



Northern Territory Alcohol Policies and Legislation Review

17 July 2017

CONTENTS

1. Introduction	3
2. Executive Summary	5
3. Recommendations	6
4. Background	7
4.1. Tangentyere Council Aboriginal Corporation	8
4.2. Corporate Members	9
4.3. Mobility	10
5. Prohibition Versus Regulation	11
6. Alcohol Management Plans for Alcohol Protected Areas	13
7. Criminal Justice and Correctional Services	15
8. Domestic and Family Violence	16
9. Social Determinants	17
10. Community Led Interagency Responses	18
11. Community Hub Expansion	19
12. Living with Alcohol	20
12.1. Alcohol Levy/Volumetric Tax	20
12.2. Cultural Component	20
12.3. NGO Program Funding Stream	21
13. Individual Support Program	22
13.1. Overview	22
13.2. Rationale	22
13.3. Methodology	23
13.4. Targeted Clients	25
13.5. ISP Evaluation and Research Utilisation	25
14. References	26

1. Introduction

In the Northern Territory there is significant stigmatization of Aboriginal people in relation to the consumption of alcohol. This stigmatization (largely through the use of racial profiling) has had a number of impacts (in our experience) that are contrary to the direction of the harm reduction aspect of the harm minimisation framework. Harm minimisation has been the overarching principle that has guided the National Drug Strategy since 1985. Practitioners employed by Tangentyere Council have noted that many people are reluctant to discuss their alcohol consumption. Other individuals have identified that they will consume alcohol in large quantities in a short time period. The motivation for such drinking practices is to consume alcohol entirely in one sitting to avoid detection by police. Residents of Town Camps have acknowledged that by drinking in Alcohol Protected Areas that they are breaking the law but at the same time many have identified that drinking at home can be preferable to drinking in licensed premises. This preference is often linked to safety or the perception of safety by these individuals.

The stigma of Aboriginal alcohol consumption in the Territory is significant and has been reinforced by government legislation, policy and practice. The manner in which the Regional Development Plan for the Northern Territory (NT) identified alcohol as the basis for urban drift between remote communities and regional centres demonstrates the structural basis for this stigmatization (this version of the Regional Development Plan was challenged and was subsequently removed from the RDA website). This perspective is outlined below:

“Urban drift is a generic term used to describe situations across the nation whose only similarity is the movement of people from remote to urban communities. In the Territory the position is even more extreme than in most other jurisdictions. We have a unique situation here where the majority of the movement, although some of it is camouflaged by visiting hospital or prison inmates, is primarily to gain access to grog. Even the Rascals in New Guinea who are a huge criminal element initially came out of the bush seeking work whereas few if any of the vagrants within Territory urban communities have any intention of seeking work” (Regional Development Australia, Northern Territory, 2010, p. 25-26).

Whilst there is significant evidence that highlights the impact of the harmful use of alcohol on Aboriginal people the issue is not an Aboriginal issue as “it has been estimated that non-Aboriginal consumption levels in Alice Springs are about twice the national average” (MacKeith et al 2009, p.2). Despite the fact that the harmful use of alcohol cuts across racial and cultural divides it appears that the majority of recent strategies that have been implemented by the Commonwealth and the NT Governments are targeted toward Aboriginal people.

In a submission to the House of Representatives Standing Committee on Indigenous Affairs Tangentyere identified the discriminatory nature of alcohol policy in the Territory (Tangentyere Council, 2014, p. 4 and 20). Further it was outlined by Tangentyere that blanket alcohol prohibition for Aboriginal Community Living Areas, the use of racial profiling and the means of promoting temporary beat locations which until recently used “signage that depicts a black crow” (Tangentyere Council, 2014, p. 4 and 20) are significant barriers to effective harm reduction. These measures are clearly discriminatory and are stigmatising to Aboriginal people. Tangentyere has identified that for many the image of the black crow represented Aboriginal people as scavengers (Tangentyere Council, 2014, p. 4 and 20). Our members have identified that the discontinuation of this signage was a step in the right direction. Interestingly the use of well designed signage has been identified as a strong component of community led strategies provided that the targeted communities are involved with design and messaging.

Because alcohol attributed death rates amongst Aboriginal people in Central Australia are substantially higher than other parts of Australia (Gray et al, 2010, p. 21) the development of appropriate and sustainable harm minimisation strategies is seen as a priority. Our members have identified the importance of harm reduction, demand reduction and supply reduction. It is felt that the emphasis on supply reduction has meant that demand and harm reduction strategies have been overlooked.

Whilst the House of Representatives Standing Committee on Indigenous Affairs identified racial discrimination as a social determinant of alcohol use disorder and problem drinking (House of Representatives Standing Committee on Indigenous Affairs, 2015, p. 10) this has not prevented the development and extension of legislation and policy that is discriminatory.

In August 2007 Aboriginal Community Living Areas in the NT were designated as Alcohol Protected Areas as part of the NT National Emergency Response (Tangentyere Council, 2014, p. 18). This measure effectively criminalised the possession, use and supply of alcohol in Aboriginal Community Living Areas. In the case of the Alice Springs Town Camps, residents live within walking distance of licensed premises but cannot legally consume alcohol in their homes. Tangentyere questions the merit of criminalising the use and possession of alcohol in Community Living Areas. Tangentyere supports the criminalisation of the unregulated secondary supply of alcohol in these areas. Tangentyere Council notes that to date attempts by the Territory to tackle secondary supply appear to have failed (at least in the case of the Alice Springs Town Camps). One Town Camp President acknowledged his frustration about current supply reduction restrictions and the related issue of secondary supply as follows; “before my brother had to wait until the bottle shop opened but now he can buy alcohol here any time of day”.

From 2008 until August 2012 a former NT Government attempted to tackle the issue of supply through measures applied to the whole population regardless of race or geography. In 2008 the NT Government introduced the Alcohol Restriction Monitoring System (ARMS) in Alice Springs which later became the Banned Drinker Register (Tangentyere Council, 2014, p. 5, 18 and 20). The ARMS and the Banned Drinker Register (BDR) required customers to provide photo identification which was scanned at the point of sale to ensure supply restrictions on high risk products and on the basis of individually imposed court orders. The use of ARMS and the BDR did not target Aboriginal people but focussed on certain products and perpetrators. Tangentyere Council is very supportive of initiatives like the BDR and the Alcohol Restriction Monitoring System. Such initiatives are an appropriate mechanism for implementing supply reduction. Whilst these supply reduction measures represent an improvement they should not be the only response to problem drinking and alcohol related harm.

Despite widespread support for the BDR, the Country Liberal Party abolished the BDR once elected in August 2012. According to Allen Consulting key stakeholders including Aboriginal residents, licensees and service providers viewed the abolition of the BDR as being a mistake and the implementation of other strategies including the use of Temporary Beat Locations as being discriminatory (Allen Consulting Group, 2013, p. 2 and 13). Abolishing the BDR was a short sighted mistake.

Whilst the National Drug Strategy is based upon harm minimisation and its components being harm reduction, demand reduction and supply reduction (Ministerial Council on Drug Strategy, 2011, P. 9-19), in Central Australia and across the NT it appears that the major focus has settled on supply reduction.

In Alice Springs supply reduction has been enforced through Temporary Beat Locations. The first Temporary Beat Locations were part of Operation Marathon. Allen Consulting described these Temporary Beat Locations as “very public” where “a police officer was stationed outside each takeaway liquor outlet” and if a person “could not provide a sufficient answer, such as an address where alcohol” could legally be consumed then “the alcohol was taken away and destroyed” (Allen Consulting Group, 2013, p. 2 and 13). Temporary Beat Locations have been almost continuous since May 2012 and whilst the methodology of these has changed from the confiscation and destruction of alcohol to the prevention of the purchase of alcohol Aboriginal people continue to face racial profiling and discrimination. The operation of Temporary Beat Locations has improved from confiscation to purchase prevention but our members still feel that the stationing of police outside of licensed premises is a mistake.

Tangentyere Council favours the development of a considered approach to harm minimisation that sees the development, implementation and operation of a balanced approach to alcohol harm minimisation.

2. Executive Summary

Tangentyere Council welcomes this opportunity to make a submission to the Northern Territory Alcohol Policies and Legislation Review.

Tangentyere Council and the Alice Springs Town Camps accept that there are significant negative impacts caused by the harmful use of alcohol in our communities.

The drafting of this document has been informed by the regular engagement that takes place between the Office of the Chief Executive (OCE) and the leadership of the Alice Springs Town Camps. This engagement occurs between the OCE and the Tangentyere Board of Directors and between the OCE and Town Camp Housing Association/Aboriginal Corporations through both Town Camp Housing Association/Aboriginal Corporation General Meetings and Committee Meetings.

During the course of our submission Tangentyere Council will not seek to prove the case for the level of harm caused by problem drinking because we recognise that the Expert Advisory Panel will have sufficient access to a quantitative analysis of alcohol consumption and alcohol related harm. Tangentyere Council will however try to provide context and some level of qualitative analysis.

Tangentyere is a grass roots community development organisation with a large membership base, delivering a broad range of services from Child Protection through to Aged Care.

Tangentyere understands that the exposure of children to alcohol and family violence has a significant detrimental impact. We recognise the prevalence of trauma and attempt to deliver services that are both trauma informed and culturally competent. Tangentyere believes that the delivery of services to those who are 'at risk' from, are being impacted by and who have suffered the consequences of alcohol are paramount to the development of safe and strong communities.

There are those in our communities who struggle due to being exposed to alcohol in utero, or those who have been impacted by behavioural changes caused by prolonged exposure to the impacts of the harmful use of alcohol. Tangentyere agrees that there needs to be increased levels of funding for early intervention programs targeted toward children but considers that such programs need to operate in a manner that maximises the potential for capacity development in families. The investment in early intervention targeted toward young children needs to be accompanied by increased investment in other areas including youth and families.

Town Campers and many other Central Australian Aboriginal people have the shared experience of multidimensional disadvantage which includes the daily experience of racism, poverty, language barriers, low levels of literacy and numeracy as well as the experience of grief, loss and trauma. Town Camp communities are also impacted by high levels of family and domestic violence, lateral violence and substance misuse (including alcohol misuse). We consider that interagency responses to these issues need to be community led to ensure that overall responses and individual strategies are effective and empowering.

The social determinants of the harmful use of alcohol amongst Central Australian Aboriginal people include things like the experience of racism, poverty, social and financial exclusion, unemployment, low levels of literacy and numeracy as well as factors such as grief, loss and trauma.

In utero and early childhood exposure to alcohol and violence predisposes individuals to an experience of multidimensional disadvantage but the relationship between determinant and symptom is complex. Alcohol misuse is both determinant and symptom. In both respects it increases the likelihood of trauma, violence, antisocial behaviour and crime. Alcohol misuse by an individual will in the majority of cases have a negative

impact on their children, partner, family and community. This impact is likely to predispose children to future multidimensional disadvantage, trauma and substance misuse.

Our submission will focus on strategies that promote safety, empowerment, harm reduction, demand reduction and tailored supply reduction. Territory policy and practice should not stigmatize Aboriginal people nor should it criminalise the possession or use of alcohol by Aboriginal people living in Alcohol Protected Areas.

3. Recommendations

Supply Reduction	1) That Supply Reduction should not be disproportionately directed toward Aboriginal people;
	2) That the scope of the Banned Drinker Register be expanded to enforce measures including rules associated with households declared as Alcohol Restricted Premises;
Medically Supervised Detoxification	3) That the provision of additional funding be provided to 'Sobering up Shelters' for the recruitment of nursing staff and the establishment of suitably equipped medical rooms; 4) That existing 'Sobering up Shelter' facilities be expanded either through additional beds at existing facilities or through the creation of additional 'Sobering up Shelters'. Tangentyere supports the use of 'Sobering up Shelters' as a preferable alternative to the use of 'Police Protective Custody';
Public Restricted Areas & Restricted Premises	7) That the Alcohol Protected Area status of the Town Camps should be lifted in favour of an extension of Public Restricted Areas to Town Camp common areas and the designation of Restricted Premises for individual dwellings;
Local Decision Making & Community Safety Planning	8) That the development of community led interagency responses to alcohol related harm be prioritised as a significant component of the NT Government Local Decision Making (LDM) Agenda. LDM Community Safety Plans developed in this manner could supersede the Alcohol Management Plans formerly proposed but never implemented by the Commonwealth Government; 9) That the framework of LDM Community Safety Plans be sufficiently flexible and robust to allow components such as the following: a) Designation of Restricted Premises for individual dwellings. Restricted Premises designations to be determined voluntarily; or where households are engaged in antisocial behaviour, violence and/or crime; or where child protection and welfare issues have been identified. New households could also be designated as Alcohol Restricted Premises during an initial probation period; c) Designation of common areas of Town Camps as Public Restricted Areas; d) Augmentation of Notices of Direction for individual dwellings with whole of Town Camp trespass orders (for problem visitors or trespassers); e) Regular community led interagency community safety meetings to develop, implement and operate supply reduction, harm reduction and demand reduction strategies; f) Participatory action research as a mechanism for monitoring and evaluation;
Demand Reduction	10) That more money be invested in Demand Reduction activities for children, young people and their families. Such Demand Reduction Strategies might include: i) The resourcing of programs to develop Town Camp sports teams; ii) The development of programs to enhance the engagement and participation of children and young that promote cultural transmission and maintenance; iii) The further resourcing of Town Camp Community Centres to better facilitate integrated service delivery through the in-reach of external service providers and active outreach by Tangentyere programs;

Visitor Management	<p>11) Provide Housing Associations with the capacity to take out trespass orders over the entire area of a Special Purpose Lease or Crown Lease rather than restricting trespass orders to individual dwellings;</p> <p>12) Support the development and implementation of whole of community visitor management strategies which could include provisions allowing the Housing Associations to make whole of community decisions rather than restricting decisions to individual households;</p>
Living with Alcohol Program	<p>13) That the Living with Alcohol Program be reinstated due to the pragmatic aim of this program to develop the capacity of residents and communities to exercise effective control over the consumption of Alcohol;</p> <p>14) That an Alcohol Levy/Volumetric Tax be reintroduced as a means of creating an income stream to fund the operation of a 'Comprehensive Public Health Strategy' for addressing the 'Harmful Use of Alcohol' as part of reinstating the Living with Alcohol Program;</p> <p>15) That the an Alcohol Levy/Volumetric Tax be used to fund a range of Government, NGO and Community initiatives including the following:</p> <ul style="list-style-type: none"> a) Expanded and Medically Supervised Detoxification; b) Culturally & Linguistically Targeted Health Promotion Outreach Programs; c) Culturally & Linguistically Targeted Harm Minimisation Resources; d) Culturally and Linguistically Targeted Demand Reduction Activities; e) Development, implementation and operation of additional Community Hubs on Town Camps and Remote Communities.

4. Background- Town Camps

The Town Camp Movement was catalysed by the displacement of people from their traditional lands; the repeal of the Welfare Ordinance Act (1964); and the Equal Wages Case (1968); and steadily built momentum from early 1974 with the incorporation of the first Town Camp Housing Associations.

The Town Camp Housing Associations and Tangentyere Council were formed by Town Camp residents to support their efforts to gain access to land, housing, water, electricity, municipal services, community services and to address the shared experience of disadvantage. Tangentyere was incorporated in 1979 as a service provider and umbrella organisation for the Town Camp Housing Associations. The 16 Town Camp Housing Associations and Aboriginal Corporations are the Corporate Members of Tangentyere Council.

Today 16 Town Camps exist within Alice Springs. The conservative service population estimate for Town Camps is between 1,950- 3300, 70% are permanent residents and 30% are either visitors or homeless (Foster et al, 2005).

In 2009, 14 Housing Associations entered into tripartite Alice Springs Living Area Subleases with the Executive Director of Township Leasing (EDTL) on behalf of the Commonwealth and the CEO of Housing on behalf of the Territory. The EDTL then entered a Housing Management Agreement (underlease) with the Northern Territory Government making the Department of Housing and Community Development (DoHCD) the Housing Authority for the Alice Springs Town Camps. The Alice Springs Living Area Subleases expire in December 2049 but the Housing Management Agreement (HMA) expired in December 2012. Since the HMA expired in 2012 it has continued as a periodical agreement being extended from month to month. The periodical HMA undermines certainty and the capacity for future planning.

The periodical status of the HMA means that there is a lack of strategic long term planning with respect to housing management; municipal services; and the development of housing and infrastructure.

In addition the short term nature of the HMA and related subcontracts also undermines attempts by Town Camp Housing Associations to engage external parties in community led interagency responses to develop strategies for improving community safety.

4.1. Tangentyere Council Aboriginal Corporation

Tangentyere Council is a community controlled Public Benevolent Institution delivering human services and social enterprise activities for the benefit of Aboriginal people from the Town Camps, Urban Alice Springs and Central Australia. Tangentyere Council was first incorporated in 1979. Between 1979 and August 2015 Tangentyere Council was incorporated under the Northern Territory Associations Act (2008). To comply with the Commonwealth Government requirement for Indigenous organizations to be incorporated under the Corporations (Aboriginal and Torres Strait Islander) Act 2006 (CATSI) in order to receive Indigenous Advancement Strategy funding in excess of \$500,000, Tangentyere Council transferred incorporation to the CATSI Act. Tangentyere Council transferred incorporation on the 14th August 2015. The organization was a finalist in the 2016 Reconciliation Australia, Indigenous Governance Awards and is estimated to be one of the 15 largest Aboriginal Corporations in Australia.

Tangentyere Council was formed to assist the Housing Associations to gain legal tenure and in order to obtain water, electricity and housing. From 1979 Tangentyere Council operated as an Indigenous Community Housing Organisation (ICHO) and service provider. The Corporate Members of Tangentyere are the Housing Associations and the members of these Housing Associations are individual members of Tangentyere. Today, Tangentyere has 625 members. The Tangentyere Board of Directors is composed of the elected Presidents of the Alice Springs Town Camp Housing Associations and Aboriginal Corporations.

Tangentyere Council is no longer an Indigenous Community Housing Organisation but provides a broad range of Human Services including the following:

- Child Protection and Wellbeing;
- Aged and Disabled;
- Youth;
- Employment and Training;
- Family;
- Community Development;
- Community Safety and Wellbeing;
- Town Camp Secretariat Support;
- Chronic Disease Care Coordination;
- Family Violence Prevention; and
- Social Enterprise Development.

Tangentyere is committed to the employment and capacity development of Central Australian Aboriginal people.

66% of the Tangentyere workforce is Aboriginal and Tangentyere is committed to increasing this proportion. Investing in Aboriginal Corporations and Aboriginal community controlled social enterprises delivers outcomes for Aboriginal employment and economic participation.

4.2. Corporate Members

Tangentyere Council has 16 Corporate Members as follows:

Figure 1: Town Camp Housing Associations, Incorporation and Tenure					
Association/Aboriginal Corporation	Alias	Incorporation Date	Tenure	Lot Number	Granted
Ilperle Tyathe Association	Warlpiri	17/11/1978	SPL-450	5149	30/01/1979
Aper-Alwerrkngge Association	Palmer's Camp	17/04/1977	SPL-459	5180	25/07/1979
Mount Nancy Association	Mount Nancy	16/07/1974	SPL-409	5135, 5123	16/07/1976
Anthelk-Ewlpaye Association	Charles Creek	16/07/1974	SPL-426	3702, 3704	12/08/1977
Nyewente Association	Trucking Yards	6/02/1975	SPL-449	5152	28/12/1978
Akngwertnarre Association	Morris Soak	14/11/1974	SPL-438	5150	22/12/1977
Ewyenper-Atwatye Association	Hidden Valley	11/08/1977	SPL-473	5189	30/01/1980
Yarrenyty Arltere Association	Larapinta Valley	17/11/1978	SPL-536	5195	23/06/1981
Anthepe Housing Association	Drive In	8/03/1974	SPL-412	5146	8/11/1976
Inarlenge Association	Little Sisters	28/02/1978	Crown-1112	3701	11/06/1973
Ilyperenye Association	Old Timers	22/08/1977	SPL-550	5708	14/09/1981
Ilparpa Aboriginal Corporation	Ilparpa	25/10/1979	SPL-493	5713	2/07/1980
Mpwetyerre Aboriginal Corporation	Abbotts Camp	25/10/1979	SPL-543	2664	4/07/1980
Karnte Aboriginal Corporation	Karnte	11/07/1983	Crown- 1111	7850	1/02/1988
Lhenpe Artnwe Aboriginal Corporation	Hoppy's Camp	6/08/1986	SPL-426	1733	12/08/1977
Irrkerlantye Aboriginal Corporation	White Gate	28/10/1992	n/a	n/a	n/a

Each of these Housing Associations/Aboriginal Corporations is well governed and compliant with the requirements of either the NT Department of Business (Associations) or the Office of the Registrar of Indigenous Corporations (ORIC). Each of these Associations/Aboriginal Corporations is also a Public Benevolent Institution (PBI) and is compliant with the requirements of the ACNC. Tangentyere and its corporate members are ready to engage with the Territory in the spirit of the Local Decision Making Agenda to develop community led interagency responses to community safety and problem drinking. The corporate members of Tangentyere are interested to see the development of a more nuanced approach to problem drinking an alcohol related harm than the current circumstance of Alcohol Protected Areas and the use of Temporary Beat Locations.

4.3. Mobility

There is significant mobility amongst Central Australian Aboriginal people. This mobility takes place between remote communities; and between remote communities and major service centres like Alice Springs. There is limited scope to explore this issue as a component of our response but needless to say the mobility of people from remote Aboriginal communities to Alice Springs and its Town Camps has an impact on the level of alcohol consumption and to alcohol related harm.

The issue of mobility has a marked impact upon Tangentyere Council and its Corporate Members but is not well understood with respect to scale and impact. There are many motivators for the movement of people from remote areas and we are not suggesting that the majority of this movement is underpinned by individuals wanting to access alcohol. There is however significant anecdotal evidence that suggests that visitors contribute to alcohol related harm in Alice Springs and its Town Camps. Overcrowding, conflict and drinking do not result in good outcomes for the residents of the Alice Springs Town Camps.

The following table outlines work undertaken in 2005 by the Desert Knowledge Cooperative Research Centre and the Tangentyere Research Hub to better understand the issue of mobility and the relationship between the number of residents and the service population of the Alice Springs Town Camps:

Town Camp		Prior to SIHIP	2005	
Official	Alias	Houses	Residents	Service
Ilperle Tyathe	Warlpiri	7	109	177
Aper-Alwerrkngge	Palmer's Camp	6	51	83
Itwiyethwenge	Basso's Farm	2	9	15
Mount Nancy	Mount Nancy	11	63	102
Anthelk-Ewlpaye	Charles Creek	21	121	198
Nyewente	Trucking Yards	19	148	241
Akngwertnarre	Morris Soak	10	65	106
Ewyenper-Atwatye	Hidden Valley	23	243	396
Yarreny Arltere	Larapinta Valley	22	184	389
Anthepe	Drive In	8	94	154
Inarlenge	Little Sisters	13	154	250
Ilyperenye	Old Timers	8	89	145
Ilparpa	Ilparpa	11	106	173
Mpwetyerre	Abbotts Camp	6	74	156
Ilpeye Ilpeye	Golders' Camp	9	61	100
Karnte	Karnte	12	135	219
Lhenpe Artnwe	Hoppy's Camp	11	167	272
Total		199	1873	3176

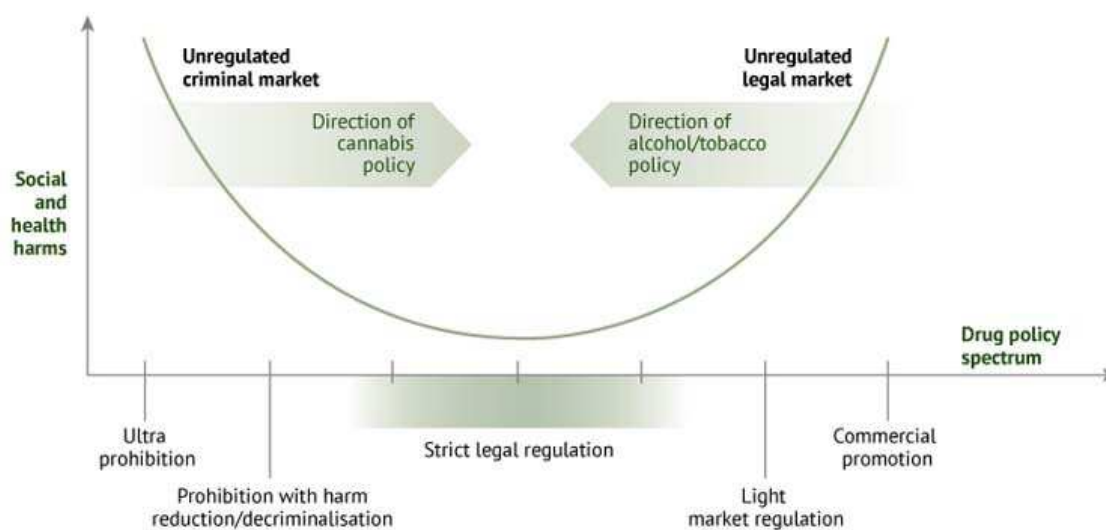
NB: it is clear that at the time of this work there was overcrowding on the Alice Springs Town Camps with an occupancy rate of 9 people per household. With the addition of visitors to these already overcrowded houses the problem is exacerbated with occupancy rates increased to 16 people per household. The work of Desert Knowledge Cooperative Research Centre and the Tangentyere Research Hub highlights the scale of the mobility of Central Australian Aboriginal people.

5. Prohibition Versus Regulation

Many Aboriginal people living in the Territory are residents of Alcohol Protected Areas. It is an offence to possess, consume or supply alcohol in an Alcohol Protected Area. Individuals in possession of less than 1350ml of pure Alcohol can receive a fine equivalent of 100 penalty units (\$15,400) or 6 months jail. Individuals in possession of greater than 1350ml of pure alcohol can receive 680 penalty units (\$104,720) or 18 months jail. 1350ml of pure alcohol is roughly equivalent to three cartons of full strength beer. In addition to Alcohol Protected Areas the Territory uses Temporary Beat Locations to prevent the purchase of alcohol by individuals from Alcohol Protected Areas (there are other determining factors but addresses are significant). Essentially Alcohol Protected Areas are about prohibition.

The following figure and text has been taken from the Final Report of the Task Force on Cannabis Legalization and Regulation commissioned by the Canadian Minister for Health in 2016. Tangentyere considered this diagram and commentary as being directly relevant to aspects of alcohol supply reduction in Central Australia and elsewhere in the Territory. From our perspective contemporary supply reduction strategies such as Temporary Beat Locations and Alcohol Protected Areas approach that part of the spectrum described as being ‘prohibition with harm reduction/decriminalisation’ or even ‘ultra prohibition’ with respect to Aboriginal people living in Alcohol Protected Areas. According to this figure such strategies tend to encourage the development of an unregulated criminal market (Task Force on Cannabis Legalization and Regulation, 2016). Tangentyere and the Town Camps are aware of the growth of secondary supply and fear that the growth of this unregulated criminal market is capable of increasing the supply of licit and illicit substances as well as increasing substance misuse (including alcohol).

Figure: Relationship between Drug Policy and Harm



“This graph depicts the relationship between the drug policy spectrum on the X-axis (from left to right: ultra prohibition, prohibition with harm reduction/decriminalisation, strict legal regulation, light market regulation, commercial promotion), and social and health harms increasing from bottom to top on the Y-axis. The relationship forms a “U” curve, where social and health harms are minimized with strict legal regulation, and increase as drug policy moves in either direction away from the centre of the “U”. If drug policy moves too far in the direction of ultra prohibition, the result is an unregulated criminal market. If drug policy moves too far towards commercial promotion, the result is an unregulated legal market. Both extremes lead to increased social and health harms” (Task Force on Cannabis Legalization and Regulation, 2016).

The report provides further commentary on the balance required to uphold and improve public health and it is clear that the evidence reviewed during the course of this inquiry strongly points to the benefit of strict regulation over the extremes of prohibition and commercial promotion. The report recommended a public health approach which incorporated the following elements:

- “A focus on reducing harm and promoting health at the population level;
- Targeted interventions for high-risk individuals and practices;
- A concern with fairness;
- An evidence-based approach” (Task Force on Cannabis Legalization and Regulation, 2016).

6. Alcohol Management Plans for Alcohol Protected Areas

The Corporate Members of Tangentyere Council, the Town Camp Housing Association/Aboriginal Corporations initially welcomed the opportunity to develop, implement and operate Alcohol Management Plans (AMPs). AMPs were seen as an opportunity for community controlled place based harm minimisation strategies. Unfortunately in reality the engagement and participation of community members in the development of these plans has not led to the approval of AMPs by the Commonwealth (in particular). The following timeline outlines the progress of the Mount Nancy Alcohol Management Plan to demonstrate the lack of meaningful outcomes:

August 2007	Northern Territory National Emergency Response Bill 2007 was introduced in the Parliament of Australia.
February 2011	Work on the AMP commenced in 2010 and was endorsed at the community level in February 2011
June 2011	The Stronger Futures in the Northern Territory discussion paper, was released on 22 June 2011 by the Prime Minister, the Hon Julia Gillard MP, and the Minister for Families, Community Services and Indigenous Affairs, the Hon Jenny Macklin MP.
August 2011	Licensing, Regulation and Alcohol Strategy stated that: <ol style="list-style-type: none"> 1. The Mount Nancy AMP was currently being looked at by the intergovernmental working group. This group will make some recommendations with regard to funding and implementation; 2. The Mount Nancy AMP will be forwarded to Minister Macklin who will be requested to endorse the AMP; 3. Once the plan has received Ministerial endorsement Licensing will then meet with the community to action the implementation of the plan.
November 2011	The Stronger Futures legislation was introduced in the Parliament of Australia by the Hon Jenny Macklin, the Minister for Families, Community Services and Indigenous Affairs, and was subsequently supported by the Prime Minister, the Hon Julia Gillard
January 2012	The Mount Nancy AMP was redeveloped on the basis of advice from the intergovernmental working group. The second version of the Mount Nancy AMP was endorsed by the community in January 2012.
February 2012	The Stronger Futures legislation was passed in the House of Representatives
June 2012	The Stronger Futures legislation was passed in the Senate
August 2012	The incumbent Northern Territory Australian Labor Party Government led by Chief Minister Paul Henderson was defeated by the opposition Country Liberal Party led by opposition leader Terry Mills
August 2013	Responsibility for the development and implementation of AMPs had by this stage been shifted to the Department of Health which stated that: <p>“The Mount Nancy AMP is to be reviewed; some strategies are no longer valid or operational. Also, to meet the Minimum Standards required under the Stronger Futures in the Northern Territory Legislation, the current layout of the AMP has since been revised.”</p>
August 2013	The proclamation dissolving the Australian parliament and formally beginning the election period, was issued by the Governor-General
September 2013	A federal election to determine the members of the 44th Parliament of Australia took place

Sept 2013	The incumbent Labor Party Government led by Prime Minister Kevin Rudd was defeated by the opposition led by Tony Abbott of the Liberal Party of Australia and Warren Truss of the National Party of Australia
May 2014	An AMP covering the Northern Territory community of Titjikala is the first to be approved by the Australian Government. No other AMP has subsequently been approved by the Commonwealth in the NT.
21 April 2016	The National Partnership On Remote Northern Territory Remote Aboriginal Investment supersedes the Stronger Futures in the Northern Territory. The new National Partnership deemphasises AMPs in favour of Alcohol Action Initiatives (AAIs).
27 August 2016	The incumbent Northern Territory Country Liberal Party Government led by Chief Minister Adam Giles was defeated by the opposition Australian Labor Party led by opposition leader Michael Gunner.
17 Nov 2016	Mount Nancy Association received funding for two Alcohol Action Initiatives that correspond to two elements of the proposed Mount Nancy AMP.
30 June 2017	Mount Nancy and other Town Camp Associations/Aboriginal Corporations are disappointed with the failure of the Commonwealth to deliver on the concept of community led interagency collaborative responses to alcohol related harm. Tangentyere Council Corporate Members viewed AMPs as an opportunity for the community to implement place based harm minimisation encompassing supply, harm and demand reduction. It has been six years since the endorsement of an AMP by the members at Mount Nancy.

Tangentyere and its corporate members would like to recommend that the development, implementation and operation of AMPs for Alcohol Protected Areas be superseded by the development of community led interagency responses to address community safety and alcohol related harm. This work could be undertaken under the Local Decision Making Agenda. Additionally we recommend that the Alcohol Protected Area status of the Town Camps should be lifted in favour of an extension of Public Restricted Areas to Town Camp common areas. The use of Public Restricted Areas could be coupled with the designation of Alcohol Restricted Premises for individual dwellings. The designation of Restricted Premises for individual dwellings should be both voluntary and mandated as part of targeted intervention for high-risk individuals and practices.

7. Criminal Justice and Correctional Services

Given the high rates of imprisonment in the Territory there is an opportunity for AOD intervention for individuals within the criminal justice system. Such interventions could take place at various stages of contact between individuals and the criminal justice system. This could include court based diversion and programs run for inmates. From our perspective meaningful AOD work does not appear to happen with inmates of the Alice Springs Correctional Centre which is most unfortunate.

In the June quarter of 2016 the NT “had the highest average daily imprisonment rate” of “934 prisoners per 100,000” adults compared with the national average of 207.6 prisoners per 100,000 (Australian Bureau of Statistics, 2016). Australia-wide 28% of adult prisoner are Aboriginal or Torres Strait Islanders (ATSI), while ATSI only account for 2% of the population (Australian Bureau of Statistics, 2016). ATSI youth are 24 times more likely to be in detention when compared with non-Indigenous youth (Australian Institute of Health and Welfare, 2016, p. 3) and ATSI adults are 13 times more likely than non-Indigenous adults to be incarcerated (Australian Institute of Health and Welfare, 2016, p. 3). In the NT 85% of the prison population is Aboriginal (Criminal Justice Research and Statistics Unit, 2016, p. 6) and 94% of youth receptions were Aboriginal (Criminal Justice Research and Statistics Unit, 2016, p. 7). In 2014/15 the recidivism rate in the NT was 57.5% and the percentage of offenders engaged with rehabilitation was only 14.1% compared with the national average of 31.6 (Criminal Justice Research and Statistics Unit, 2016, p. 13). In the NT, rehabilitation is bundled together with education and training (Criminal Justice Research and Statistics Unit, 2016, p. 13) and the true number of inmates engaged with rehabilitation is unknown.

In contrast there is an emphasis on reparation with 74.8% of prisoners in the NT employed (Criminal Justice Research and Statistics Unit, 2016, p. 13). The focus on employment and the lack of rehabilitation in NT Correctional Centres is consistent with our experience that policy makers see employment and economic participation as the only mechanism for addressing multidimensional disadvantage. In the NT the cost per prisoner per annum is \$77,015 (Criminal Justice Research and Statistics Unit, 2016, p. 13) and the daily average number of prisoners was 1597 (Criminal Justice Research and Statistics Unit, 2016, p. 4). The significant expenditure outlined above is not consistent with good outcomes in terms of rehabilitation and it is not clear whether any work is being undertaken to better understand the high rates of crime and recidivism.

Whilst the high rates of incarceration of Aboriginal people in the NT is a tragedy it also represents a lost opportunity. The opportunity is twofold, firstly it presents an opportunity for understanding and secondly for rehabilitation. The work of Heffernan et al undertaken in Queensland prisons with ATSI inmates during 2008 is enlightening as it demonstrates that the “12-month prevalence of mental health disorder was 73% among men and 86% among women” (Heffernan et al, 2012, p. 37). The composition of mental health disorders included anxiety disorders, depressive disorders, psychotic disorders and substance misuse disorders (Heffernan et al, 2012, p. 37). The most common anxiety disorder among both men and women was post-traumatic stress disorder (Heffernan et al, 2012, p. 37). More recent work by Heffernan et al has started to further illuminate the issue of Post Traumatic Stress Disorder (PTSD) amongst ATSI female inmates in Queensland estimating that “almost half (47%) of Indigenous women in custody suffer from PTSD” (Heffernan et al, 2015, p. 5). No such picture exists for Aboriginal inmates of the NT. It is hoped that the Royal Commission into the Child Protection and Youth Detention Systems of the NT may shed some light on these issues. The work of Heffernan makes observations relevant to the NT context which includes the early onset of post traumatic disorder; the complicating influence of alcohol and other drugs; the lack of diagnosis or the misdiagnosis of post traumatic disorder amongst Aboriginal people and the lack of treatment options and outcomes (Heffernan et al, 2015, p. 4).

Tangentyere Council would like to see considerably more work undertaken with inmates to tackle issues related to alcohol, substance misuse and mental health issues whilst imprisoned. Perhaps through the development, implementation and operation of well designed, trauma informed and culturally competent programs alcohol rehabilitation can take place as a positive consequence of imprisonment.

8. Domestic and Family Violence (D&FV)

Tangentyere Council has been operating a number of Family Violence Prevention Programs and recognises the relationship between problem drinking, violence and trauma. Alcohol is not necessarily an initiator of D&FV but it is certainly implicated. We recognise that the prevalence of alcohol is likely to increase the frequency and severity of D&FV. At times alcohol has been likened to an accelerant for D&FV.

The NT has the highest prevalence of D&FV in Australia and the highest rate of associated homicides (Bryant and Cussen, 2015, p.8). 67% of homicides in the NT are related to D&FV compared with the national average of 39% (Bryant and Cussen, 2015, p.8). To put this in further context, the number of homicides per 100,000 people in the NT was 5 times that of the national rate (Bryant and Cussen, 2015, p.5). Of the 733,900 women estimated to have been victims of D&FV nationally 48% reported that their “children had seen or heard the violence” (Australian Bureau of Statistics, 2013). Whilst the national figure for the exposure of children to D&FV is significant it is expected that this figure would be higher in the NT due to chronic overcrowding. Foster et al estimated that the average number of residents per dwelling in the Alice Springs Town Camps was 9 people (Foster et al, 2005).

Reinforcing the contagious nature of trauma is the observation that “trauma appears to amplify the common gender stereotypes” and that “men with histories of child abuse are more likely to take out their aggressions on others” and that “women are more likely to be victimised” (Herman, 2015, p. 140). Gendered violence is a massive issue in Central Australia (Cavanagh, 2016, p. 2). There is no doubt that children are being exposed to violence and that stereotypes are being reinforced. There is a risk that the extremity of these stereotypes will increase from generation to generation. Tangentyere is funded to operate a number of programs designed to tackle some of these issues including a Men’s Behaviour Change Program (MBCP) and a D&FV Specialist Children’s Service. The purpose of a MBCP is to “work towards men’s nonviolence through long term behaviour change” (No To Violence, 2011, p. 4). The Specialist Children’s Service is designed to work with children who have been exposed to D&FV. The program works to address trauma and to support capacity for the development of respectful relationships that are free from D&FV.

The facilitation of Family Violence Prevention Programs has greatly emphasised the gap in appropriate Alcohol Harm Minimisation on the Town Camps and surrounding areas to enhance the work of tackling violence, safety and empowerment. Tangentyere Council commenced the development of an Alcohol Harm Minimisation Individual Support Program to fill this gap in service delivery; this program will be outlined in detail later.

9. Social Determinants

The work of Roche et al outlines that it is the disparity between the conditions experienced by residents and the mainstream population that determines the increased likelihood of the alcohol related harm (Roche et al, 2015, p. ii20). On this basis to address the impacts of alcohol and alcohol related harm more work needs to be undertaken to address the social determinants that are contributing to the levels of alcohol related harm in our community.

The social determinants are identified by the AMA as including the following:

- The social gradient
- Housing
- Stress
- Early life
- Social inclusion
- Education
- Employment/Unemployment
- Income
- Social support
- Addiction
- Food and nutrition
- Transport
- Race and culture
- Disability
- Contact with the Criminal Justice System

On the basis of these indicators many Central Australian Aboriginal people are significantly disadvantaged. Roche et al recommend that interventions tackle these inequities as a strategy for addressing alcohol related harm (Roche et al, 2015) but acknowledge that such strategies have not been widely implemented in Australia (Roche et al, 2015).

On the other hand Zubrick et al acknowledge the relationship between protective factors including culture and language; and risk factors including minority stress and discrimination as key factors in understanding the health and wellbeing of individuals (Zubrick et al, 2010, p. 82-86).

Tangentyere is seeking to develop, implement and operate programs that address the social determinants, behaviour and support the strengthening of protective factors.

10. Community Led Interagency Responses

Tangentyere and its corporate members have a significant role to play with respect to the Local Decision Making Agenda and it is now envisaged that community led interagency responses will supersede the role previously envisaged for Alcohol Management Plans. Examples of community led initiatives jointly facilitated by Tangentyere and individual Housing Associations/Aboriginal Corporations have included community safety meetings facilitated at localities such as Anthelk Ewlpaye and Mpwetyerre. These meetings were attended by internal and external stakeholders. External stakeholders included NT Police, Department of Housing and Community Development, Department of Chief Minister, Department of Prime Minister and Cabinet and the Central Australian Affordable Housing Company. The role of the NT Department of Health in developing Alcohol Management Plans appears to have been superseded by a role in providing financial support for community driven Alcohol Action Initiatives (AAIs). These AAIs include funding for projects that support local supply, harm and demand reduction strategies. Tangentyere and its corporate members are disappointed by the apparent demise of Alcohol Management Plans in favour of AAIs but are now considering how best to leverage AAIs as part of community safety plans developed as part of our collaborative approach to the Local Decision Making Agenda. In addition Tangentyere can support individual localities to develop strategies that could subsequently be the subject of funding applications for addressing demand. Demand reduction strategies could include bush trips to support cultural transmission, sporting registrations and resourcing/incentives for community led activities such as 'car pool to school'. Culture, sport and educational attainment are protective factors against alcohol misuse.

The facilitation of community led interagency meetings at localities including Anthelk Ewlpaye and Mpwetyerre has highlighted the need for increased service delivery including the expansion of existing community centres and the development of additional community hubs to help coordinate responses to issues including:

- Visitor Management and Overcrowding;
- Behavioural issues of including antisocial behaviour, problem drinking and violence;
- Illegal camping in areas adjacent to Town Camps;
- Secondary supply of alcohol;
- Family and Domestic Violence;
- Tenancy Issues (including conflict with neighbours and visitors);
- School Engagement and Participation;
- Demand reduction activities for children and young people (combating boredom, crime and AOD);
- Difficulty with accessing services;
- Family and parenting support;
- Unemployment and skills development.

Alcohol is directly implicated with many of these issues. Tangentyere would like to reiterate that the community needs to be involved with the development of place based responses.

11. Community Hub Expansion

A number of Town Camps Clusters have identified the need for improved community safety through the development of Community Hubs to support:

- Case Management and Participatory Development Programs;
- Community Led Interagency Coordination (particularly with respect to safety and wellbeing);
- Leadership, Governance and Cultural Identity;
- Assistance with Service Navigation and Referral (including in reach);
- Access to Demand Reduction and Harm Reduction Programs;
- Youth Development Programs;
- School Engagement and Participation;
- Aboriginal Employment and Economic Participation

Tangentyere already has a number of community hubs delivering services to Town camp clusters as outlined:

Cluster	Town Camp		Houses
Northern Community Hub	Ilperle Tyathe	Warlpiri	9
	Aper-Alwerrkngge	Palmer's Camp	7
	Itwiyethwenge	Basso's Farm	2
	Mount Nancy	Mount Nancy	11
	Anthelk-Ewlpaye	Charles Creek	21
	Lhenpe Artnwe	Hoppy's Camp	13
Nyewente Community Centre	Nyewente	Trucking Yards	26
	Akngwertnarre	Morris Soak	15
Ewyenper-Atwatye Community Centre	Ewyenper-Atwatye	Hidden Valley	47
	Ilpeye Ilpeye	Ilpeye Ilpeye	15
	Mpwetyerre	Abbotts Camp	6
Yarrenyty Arltere Learning Centre	Yarrenyty Arltere	Larapinta Valley	34
Karnte Community Centre	Anthepe	Drive In	15
	Inarlenge	Little Sisters	22
	Ilyperenye	Old Timers	10
	Ilparpa	Ilparpa	13
	Karnte	Karnte	19
Total			285

NB: Whilst community facilities are currently being upgraded at Ilperle Tyathe and Anthelk Ewlpaye there has not been a physical community centre for the 'Northern Camps'.

The current staffing model has limited capacity as outlined:

Northern Community Hub	Coordinator (0.4 FTE), Youth Worker (0.8 FTE), Support Worker (10hr/wk)
Nyewente Community Centre	Coordinator (0.4 FTE), Youth Worker (0.8 FTE), Support Worker (10hr/wk)
Ewyenper-Atwatye Community Centre	Coordinator (FTE), Youth Worker (0.8 FTE), Support Worker (10hr/wk)
Yarrenyty Arltere Learning Centre	Coordinator (FTE), Youth Worker (0.8 FTE), Support Worker (10hr/wk)
Karnte Community Centre	Coordinator (FTE), Youth Worker (0.8 FTE), Support Worker (10hr/wk)

Tangentyere Council requires additional funding to services these clusters particularly with additional Community Centres being upgraded. Tangentyere is working toward the expansion of these community centres in order to improve community safety, and children and schooling outcomes for the residents of these localities.

12. Living with Alcohol Program

Tangentyere has received periodical feedback from both corporate and individual members that they support the reintroduction of the Living with Alcohol Program. Members have identified their recognition that this historical program's aim of reducing alcohol related harm in the NT through the encouragement of individual and collective strategies for exercising effective controls over drinking behaviour is a pragmatic and long term response to the reality that Alcohol is present in the Northern Territory.

The Living with Alcohol program (LWA) was established with the aim of being a comprehensive public health strategy to address alcohol related harm in the NT.

From 1992 to the year 2000, the Northern Territory Government committed funding to implement the Living with Alcohol Program as a whole of government approach to reduce alcohol related harm.

"The impact of the LWA program and the associated alcohol levy in relation to acute" deaths (e.g. road injury, violent assault) was significant according to Chikritzhs et al who identified that "the average rate of acute deaths in the NT during the Levy/LWA program was about 37% lower than before the interventions had been introduced" (Chikritzhs et al, 2004).

Some key elements of LWA supported by the Tangentyere Board are outlined below identified:

12.1. Alcohol Levy/Volumetric Tax

The LWA was established with the aim of being a comprehensive public health strategy to address alcohol related harm in the NT. It was originally funded by an additional levy on alcohol products containing more than 3% alcohol by volume. Other funding mechanisms were developed following a High Court ruling in 1997 which disallowed States and Territories to use licensing fees to raise tax revenue.

Tangentyere supports the generation of revenue through an alcohol levy/volumetric tax on alcohol products containing more than 3% alcohol by volume.

12.2. Cultural Component

Our corporate and individual members have identified that any programs addressing issues such as alcohol or alcohol related harm require a 'cultural component'. This cultural component was a feature of LWA. It is recognised that funding available for Alcohol Action Initiatives (AAIs) presents an opportunity to support the development of projects addressing the need for demand reduction that includes a cultural component.

In our opinion this 'cultural component' has three (3) aspects. These aspects are as follows:

- a) 'Cultural Transmission'- the first aspect is about making people strong through participation in activities that broadly support 'cultural transmission'. Such activities could include the creation of artefacts, art, sculpture and the use of multimedia to create videos/animations or images promoting alternatives to alcohol misuse;
- b) 'Local Community Campaigns'- the second aspect would be to operate 'Local Community Campaigns' at the level of individual localities or clusters of localities to engage children, young people, adults and multigenerational families in 'campaigns' operated in collaboration with external services. These 'campaigns' would promote healthy eating, cooking, local food production and participation in sport & recreation. Such projects would aim to incorporate a bush foods component as a cultural transmission activity. The central focus would be to target messages associated with getting active, having regular health checks, eating good foods with key messages associated with how participants can live longer healthier lives. The footprint of these 'campaigns' would be expanded through the engagement of local film makers in the development of resources such as videos promoting messages encouraging healthy life style choices such as healthy eating, moderate alcohol consumption, quitting smoking and regular exercise. Such media will be produced in Central Australian Aboriginal Languages such as Arrernte, Warlpiri, Luritja, Pitjantjatjara etc. Participants could receive tuition in video making, digital photography and editing. Videos will be produced in language and offered as language content to Indigenous Community Television (ICTV). Such a strategy could build upon the historical success of LWA with addressing acute deaths. LWA had limited success with improving chronic deaths (i.e. deaths attributable to alcohol and chronic diseases etc);
- c) The Development of a 'responsible alcohol culture'- the development of a 'responsible alcohol culture' is about supporting people to learn to live with alcohol. If people are to learn to live with alcohol, there must be a change in both individual behaviour and the broader patterns of alcohol consumption. Tangentyere supports the original aims of the LWA which were as follows:
 - i) Establishment of an awareness of the links between alcohol misuse and community, family and personal problems;
 - ii) Provision of information about responsible drinking and the consequences of excessive consumption so that people can make informed choices;
 - iii) The creation of an environment which actively encourages responsible drinking and discourages hazardous consumption;
 - iv) Support for individuals, families and communities in their careful drinking choices, including people and communities that choose not to use alcohol or to restrict the availability of alcohol.

12.3. NGO Program Funding Stream

The need for additional funding for programs that support alcohol harm minimisation is the motivation for our recommendation that the expert panel revisit the issue of an Alcohol Levy and/or Volumetric Tax. Such a Levy/Tax would generate an income stream that could be specifically targeted toward programs aimed at addressing the harmful use of alcohol.

As will be outlined later Tangentyere has received funding for the development, implementation and operation of an Alcohol Harm Minimisation Individual Support Program through the National Partnership

Agreement on Northern Territory Remote Aboriginal Investment. The funding available through the National Partnership Agreement on Northern Territory Remote Aboriginal Investment to tackle alcohol is only available in two sites. The National Partnership Agreement on Northern Territory Remote Aboriginal Investment itself is in place for a finite period. On the basis of funding limitations and the duration of funding Tangentyere considers that a Alcohol Levy and/or Volumetric Tax should be considered as a means of ensuring the longevity of strategies and programs for tackling alcohol related harm.

13. Individual Support Program

13.1. Overview

Tangentyere Council has entered into a service agreement with the NT Department of Health for the development, implementation and operation of an Alcohol Harm Minimisation Individual Support Program (ISP). The funding for the Alcohol Harm Minimisation ISP aligns with the Alcohol Schedule of the National Partnership Agreement on Northern Territory Remote Aboriginal Investment, Community Safety Implementation Plan. Tangentyere Council will develop, implement and operate the Alcohol Harm Minimisation ISP so that it aligns with the Services Funding Agreement, the Alcohol Schedule of the National Partnership Agreement and the National Drug Strategy Harm Minimisation Framework.

The Alcohol Harm Minimisation ISP has been implemented for the mitigation of alcohol related harm in the Alice Springs Town Camps and surrounding areas and incorporates the following components:

- Service Navigation and Referral;
- Early Intervention and Family Support;
- Assertive Outreach and Case Management;
- User Pays Travel Assistance;
- Facilitation of Self Help Groups;
- Community Health Promotion;
- Pre-employment Support and Training;
- Participatory Action Research Evaluation

13.2. Rationale for the ISP

Alcohol Use Dependence and Binge Drinking are major issues in Central Australia. Harms related to alcohol misuse include Family and Domestic Violence, Crime, Antisocial Behaviour and Cognitive Disorders. Alcohol is a major contributor to family breakdown and a barrier to childhood development, school engagement, participation in employment and training and to community safety and wellbeing.

The Individual Support Program has been developed to operate a flexible and multifaceted program that tackles Alcohol Use Disorder and Binge Drinking at an individual, family and community level.

In delivering a sustainable program that can deliver longer term benefits to stakeholders it is recognised that some consideration needs to be given to the:

- Social Determinants of Health;
- Impact of Minority Stress, Acculturative Stress, Stigma and
- Behavioural Risk Factors of Alcohol Misuse

Alice Springs has a number of AOD providers but it is recognised that there have been significant service gaps and related opportunities. The apparent gaps identified include the following key points:

- Lack of Return to Country;
- Limited Capacity of Outreach Services;
- Limited Capacity of Case Management and Referral Services;
- Lack of Peer Support for Individuals Exiting Residential Treatment;
- Lack of Continuing Care for Individuals Exiting Residential Treatment;
- Limited Capacity of Early Intervention and Family Support Programs;
- The Lack of Harm Reduction Based Interventions;
- The Lack of Pathways from Alcohol Use Dependence, to Employment and Training via Prevocational CDP/JSA Activities.

13.3. Methodology

Tangentyere continues to further develop and operate the ISP so that it can tackle Alcohol Use Disorder, Problem Drinking, Visitor Mobility and Alcohol Related Harm.

Whilst there is a significant focus on working with individuals and families to address alcohol use and the symptoms of alcohol related harm Tangentyere has developed this service so that it can collaborate with other service providers to tackle the underlying social determinants of health particularly in the domains of employment, family and community, and in addressing the behavioural risk factors of problem drinking.

With regard to health promotion and demand reduction it is envisaged that the ISP can collaborate closely with representative bodies such as the Housing Associations, the MacDonnell Regional Council, Central Desert Regional Council, Barkly Regional Council and the Northern Territory Government.

The ISP has a significant role to play with respect to the Local Decision Making Agenda and it is now envisaged that community led interagency responses will supersede the role previously envisaged for Alcohol Management Plans. Examples of community led initiatives jointly facilitated by the ISP and the Office of the Chief Executive have included community safety meetings facilitated by Tangentyere at localities such as Anthelk Ewlpaye and Mpwetyerre. These meetings were attended by internal and external stakeholders. External stakeholders included NT Police, Department of Housing and Community Development, Department of Chief Minister, Department of Prime Minister and Cabinet and the Central Australian Affordable Housing Company.

The role of the NT Department of Health in developing Alcohol Management Plans appears to have been superseded by a role in providing financial support for community driven Alcohol Action Initiatives (AAIs). These AAIs include funding for projects that support local supply, harm and demand reduction strategies. Whilst Tangentyere and its corporate members were initially disappointed by the apparent demise of Alcohol Management Plans in favour of AAIs significant consideration is now being given of how best to leverage AAIs as part of community safety plans developed as part of our collaborative approach to the Local Decision Making Agenda.

In addition Tangentyere will investigate the best methodology for collaborating with the Territory in assisting individual households with becoming Alcohol Restricted Premises (and in seeking notices of direction and trespass orders etc). Whilst the designation of individual households as Alcohol Restricted Premises does not necessarily make sense with blanket alcohol restrictions it continues to appeal to many households and may fit with the aspiration of many Town Camps to have blanket restrictions lifted. In addition the ISP can support individual localities to develop strategies that could subsequently be the subject of funding applications

(possibly as AAls etc) for addressing demand. Demand reduction strategies could include bush trips to support cultural transmission, sporting registrations or resources/incentives for community led activities such as 'car pool to school'. Culture, sport and educational attainment are protective factors for later alcohol misuse.

A number of key features have been identified that reflect good practice for addressing the serious alcohol related issues present in regional centres such as Alice Springs amongst Central Australian Aboriginal people including:

- Aboriginal Community Control;
- Culturally Competent Work Practices;
- Placed Based Interventions Delivered Through Assertive Outreach;
- Assistance with Service Navigation, Interagency Engagement and Referrals;
- Provision of holistic support to individuals and families so that barriers to seeking rehabilitation and engagement with employment and training are addressed.

One key issue identified by individuals recovering from or having lapsed in their recovery is the lack of peer support. A non-Indigenous service provider operates an abstinence based peer support group attended mainly by non-Indigenous participants. Central Australian Aboriginal people however have advised that they would be far more likely to participate in a culturally appropriate peer support group. It has been identified that such a group should be available to those who are successfully recovering and to those who are struggling. Ongoing abstinence should not be a requirement to receive support. Successful recovery does not necessarily require abstinence and the occasional lapse should not be considered as failure. The literature recognises the value of facilitated peer support groups to ensure that the peer support is indeed conducive to recovery and likely to deliver sustainable outcomes. Tangentyere will employ a group facilitator as a component of the ISP to facilitate such groups and to work with Community Development Program and Job Services Australia providers to provide support to participants to address prevocational barriers to employment.

In further developing the ISP Tangentyere will continue to contextualise evidence based strategies for addressing problem drinking and its related harms. Such strategies include work practices and tools such as the following:

- Micro counselling;
- Motivational Interviewing;
- Brief Interventions; and
- Assessment tools such as the 'Alcohol Use Disorders Identification Test' (AUDIT)

In a very real sense case management needs to include a relevant place based toolkit that includes a range of strategies and assessments. Sometimes the work might appear to happen on a logistical level but the worker should be utilising a range of strategies to ensure that all opportunities for meaningful intervention are utilised.

A multidisciplinary team of social workers, community workers and development workers specifically focussed on alcohol and alcohol related harm provides an opportunity for engaging with a wide range of individuals who may not be ready to consider residential rehabilitation. It is our experience that the provision of assistance that is both therapeutic and logistically supportive across a range of areas is far more likely to provide the trust and emotional space for the techniques of micro-counselling, motivational interviewing and brief interventions to lead to more intensive interventions and behavioural change.

13.4. Target Clients

The Target Group will include those who are adversely impacted upon by 'Problem Drinking'. These individuals may be those impacted by the 'Problem Drinking' or associated behaviour of other people. This group includes:

- Remote Community Visitors;
- Individuals who are:
 - Sleeping Rough;
 - Staying in Overcrowded Houses;
 - Living in 'Temporary Accommodation'

13.5. ISP Evaluation and Research Utilisation

The NT Department of Territory Families has outlined the importance of including an evaluation framework in all future tender documents, expressions of interest and funding submissions. It is our expectation that the need for more rigorous research utilisation; evidenced based practice; program evaluation; integrated data collection; professional development and interagency collaboration will mark the future direction of the human services sector in Central Australia in the NT. It is our expectation that the inclusion of an evaluation framework as outlined by Territory Families will be a requirement of other programs funded by the NT and Commonwealth Governments in the near future.

It has been acknowledged that for many Aboriginal Corporations the transition to EBPP for the delivery of services would not simply involve the wholesale adoption of 'Evidence Based' models from elsewhere but would require the evaluation of existing programs. To achieve rigorous evaluation will require 2 things as follows: (1) improved data collection and (2) participatory evaluation (clients/participants, members, personnel and external stakeholders).

The Tangentyere Council Research Hub is currently undertaking an evaluation of Night Patrol and is working with the Northern Institute of Charles Darwin University to develop and implement an evaluation of the Alcohol Harm Minimisation Individual Support Program. For NP Tangentyere is collaborating with University of Western Australia, University of Technology Sydney and University of Sydney. Tangentyere is optimistic that the ISP evaluation will provide us with a viable model that can be implemented elsewhere.

14. References

1. Regional Development Australia, Northern Territory. (2010). *Regional Plan 2010-2012*. Darwin, NT: Regional Development Australia, Northern Territory.
2. MacKeith, S., Gray, D. and Chikritzhs, T. (2009). *Review of Moving beyond the restrictions: the evaluation of the Alice Springs Alcohol Management Plan: a report prepared for the Alice Springs People's Alcohol Action Coalition*. Perth, WA: National Drug Research Institute.
3. Tangentyere Council Incorporated. (2014). *Submission to the House of Representatives Standing Committee on Indigenous Affairs: Inquiry into the Harmful Use of Alcohol in Aboriginal and Torres Strait Islander Communities*. Alice Springs, NT: Tangentyere Council Incorporated.
4. House of Representatives Standing Committee on Indigenous Affairs. (2015). *Alcohol, hurting people and harming communities: Inquiry into the harmful use of alcohol in Aboriginal and Torres Strait Islander communities*. Canberra, ACT: Parliament of Australia.
5. Allen Consulting Group. (2013). *Liquor Licensee Roundtable: Report the Alice Springs Town Council*. Canberra, ACT: Allen Consulting Group.
6. Ministerial Council on Drug Strategy. (2011). *National Drug Strategy 2010-2015: A framework for action on alcohol, tobacco and other drugs*. Canberra, ACT: Commonwealth of Australia.
7. Foster, D, Mitchell, J, Ulrik, J and Williams, R 2005, Population and Mobility in the Town Camps of Alice Springs, A report prepared by Tangentyere Council Research Unit, Desert Knowledge Cooperative Research Centre, Alice Springs.
8. Task Force on Cannabis Legalization and Regulation. (2016). *A Framework for the Legalization and Regulation of Cannabis in Canada: The Final Report of the Task Force on Cannabis Legalization and Regulation*. Canada, Ottawa: Health Canada.
9. Australian Bureau of Statistics. (2016). *Corrective Services, Australia, June Quarter 2016, Cat. No. 4512.0*, Canberra, ACT: Australian Bureau of Statistics
10. Australian Institute of Health and Welfare. (2016). *Youth justice fact sheet no. 73. Comparisons between the youth and adult justice systems: 2014–15*. Canberra, ACT: Australian Institute of Health and Welfare.
11. Criminal Justice Research and Statistics Unit. (2016). *Northern Territory Department of Correctional Services. Annual Statistics 2014-15*. Darwin, NT: Northern Territory Government.
12. Heffernan, E., Andersen, K., Dev, A. and Kinner, S. (2012). Prevalence of mental illness among Aboriginal and Torres Strait Islander people in Queensland prisons. *Medical Journal of Australia*. 197, p. 37-41.
13. Heffernan, E., Andersen, K., Kinner, S., Aboud, A., Ober, C. and Scotney, A. (2015). *The Family Business: improving the understanding and treatment of post traumatic stress disorder among incarcerated Aboriginal and Torres Strait Islander women*. Melbourne, Victoria: Beyond Blue
14. Bryant, W., & Cussen, T. (2015). *Homicide in Australia: 2010-11 to 2011-12: National Homicide Monitoring Program Report*. Canberra, ACT: Australian Institute of Criminology.
15. Australian Bureau of Statistics. (2013). *Personal Safety, Australia, 2012, Cat. No. 4906.0*, Canberra, ACT: Australian Bureau of Statistics
16. Herman, J. L. (2015). *Trauma and recovery: The aftermath of violence--from domestic abuse to political terror*. United States: Basic Books
17. Cavanagh, G. (2016). *Inquest into the deaths of Wendy Murphy and Natalie McCormack*. Alice Springs, Northern Territory: Northern Territory Local Court
18. No To Violence. (2011). *Men's Behaviour Change Programs in Victoria- a sector snapshot*. Melbourne, Victoria: No To Violence Male Family Violence Prevention Association Inc.
19. Chikritzhs, T., Stockwell, T., Pascal, R. & Catalano, P. (2004). *The Northern Territory's Living With Alcohol Program, 1992-2002: revisiting the evaluation, Technical Report*. Perth: National Drug Research Institute
20. Roche, A., Kostadinov, V., Fischer, J., Nicholas, R., O'Rourke, K., Pidd, K., & Trifonoff, A. (2015). Addressing inequities in alcohol consumption and related harms. *Health Promotion International*, Vol. 30 (S2), ii20-ii35.
21. Zubrick, S., Dudgeon, P., Graham, G., Glaskin, B., Kerrie, K., Paradies, Y., Clair, S., & Walker, R. (2010). Social determinant of Aboriginal and Torres Strait islander social and emotional wellbeing. In *Working together: Aboriginal and Torres Strait islander mental health and wellbeing principles and practice* (pp. 75-90). Canberra: Australian Institute of Health and Welfare.