

Quality of Life Project
MEMORANDUM

TO: NORTHERN TERRITORY LEGISLATIVE ASSEMBLY SELECT COMMITTEE ON
SUBSTANCE ABUSE.

FROM: ALICE IN TEN, QUALITY OF LIFE PROJECT, ALCOHOL AND SUBSTANCE MISUSE
PRIORITY GROUP

RE A COORDINATED RESPONSE TO THE NORTHERN TERRITORY LEGISLATIVE
ASSEMBLY TASKFORCE ON SUBSTANCE MISUSE

BACKGROUND

The Alice in Ten, Quality of Life Project acts as a catalyst that encourages government and non-government agencies, the private sector and individuals to work in partnerships to address those issues that affect the health and well-being of individuals and the wider community.

Three key priority areas have been identified as having maximum potential for improving quality of life in Central Australia and are the current focus for the Quality of Life Project. These are

- employment, education and training
- housing and shelter
- alcohol and substance misuse.

The Priority Area Groups have broad representation from all sectors of the community and initiate and coordinate activities designed to address issues that have been identified through community consultation.

The Alcohol and Substance Misuse Priority Group (Attachment A) is working in partnership to develop and implement a holistic coordinated and comprehensive strategic plan for the Alice Springs region aimed at reducing demand, supply and harm from misuse, of alcohol and other substances and improving access to appropriate assistance for individuals in need (Attachment B).

This submission has been developed jointly by the members of the Alcohol and Substance Misuse Priority Group and brings together knowledge and information from a broad range of agencies and perspectives.

PLEASE NOTE:

There is little reliable data available upon which to develop this submission. In fact a feature of this field is the widespread lack of data. However, we are able to provide information based on experience, best guess information and anecdotal evidence presented in forums.

There is a major need to develop minimum data sets to report on alcohol and substance misuse and for this data to be routinely collected to assess progress as well as the success of specific strategies. This task needs to be appropriately and specifically resourced as well as included as part of service agreements with funding agencies.

TASKFORCE TERMS OF REFERENCE

(a) ascertain community concern about the use and abuse of licit and illicit substances;

Broad community concern about alcohol and its impacts

Community feedback conducted by the Quality of Life Project at the Alice Springs Show indicated that both adults and young people selected alcohol and its impact on the community most frequently as a pressing issue impacting on the lives of people of Alice Springs (Attachment C). While it is acknowledged that feedback was given **in** response to prompts it indicates broad community concern.

Petrol Sniffing

Priority Group members reported a perception that since 1998/9 there has been a general increase in the level of petrol sniffing in the area.

There was also a general perception of increased community concern about a lack of progress in reducing the level of petrol sniffing in the region. The group specifically expressed a concern about the lack of data available regarding

- the number of people who are involved in petrol sniffing
- the extent of harm as a result of sniffing
- evaluation of programs to provide evidence about progress or lack of progress and why progress has or has not occurred.

There is anecdotal evidence that suggests petrol sniffers often relocate from those communities where there are substantial efforts to reduce petrol sniffing. There is some anecdotal evidence that Alice Springs is one destination of these displaced petrol sniffers. This may be related to the ease of access to petrol and the lack of harassment about their petrol sniffing habit.

Specific Petrol Sniffing programs in Alice Springs are few in number and it would appear that the increasing demand for services is not being addressed.

There appears to be a lack of treatment and drying out facilities for Alice Springs youth who engage in high levels of substance misuse. However Alice Springs does have some examples of successful interventions. Yarrenyty-Arltere Learning Centre has been operating for approximately 2 years and addresses the needs of young petrol sniffers at Larapinta Valley Town Camp. These young people were experiencing a high level of contact with the justice system. The program is based on an intergenerational learning philosophy and implemented as a partnership between

Department of Employment, Education and Training, Tangentyere Council and Institute of Aboriginal Development. The program provides a range of positive educational and recreational options for the extended families of the Larapinta Valley Town Camp. As an annex of Gillen Primary School and in partnership with Tangentyere Council, this program provides the educational and social programs for approximately 17 students (4 to 15 years of age) who are/have been regular petrol sniffers. The Institute of Aboriginal Development also contributed through the provision of programs for the extended families.

Qualitative evaluation of this program suggests there have been significant outcomes for the individuals and the community as a whole. The Larapinta Valley Town Camp community reports a reduction in petrol sniffing amongst young people and a general improvement **in** behaviour. The Alice Springs Police have informally reported a significant reduction in crime associated with the families actively participating in the program. The program has been evaluated by the Commonwealth Department of Education Science and Technology in 2001 as an innovative school drug education program but again a lack of data made it difficult to measure the real impact of the program.

Commonwealth funding (\$700 K) has also been directed to Tangentyere Council for the Youth Link Up Service (YLUS). However this program is still in its early days and progress is difficult to assess. There have been some problems at the early stages, however this is not unusual for Alice Springs given the difficulties of recruiting experienced people.

Data collected by police now contains information on alcohol links to crime and this needs to be extended to include other substances such as petrol.

We are aware of the establishment of the Central Australian Cross Border Reference Group on Volatile Substance Use (VSU) by the Commonwealth Government. This Reference Group is working to

- identify ways to improve interaction and facilitate the sharing of information between stakeholders operating in the cross border region of Central Australia.
- develop strategic approach through "The Framework to address VSU in the cross border region of Central Australia" which encompasses a holistic approach to health
- oversee the implementation of the Framework.

This Reference Group was established in 2001 and has convened two meetings to date with the next meeting to take place in Oct/Nov 2002. From the record of meetings **it** would appear that progress to date has been slow and while Terms of Reference have been drafted, a framework for action is yet, to be established.

The July 2002 meeting identified " the high level of the urgency and serious need to address the issue of volatile substance use in the region. It was pointed out, that communities are distressed about the consequences of petrol sniffing and its impact on families " (Minutes of 2nd Meeting of The Central Australian Cross Border Reference Group on Volatile Substance Use, Alice Springs, 26th July 2002).

However we are concerned about the lack of progress and co-operative activity and see this forum as being a major plank to any strategy around illicit and licit substance use.

The South Australian Coroners recent investigation into the death of Kunmanara Thompson of Emabella as a result of petrol sniffing expressed concern about the progress of this inter-government inter-agency cross border Reference Group.

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We urge the NT Government to support and encourage this group to greater activity so that it can address more strategically and cooperatively major drug and alcohol issues in the region, particularly the lack of treatment facilities in the cross border area.

Cannabis

There is a general consensus among members of the Priority Group that there is increasing use of cannabis in Central Australia particularly in Aboriginal communities. There seems to be an upsurge in dealing activity by Aboriginal users in the cross border, Pitjantjara, Ngaanyatjarra, Pintupi, Luritja, Arremte, Walpiri, Anmatjera. and Tennant Creek areas.

While a general increase in the number of cannabis users is evident service providers report a disturbing increase in the frequency of use and the amount and potency of cannabis being used by individuals.

There is also a need to understand patterns in the region of cannabis use with other drugs.

There is also increasing concern about the apparent unchecked flow of cannabis to the NT through the Pitjantjatarra Lands. This flow is considered to be occurring for several reasons: the leniency of cannabis laws in South Australia, the lack of well paid jobs available to many Aboriginal people, the development of a sub-culture of bribery and protection amongst Aboriginal dealers, and the removal of a strong police presence in the Lands in the mid- nineties.

The Priority Group considered it essential that Cross Border discussions on cannabis use similar to the Central Australian Cross Border Reference Group on Volatile Substance Use be initiated so that the reduction and treatment of illicit substance misuse be co-ordinated appropriately in this region,

Policing

Members expressed differing opinions with respect to whether substance misuse is a law and justice issue rather than a community/parenting/family issue. Some members are concerned that by pressing policing responsibilities the community responsibility is diminished. Other members believe that police should take a far more active role in enforcing all available laws.

The Priority Group agreed that when a community group indicate a strong view the legislation, Misuse of Drugs Act, sect 18, that deals with the supply of volatile substances, should be actively policed to assist with the solution to the problem. This is to be invoked as part of a multifaceted approach and supportive of other strategies being actively implemented by the community.

Alcohol Trials

While early reports indicate some positive outcomes from the Trial of Alcohol Restrictions in Alice Springs there has been broad community concern over the substitution of 2 litre fortified alcohol casks (mainly tawny port) for the banned 4 litre wine casks. Recent wholesales sales data on absolute alcohol consumption for the first three months of the trial show no significant drop in alcohol consumption. The consumption of alcohol in Alice Springs is twice that of the Australian community

and strategies should be in place not only to reduce the short term harm associated with alcohol but also the longer term chronic conditions associated with high and sustained consumption levels.

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It has been noted that six months into the trial we are only able to consider wholesales sales data for the first three months. Consumption is one of the major indicators for this trial and an accurate assessment at the end of the trial will require timely and complete information given that there is only eight weeks after the end of the trail to provide a final report. Concerns about this method of collection are specifically: 0 the lag time between the time of the request for data and the provision of data 0 the quality of the data may be questionable as it is reliant on wholesaler's good will.

Wholesalers are not normally required to collect this data 0 the ability to relate the data to Alice Springs rather than the Alice Springs region.

Increasingly the usefulness of retail data previously collected under the Licensing Act is becoming apparent. A preferred option would be to collect data from retail outlets as this information is already being collected for GST purposes and this could be included as part of the licensing conditions.

(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,.

Mental Health workers report that approx 70% of people going into mental health services also have drug misuse issues. Concerns have been raised about whether workers in mental health outcome orientated services are trained to deal with drug issues and equally whether those providing drug rehabilitation services have experience providing mental health care.

Substance use in the Centre is similar to other parts of the Territory and knowledge of patterns is largely based on anecdotal evidence collected from people working in the field and from various forums which allow for feedback from different stakeholders. In terms of prevalence and the harm that occurs, alcohol is the predominant substance. Whilst the negative behaviours associated with intoxication are most apparent among Aboriginal people, excessive drinking also occurs with frequency within the non-Aboriginal population though often in private places. Due to the dry status of many communities and the absence of licensed premises in communities, alcohol has less direct impact on remote areas. However grog running, the need to travel and selective permits in communities mean that they are not immune from problems. As with other parts of the Territory, drinking **is** common among young people as part of their developmental experience and also in response to their environment. Tobacco is also of major concern in both the Aboriginal and non-Aboriginal populations.

Over recent years, the nature of petrol sniffing has changed to the extent that it is now occurring in urban Alice Springs and with very young children and older people. These older sniffers often initiate a wave of sniffing in communities as they pass through. It **is** a common activity among both males and females.

While some heroin use has been detected around the township of Alice Springs, amphetamines is the more preferred illicit drug (along with cannabis and alcohol). It appears that a proportion of illicit drug users in the short term, still carry out functional lives and are not necessarily in need of additional support or treatment, however extended use may ultimately lead to the need for support and/or treatment.

Information from presentations to agencies indicates that illicit drug use is across the spectrum of the non-Aboriginal community. Cannabis use, on the other hand, is common with both Aboriginal and non-Aboriginal people and tends to be used predominantly by younger people (ie under 25).

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- (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;*

Although no concrete data exists anecdotal information suggests that there is increasing numbers of petrol sniffers and increasing use of cannabis and in higher amounts and that this is more frequently occurring in the poorer and younger population. The Priority Group considers that substance misuse is a socio economic issue. For people with low incomes, the impact is disproportionately felt. The exact nature of this effect requires more research. There is also increasing concern about the impact of these substances on domestic violence particularly to young women. Sound research needs to be conducted to confirm this anecdotal impression.

- (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;**

A comprehensive set of services in Alice Springs is contained in Attachment D. What is increasingly clear is that these services have developed outside a strategic planning framework and process. There is also some evidence that funding is being provided in a piece meal fashion and is insufficient to meet the increasing need.

The Substance Misuse Priority Group expressed concern about the lack of coordination between the current services and, in some cases, duplication of services. In addition current Services are currently not well evaluated and so that their contribution to harm reduction is not known.

- (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;**

Reports indicate that there is a regular and unchallenged flow of cannabis from Pitjantjatjara and Ngaanyatjarra Lands in SA into the Territory and continuing into Western Australia. This flow has increased in recent years with the reduction in the number of police in remote SA communities during the 1990s and the lack of NT police officers in the border regions such as Docker River. This problem is exacerbated by the lack of coordination between the 3 states in Central Australia.

It is anticipated that the Central Australian Cross Border Reference Group on Volatile Substance Use (VSU) may provide a model for future cooperation in the region but at this stage outcomes from the forum have not been apparent in the region.

The current organisation and funding support for the NT Central Football League (NTCFL) is of concern with respect to accessibility and availability of licit and illicit substances. Currently the Central Australian Football League (CAFL) is subsidised by NT Government to use Alice Springs as its major playing field. This means, football teams and their supporters regularly come to Alice Springs to play football. This in turn increases their access to alcohol, and other illicit substances given that many of these communities are dry communities and sufficiently remote from major drug trafficking routes. However this constant movement of people to and from remote communities, in itself, supports drug trafficking and sly grogging. If this cycle is to be broken, funding must be made available or redirected to support the decentralisation of the CAFL and to ensure that remote communities have the facilities to be utilised for football matches.

The Substance Misuse Priority Group recommends that government provides or redirects the funds to decentralise CAFL.

(ii) the demographic and ethnic structure of the Northern Territory; and

(iii) the correlation between socioeconomic conditions and substance abuse; and

The Priority Group reinforces that there is a strong link between low socioeconomic conditions and substance abuse. In addition the selling of drugs in communities is seen as a necessary source of income by some people. This contributes to the cross border sale of cannabis as well as the sale of petrol for sniffing.

Feedback from Indigenous youth in Alice Springs suggest that poverty is closely connected to much of the substance misuse in Alice Springs and suggest that no sense of future, intergenerational behaviour, dysfunctional families, risk taking, peer pressure, habit, boredom, cost of recreational activities, low self esteem are key factors.

The recent census has confirmed a trend of increasing population in remote communities. An analysis of data from the ' last three census by Mr R Duman from AMSANT provides evidence of this trend.

Attachment E contains information about the changing populations in the Central Australian regions and a continued trend of increasing population in communities, suggesting that resources need to be redirected out bush.

(f) appropriate policies and services for the prevention and treatment of substance abuse in the Northern Territory.

The Alice in Ten Quality of Life Project makes the following recommendation in response to this term of reference.

1. That a minimum set of substance misuse data be identified and a system for the regular collection of required data and reporting on substance misuse be established.
2. That consideration be given to limiting fortified wines under the current Alcohol Restrictions Trial.
3. That reporting on timely retail data (as previously collected under the Licensing Act) be reinstated in the NT.
4. That the Central Australian Cross Border Reference Group on Volatile Substance Use be revitalised and requested to also consider means to control cannabis in the region and the establishment of an integrated framework for police presence in remote communities especially in the NT, SA and WA Border Regions.
5. That priority be given to the control of cannabis in the NT, SA and WA Border Regions.
6. That the Central Australian State Governments (WA, SA, NT and Commonwealth) establish an integrated framework for better co-ordination of police and health services in the NT, SA and WA Border Regions.
7. That the NT Government advocate for the establishment of a residential respite, treatment and intensive care facility, suitable for treating substance-misusing and disabled/dependent people from the NPY Lands, in the NPY cross border region: and that this facility be Jointly funded by the WA, SA, NT and Commonwealth Governments.
8. That communities be provided with an option, as part of an integrated approach to addressing petrol sniffing, to invoke Misuse of Drugs Act, sect 18 that deals with the supply of volatile substances.
9. That the Community Football in Alice Springs be decentralised back to remote communities to reduce the flow of petrol, alcohol and cannabis from Alice Springs back to communities.
10. That treatment and drying out facilities for youth be established in Alice Springs and that the preventive and early intervention programs for youth in Alice Springs to reduce the uptake of substance misuse in Alice Springs be evaluated.
1. That Department of Health and Community Services direct further effort and resources to ensure Alcohol and Other Drug Services staff and Mental Health Services staff receive further education in the complementary field.
12. That the Quality of Life Project Substance Misuse Priority Group endorses the Priority Strategies for 2002 to 2003 of Central Australian Remote Indigenous Health Planning Committee's Substance Misuse Action Group. (Attachment F).

ATTACHMENT A

ALICE IN TEN QUALITY OF LIFE Substance Misuse Priority Area Network Members 2002

Name	Organisation
Dr John Boffa	Central Australian Aboriginal Congress
Nick Gill	Drug and Alcohol Services Association
Dr Ian Crundall	Department of Health & Community Services
Trevor Bell	NT Police
Vicki Taylor	Central Australian Division of Primary Health Care
Jane Vadivello	Tangentyere Council
Susan Lollback	Alice Springs Town Council
Margo McGregor	Department of Health & Community Services
David Dolman	Ngkarte Mikckenhe Community
Barbara Lowe	Holyoake
Bob Dumam	Aboriginal Medical Services Association of NT
Philip Watkins	Central Land Council
Jo-anne Miller	Gap Youth Centre
Jim Farrell	Central Australian Aboriginal Alcohol Program Unit
Caroline Suban	Life Choices
Brycen Brook	Department of Health & Community Services

ALICE IN TEN QUUALITY OF LIFE PROJECT
Alcohol and Substance Misuse Priority Area

STRATEGIC PLAN 2002 - 03

<p>Mission Statement</p>	<p>Work in partnership to develop and implement a holistic coordinated and comprehensive strategic plan for Alice Springs region aimed at reducing demand, supply and harm from misuse of alchol and other substances and improving access to appropriate assistance for individuals in need.</p>
<p>Principles</p>	<p><i>Partnership</i> <i>Co-operation</i> <i>Coordination</i> <i>Equity of access based on need</i></p>
<p>Terms of Reference</p>	<ul style="list-style-type: none"> • Provide advice on coordinated service delivery in the region that reduces service delivery gaps, overlaps, and incongruencies. • Provide a forum for information sharing on substance misuse programs, services and hot issues. • Act as a point of co-ordination between government agencies and community service providers. • Report to Q of L Steering Committee

<p style="text-align: center;">Membership</p>	<p>Core NT Government Community Services</p> <p>Other Gov - Industry</p> <p>Invite when needed</p>	<p>DHCS, CAAODS, Mental Health, DEET Holyoake, CADPHC, Life Choices</p> <p>ASTC, CATIA, Chamber</p> <p>Police, Corrections, C'Vealth Health, CLC, Gap Youth, OAD, ATSIC, NTCOSS, Waltja, Sport & Rec, Churches, Consumers (These agencies to be included in the distribution of Minutes)</p> <p>Agencies to identify a representative to attend meetings and a proxy to ensure continuity</p>
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OBJECTIVE	STRATEGY	ACTIONS	INDICATORS
OBJECTIVE 1 Develop a coordinated response to substance misuse in the region	1. Develop an Alice Springs Substance Misuse Action Plan		
	2. Coordinate Action Plan with SMAG for the region		
	3. Monitor Implementation of the Plan		
	4. Identify funding sources and assist in acquiring funding		
OBJECTIVE 2 Improve agency cooperation within the region	1. Develop Framework Agreement between key service providers in the region		
OBJECTIVE 3 Support members of the Substance Misuse Priority Group	1. Develop clear processes around information sharing and communication 2. Develop an Induction Package for new members		
OBJECTIVE 4	1. Develop agreed reporting format		

Advise and report on implementation of Complementary Measures	2. Set up management process for new project		
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ATTACHMENT D

ALCOHOL AND OTHER SUBSTANCE MISUSE SERVICES

Existing Services Available to Aboriginal People in Central Australia

1. Services based in Alice Springs

- 1.1 Central Australian Aboriginal Alcohol Programs Unit (CAAAPU)
- 1.2 Drug and Alcohol Services Association (DASA)
- 1.3 Territory Health Services (THS): Central Australian Alcohol and Other Drugs Services (CAAODS) and Mental Health Services (MHS)
- 1.4 Holyoake Alice Springs Inc (Family Counselling Services)
- 1.5 Central Australian Aboriginal Congress Primary Health Care Program; the Social and Emotional Wellbeing Branch (SEWB); and the Youth Program
- 1.6 Central Australian Aboriginal Child Care Agency (ACCA)
- 1.7 NT Department of Correctional Services ii Alcohol and Other Drugs Unit
- 1.8 Alice Springs Youth Accommodation & Support Services (ASYASS)
- 1.9 Alcoholics Anonymous and AI Anon Family Groups
- 1.10 Tangentyere Council
- 1.11 Gap Youth Centre (GYC)
- 1.12 Employee Assistance Service
- 1.13 Alice Springs Hospital
- 1.14 St John Ambulance Service
- 1.15 NT Department of Sport and Recreation
- 1.16 AIDS Council of Central Australia (ACOCA)
- 1.17 Waltja
- 1.18 Central Australian Aboriginal Media Association (CAAMA) Radio, Broadcasting in Remote Aboriginal Communities Scheme (BRACS) and Impa@a TV

- 1.19 Yipirinya School
- 1.20 Institute for Aboriginal Development (IAD), Batchelor and Centre for Appropriate Technology (CAT)
- 1.21 NT Department of Education Learning Centres (Irrkerlentye Learning Centre, Alice Outcomes, Yarentyty-Arltere Learning Centre).

ATTACHMENT E

Alice Springs (Alice has five statistical subdivisions)

	2001	1996	1991
Charles	1030	814	1042
Heavitree	467	488	356
Larapinta	1196	1158	871
Ross	933	847	695
Stuart	628	604	744
Sub-total Alice Springs	4254	3911	3708

This represents a 14.7% increase (546 people) in Aboriginal pop in Alice between 1991-2001

Other Central Australian subdivisions (in hush around Alice)

Petennan (Western Desert area)	1110	886	845
Tanami	4963	5335	4316
Sandover	2688	1835	1586
Sub-total in bush around Alice	8761	8056	6747

This represents a 30% increase (2014 people) in the Aboriginal population in the bush areas around Alice between 1991 and 2001.

Total CA Aboriginal population 13015 11967 10455

This represents a 24.5% increase (2560 people) in Aboriginal pop in CA between 1991 and 2001

Barkly

Tableland	539	594	489
Tennant Creek bush	1505	1338	1315
Tennant Creek	1176	1517	928
Total Barkly population	3220	3449	2732

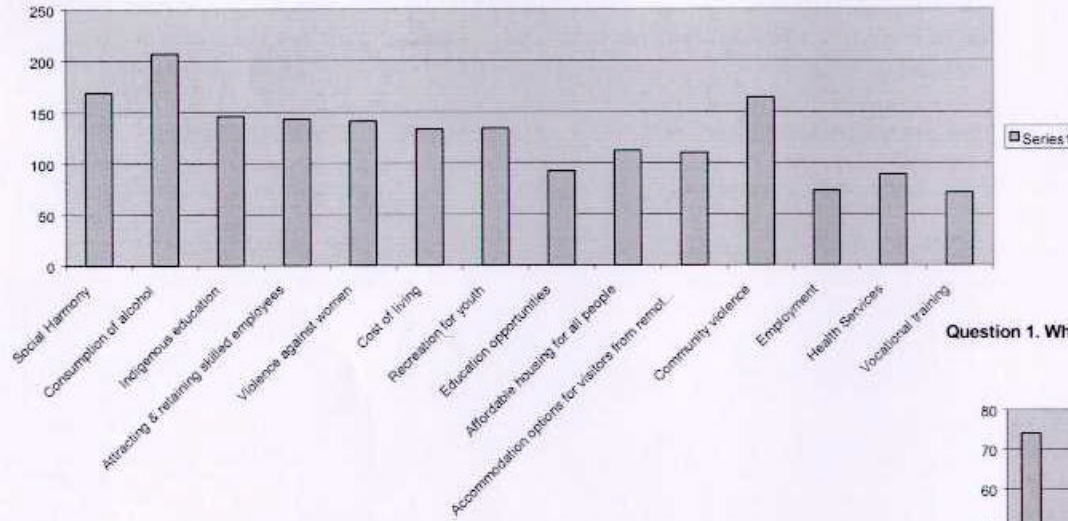
This represents a 18% increase (488 people) in Aboriginal pop in Barkly between 1991-2001 (26.7% increase in Tennant Creek (248 people) and 13.3% increase (240 people) in the bush outside Tennant Creek)

Total Barkly and CA Aboriginal pop. 16235 (2001) 15416 (1996) 13187 (1991)

This represents a 23% increase (3048 people) in Aboriginal pop in CA and Barkly (including Alice & Tennant) between 1991-2001

**COMMUNITY CONSULTATION ALICE SPRINGS SHOW
ALICE IN TEN QUALITY OF LIFE**

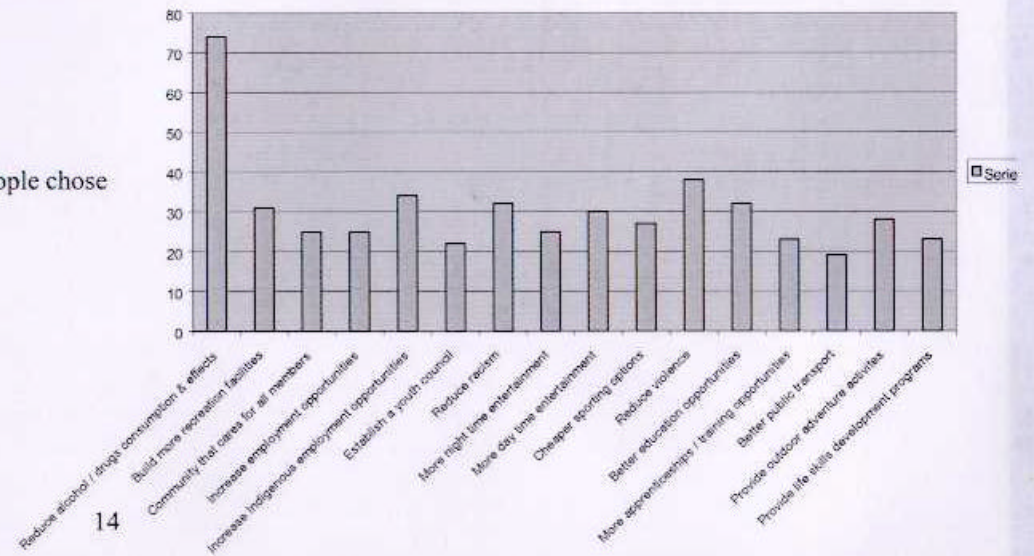
Question 2. What are the issues that need addressing to make Alice Springs an even better place to live?



Over 18 Section (281 responses – many people chose more than one option)

Under 18 Section (107 responses – many people chose more than one option)

Question 1. What is the one most important thing that we can do to make Alice Springs an even better place for young people to live?



**SUBSTANCE MISUSE ACTION GROUP
PRIORITY STRATEGIES 2002/03.**

The following strategies have been identified from the CARIHPC Substance Misuse Strategy Plan as the focus for implementation over 2002/03. Other strategies in the Plan will continue to be pursued and developed but those listed will be of most immediate priority.

INTERSECTORAL COLLABORATION

- Arrange for health services to work closely with the education and youth sectors.

AGENCIES WORKING TOGETHER

- Develop better coordination and collaboration between existing agencies. Develop and sustain appropriate networks and resource them to hold annual conferences of communities affected by youth substance misusers.

OUTLET REDUCTION

- CARIHPC members should work with the liquor industry as far as possible to promote a reduction in the number of alcohol outlets

QUOTA IMPOSITION

- Where requested by local communities, CARIHPC members should work with the liquor industry as far as possible to impose quotas on the sale of certain types of alcohol or certain types of containers

ALCOHOL FREE EVENTS

- Ask government departments and agencies and ATSIC to require any events they fully or substantially fund to be free of alcohol.

DRY AREAS

- Lobby the NT Police to support the declaration of dry areas where communities want to have these areas, particularly on town camps.

MEDIA

- Information dissemination and youth program promotion by radio.

ALCOHOL EDUCATION AND INFORMATION CAMPAIGN

- Local Aboriginal organisations to implement culturally appropriate education campaigns for alcohol users and non-users alike, focusing on current laws and regulations governing alcohol availability and consumption in Central Australia and information about standard drinks, safe drinking levels, health and behavioural problems associated with binge drinking and alcoholism, and appropriate drinking behaviour.

PARENTING AND FAMILY SKILLS

- Promote the use of continuing education programs for parents in relation to the needs and rights of children.
- Develop parenting programs to strengthen cohesion and problem solving techniques in families where there is an identified risk of underage and adult substance misusers, with particular attention to the needs of parents outside urban areas.

BRIEF INTERVENTION TRAINING

- Encourage training in brief interventions to all existing clinic workers and new recruits, and encourage all clinics to have protocols to aid effective brief interventions.
- Ensure AHW training programs include training in brief interventions.
- Ensure all doctors are receiving effective training in brief interventions as one of the main ways of accumulating their CME points.

APPROPRIATE YOUTH TREATMENT

- Encourage governments to jointly resource indigenous youth intervention and treatment programs in towns and major communities.
- Encourage governments to jointly resource bush-based special youth treatment and therapy projects in each zone, including intensive residential education/training and treatment camps.
- Encourage governments to jointly resource appropriate clinical services to allow out-of-hours assessment of clients by clinic staff (eg assessment is needed before sniffers are taken to outstations or other places for care; regular training in first aid and other basic skills is required for outstation and other community program staff., regular visits to respite outstations by clinic staff and occasional emergency attendance at outstations)

ACCOMMODATION FOR INTOXICATED YOUTH

- Encourage governments to jointly resource adequate accommodation for intoxicated youth where services, where services have demonstrated that they are able to cope with intoxicated youth and can sustain an accommodation service.

SPECIAL JUVENILE DETENTION FACILITY

- Upgrade the Alice Springs Juvenile Holding Facility to provide emergency facilities and supervision for intoxicated and/or aggressive young people who have to be held in custody pending charging (or are being held in involuntary protective custody).

RESEARCH

- Encourage qualitative and quantitative research on changes in Aboriginal substance misuse patterns in Central Australia.

SPORT AND RECREATION

- Resource and assist the provision of adequate sport and recreation facilities and equipment for all sizeable communities through, particularly competitive wages, vehicles and housing for trained recreation officers, basketball courts with lighting for night games, and swimming pools.

COMMUNITY JUSTICE PROGRAMS

- *Encourage the NT Government to provide resources for community initiatives such as night patrols, warden schemes, return to country programs and community justice strategies wherever communities request them, to minimise harm among alcohol drinkers.*
- Lobby the NT Government to support the use of community-based patrols to take people to safe places (home, sobering up shelters, etc)

Endorsed August 2002