

**ATSIC (NT) SUBMISSION TO THE SELECT  
COMMITTEE ON SUBSTANCE ABUSE IN  
THE COMMUNITY**

**Northern Territory State Policy Office**

**March 2002**

Substance abuse has been introduced into Aboriginal and Torres Strait Islander culture since European contact. Senator Herron said, “alcohol or other harmful drugs never disrupted traditional Indigenous society”<sup>1</sup>.

It is a fact<sup>2</sup> that there are fewer Indigenous people who drink alcohol than non-Indigenous Australians. However, for those Indigenous people who do drink the proportion of hazardous consumption is much higher than the non-Indigenous population.

The Royal Commission into Aboriginal Deaths in Custody highlighted the link between alcohol abuse and the high rates of imprisonment amongst Aboriginal people.

The 1994 National Aboriginal and Torres Strait Islander Survey found that:

‘Nationally, alcohol was seen as one of the main health problems in their local area by about 58% of Indigenous Australians over the age of 12 years. Drugs and diabetes were the next most commonly reported problems’<sup>3</sup>.

Petrol sniffing is an additional problem in many remote communities. The use of other illicit drugs, such as marijuana and heroin, appears to be increasing. The Menzies School of Health has found very high levels of kava consumption in some Arnhem Land communities. Kava has not lived up to its promise of limiting the adverse consequences of excess alcohol consumption. It can often be used as an adjunct to alcohol<sup>4</sup>.

The majority of treatment programs are of a residential rehabilitation nature with 60 community controlled services around Australia, based on a variety of treatment models, which are funded by the Commonwealth. CAAAPU in Central Australia is an example.

Mainstream services do not appeal to Indigenous people, who see them as culturally inappropriate and primarily for non-Indigenous Australians.

Some initiatives have included<sup>5</sup>:

- restricting the sale of alcohol, either as dry communities or on a restricted hours of trading basis, as has been trialed in some major townships such as Tennant Creek and Katherine. (The NT Licensing Commission has recently approved restrictions for Alice Springs).
- developing canteens as restricted areas where the sale and consumption of alcohol can be controlled by the community;
- introducing night patrols and sobering up shelters to try and keep people out of gaol; and

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<sup>1</sup> Senator the Hon John Herron, Minister for Aboriginal and Torres Strait Islander Affairs, 2000 ‘Submission To the House of Representatives Standing Committee on Family and Community Affairs Inquiry into Substance Abuse’.

<sup>2</sup> House of Representatives Standing Committee on Family and Community Affairs, May 2000 ‘Health is Life’ AGPS: Canberra.

<sup>3</sup> ABS, 1996 ‘Health of Indigenous Australians, Report on the 1994 National Aboriginal and Torres Strait Islander Survey’ AGPS: Canberra. Page 2

<sup>4</sup> op. cit Senator Herron.

<sup>5</sup> op. cit ‘Health is Life’, page 90.

- in relation to petrol sniffing, replacing petrol with Avgas.

The Select Committee is encouraged to seek guidance from the House of Representatives Standing Committee on Family and Community Affairs Inquiry into Substance Abuse in Australian Communities which commenced in 2000 and investigates the social and economic impacts of drug abuse.

While ATSIC did not submit a submission, it drafted one for the former Minister for Aboriginal and Torres Strait Islander Affairs, the Hon John Herron, which was accepted. The submission details the following issues:

- Alcohol
- Tobacco
- Kava
- Petrol Sniffing
- Marijuana
- Heroin and other illicit drugs

The submission advocates empowering communities and emphasises that problems of alcohol abuse must be dealt with at the individual level. It argues that public health campaigns to combat smoking should be reviewed and trained counsellors made available. Kava should attract the same public health response as alcohol and further research conducted.

With petrol sniffing, providing a range of alternatives including sporting and educational activities is seen as appropriate<sup>6</sup>. Traditional discipline is mentioned<sup>7</sup>. Young marijuana users should be targeted with education efforts aimed at preventing children and young teenagers from experimenting with any drugs. Anti-smoking campaigns are reinforced.

Where heroin is concerned the importance of culturally appropriate harm reduction measures is recognised with increased law enforcement<sup>8</sup>. Treatment programs designed and run by Indigenous communities are seen as the most effective approach<sup>9</sup>.

Greater economic independence holds the promise, in the longer term, of an end to welfare dependence and a lessening of many social problems that lead young people without faith in the future, to abuse drugs.

Substance abuse threatens to rob many Aboriginal and Torres Strait Islander people of their birthright to pass on to new generations their cultural values and traditions.

The then Territory Health Services (THS) submission to the Inquiry says that alcohol consumption in the NT is reported at twice the national average with a current monetary cost of \$136.8M per year to the community. Twenty percent of deaths of Northern Territory adults are directly attributed to smoking. On ten Central Australian remote

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<sup>6</sup> *ibid.*, page 90, 91.

<sup>7</sup> *Op. cit* Senator Herron.

<sup>8</sup> *op. cit* Senator Herron.

<sup>9</sup> *op. cit* Senator Herron.

communities 140 youth were identified as petrol sniffers with another 60 living in and around Alice Springs using aerosol paints as the preferred inhalant.

Seventy-one percent of sentenced prisoners reported committing the offence under the influence of alcohol. The submission recognised the differences in the Aboriginal population and the difficulties in providing services to these remote communities as a major concern with regards to funding licit and illicit drug intervention, diversion, education, prevention and treatment programs.

THS's Alcohol and Other Drugs Programs (AODP) develop and coordinate strategies to address the harmful effects of substance use in the Territory. AODP incorporates the Living With Alcohol Program (\$2.3M a year), a Territory initiative aimed at achieving long-term reductions in alcohol-related harm. The program also administers the Public Behaviour Program that supports local strategies designed to deal with the immediate and short term impact of the antisocial behaviour that arises from public drinking and substance use.

ATSIC (NT) and THS funded a study into itinerants in the Darwin region. The Select Committee may wish to examine the findings in terms of dealing with some of the deep-seated causal factors leading to disfunction associated with substance abuse. The culturally appropriateness of night patrol services in the process is critical as a means of averting further trouble and referral to treatment.

Select Committee initiatives would be best served if they were linked to existing Federal Government programs like the Alcohol Education and Rehabilitation Foundation, the NT Illicit Drug Pre-Court Diversion Program and petrol sniffing programs run by Darwin Skills Development Scheme, Oenpelli Community CDEP and a consortium of community groups led by Tangentyere.

The new Labor government has a 3 point plan which gets tough on drugs because of the connection between property crime and the misuse of illegal drugs, particularly opiates.

ATSIC (NT) supports CAAC's<sup>10</sup> believe that the problem of substance misuse can only be effectively addressed in the long term by the Aboriginal community taking responsibility for the issue and doing something about it. This principle may add some guidance to the Select Committee.

ATSIC (NT) supports the *Health is Life* recommendation 24:

The Commonwealth Department of Health and Aged Care ensure that Commonwealth, State and Territory substance misuse programs incorporate:

- early and opportunistic intervention programs by health professionals;
- diversionary and sobering-up shelters, including night patrols;
- detoxification programs; and

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<sup>10</sup> Central Australian Aboriginal Congress, July 1997 'Substance Misuse in Central Australia'.

- rehabilitation programs, including residential and family rehabilitation, and follow up after-care programs.

The program should be coordinated at the national level and funded separately. It must form part of the overall Commonwealth-State agreements on health with appropriate mechanisms for quality control, monitoring, developing national standards, and reporting agreements.

ATSIC (NT) has brought this to the attention of the Northern Territory Aboriginal Health Forum requesting the Substance Misuse Working Group be mindful of the *Health is Life* recommendation in its deliberations.

ATSIC (NT) would like to emphasize that Aboriginal controlled organisations are the product of the Aboriginal community taking responsibility and should be supported in the field of combating substance abuse.

Finally, ATSIC (NT) is keen to form a productive relationship with the proposed *Office of Children and Families* to better coordinate Government and non-Government organisations delivering family support services and stop children resorting to drugs.