT COMMITTEE ON SUBSTANCE ABUSE IN THE
COMMUNITY**

**INTERIM REPORT OF THE COMMITTEE
INQUIRY TO DATE -**

Issues of Alcohol Abuse, Cannabis Use and Inhalant Abuse

**REPORT NUMBER 1
FEBRUARY 2003**

Presented and Ordered to
be Printed by the
Legislative Assembly of
the Northern Territory on
27 February 2003



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**SELECT COMMITTEE ON SUBSTANCE ABUSE IN THE
COMMUNITY**

GPO Box 3721
Darwin NT 0801

Level 3, Parliament House
Mitchell Street
Darwin NT 0800

Telephone: (08) 8946 1429
Facsimile: (08) 8946 1420

Email: substance_abuse_la@nt.gov.au

<http://www.nt.gov.au/lant/parliament/committees/substance/Subabuse.shtml>

MEMBERS OF THE COMMITTEE as at 27 February 2003

Ms Marion Scrymgour, MLA (Chairperson)
Ms Sue Carter, MLA
Mr Len Kiely, MLA
Dr Richard Lim, MLA
Mr Elliot McAdam, MLA
Mr Gerry Wood, MLA

COMMITTEE SECRETARIAT:

Ms Pat Hancock, Secretary

Ms Liz McFarlane, Research/Administrative Assistant

Ms Kim Cowcher, Committee Support Assistant

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FOREWORD



As an Aboriginal Territorian, a woman, and a first term parliamentarian, I have viewed my assumption of the role of Chairperson of the *Select Committee On Substance Abuse In The Community* as the undertaking of a particularly important and onerous responsibility. I say onerous because the problems the Committee has to tackle are so substantial and the concerns of Aboriginal women so imperfectly understood by government in the past that I feel on my shoulders the weight of unfulfillable hopes and expectations for swift and effective action. I am just one of the members of the Committee. The Committee itself makes only recommendations not policy, and history tells us that even where there is a sincere bi-partisan agreement on the need for change, the wheels of change usually turn slowly.

As explained in our Interim Report we have focused on three substances – alcohol, petrol, and cannabis - the abuse of which is creating misery for many Territory communities and individuals. We have identified abuse of these three substances as constituting the principal current substance abuse threats to community health and wellbeing in the Territory. Given the fundamentally important status of Aboriginal people in the Territory's history and contemporary demography, it is not surprising that it is in Aboriginal communities that abuse of alcohol, petrol, and cannabis is inflicting the greatest damage.

Alcohol abuse, petrol abuse, and cannabis abuse each have different profiles and characteristics. Of the three substances only cannabis is illegal to possess and use in the Territory. There are a number of compelling social and economic reasons for the vulnerability of our Aboriginal communities to abuse of these three substances. And when I use the word “abuse” in connection with alcohol and cannabis, I am contrasting that to their non-harmful recreational and some would even argue positive use by some well-adjusted adults. I do not make that distinction when discussing the inhalation of petrol, because I do not believe that any case can be made for moderate recreational use of that particular substance.

The dialogue within our Committee and between our Members and the various agencies and community groups we have communicated with so far has developed within a national context of concern about substance abuse generally and within the Indigenous community in particular. Resonating strongly in the Territory have been the views and comments about alcohol abuse that have come from Queensland, in particular the views and comments of Tony Fitzgerald and Noel Pearson.

Pearson argues convincingly that when a community is rendered sick and dysfunctional as a result of abuse, consideration of historical sociological causes and the assertion of the right to drink alcohol as a fundamental individual right must be put to one side while the immediate health and

governance crisis is fixed – by localised restriction of supply or even prohibition if necessary.

In the Territory we already have some statutory machinery available to facilitate that sort of outcome in the form of the restricted area provisions in the *Liquor Act*. The Committee will be looking at those provisions with a view to ascertaining whether they need to be strengthened to allow for prompt and effective intervention to resolve dire health and governance crises.

We are also looking at the underlying orientation and emphasis of the *Liquor Act* as a whole due to concerns that in its current manifestation it does not adequately prioritise health promotion and harm minimisation as its primary object.

In focusing on health promotion and harm minimisation with respect to alcohol and cannabis consumption, none of the Committee Members wish to be caricatured as wowsers or persons who are pursuing some sort of moral crusade against these two substances. I for one am not associated with any religious or ethical bandwagon when it comes to my concerns about substance abuse. I acknowledge that in the mind of any person who has fallen into the grip of a substance abuse addiction the articulation by a would-be friend or counselor that the substance in question is “evil” and its consumption morally wrong constitutes proof of that person’s ignorance and irrelevance.

In other words, it is necessary for us all to acknowledge that most people drink alcohol, smoke cannabis, and even inhale petrol because it is pleasurable to do so, and that human beings understandably tend to gravitate towards behaviours that are pleasurable. This fact has to be the starting point in the formulation of policies designed to underscore and promote the more valuable, longlasting, and ultimately more satisfying life benefits that flow from a considered and informed choice not to abuse alcohol or cannabis. “Just Say No” style campaigns are ineffective precisely because they project a “we know best” message which will always be seen by the target group as emanating from inexperienced and pompous senior members of society who in fact know nothing.

But in a particular community where substance abuse has reached a crisis point and where addicts and innocent bystanders alike (especially women and children) have become its constant victims, intervention may be unavoidable – not as the implementation of some moral imperative but as a necessary harm minimisation measure. When it comes to petrol sniffing, it is clear that such intervention is going to require some legislative reform and we will be submitting recommendations in that regard in our Final Report.

Our Committee still has much work to do before we will be ready to present our final report, but in the meantime we look forward to receiving feedback in relation to this Interim Report.

Marion Scrymgour MLA

Chairperson

February 2003

TERMS OF REFERENCE

(As amended 28 November 2001)

1. A Committee to be known as the Select Committee on Substance Abuse in the Community be appointed comprising, unless otherwise ordered, Dr C B Burns, Ms M R Scrymgour, Mr E McAdam, Mr G Wood, two members to be nominated by the leader of the opposition and that the Committee shall elect a government member as chairman.
2. The Committee be empowered, unless otherwise ordered, to inquire into and report on the issue of substance abuse in the community, in particular:
 - (a) ascertain community concern about the use and abuse of licit and illicit substances;
 - (b) current trends in the use and abuse of licit and illicit substances in the northern territory and, as far as possible, taking into account regional, age, gender, other demographic characteristics and ethnic factors;
 - (c) the social and economic consequences of current patterns of substance abuse with special reference to the well-being of individuals and communities and to the demands placed upon government and non-government services;
 - (d) the services currently available within the northern territory by both government and non-government agencies to deal with issues directly or indirectly related to substance abuse;
 - (e) factors which directly affect the level and nature of substance abuse in the northern territory community or parts of that community, including, without limiting the generality of the foregoing:
 - (i) the accessibility/availability of licit and illicit substances within communities;
 - (ii) the demographic and ethnic structure of the Northern Territory; and
 - (iii) the correlation between socio-economic conditions and substance abuse; and
 - (f) appropriate policies and services for the prevention and treatment of substance abuse in the Northern Territory.
3. The Committee or any Subcommittee be empowered to send for persons, papers and records, to sit in public or in private session notwithstanding any adjournment of the assembly, to adjourn from place to place and have leave to report from time to time its

proceedings and the evidence taken and make such interim recommendations as it may deem fit, and to publish information pertaining to its activities from time to time.

- 3(a) The Chairman of the Committee may, from time to time, appoint another member of the Committee to be Deputy-Chairman of the Committee, and that the member so appointed act as Chairman of the Committee at any time when there is no Chairman or the Chairman is not present at a meeting of the Committee.
- 3(b) The Committee have power to appoint subcommittees consisting of 2 or more of its members and to refer to any such subcommittee any matter which the Committee is empowered to examine and that the quorum of a subcommittee shall be 2.
 1. The Committee be empowered to publish from day to day such papers and evidence as may be ordered by it, and, unless otherwise ordered by the committee, a daily Hansard be published of such proceedings as take place in public.
 5. The Committee be empowered to consider, disclose and publish the minutes of proceedings, evidence taken and records of the committee on the use and abuse of alcohol by the community in the previous assembly.
 6. The foregoing provisions of the resolution, so far as they are inconsistent with Standing Orders, have effect notwithstanding anything contained in the Standing Orders. (Paper 9)

MEMBERS OF THE COMMITTEE

Current Members of the Committee:

Ms Marion Scrymgour, MLA

Appointed 16 September 2001

Australian Labor Party

Elected Chairperson 28 November 2001

Member for Arafura. First elected 18 August 2001

Parliamentary Secretary to the Minister for Employment, Education and Training

Other Committees: Subordinate Legislation and Publications; Legal and Constitutional Affairs

Ms Sue Carter, MLA

Appointed 16 September 2001

Country Liberal Party

Member for Port Darwin. First elected 11 March 2000

Shadow Minister for Health and Community Services, Senior Territorians, Arts and Museums

Other Committees: House

Mr Len Kiely, MLA

Appointed 26 November 2002

Australian Labor Party

Member for Sanderson. First elected 18 August 2001

Government Whip

Deputy Chairman of Committees

Other Committees: Estimates; Public Accounts; Subordinate Legislation and Publications; Legal and Constitutional Affairs

Dr Richard Lim, MLA

Appointed 16 September 2001

Country Liberal Party

Member for Greatorex. First elected 4 June 1994

Deputy Chairman of Committees

Shadow Minister for Housing, Corporate and Information Services, Communications, Ethnic Affairs, Central Australia and Regional Development

Other Committees: Estimates; Public Accounts; Standing Orders

Mr Elliot McAdam, MLA

Appointed 16 September 2001

Australian Labor Party

Member for Barkly. First elected 18 August 2001

Deputy Chairman of Committees

Other Committees: Estimates; Public Accounts; Environment and Sustainable Development

Mr Gerry Wood, MLA

Appointed 16 September 2001

Independent

Member for Nelson. First elected 18 August 2001

Chairman of Committees

Other Committees: Estimates; Public Accounts; Environment and Sustainable Development

Former Member of the Committee:

Dr Chris Burns, MLA

Appointed 16 September 2001

Australian Labor Party

Member for Johnston. First elected 18 August 2001

Discharged: 26 November 2002

INTRODUCTION AND OVERVIEW

The Select Committee on Substance Abuse in the Community was established in September 2001 and has thus been operating for some 17 months. The purpose of this Report is to provide information on the process of the Committee's deliberations and inquiry to date and to highlight issues which have come to the Committee's attention as part of the process of gathering evidence, through the process of briefings and community consultation.

In considering the breadth of matters covered by the Terms of Reference, Members agreed there was a need to separate "substance abuse" into its various components and consider each in turn. In doing so, the decision was that, in the initial stage, priority should be given to alcohol, cannabis and inhalants as the three most devastating substances in terms of impact upon the individual and family, as well as the immediate and wider community. The reasons for doing this are expanded upon in the report.

Over the past 17 months the Committee has met a total of 31 times, including 14 deliberative meetings and 4 Public Hearings, at which evidence was taken from 70 persons representing 27 organisations. It has held 23 briefing meetings involving 44 persons and 12 meetings at remote communities, attended by a total of 215 persons.

In addition, 74 submissions have been made to the Committee. A list of all submissions is at Appendix 1.

The Committee program includes holding Public Hearings in all major centres and undertaking extensive consultation across a representative range of remote communities. Matters brought to its attention to date underline the importance of wide consultation. In the report the Committee raises a number of issues of grave concern. Some issues, such as the widespread abuse of alcohol and its contribution to violence and family dysfunction, are endemic across the Northern Territory. Others, such as petrol sniffing, are peculiar to some communities only. In fact the Committee has been keen to explore why some communities are free of the problem while others are continuously battling against the havoc it causes to sniffers and others in the community alike.

In other words, what is happening in individual communities to contain the problem or, at least, to minimise the harm?

The Committee has undertaken about half its planned program of consultation and will be reporting in full once it has been completed. In the meantime, this report flags six issues of grave concern, in the interests of informing the wider Northern Territory community and generating discussion.

To assist this process, submissions and transcripts of evidence, unless taken *in camera*, will be placed on the Committee's website and will also be available from the Committee Secretariat.

THE TAKING OF EVIDENCE

Prioritising the work of the Committee

The Committee's Terms of Reference provide for it to inquire into and report upon all aspects of substance use and abuse. There is no distinction between the use or abuse of licit or illicit substances.

In view of such a broad charter, at one of its earliest meetings the Committee discussed how it was to approach the task it had been given. It was agreed that, in terms of their impact upon the Northern Territory at the individual, family and community levels, the following areas of substance abuse would be given priority:

- alcohol abuse
- petrol sniffing and other inhalant abuse
- cannabis use.

A number of factors were taken into account in agreeing to focus on these three specific substances and these are discussed below.

However, the decision to focus on these substances should not be interpreted as the Committee having a lack of concern for other substance use and misuse. It should be noted that, at the time of the establishment of the Select Committee, a Taskforce on Illicit Drugs was also set up, with a brief to report to the Minister for Health and Community Services by mid-2002. Members of the Committee were mindful that concurrent inquiry by both bodies into the same matters would be to the detriment of positive outcomes for either and could only lead to confusion in the minds of the public of their respective roles.

It is acknowledged that illicit hard drug use and the illegal use of pharmacological substances is devastating for individuals and no doubt contributes to crime and adverse health outcomes. However, in the Northern Territory today they still involve a small number of people. By comparison, the use and abuse of alcohol is widespread and found in all sectors of the Northern Territory community, while cannabis and petrol sniffing is devastating to those communities where it is found.

Similarly, the Committee accepts that tobacco use continues to eat up a huge proportion of our health dollar. However, its use has minimal social impact, in terms of violent assaults, road trauma or the like. As well, the Committee considered that the National Tobacco Strategy is well established and is working to reduce smoking and health expenditure.

The decision to initially concentrate the Committee's energies on these three substances was made in recognition of the huge workload which had been

given to the Committee via its Terms of Reference. The Committee intends to expand its inquiries to other forms of substance abuse in due course.

Alcohol Abuse

Alcohol abuse has long been recognised as a major cause of social dysfunction, violence, crime and health problems in the Northern Territory. It also impacts upon educational outcomes, particularly Indigenous educational outcomes. The seminal 1991 report of the Northern Territory Sessional Committee on the Use and Abuse of Alcohol by the Community - *Measures for Reducing Alcohol Use and Abuse in the Community* – identified that, in 1990, a conservative estimate of the economic cost of alcohol abuse in the Northern Territory was \$149.8m¹, or almost 5% the Territory's Gross Domestic Product for the previous year, broken down as follows:

	\$'m
Production costs	61.94
Health and welfare services	29.19
Correctional services	13.70
Road crashes	23.13
Law enforcement	22.00

In 1990, 60%² of all arrests and summons recorded by NT Police were for alcohol-related offences. In its submission to the Select Committee the NT Police estimated that the level of alcohol-related offences in the NT has risen, in the 10 year period to 2000, to 71% or, if Darwin figures are excluded, 89% in that year³.

To quote that submission:

*'....alcohol is perhaps the most significant drug in the Territory which causes the most harm and creates the most police activity.'*⁴

The Police submission gives the following regional breakdown of alcohol-related crime in 2001:

<i>Region</i>	<i>Non-Alcohol Related</i>	<i>Alcohol Related</i>	<i>Unknown</i>
Darwin	9%	55%	36%
Katherine	2%	92%	6%
Nhulunbuy	2%	94%	4%
Tennant Creek	12%	80%	8%
Alice Springs	2%	78%	20%
NT excluding Darwin	3%	84%	13%
All NT	6%	67%	27%

¹ SCUAAC Report No. 2 of August 1991 – p246

² SCUAAC Report No.2 of August 1991 – p120

³ Submission No.7 – p37

⁴ Ibid – p36

These data give some indication of the level of impact which alcohol use and abuse has on the Northern Territory.

In terms of alcohol consumption and harm, the submission from the Department of Health and Community Services identified that an annual per capita pure alcohol consumption level of 14 litres in the Northern Territory is almost double that of the national level. The NT has the highest proportion of population drinking at hazardous and harmful levels – 15% of males and 6% of females, compared to the national level of 7% and 4% respectively⁵.

In terms of Indigenous alcohol abuse it was noted that the National Aboriginal and Torres Strait Islander Survey (NATSI) reported that only 44.4% of NT Aboriginal people - 58.4% of males and 30.7% of females – had consumed alcohol in the past 12 months⁶. In fact the 1991 report of the Sessional Committee on Use and Abuse of Alcohol by the Community identified that only 64.7% of Aboriginal men and 20.1% of Aboriginal women reported that they drank alcohol at all⁷.

In terms of access to alcohol, in 1991 there were 371 liquor outlets in the NT, a ratio to population of 1:438. To put this in perspective the national ratio was 1:663. It was estimated in that report that for the NT experience to equal that of the rest of Australia would require that the number of outlets reduce by 120, or 34% of the 1991 level⁸.

According to the database on the NT Licensing Commission's website the number of licensed outlets in the Northern Territory has now risen to 508⁹. Using the 2001 Census population level this indicates the per capita ratio of outlets is now around 1:415.

Cannabis

While the level and impact of alcohol abuse in the Northern Territory has been known for some time, the rapid increase in cannabis use is of concern.

A longitudinal study over a period of 15 years of substance use in the East Arnhem region by Menzies School of Health Research identified that while consumption of other substances in the period had remained constant, cannabis use had increased in a six year period to 2000 from 19% to 43%¹⁰.

Of increasing concern is the anecdotal evidence regarding the effects of cannabis use. Whether this is a result of binge use, method of consumption, consumption of higher quality (more concentrated) cannabis, hydroponic production providing a higher level of supply, or an indication of the existence of underlying psychological problems, the relationship between cannabis use and psychosis is disturbing.

⁵ Submission No.19 – p9

⁶ Ibid – p10

⁷ SCUAAC Report No.2 of August 1991 –p104

⁸ Ibid – p38

⁹ <http://www.nt.gov.au/ntt/licensing/liquor/currentliquor.htm>

¹⁰ Submission No.7 – p46

The Committee has heard that the popular method of consuming cannabis, or gunja, is to use a ‘bucket bong’ which provides an instant hit, an intense high. The Committee met with Dr Rob Parker, Acting Director of Psychology, Top End Mental Services, who has a long association with the Top End and the Tiwi community in particular. He has recently been involved with studying the contribution of substance abuse to the epidemics of suicide which have swept the Tiwi Islands.

Dr Parker states in relation to substance abuse on the Tiwi Islands:

It tends to be a binging issue with substances. People tend more often to use substances to binge and get totally blotto. I mean it is the case with the ‘bucket bong’ of marijuana. I mean your average person in Darwin might have a couple of cones a day or whatever. You go out in the communities and you get a great heap of this stuff, put it under a bucket and just take a couple of good whiffs of it. I mean that is an intense inhalation of marijuana compared to [smoking it], and it seems to be reasonably prevalent in the communities. And not surprisingly, people possibly become psychotic. It is the potency of the material as well as the way you use it.¹¹

A snapshot of cannabis use in remote communities undertaken by the Alcohol and Other Drugs Unit of the Department of Health and Community Services in April 2002 revealed:

- widespread use in remote communities in the Alice Springs region;
- increased use in larger communities in the Barkly region;
- Katherine experiencing cannabis use in males as young as 12, with use by women also reported;
- use increasing at an “alarming rate” in the Arnhem region, with youth as young as 10 involved and widespread speculation of links to mental health and suicide.¹²

According to the Police submission, cannabis use was rarely reported in remote communities before 1991. The submission gives a rate of use Territory-wide of 36.5%, compared to Australia-wide use at a level of 44% of males and 35% of females. A study undertaken in 2000 of one Arnhem Land community identified that a huge 43% of the Indigenous population used cannabis.

The Police also report increased availability for sale of cannabis in eastern Arnhem Land, with the prevalence appearing to ‘have been achieved quickly by local trafficking’,¹³.

To place this in perspective, the submission from the Department of Health and Community Services reports a global increase in the prevalence of cannabis use. It is the most widely used illicit drug in Australia.

¹¹ Transcript 24.09.02 Dr R Parker – p10

¹² Submission No. 12 – pp5-6

¹³ Submission No.7 –p51

However, there are big differences in how cannabis is used by individuals:

- experimental, that is it might or might not continue;
- functional or recreational, and causing no damage to health;
- dysfunctional, leading to impaired psychological and/or social functioning;
- harmful, causing damage to the user's mental and/or physical health;
- dependent, that is continual use leading to tolerance and withdrawal when ceased¹⁴.

The evidence given to the Committee at a number of meetings and hearings at Top End remote communities indicated that cannabis use was at binge levels, which would place users at least in the dysfunctional category.

Of particular concern is the growing number of anecdotal reports that a high level of use can lead to psychotic disorders, with sufferers experiencing hallucinations and delusions and showing impaired reality testing.

There have been reports that this is a result of a higher concentration of the primary psychoactive constituent in cannabis which is delta-9-tetrahydrocannabinol or THC, in hydroponically grown cannabis. However, when questioned regarding this, officers of Alcohol and Other Drug Unit of the Health and Community Services Department advised that there is no evidence to substantiate any correlation. An alternative explanation was that the greater availability resulting from hydroponic growing provides an ample supply, leading to consumers being more selective and only using those parts of the plant in which the drug is more highly concentrated¹⁵.

The Department of Health and Community Services submission flagged the implications for mental health care planning and its link to suicide deaths in remote Top End communities as a result of increased and heavy use of cannabis¹⁶.

Petrol Sniffing and Other Inhalant Abuse

The NT Police submission identified that petrol sniffing was introduced to the Northern Territory's Indigenous population through being practised by US servicemen stationed in coastal areas during World War II¹⁷.

While the practice in some communities is sporadic, in others it is ongoing.

Petrol sniffing and other inhalant substance abuse is known to effect up to 30 remote communities in the Northern Territory. Inhalant substance abuse is most entrenched in the Central Australian region

¹⁴ Submission No. 12 – p4

¹⁵ Dept of Health & Community Services Transcript Pt.2 - p13

¹⁶ Submission No. 12 – p6

¹⁷ Submission No. 7 – p52

and the Tri State border region of the Northern Territory, South Australia and Western Australia.

In remote Central communities it is estimated that there are up to 350 ‘sniffers’. Sniffing is an endemic practice in at least six remote Central Australian communities.

While the number of sniffers appears small in comparison with other problems in the community they have an effect on community life far beyond their numbers. This effect is partly due to the number of offences committed by sniffers and partly from the sense of despair and shame experienced by families.¹⁸

The direct impact of inhalant abuse is usually contained to the sniffer and family and immediate community. However, it has implications for the broader community also. The end result of petrol sniffing other than early death is brain damage which leaves the sniffer in a vegetative state. A conservative estimate of the cost to the NT of maintaining an ex-sniffer in this state is \$150 000 pa. While there are presently 15 such persons in central Australian, it is estimated that this could escalate to upwards of 60 in the near future, an ongoing (and growing) cost of \$9m per annum¹⁹.

These figures argue strongly for action to curb the practice and stem the damage now.

Previous Inquiries

During the last 30 or more years there have been a number of parliamentary committee reports dealing with the subject of drug/substance abuse and its effects upon the community, including the current inquiry into substance abuse by the House of Representatives Committee on Family and Community Affairs.

A select list of Commonwealth Parliamentary Committee reports on the subject area is as follows:

Tabled	Report	Committee
6/5/1971	Drug Trafficking and Drug Abuse	Drug Trafficking and Drug Abuse in Australia, Select
26/2/1975	Continuing Oversight of the Report of the Senate Select Committee on Drug Trafficking and Drug Abuse (Report No. 1)	Health and Welfare, Standing
25/10/1977	Drug Problems in Australia - An Intoxicated Society?	Social Welfare, Standing
3/5/1979	Evaluation in Australian Health and Welfare Services: Through a Glass, Darkly (Volume 1)	Social Welfare, Standing

¹⁸ Ibid

¹⁹ Ibid

14/5/1981	Another Side to the Drug Debate..A Medicated Society?	Social Welfare, Standing
6/12/1985	Volatile Substance Abuse in Australia	Volatile Substance Fumes, Select
30/4/1996	The Tobacco Industry and the Costs of Tobacco-Related Illness	Community Affairs, References

These reports range from attempts to deal with the full range of legal and illegal drugs to specific subjects such as volatile substance fumes, tobacco and prescribed pharmaceutical medication.

Of note to the Northern Territory is the work of the Select Committee on Volatile Substance Fumes which was established in 1985 largely on the initiative of the Northern Territory Senators Robinson and Kilgariff.

In 1989 the Northern Territory Legislative Assembly established the Sessional Committee on Use and Abuse of Alcohol by the Community (SCUAAC) which continued until August 1997. In 1991 the Committee tabled its first major report *Measures for Reducing Alcohol Use and Abuse in the Northern Territory* in August 1991. Containing a total of 41 recommendations, the report was the basis for the establishment of the NT's Living with Alcohol Program, initially funded by an additional levy on beverages with over 3% alcohol content.

In the context of alcohol abuse continuing, 13 years later, to be the major substance misuse problem in the Northern Territory, a summary of the background to the establishment of the SCUAAC and its inquiry up to the presentation to parliament of the above report is included at Appendix 3.

Official Briefings, Meetings and Hearings

Following on from an examination of earlier relevant inquiries and reports the Committee requested written briefs from various Government agencies with responsibilities in the area of substance abuse.

The following program of oral briefings, meetings and hearings has been undertaken by the Committee to date:

17 May 2002	Department of Community Development, Sport and Recreation Indigenous Family Violence Group Northern Territory licensing Commission Northern Territory Police
21 June 2002	Department of Health and Community Services Northern Territory Police Office of Crime Prevention Commonwealth Department of Health and Ageing

2 July 2002	Tangentyere Council Inc. Central Australian Alcohol and Other Drugs Unit Department of Health and Community Services, Alice Springs Substance Misuse Action Group Alice Springs Town Council Drug and Alcohol Services Association Alice Springs Inc.
3 July 2002	Mt Theo Yuendumu Substance Abuse Aboriginal Corporation Mutitjulu Community inc.
4 July 2002	Western Aranda Family Violence Committee, Hermannsburg
4 July 2002	Arrernte Council
1 August 2002	Lajamanu
24 September 2002	Mental Health Services, Department of Health and Community Services Report on the Taskforce on Illicit Drugs
2 October 2002	Milikapiti Pirlangimpi
3 October 2002	Mental Health Workers, Nguui Nguui Community Nguui Women's Group
11 October 2002	Darwin Skills Development Scheme Alcohol Awareness and Family Recovery Larrakia Nation Aboriginal Corporation Foundation of Rehabilitation with Aboriginal Alcohol Program Services Australian Hotels Association Council for Aboriginal Alcohol Program Services Australian Medical Association
21 October 2002	Maningrida Police
22 October 2002	Jabiru Public Hearing
23 October 2002	Barunga
23 October 2002	Beswick
24 October 2002	Katherine Public Hearing

A list of transcripts is at Appendix 2. Transcripts which are not *in camera* are available for public scrutiny and will be placed on the Committee's website.

Further community consultation will continue during 2003.

Written Submissions

The Committee has received a total of 74 written submissions. These are listed at Appendix 1. Submissions which are not *in camera* are available for public scrutiny and will be placed on the Committee's website.

ISSUES OF CONCERN TO THE COMMITTEE

In the process of examining evidence the Committee has identified a number of matters which are of great concern. While the Committee does not consider it is in a position at this stage of its inquiry to make recommendations on these matters, they are raised in the interests of generating debate on the issues.

1. Availability as a Factor in Alcohol Abuse

For many decades, alcohol misuse in the Northern Territory has taken an unacceptably high toll in terms of low life expectancy, low educational outcomes, family violence and widespread community dysfunction. The Northern Territory has by far the worst outcomes in terms of alcohol-caused violence, education and health status in Australia and the people who shoulder the greatest burden of this are Aboriginal.

For the Northern Territory to have a rational policy on alcohol it is imperative that these factors be taken onto account.

The Committee considers that alcohol abuse in the Northern Territory is a complex issue and there is no one answer and certainly no simple solution. However, it considers that it is timely for the community to consider what contribution the marketing and ready availability of alcohol makes to the problem.

The Committee suggests that an open debate is timely and suggests that Government, and the community generally consider six points:

- consider the purpose of liquor licensing legislation;
- consider whether liquor licenses should be issued for set periods;
- consider whether the onus should be on licensees to demonstrate their commitment to harm minimisation and how they will put this into practice;
- consider whether public health and welfare issues should be the primary criteria in deciding on licence applications and conditions;
- consider whether the Licensing Commission be obliged to separately seek out the views of the community in question, to ascertain the impact a licence may have on its health and wellbeing;
- consider whether the Licensing Commission should take a proactive approach to encourage community input.

2. The Availability of Mental Health Services and the Coordination between Mental Health Services Providers and Substance Abuse Service Providers

It is of concern that there would appear to be insufficient resources available in remote communities to adequately address the mental health service needs of communities. Mental health workers at Nguiu on Bathurst Island argued that the high level of use of cannabis use and resulting psychotic episodes exacerbated an already high workload dealing with the level of dysfunction in the community.

As well, the Director of FORWAARD – Foundation of Rehabilitation with Aboriginal Alcohol Program – gave evidence at a public hearing regarding the problems which substance abuse support services have in coordinating with mental health services when there is dual diagnosis²⁰.

This is a critical area and one which the Committee will be pursuing during its inquiry.

3. The Contribution of Substance Abuse to High Suicide Rates in Indigenous Communities

Epidemic is a word too often used in evidence provided to the Committee in relation to suicide. The view in a number of communities which the Committee has visited is there is no doubt that substance abuse, through alcohol or drug taking, is a contributing factor.

The rate of suicide being experienced by Tiwi Island communities is at crisis point. For one community with a population of 1600 people to experience a total of 5 suicides in the five month period from May to September 2002 is unacceptable. It is essential that resources be directed to addressing this problem.

More research is urgently required to ascertain the correlation between substance abuse and suicide in Northern Territory communities. The Committee will be investigating this further.

4. Issues of Cannabis Supply and Distribution in Indigenous Communities

As discussed earlier in the report, the increase in access to and use of cannabis in selected Indigenous communities is of concern in terms of health, mental welfare and the financial drain it places on families. The level of use in the wider community is also of concern.

²⁰ Transcript 11.10.02 Darwin Public Hearing – p25

It would appear that while the supply of cannabis is usually from external sources, distribution within communities often must involve members of the community themselves. The Committee is keen to investigate this further.

5. Co-ordination of Government Services to and Consultation with Remote Communities

A lack of co-ordination and response in relation to the provision of Government services to remote communities has been reported to the Committee on a number of occasions. This was the case at Hermannsburg, Lajamanu, Alice Springs and Katherine, to name a few.

The Committee has been endeavouring to obtain from the various Agencies with responsibility for service provision in remote areas the frequency of visits and type of contact they have. Investigation in this area will be continuing.

6. Legislative Measures for Addressing Petrol Sniffing in Remote Communities

One issue for Indigenous communities experiencing petrol sniffing or abuse of other inhalants is finding a culturally appropriate means of overcoming a problem which is not illegal. The program addressing petrol sniffing at Yuendumu is a case in point. The Committee was told that the Police were unable to take action against the sniffers on the basis of their sniffing. In sanctioning the removal of sniffers to a remote outstation, members of the community were opening themselves up to likely action, particularly if harm or death resulted.

The Committee will be investigating possible legislative means of addressing the petrol sniffing at the local community level and is keen to explore recent South Australian initiatives in this regard.

However, it is essential that the introduction of legislative controls does not remove from the immediate community their ability, as well as responsibility, to deal with problems, so that it does not solely become a matter for police action.

Appendix 1 SUBMISSIONS RECEIVED

SUBMISSIONS RECEIVED TO FEBRUARY 2003

No 0001	Mr R Folds
No 0002	Mr M Popple, Clerk, Wugularr Community Council
No 0003	Green Gates Association Inc.
No 0004	Nguiu Community Management Board
No 0005	Yapakurlangu Regional Council, ATSIC Regional Office, Tennant Creek
No 0006	Indigenous Family Violence Reference Group
No 0007	Northern Territory Police
No 0008	Northern Territory Licensing Commission and the Racing, Gaming and Licensing Division – NT Treasury
No 0008A	Northern Territory Licensing Commission and the Racing, Gaming and Licensing Division – NT Treasury
No 0009	Department of Community Development, Sport and Cultural Affairs
No 0010	Amity Community Services, Alcohol and Other Drugs Program
No 0011	Territory Health Services, Alcohol and Other Drugs Program
No 0011A	Territory Health Services, Alcohol and Other Drugs Program
No 0011B	Territory Health Services, Alcohol and Other Drugs Program – <i>In Camera</i>
No 0012	Territory Health Services, Alcohol and Other Drugs Program
No 0013	Alice Springs Town Council
No 0013A	Alice Springs Town Council
No 0014	Substance Misuse Action Group
No 0015	Department of Health and Ageing, Northern Territory State Office (Main Submission)
No 0015A	Department of Health and Ageing, Northern Territory State Office: (Enclosure to Main Submission) <ul style="list-style-type: none">• <i>National Alcohol strategy – A Plan of Action 2001 to 2003-04 – Ministerial Council on Drug Strategy, July 2001.</i>
No 0015B	Department of Health and Ageing, Northern Territory State Office: (Enclosure to Main Submission) <ul style="list-style-type: none">• <i>Review of the Commonwealth's Aboriginal and Torres Strait Islander Substance Abuse Program Final Report, December 1999.</i>
No 0015C	Department of Health and Ageing, Northern Territory State Office: (Enclosure to Main Submission) <ul style="list-style-type: none">• <i>National Drug Strategic Framework 1998-99 to 2002-03, Building Partnerships November 1998.</i>
No 0015D	Department of Health and Ageing, Northern Territory State Office: (Enclosure to Main Submission) <ul style="list-style-type: none">• <i>National Plan for Promotion, Prevention and Early Intervention for Mental Health 2000.</i>
No 0015E	Department of Health and Ageing, Northern Territory State Office: (Enclosure to Main Submission)

- *Life, Living is for Everyone. A framework for preventing suicide and self-harm in Australia*
No 0015F Department of Health and Ageing, Northern Territory State
Office: (Enclosure to Main Submission)
 - *Mental Health promotion and Prevention National Plan of Action. Under the second National Health Plan: 1998 – 2003. A Joint Commonwealth, State and Territory Initiative, January 1999.*
- No 0015G Department of Health and Ageing, Northern Territory State
Office: (Enclosure to Main Submission)
 - *National Drug Strategy and National Mental Health Strategy, National Comorbidity Project - 2001*
- No 0016 Mr H Compton
- No 0017 Mr W L Pointon
- No 0018 Dr P d'Abbs & Ms S McLean © Cooperative Research Centre for Aboriginal and Tropical Health
- No 0019 Department of Health and Community Services, Alcohol and Other Drugs Program
- No 0020 Department of Health and Ageing, Northern Territory State Office
- No 0021 Alcohol Awareness and Family Recovery
- No 0022 Aboriginal and Islander Alcohol Awareness and Family Recovery
- No 0023 Department of Health and Community Services
- No 0024 Department of Health and Community Services
- No 0025 Department of Health and Community Services
- No 0026 Dr Ian Crundall, Central Australian Regional Indigenous Health Planning Committee (CAIRHPC)
- No 0027 Dr Ian Crundall, SMAG
- No 0028 Dr Ian Crundall, Mr Brycen Brooke, Substance Misuse Action Group (SMAG)
- No 0029 Substance Misuse Action Group (SMAG)
- No 0030 Substance Misuse Action Group (SMAG)
- No 0031 Drug and Alcohol Service (DASA)
 - ANCD research paper: *Structural determinants of youth drug use*
- No 0032 Drug and Alcohol Service (DASA)
 - ANCD National Report: *Rural and Regional alcohol and other drugs consultation forums*
- No 0033 Drug and Alcohol Service (DASA)
- No 0034 Drug and Alcohol Service (DASA)
- No 0035 Mt Theo – Yuendumu Substance Misuse Aboriginal Corporation.
- No 0036 Mt Theo – Yuendumu Substance Misuse Aboriginal Corporation.
- No 0037 Mt Theo – Yuendumu Substance Misuse Aboriginal Corporation.
- No 0038 Crime Prevention NT
- No 0039 Crime Prevention NT
- No 0040 Department of Community Development, Sport and Cultural Affairs
- No 0041 NT Treasury
- No 0042 Department of Health and Community Services
- No 0043 Ms C Stewart
- No 0044 Nauiyu Nambiyu Community Government Council, Daly River
- No 0045 Department of Community Development, Sport and Cultural Affairs

No 0046	Ali Currung, Lajamanu and Yuendumu, Law and Justice Committees:
	• <i>The Kurduju Committee Report, Volume 1 December 2001</i>
No 0047	Western Aranda Families Against Violence
No 0048	Ms H Daley
No 0049	Ms H Daley
No 0050	Central Australian Aboriginal Congress Inc.
No 0051	Mr J Greatorex
No 0051	Endeavour Foundation
No 0052	Person unidentified.
No 0053	Alice in Ten.
No 0054	Darwin City Council
No 0056	Darwin Skills Development
No 0057	Larrakia Nation
No 0058	Maningrida Police
No 0059	Gunbang Action Group
No 0060	Gunbang Action Group
No 0061	Gunbang Action Group
No 0062	Gunbang Action Group
No 0063	Uniting Church, Jabiru
No 0064	Uniting Church, Jabiru
No 0065	Mr J Wok Wok
No 0066	Ms V Wood
No 0067	Mr G Djandjomerr
No 0068	Katherine Town Council
No 0069	Katherine Town Council
No 0070	Jawyon Association
No 0071	Jabiru Police Station
No 0073	Ali Curung, Lajamanu and Yuendumu and Willowra Communities
No 0073	ATSIC Northern Territory Policy Office
No 0074	Department of Community Development, Sport and Cultural Affairs

Appendix 2 – TRANSCRIPTS OF EVIDENCE

TRANSCRIPTS OF EVIDENCE

17 May 2002, Darwin, Briefing Meetings

Department of Community Development, Sport and Cultural Affairs	Mr David Coles, Executive Director, Local Government and Regional Development Mr Bill Ivory, Senior Project Officer, Development and Agreements
Indigenous Family Violence Reference Group <i>IN CAMERA</i>	Ms Eileen Cummings, Policy Officer, Office of Women's Affairs, Dept Chief Minister Ms Colleen Burns, Aboriginal Support Officer, Victims Support Unit, Office of Public Prosecutions, Justice Department Ms Vicki Hoult, Indigenous Liaison Officer, Office of Women's Policy Ms Joy White, Women's Shelter Ms Claudia Kantilla, CAAPS Ms Barbara Mills, FORWAARD, Mr Bernard Valadian, ADF Mr Ian Castillion, Aboriginal Health Worker, Mental Health Services, THS
NT Licensing Commission	Mr Peter Allen, Chairman, Northern Territory Licensing Commission. Mr Peter Jones, Senior Policy Officer, Racing, Gaming and Licensing Division, Treasury

21 June 2002, Darwin Briefing Meetings

Department of Health & Community Services	Dr Shirley Hendy, Chief Medical Officer, Health Development, Community Services. Mr Alisdair McLay, Section Head, AODP Ms Sue Earle, Policy Officer, AODP Ms Cheryl Furner, Director, Social & Emotional Wellness Branch.
Northern Territory Police, Fire and Emergency Services	Mr Paul White, Commissioner. Snr Constable Scott Mitchell, Senior Drug and Alcohol Policy Advisor.
Commonwealth Department of Health & Ageing – NT Office	Ms Leonie Young, Director

**1 August 2002, Lajamanu
Public Meeting**

Kurduju Committee	Mr Peter Ryan, Department of Community Development, Sport & Cultural Affairs. Ms Gwen Brown, Committee Chairperson Ms Brown. Ms Marjorie Hayes Ms Stokes Mr Gerry Patrick, President Lajamanu Community Council Members of the community
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**16 August 2002, Darwin
Briefing Meeting**

Learning Lessons Report	The Honourable Bob Collins
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**24 September 2002, Darwin
Briefing Meeting**

Taskforce on Illicit Drugs – Territory Health Services	Dr Shirley Hendy, Chief Health Officer, Assistant Secretary of Health Development and Community Services. Ms Linda Hipper, Project Manager, Taskforce on Illicit Drugs. Mr Alisdair McLay, Section Head, Alcohol and Other Drugs Program.
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**24 September 2002, Darwin
Briefing Meeting**

Top End Mental Health Services	Dr Robert Parker, Acting Director, Top End Mental Health Services
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**2 October 2002, Tiwi Islands - Milikapiti
Public Meeting**

Council Office	Ms Mary -Elizabeth Maureen Mr Kevin Doolan Mr David Guy Ms Dianne Griffen Ms Irene Hull Members of the Community in attendance
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**2 October 2002, Tiwi Islands – Pirlangimpi
Public Meeting**

Council Office	Mr Henry Dunn, President Community Board Mr John Banks Ms Therese Bourke Mr Patrick Purantatameri Mr Joseph Pangiraminni Ms Patricia Brogan Members of the community in attendance
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**3 October 2002, Tiwi Islands – Nguiu,
Meeting of Women**

Nguiu Women's Group	Ms Maggie Tipungwuti Ms Wendy Carpenter Ms Dominica Johnson Ms Kathy Tipungwuti Ms Karina Coombes Ms Therese Puruntatameri Ms Catherine Poantumili Ms Della Kerinua Ms Marcella Fernando Ms Clementine Puruntatameri Ms Judith Mary Puruntatameri Members of the community in attendance
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**3 October 2003, Tiwi Islands - Nguiu
Public Meeting**

Council Office	Mr Maralampuwu Kurrupuwua, President, Tiwi Local Government Mr John Cleary, CEO, Tiwi Island Local Government Mr Gawin Tipiloura Mr Charles Tipungwuti Mr Jeremiah Kerinaua Ms Sebastian Pilakai Mr Nelson Mungatopi Mr Fabian Kantilla Ms Teresita Purantatameri Ms C Munkura Ms Gregoriana Parker Ms Cassie Munkara Ms Marcello Feenando Ms Judith Puruntatameri Ms Madeline Puantulwu Mr Barry Puruntatameri Mr Glenn Norris Mr Nelson Mungatopi Mr Gerard Broerson Mr Luke Yipunmantumiri Mr Frederick Mungatopi Mr Hyacinth Tungatalum Ms Josepha Kantilla Ms Genevieve Portaminni Ms Marita Kantilla Ms Dehlia Puautjimi Ms Noreen Kerinaua Ms Carmen Puautjimi Ms Kathy Tipungwuti Ms Mavis Kerinaua Members of the community in attendance
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**11 October 2002, Darwin
Public Hearing**

Darwin Skills Development, Youth Wellbeing Program	Mr David Hutchinson, Co-ordinator Youth Wellbeing Program Ms Anna Predruco, Co-ordinator, Petrol Sniffing Program Ms Jacyn Strickfuss, Program Manager
Alcohol Awareness & Family Recovery	Father Paul Sullivan, Director Ms Rosemary Murdoch, Training Officer
FORWAARD	Mr Leon James, Executive Manager
Larrakia Nation	Mr Kelvin Costello, Coordinator
Darwin Hoteliers Association	Mr Gregory Wellor, Chairman
Council for Aboriginal Alcohol Program Services (CAAPS)	Ms Kim Gates, Director Ms Caroline DeBush, Community based Coordinator Ms Davina Goldthorpe, Manager Mr Malcolm Armstrong, Field Worker
Australian Medical Association – NT Branch	Dr Paul Bauert, President
NT Office Status of the Family	Mr Robert Kennedy

**22 October 2002, Jabiru
Public Hearing**

Citizen - <i>In camera</i>	Ms S James
Citizen	Mr D Lindner
Gunbang Action Group	Mr Andy Ralph, Chairperson, Mr Christopher Hayes, Park Manager, Kakadu National Park & member GAG Mr David Scholz, Manager, Kakadu Health Service, member, GAG Mr Gavin Curry, Health Worker, Kakadu Health Service, member GAG Mr Raymond Chaloupka, Community Patrol, member GAG
Uniting Church, Jabiru	Rev Dean Whittaker Mr George Djandjomerr, member of the Manaburduma camp community Ms Vicki Wood
Citizen	Mr P Carrick
Citizen	Mr L Pethick
Jabiru Town Council Part <i>In Camera</i>	Mr A Buckingham, Acting CEO

**24 October 2002, Katherine
Public Hearing**

Katherine Women's Crisis Centre	Ms Jill Ashton, Coordinator
Health Department	Ms Christine Parkes Ms Christine Clarence
Anglicare	Ms Danielle Batchelor, Manager
Citizen	Mr Jack Little
Katherine West Health Board	Ms Susan Ceber, Member
Jawyon Association	Mr David Peirce, Director Ms Lisa Mumbin, Chairperson,
Citizen	Mr Henry Wallis
Rockhole Rehabilitation	Mr Bill Iles, Coordinator
Wurli Wurlinjang	Ms Mae Govin Dr Alex Traill, Medical Officer
Kalano Community	Mr Alan Maroney
Sommerville Community Services	Mark Friend
Katherine Town Council	Mr Jim Forscutt, Mayor Ms Sharon Hillen, Committee Development Officer
Northern Territory Police, Fire and Emergency Services	Snr Sgt Mark Coffey, OIC, Katherine
	Ms Packham
Citizen	Mr Wallace
AIDS/STD Unit, Darwin	Mr John Haynes
	Members of the Community

**29 November 2002, Darwin
Briefing Meeting**

Licensing Commission	Mr D Rice, Director of Licensing, <i>Northern Territory Treasury</i> Mr P Jones, Senior Policy Officer, Racing, Gaming and Licensing Division of Treasury
Department of Community Development, Sport and Cultural Affairs	Mr Peter Ryan, Coordinator, Law and Justice Strategy.

APPENDIX 3 - BACKGROUND PAPER: NORTHERN TERRITORY SESSIONAL COMMITTEE ON USE AND ABUSE OF ALCOHOL BY THE COMMUNITY, 1991

BACKGROUND NOTES: NORTHERN TERRITORY SESSIONAL COMMITTEE ON USE AND ABUSE OF ALCOHOL BY THE COMMUNITY

This paper summarises the establishment and work of the Sessional Committee on Use and Abuse of Alcohol by the Community, the “Alcohol Committee”, from its inception in 1989 until the release of its major report *Measures for Reducing Alcohol Use and Abuse in the Northern Territory* (referred to in this paper as “the Report”), upon which the Northern Territory Government’s *Living with Alcohol Program* was based.

It is in a number of parts. To place in context the alcohol problems in the Territory at that time and what the Assembly expected of the Committee, Part 1 examines the Legislative Assembly debate upon the initial motion to establish the Committee. It also records the various stances of Members when the Report was tabled.

In 1999 the National Drug Research Institute, Curtin University of Technology, released a report *The public health, safety and economic benefits of the Northern Territory’s Living With Alcohol Program*. This report is summarised in Background Paper 7 which provides an overview of the Living With Alcohol Program.

1. Proposal to Establish the Committee – Motion by the Member for MacDonnell, 18 October 1989

In October 1989 the then Member for MacDonnell, Neil Bell, proposed a motion that a sessional committee be established, with the charter to inquire into and report upon:

- (a) The ongoing endemic, personal and social destruction being wrought by alcohol in the Territory;
- (b) The best efforts of Aboriginal people and their organisations to control these effects; and
- (c) The single-minded determination on the part of many suppliers to expand liquor sales in a contracting market.²¹

In doing so he focussed on the impact alcohol had on Aboriginal society and the “contentious” issue of policy, ie licensing controls. One issue was a “dial-a-carton” home delivery service operating in Alice Springs and the number of liquor outlets which contributed to the problem.

The motion generated considerable debate which, while highlighting differences in perception on the problems, exhibited an obvious bipartisan commitment to the proposal.

The then Minister for Health and Community Services cited contemporary statistics to illustrate that the problem was one which impacted upon the whole Territory community and reflected issues relevant to Australia overall. His

²¹ Assembly First Session 17/10/89 Parliamentary Record No:16 Page 7779

argument was that the demographic and industry structure of the NT translated into higher per capita problems here than elsewhere.

Points made included:

- While 25 000 people were taken into protective custody the previous year, 10%, ie 2 500 attended more than 10 times.
- Over 20% of all road accidents, and 50% of fatal accidents, are alcohol related.
- 41.2% of Aboriginal people say they drink alcohol, compared to 62.6% of the non-Aboriginal population, giving the lie to it being an Aboriginal problem.
- However, the *pattern* of drinking differs according to Aboriginality; that is, occasional binge drinking for 2-3 week periods by community-based Aborigines when in town, compared to non-Aboriginal people who drink consistently.
- The *volume* of alcohol consumed during a drinking binge also defines the problem (and consequences).
- While a number of initiatives (eg dry area legislation) had been introduced, the indications are that the problem is not being resolved.
- During a period after the licensed club at Port Keats had been destroyed by opponents, the weight gain of children 5 years old or less was twice what it was when the club was operating.

The then Member for Stuart referred to the success of HALT – The Healthy Aboriginal Life Team based in Alice Springs – in virtually wiping out the incidence of petrol sniffing in Central communities. The group was about to commence using a similar approach to this with people abusing alcohol.

The Member for Araluen, as a past Minister responsible for the Liquor Commission, spoke on regulatory issues. In particular, he cited how liaison between Tangentyere Council and the “Dial-a-carton” retailer overcome controversial issues regarding alcohol delivery services, by agreeing to veto delivery to known problem areas. He also spoke of the financial cost of alcohol abuse, noting that the Canadian federal government spent \$252m a year in fighting the effects. In Canada, the communities themselves made a conscious decision to concentrate their resources on persons under 40, in recognition of the hopelessness of chronic, heavy abuse.

A sensitive issue touched on was the role alcohol abuse and the resultant antisocial and criminal behaviour played in inciting the “most violent community reactions in respect of race relations”. He stated that “people’s perception of the problem depends significantly on where they live”, with Alice Springs cited as a particular hot spot at that period. He was referring to the visibility of drunkenness and its associated social and criminal problems in Alice Springs in 1989.

Because of the apparent nexus between alcohol abuse and petrol sniffing, whereby children of persons who abused alcohol often turned to sniffing, the

Member for Araluen felt that should be incorporated in the Terms of Reference.

The then Member for Arafura spoke, in terms of licensing, of the difference between various licensed clubs on communities, the distinction being in the standard of management, an issue which the Liquor Commission should be able to control through regular inspections and consultation with members of the community. The part alcohol abuse plays in destroying culture and its contribution to endemic ill health and a general breakdown in community responsibilities and routines was also noted.

The intent that the inquiry be conducted in a bipartisan manner was demonstrated by the comments of the then Minister for Racing and Gaming, the Hon Fred Finch, MLA, in particular, by his statement that the Opposition Member for MacDonnell would be involved in the redrafting of the proposed Terms of Reference “to ensure they are comprehensive”.

2. Resumption of Debate, 23 November 1989

Upon the resumption of the debate on 23 November 1989 the then Minister for Racing and Gaming moved that the Terms of Reference be amended so that the Committee would inquire into and report upon²²:

- (a) current trends in alcohol consumption in the Northern Territory and, as far as possible, differences in consumption patterns based on region, age, sex and other demographic characteristics and ethnic factors;
- (b) the social and economic consequences of current patterns of alcohol consumption with special reference to the well-being of individuals and communities and to the demands placed upon government and non-government services;
- (c) the services currently available within the Northern Territory by both government and non-government agencies to deal with issues directly or indirectly related to alcohol consumption;
- (d) factors which directly affect the level and nature of alcohol consumption in the Northern Territory community or parts of that community, including, without limiting the generality of the foregoing:
 - I. the accessibility / availability of alcohol within communities including the number of outlets, nature of licences and proximity of geographic location;
 - II. the demographic, ethnic and industry structure of the Northern Territory; and
- (e) the correlation between socioeconomic conditions and alcohol abuse; and appropriate policies and services for the prevention and treatment of alcohol problems in the Northern Territory.

The Minister indicated that some Aboriginal communities had been consulted in drafting the Terms of Reference but that they would relate to the broad Territory community and not simply Aboriginal communities. The Terms of Reference were worded to ensure that the committee met no artificial limitations in conducting its inquiry. The intention was that the Committee

²² Fifth Assembly First Session 21/11/89 Parliamentary Record: 17, page 8232

had an ongoing charter and not just a role to conduct a one-off review. Hence the proposal that it be a sessional rather than select committee.

The Minister acknowledged that the inquiry would be exacting on the Members if they were to be comprehensive in pursuing the Terms of Reference.

Members appointed to the Committee were:

Mr Eric Poole, MLA, Member for Araluen (Chair)

Mr Neil Bell, MLA, Member for MacDonnell

Hon Fred Finch, MLA, Minister for Racing and Gaming

Mr Wes Lanhupuy, MLA, Member for Arnhem

Mr Mick Palmer, MLA, Member for Karama

3. Committee Operations to August 1991 (refer Chapter 2 of the Report)

The following activities relate to the period from its establishment until the tabling of its first major report *Measures for Reducing Alcohol Use and Abuse in the Northern Territory* in August 1991.

As an initial start to its inquiry the Committee obtained oral and written briefings from relevant government bodies and advertised for submissions. To stimulate consideration of the issues, a brochure was developed and circulated widely. It detailed some basic facts about alcohol abuse and how it impacts on the immediate and wider community as well as the individual.

The Committee then embarked upon a program of hearings, meetings and visits to treatment centres, in all major regional centres as well as selected communities throughout the Northern Territory.

In all, in the 18 month period till that date, the Committee:

- received 86 written submissions;
- held 56 hearings and briefing meetings;
- took evidence from 321 witnesses, who represented a total of 110 organisations.

Evidence was provided by:

- Northern Territory and Commonwealth Government departments;
- municipal authorities;
- Aboriginal organisation;
- health centres;
- medical practitioners;
- political parties and individual politicians;
- liquor industry representatives;
- publicans;
- non-government health and welfare bodies;
- professional associations;
- academic institutions and individuals; and

- private individuals.

4. The Value of the Alcohol Industry and the Cost of Alcohol Abuse

Chapter 3 of the Report examines the value to the Northern Territory of the alcohol industry as well as the cost.

The Alcohol Industry

As at March 1991, there were 370 liquor outlets in the NT. In 1989-90, the value of retail liquor purchases which was subject to tax was \$48 942 000, of which only \$142 400 worth was "low" alcohol, that is below 2.5% alcohol content. This accounted for 37 202 620 litres of alcohol, as follows:

	<i>Litres</i>
Ordinary Alcohol -	
Wine	4 784 236
Spirits	966 201
Beer	31 251 518
Low Alcohol -	
Wine	1 242
Beer	199 423

Comparative figures for a five year period²³ indicated a growing problem of alcohol consumption.

Further in the Report²⁴ the Committee looked at State and Territory figures for liquor outlets. To reduce the Territory ratio, the lowest, from 1 for every 438 persons, to the Australia-wide level would mean reducing the number of outlets by about 120, or 34% of the total number of licences currently allocated.

Economic Issues

Household Expenditure Survey data²⁵ showed that in 1988-89 the average weekly expenditure on alcohol by Darwin households was a huge 67% higher than the capital city average across Australia. The Committee concluded that, even allowing for higher prices, this indicated significantly higher consumption rates.

An estimate of the economic cost of alcohol use and abuse in the Northern Territory was commissioned by the Committee and prepared by the Drug and Alcohol Bureau²⁶. A very conservative estimate was a minimum of \$150M pa, or per capita \$950 pa, made up as follows:

	<i>\$'million</i>
- productivity loss	61.94
- health care and welfare services	29.19

²³ Refer page 28 of the Report

²⁴ Part B, Chapter 1, page 38

²⁵ Australian Bureau of Statistics

²⁶ The estimate of economic cost is reproduced in full at Appendix 5 of the Report.

- road accidents	23.13
- law enforcement	22.00
- correctional services	13.70

Health Issues

A point made in this section is the lack of understanding generally in the community of what alcohol abuse costs the immediate and wider community as well as the individual. The Committee reported on the widely-held perception that alcohol abuse was about “long grassers” and others whose drinking problems are more conspicuous. An answer to modifying drinking habits “seem[ed] to be in early identification of problems, plus educating drinkers as to the harmful effects of regular drinking in other than modest amounts”²⁷.

Social Issues

The social dislocation created by alcohol abuse was reinforced to the Committee as it took evidence around the Territory. It took many forms, including:

- crime
- drink driving
- domestic violence
- child maltreatment, including nutritional, physical and emotional neglect
- family breakdown
- loss of employment, etc.

Evidence taken from NT Police Officers indicated that alcohol related problems accounted for a huge proportion of their work. The following percentages were given for the communities shown:

Ti Tree	98%	Yuendumu	95%
Yulara	90%	Kulgera	80%

5. Further Investigations by the Committee

Chapter 4 of the Report outlined what the Committee saw as remaining to be investigated in continuation of undertaking its Terms of reference, including:

- Longer term solutions, in particular in relation to lessening alcohol’s contribution to the disruption to parts of Aboriginal society, by addressing issues of employment, housing and living standards, rapid cultural change, etc.
- Alcohol policies and services, in particular effective intervention, rehabilitation and treatment services, to optimise Government funding; means of disseminating information about alcohol and its impact; the relationship between health and welfare services and alcohol research on one hand, and the industry regulatory body on the other.
- Monitoring and review of changes emanating from the Report.
- The structure and responsibilities of the Liquor Commission.

6. Part B of the Report – Recommendations

²⁷ Page 30

Part B of the Report covers 15 issues, with a total of 41 recommendations. A summary of these is at Attachment. The page number reference is in regard to the Report.

7. Tabling of the Report

The Chairman tabled the Report in the Assembly on 15 August 1991 and it was debated over three sittings days²⁸. In all, 18 Members contributed to the debate.

In his tabling statement the Chairman alluded to the “depressing task” of visiting communities where there was a lack of old people and where children were obviously undernourished, communities where the reception given the Committee was like “people on a sinking ship looking to be rescued”. Although the recommendations of the Report were heavily biased towards regulatory controls, the Chairman stated that the Report did not contain a “magic formula” and, in fact, “the answer to alcohol abuse lies, we believe, in education, early intervention, rehabilitation and decent housing and employment”. That is, they are long term solutions which needed long term strategies.

He justified what some sectors of the community and the liquor industry would call harshness of the recommendations by listing a number of social problems which the Committee had encountered during its inquiry which warranted immediate intervention. These included:

- Girls of 12 or 13 bearing babies stillborn as a result of infant alcohol syndrome;
- Persons being taken into protective custody more than 100 times in a year;
- Unemployment cheques paying for 16 aircraft charters at \$1 000 each, in one day, to collect in alcohol;
- Men chartering planes to drink hundreds of miles away from starving wives and children;
- Three households in one community spending more than \$36 000 on alcohol in a year;
- Women needing to hide food at the local priest’s house, away from marauding drunks;
- Young people forcing old people to hand over pension money;
- Police needing to lock up more than 200 people in a day;
- 6 or 7 members of small communities dying in one year because of alcohol;
- law abiding citizens needing to endure drunks and beggars outside supermarkets;
- domestic violence forcing women to seek refuge in shelters;
- health workers spending all night stitching up people injured in drunken brawls.

The Member for MacDonnell reinforced the bipartisan nature of the process and his complete support for the “honest, progressive recommendations” which, while not resolving the problems, were a step along that path. The

²⁸ 15/8/91, page 1514; 22/8/91 page 1990; and 8/10/91 page 2630.

Committee considered that prohibition was not the answer, but supported dry areas legislation. The success of Papunya was given as an example.

The Member for Karama, another member of the committee, emphasised the nexus between availability and levels of consumption, with the Territory over-supplied in licensed outlets.

The then Minister for Transport and Works (and then Minister responsible for the Liquor Commission) argued against reducing the number of licensed outlets, on the basis that competition lowers prices and fewer outlets would not stop the habitual drinkers. He cited those in Central Australia who drive 500-700 km to get alcohol as a case in point. Similarly, shorter trading hours would encourage the swill drinking associated with curfews. The then Member for Goyder shared this position. However he advocated tough measures for drink driving. He considered that governments should not interfere with the pleasure of Sunday drinking, stating “I really wonder how far we have to go in this society in terms of trying to look after those who will not look after themselves”.

The then Member for Millner referred to two reasons for the high drinking rate in the Territory, first the culture and second, particularly the Aboriginal population, the hopelessness which comes with dispossession. The Member for Goyder asked why, if this was the case, fewer Aboriginal women, whose situation is much more hopeless than that of the men, drink than do Aboriginal men. The then Member for Nelson contributed to the gender difference argument by saying that the debate was about men drinking, as “women drink excessively only if men cause them to”.

The then member for Barkly paid tribute to those organisations which are seeking to tackle the alcohol abuse problems, in particular the Aboriginal organisations. She quoted from a book²⁹ that people and cultures need to accept within themselves the need to change their habits, before any change can be made.

The then Chief Minister spoke of the importance of the Assembly having this debate, of the situation of economic and social costs of alcohol abuse no longer being tolerable. The complex nature of the problem was acknowledged, with education needing to be given a priority, although a long term solution. He noted the danger of using interstate data for comparative purposes, because of the different demographic make up of the Territory and, in the case of alcohol, the impact of the weather on consumption rates. The recommendation of the levy on “heavy” alcohol to fund treatment, rehabilitation and education programs was an attractive proposal.

The then Attorney-General spoke favourably of the recommendations and in particular the proposed 3% levy on “heavy” alcohol as a vehicle to promote a

²⁹ AM Cooper: *How Different Societies Learn to Drink Well and Badly*

shift to low alcohol beverages which also had the advantage of “user-pays”. That is, the heavy drinker would fund the programs.

He gave examples of the sorts of priority programs which could be funded by the levy, as follows:

- access to comprehensive alcohol assessment counselling and treatment services in all regions;
- extending minimal intervention programs to all communities;
- expanding prevention programs for Aboriginal people;
- implementing prevention programs for young people;
- developing residential treatment services for groups which are currently not being catered for;
- expanding professional training programs;
- providing education and treatment services for prisoners and others in the correctional services system; and
- providing services for women and people of non-English speaking backgrounds.

He foreshadowed that an increase in intervention would require a corresponding increase in staff and facilities, stating that a major goal of the Department of Health and Community Services was to change attitudes and behaviour [with regard to alcohol use]. The public health focus was two-fold, on people who drink above the responsible level and face health problems as a result, as well as those who binge drink, where damage extends to the immediate and extended community, as well as the Territory as a whole. Education, particularly with youth, and early intervention, was receiving increased attention. While alcohol abuse in Aboriginal communities was a result of deeper social problems, attempts to address those underlying issues would be undermined “as long as alcohol problems remain rife in our community”.

The then Member for Arafura, in supporting the tightening of responsibilities of liquor licence holders, raised the fact that a tragic boating incident which resulted from drunkenness should have led to prosecution of the licence holder of the premises where the alcohol was bought. He also stated that the opening hours at his community’s club encouraged irresponsible drinking, with customers consuming as much as possible in the short time. Regular checks are needed to ensure that the licence is achieving what is intended in a particular area. Licensee and server training is especially needed in remote communities.

The then Member for Victoria River commented that the thrust of the report was responsibility: responsibility on the part of the drinker and also server; that of Government in providing for the health and welfare of all citizens; and of police to enforce legislation. However, he considered some of the recommendations (5, 6 and 7) to be offensive by targeting the drinking habits of a certain group.

While supporting the report the then Minister for Industries and Development stated that no one should assume that the Territory Government was not doing anything currently to address the problems, in that it spent 3 times per capita than other states. While much was being done at the primary health level, he felt that it would take at least a generation before there was a turn around in the current problems. He mentioned the wealth of information contained in the submissions to the Committee, details of which were at Appendix 4 of the Report.

The Chairman finalised the debate by summing up the public and media response since the Report was tabled. While in some quarters the recommendations were regarded as approaching prohibition, generally the Report was well received. “.... if I discount politicians and vested interests, I have yet to meet anybody who has been completely critical of the report.”³⁰ He reiterated that the thrust of the Report was that the Committee’s intention was to overcome the problems by working towards the long-term solutions of education, early intervention and rehabilitation, that the recommended regulatory controls were intended to give respite, to allow the long term solutions to work.

³⁰ page 2658

ATTACHMENT

SUMMARY OF REPORT RECOMMENDATIONS

CHAPTER 1. REDUCTION IN THE NUMBER OF LIQUOR OUTLETS

1. That the number of liquor outlets in the Northern Territory be reduced over the following three (3) years to more closely reflect the national per capital level.
2. That a task force be established to undertake a comparative investigation of liquor outlets, with the aims of:
 - (a) identifying those outlets which are considered surplus and should be closed; and
 - (b) recommending a fair compensatory price for buying back the surplus licences.

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CHAPTER 2. SUPERMARKETS AND OTHER OFF-LICENCES

3. That off-license outlets be banned from advertising in the media or in a public place:
 - (a) the price of alcohol on sale; and
 - (b) any availability of home delivery services specifically for alcohol sales.
4. That supermarkets which sell alcohol be required to:
 - (a) provide a nominated and separate cash register specifically for alcohol sales; and
 - (b) ensure that the staffing of alcohol sales areas be sufficient to avert any problems that may arise from refusing, in accordance with the provisions of the *Liquor Act*, to serve a customer.
5. That the ready availability of forms of alcohol which are attractive in terms of price and taste to persons who obviously have problems with alcohol be discouraged.

6. That the cooperation of licensees to reduce the availability of these lines be actively sought.
7. That the Liquor Commission be authorised to impose restrictions upon a license with regard to the sale of certain types of alcohol which are shown to have contributed to problems within the local community.

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CHAPTER 3. TRADING HOURS FOR TAKE-AWAY SALES

8. That licensing hours for take-away sales be reduced to 12.00 noon to 8.00 p.m. daily, with the current restriction on Saturday trading for supermarkets and shops retained.
9. That when a take-away outlet is contributing to local problems the Liquor Commission review the ability of that outlet to trade on Sundays.

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CHAPTER 4. ROADSIDE INN LICENCES away sales to;

10. That take-away sales from roadside inns be discouraged, with provision made for take-away sales to:
 - (a) travellers who are staying overnight at commercial accommodation, including caravan parks or camping grounds, in the immediate vicinity; and
 - (b) local residents registered to purchase take-away alcohol from the outlet.
11. That licensing hours of 10.00 a.m. to midnight be imposed upon roadside inns.
12. That any arrangements between the management of a roadside inn and an Aboriginal community regarding selling alcohol to members of that community or persons entering that community be formalised by inclusion in the licence.
13. That any special conditions which may be required by a local community be included in the licence, provided that the Liquor Commission is satisfied that such conditions are the majority wish of the community, or warranted in light of past problems with alcohol.

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CHAPTER 5. SELLING AND SUPPLYING ALCOHOL TO INTOXICATED PERSONS

14. That all licensees and liquor outlet management staff be required to undertake training courses, and provide training for employees, with regard to their specific responsibilities under, as well as the general provision of, the *Liquor Act*.
15. That the sole responsibility for enforcing the provisions of the *Liquor Act* relating to the serving of alcohol be unambiguously vested in the Police Force.
16. That the police increase their regular presence at licensed premises.
17. That drivers of taxis and private hire cars be prohibited from purchasing alcohol on behalf of a passenger or another party.

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CHAPTER 6. UNDERAGE DRINKING

18. That the efficacy of a public relations campaign aimed at increasing the acceptability and use of Pub Cards or similar proof of age be investigated by the Liquor Commission in consultation with the Australian Hoteliers Association.
19. That the police target for inspection those licensed venues which are known to be frequented by underage persons.

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CHAPTER 7. THE RESPONSIBILITIES OF LICENSEES

20. That, where intoxicated persons are either found on or have come from licensed premises, or have been observed to have purchased alcohol from licensed premises, the police have the power to immediately close those premises until the commencements of the next trading period.
21. That the ability of the police to close licensed premises where they believe that public safety is in jeopardy be incorporated into the *Liquor Act*.

22. That a system be adopted whereby a licensed establishment which has been the subject of a number of such closures by police, repeated substantial complaints or prosecutions be served notice to show cause why the licence should not be revoked, with the onus upon the licensee to prove that s/he is a fit and proper person to hold a licence.

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CHAPTER 8. THE LATE NIGHT ENTERTAINMENT MARKET

23. That the latest closing times for licensed premises be 2.00 a.m. Monday to Friday, and 3.00 a.m. on Saturday and Sunday mornings.
24. That the discounting of the price of alcohol in any form for consumption on licensed premises after 7.00 p.m. not be allowed at those premises licensed to trade after 11.30 p.m.

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CHAPTER 9. BAKING FACILITIES AT LICENSED PREMISES AND THE "BOOK-UP" SYSTEM

25. That it be a condition of the holding of a licence that, apart from normal credit purchases and business accounts, licensees not give credit for alcohol purchases.

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CHAPTER 10. THE STANDARD OF LICENSED PREMISES

26. That the Liquor Commission ensure that all licensed premises, particularly those that cater for Aboriginal patrons, provide and maintain a minimum standard of amenities, acceptable to any patron, throughout their establishment.
27. That the provision of tables and chairs for the use of patrons be included in a minimum standard.

CHAPTER 11. AN ALCOHOL TAX TO FUND PROGRAMS

28. That an additional tax be placed upon all beverages with an alcohol content of 3.0% or greater.

29. That the additional revenue thus raised be placed in a trust account and used to fund:
 - (a) alcohol prevention and treatment programs; and
 - (b) the buy-back scheme of liquor licenses identified as surplus.

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CHAPTER 12. INTERVENTION FOR HABITUAL DRUNKS

30. That the courts be able to declare a person an habitual drunk after a number of alcohol related convictions or apprehensions for protective custody, with consequent action pursuant to section 122 of the *Liquor Act* to forbid their being sold or provided with alcohol.
31. That the Committee confer with the Federal Minister for Social Security with regard to providing for intervention in the payment of social security benefits, where applicable, to persons who are declared through the judicial system to be habitual drunks.

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CHAPTER 13. OFFENSIVE PUBLIC DRINKING

32. That the application for an on-licence for the Tyeweretye Social Club in Alice Springs be supported by the Government.
33. That special licences for shows, sporting fixtures, festivals and the like restrict the sale of alcohol to only
 - (a) light (less than 3.0% alcohol content) beer; and
 - (b) wine when served in conjunction with meals.

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CHAPTER 14 PENALTIES FOR DRINK DRIVING

34. That information on alcohol and in particular its impact on driving be included in the education package for learner-drivers and be part of the licence test.
35. That a first conviction for drink driving at a blood alcohol level of below 0.15% should carry with it a requirement to undertake an education program on alcohol, and to satisfy an examiner that the information has been retained prior to a licence being re-issued.

36. That:
 - (a) second and subsequent drink driving offenders;
 - (b) those with a blood alcohol concentration of 0.15% or over; and
 - (c) persons refusing a blood alcohol test have their licences suspended immediately upon apprehension, and upon conviction be required to successfully undertake an appropriate program or treatment at their own cost before their licences will be reinstated.
37. That an automatic prison sentence be applied to persons convicted of driving while disqualified as a result of a drink driving conviction.
38. That it be illegal for either a driver or passenger in a vehicle to consume alcohol.
39. That it be illegal to carry opened packages of alcohol within the passenger area of a car or, in the case of station wagons and the like, to carry opened packages of alcohol other than stowed in such a way as to be obvious that they are not being consumed.

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CHAPTER 15. ALCOHOL AS PRIZES

40. That the *Lotteries and Gaming Act* be amended to make unlawful the use of alcohol as prizes in those raffles or lotteries which require specific approval under that Act.
41. That payouts of alcohol on gaming machines be only in the form of credit vouchers redeemable over a period of time or for the purchase of take-away alcohol.

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