

ABORIGINAL PEAK ORGANISATIONS NORTHERN TERRITORY

GROG IN THE TERRITORY:

Central Australian summit on alcohol policy and its impact on Aboriginal people and communities

**Alice Springs Showgrounds
Yipirinya School
Alice Springs
30-31 July 2013**

Aboriginal Peak Organisations Northern Territory

Sponsored by Aboriginal Peak Organisations Northern Territory (APO NT) - www.apont.org.au - projectofficer.apont@amsant.org.au



CENTRAL AUSTRALIAN GROG SUMMIT 30 and 31 JULY 2013



Children are worth fighting for...

June Oscar AO, Marninwarntikura Womens Resource Centre, Fitzroy Crossing WA

We've lost a lot of young people through grog. It's really hurtful – really hurt us. We want the government to do something about this grog.

Christobel Swan, Director, CAAAPU, Alice Springs NT

Prevention is the solution. We've got to move from being the ambulance at the bottom of the cliff and bulldoze that cliff.

Trevor Sanders, CEO, Anyinginyi Health Aboriginal Corporation, Tennant Creek NT

APO NT is an alliance of: Central Land Council (CLC), Northern Land Council (NLC), North Australian Aboriginal Justice Agency (NAAJA), Central Australian Aboriginal Legal Aid Service (CAALAS) and the Aboriginal Medical Services Alliance of the NT (AMSANT). It aims to provide an effective response to issues of joint interest and concern that affect Aboriginal people in the NT, including through advocating practical policy solutions to government.

Contents

1.	Introduction: Central Australian Alcohol Summit	5
1.1	Reflecting on and learning from our past	5
2.	Main proposals from the Summit	7
2.1	Reducing supply as a 'circuit breaker' in the fight against alcohol harm	9
2.2	Focusing on holistic approaches in treatment, including addressing underlying causes	13
2.3	Children, their future and the need to act now to address Foetal Alcohol Spectrum Disorders	19
2.4	Building stronger community-based approaches to addressing alcohol-related harm	21
3.	Summit supports call for Alcohol Board of Inquiry	24
3.1	Proposed terms of reference	24
4.	Conclusion	25



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Acknowledgements

The Aboriginal Peak Organisations NT (APO NT) was heartened by the attendance and strong participation of Aboriginal people at our Central Australian Alcohol Summit (also known as the Grog Summit or the Summit). The meeting was very successful because of the strong representation from community members and the willingness of everyone to listen and respect each other during the discussions.

We give our thanks, particularly, to those Aboriginal organisations and community groups who sponsored and supported their board members and staff to attend the Summit. APO NT appreciates the work done by those who presented at the Summit, including: Noel Hayes, Margaret Smith, Valerie Foster, June Oscar, Emily Carter, Dr Elizabeth Elliott, Associate Professor Edward Wilkes, Professor Dennis Gray, Samuel Bush-Blanasi, Eileen Hoosan, Christine Donnellan, Dr John Boffa, Russell Goldflam, Trevor Sanders, Joyce Measures, Debra Maidment, Michael Lawton, Claude Poulson, William Coolwell, Bayden Williams, Edward Rontji, Sammy Butcher, Carl and Mildred Inkamala, Sabella Turner, Theresa Wilson and Lionel Inkamala. Andrea Mason and Donna Ah Chee, as the Summit co-Chairs, deserve a particular mention for their hard work in keeping the Summit on track and the discussions focused.

Many participants had to travel a long way to attend the Summit. We are particularly grateful to our friends from Fitzroy Crossing, June Oscar and Emily Carter, who travelled from WA to talk with our communities about their fight. Finally, thanks to the many staff of APO NT and their member organisations that played a critical role behind the scenes for the Summit. The 30-31 July 2013 Central Australian Grog Summit was funded under the Australian Government's \$3.4 billion Stronger Futures in the Northern Territory initiative.

APO NT, August 2013

Thanks for your participation. I can say that from APO NT we are going to work on all of these issues. We'll need to work together, as Aboriginal people, to stand united. Some of these things you can take up in your community. I have a sense that everyone has had a say. These forums are very important for that. To make informed decisions together and to take steps forward to get change.

Working as one. We're one mob. If we are going to make inroads, we need to work together. That's why AMSANT, the Land Councils and the Legal Aids are choosing to tackle these issues together.

John Paterson, AMSANT



Conference delegates



Conference delegates



John Paterson, AMSANT

1. INTRODUCTION: CENTRAL AUSTRALIAN ALCOHOL SUMMIT

The Aboriginal Peak Organisations Northern Territory (APO NT) have committed to working together to help address the ongoing and devastating impact of alcohol misuse and related harm in the NT. In November 2012 APO NT held a 'grog summit' in Darwin to discuss alcohol issues in the NT. Following that event APO NT committed to holding another grog summit in Central Australia. The Central Australian Alcohol Summit was held on 30–31 July 2013 in Alice Springs and involved more than 100 participants. This report details the discussion and the areas which Summit participants decided were priorities.

Drawing upon the previous experience of the Darwin Alcohol Summit, the Summit agenda provided an opportunity to hear both from Aboriginal community members with an interest in addressing the problem and from individuals and organisations with specialist knowledge and expertise in the area of prevention, treatment and law and with evidence of what works in the battle against alcohol abuse.

All of the big action areas developed at the Central Australian Alcohol Summit seek to create a better future for Aboriginal children. Addressing alcohol abuse and the harm it causes is critical to the improvement of children's well-being.

1.1 REFLECTING ON AND LEARNING FROM OUR PAST

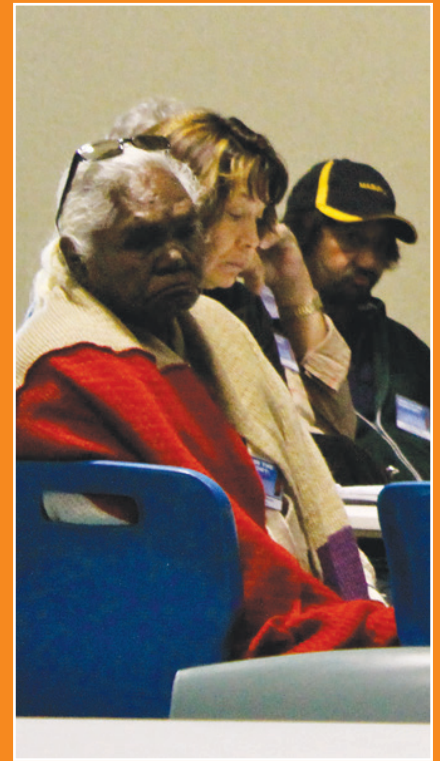
The Summit was held at Yipirinya Aboriginal School on Lovegrove Drive, Alice Springs, a location that was significant for many Aboriginal participants. The school grounds are up the road from Morris Soak, a former home of the famous Western Arrernte artist Albert Namatjira. Namatjira faced his own problems with alcohol after being granted, in 1957, an exemption from the restrictions on Aboriginal people then in place in the NT. This allowed him to vote, own land and to buy alcohol.

Mildred Inkamala from Hermannsburg sadly described this as the start of the problem:

Namatjira was the first citizen for grog. But he didn't learn how to handle it. He took the bottle back to Hermannsburg. It started with Western Arrernte people, from this famous artist.

And, Mildred said, it continues today:

Grog is a big problem – people murdering. Lot of [my] countrymen here and lots of Pitjantjatjara running amok here in Alice Springs – supposed to be in their community. Drinking, not going home. [Kids] looking at parents and learning what they're doing. I'm ashamed. Grog is a deadly weapon for us. Very sad for non-drinkers. There are grog signs, but they sneak in grog every night. We should support each other. From my heart I just want to say it's a deadly weapon for our people.



Dhuwarrwarr Marika, Trish Rigby and William Coolwell



Associate Professor Ted Wilkes



Edward Rontji

People don't sleep at night, all those old people and kids who need to go to school. I don't know how we are going to sort out this problem. People got to get together and think about how they are going to deal with this.
Edward Rontji, Ntaria

Early childhood development is the key to prevention of addictions. We need to start right at 6 months of age.
Dr John Boffa, Congress



Dr John Boffa



Noel Hayes

Noel Hayes, Chairperson of the Central Australian Aboriginal Legal Aid Service (CAALAS), spoke of a spiritual connection with the great artist and his sometimes tragic life:

Namatjira had his camp just up the road there. We were young people then, used to congregate around there. You get that meaning, feeling, a type of thing people can give you. But you get that certain thing and these people can send that message – back here, where it all started with that man who had all the rights of the white man. Other people got grog [from him]. He went to gaol, came out a very sick man and passed away not long after that.

Almost exactly fifty-four years after Namatjira passed away in 1959, at the age of fifty-seven, approximately a hundred delegates from Central Australia, other parts of the NT and interstate met for a day and a half to discuss and try to find solutions to the grog problems that continue to devastate Aboriginal people and the entire community in the NT.

Associate Professor Ted Wilkes, a Nyungar man from WA, told the Summit participants that alcohol is a deeply political issue and used the story of Bennelong, the Aboriginal man from NSW. Bennelong was given rum and 'kept drunk' by the early settlers of New South Wales. This stopped Bennelong being able to use his power effectively to bring different Aboriginal groups together to deal with the newcomers.

Namatjira's and Bennelong's history is an important reminder of the long existing fights with alcohol. The message from the Summit participants was that Aboriginal people and organisations need to stand strong together against this issue.

Noel Hayes opened the meeting and reminded people of the devastating impact of alcohol:

Alcohol-related harm is killing our people, and we urgently need an approach on how to make real change. The way forward must be based on properly understanding what is needed in your communities to address alcohol problems. We need to base a way forward on evidence not politics.

2. MAIN PROPOSALS FROM THE SUMMIT

The Summit generated a lot of discussion, heard a lot of evidence and came up with many ideas about how to deal with alcohol abuse and the serious health, social and justice problems that result. Among the many issues raised at the Summit were:

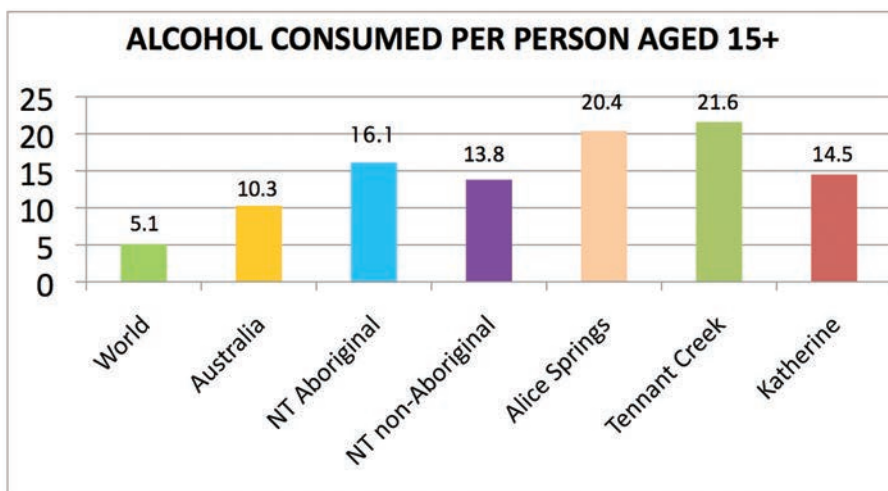
- the need to prevent problems caused by alcohol abuse, not just 'clean up the mess';
- the need to implement supply reduction measures to reduce consumption levels further;
- having a focus on children, the devastating impact of Foetal Alcohol Spectrum Disorder (FASD) and the need to address this; and,
- the need for the Aboriginal community and their organisations to have a united voice to address alcohol issues.

Here we present and explore the four 'big' or major themes that emerged during the Summit discussions. A communiqué was issued after the Summit, which you will find on page 27 and 28 of this report.

The Summit also endorsed the APO NT's call for a Board of Inquiry into alcohol in the NT.

ALCOHOL IS A PROBLEM FOR ALL

As Anyinginyi Health Aboriginal Corporation outlined in its presentation to the Grog Summit, alcohol dependence 'is not just an Aboriginal problem in the NT. It is a major problem for all'. This is demonstrated in the chart Anyinginyi provided. The chart shows that alcohol consumption in the NT is well above Australian and World averages. Drinkers in Tennant Creek consume 21.6 standard drinks a week compared with the average for people across the whole of Australia, which is 10.3 standard drinks a week.



• The Anyinginyi Health Aboriginal Corporation provided this data as part of its presentation.



Mildred Inkamala

Grog is a deadly weapon for us. Every funeral, we cry for them. It going right through [alcohol in the community]. We have signs but they are sneaking in the grog... I would like us to support each. It's a deadly weapon for our future and our kid's future.

Mildred Inkamala, Ntaria

Restricting grog is not personal. It's about giving our kids a future.
Andrea Mason, NPY Women's Council



Andrea Mason



June Oscar

You can make a difference. It's not easy – it takes courage and leadership. We didn't have a handbook... It helped us become stronger.

June Oscar, Fitzroy Crossing

Don't think of us as victims... Our achievements are a great example of self-determination. We must change the drinking culture across Australia.

Emily Carter, Fitzroy Crossing

We lost a lot of our families at Curtin Springs before the restrictions. It's a good place now... People can live without grog. Margaret Smith, NPY Women's Council



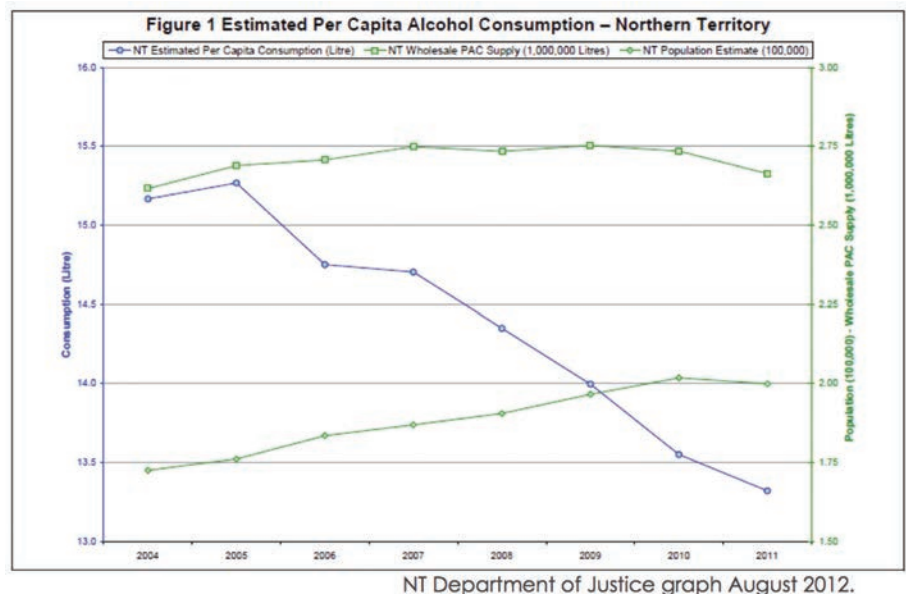
Margaret Smith



Summit delegates

As Professor Dennis Gray from the National Drug Research Institute reminded those at the Summit, his research shows that if every Aboriginal person in the NT stopped drinking, consumption levels would still be 30–40 % above the national average! There are lots of 'bloody good drinkers' in the NT, as Ted Egan used to sing – and they are not all Aboriginal people. There is, however, considerable research demonstrating that Aboriginal people who do drink tend to do so opportunistically, bingeing, in unsafe environments and at dangerously high intoxication levels.¹

Further, although alcohol consumption in the Northern Territory has fallen in recent years², it is still much too high compared with that of other Australians. Between 2006 and the end of the 2011–2012 financial year, it declined from 15.5 litres of pure alcohol to around 13.5 litres a year. That's about 1,170 green cans (VB full-strength) a year for everyone aged fifteen and over. The Australian average is 10 litres of pure alcohol, equal to about 870 green cans. People in the NT are still drinking a lot more than other Australians, and much too much for their own good, and for the good of their families.



¹ <http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4102.0Main+Features50Mar+2011>

² NT Department of Justice figures released in August 2012. See also: http://www.paac.org.au/7_August_2012_NT_Turns_the_Corner_on_Alcohol_Consumption.pdf

2.1 REDUCING SUPPLY AS A 'CIRCUIT BREAKER' IN THE FIGHT AGAINST ALCOHOL HARM

Participants at the Summit recognised that supply reduction measures are critical in the fight against alcohol devastation and harm. June Oscar says that the Fitzroy Crossing alcohol restrictions 'created a necessary circuit breaker so that the community can refocus on the underlying issues of alcohol abuse'. Participants at the Summit recognised that alcohol restrictions are not a magic bullet, but that they give alcoholics, their families and those who work with them some space to work on more entrenched issues associated with alcohol abuse.

Nationally and internationally, supply reduction or 'turning down the tap' is recognised as the most effective way to reduce alcohol consumption. Supply reduction measures include removing cheap products (such as cheap cask wine and port) from sale, regulating the price of alcohol through a minimum or 'floor' price per standard drink, enforcing restrictions on the right to drink through permits and reducing trading hours. Outlined below is what people had to say at the Summit on some of the strategies for reducing supply.

PRICING

Pricing has a direct and immediate impact on alcohol consumption in a community. Pricing mechanisms can involve: a minimum floor price, a volumetric tax or restricting sales of certain cheap products. Professor Gray's study of Alice Springs alcohol restrictions over the ten years (2000-2010) showed that there had been an overall and significant drop in consumption of around fifteen per cent and that pricing had the biggest impact on this drop in consumption.

Dr John Boffa, spokesperson for the Peoples' Alcohol Action Coalition (PAAC), explained that a floor price can be achieved either by setting a minimum price, or by removing very cheap products from sale. However, legislation that allows the Licensing Commission to set a minimum price is more effective because suppliers can't just change to another cheap product. Of course, people dependent on alcohol will still spend most of their money on grog, but with a floor price or tax they will get less alcohol for their money, get drunk less often and be less likely to cause harm to themselves or others.

A volumetric tax was discussed as another way to adjust the price of alcohol. This could only be imposed by the Australian Government, and would change the way alcohol is taxed, to a tax on production costs. Some products would be more expensive.

Since July 2011 all Alice Springs supermarkets have stopped selling cask wine and very cheap bottled wine. Effectively, this means that a minimum floor price has been voluntarily established in Alice Springs. However, the bottle shops of two local pub in Alice Springs continue to undermine this strategy by selling cask wine and cheap fortified wine (port) at around 80 cents a drink. The NT Government could allow the Licensing Commission to set a floor price for take-away alcohol by amending the NT Liquor Act.

LICENSING RESTRICTIONS: LIMITS ON SALES AND REMOVING PRODUCTS FROM SALE

The Summit heard from a number of groups that worked hard to fight for alcohol restrictions in their communities. Fitzroy Crossing was a stand-out example of community members and their organisations taking a strong stance against alcohol. June Oscar told the Summit that women in Fitzroy



Valerie Foster

By golly, they were really angry people [family and roadhouse owners], but they just went ahead, those old women, because they lost so many of their sons, nephews, nieces, uncles on that road in Curtin Springs.

Valerie Foster, NPY Women's Council

What we've heard today about supply reduction from Fitzroy Crossing and Tennant Creek, as well as Alice Springs, is when there are restrictions on particular products there is an effective floor price. If we reduce the consumption of pure alcohol we reduce harm.

Donna Ah Chee, Congress



Donna Ah Chee

Crossing decided that 'enough is enough' and decided to go to the WA Director of Licensing to seek changes.

Before restrictions were in place, in 2006, Fitzroy Crossing had very high rates of alcohol-related domestic violence, injuries, car accidents and illness, with fifty deaths in fifty-two weeks, including thirteen suicides (in thirteen months). As June describes, 'It was a community in crisis'.

The licensing restrictions in Fitzroy Crossing now limit take-away alcohol sales to low-strength (maximum 2.7% alcohol by volume) products. Since these restrictions, there has been a huge reduction in alcohol-related harm and an increase in social benefits in Fitzroy Crossing:

- a 45% reduction in alcohol-related hospital admissions;
- a 27% reduction in alcohol-fuelled violence;
- a 14% increased school attendance; and,
- an 88% reduction in take-away alcohol sales.

The Fitzroy women showed a powerful film documenting their fight for restrictions called 'Yajillara', which in their Bunuba language means 'to dream'.

Ngaanyatjarra Pitjantjatjara Yankunytjatjara (NPY) Women's Council Co-ordinator Andrea Mason and Directors Valerie Foster and Margaret Smith told the story of the NPY Women's Council's fight to have the sale of alcohol to Aboriginal people stopped at the Curtin Springs roadhouse. The ten-year battle ended in an agreement between NPY Women's Council and the roadhouse owners. The Curtin Springs liquor licence now prohibits the sale of alcohol to Anangu and Yarnangu from the NPY cross-border region, or to others whom the licensee believes intend to sell on to anyone who resides or is travelling to the region. The fact that Curtin Springs continues to operate and make a profit, mainly from tourism, shows that roadhouses do not need to survive on sales of alcohol.

Participants at the Summit also heard from Professor Dennis Gray that consumption of alcohol had gone down in Alice Springs, due primarily to the removal of large containers of cheap cask wine from sale, but also because of reduced trading hours and limits on the sale of cheap cask table wine and fortified wine.

PERMITS AND BANNED DRINKERS' REGISTER

Participants at the Summit discussed drinking as a privilege and not an automatic 'right'. Examples of restricting drinking for people who abuse the privilege were also discussed. In Nhulunbuy, communities in East Arnhem and Groote Eylandt, permits are issued to community members. This is a permit to buy and drink alcohol rather than this freedom being automatic for all adults. The permit can be taken away if the permit-holder abuses the privilege. The Summit discussed the possibility of other communities trialling the permit system where there is community support.

The Summit also talked about the Banned Drinkers Register (BDR). The BDR restricted problem drinkers who were on a banning order from a court or the Alcohol and Other Drugs Tribunal from buying take-away alcohol. The system was policed through the requirement to show photo ID at bottle shops. A court or the new Alcohol Mandatory Treatment Tribunal can still ban problem drinkers from buying or drinking alcohol; however, without a photo ID system it will be more difficult to monitor these orders and will require a greater police presence.



Professor Dennis Gray

All the international evidence shows that the most effective way to reduce consumption is to increase price.

Most of the reduction in drinking (in the NT) is due to price increases.

Consumption is down but it needs to come down more. Price is the component with the biggest effect.

Professor Dennis Gray, National Drug Research Institute (NDRI) at Curtin University

Concerns were expressed at the Summit that focusing on reinstating the BDR was a waste of time because the current NT Government is not interested in bringing back a photo ID system or the BDR. Therefore, not all Summit participants supported the reintroduction of the BDR. Eileen Hoosan, Chairperson of the Central Australian Aboriginal Alcohol Programmes Unit (CAAAPU), said that people 'should not be allowed to hang around shops' [looking for grog], but pointed out that the NT Government has continually said it will not reinstate the BDR.

REDUCING TRADING HOURS AND TAKE-AWAY ALCOHOL-FREE DAY

Another way of reducing supply which was discussed is to shorten opening hours or to enforce a take-away alcohol-free day. Trading hours have been reduced in Alice Springs. Bottle shops are only allowed to open between 2 p.m. and 9 p.m. on weekdays, and from 10 a.m. to 9 p.m. on Saturdays. On Sunday, only hotels and clubs (for members only) are allowed to sell alcohol from 12 noon until 9 p.m. Professor Dennis Gray said reduced hours have been a factor in reducing alcohol consumption in Alice Springs.

Introducing a ban on take-away alcohol one day a week was well supported. Summit participants discussed the Thirsty Thursday restriction previously applied in Tennant Creek. Community groups and Aboriginal organisations in Tennant Creek fought hard to have this take-away alcohol-free day introduced. It was put in place in Tennant Creek in 1995 and ran until July 2006.

The Summit participants discussed the benefits of the strategy in Tennant Creek. Dr John Boffa pointed out that the effectiveness of Thirsty Thursday reduced over time, particularly because new Centrelink provisions from 1999 allowed recipients to choose which day to receive their payments. This meant Thursday was no longer automatically the Centrelink payment day. Despite this, Thirsty Thursday still had some effect in reducing consumption levels. It had a number of positive results including declines in alcohol sales, alcohol-related harm and alcohol-related offences. Thirsty Thursday restrictions also had a high level of community support, particularly among Aboriginal organisations and leaders in the town.

Sabella Turner is a Healthy Lifestyle worker at Central Australian Aboriginal Congress (CAAC, widely known as Congress). She told the Summit: I want Thirsty Thursday. It's [Grog's] killing our people.

MAKING LICENSEES RESPONSIBLE – 'DRAM SHOP LIABILITY'

Maurie Ryan, Central Land Council (CLC) Chair, raised the issues of getting tougher with alcohol outlets and making licensees more responsible. Summit participants discussed a type of law known as 'dram shop liability'. Dram shop liability laws are in place in more than thirty states in the USA. The law means that the person or pub that serves a customer who gets drunk and commits an offence or crime may also be charged and prosecuted for serving that person too much alcohol.

Participants at the Summit thought that licensees who serve people so much alcohol that they then cause trouble and/or act violently towards others should be held responsible and accountable for irresponsible service. Introducing a law similar to 'dram shop liability' might mean that licensees and their staff take more responsibility towards the care of the patrons who are drinking.

They're not drinking it moderate – drinking it heavy. I see it every day. I live near the IGA. People fight in front of Topsy's [renal hostel in Alice Springs]. My family make trouble... In twenty years there'll be no more Aboriginal people left. It's a serious matter.

Margaret Smith, NPY Women's Council



Margaret Smith



Shirley Erlandson (CAAFLU), Sabella Turner, Mildred Inkamala (Ntaria).



Russell Goldflam

An important thing about the BDR is that it meant, for the first time in Australia, as a community we were saying, you haven't got a right to drink. Drinking is a privilege, whatever your race or colour, and if you abuse that privilege by causing harm, you should lose that privilege. So the Banned Drinkers Register was an important step along the road to burying that old, very dangerous myth of 'the right to drink'.

**Russell Goldflam,
NT Legal Aid
Commission**

The Summit endorsed the following actions and priorities for supply reduction measures:

1. Get rid of cheap grog: introduce a minimum or 'floor' price for take-away alcohol set at the price of full-strength beer, or introduce a volumetric tax.
2. Bring back a registration and photo ID system (such as the Banned Drinkers Register) to restrict the supply of alcohol to problem drinkers.
3. Introduce a take-away alcohol-free day linked if possible to a main Centrelink payment day: 'Thirsty Thursdays'.
4. Support existing alcohol restrictions.
5. Ban alcohol industry advertising and sponsorship in sport.
6. Ban alcohol industry advertising.
7. Ban alcohol sponsorship in sport, ensuring it can be replaced with other funding sources.
8. Enforce and monitor licence conditions, including through the introduction of a 'Dram Shop Liability Act'.
9. Encourage individuals to take a personal stand against grog/drug runners, e.g. education campaigns by police and or communities.
10. Pro-actively promote messages agreed at the Summit.
11. Communities to consider ID/permit system for drinking alcohol in their remote communities – provided there is genuine support and consultation with local Aboriginal governance structures.

2.2 FOCUSING ON HOLISTIC APPROACHES IN TREATMENT, INCLUDING ADDRESSING UNDERLYING CAUSES

The Summit heard from a number of organisations that offer treatment to people with grog problems. Congress CEO and co-chair of the Summit Donna Ah Chee pointed out that, unfortunately, this sort of integrated service is not available to people in remote communities.

CONGRESS SAFE AND SOBER ALICE SPRINGS

Debra Maidment and Michael Lawton from Congress described the Safe and Sober Program used to treat people dependent on alcohol. Congress explained its model as having three streams of care:

1. Social support and advocacy (to help drinkers 'get out of the chaos').
2. Clients working with psychologists, therapists and counsellors.
3. Medical management through the uses of pharmacotherapy – using medicines that are suitable to help drinkers.

The Safe and Sober team sees the primary strength of the program as being a partnership model, between local Aboriginal staff and professionals such as therapists and doctors. This collaboration allows the program to address these three streams of care. It sees grog problems in this way:

- Alcohol abuse disorder is a chronic relapsing condition.
- For Congress's clients, the condition is characterised by abuse and opportunistic drinking within kinship groups.
- The causes are multi-factorial so the interventions must also reflect this.

Safe and Sober clients are offered:

- Women's bush trips
- Men's bush trips
- Aboriginal workers who speak local languages
- Therapy
- Education about alcohol
- Case management
- Medical management
- Culturally appropriate service

Congress discussed the target areas for clients in the program. These included securing accommodation, employment, abstinence, managing other health problems, relationship development/management, anger management, and family assistance, in addition to addressing alcohol dependency. The Safe and Sober Program's work suggests that there are many reasons for alcohol dependence, and that both the causes for alcohol dependence and the motivations for seeking treatment are multi-faceted.



Lionel Inkamala

Young people – drinking, staying around all night. People can't sleep at night. Alcohol Management Plan – we have to get together and think about how we're going to deal with all this grog. Some other way, you know, to walk.

Lionel Inkamala, Ntaria



Associate Professor Ted Wilkes



Bayden Williams

I used to sleep with a carton under my head. I was bad, really bad. My uncle – powerful in the law – said, ‘You gotta stop drinking’. I said, ‘No’. He was really serious. He took me out bush and tested me. Dropped me off. Two weeks later he passed away. I stopped drinking. [People making] lot of excuses. In Aboriginal life excuses doesn’t exist.

Bayden Williams, Ntaria

It’s not about the aftermath. We have to convince government to fund the preventative things. The floorprice is internationally proven... What does it cost all the related services to pick up someone who has committed alcohol-related offences – police, doctors, nurses. Then there’s the aftermath on families and communities. We need to get a good handle on what it’s costing us. This could be better invested in children, mums and future generations.

John Paterson, AMSANT

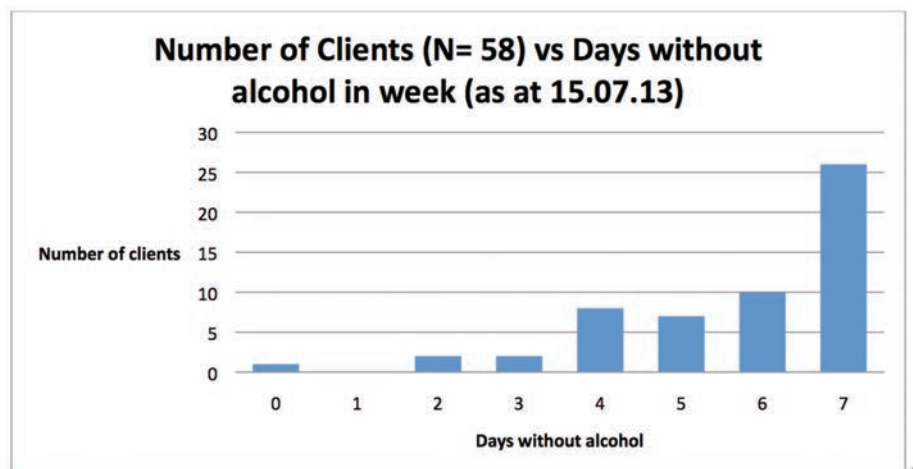


Andrea Mason, Donna Ah Chee and Christine Williamson

Congress presented a chart that provided a snapshot of the drinking patterns of 58 Safe and Sober clients, showing the number of alcohol-free days for each client over one week. Of the 58 clients, 26 did not drink during the week, which is 45 per cent. Of those who were drinking the breakdown was as follows:

- 10 drinking on 1 day a week only
- 7 drinking on 2 days per week
- 8 drinking on 3 days per week
- 2 drinking on 4 days per week
- 2 drinking on 5 days
- 2 drinking on 6 days per week
- 1 drinking daily

As the chart shows, only one of the 58 clients was still drinking daily while undertaking the Safe and Sober program. This type of evidence suggests that alcohol treatment requires a long-term commitment and investment in individuals. Not everyone will be ‘sober’ after treatment, but it appears that the Safe and Sober program is reducing the amount of drinking in their clients.



• The Congress Safe and Sober team provided this data as part of its presentation.

CAAAPU ALICE SPRINGS

The Central Australian Aboriginal Alcohol Programmes Unit started work more than twenty years ago to help people with grog problems and describes itself as 'a place of hope, health and healing'. It is based in Alice Springs, away from the main town centre. CAAAPU runs residential rehabilitation services including individual counselling and separate counselling groups for men and women, both on a voluntary basis and when people are ordered to treatment by a court or tribunal. It also runs an outreach service, including for those in prison.

Chairperson Eileen Hoosan describes CAAAPU's three-month residential program as giving the 'minds and bodies' of drinkers 'respite from the grog' and also as giving families a break from 'the havoc that severely alcohol-affected people can cause'.

Board members and staff of CAAAPU presented case studies of Aboriginal clients who have successfully gone through the CAAAPU program and/or are currently on the program. This included one Board member giving his personal account of successfully going through the CAAAPU program.

CAAAPU has been working for many years taking clients from NT Community Corrections, as well as receiving referrals from health services and self-referrals. CAAAPU has also recently been funded to deliver rehabilitation services in the NT Government's alcohol mandatory treatment (AMT) program. Eileen suggested that it is sometimes hard to get clients into the CAAAPU service, but once clients are there, they really value CAAAPU's approach and many ask to keep on going with the program after the mandatory time is complete.



Eileen Hoosan from CAAAPU, speaking at the Summit

ANYINGINYI HEALTH TENNANT CREEK

Anyinginyi General Manager Trevor Sanders and Piliyintinji-Ki/Stronger Families Manager Joyce Measures, from the Anyinginyi Health Service based in Tennant Creek, told the Summit that in the Tennant Creek and surrounding Barkly region health statistics and alcohol consumption are up with the 'worst in Australia'. Rather than taking an approach akin to an 'ambulance at the bottom of the cliff' (picking up the pieces and cleaning up the mess), they explained, their approach aims to deliver real change – Anyinginyi want to 'bulldoze down part of the cliff'.

We can't change health status while people are living in overcrowded housing, and all the problems that go with that. Will education on alcohol be effective on those living in unsatisfactory or overcrowded accommodation? We need to address the real issues. Closing the gap will not come from healthcare providers. It will come from individuals, families and community taking more responsibility for their own health... The role of Anyinginyi is to empower individuals to take reasonable responsibility for their own health; however, this must be balanced with realistic expectations.

**Trevor Sanders,
Anyinginyi**

Why do we drink? Ninety per cent of our clients are involved in alcohol-related violence. There is grief and trauma happening in their lives. Phynea Clarke, CEO, Central Australian Aboriginal Family Legal Unit



Michael Lawton



Eileen Hoosan and Christobel Swan

There have been a lot of people who have passed away and have never been helped, we want to try and do the right thing.

Christobel Swan, CAAAPU

Alcohol is a poison, not a nectar. What does 'wuma', 'buma', 'angwala' mean in our languages? It means nectar. We need to start referring to grog as poison. Get the word right in our own language.

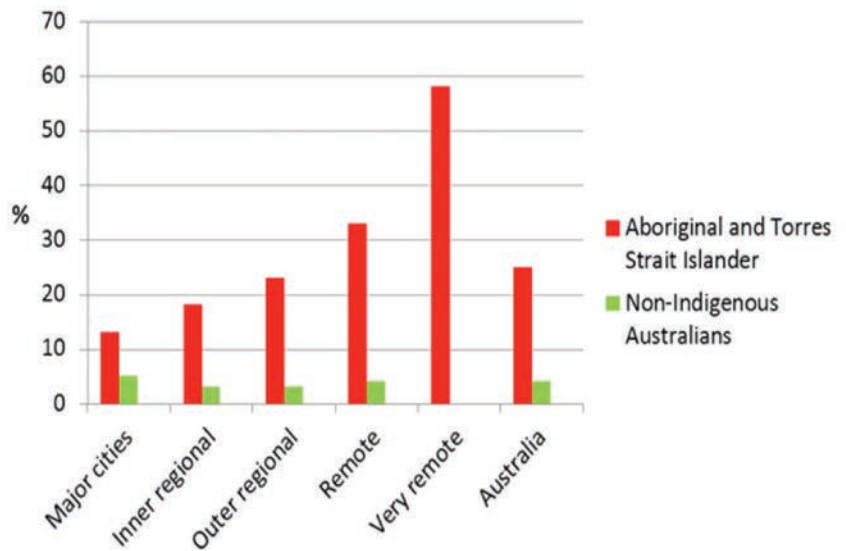
Ken Lechleitner, CAALAS, Alice Springs

We have to do the same as Fitzroy [restrictions]. Grog is not just an Aboriginal issue. Trevor Sanders, Anyinginyi.

The Anyinginyi speakers told the Summit that prevention and treatment were important, but dealing with overcrowded housing in their region was also a priority. Anyinginyi has recognised that it is not possible to change people's health status while those people are living in overcrowded housing, with the associated problems that causes. Anyinginyi has received clear feedback from Aboriginal staff that Aboriginal people desire safe, secure and private accommodation.

The chart below provided by Anyinginyi shows that Aboriginal and Torres Strait Islander households, particularly those in remote areas, have extremely high rates of overcrowding. They suggest that overcrowding causes social issues and leads to habitual drinking circles, which reduce the effectiveness of any treatment programs.

Proportion of persons 15 years and over living in overcrowded households, based on the Canadian National Occupancy Standard, by Indigenous status and remoteness.



Source: ABS and AIHW analysis of 2008 NATSISS, non-Indigenous data from Survey of Income and Housing 2007-08

Anyinginyi is currently working on a project to self-fund housing with support from the NT Department of Housing. The project will:

- provide employment and housing;
- have rules developed by Aboriginal staff;
- be approved by Anyinginyi Board;
- be managed by Anyinginyi; and
- be self-funded by Anyinginyi.

Alcohol mandatory treatment

There were some robust discussions around the issue of mandatory treatment and the related NT Government alcohol mandatory treatment (AMT) program at the Summit.

It was noted that APO NT members and other Aboriginal organisations have publically expressed concerns about the AMT law, particularly those aspects that are punitive, have criminal sanctions and may indirectly discriminate against Aboriginal people.

APO NT's submission to the NT Government on AMT legislation stressed the need for a more holistic approach to alcohol in the NT that is focused not only on supply, demand and harm reduction, but is also aimed at addressing the social determinants of health. Evidence shows that any policy or legislation approach aimed at tackling the scourge of alcohol addiction will ultimately be ineffective without simultaneous action to address other relevant social determinants of health.

Eileen Hoosan of CAAAPU told the Summit that CAAAPU supports mandatory treatment and 'doesn't care about politics' but about doing the right thing and helping people to get off the grog – and that sometimes involves mandatory treatment. CAAAPU has been funded as one of the rehabilitation centres to take on clients on mandatory treatment. Alcohol and Other Drug (AOD) worker Christine Donnellan also gave an example of an Aboriginal woman who has been taken in under AMT legislation and is responding well to the CAAAPU treatment and services.

Russell Goldflam also commented on the NT's AMT laws, arguing that the laws don't give people who are picked up a right to legal representation and that the mandatory treatment law is racially discriminatory. Russell stated:

Yes, mandatory treatment is designed to help people who are losing the battle with grog, but I have heard many statements by members of the Government boasting that this law is going to clean up the street and get rid of ugly drunks. If that's what this law is really about, that is shameful, and it is racist.

Donna Ah Chee responded to Eileen's comment at the end of her session, saying:

CAAAPU is right – mandatory rehabilitation can work some of the time. We are not saying it doesn't. The issue, however, with the current government's approach is the criminalisation of the issue. We don't support that.

There was no discussion about specific elements of the mandatory treatment scheme and therefore there was no agreement about particular components of the scheme. It was agreed, however, that the funding of culturally appropriate and Aboriginal community-controlled rehabilitation services for Aboriginal people with alcohol dependence should be supported. It was also agreed that Aboriginal community-controlled organisations need to be united and work together to address alcohol problems in Alice Springs and across the NT.

The Summit endorsed the following actions and priorities for improving treatment services and addressing underlying causes:

- 1. Support Aboriginal-controlled services which provide treatment and work to address underlying issues, and increase services out bush.**
- 2. Work towards a greater collaborative effort to reduce overcrowding in housing, employment, education, grief and trauma – the underlying issues which result in people drinking.**
- 3. Increase evidence-based programs for early childhood development.**
- 4. Support adults to be positive role models – education starts at home.**
- 5. Address the use of words used for alcohol that mean something good in Aboriginal languages. It is a poison, not a nectar.**
- 6. Support the development and evaluation of culturally informed treatment programs.**
- 7. More regard and respect should be given to traditional practices to promote wellness.**
- 8. Consider the adoption of strict licence restrictions, similar to those in Fitzroy Crossing, for roadhouses in the NT that are close to Aboriginal communities.**
- 9. Support community-based programs that promote strong culture and cultural identity to prevent alcohol misuse.**

2.3 CHILDREN, THEIR FUTURE AND THE NEED TO ACT NOW TO ADDRESS FOETAL ALCOHOL SPECTRUM DISORDERS

Throughout the Summit, participants consistently reinforced the need to prevent young people from falling into the devastation of alcohol abuse, including before they were born.

June Oscar AO and Emily Carter from the Fitzroy Crossing Women's Resource Centre, along with Professor Elizabeth Elliott AM, spoke about their hard work in getting the WA Director of Licensing to agree to strong take-away alcohol restrictions in Fitzroy after seeing the terrible effects alcohol abuse was having on local people, including children with Foetal Alcohol Spectrum Disorders.

Dr John Boffa from the Alice Springs People's Alcohol Action Coalition spoke about the Australian Early Development Index (AEDI) results for Aboriginal children, particularly in remote areas. The index rates children's progress in areas such as physical health and well-being, social competence, emotional maturity, language and cognitive skills (school-based), communication skills and general knowledge.

The AEDI results for the NT are concerning. Aboriginal children in the NT have much higher rates of vulnerability in every developmental area compared to both non-Aboriginal children in the NT and Aboriginal children nationally. In Central Australia more than two-thirds of Aboriginal children are vulnerable in two or more AEDI areas. They are especially vulnerable in the language and cognitive functioning areas: 46.9 per cent in the NT compared to 28.6 per cent of Aboriginal children nationally and 7.9 per cent nationally for non-Aboriginal children. Dr Boffa pointed out that if children are developmentally vulnerable in two areas, they are unlikely to finish school. Exposure to alcohol abuse and addictions make children vulnerable to poor development, and they have a higher risk of addiction when they reach adolescence and an increased risk of getting in trouble with the law.

Poor development of children was not news for many Aboriginal people at the Summit who witness the devastating effect of alcohol on children on a daily basis. Some participants talked about adults setting bad examples for the younger generation, especially when they see older people, and their parents or guardians, drinking too much.

FOETAL ALCOHOL SPECTRUM DISORDERS

Every female foetus is born with eggs. So if the foetus is swimming in alcohol, the eggs are contaminated. So when a girl is born, her eggs are [already] contaminated. June Oscar explaining one of the ways in which Foetal Alcohol Spectrum Disorders (FASD) can affect children.

FASD children have incurable behavioural development problems caused by their mothers drinking while they are pregnant. Participants at the Summit heard from Professor Elizabeth Elliott, who works closely with the Fitzroy Crossing women. Children born with FASD may have unusual facial features and abnormal brain structure and function. The developmental problems from FASD often lead to life-long difficulties: alcohol and drug use, trouble with the police and mental health problems. Professor Elliott says children born with FASD can be helped if there is early intervention, but the damage is permanent.



Emily Carter

Our community has taken control but it will take generations to address the effects of alcohol...FASD is a tragedy that transcends grief and trauma. Young life without options, being born into the world with brains and nervous systems that are cruelly diminished.

Emily Carter, Fitzroy Crossing

I've talked to families where young women are drinking when they are pregnant. They say: 'It's my body'. We need to get into schools and show children what grog can do.

Sabella Turner, Congress

We have to act – not let future generations have these diseases at birth. We have to educate the younger generation about grog... We as Aboriginal leaders have to step up. Grog is a weapon of mass destruction.

John Paterson, AMSANT

Well, I was almost in tears watching that film [Tristan]. It's a big problem. Our children are our future.

**Sammy Butcher,
Papunya**

FASD is 100 per cent preventable. We need to support expectant mothers to stop drinking.

**Professor Elizabeth
Elliott**

We need to find some middle ground here. Reflect on the children and our worries for the next generation. We need to ask – what are the pathways? What can we do as Aboriginal mums and dads?

Assoc. Prof. Ted Wilkes

Professor Elliott also told the Summit that FASD is '100 per cent preventable'. If pregnant women don't drink, children won't have FASD. She said women need support – not to be 'named and shamed' for drinking. Professor Elliott also argued that to prevent FASD we need to restrict alcohol advertising, increase alcohol prices and reduce the number of liquor outlets to allow strong Aboriginal culture to continue.

Following its success in having strong restrictions put in place, the Fitzroy Crossing community is now involved in the Marulu-Lililwan FASD Project, a partnership of the Nindilingarri Cultural Health, Marninwarntikura Fitzroy Women's Resource Centre, the University of Sydney and the George Institute for Global Health. This is the first population-based study of FASD in Australia, with support from the Australian Government.

The Marulu-Lililwan Project's aims are:

- diagnosis and prevention of FASD;
- support for parents and carers of children with FASD; and,
- advocacy and awareness-raising about FASD.

A film exploring FASD in Fitzroy Crossing, Tristan, was shown at the Summit dinner. The film looks at the life of a young boy with FASD who has serious learning and development problems because his mother drank while pregnant with him.

The NLC made an offer at the end of the Summit to fund an advertising campaign about FASD and the dangers of drinking when pregnant.

The Summit endorsed the following actions to address FASD:

- 1. Work on preventing alcohol use during pregnancy, including through: better drug/alcohol services for pregnant women, warning labelling on alcohol products, signage in outlets and pubs, strong messages for girls in schools and men/women in communities, increased antenatal services, and a TV advertising campaign about FASD.**
- 2. Enable early diagnosis and support for children with FASD, including 'educational day-care', and support parents and carers.**

2.4 BUILDING STRONGER COMMUNITY-BASED APPROACHES TO ADDRESSING ALCOHOL-RELATED HARM

Community-controlled approaches focus on working at the ground level and seek solutions from the people affected by the devastation of alcohol. They are critical in addressing the current issues and working towards longer-term solutions. Many people at the Summit spoke about the need to prevent further destruction caused by alcohol through getting Aboriginal people, communities and their organisations to take more responsibility and work towards addressing the issue from the ground level. There was consensus during the Summit that we need to work together and stand strong on strategies that will reduce alcohol harm in our communities.

ALCOHOL MANAGEMENT PLANS

A number of communities across the NT are currently working on alcohol management plans (AMP). However, various Summit participants criticised the current processes for preparing alcohol management plans, saying that they failed to adopt a 'community approach'. Complaints from Aboriginal community members at the Summit included:

- Not everyone in the community is involved in working on AMP. People spoke up strongly in favour of non-drinkers, and even children, having a say in community alcohol management plans.
- Communities spend a lot of time working on plans, but then they are not supported. Examples were given of communities working hard to develop plans that governments do not then endorse.
- Just one influential community member can derail a good process in the AMP. One participant gave an example of how one drinker in the community had derailed an AMP.
- No funding is available to develop the strategies put forward in AMPs. Many Summit participants said that community members have their own strategies, including safe houses, increasing the presence and work of night patrols, and setting up a safe drinking area outside the community, but that these ideas are not funded.
- Government has too much control in the development of AMPs. Community members wanted more control over the processes for AMPs.

Summit participants wanted to see greater community control in the development of AMPs, greater representation of all groups in the community in developing AMPs and longer-term funding commitments.

JUSTICE REINVESTMENT

The Summit heard from legal aid representatives including Michael Petterson, Chair of the North Australian Aboriginal Justice Agency (NAAJA) Board, and Noel Hayes, Chair of the CAALAS Board, about the importance of diverting resources to prevention rather than building more and larger prisons. This is known as 'justice reinvestment', and is an approach used in the USA where money from corrections' budgets is put into education, housing, health care and employment in communities that have high levels of offending.

Justice reinvestment is a way of preventing crime through improving communities and therefore reducing the number of people sent to prison (which is extremely expensive).



Samuel Bush-Blanasi

The AMP in my community isn't right. They are not talking to the right people. Kids and the non-drinkers need to have a say. They need to start talking to all Aboriginal organisations around Katherine. Alcohol is driving the Katherine town...I am not afraid to have a go on this alcohol problem, if we all do it together.

**Samuel Bush-Blanasi,
NLC**

I want people – government and media – to stop demonising men. Men are demonised. I want it stopped.

Maurie Ryan, CLC

Safe and Sober, CAAAPU are also there to mop up the mess. But this morning we have heard another strategy from community - Fitzroy Crossing, Anyinginyi and NPY Women's Council's Curtin Springs story. Yes, we have to help the fallen, but we really have to focus on prevention.
Russell Goldflam



Professor Elizabeth Elliott

Everyone here has a will to do something on this issue. It's such a strong and big group. You need to decide on the actions which have evidence behind them and get them enacted. I think Aboriginal people are leading the way in responding to alcohol abuse.

Prof Elizabeth Elliott

I'm really worried about kids and non-drinkers. They have no say. Those involved in AMPs are grog-runners. [FaHCSIA] needs to include sober people. Drinkers always get their way. Domestic violence, kids not getting to school. Samuel Bush-Blanas, NLC

MEN ARE PART OF THE SOLUTION

Many participants at the Summit had also recently attended a Congress Male Health Conference, at Ross River. They spoke up about the ideas generated at the conference. This included recognition that men are part of the solution and should not be demonised, but also that Aboriginal men should challenge each other and start to step up to the challenges of the future.

EDUCATION AND YOUTH

Many Summit participants wanted a greater focus on educating young people and targeting them in working out the solutions to alcohol issues. Hermannsburg AOD worker Claude Poulson argued that more of a community development approach was needed, and that work had to be done to improve the health and self-esteem of young people: a life-style change rather than just counselling. He spoke of his experience dealing with young people's use of alcohol in Hermannsburg.

FITZROY CROSSING: A CASE STUDY IN COMMUNITY CONTROL

As mentioned earlier in the report, June Oscar and Emily Carter travelled from Fitzroy Crossing to Alice Springs to share their experiences. June Oscar told a story of a community in crisis because of alcohol. She then described the community action which led to the introduction of alcohol restrictions in Fitzroy Crossing.

June Oscar explained that 'in extreme geographical isolation it was difficult to know how we would deal with grog'. She outlined how in July 2007 the women from the Marninwartikura Women's Resource Centre 'sat with our women and children at our annual bush meeting...at this meeting we didn't realise how as Kimberley women we would be addressing what alcohol is doing to our mob'. She explained:

We women lobbied the Western Australian Licensing Commission. We now own the alcohol outlets in Fitzroy Crossing. This helped us achieve what we wanted, [that is] to restrict the supply of alcohol.

Through restricting the kinds of alcohol that were supplied in the Fitzroy Crossing community, they saw some very successful outcomes in reduction of harm and the improved well-being of community members (see page 11). As June Oscar stated, there is 'no handbook that tells you how to do it [deal with alcohol] – you have to learn on the way'.

Emily Carter expressed the importance of community control in the Fitzroy Crossing story:

Our journey has told us that our people need to take control...don't think of us as victims, support us to be the architects of our future, the future where every child has the right to be born healthy and fulfil their potential...Our community has taken control, but it will take us generations to reverse the impact of colonisation and the introduction of alcohol.

The Summit endorsed greater support for community approaches to alcohol including:

- 1. Getting government to recognise and reinvest in community-driven responses in Alice Springs/Tennant Creek.**
- 2. Stop demonising men, and support leaders to challenge other men to take responsibility and ownership.**
- 3. Refocus alcohol management plans at the community level – they must be representative of all sectors of the community – children, sober community members, traditional owners, police, health workers, relevant service providers, night patrol and men and women.**
- 4. Investing in prevention rather than prisons (justice reinvestment).**
- 5. Engage children and young people in education and solutions – this should start in the early years of education.**

At the Men's Health Summit [held a couple of weeks previously at Ross River] Aboriginal men challenged others to show leadership – not just asking government to do things. Step up – instead of spending time on Facebook and phoning people. If you are an Aboriginal liaison officer, start doing your job. Earn your pay.
Michael Liddle, CLC

Got to take it back to the young people. They are in high school. Work has to start with these people – ready to leave school, or at high school. That's the population you've got to target now. They are the people of the future. You want to start somewhere – start there, I reckon.
Noel Hayes, CAALAS

Fitzroy Crossing showed great leadership under enormous pressure... We've all got to work in collaboration, partnership. One mob. To make inroads we've got to work together. If we don't seriously address it, we won't have anyone here talking about it in fifty, a hundred years' time.
Who?
John Paterson, AMSANT



Professor Elizabeth Elliott



Robert Hoosan

Right: Maurie Ryan speaking at the summit.

3. SUMMIT SUPPORTS CALL FOR ALCOHOL BOARD OF INQUIRY

John Paterson, CEO of AMSANT, explained that on 26 June 2013 APO NT called for a joint NT and Australian Government Board of Inquiry into Alcohol in the Northern Territory. APO NT believes the inquiry will provide the evidence needed to create a roadmap for action so all sectors can work together to solve the problems of alcohol-related harm in the NT.

On 31 July 2013 the Alice Springs Alcohol Summit delegates endorsed the call for a Board of Inquiry and also endorsed the proposed terms of reference. The terms of reference were framed to provide the data and evidence that is needed to develop a comprehensive, evidence-based blueprint for tackling alcohol harm. This evidence and data will enable the development of recommendations that include effective alcohol supply controls as well as strong preventative and early intervention measures that address harm minimisation and the need to reduce the demand for alcohol consumption.

3.1 PROPOSED TERMS OF REFERENCE

1. To examine levels, patterns and trends in the supply and consumption of alcohol in the Northern Territory, including at regional and local levels, since 1990.
2. To assess the harm caused directly and indirectly by alcohol in the Northern Territory.
3. To identify, examine and evaluate all alcohol supply, demand and harm-reduction measures taken in the Northern Territory since 1990.
4. To examine the role of the alcohol manufacturing, distribution, wholesale and retail industry in relation to alcohol policy in the Northern Territory since 1990.
5. To recommend evidence-based supply, demand and harm reduction measures to further reduce alcohol consumption and harm in the NT.
6. To assess the underlying determinants of alcohol misuse, including psychosocial factors, and to recommend measures that address these determinants.
7. To recommend appropriate evidence-based early childhood/childhood programs that will lay the foundations of a generational approach to minimising alcohol and other drug abuse in the future.



4. CONCLUSION

The Central Australian Alcohol Summit provided an opportunity for people concerned about alcohol abuse in the region and in the NT to share their knowledge and to learn about what can be done to help stop the 'rivers of grog'. Community members and organisational staff who attended the Summit were able to hear from experts from other places such as Professor Dennis Gray and Associate Professor Ted Wilkes, as well as local and regional service providers from Alice Springs, Tennant Creek, Hermannsburg, the NPY cross-border area and Borroloola.

They also heard from the Fitzroy Crossing women June Oscar, Emily Carter and Professor Elizabeth Elliot, who have worked very hard together to bring in restrictions that have resulted in very significant reductions in alcohol-related problems, and who are now determinedly focused on addressing Foetal Alcohol Spectrum Disorder (FASD) at Fitzroy Crossing in WA. The Fitzroy Crossing women are also working to secure greater investment and support for a high quality and culturally appropriate early childhood programs. Their programs involve Aboriginal elders and families to ensure it has a holistic approach, and, is community managed and owned.

People from Central Australia and some Top End communities were able to share their concerns about the serious alcohol problems in their communities, and also their own thoughts and conclusions on what needs to change, based on their personal observations and experience.

While there is strong support for evidence-based action, not everyone agrees on how best to address the issue. For example, CAAAPU supports the NT Government's alcohol mandatory treatment scheme. Others support mandatory treatment as one part of a necessary range of approaches to alcohol abuse, but don't want to see people charged if they run away. Some people want to address the underlying causes of excessive drinking, while many believe that drinking itself is the cause of many problems, and that other issues will not settle down until problem drinkers have less to drink, less often.

Some believe that personal responsibility is more important than government assistance, while many others believe that the regulation of supply by government is the number one priority in the battle to bring down alcohol-related illness, injury, criminal offences such as assaults and homicides, and child neglect and humbug.

All those at the Summit agreed, however, that the future for Aboriginal children is of the utmost importance. That is, if Aboriginal people are to have fulfilling, healthy lives free of learning difficulties, poor educational outcomes and the serious behavioural problems associated with poor early childhood development and learning, or FASD, then the grog problem must be overcome.

The Anyinginyi Health Service says 'Prevention is the Solution', and there is a large body of evidence that suggests this is correct. We must seriously start to prevent these problems in ways that the community members and experts at the Summit have shown can be done.

Otherwise, we are just left to clear up the mess of broken lives after the drinking – in health services and hospitals, courts, gaols, communities and families – just the ambulance at the bottom of the cliff instead of the bulldozer knocking down the cliff.



Claude Poulson, Western Arrente Health Aboriginal Corporation, Ntaria



Debra Maidment, Trevor Sanders, Maurie Ryan and Christine Donnellan



Dhuwarrwarr Marika, Rirratingu clan Elder and NLC Executive Council Member for the East Arnhem Region.



Roslyn Cook, CAALAS

Aboriginal Peak Organisations Northern Territory

An alliance of the CLC, NLC, CAALAS, NAAJA and AMSANT

MEDIA RELEASE

Communiqué

ALICE SPRINGS GROG SUMMIT: OUTCOMES

From 30 to 31 July 2013 a summit on alcohol policy and its impact on Aboriginal people and communities was held in Alice Springs, sponsored by the Aboriginal Peak Organisations Northern Territory [APO NT]. The summit was attended by around 100 people. This summit followed a similar grog summit sponsored by APO NT in Darwin in November 2012.

The summit heard from a number of speakers from Aboriginal communities and organisations across the Territory including: Anyinginyi Health Service; Central Australian Aboriginal Congress; Central Australian Aboriginal Alcohol Programmes Unit; Central Australian Aboriginal Family Legal Unit; Western Aranda Health Aboriginal Corporation; Ngaanyatjarra Pitjantjatjara Yankunytjatjara (NPY) Women's Council; Borroloola; Ntaria, Papunya and Beswick.

The summit heard also from expert speakers including Associate Professor, Ted Wilkes from the National Indigenous Drug & Alcohol Committee; Professor Dennis Gray from the National Drug Research Institute and June Oscar, Emily Carter and Professor Elizabeth Elliott AM, who have been involved in the successful Fitzroy Valley recovery plan.

The summit delegates agreed that there was an urgent need for action and better evidence to address alcohol related harm both in Alice Springs, and across the NT. All delegates of the summit were concerned about the children's future and the need to act now. The summit agreed on a number of priority areas for action including:

- **Reducing supply as a critical 'circuit breaker' in the fight against alcohol harm:** The summit supported stopping the flow of cheap grog through a floor-price and/or volumetric tax, banning alcohol advertising/sponsorship in sport, stronger enforcement of licensing conditions, and encouraging individuals to take a personal stand against grog running.
- **Focusing on holistic approaches in treatment, including addressing underlying causes:** The summit encourages further measures to support Aboriginal community controlled services providing treatment and other AOD programs; the important work needed to address underlying issues of alcohol misuse; need to increase services out bush; addressing social determinants of health which result in people drinking; examining holistic ways of treating alcohol misuse; focus on early childhood development; supporting development/evaluation of culturally appropriate treatment programs and promoting strong cultural identity as a means of preventing alcohol misuse.

- **The need to act now to address FASD:** The summit calls for more work on prevention, education and raising awareness of the condition; seek recognition of FASD as a disability, and enabling early diagnosis of fetal alcohol spectrum disorders; and
- **Building stronger community-based approaches to addressing alcohol related harm:** The summit requests a greater focus on supporting local community responses; ensuring alcohol management plans are representative of the whole community and driven by the community; investing in prevention rather than prisons; and engaging children and young people in education and solutions.

On 26 June 2013 APO NT called for a joint Territory/Commonwealth government Board of Inquiry into Alcohol in the Northern Territory to provide the evidence needed to create a roadmap for action so all sectors can work together to solve the problems of alcohol related harm in the NT.

On 31 July 2013, the Alice Springs Grog Summit delegates endorsed the call for a Board of Inquiry, and the proposed Terms of Reference framed to provide the data and evidence that is needed to develop a comprehensive, evidence-based blueprint for tackling alcohol harm. These will provide for the development of recommendations that include effective alcohol supply controls as well as strong preventative and early intervention measures that address harm minimisation and the need to reduce the demand for alcohol consumption.

APO NT will be producing a full report on the summit outcomes.

For further information contact Sarah Stoller on 0487 341 117.



ABORIGINAL PEAK ORGANISATIONS OF THE NORTHERN TERRITORY – 2013