

1. The history of failed attempts by successive Northern Territory and Federal Governments to manage Aboriginal alcohol dysfunction has been exhaustively documented. The last of those massively expensive attempts was the Intervention by the Federal Government in 2006. The report titled *Little Children are Sacred*, when the phrase “rivers of grog” became the catch cry, has now joined all of the other enquiries, reports and recommendations into this social tragedy that are gathering dust on shelves.
2. When one applies the famous Cicero question “qui bono” or translated from the Latin to “who benefits” to this damning history, it is neither the taxpayer nor alcohol addicted Aboriginal people who have seen any progress. Clearly there are benefits for the alcohol industry and those service providers who are funded to provide succor but not outcomes.
3. The current cost of Aboriginal alcohol dysfunction permeates every aspect of Government expenditure. The majority, at least seventy percent of the Northern Territory Court’s work is the processing of alcohol fuelled violent Aboriginal men; the prison population comprises the same data. More than seventy percent of the Health budget is directed at alcohol related Aboriginal medical issues. This is in a context of Aboriginal people comprising only 25% percent of the Northern Territory population. This does not include the Police budget, Aboriginal women’s refuges, the Children and Families budget or the Juvenile Justice budget. No outcomes are being achieved and the numbers are escalating. These figures are neither published nor scrutinized by reviewers and report writers, but rather are hidden in the departmental data. One hopes that this Review will collate that actual dollar cost.
4. It is particularly distressing to see over my 30 years in the Territory the wasted money on Aboriginal alcoholics with no outcomes, as various political parties attempt to deal with this massive social dysfunction. It continues inter generationally as the never ending churn of hospital admission, homelessness, protective custody, domestic violence, children taken into care, Court and prison. To simply process people and then return them to the same environment that caused and continues to imprison their dysfunction is simply a waste of money. To expect any outcomes in these circumstances is fanciful. The evidence reflects that. As a result of failed policy, we now have a tsunami of fetal alcohol syndrome in the children. This condition is permanent brain damage almost always requiring the appointment of a guardian. The cost is astronomical and will continue to escalate.
5. For various reasons, including the policy of dry communities as a result of the intervention, a massive increase in the number of alcoholic Aboriginal people in our towns has occurred. Unable to drink in their own communities, often troublemakers, they drift to town and form what are known as drinking families. This means each member of the “family” gets their welfare money on a different day of the week, so there is always money to drink. These people spend all their time seeking, consuming, and recovering from the effects of alcohol. The public places of our cities and towns are littered with these sad, homeless, violent, ill people.

6. We see these people every day as we go about our business and look the other way. It is simply too big a job for an individual and we look to Government to provide a solution. To suggest that these poor damaged individuals can decide themselves to seek treatment to get off the grog is nonsense. Such attitudes are simply an abrogation of our responsibility as a community to care for and assist the most vulnerable in our community.
7. I have been the Deputy President of the Alcohol Mandatory Treatment Tribunal since November 2015. This submission is based on my experience and observations in that role, as well as the statistics from that Tribunal regarding the outcomes of that particular legislative approach. Every person who came before me in the Tribunal was Aboriginal. Most of the women had had their children taken away. Strangely, no person gave a history of being taken into care.
8. The Alcohol Mandatory Treatment Tribunal is a world first in its approach as a Therapeutic Tribunal to deal with a person in a comprehensive way. The Tribunal comprises a legal member, a community member and a health member, usually a psychologist. The pathway for a person to come before the Tribunal is if a person is picked up and taken into protective custody three times in 2 months. The structure and purpose of the Act and the role of the Tribunal is best set out in the judgment of Justice Barr <sup>1</sup>a copy of which is attached and marked Attachment 1.
9. The current Northern Territory Government has decided to close the Tribunal. The purpose of this submission is not to make a political statement but to urge the Review to look at the results of the holistic approach that has been the hallmark of the Tribunal as a model for future treatment of the many issues that Aboriginal alcoholics present with. I have attached two actual reports of people <sup>2</sup> (Attachment 2) who came before the Tribunal. This is to demonstrate the breadth and depth of information that is provided to assist the Tribunal to make an order that is tailored to best achieve an outcome.
10. Unfortunately other past and current solutions are silo based, so no holistic view can be provided. There seems to be a protective fiefdom approach to treatment, whether it be medical, homelessness, reconnection to country, or up skilling for employment.
11. Having the management of a person under a three month treatment order can ensure recovery and assistance onto a new pathway as opposed to the current narrow treatment models referred to in paragraph 4 herein. The integrated approach of the Tribunal ensured the following outcomes:

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<sup>1</sup> JFT v Alcohol Mandatory Treatment Tribunal of the Northern Territory [2015] NTSC 72

<sup>2</sup> Actual Senior Assessment Clinician reports to Tribunal (with names removed to ensure anonymity)

- More than 50% of people coming before the Tribunal never returning to the Tribunal.
- Of those mandated into residential treatment for three months more than 75% in Darwin never returned.
- Of those mandated into residential treatment for three months more than 80% in Darwin never returned.

This is an outstanding statistic by any measure.<sup>3</sup>(Attachment 3)

12. Unfortunately the Price Waterhouse Coopers report *Evaluation of the Alcohol Mandatory Treatment Program published in January 2017* failed to acknowledge this data, and sought to rely on the soft evidence of interviews and other less reliable data to form their conclusions. This may well have been due to their specific terms of reference, but the omission is glaring. This is especially so when their conclusions regarding the cost benefit analysis is scrutinized. The costs of the matters referred to in paragraph 3 herein were neither referred to nor analyzed.
13. What the holistic approach ensured was medical management, psychological assistance and support and social and cultural support. In addition people are given hope by assistance to sort out administrative matters, get skilled and into employment. I had one young man come before me who had been a gun footy player and played for Territory Thunder until he was dropped when he was 25 years old. A young man like that, with all of the disciplines he demonstrated of that level of commitment and achievement showed he had so much to contribute, but no one to help him. He was lying in the Darwin gutters for 7 years before he came before the Tribunal. It was arranged for him to reconnect with footy as a coach and to have the safety and support of a place to stay away from the grog and his drinking family while he got his life back on track. That young man deserves better from us. The stories are endless and so avoidable.
14. The current Royal Commission into the Protection and Detention of Children in the Northern Territory is dealing mostly with the children of these alcoholic parents, and the policy failures to deal with them in a holistic way. Hopefully their recommendations can be of assistance to this review.

Sally M. Gearin

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<sup>3</sup> Statistical data of mandatory and other treatment orders compiled in 2015 and 2016