

APO NT Feedback on AMP Draft Minimum Standards

About APO NT

Aboriginal Peak Organisations of the Northern Territory – APO NT – is an alliance comprising the Central Land Council (CLC), Northern Land Council (NLC), Aboriginal Medical Services Alliance of the NT (AMSANT), North Australian Aboriginal Justice Agency (NAAJA) and Central Australian Aboriginal Legal Aid Service (CAALAS). The alliance was created to provide a more effective response to key issues of joint interest and concern affecting Aboriginal people in the Northern Territory, including through advocating practical policy solutions to government. APO NT is committed to increasing Aboriginal involvement in policy development and implementation, and to expanding opportunities for Aboriginal community control. APO NT also seeks to strengthen networks between peak Aboriginal organisations and smaller regional Aboriginal organisations in the NT.

Introduction

APO NT supports the setting of minimum standards for Alcohol Management Plans. However, we note that minimum standards should support and empower communities to take action on alcohol. Minimum standards, by their very nature, set a benchmark. In the case of the draft minimum standards it is a particularly high benchmark which will add a complex administrative layer.

It is important that locally tailored solutions are genuinely possible. Due to the complexity of the draft standards, they require a level of technical expertise that will in most cases be over and above that which a community, without significant external support and resources, can monitor, evaluate and be held responsible and accountable for. This could negatively influence the ability of communities to *own* their Alcohol Management Plans.

APO (NT) recommends that the draft standards should provide the Minister with more flexibility and that the department should produce a guide for practitioners guiding them on AMP content.

Lifting or easing restrictions

APO NT believes that it is disingenuous of the government, in seeking comment on the AMP minimum standards, not to link these with the lifting or easing of restrictions. AMPs are, under section 27 of the *Stronger Futures in the Northern Territory Act 2012*, the primary means by which the Minister may revoke blanket ‘alcohol protected area’ restrictions. Many communities and/or individuals will be looking at these standards to work out what ‘hoops need to be jumped through’ in order for the restrictions be lifted or eased. It might therefore be in government’s best interest to make the process for doing so explicit and define that these standards need to be met for communities who want to lift restrictions.

Further, while APO NT agrees that there needs to be a rigorous and robust process where communities want to lift or ease existing restrictions, we question whether this process should be the same for communities who don’t want to lift restrictions. It may be that minimum standards should vary depending on whether lifting of restrictions is sought.

APO NT recommends that there be a simpler approach for communities that want an AMP, but do not necessarily want to lift current restrictions.

Standard 1: Consultation and engagement

Standard 1 appears to set a benchmark around the process of developing an AMP. APO (NT) supports good community development and community engagement processes in developing AMPs, as ownership of an AMP needs to be upheld by the community. Alcohol is a deeply divisive issue, as such it is critical that practitioners working with communities have strong skills in: cross cultural communication, community development processes, facilitation and community governance. They should also have a strong in-depth understanding of local cultural issues. Practitioners with these skills will be able to ensure that those with marginal voices in the community are heard (including those such as young people who would not be interested in engaging with this process), and will be sensitive to issues of power and community cohesion. Efforts should also be made to specify the process by which consultations are to take place. Unless resources enable rigorous consultations to take place, it is difficult to see how “locally tailored” AMPs will be developed, evaluated and implemented effectively.

It will also be necessary for the government to identify the process by which practitioners will be selected and adequately resourced to assist communities. At present, we understand the Australian Government provides funding to NTG Department of Health who employ these staff. It is unclear what say if any communities have in choosing the practitioner or, indeed, how the Department defines or determines the ‘community’ it is consulting with. Communities should be given the option of employing the practitioner through an appropriate community controlled organisation or Aboriginal agency chosen by the community.

APO NT recommends that the community consultation and engagement process could be outsourced to the relevant Aboriginal organisations.

APO NT recommends that the process for selecting appropriately qualified practitioners be made transparent and that additional resources be provided to employ effective practitioners to work with communities in the design and implementation of AMPs and to assist in the ongoing monitoring.

Standard 2: Realistic and measurable AMPS that are directed at reducing harm

Standard 2 appears to be a common sense standard, but is duplicated in Standard 3. Further, the important missing detail in this standard is who is responsible for obtaining the evidence and ongoing evaluation of an AMP.

The descriptive text suggested that effectiveness will be assessed ‘on the basis of selected indicators’. It would be more useful to list what harm indicators might be considered (e.g. DV incidents, alcohol related assaults, vehicle accidents) and to detail the jurisdictional processes of obtaining data on these indicators.

It is also important to be clear about what is meant by “broad acceptance.” Is this consensus? Or majority? What is the role of the land councils? How much of the community must accept an AMP for it to have “broad acceptance”? How is this measured, and how will it be ensured that the whole community is engaged? How will the interests of the disenfranchised, such as children and youth be taken into account?

APO NT recommends this standard be consolidated with standard 3.

APO NT recommends that the addition of a list of possible harm indicators and the process for obtaining the data on these be added in the description of this standard.

Standard 3: AMPs strategies: supply reduction, demand reduction and harm reduction

As noted above, there is some repetition in this standard from Standard 2 in relation to harm reduction. APO (NT) supports the inclusion of all of these strategies in an AMP where possible, but it does mean that AMP might be overcomplicated, unnecessarily lengthy or unrealistic. Particular identified local circumstances may warrant a focus, for example, on supply reduction and harm reduction without a focus on demand reduction. It may also be the case that adequate resources to focus on demand reduction are simply not available and there is no realistic prospect of such resources being made available.

We are also concerned that Standard 3 appears to place the onus on communities to identify demand reduction activities (such as resources and measures for intervention, detoxification, treatment of dependent drinkers) and harm reduction activities (such as community patrols, adequate responses to violence and unsafe driving, sobering-up facilities, women's shelters, sponsored sobriety groups, managed step-down facilities and longer term supported accommodation for people coming out of treatment). In a context such as the Northern Territory where there are scant resources such as treatment facilities for dependent drinkers and longer term supported accommodation, it is unfair and unrealistic to expect communities to identify and ensure the existence of locally accessible demand and harm reduction activities in the absence of dedicated funding to make these available.

APO NT recommends greater flexibility in the AMP content rather than prescribing that it need include all three factors of supply reduction, demand reduction and harm reduction. This would give the Minister greater flexibility to consider the extent to which the AMP is suitable in the context of the community seeking approval.

APO NT considers that whilst communities might be expected to identify supply reduction, demand reduction and harm reduction activities, they can only be expected to make these exist with the support of government.

Standard 4: Monitoring and reporting

Although APO NT strongly affirms the importance of monitoring and reporting, particularly where restrictions are proposed to be lifted, we again question what resources will be provided and to whom in order to ensure that this occurs in a way that community members will find useful and accessible?

Consideration also needs to be given to specifying the process for amending AMPs.

APO NT recommends that for this standard to be met there needs to be: greater accessibility to alcohol related data, the resourcing of specialist expertise to analyse this data and make it accessible at the community level.

Standard 5: Governance

APO NT supports effective community governance and believes it is critical in AMP development and implementation.

Standard 6: Resources, roles and responsibility

APO NT supports this standard. We consider that the role of the practitioner must include assisting communities to engage with other stakeholders and to ensure that they fully participate in the formulation of an AMP. This is particularly relevant in the case of proximate liquor licenses.

Standard 7: Clear geographical boundaries

APO NT supports this standard.

Additional comments

APO NT agrees with the suggestion in the PAAC submission that once the standards are finalised, FaHCSIA should consider two supplementary handouts:

1. The first should explain clearly that the AMPs are meant to focus on better ways to handle problems that people already have with existing access to alcohol (both legal and otherwise) and give some examples of the many options that communities could consider.
2. The second should outline the process that groups who want increased access to alcohol would need to undertake in order to have their request considered, over time, setting out in some detail what they would have to do.