



MENZIES SCHOOL OF HEALTH RESEARCH

Northern Territory Australia

**Alcohol-Related Problems in Katherine :
A report prepared for Morgan Buckley (Solicitors)**

Revised Edition

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November 1999

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November 1999

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Acknowledgments

Statistical data were provided by the Northern Territory Liquor Commission, the Northern Territory Police, Territory Health Services, and the Northern Territory Department of Transport and Works. The Katherine Town Council kindly gave us access to its files on alcohol-related matters. Jane Macdonald, of Katherine Family Link, provided us with the results of the Katherine domestic violence survey. We wish to thank all those other people interviewed and who provided assistance in the collection of data for the report. In particular, we wish to thank Deirdre Bourbon for her assistance in editing the report.

1. Introduction

The Liquor Commission's decision to vary licensees' trading hours

On the 25th of March 1999, the Northern Territory Liquor Commission met and decided to vary the licence conditions of all Katherine licensees under Section 33(1) of the *Liquor Act*. On the 1st of April 1999, the Commission wrote to all licensees in Katherine, informing them of a variation to conditions that substituted the trading hours of takeaway liquor to between 2.00 pm and 8.00 pm.

As a result of the notice of variation to licence conditions, four parties exercised their right under Section 33 of the *Act* to request a hearing in relation to the proposed variations. On the 20th of May 1999, the Liquor Commission met to consider the four applications for a hearing and decided that all would be dealt with at a hearing in Katherine within the period of the 4th of August to the 24th of August 1999.

In late July 1999, one of the affected licensees, Woolworths Pty Ltd, lodged an appeal against the Liquor Commission's decision in the Supreme Court of the Northern Territory. Although this appeal had the potential to delay the proposed August hearing, it was unsuccessful and the hearing is set to proceed in early August 1999.

Commissioning of this report by Morgan Buckley

At the end of May 1999, Morgan Buckley Solicitors, acting on behalf of the Liquor Commission, commissioned a collaborative team from the Menzies School of Health Research, Darwin, and the National Centre for Research into the Prevention of Drug Abuse, Curtin University of Technology, Perth, to conduct independent research into the impact of alcohol in Katherine in preparation for the August hearing. The team is headed by Dr Peter d'Abbs (Menzies) and Associate Professor Dennis Gray (Curtin).

This report is the result of research carried out over a two month period between June and July 1999. The timeframe for the research was short due to the need for a report to be available to the parties of the hearing by early August.

Research strategy

Morgan Buckley Solicitors and the research team agreed upon a research strategy that comprised of six elements:

- _ a review of relevant literature regarding effectiveness of restrictions on licensees' trading hours;
- _ an analysis of data on alcohol consumption in Katherine and surrounds, and comparison with consumption elsewhere in the Northern Territory;
- _ collection and analysis of quantitative data relating to alcohol-related harm in Katherine, with particular reference to public order, selected offences and injuries;
- _ interviews with stakeholders in Katherine, including licensees, community organisations (including Aboriginal organisations), local government, police, and health authorities;
- _ preparation of a report for Morgan Buckley and the Northern Territory Liquor Commission; and,
- _ attendance at hearing conducted by Liquor Commission.

'Anti-social behaviour': a preliminary note

Throughout this report, we place 'anti-social behaviour' in inverted commas. This is because, while we recognise that public drunkenness in Katherine is a serious problem and one that is clearly causing frustration and anger among many residents, we believe that the term 'anti-social behaviour' is something of an ambiguous, catch-all term that serves a number of purposes in public debates in Katherine. For that reason, it is too imprecise in its connotations for us to simply take it at face value and use it in what we hope is a clear, dispassionate discussion of complex issues.

In Katherine, the term 'anti-social behaviour' most frequently refers to public drunkenness and behaviour associated with public drunkenness. However, there is a lack of consensus in the town about the range of behaviours the term encompasses. 'Anti-social behaviour' appears to refer to any behaviour that is regarded as deviant by members of the dominant society, and the majority of people in Katherine take it for granted that it refers to the actions of Aboriginal drinkers. Several interviewees pointed out that it is often simply a code phrase for 'being black and being in public', therefore providing non-Aboriginals a mechanism for talking about Aboriginal drinking without using language that might be criticised as racist. By placing the term in inverted commas, we wish to indicate that we accept that the term refers to

important issues, without necessarily accepting all of the connotations of the term as used in public debate in Katherine.

Overview of report

This report comprises eight main sections, including this introduction.

- Sections 2 and 3 outline a conceptual framework (Section 2) for approaching alcohol-related problems at a community level and provide a discussion and overview of some of the more recent initiatives that have been implemented both in Australia and overseas (Section 3) in an attempt to address problems associated with alcohol. The discussion particularly focuses on initiatives in regional Australia as well as the effectiveness of reducing liquor outlet trading hours.
- Section 4 contains some background information on alcohol issues in Katherine and events leading to the current proposed restrictions to liquor trading hours.
- Sections 5 and 6 contain an analysis of quantitative data relating to the level of alcohol consumption in Katherine (Section 5) and the level of offending, public disorder and injury and illness associated with alcohol (Section 6).
- Section 7 contains an analysis of qualitative data relating to the interviews with key stakeholders conducted as part of this research. This section includes an overview of support, or otherwise, amongst this group of people for the proposed measures under consideration at the Liquor Commission's hearing, as well as additional measures that were suggested to address alcohol-related problems in Katherine.
- Section 8 offers some concluding comments and recommendations arising out of the research conducted.

2. Approaching community alcohol-related problems: a conceptual framework

Alcohol use, misuse and the problems arising from it are complex and multi-faceted, and problems occurring in places such as Katherine cannot be understood in isolation. Over the past two decades, a number of studies have explicated and informed the way in which these phenomena are viewed. Among the most important of these are works by:

- Zinberg on the factors underlying the use of, and response to, intoxicants (1984);
- a team working under the auspices of the World Health Organisation which provided the basis for the more systematic classification of alcohol-related problems (Edwards, Gross, Keller *et al.* 1977);
- Moore and Gerstein on identification of the levels on which alcohol-related problems impact; and
- Plant, Single and Stockwell (eds 1997), Edwards, Anderson, Babor *et al.* (1994), and May (1992) on strategies for intervention.

Drawing on these and subsequent studies, d'Abbs and Jones have developed a useful model for conceptualising and dealing with alcohol-related problems (1996). First, as with other psychoactive drugs, the use of alcohol and its effects on users is dependent upon three inter-related determinants. Following Zinberg these are:

- the *drug*—in this case the pharmacological action of alcohol on users;
- the *set*—attributes of drinkers, including their motivations, expectations, and states of health; and,
- the *setting* in which alcohol is consumed—including both local level factors and the broad social environment (d'Abbs & Jones 1996, based on Zinberg 1984).

As d'Abbs and Jones indicate, both the settings in which alcohol is consumed and the expectations drinkers bring to them are also the products of *drinking cultures*—the set of meanings, values and goals attached to alcohol and drinking among members of a particular society. Thus, in considering patterns of alcohol consumption and their consequences, it is necessary to consider all of these factors.

The problems associated with the misuse of alcohol are not homogeneous and they fall into three categories:

- problems of *intoxication*—such as violence and road crashes;

- problems of *chronic excessive consumption*—such as liver cirrhosis and psychological impairment; and,
- problems of *dependence*—such as impairment of control and withdrawal symptoms.

These problems can be further distinguished according to the levels at which they occur. These levels are:

- *drinkers* themselves—including involvement in the criminal justice system and health problems;
- drinkers' *families*—including domestic violence and loss of money for food; and,
- drinkers' *communities*—including unemployment, and strains on health services.

d'Abbs and Jones go on to point out that these distinctions are important, not just for analytical purposes, but also as a basis for developing strategies to reduce those problems. As they, and others, have indicated, no single measure is capable of ameliorating all of the harmful consequences of alcohol misuse at all levels. They state that, given the multi-causal nature of alcohol problems, any strategy that aims to reduce them must include measures that address all of the factors they have outlined. Following May (1992) and recommendations of the Royal Commission into Aboriginal Deaths in Custody (1991), these include:

- controls on the *availability* of alcohol;
- programs and services designed to change drinking practices;
- measures to reduce risks associated with particular *drinking environments*; and,
- measures to overcome social and economic disadvantages and to enhance the *social and economic opportunities* available to members of the population to which the drinkers belong.

They caution that to build an intervention strategy based on only one set of factors is to invite failure.

3. Liquor licensing and the reduction of alcohol problems: a brief review

As indicated by d'Abbs and Jones, control over the availability of alcohol is one of several measures that can be taken to address alcohol-related problems. Such control has been exercised with increasing frequency in remote and rural areas of Australia and its imposition in Katherine is the subject of current hearings. Before reviewing the effectiveness of these measures in Australia, we wish to briefly summarise the rationale for them and the international evidence for their effectiveness.

It has long been known that there are positive relationships between levels of per capita consumption of alcohol and the frequency of certain health and social problems (Bruun *et al.* 1975). For example, studies from the United States, Canada, the United Kingdom, Sweden, and Finland demonstrate positive correlations between per capita rates of alcohol consumption and a variety of health and social indicators including cirrhosis and cancer mortality rates, hospital admissions for alcohol dependence, drunkenness convictions, drink driving offences, and crimes of violence (Anglin *et al.* 1995; Kendall 1984; Mann *et al.* 1991; Norstrom 1987; Osterberg 1988). As the model outlined by d'Abbs and Jones suggests, these relationships are both variable and complex. Nevertheless, they are clearly demonstrated by the evidence.

Since the pioneering work of Bruun *et al.* (1975) over 25 years ago, it has been recognised that levels of consumption are themselves influenced not only by demand factors arising among drinkers, their drinking settings and cultures, but also by the availability of alcohol—that is, 'the ease with which alcohol may be purchased for consumption' (Gruenewald 1993:60). Numerous studies have been undertaken into this relationship and have focused—albeit unequally—on a range of measures; some of which are implemented at the national and others at the local level. These measures include: legal systems for control and the structure of regulatory agencies; forms of retail availability; price; minimum age limits for consumption; the density of alcohol outlets; types of beverages; and hours and days of sale.

There are several review articles that critically review the findings of these studies (Edwards *et al.* 1994; Gruenewald 1993; Single 1988; Stockwell 1994). The interventions which have the most clearly demonstrated effectiveness are controls on price via the taxation system, and restrictions on the minimum drinking age. Indeed, work by Gray and Chikritzhs has shown that the imposition of a levy on the sale of

cask wine in the Northern Territory led to a significant reduction in alcohol consumption (Gray & Chikritzhs 1999). The reviews also conclude that while earlier work was equivocal in its results, the most recent, methodologically sound, studies demonstrate that outlet densities (defined as the number of outlets per unit of population) have a significant positive effect on alcohol sales.

Findings with regard to the influence of hours and days of trading are more equivocal. Edwards *et al.* conclude that:

Most of the studies of changes in hours of sale and opening days for alcohol outlets have demonstrated increased drinking associated with increased number of hours, and decreased drinking with elimination of days of sale together with associated changes in alcohol problems (1994:144).

Gruenewald, however, argues that too few studies of their effect have been conducted and has called for more research into the issue (1991:73); and Stockwell asserts that the results of such studies are equivocal, though *minor* variations in trading hours are likely to have little impact on overall levels of consumption (1995:120).

Despite this, and general agreement on the need for more research into particular aspects of these relationships, the reviewers are unanimous in their conclusions that—although the relationship is complex and may vary in magnitude over time and place—there is a clearly demonstrable, positive relationship between the availability of alcohol and the level of consumption. In a review conducted under the auspices of the European Office of the World Health Organisation, Edwards *et al.* have written:

The weight of the empirical evidence has supported the argument that limitation on the availability of alcohol can be an effective part of a public health approach to reduce alcohol consumption, and thus to alleviate problems associated with alcohol. While many of these problems are established at state and national levels, others can be established at the community level. The counter argument to the effectiveness of alcohol availability restriction, 'that people will obtain alcohol no matter the difficulty, particularly heavy drinkers', is, on the showing of the empirical evidence, not valid (Edwards *et al.* 1994:143).

They caution, however, that their effectiveness or ineffectiveness is contingent upon public support and compliance (1994:145).

Recent initiatives in regional and remote Australia

As indicated above, restrictions on the availability of alcohol both through licensee 'accords' and the imposition of conditions upon liquor licenses have been implemented in several locations in regional and remote Australia. Such restrictions have been evaluated in Halls Creek WA (Douglas 1998), Tennant Creek NT (d'Abbs, Togni & Crundall 1996; Gray, Saggars, Atkinson *et al.* 1998), Derby WA (d'Abbs & Togni 1998), and Curtin Springs NT (d'Abbs, Togni & Duquemin 1998). The findings

from the evaluations have also been reviewed in the context of more general alcohol interventions among Aboriginal people (Gray, Saggars, Sputore & Bourbon 1999) and in more specific focus by (d'Abbs & Togni 1999). These reviews reach similar conclusions and this section is based on the more detailed review by d'Abbs and Togni. The findings of each of the evaluations are complex and cannot all be considered in the space available. However, d'Abbs and Togni (1999) produced a series of summary tables which are reproduced below in slightly modified form, and readers are urged to consult these for further details.

The restrictions in each location are summarised in Table 1. Their focus has been on take-away sales and sales of cask wine. The rationale for this has been the perception that such sales are easily accessible, cheap, occur early in the day, and are consumed in an uncontrolled environment. However, in both Tennant Creek and Curtin Springs restrictions on on-premise sales were also implemented.

Table 3.1: Summary of restrictions on availability

Locality	On premises	Take-away
Halls Ck, WA (1992-)		<ul style="list-style-type: none"> - No sales before noon; - cask wine sales 4-6 pm only; limit of 1 cask per person per day.
Tennant Ck, NT (1995-) (Phase 1)	Front bar restrictions: <ul style="list-style-type: none"> - no Thursday sales; - on other days, 9am-10 pm only; - wine sold only with meals; - before noon, sales of light beer only. 	<ul style="list-style-type: none"> - No sales on Thursdays; - on other days, noon-9 pm only; - no sales of ³4 l wine casks; - limits on sales of 2 l wine casks; - no sales of wine in glass containers >1 l.; - no sales to taxi-drivers for 3rd party sales.
Derby, WA (1997)		<ul style="list-style-type: none"> - No sales on Thursdays; - sales on other days noon-10 pm only; - (exemptions apply to both of above) - no sales of ³4 l wine casks.
Curtin Springs, NT (1997)	<ul style="list-style-type: none"> - No sales to Aboriginal people resident in or travelling to NPY lands. 	<ul style="list-style-type: none"> - Same as for on-premises.

Note: This table is a summary only; several of the restrictions listed above are subject to additional qualifications.

With the exception of Derby, the impact of these restrictions on total consumption of pure alcohol was significant, though varied. In Tennant Creek, during the a three month trial period, total consumption fell by 2.7 per cent, and over the three year period following the introduction of restrictions fell by 19.4 per cent. In Halls Creek in the 12 months following introduction of the restrictions, consumption fell by seven per cent, and in Curtin Springs purchases of alcohol were 79 per cent lower in the first six months, and 59 per cent lower in the second six months, following introduction of restrictions.

Table 3.2: Apparent impact of restrictions on alcohol purchases

Locality	Impact
Halls Ck, WA	<p>In the 12 months following restrictions:</p> <ul style="list-style-type: none"> - total apparent consumption of alcohol fell by 7% - wine, down by 39% - beer, up by 24% - spirits, up by 10% <p>Weaker effect in following year</p>
Tennant Ck, NT	<ul style="list-style-type: none"> - Total purchases Oct-Dec 1995 2.7% lower than same months of 1994 - During this time, wine sales down by 54% - Full strength beer up by 7% - Partial displacement to other outlets
Derby, WA	<p>Purchases in 1996/97 compared with preceding year:</p> <ul style="list-style-type: none"> - total purchases, down by 0.2% - full-strength beverages, down by 1.9% - low-alcohol beverages, up by 4.2%
Curtin Springs, NT	<ul style="list-style-type: none"> - Purchases of alcohol Jan-June 1997, 79% lower than same months in 1996 - Purchases of alcohol July-Dec 1997, 59% lower than same months in 1996
Tennant Ck, NT	<ul style="list-style-type: none"> - A decline of 19.4 per cent over three years

The Derby and Curtin Springs evaluations each provide evidence for a significant decrease in offences identified by the police as having a consistently high association with alcohol. In Tennant Creek a fall of 14.5 per cent in offences compared to the same period in the preceding year was confined to the first of two three month periods in which restrictions were trialed. However, it was shown that subsequent increases were the result of increased police activity, and that there was actually a decrease in the number of offences committed on Thursdays—the day in which the most stringent restrictions were in place.

Table 3.3: Impact of restrictions on indicators of public order and selected offences

Locality	Findings
Halls Ck, WA	<ul style="list-style-type: none"> – In first 12 months following restrictions, no change in total number of criminal charges collated by Halls Creek Police Station; – In the <i>following</i> 12 months, number of criminal charges fell by 18% compared to year preceding restrictions.
Tennant Ck, NT (1996)	<ul style="list-style-type: none"> – During Phase 1 of trial, total number of selected offences (assault, criminal damage, unlawful entry, stealing, interfering with motor vehicle) was 14.5% below the number in the corresponding period of 1994. – During Phase 2, number of selected offences was 9.4% <i>higher</i> than in same period in 1994.
Tennant Ck, NT (1998)	<ul style="list-style-type: none"> – Drop in offences recorded during the trial period in earlier evaluation not sustained, although total number in year ended March 1998 was slightly below pre-trial level.
Derby, WA	<ul style="list-style-type: none"> – Total number of offences in selected categories (assaults, sexual offences, damage, motor vehicle offences, threatening behaviour) was 36.7% lower during the trial period than during the corresponding period in 1996, and 28.5% lower than in 1995.
Curtin Springs, NT	<ul style="list-style-type: none"> – Total number of selected offences (same as for Tennant Creek) recorded by Yulara Police Station during first 6 months of trial was 23% lower than corresponding figures in 1996 and 13% lower than the same period in 1995. Total number of offences recorded during 2nd six months of trial was 38% lower than in the same period in 1996, but 71% higher (i.e. 29 compared to 17) relative to figures in the same period in 1995. – At Kulgera Police Station, total number of selected offences in 1997 was 21% lower than in 1996, and the same as for 1995.

In Derby, inadequate baseline data was available to permit comparison of injury surveillance data in the trial period and no effect of the restrictions on alcohol-related injuries was observed. In Halls Creek, Tennant Creek, and Curtin Springs there were varying declines in health indicators—including, in the Curtin Springs case a decline in road crashes. However, attempts to examine indirect effects on well-being, such as monitoring food sales and school attendances did not yield any evidence of impact.

Table 3.4: Impact of restrictions on health and wellbeing

Locality	Indicator(s)	Key findings
Halls Ck, WA	<ol style="list-style-type: none"> 1. Alcohol-related presentations as %age of all presentations at Halls Creek District Hospital. 2. Domestic violence presentations as %age of all outpatient presentations. 3. Royal Flying Doctor Service emergency evacuations. 	<ol style="list-style-type: none"> 1. Decline over 2 years following restrictions. 2. No consistent trend. 3. Number reduced following restrictions.
Tennant Ck, NT (1996)	<ol style="list-style-type: none"> 1. Admissions to A&E section, TC Hospital. 2. Admissions to women's refuge. 3. Food sales, local supermarket. 4. Alcohol-related presentations, Anyinginyi Congress Clinic; 5. Attendances at TC Primary School. 	<ol style="list-style-type: none"> 1. Phase 1—34% drop in alc-related admissions; 26% drop in selected diagnostic categories; effect weaker in Phase 2. 2. Phase 1—46% decline in admissions; not sustained in Phase 2. 3. No change indicated. 4. Small falls observed. 5. No effect observed.
Tennant Ck. NT (1998)	<ol style="list-style-type: none"> 1. Acute alcohol-related admissions to local hospital. 	<ol style="list-style-type: none"> 1. Levels remained below pre-trial levels.
Derby, WA	<ol style="list-style-type: none"> 1. Injury surveillance survey, Derby Regional Hospital. 2. Hospital admissions for alcohol-related injuries. 	<ol style="list-style-type: none"> 1. Baseline data inadequate to permit comparison with trial period. 2. No effect observed.
Curtin Springs, NT	<ol style="list-style-type: none"> 1. Alcohol-related after-hours call-outs, Mutitjulu Health Clinic. 2. Alcohol-related contacts, Amata Clinic. 3. Incidence of alcohol-related and other road crashes. 4. Attendances at community schools. 	<ol style="list-style-type: none"> 1. Phase 1—52.4% lower than in 1996; Phase 2—24.2% lower. 2. Phase 1—29.4% lower than in 1996; Phase 2—51.9% lower. 3. No. of crashes 12.8% lower in 1997 than 1996; no alcohol-related crashes involving Aboriginal people during 1997. 4. No impact observed.

In their review, d'Abbs and Togni wrote that:

A criticism sometimes levelled against local restrictions on availability is that they are the creations of zealous 'do gooders' who impose their designs against the wishes of the majority (1999:10).

However, in the two locations in which community opinion regarding such restrictions has been surveyed, this claim is not supported. In a survey following trial restrictions in Tennant Creek, 58 per cent of residents reported being in favour of the restrictions and a majority favoured their retention. In a survey as part of the second evaluation, differential levels of support were found for each individual restriction but a majority favoured each of them. Furthermore, a majority was in favour of additional restrictions. In Derby, 58 per cent of those who took part in a telephone survey were in favour of the restrictions; and small majorities of Community Development Employment Program workers were in favour of a ban on four litre wine casks and reduced trading hours, but not a ban on takeaway trading on Thursdays. Importantly, however, support for restrictions was qualified by widespread belief that other measures were also needed.

Table 3.5: Extent of community support for restrictions

Locality	Survey design	Key findings
Tennant Ck, NT (1996)	(Towards end of trial period) household survey, random sample n=273	<ul style="list-style-type: none"> - 58% in favour of trial measures; 21% against; 16% reported mixed reaction. - Majority in favour among both private dwellings and town camps. - Majority favoured retaining restrictions.
Derby, WA	(Towards end of trial period): <ul style="list-style-type: none"> - telephone survey, random sample n=198; - sample of 78 Aboriginal participants in CDEP groups. 	<ul style="list-style-type: none"> - Telephone survey: 58% in favour of restrictions; 24% against; 5% in favour of some measures, against others. - CDEP sample: ban on wine casks supported by 56%; reduced take-away trading hours supported by 53%, but ban on Thursday take-away trading supported by only 42%.
Tennant Ck, NT (1998)	Household survey, n=271	<ul style="list-style-type: none"> - < 30% adversely affected by any restrictions. - Majority supported continuation or strengthening of present restrictions (even though many believed that several restrictions were widely circumvented). <p>Majority supported additional restrictive measures.</p>

d'Abbs and Togni concluded that there were three major implications from their review of the evaluation reports—each of which deserves further investigation, but each of which is supported by considerable evidence.

1. Restrictions have a modest but real effect on apparent alcohol consumption

Where restrictions have targeted wine sales, there is evidence of a compensatory shift to other beverages, mainly beer, but this has not completely offset falls in wine sales. Similarly, examination of liquor purchases by neighbouring outlets suggests that falls in apparent consumption in the target community are partially offset by geographical shifts in purchasing patterns, but not to an extent sufficient to negate all of the local reductions in sales.

2. Restrictions have contributed to a significant reduction in alcohol-related harm

Restrictions have contributed to reductions in levels of drunkenness, interpersonal violence and damage to property. The extent to which they also enhance social wellbeing through, for example, causing expenditure to be diverted from alcohol to food, is unclear. However, the one setting in which possible impact on the workplace was examined - Tennant Creek - revealed that the restrictions were accompanied by reductions in absenteeism.

3. Restrictions on availability are supported by a majority of community residents

Contrary to assertions sometimes aired, local restrictions on availability have widespread (but, of course, not unanimous) community support. However, that endorsement is qualified by a widespread belief that other measures are also needed to reduce alcohol-related harm (1999:12).

As well as reporting on outcomes, d'Abbs and Togni also discussed issues emerging from the evaluations which need to be considered by any group intending to impose or advocate restrictions. These issues are:

- representation or “who speaks for ‘the community?’”;
- what sort of restrictions on availability should be imposed?;
- what additional measures should be introduced?;
- selective versus universal restrictions; and,
- the role of the liquor licensing authority.

4. Alcohol problems in Katherine: a background

Concern with alcohol problems is not new to Katherine. In 1990, for instance (to go back no more than a decade), a group known as the Katherine Alcohol Action Group lobbied the Department of Health and Community Services, as it was then known, for detoxification and rehabilitation facilities. In 1992, a Katherine Town Camps Advisory Committee was established, in part to address alcohol-related issues and, in 1994, a local police officer—Warren O'Meara—led the way in trying to develop a regional strategy to address alcohol abuse and violence.

In 1995, a number of organisations, including Aboriginal organisations and the NT Government, were involved in negotiations aimed at establishing official 'drinking areas' around the town. On the 28th of June 1995, the Katherine Town Council (KTC) and the Katherine Combined Aboriginal Organisations signed a Memorandum of Understanding on a 'Social Behaviour Strategy' for Katherine.

In 1996, a Katherine Anti-Social Behaviour Committee was established, thus giving official recognition to the term by which public drunkenness and behaviour associated with public drunkenness are still spoken about in Katherine today. By 1998, however, this Committee had lapsed.

In September 1998, two events occurred that helped to set in train the events that led to the 1999 Liquor Commission hearing. The first was the re-formation of the Anti-Social Behaviour Committee, the second, a public meeting that resulted in the Liquor Commission being requested to review conditions of liquor licences in Katherine. Each is recounted briefly below.

(Re-)Formation of Alcohol-related Anti-Social Behaviour Sub-Committee in 1998

On the 27th of August 1998, a special meeting of the Finance & Planning Committee of the KTC met to discuss alcohol-related 'anti-social behaviour' problems in Katherine¹. The meeting was attended by Katherine's Mayor, Deputy Mayor and five Alderpersons; two police officers, and 13 licensee representatives. The meeting was also addressed by the Registrar of the Northern Territory Liquor Commission.

¹ Unless otherwise stated, the account that follows is based on Katherine Town Council files.

At the meeting it was resolved to form a committee, to be known initially as the Anti-Social Behaviour Sub-Committee, a title later amended to Alcohol-related Anti-Social Behaviour Sub-Committee (ARASBSC). Membership consisted of the following individuals/organisations:

- _ Sgt Mick Read, NT Police
- _ Brian Kelly, Knotts Crossing Resort
- _ Mike Miller, Red Gum Caravan Park
- _ Jason & Terry O'Neill, Crossways Hotel/Motel
- _ Kevin Johns, Katherine Club
- _ David Rogers, Katherine Hotel Motel
- _ Nino Niceforo, KTC
- _ Peter Moloney, Senior Inspector, KTC
- _ Alan Doak, Woolworths
- _ A representative of Katherine Alcohol and Drug Authority (KADA).

It was also agreed that the new committee would meet monthly, commencing in September.

From the outset, the ARASBSC propounded a particular objective, and a specific strategy. As set out in the minutes of the Committee's first meeting, the objective was: 'anti-social behaviour needs to be removed from the streets'. The strategy: '... target the sixty to eighty people that are the core of these problems'.

Over the next few months the Committee considered several proposals, including a cessation of moselle sales, an agreement not to sell alcohol to individuals known as 'instigators' of public drunkenness, and a request to the public for assistance in enforcing the '2 kilometre law'. One proposal which strikes us as frankly bizarre (and not proceeded with) involved setting up mobile kegs at two possible drinking areas.

None of these proposals, in fact, appear to have been implemented. However, members of the Committee said, in October 1998, that efforts by licensees to restrict alcohol sales to certain patrons had brought about 'a vast improvement within the town'. Whether such a dramatic change occurred at this time is not clear to us. The Committee itself appears to have floundered around the end of the year. The November meeting was cancelled for want of a quorum, and the December meeting was attended by only two KTC representatives, a police officer, and four licensee representatives. Since that time, the Committee has not played a significant role in

addressing the town's alcohol problems. Several people whom we interviewed in fact dismissed it as a 'toothless tiger'.

A comment on the Committee

While we cannot—in the limited time that has been available to us—claim to assess the role of the ARASBSC, we do wish to draw attention to two issues which we believe are relevant to any consideration of community-based responses to alcohol-related issues. These are:

- _ the ARASBSC's 'scoping' of alcohol problems, and
- _ absence of Aboriginal organisational representation.

'Scoping' the problem

The ARASBSC is one of several organisations and many individuals in Katherine who insist that the town's 'anti-social behaviour' problems can be adequately defined as the repeated misconduct of a small number of individuals. It follows—according to this definition of the problem—that if this small number of individuals could either be made to mend their ways, or somehow be removed from Katherine, 'anti-social behaviour' as a problem would disappear.

Despite the wide currency of this view, there is little evidence of consensus as to how many of these 'hard core' individuals there are in Katherine. In our interviews, we heard estimates ranging from 30 to 500. In the minds of many, it goes without saying that these individuals are Aboriginal, although one interviewee who claimed that the 'hard core' consisted of 80 to 90 individuals also added that about a dozen of these were white people.

Elsewhere in this report, we argue that this view of Katherine's alcohol problems, however appealing it may be to some because of its simplicity, is not an adequate description or definition of those problems, and hence does not constitute an adequate basis on which to build solutions.

Absence of Aboriginal involvement

Given the fact that 'anti-social behaviour' was regarded as an Aboriginal phenomenon by those who set up the ARASBSC, we find it noteworthy that no Aboriginal organisations (so far as we are aware) were invited to be part of the Committee. The implication of this approach is that any solution to Katherine's alcohol problems formulated by a committee such as this is destined to take the form of an action done by non-Aboriginal people/organisations to Aboriginal people.

For us, this approach raises issues of political morality—which we do not pursue here. We do, however, wish to draw attention to the *pragmatic* implications of this approach. Over the past 150 years, white Australians have devoted an extraordinary amount of energy to trying to control Aboriginal access to various recreational drugs, most conspicuously, alcohol. If there is one lesson that we believe emerges quite clearly from the historical record it is this: *attempts to control Aboriginal use of recreational drugs that do not involve full participation by relevant Aboriginal organisations are doomed to fail*. This does not mean that attempts that do involve Aboriginal organisations are destined to succeed. But, unlike attempts foisted on Aboriginal people by white people, they have a chance of success.

(By ‘full participation’ here we do not mean dragooning one or two Aboriginal bodies into endorsing solutions dreamed up by non-Aboriginals; we mean that, at the very least, Aboriginal bodies must have a full and equal share in defining and scoping the problem and in devising strategies.)

Initiatives by Community Organisations

It is important to note the range of previous and current initiatives by community organisations to respond to alcohol-related problems in Katherine. The Kalano Community Patrol was established in the early 1990s and over the years has developed a strong working collaboration with the NT Police, as noted by representatives from both Kalano and the NT Police in Katherine. The Patrol effectively contributes to dealing with problems associated with public drunkenness and dispute resolution.

Kalano Community Association also operates the Rockhole Rehabilitation Centre, located outside of Katherine. In addition to these initiatives, Katherine Alcohol and Drug Association (KADA) provides alcohol counselling for people experiencing problems associated with alcohol, as well as manages the sobering-up shelter.

These initiatives are related to addressing the direct impact of excessive alcohol consumption. However, other community organisations—including the Jawoyn Association and Wurli Wurlinjang Health Service—provide services and support which help indirectly to address the impact of alcohol on people in Katherine.

Request for intervention by Liquor Commission: September 1998

In the same month that the KTC Finance and Planning Committee established the ARASBSC, a local solicitor, Mr Graham Cole, convened a public meeting attended by

16 people, most of them representing community organisations. Bodies represented at the meeting were:

- _ Katherine Town Council
- _ Jawoyn Association
- _ Katherine Family Link (Centacare NT)
- _ Katherine Alcohol and Drug Authority (KADA)
- _ Katherine Regional Aboriginal Legal Aid Service (KRALAS)
- _ Kalano Community Association
- _ Wurli Wurlinjang Aboriginal Medical Service
- _ Living With Alcohol Program (Territory Health Services)
- _ Katherine Women's Forum
- _ Katherine Branch, NT Chamber of Commerce and Industry
- _ Katherine Women's Crisis Centre.

The meeting focused on the role and responsibilities of Katherine's liquor outlets. In part it had been brought about as a result of allegations to the Liquor Commission that one hotel in Katherine had contravened its conditions of licence by allowing a customer to 'book up' alcoholic beverages. The main outcome of the meeting was a proposal that the Liquor Commission be invited to hold one or more public meetings in Katherine aimed at reviewing the trading conditions of licensed premises in the town. The meeting resolved that representatives attending would consult with their respective organisations regarding the proposal, and report back.

On the 29th of September 1998, Mr Graham Cole wrote asking the Liquor Commission to hold hearings in Katherine 'in order to consider whether it would be appropriate to alter the terms and conditions of liquor licences in the town and to what extent'. Over the next few weeks all of the organisations present at the meeting sent letters in support of the request. The Liquor Commission, however, did not respond to the request at this time.

Comment on the community meeting & request to Liquor Commission

The September meeting that led to the request to the Liquor Commission was not called by a community group, and did not lead to the formation of a group. It came about largely on the initiative of a single individual, and constituted a temporary network of concerned agencies, rather than a defined group. Despite its ephemeral nature, however, this network probably constituted a more broadly based community entity than other groups set up to address alcohol problems in Katherine around this

time, with representation from both Aboriginal and non-Aboriginal organisations, and from a variety of sectors.

In contrast to the ARASBSC, this temporary network did not commit itself to a particular view of alcohol problems, or even to a specific strategy, other than the immediate objective of seeking intervention by the Liquor Commission. At the same time, it is apparent from the list of those attending the meeting that, whereas the ARASBSC stood for a focus on alcohol problems as a 'law and order' issue, this network embodied an approach to alcohol problems as a welfare and public health issue.

As with the ARASBSC, any impact that the network might have had was eclipsed by the emergence of new players and coalitions in 1999.

February 1999: Katherine Town Council focuses on 'anti-social behaviour'

By February 1999, the Katherine Town Council was once again focusing attention on 'anti-social behaviour'. A special meeting of the Finance and Planning Committee was held on the 11th of February, to which local Police Superintendent Bert Hofer was invited to speak. Superintendent Hofer presented statistics showing that:

- _ the number of complaints received from the Katherine community had remained constant for some months, and
- _ a trend was occurring, whereby 'anti-social behaviour' was slowly moving away from the main street to the residential areas.

The Committee noted the police evidence, but agreed nonetheless that 'the evidence of anti-social behaviour throughout the town seemed on the increase', and resolved that the KTC would work with the police to explore new solutions to the problem. In particular, the Committee resolved to:

- _ seek a review of conditions governing liquor outlets by the Liquor Commission (as requested in Mr Cole's letter to the Commission);
- _ revisit a proposal to develop official drinking areas for Aboriginal people;
- _ survey Katherine community to ascertain support for a ban on takeaway sales on Thursdays;
- _ support the involvement of Aboriginal communities and educate younger Aboriginal people 'to break the cycle of alcohol abuse';

- _ support an increase of Kalano and police patrols, including foot patrols in and around the CBD;
- _ support the development of a rehabilitation centre; and,
- _ investigate the costs of mounting security cameras in the main street.

Later in the same month the KTC called for a 'whole of government' approach to anti-social behaviour.

Tourism Association and Chamber of Commerce surveys

By this time, other organisations had begun stepping up pressure for decisive action regarding 'anti-social behaviour'. Towards the end of the 1998/99 wet season, the *Katherine Times* editorialised several times about drunkenness in the main street. On the 16th of March 1999, the Chairperson of the Katherine Region Tourist Association (KRTA) called a meeting of licensees and managers to address 'the rise in social disorder in and around the town'. In her letter inviting licensees to the meeting, the Chairperson stated:

We are facing an increasing number of comments and complaints from tourists and inquiries from travel agents, bus companies and wholesalers regarding the safety of their clients in our community. Drunks and abusive behaviour in our streets is [sic] now costing businesses across the town millions in lost revenue and what is worse our visitors are telling.

Daily members are passing on comment and examples of tourists who have cancelled tours and accommodation, packed up and headed home or on to 'safer' locations.

The meeting—which took place on the 19th of March—was attended by some (but not all) licensees and managers, and endorsed a proposal to restrict trading hours. This decision was subsequently repudiated at another meeting of licensees held later in March. Despite this, a general meeting of the KRTA endorsed the proposal.

During the same month the KRTA conducted a survey of its members, seeking their views and experiences regarding 'anti-social behaviour'. The survey was conducted following a decision taken by the KRTA at a General Meeting held on the 3rd of June 1998. A report was compiled from data collected in the course of the survey which in turn was conducted among KRTA members during September 1998. Of the 210 surveys faxed to members, 43 responses were returned, a response rate of approximately 20 per cent.

One question in the survey asked respondents how they defined 'anti-social behaviour'. Respondents were able to give what are called 'general responses' (which are brief statements) and more 'specific responses'. Some of the behaviours identified as anti-social behaviour under 'general responses' include public drunkenness,

swearing, littering, vandalism, yelling, fornicating in public, sleeping in public places, graffiti, fighting, people behaving in an unruly manner, and harassment of persons in public places. Under 'specific responses' there are two groups listed:

- _ public drunkenness, public brawling, acts of violence, verbal abuse (unprovoked), litter in public places as a result of alcohol abuse, bodies littering the footpath, urinating and spitting in the main street, harassment after being refused alcohol sales; and
- _ urinating, spitting and excessive abusive yelling in public, begging and throwing objects as missiles at people in public areas, fighting and property destruction or defacing, public drunkenness and excessive littering.

Respondents were asked if their business had been subject to 'anti-social behaviour' in the last 12 months. Thirty-two out of the 43 respondents (74%) answered 'yes' and the remaining 11 (26%) answered 'no'. When asked to specify the form 'antisocial behaviour' took, respondents restated behaviour described in the lists above, although added the following: body waste on pavement, stealing, obstructing entrances to shops and other public areas, using toilets in accommodation places which have been provided for guest use only, sleeping on front lawns, semi naked drunken people lying in driveways, protesters harassing motorists at Jabiluka entrance, eating leftover food from tables and accosting customers.

The results of the survey suggest four main categories of behaviour were grouped under the general term 'anti-social behaviour'. The four categories were:

- _ behavioural activities which are regarded as offensive;
- _ the spoiling of environmental amenities, such as littering;
- _ actual vandalism or damage to property; and
- _ acts of interference with other people.

It is important to distinguish a continuum of severity from acts which are regarded as deviant or irritating at one extreme, through to things which people clearly find highly offensive, through to things which are simply illegal. For example, it is worth noting that sleeping on front lawns and yelling in public is considered 'anti-social behaviour', indicating just how widely some people define 'anti-social behaviour'. In both these cases, 'anti-social behaviour' is talking about any kind of behaviour which is seen as being somehow a threat to the status quo.

When asked to describe the impact of 'antisocial behaviour' on the respondents' businesses, answers fell into three categories. First, the perceived impact on their

own workplace, such as staff morale and security and the ability of staff to actually carry out some work activities; second, the perceived negative commercial impact through discouragement or deterrence of clients either visiting the particular workplace or Katherine in general; and third, the perceived economic impact associated with the costs of tidying up environmental damage. In relation to the actual economic impact of 'anti-social behaviour', 18 out of the 43 (44%) said they had suffered economic loss while 23 (53.5%) said they had not suffered economic loss.

The final question in the survey invites further comment on the affects of 'anti-social behaviour' on tourism in the Katherine Region. Of the 20 comments listed, three do not refer to the impact on tourism. Of the 17 that do refer to the impact on tourism, 11 comments suggest that people visiting Katherine will be put off by what they see; two suggest that tourists will hear about Katherine's 'anti-social behaviour' and not visit at all; four comments fit into both these categories. The reasons that the tourists will be put off are variously described as drunkenness, disorderliness, litter, and fear of being accosted. One person actually describes the situation as one of 'anarchy on the streets.'

Shortly afterwards, the Katherine branch of the Chamber of Commerce and Industry conducted a similar survey, this one, however, restricted to proprietors of premises on the main street. A questionnaire modelled on the KRTA survey was sent to 68 businesses, 53 of whom (77.9%) responded. Of these, 94 per cent answered affirmatively to the question 'Has your business been subject to anti-social behaviour during the past 12 months?'. More than half of respondents (56.6%) described anti-social behaviour as a daily event, and most of the remainder (32.1%) said that it occurred at least weekly. Nearly two-thirds of respondents (60.4%) claimed to have suffered economic losses as a result of anti-social behaviour.

Asked to describe the events they had witnessed, respondents produced an enormous list which no doubt testifies to a sense of frustration and desperation felt by many of Katherine's main street business proprietors.

At the same time, one wonders whether 'anti-social behaviour' has not become, in the minds of at least some people, a term for any form of non-conformist behaviour, especially when it involves Aboriginal people not conforming to norms of the dominant white society. For example, in answer to a question 'How do you define antisocial behaviour?', one respondent wrote: 'anything that is not generally accepted as normal by the majority of the members of the community', and another: 'behaviour which is

significantly different to the accepted level or type that society accepts as normal'. On these definitions, we wonder where in the world a person could hope to do business *without* encountering 'anti-social behaviour'. It is pertinent to note here that one of the local police officers we interviewed remarked that some people in Katherine did not seem to realise that it was not a crime to be black and on the street in Katherine.

Enter the local MLA

It was in this climate of intensifying local concern on the part of local businesses that— on the 24th of March 1999—the local Member of Parliament, Deputy Chief Minister and Treasurer Mike Reed convened a meeting in his office to address the 'the escalation of anti-social behaviour in Katherine'. Attendance was by invitation. Those present were:

- _ the Mayor of Katherine
- _ CEO, Katherine Town Council
- _ NT Police Commissioner
- _ NT Assistant Police Commissioner
- _ two local police representatives
- _ MLA for Victoria River (Tim Baldwin)
- _ two representatives from Chamber of Commerce and Industry
- _ KRTA Chairperson
- _ three representatives from Jawoyn Association
- _ proprietor of Katherine Times
- _ Chairman of Liquor Commission
- _ two members of Mike Reed's office staff
- _ Mr Graham Cole.

The meeting reached four decisions, namely:

- _ to establish a drinking area, to be operated on a trial basis to the end of 1999, with an initial site selected near the swimming pool;
- _ to seek a reduction in take-away trading hours to 2.00 pm to 8.00 pm only, and in bar trading hours to 12 noon opening (in place of the current opening time of 10 am);
- _ to seek increased police resources; and,
- _ to support a proposal for a rehabilitation facility, as being developed by the Jawoyn Association.

The meeting also resolved that henceforth it would be 'the peak forum for addressing anti-social behaviour in Katherine'. In a letter to Katherine Mayor Jim Forscutt dated 31st of March 1999, Mike Reed stated:

While it is important that existing groups established by industry and community organisations continue to function, in future they can report through their respective representatives to the peak body, should they agree.

A few weeks later, on the 19th of April 1999, Mike Reed issued a media release in which he was described as 'Chairman, Katherine Anti-Social Behaviour Committee'. The Committee, according to the release, had 're-affirmed its tough stance to resolving the towns problems', and decided to retain the existing committee structure, with the addition of a representative of the Kalano Community Association. The Committee Chairman commented: 'To be effective the committee must be small, decisive and have the capacity to implement programs quickly'.

The drinking area proposal

Within a few days of the 24th of March meeting, the new Committee reported that the site originally selected, adjacent to the swimming pool, had been described by the Department of Lands, Planning and Environment (DLPE) as unsuitable, and that an alternative one hectare site off Bicentennial Road, adjacent to the existing Walpiri camp, had been identified.

Events then moved with remarkable speed. By the 7th of April 1999, the DLPE had advised the Katherine Town Council that it had granted the Council an Occupation Licence at no cost over the proposed site for one year. One week later KTC advised that it was *not* prepared to assume an Occupation Licence over the site, but agreed to undertake management and maintenance of the facility, and allocated \$55,000 for the purpose. On the 23rd of April, Mike Reed advised the KTC that:

- _ the NT Government would meet the cost of constructing the drinking area;
- _ ownership of land would remain with the NT Government; and
- _ action had been initiated to exempt the land from provisions of the 2 km law.

The NT Government allocated \$80,000 for site development costs.

Four other events that occurred in connection with the drinking area proposal are also noteworthy. First, on the 26th of March 1999, the KTC adopted a resolution supporting, in principle, the establishment of additional drinking areas besides the one proposed for the trial period. Second, on the 13th of April, the KTC adopted a

resolution supporting, in principle, the selling of alcohol at the newly designated drinking area. We consider this decision disturbing in its implications, insofar as it shows lack of regard for the harmful effects of excessive drinking that are borne by *Aboriginal people* (as distinct by non-Aboriginal business proprietors), in particular the non-drinkers.

Third, we note that, while the Jawoyn Association was party to the original decision to establish a drinking area taken at the 24th of March meeting in Mike Reed's office, it has not endorsed the revised proposal to set up a drinking area adjacent to the Walpiri camp. On the 6th of April 1999, the Jawoyn Association wrote to the Chairman of the Committee, stating that:

- _ other Aboriginal organisations had not been consulted with regard to the drinking area proposal;
 - _ the Jawoyn Association could not represent other Aboriginal organisations in Katherine;
 - _ the forum should be expanded to include Kalano Association, Wardaman Corporation, KRAALAS and Katherine Combined Aboriginal Organisations;
 - _ the Jawoyn Association did not support the proposed new site, on the grounds that it would only be used by Walpiri, and that any attempt to move drinkers from other tribes to the area would result in conflict, which in turn would be left to the police and the Kalano patrol to address; and,
 - _ some Aboriginal organisations were opposed to the idea of any drinking areas.
- (We note, too, that the proposal to broaden membership of the Committee as suggested by Jawoyn has not been taken up.)

Fourth, KTC has relabelled the proposed drinking area the 'Katherine Community Beer Garden'.

Reduced trading hours for liquor outlets

In an 'Open letter to the people of Katherine' issued shortly after the 24th of March meeting, the Chairman of the Liquor Commission defined the new trading hours that the Commission intended to introduce as:

- _ Hotels (Katherine and Crossways):
 - Bottle shop 2.00 pm–8.00 pm, 7 days per week
 - Bars: None open before 11.30 am.

- _ Stores: (Mac's Liquor, Katherine Foodstore, Riverview Motel and Caravan Park and Red Gum Caravan Park):

Bottle shop: 2.00 pm–8.00 pm, Mon-Sat only.

- _ Clubs: (Katherine Sports & Recreation Club, Katherine Country Club and Katherine Club):

Bottle shop: 2.00 pm–8.00 pm, 7 days per week

Bar hours: no change.

Four licensees announced that they intended to exercise their right under the *Liquor Act* to appeal against the Commission's decision and request that the Commission hold a hearing into the matter. These were licensees from: Katherine Hotel Motel, Crossways Motor Hotel, Five Star Supermarket and Woolworths, Katherine.

Subsequently, Woolworths lodged an appeal in the Northern Territory Supreme Court challenging the jurisdiction of the Liquor Commission, among other matters. This appeal was dismissed, on Wednesday the 28th of July 1999, and enabled the Liquor Commission's hearing to proceed in August 1999.

Other measures

Alongside the proposal to establish a drinking area, and the Liquor Commission's decision to reduce trading hours at licensed premises, a number of other initiatives have been undertaken in the first half of 1999. In particular:

- _ KTC inspectors, Police and the Kalano Community Patrol have all increased their patrolling activities, including joint patrols; and
- _ Police resources in Katherine have been significantly expanded (the Local Member is not only Deputy Chief Minister and Treasurer, but also Minister for Police, Fire and Emergency Services).

A statement issued in late March 1999 indicated that:

- _ another five constables had been stationed in Katherine, bringing the total number to 55;
- _ a Mobile Police Station was to be stationed permanently in Katherine, as a base for foot patrols and for 'trouble spots';
- _ police efforts had resulted in 5557 litres of alcohol being tipped out between June and December 1998 (i.e. alcohol belonging to people offending under the '2 km law');

– over the same period, 1701 Protective Custody Apprehensions had been recorded in Katherine, compared with 1597 in Darwin and 2093 in Alice Springs.

A concluding comment

In concluding this account of recent events, we draw a number of provisional conclusions. First, there is no doubt that excessive drinking and the problems ensuing from it are a matter of deep concern for many people in Katherine. It appears to us that this concern is focused almost entirely upon *Aboriginal* drinking, and that high levels of consumption which are characteristic of some non-Aboriginal drinkers—and associated sequelae—are not on the local public agenda of ‘social problems’.

Much of the concern voiced by non-Aboriginal people and organisations regarding Aboriginal drinking is not about drinking per se, but rather about *public drunkenness* and the associated damage to amenity. While many Aboriginal people and organisations share the concern with public drunkenness by some Aboriginal drinkers, they also tend to see this problem as being embedded in a broader set of issues. These issues include the impact of excessive drinking on family and cultural life, and likely causal factors, such as dwindling employment and training opportunities, and inadequate infrastructure for Aboriginal people living in or visiting Katherine.

Second, the term ‘anti-social behaviour’, which has no doubt evolved as a euphemism to enable white people to make negative comments about black people without appearing to sound racist, appears also to have become, for some, a means of objecting not to the presence of drunken people who happen to be black, but of black people regardless of whether or not they are intoxicated.

Third, we note that all of the initiatives adopted or proposed recently are directed at public drunkenness, and make no pretence at addressing underlying causes.

Finally, since the emergence of the Committee headed by Mike Reed and the dominance it has exercised over recent initiatives, there have been limited opportunities for community involvement in addressing Katherine’s alcohol problems, other than for groups invited by the local MLA.

We are sceptical about the extent to which labelling the proposed drinking area the ‘Katherine Community Beer Garden’ will disguise what we regard as a lack of genuine

community involvement, particularly given the lack of support for the proposal from any Aboriginal organisation.

5. Alcohol consumption in Katherine

Alcohol consumption in the Lower Top End Statistical Subdivision—of which Katherine is the regional centre—has been analysed by Gray and Chikritzhs as part of a larger study of regional variation in the consumption of alcohol in the Northern Territory (Gray & Chikritzhs 1999). Regional consumption figures are a better basis for analysis than are local figures because they reflect the fact that an (unknown) proportion of alcohol sold in regional centres is for consumption in surrounding areas, and they provide *conservative* estimates of consumption in those centres. The estimate of consumption presented below is also conservative because, while the population denominator for the Lower Top End Statistical Subdivision includes the personnel of the Tindal RAAF base, the Liquor Commission data on wholesale purchases—on which the estimate of sales is based—does not include alcohol purchased by facilities on the base.

Table 5.1: Annual per capita consumption of pure alcohol by region, Northern Territory, 1994–95 to 1997–98

Region	94-95	95-96	96-97	97-98
Lower Top End	17.67	15.85	17.00	17.03
Top End	14.02	13.71	14.20	14.92
Barkly	16.10	13.86	12.61	12.47
Central NT	16.55	15.60	15.99	16.44
Northern Territory	14.98	14.32	14.79	15.37

Estimates of annual per capita consumption of pure alcohol by persons aged ≥ 15 years by region are set out in Table 5.1 for the four financial years 1994–95 to 1997–98. These figures show that, in each of the four years, per capita consumption in the Lower Top End was greater than for any other region in the NT and for the NT as a whole.

The mean level of consumption by region for the four year period is summarised in Table 5.2. The table shows that in the Lower Top End mean annual per capita consumption of pure alcohol among those aged ≥ 15 years was 16.88 litres. This was significantly higher for than for all regions except the Central NT. It exceeded that in the Top End by 18.7 per cent, the Barkly (where licensing restrictions effected a significant reduction) by 22.7 per cent, all of the NT by 13.5 per cent, and Australia as

a whole by 74.5 per cent. In Figure 5.1, the level of quarterly consumption in the Lower Top End is plotted against that in the Top End.

Table 5.2: Mean per capita consumption among those aged ≥ 15 years in the NT by region for the four financial years 1994–95 to 1997–98 and the percentage by which consumption in the LTE exceeds that in other regions, the NT as a whole, and Australia (1996–97)

Region	Mean 1994–95 to 1997–98	Percent by which exceeded by LTE
Lower Top End	16.88	
Top End	14.22	18.7
Barkly	13.75	22.7
Central NT	16.14	4.6
Northern Territory	14.87	13.5
Australia: 1996–97	9.67	74.5

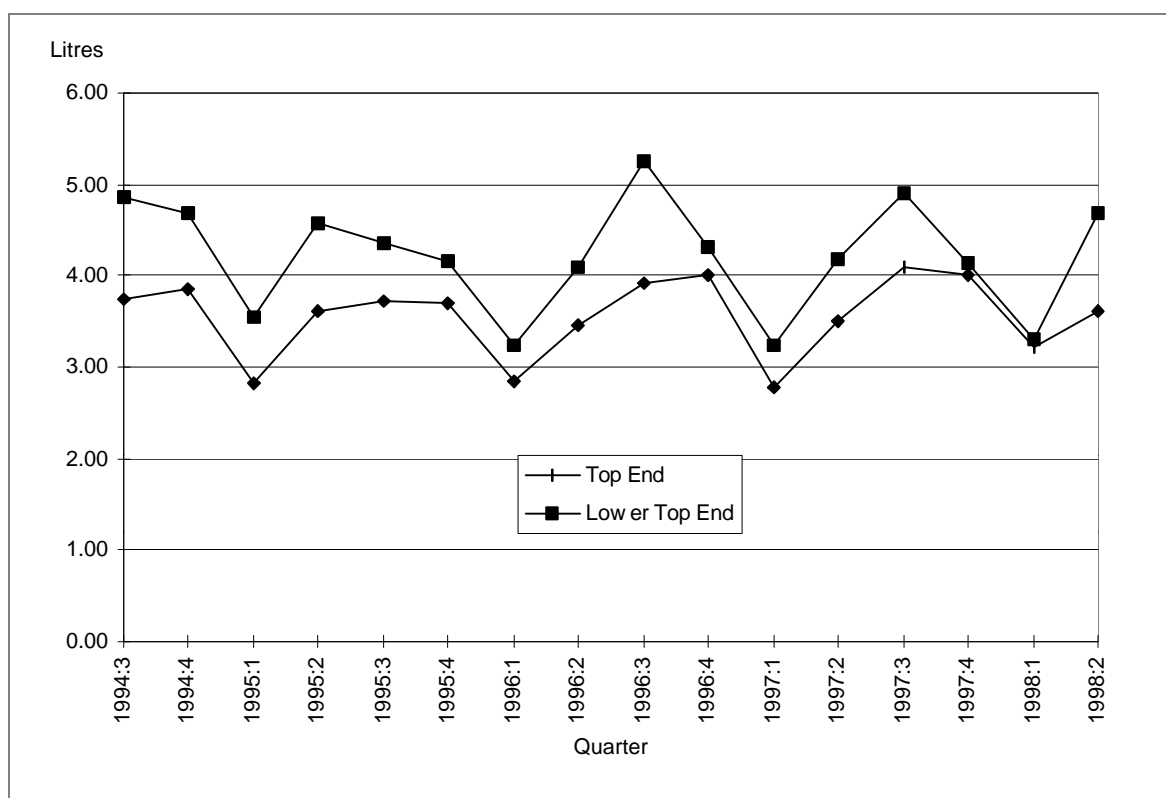


Figure 5.1: Quarterly per capita consumption of pure alcohol, Top End and Lower Top End, Northern Territory, 1/7/94 to 30/6/98

Over the four year period, most of the alcohol purchased in the region was consumed as full strength beer (55.1 per cent), cask wine (16.4 per cent), full-strength and mixed spirits (11.9 per cent), and light beer (11.3 per cent). Bottled wine accounted for only 3.2 per cent of consumption and other beverages (fortified wine, low wine, and full and low strength cider) for only 2.2 per cent. The proportion of alcohol purchased as full strength beer in the Lower Top End was 8.9 per cent higher, and that purchased as cask wine was 5.4 per cent higher, than in the Top End.

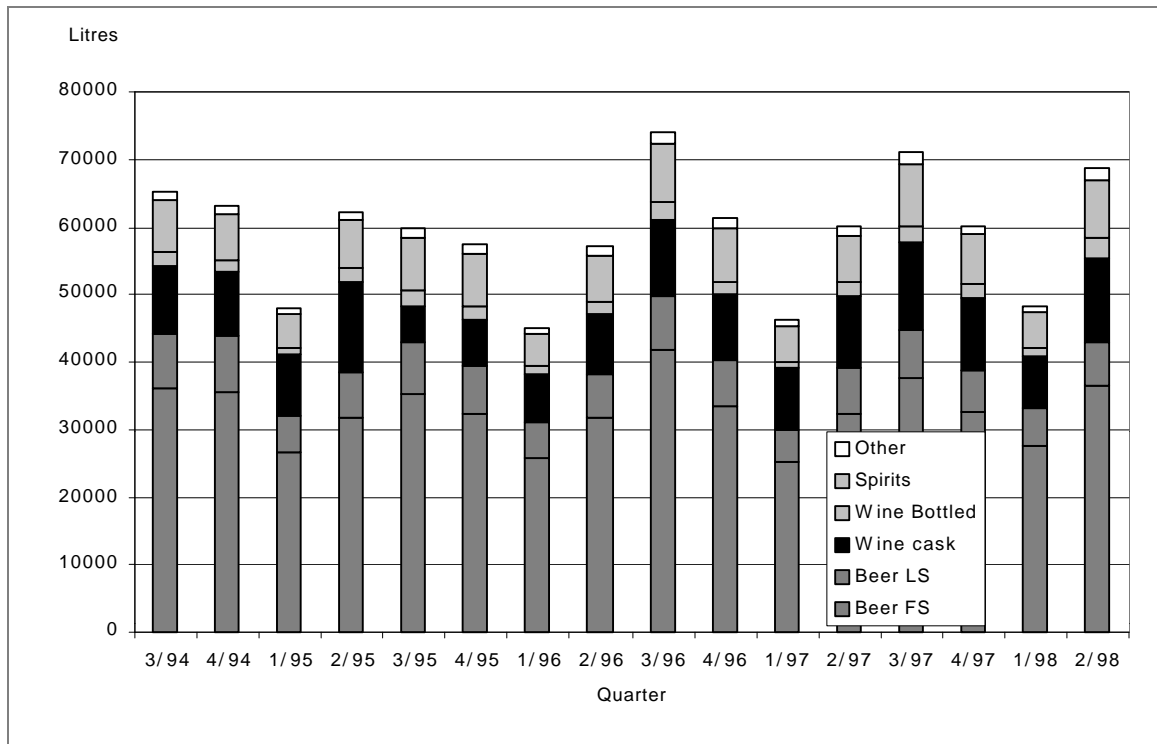


Figure 5.2: quarterly purchases of pure alcohol by beverage type, Lower Top End, Northern Territory, 1/7/94 to 30/6/98

In the Lower Top End, in the final quarter of the 1997–98 financial year, there was a ratio of 32 licensed premises per 10 000 persons compared to a ratio of 25.1 per 10 000 persons in the Top End. In both regions, these ratios are considerably higher, for example, than the 20 per 10 000 persons in the State of Western Australia (Saggers, Gray, Bourbon & Parker 1998). Much of the difference between the Lower Top End and the Top End is accounted for by the number of roadside inns in the Lower Top End, where such premises accounted for 12.9 per cent of sales compared to only 2.2 per cent in the Top End. As elsewhere in the NT, most alcohol is sold from public hotels/taverns or stores/liquor merchants. In the fourth quarter of the 1997–98 financial year, these types of premises accounted for 77.2 per cent of alcohol purchases by licensees. In this quarter, 74 per cent of alcohol purchases by licensees

in the region were made by those in Katherine itself (where approximately 57 per cent of the regional population resides); and one store and two hotel licenses in Katherine accounted for 60 per cent of regional purchases.

Table 5.3: Premises per 10 000 persons aged ≥ 15 years and percentage of sales by premise type, Top End and Upper Top End, Northern Territory, 1st April–30th June 1998

Region	Top End			Lower Top End		
Est pop ≥ 15 years	100 099			14 710		
Consumption-pure alcohol	362 007			68 888		
Per capita consumption	3.62			4.68		
Premise type	No. of Premises	Premises per 10 000	Per cent of sales	No. of Premises	Premises per 10 000	Per cent of sales
Public hotel/tavern	41	4.1	35.0	6	4.1	41.5
Store/liquor merchant	58	5.8	46.1	10	6.8	35.7
Club (Incorporated)	42	4.2	11.4	3	2.0	5.2
Roadside Inn	10	1.0	2.2	13	8.8	12.9
Other	100	10.0	5.3	15	10.2	4.7
Total	251	25.1	100.0	47	32.0	100.0

Based on data provided by the NT Liquor Commission

It is asserted by some that population-wide per capita consumption figures in remote areas of Australia are inflated as a consequence of high levels of consumption within Aboriginal populations. In their analysis of regional variation, Gray and Chikritzhs (1999) sought to estimate the contributions to average consumption by Aboriginal and non-Aboriginal people over the four year period. They did this by using survey data on the proportions of drinkers in each population, and the ratio of alcohol consumed by non-Aboriginal to Aboriginal drinkers. In the Lower Top End, they estimated that, over the four financial years, mean per capita consumption among Aboriginal people was 21.01 litres (117.3 per cent higher than the national level) and among non-Aboriginal people was 15.25 litres (57.7 per cent higher than the national average). The mean level of consumption among non-Aboriginal people in the LTE was also higher than that for all NT residents—both Aboriginal and non-Aboriginal. Clearly, at this level, consumption among non-Aboriginal people in the region is also a cause for concern.

6. Alcohol-related problems in Katherine

To assess the impact of alcohol consumption on public order, and health and welfare, we examined a number of key indicators that have been shown to be related to levels of consumption. These indicators were: selected police offences and incidents, hospital admissions for alcohol-related conditions, and serious road injuries. We had hoped to supplement the hospital admissions data with data on presentations at the Katherine Hospital Accident and Emergency Section, however, due to recording problems it was not possible to extract that data in the time frame available. To the extent possible, the police offence and incident data were examined for trends. In the case of the hospital admissions and road injuries data, we also made comparisons of rates between the Lower Top End and the Top End regions. Family violence is another problem that is associated with excessive alcohol consumption. We did not directly examine such data ourselves, but we include a summary of the results of a domestic violence survey conducted at Katherine Hospital between March 1996 and May 1997.

Problems associated with public order and offending

The nature of alcohol-related problems associated with public order and offending has been examined in three ways:

- _ by examining trends in the number of selected categories of offences, as recorded on the official NT Police Crime and Property System (CAPS) database for the Katherine police station;
- _ by examining trends in incidents either reported to, or detected by, police—as recorded in the official weekly statistical returns of the 'Back to Basics' police database for the Katherine police station; and
- _ by conducting interviews with senior police officers at the Katherine police station.

The two types of quantitative police data used in the report each contribute differently as indicators of public order and offending. Each type of data is generated in the course of routine police activities, but at different stages. Whenever an incident is reported to, or detected by, police this information is recorded. However, an incident may or may not lead to an offence or offence charges, or a person or persons being apprehended.

Incidents serve as an indicator of the level of demands on police and their activities and, therefore—indirectly—of levels of disorder. But they are not necessarily an accurate indicator of trends in criminal activity. Thus, to provide a more complete picture, it is necessary to consider both the offence and the incident.

It is important to remember that police activity also is dependent upon police numbers, and there have been increases in the number of police stationed in Katherine over the last few years. In addition, routine police foot patrols commenced in the Katherine central business district in March 1999, and this may also have influenced the number of offences detected.

Selected offences

Offence data for the Katherine police station was accessed for the period from the third quarter 1993 to the first quarter 1999. It is useful to separate these offences, as shown below, into those against the person, which generally involve violence, and property offences.

- Offences against the person
 - . Assault
 - . Sexual assault/offences
 - . Murder/attempted murder/manslaughter
 - . Other person
- Property offences
 - . Property damage
 - . Property theft (including stealing from shop, stealing a bicycle and other property theft)
 - . Other property crime
 - . Motor vehicle offences (including stealing from, unlawful use of, and interfering with a motor vehicle)
 - . Unlawful entry of a building/dwelling with intent to steal
 - . Robbery (armed & unarmed)

It is not possible to ascertain from these data which offences were alcohol-related as this information is not collected in the CAPS database. However, discussions with local police officers suggested that a considerable proportion of assault offences and—to a lesser degree—a proportion of property damage offences, are alcohol-related.

Figure 6.1 plots offences against person and property on a quarterly basis from the third quarter 1993 to the first quarter 1999. Generally the number of property offences is higher than those against the person over the period shown. However, the most striking feature of the figure is the significant rise in property offences from the third quarter 1997.

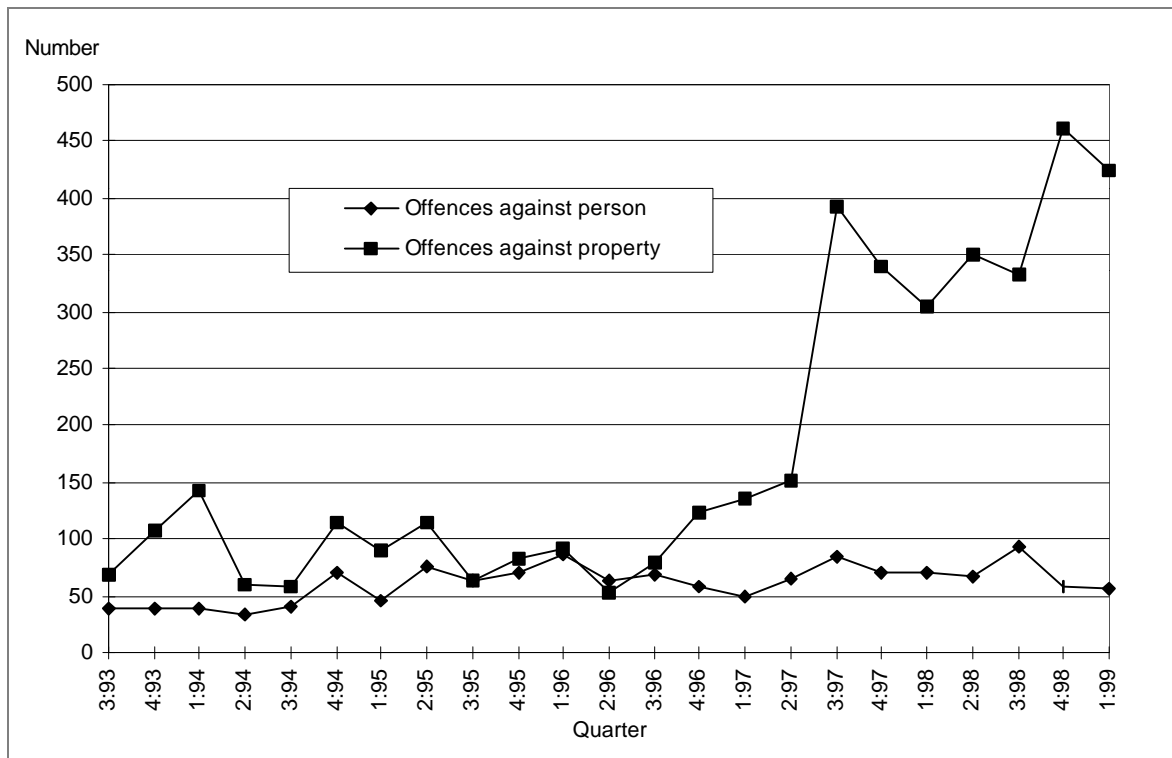
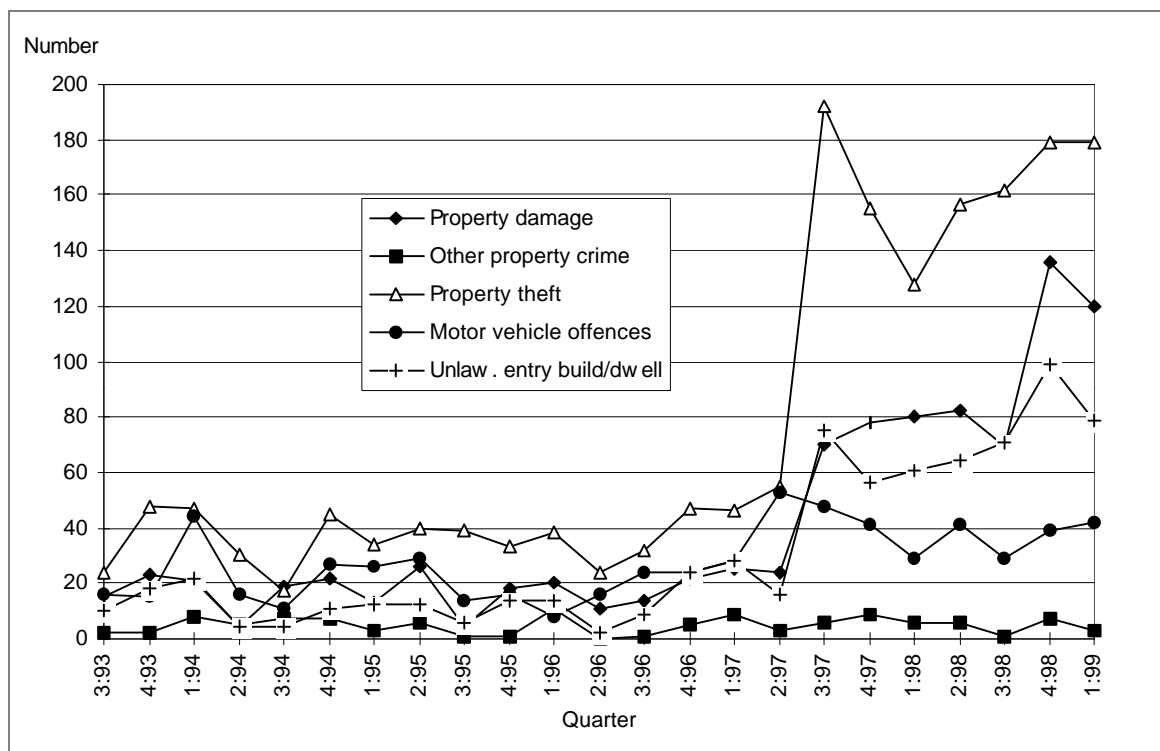


Figure 6.1 Selected offences Katherine police station Jul-Sep 1993 to Jan-Mar 1999 (Source: NT Police CAPS database)

Property offences

To better examine this trend, Figure 6.2 presents the data for property offences by selected offence categories within this group. This figure reveals that a large proportion of the increase in property offences is accounted for by property theft, which includes shoplifting. The number of property theft offences in the third quarter 1997 totalled 192—an increase of 153 and 160 offences over the third quarters of 1995 and 1996 respectively. In the third quarter 1998, there were 30 offences fewer than in the same period in 1997, when they peaked. However, the number of offences in this category remained significantly above those in the period prior to the third quarter of 1997.

The category of property theft is a combination of three statistical offence sub-categories—‘other property theft’, ‘stealing from shop’ and ‘stealing a bicycle’. A large majority of the offences in the combined property offence category are offences for ‘other property theft’ and it is in this sub-category that the major increase occurred in the third quarter 1997. In the timeframe available for preparation of this report it was not possible to ascertain from official sources if there was a policy change relating to the way ‘other property theft’ was recorded and/or defined from that quarter—a factor which may have contributed to this apparent rise.



Note: Robbery offences have been excluded from this figure as the numbers are too small to show any definite trend.

Figure 6.2: Selected property offences Katherine police station by quarter, 1/7/93 to 31/3/99 (Source: NT Police CAPS database)

As stated above, offence data does not include information on the alcohol-relatedness of certain offences. Thus, we are unable to determine what proportion, if any, of the 'other property theft' offences were alcohol-related. However, such offences are not usually associated with alcohol.

There was also an increase in property damage offences and in unlawful entry of building/dwelling with intent to steal offences, however this is not as dramatic as the rise in property theft. It is interesting to note that, for offences of property damage, after the initial rise in the third quarter of 1997, they rose again in the last quarter of 1998.

Offences against the person

The trend in offences against the person has remained relatively constant over the almost six year period shown in Figure 6.1. There was a slight upward trend from the first half of 1997 which peaked in the third quarter 1998, and since that point the trend has been downward.

The vast majority of offences against the person are assault offences and these are presented separately in Figure 6.3. Between the third quarters of 1994 and 1997 there was a steady increase in assaults in Katherine. However, since that time—with the exception of the third quarter 1998—there has been a general downward trend in assaults. Over the last 12 months of the period shown in Figure 6.3 (i.e. the second quarter of 1998 to the first quarter of 1999), the number of assaults in Katherine averaged just over 20 per month. This dropped slightly in the second six months of that period to about 18 assaults per month. There is no apparent seasonal trend in this assault offence data.

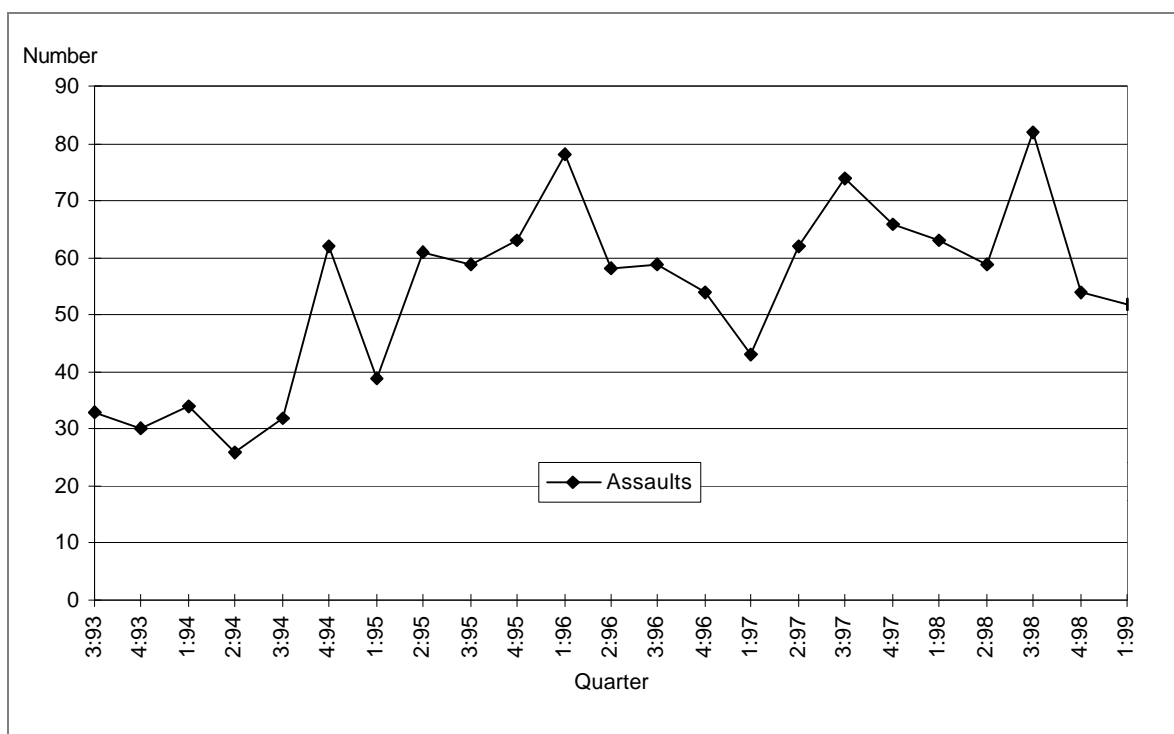


Figure 6.3 Assault offences Katherine police station Jul-Sep 1993 to Jan-Mar 1999 (Source: NT Police CAPS database)

Incidents

Police incident data has been collected in a computerised database only since July 1998—with the implementation of the ‘Back to basics’ weekly statistical returns across police stations in the Northern Territory. Therefore incident data used in this report covers a period of only 12 months—July 1998 to June 1999.

Unlike the offence data, the incident data includes a field to record whether or not an incident is alcohol-related. However, there are three options in this field—‘yes’, ‘no’ and ‘unknown’. An initial analysis of the data revealed that there was a considerable

proportion of incidents which were recorded as 'unknown' in terms of alcohol-relatedness. For example, in the category 'disturbance (other)', of the 607 incidents recorded for the first quarter 1999: 313 were defined as alcohol-related; 36 were not alcohol-related; and the remaining 258 (43%) were defined as 'unknown'. For this reason, we are unable to use the alcohol-related field with any confidence, and have therefore ignored this distinction in the analysis of the incident data in this report. There are, however, incidents recorded in this database that are alcohol-related by their very nature such as 'drunk', 'drink within 2kms of licensed premises' and protective custody apprehensions.

The incidents used in this report, and the way in which we have aggregated some for the purpose of analysis are listed below. The database also records the geographical location of these incidents in terms of those occurring within and outside the central business district (CBD).

- Disturbance (Licensed premises)
- Disturbance (Other)
 - . Disturbance (Disorderly/noise)
 - . Disturbance (Offensive behaviour)
 - . Disturbance (Language)
 - . Disturbance (Fighting)
 - . Disturbance (Motor vehicle)
- Assault
 - . Assault (not sexual) public place
 - . Assault (not sexual) other
- Criminal damage
- Drunk
- Drink within 2 km
- Nuisance offences
 - . Loitering
 - . Harassment/begging
 - . Trespass
- Unlawful entry
 - . Unlawful entry (Factory/business)
 - . Unlawful entry (Dwelling)
- Motor vehicle offences
 - . Interfere/steal from motor vehicle
 - . Unlawful use of motor vehicle
- Protective custody apprehensions
 - . Protective custodies (Police)
 - . Protective custodies (Night Patrol)

Table 6.1 presents data for the total incidents either reported to, or detected by, police in Katherine by quarter over the last 1998–99 financial year. The data represents all incident categories listed above with the exception of protective custody apprehensions. Due to the fact that this data is available only for a twelve month period, it is not possible to draw strong inferences relating to trends in these incidents. For instance, we are unable to say whether or not the rise in incidents

recorded in the first quarter 1999 is an annual seasonal trend. However, the incident data does enable identification of the proportion of such incidents that occurred in the CBD as opposed to other areas in Katherine. As shown in Table 6.1 and Figure 6.4, in each quarter more than half of all recorded incidents occurred in the CBD, and in the fourth quarter 1998, more than 60 per cent were in this area. However, it should be noted that the prevalence of incidents recorded as occurring in the Katherine CBD could be a function both of the focus of policing activity there, and the high visibility to the general public of this area which may increase the likelihood of reporting incidents to police.

Table 6.1 Total incidents reported to, or detected by, Katherine Police 1998–99

Quarter	CBD	Non-CBD	Total	% in CBD
3:1998	976	747	1723	56.6
4:1998	1285	768	2053	62.6
1:1999	1673	1159	2832	59.1
2:1999	1211	909	2120	57.1

Source: NT Police Back to Basics database

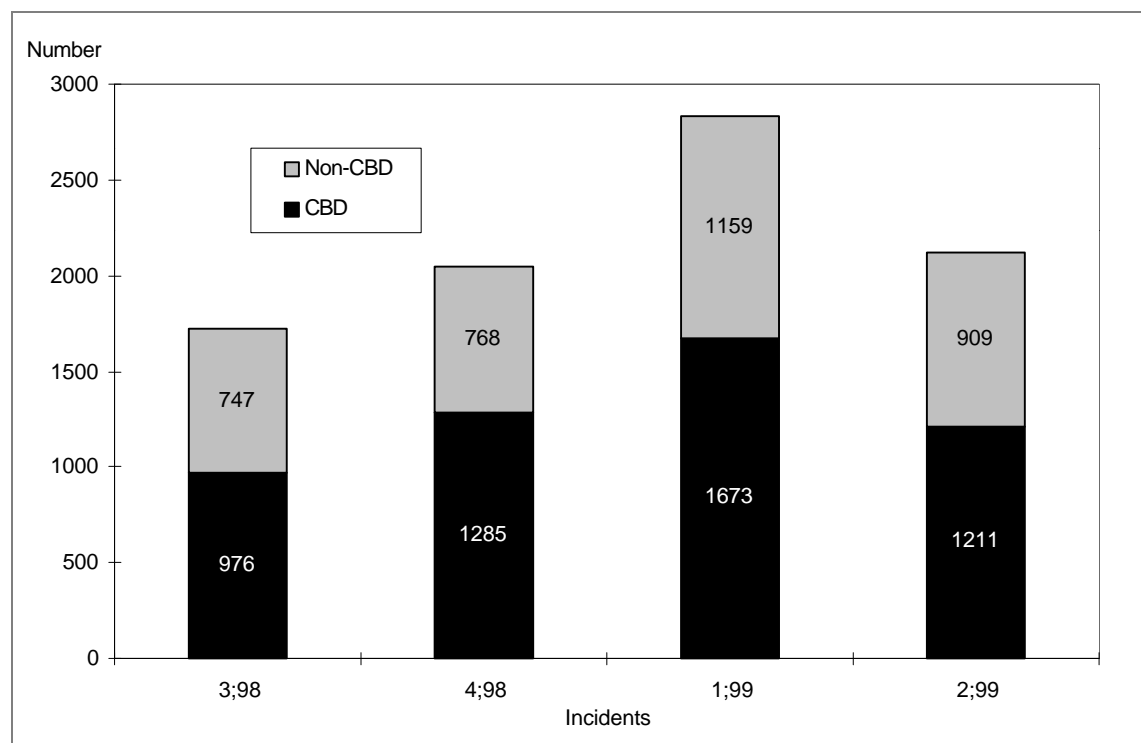


Figure 6.4 Total incidents reported to, or detected by, Katherine Police 1998–99 (Source: NT Police Back to Basics database)

If the incident categories are examined separately there are some that are more likely to occur in, and others that are more likely to occur outside, the CBD. Table 6.2 presents a breakdown of the incident categories and where they were more likely to occur during 1998-99. It is interesting to note that the incidents which involve alcohol by definition—drunkenness, drink within 2km, and apprehensions for protective custody—were all more prevalent in the CBD during 1998-99. Also, it is not surprising that the majority of disturbances at licensed premises occurred in the CBD—as this is where the major licensed premises are located. During the period, all other incident categories—including assaults—were more likely to occur outside the CBD.

Table 6.2 Location for occurrence of recorded incidents in Katherine 1998-99

Recorded incidents more prevalent in CBD	Recorded incidents more prevalent outside CBD
Drunkenness	Disturbances (Other)
Drink with 2km	Assaults
Disturbance (Licensed premises)	Criminal damage
Protective custody apprehensions	Nuisance offences
	Unlawful entry
	Motor vehicle offences

Figure 6.5 presents the number of recorded incidents of public drunkenness in Katherine during 1998-99, and shows the significant number of these incidents that occurred within the CBD. Of the total 2143 incidents of public drunkenness over the 12 month period, 80 per cent occurred within the CBD. However,—as the figure shows—in the first two quarters of 1999, this proportion reduced to 71 per cent.

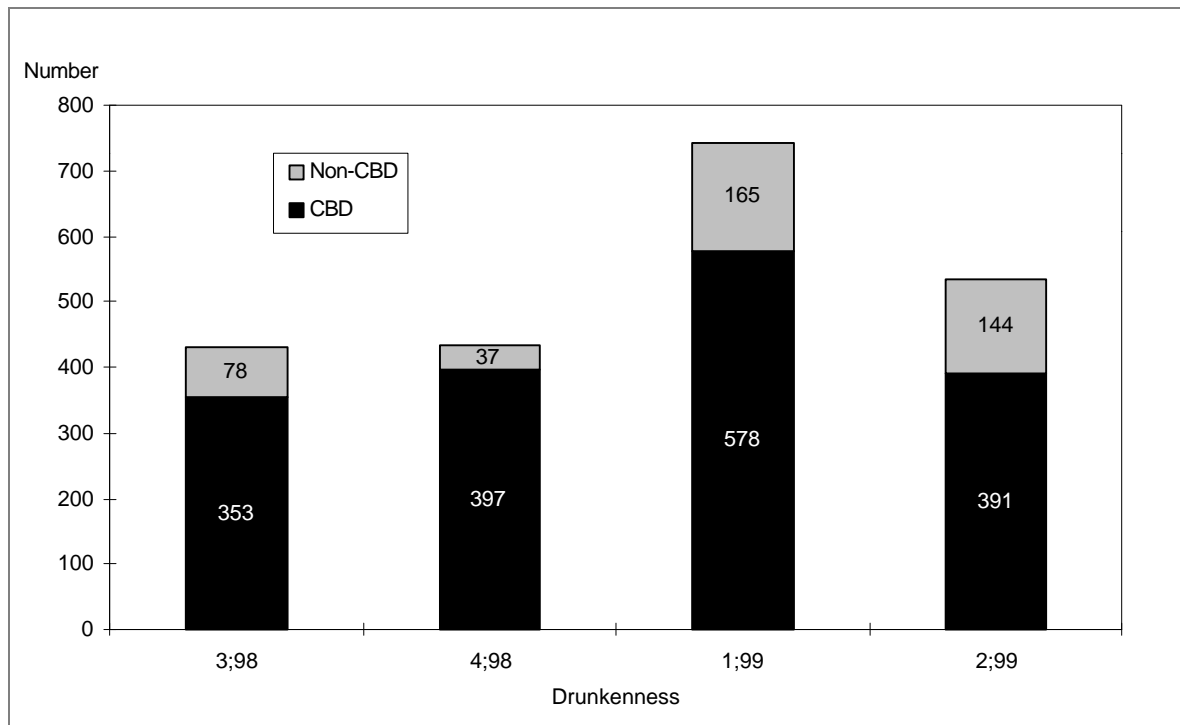


Figure 6.5 Incidents of public drunkenness reported to, or detected by Katherine Police 1998/99 (Source: NT Police Back to Basics database)

As can be seen in Table 6.2, not surprisingly, protective custody apprehensions also were more prominent in the CBD during this period. Of the 5403 apprehensions in 1998–99, 3861, (71.5%) occurred in the CBD. The trend in incidents of public drunkenness reflects the trend in the total recorded incidents (Figure 6.4) where there is a rise in the first quarter of 1999 before a fall in the second quarter. Again, due to the limited time period for which the data is available, we are unable to draw any strong inferences about this trend.

In contrast to recorded incidents of public drunkenness, incidents of disturbances (other than those occurring at licensed premises) were more prominent in areas outside the CBD in 1998–99 (Figure 6.6). Over the year, only a little over one third (33.8%) of the total recorded disturbance incidents occurred in the CBD. The trend in these incidents over 1998–99 also differs from the trend in overall recorded incidents (Figure 6.4) in that the total number of disturbances for each quarter is much more even than for the total number of recorded incidents. In the disturbance data, the rise in the first quarter of 1999 is much less pronounced (Figure 6.6).

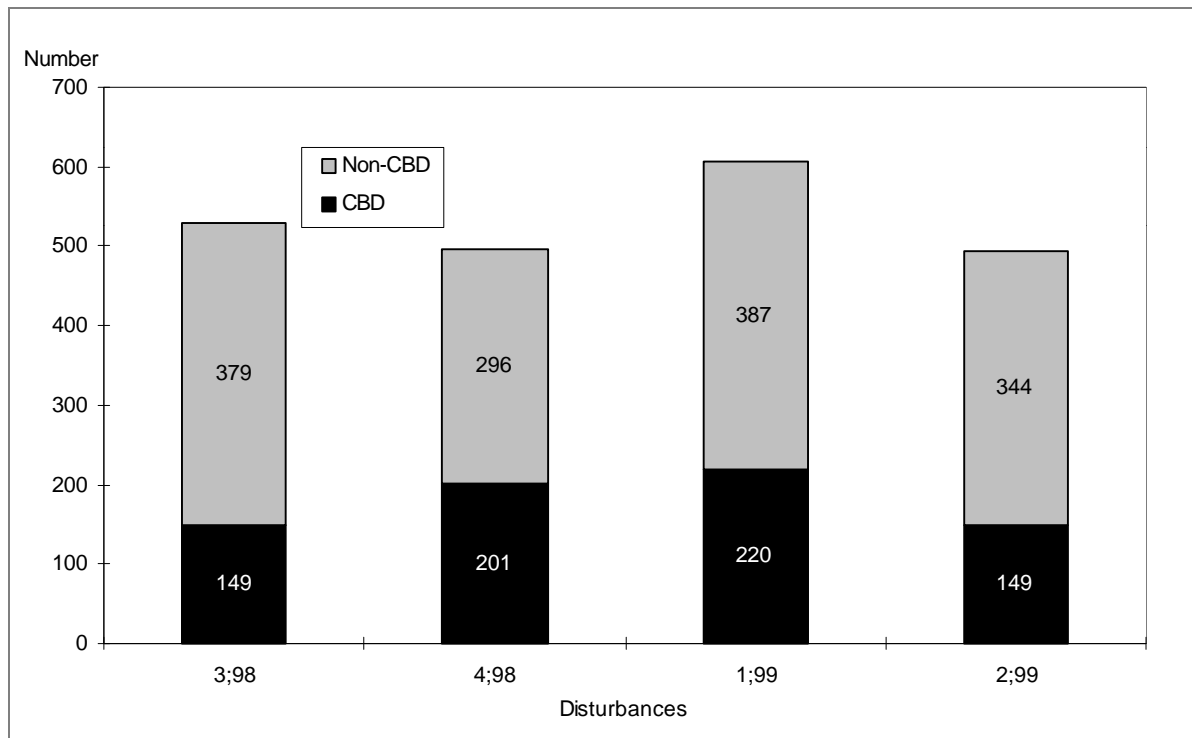


Figure 6.6 Incidents of disturbances (other than at licensed premises) reported to, or detected by Katherine Police 1998/99 (Source: NT Police Back to Basics database)

As mentioned above, a recorded incident does not necessarily result in a charge (or charges) being laid. For this reason, recorded incidents of assaults differ from assault offences in which a charge was laid. Figure 6.7, which presents data relating to incidents of assaults in 1998–99, is included to show that recorded incidents of assault were more prominent outside the CBD. The number of incidents of assault occurring within the CBD remained fairly constant over the 12 month period—ranging from 18 to 24 per quarter. However, those occurring outside the CBD were higher in the first half of 1999 compared to the latter half of 1998.

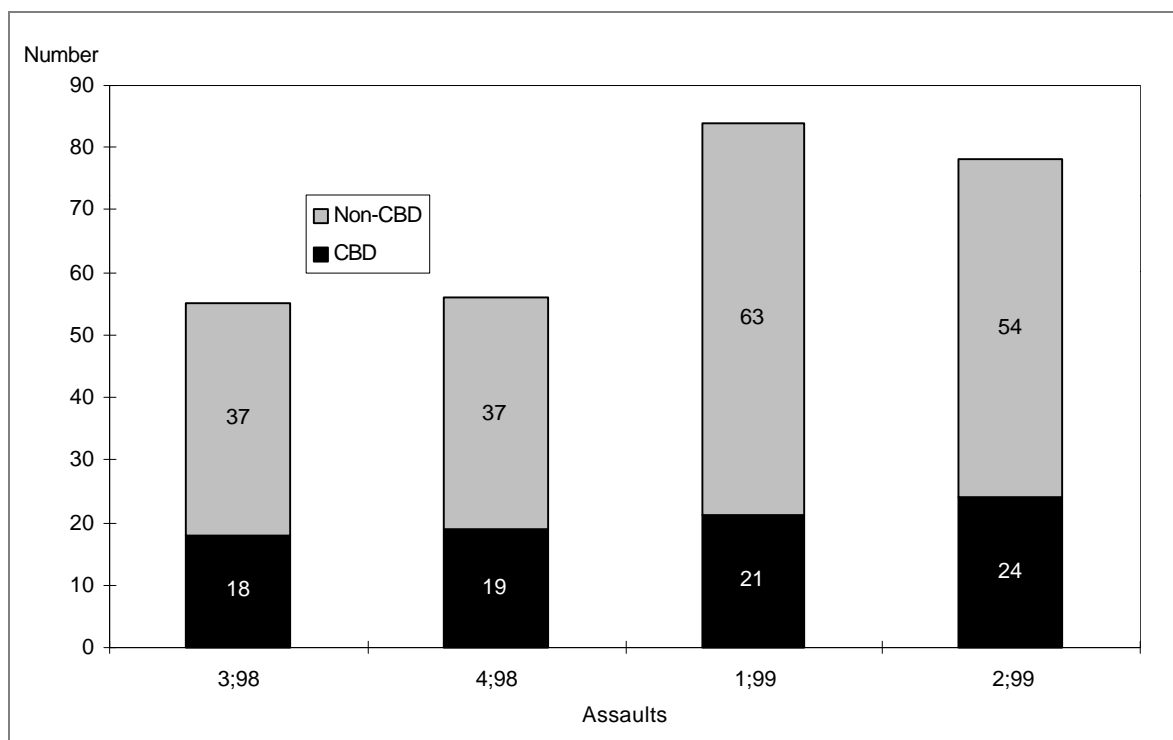


Figure 6.7 Incidents of assaults reported to, or detected by Katherine Police 1998/99 (Source: NT Police Back to Basics database)

Summary

Several stakeholders interviewed for this research have indicated that alcohol-related problems and in particular 'anti-social behaviour' in Katherine have escalated over the last year, resulting in a situation where 'action needed to be taken'. Amongst these stakeholders there has also been a focus on the main street, where they allege most of the 'anti-social behaviour' is taking place. Certainly the police incident data presented above reveals that the majority of recorded incidents either reported to, or detected by, the police over the last 12 months, occurred in the town's CBD.

This data also reveals that the majority of incidents which are alcohol-related by definition—drunkenness, drink within 2km, disturbance (licence premises) and apprehensions for protective custody—were more predominant in the CBD than other areas of the town. In contrast, the majority of recorded assault incidents and disturbances (other than at a licensed premises) occurred *outside* the CBD in the 12 month period.

Due to the fact that incident data is available only for a 12 month period, we are unable to ascertain if there was an increase in certain incidents in 1998–99 compared with previous years or if the increase in incidents in the first quarter of 1999 is a

seasonal trend. In terms of the offence data, if the rise in property theft is real—and not a function of a policy change in relation to this offence category—this could be contributing to the perception among some local people that criminal activity is increasing.

It is important to note four points here. First, the increase in property theft occurred in the third quarter of 1997, some two years ago. Second, property theft—with the exclusion of shoplifting—is not usually associated with alcohol consumption. Third, there is a distinction between this stealing behaviour and the ‘anti-social behaviour’ which is described in the surveys by the Katherine Region Tourist Association and the local Chamber of Commerce (discussed earlier in this report) which focussed on people urinating, harassing and being abusive when intoxicated in the main street. Finally, it is important to note that while the level of assault offences—which are more readily associated with alcohol—is concerning, the overall trend in assaults over 1998–99 has been slightly downward with the exception of the third quarter of 1998.

Problems associated with health and wellbeing

Family Violence Survey at Katherine Hospital - March 1996 to May 1997

A Family Violence Survey was conducted at the Katherine Hospital between the 15th of March 1996 and the 21st of May 1997. The survey was initiated by the Katherine Family Link (Centacare NT) in an attempt to gather information relating to the prevalence of injuries sustained as a result of family violence, and assess the adequacy of resources available to address this problem.

Accident and Emergency staff were asked to complete a survey sheet after treating anyone whose injuries were consistent with an assault. Information collected in the survey included:

- _ date and time of presentation;
- _ age, gender and ethnicity of client;
- _ geographical location of the incident which took place;
- _ relationship of the perpetrator to the client;
- _ whether the client had been assaulted by the perpetrator previously;
- _ by whom the client was referred;
- _ to where the client was referred;
- _ whether or not the police were notified;
- _ whether or not it was a sexual assault; and,

- _ whether or not the client or the perpetrator were intoxicated at the time of the incident.

Over the 14 month survey period of the survey, 196 cases of family violence were recorded. However, those who conducted the survey point out that this should be considered an underestimation, as nursing staff did not always complete the survey sheets due to demands on their time. Results of the survey were made available to us and the major findings are summarised below.

- _ Cases of family violence were spread throughout the week, but were more common at the end of (Wednesday-Saturday), than in the early part of, each week. Ten and eight per cent of cases occurred on Sundays and Mondays respectively and peaked at 20 per cent on Thursdays.
- _ Sixty-nine percent of all cases fell outside normal working hours. The busiest period was the evening (4pm until midnight), when 51 per cent of cases were reported.
- _ The average age of patients treated for injuries from family violence was approximately 31 years old and by far the majority of victims of family violence were female (85%).
- _ A significantly high proportion of persons presenting with injuries resulting from family violence were Aboriginal (93%).
- _ Thirty four percent of those presenting as a result of family violence were taken to the hospital by police. The night patrol took 12 per cent, and 32 per cent of patients self-presented to the hospital.
- _ Just under one fifth of all patients were admitted—either to Katherine Hospital or referred to Royal Darwin Hospital. The remaining 81 per cent were discharged, either into the care of an agency or into their own care.
- _ Just under one quarter of patients did not disclose the identity of the perpetrator. The majority (52%) identified their partner (implying a long term relationship), with smaller proportions referring to their boyfriends/girlfriends (short term relationship) or other family members.

- _ Serious injuries (fractures, dislocations, serious wounds requiring sutures, internal injuries and sexual assault) accounted for approximately 30 per cent, and lacerations just under half, of all injuries.

- _ The police were notified in just over half the cases.

Hospital Admissions

As mentioned, hospital admissions for alcohol-related problems were selected as an indicator of the impact of alcohol consumption in Katherine. Apart from those conditions—such as alcoholic liver cirrhosis or alcohol poisoning—which are wholly attributable to alcohol, the relationship between alcohol and other conditions for which people are admitted to hospital is notoriously under-reported. To overcome this problem, a sophisticated and robust statistical procedure—known as the aetiologic fraction method—has been developed to estimate the contribution of alcohol to these conditions (English *et al.* 1995).

English and his colleagues reviewed the epidemiological literature and identified all those scientifically rigorous studies which measured the contribution of various levels of alcohol consumption to the risk of acquiring particular diseases. For each of the 38 diseases or conditions so identified, data from these studies was pooled and—by comparing the frequency of disease in men and women in different age groups consuming alcohol at low levels (thus controlling for the beneficial effects of such consumption) with that among those consuming at hazardous and harmful levels—they calculated what proportion of cases of particular conditions among those drinking at hazardous and harmful levels could be attributed to their level of alcohol consumption. This attributable risk is the ‘aetiologic fraction’ and it can be used to estimate what proportion of cases (hospital admissions, deaths) in a population are alcohol-related. The aetiologic fractions calculated by English *et al.* can be applied to other populations for which the demographic structure is known, and for which there are estimates of the proportions of the population consuming alcohol at different levels.

For this study information on all hospital admissions for the years 1994–95 and 1996–97 was obtained from the Epidemiology Department, Territory Health Services. In order to determine the absolute rate of admissions related to alcohol misuse, hospital admissions were adjusted by the various aetiologic fractions applicable to each of the 38 alcohol-related conditions. In this way it was possible to produce rates of alcohol adjusted admissions per 10 000 Northern Territory residents aged 15 years or older, with annual population figures derived from ABS Census data. The aetiologic fractions

applied to the NT hospital admissions data were age and sex specific as well as annually adjusted to reflect changes in per capita consumption of alcohol.

The most common alcohol-related conditions for which people were admitted to hospital in Katherine were assaults (47%), fall injuries (14%), and road injuries (9%). The number of conditions in other categories was too small to analyse separately. Thus for purposes of analysis all categories were grouped. In Table 6.3, we present the number of alcohol adjusted admissions—that is, the sum of the number of admissions in each diagnostic category that can be attributed to alcohol, using the method described above—and the rates of admission per 10 000 persons aged ≥ 15 years, by quarter, for both the Lower Top End and the Top End. For ease of comparison, the rates are graphed in Figure 6.8. Over the three year period the mean rate of alcohol-related admissions in the Top End was 9.3 per 10 000 person years and in the Lower Top End was 31.5 per 10 000 person years. That is, the rate in the Lower Top End was 237.7 per cent greater than that in the Top End.

Table 6.3: Quarterly hospital admissions, sum of aetiologic fractions, and rates per 10 000 persons ≥ 15 years, Top End and Upper Top End, Northern Territory, 1/7/94 to 30/6/97

Quarter	Top End		Lower Top End	
	Number of alcohol adjusted hospital admissions	Rate ¹	Number of alcohol adjusted hospital admissions	Rate ¹
1994:3	86.3	9.40	25.5	19.07
1994:4	86.8	9.40	34.3	25.47
1995:1	82.5	8.87	45.9	33.89
1995:2	100.9	10.79	35.6	26.16
1995:3	93.8	9.97	49.1	35.82
1995:4	99.5	10.51	55.6	40.24
1996:1	85.1	8.95	51.1	36.76
1996:2	76.4	7.98	53.5	38.25
1996:3	92.6	9.62	47.2	33.54
1996:4	85.4	8.82	34.5	24.37
1997:1	87.7	9.01	47.1	33.02
1997:2	85.7	8.76	45.7	31.87
Mean	88.6	9.3	43.8	31.5

¹Rate per 10,000 Northern Territory residents ≥ 15 yrs.

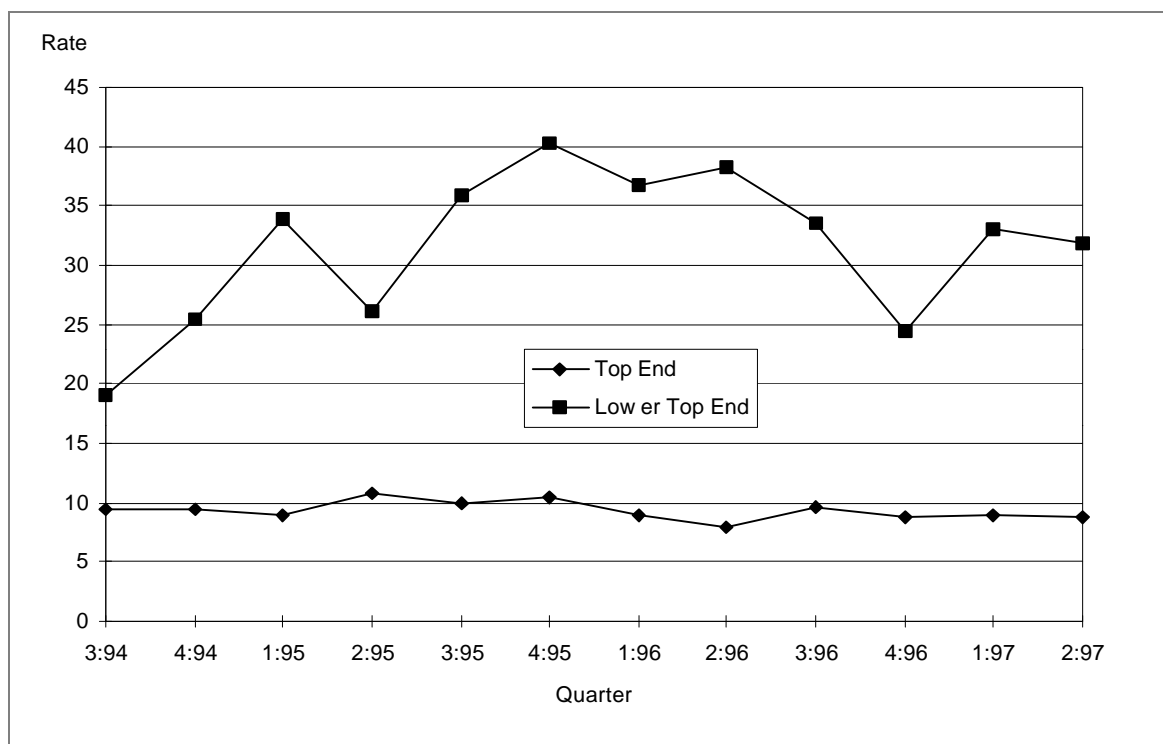


Figure 6.8: Quarterly alcohol-related hospital admission rates, Top End and Lower Top End, Northern Territory, 1/7/94 to 30/6/97

Road injuries

Data on serious road injuries occurring in the NT between July 1994 and December 1997 were provided by the Northern Territory Department of Transport and Works. Serious road injuries include those resulting in death, as well as injuries requiring hospitalisation. While reliable blood alcohol concentration (BAC) readings were not available for the NT road injury data, previous research has shown that a large proportion of serious road injuries and fatalities are alcohol-related, and that such data can be used as a broad indicator of alcohol-related harm. Since—at the time of writing—data on numbers of licensed drivers or registered vehicles by NT region were not available to us, rates of serious injury were calculated per 10 000 NT residents aged 15 years or over.

The number of persons sustaining serious road injuries and the rate per 10 000 persons aged ≥ 15 years in the Top End and the Lower Top End are presented in Table 6.4, and the rates are graphed in Figure 6.9. The mean rate of serious road injuries in the Top End and Lower Top End was 7.2 and 11.1 per 10 000 person years respectively. That is, the rate in the Lower Top End was 54 per cent greater. Clearly, not all such injuries are attributable to the effects of alcohol but, given previous research findings and the high rates of alcohol consumption in the Lower Top End, it

is reasonable to assume that alcohol makes a significant contribution to the elevated rate observed there.

Table 6.4: Number and rate per 10 000 persons of serious road injuries by quarter, Top End and Upper Top End, Northern Territory, 1/7/94 to 31/12/97

Quarter	Top End		Lower Top End	
	Number	Rate/10000	Number	Rate/10000
1994:3	72	7.84	17	12.72
1994:4	57	6.17	16	11.90
1995:1	42	4.52	11	8.12
1995:2	60	6.42	18	13.21
1995:3	81	8.61	11	8.02
1995:4	57	6.02	20	14.48
1996:1	56	5.88	23	16.55
1996:2	75	7.84	15	10.72
1996:3	84	8.73	20	14.20
1996:4	83	8.57	12	8.47
1997:1	45	4.62	14	9.82
1997:2	80	8.17	7	4.88
1997:3	101	10.26	11	7.62
1997:4	71	7.17	21	14.45

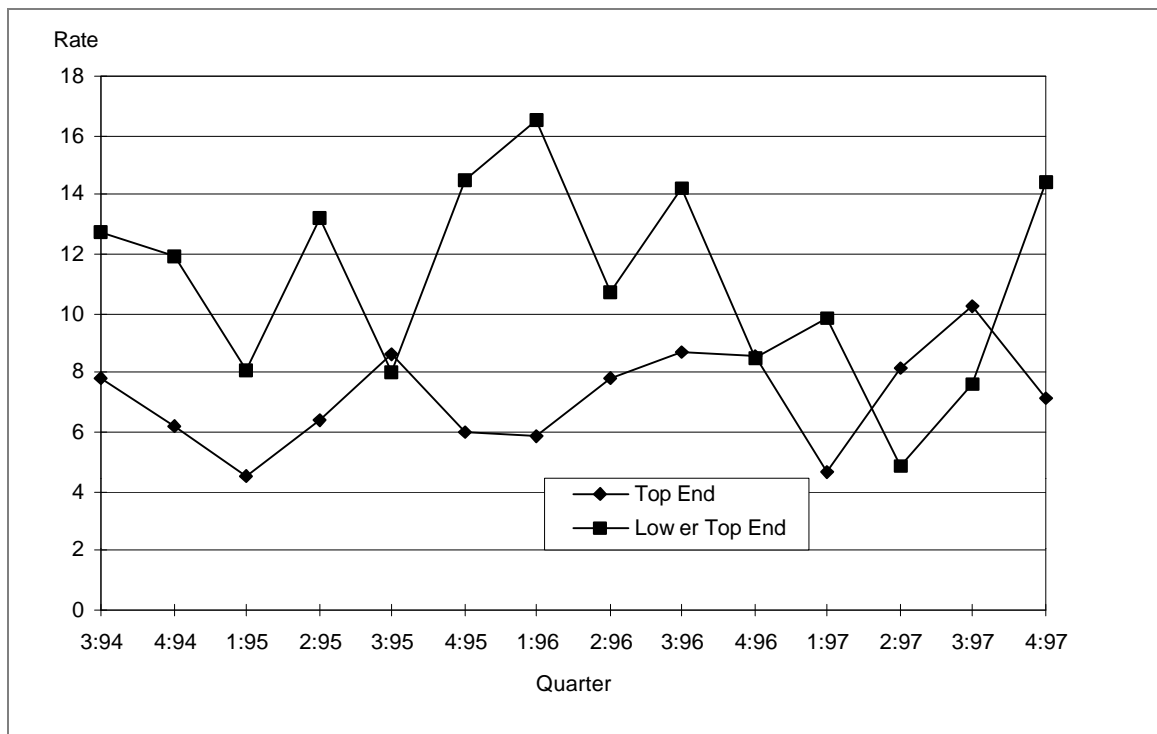


Figure 6.9: Quarterly rates of serious road injuries per 10 000 persons ≥15 years, Top End and Lower Top End, Northern Territory, 1/7/94 to 31/12/97

7. Stakeholder views regarding proposed measures

Given the time and other resources available, it would not have been possible to conduct a survey to gauge community views in Katherine with the methodological rigour required when contentious issues are at stake. We cannot say, therefore, what proportion of Katherine's population support or opposes either the proposed reduction in trading hours or the proposed drinking area. Nor can we assess the distribution of views on other relevant issues.

We did, however, conduct a number of semi-structured interviews with individuals who, through their organisations, had a direct stake in the proposals—in particular, the proposals to reduce take-away trading hours. In this section we present summaries of points raised in the course of these interviews. The summaries deal successively with points made by:

- _ commercial interests
- _ Aboriginal organisations
- _ licensees
- _ police
- _ civic authorities
- _ health/welfare bodies.

For each of these sectors, we summarise points made by interviewees with respect to their views on:

- _ the nature of alcohol problems in Katherine;
- _ descriptions of those perceived to be the main offenders;
- _ main causal factors identified for 'anti-social behaviour';
- _ measures advocated for addressing 'anti-social behaviour' (including opinions regarding measures already proposed).

Commercial interests

We interviewed the Chairperson and the Regional Manager (Katherine) of the NT Chamber of Commerce and Industry; the General Manager of the Katherine Region Tourist Association (KRTA); the Chairman of the KRTA who is also the licensee of the Red Gum Caravan Park; and Mr Graham Cole, Solicitor.

Description of problem

Four interviewees spoke of Aboriginal drinkers fighting, damaging property and occasionally defecating in or near shops. One claimed that during the 1998/99 wet season there were at least five incidents a day in the vicinity of the KRTA premises, while another claimed that levels of public drunkenness and property damage had increased during the last wet season.

A fifth interviewee took a different view, arguing that the problem was not simply one of 'anti-social behaviour', but rather a broader problem, which included irresponsible behaviour by some licensees, and what appeared to be a systemic incapacity to police licensees, as a result of police having limited powers to police the *Liquor Act*, and the Liquor Commission having too few inspectors.

Description of main offenders

Aboriginal people were identified as the main offenders, although one interviewee stressed that only a minority of Aboriginal people were involved, while another alluded to 30 to 50 'hard core' drinkers. One interviewee said that most Aboriginal people were themselves ashamed of the behaviour of the problem drinkers.

There was a perception too, that some of the drinkers involved in 'anti-social behaviour' were in fact residents of outlying communities.

Identification of main causes

Causal factors cited by one or more of the five interviewees were:

- _ movement of Aboriginal people from remote communities to Katherine;
- _ Aboriginal people had not learnt how to 'drink properly';
- _ lack of public facilities, such as shady park areas, leaving Aboriginal people with few places to sit apart from Katherine Terrace and the median strip;
- _ availability of alcohol.

Measures advocated

The KRTA has formally ratified four strategies to address 'anti-social behaviour' in Katherine, namely:

- _ a moratorium on declaring dry areas in remote communities (one interviewee stated that if remote communities were declared 'wet', Aboriginal people would 'learn to drink' and communities would be confronted with the consequences of 'anti-social behaviour');
- _ provision of long-term support in communities;

- _ reduction in take-away trading hours (as foreshadowed by the Liquor Commission); and,
- _ mandatory rehabilitation—to be imposed on people apprehended more than a specified number of times for drunkenness.

It was pointed out that the local Executive of the Chamber of Commerce and Industry had formally endorsed the proposed drinking area. A general meeting of the KRTA had also voted to support the drinking area proposal, although some 20-25 per cent of members were said to be opposed to the idea, partly out of concern that it would give a bad public relations image to Katherine, and partly because it was seen as a poorly thought out idea that would be difficult to implement.

One interviewee expressed the hope that the drinking area would 'shift the problem to a safer place', where community health nurses might be able to access drinkers more easily. One interviewee also called for longer term strategies focusing on health and education, while another suggested that sobering-up shelters should be used to house drinkers while they underwent education.

One interviewee stated that some managers of licensed premises had supported the proposal to reduce take-away trading hours, but that the owners of the premises had taken a different view.

One interviewee argued that offences under the *Liquor Act* should be dealt with through the normal courts, rather than by the Liquor Commission. This would mean that such offences were regarded in the same light as other civil or criminal offences, and be treated accordingly. The same interviewee also advocated greater use by police of so-called 'soft measures', such as warnings to licensees, and expressed opposition to the drinking area proposal.

Aboriginal organisations

We interviewed representatives of Wurli Wurlinjang Health Service; Katherine Region Aboriginal Legal Aid Service (KRALAS); Kalano Community Association and Jawoyn Association. Not surprisingly, those interviewed saw the problem of 'anti-social behaviour' in a different light to the views expressed above.

Description of problem

Several interviewees saw the problem of Aboriginal public drunkenness as an issue that needed to be placed in a broader context, marked by a long-standing lack of infrastructure provision or planning to cater for the increasing number of Aboriginal people who had moved into Katherine since the decision in the late 1960s that Aboriginal workers on cattle stations must be paid the same as other workers. One interviewee claimed that the NT government has refused to address these issues including the lack of accommodation for Aboriginal people, over several years.

One interviewee referred to earlier efforts to address this issue, through the Katherine Aboriginal Living Areas Working Party, which had commissioned a detailed study of infrastructure needs, and a Memorandum of Understanding which was signed in 1995 by the Katherine Combined Aboriginal Organisations and Katherine Town Council.

The strategies proposed by the Living Areas Working Party had not been pursued (although another interviewee later claimed that Kalano Community Association had been given money by the NT Government to develop drinking areas some years ago, but had been unable to expend the money).

One interviewee stated that crimes of violence occurred frequently amongst Aboriginal people in Katherine, virtually all of them alcohol-related. However, because most of these crimes were committed by black people against other black people, white residents were said not to be concerned. The same interviewee claimed that stories about Aboriginal people defecating in the streets were a 'beat up'.

Description of main offenders

One interviewee disputed the view—which we heard from several people in Katherine—that most Aboriginal problem drinkers in Katherine were residents of remote communities temporarily visiting Katherine. He claimed that while many such drinkers had *originally* lived in remote communities, they had by now been resident in Katherine for several years and should be seen as long-term Katherine residents, not visitors.

Another claimed that the Editor of the *Katherine Times* used the term 'anti-social behaviour' as code for 'no black faces on the street and no unsightly individuals'.

Identification of main causes

As already suggested, a major cause cited for the present situation was lack of planning by governmental authorities to cater for the move of Aboriginal people into

Katherine that had been precipitated by the 1965 cattle stations equal pay decision. It was also pointed out that Katherine had become a regional centre serving a wide range of functions, any one of which at any time might necessitate Aboriginal people from remote communities visiting Katherine.

One interviewee contrasted the lack of provision for Aboriginal people with the extensive planning that had (quite rightly, in his view) preceded the other major social change experienced by Katherine in recent decades: establishment of the Tindal airbase.

Another interviewee believed that the dominant approach to the issues related to 'anti-social behaviour' put forward by the committee chaired by Mike Reed were indeed *part* of the problem as he argued that the committee's approach was focussed on 'sweeping the problem under the carpet' and proposing 'band-aide fixes'. This interviewee challenged the legitimacy of the Katherine Antisocial Behaviour Committee chaired by Mike Reed to represent the *whole Katherine community*, suggesting that the lack of representation of Aboriginal organisations and other community members (i.e. non-commercial, non-government representatives) is 'appalling and of major concern'.

In relation to the movement into Katherine and between Katherine and outlying communities, one interviewee commented that he believed there was a definite need for an effective dialogue to be established between remote communities and municipal and other organisations in Katherine to assist in addressing some of the issues.

For our part, we were also struck by the number of non-Aboriginal people who, when considering what needed to be done in response to 'anti-social behaviour', immediately spoke of solutions that might be implemented *in remote communities*. The unstated goal of many such proposals appears to be to discourage Aboriginal people from coming to Katherine in the first place. *We believe that any measures based on such an approach are doomed to fail.* This is so for at least two reasons. Firstly, it is impractical: the reason that some Aboriginal people leave remote communities and move into towns is the same reason that other people the world over are doing the same thing: because of declining opportunities in remote communities. While it is in everyone's interests to improve the health, educational and employment facilities in remote communities, the extent to which this can be done is limited, and the notion that such efforts will result in Aboriginal people remaining in these small, economically stagnant settlements and leave the towns to non-Aboriginal people is a socially dangerous illusion.

Secondly, this approach leads to a continuing marginalisation of Aboriginal people in Katherine. A number of non-Aboriginal people claimed to us that Aboriginal drinkers had become increasingly abusive and verbally aggressive towards non-Aboriginal residents and visitors in recent times. Whether such an increase has occurred we could not hope to determine. However, we would suggest that people who are marginalised over a long period, *and who know that they are being marginalised*, are hardly likely to foster warm, friendly feelings towards those who have put them in this position.

Another factor that was seen as having led to an increased sense of hopelessness among young Aboriginal people was a decline in training opportunities that had followed from the Howard Governments' privatisation of employment training schemes. Both Wurli Wurlinjang Health service and the Jawoyn Aboriginal Corporation were said to have had to reduce the numbers of trainees as a result of these changes.

One interviewee expressed the view that employment—or the lack of it—remained the single most important factor contributing to 'anti-social behaviour' problems in Katherine.

Another interviewee raised the issue of inadequate policing of licensed premises and the fact that there was not a Liquor Inspector located in Katherine. For this same interviewee the take-away outlet at Woolworths was of particular concern, alleging that this outlet was the focus of the majority of complaints received by his organisation in relation to mothers and families being harassed by intoxicated people in the vicinity.

Measures advocated

Two interviewees advocated greater efforts in employment and training.

All of those interviewed supported the proposed reduction in liquor trading hours, as a useful step towards reducing problems, but some qualified this by stating that these restrictions should be part of a broader strategy. Some were concerned that the potential for people to travel to Mataranka and Pine Creek to obtain alcohol if restrictions were implemented in Katherine needed to be addressed.

Several interviewees indicated that they were not opposed to the idea of drinking areas, but all thought that the proposal to create a single drinking area was without

merit: 'absolute madness', commented one; 'ridiculous', 'ludicrous' said others. Again the idea of drinking areas was viewed as part of a broader strategy to address alcohol-related issues.

Licensees (and others associated with liquor outlets)

The consultants met with the licensee of the Fivestar Supermarket and with several staff members of Woolworths, including the licensee. We also met with the licensee of the Red Gum Caravan Park (as partly included in the section on 'Commercial interests' above) and of the Knotts Crossing Resort.

Several unsuccessful attempts were made to meet with the managers and/or licensees of the Crossways Hotel and the Katherine Hotel Motel, with a representative of the latter refusing to meet with the researchers, stating that his solicitors were handling the matter.

In reporting the results of our discussions here, we have undertaken to respect requirements of commercial confidentiality.

Description of problem

All of those interviewed defined 'anti-social behaviour' largely in terms of public drunkenness, which they saw as a problem involving Aboriginal drinkers, although one interviewee also mentioned shoplifting, which in his experience was linked to drunkenness, in that it was normally Aboriginal drinkers in search of food who engaged in shoplifting.

One licensee described the constant harassment and abuse directed towards staff at the outlet by intoxicated people and the frustration this created in the workplace.

One interviewee stated that the problem was created by a small group of habitual drinkers, who should be the target of any strategy.

Another stated that, while there had always been some people drunk on the main street of Katherine, in recent times intoxicated drinkers had become more prone to 'hassling' passers by and sometimes abusing them.

Both supermarkets argued that they themselves were responsible licensees, and suggested that the source of the problem of public drunkenness lay with other outlets.

Description of main offenders

One interviewee attributed most 'anti-social behaviour' to a core group of 80-90 people, about a dozen of whom were non-Aboriginal. Another interviewee put the number of habitual heavy drinkers at 250-500 people. One said that the people mainly responsible for 'anti-social behaviour' came from outlying communities: 'it is the out of towners from Wave Hill and Ngukurr who are causing anti-social behaviour, especially since the floods'.

Identification of main causes

One interviewee saw the main causal factor as being a lack of purpose in the lives of many Aboriginal people, but added that 'we are all part of the problem to different degrees'. One interviewee also suggested that irresponsible serving practices by a particular licensee were also contributing to the problem.

Another licensee believed that the problems had escalated over the last year and attributed this to the terrible wet season last year and the short dry season which, it was perceived by the interviewee, had resulted in people from outlying communities coming into town and staying for longer periods.

Measures advocated

One outlet had already taken a step towards reducing sales of cask wine by no longer chilling Baronga Estate—the most popular cask wine among Aboriginal drinkers in Katherine. It was claimed that this had led to a substantial fall in sales. Another licensee claimed that they had taken measures to close the particular outlet early when there was an expectation of trouble developing.

(According to one interviewee, Baronga Estate was commonly referred to as 'mabo juice'—which says something about the linkages between public drunkenness and other aspects of race relations in Katherine.)

One interviewee said that measures should be developed in consultation with Jawoyn Association. He also called for identification of people admitted to the sobering-up shelter more than three times in a month.

Both supermarkets expressed concern about the proposed reduction in take-away trading hours. Although neither opposed the new 8.00 pm closing time, both proposed alternative schemes that would allow a form of restricted trading prior to 2.00 pm.

Another licensee was very supportive of the proposed restricted trading hours.

With the exception of one interviewee, none of those interviewed supported the proposal for a single drinking area.

One interviewee stated that Aboriginal people needed to be involved in developing longer term solutions, and commented that they had not been involved in the decisions to restrict trading hours or establish a single drinking area.

Police

A number of NT Police officers were interviewed including the Commander of the Police in Katherine, two Superintendents based in Katherine and a police Sergeant working with the Jawoyn Association.

Description of problem

All of the police officers interviewed challenged, in different ways, the way in which 'anti-social behaviour' has been presented in public debate in Katherine. In doing so, they distinguished between the actual prevalence of offensive behaviour, and public perceptions of its prevalence. One officer pointed out that, since a new mobile police station had been placed in Katherine, there had been a perception that the level of incidents had decreased, a change reflected in a fall in the number of complaints reported by the public. Over the same period, the number of *patrol-generated* pick-ups, however, had remained the same.

Another commented that much of the behaviour labelled by non-Aboriginal people as 'anti-social' was not a product of public drunkenness, but simply of different cultural values exhibited by Aboriginal people: congregating and eating in public, engaging in louder, more animated conversations than are the norm in non-Aboriginal society, which are then often mistakenly interpreted as signs of conflict and/or drunkenness.

One commented that Aboriginal alcohol-related violence was a serious issue—but one that normally involved Aboriginal people only.

Two of the officers defined the problems associated with alcohol as *more than* a law and order issue, suggesting that there were issues related to social and economic wellbeing and health and any response needed to acknowledge all of these areas.

Another officer saw the problem as one of the easy availability and supply of alcohol in Katherine.

Description of main offenders

Interviewees stated that most of those involved in alcohol-related problems were Aboriginal, and one commented that Kalano night patrol statistics allegedly showed that more than 90 per cent of those brought to the sobering-up shelter by the patrol were from communities outside Katherine.

At the same time, it was also pointed out that much of the graffiti and vandalism were the works, not of Aboriginal drinkers, but of young people. One commented that it was ironic that the business people of the main street targeted Aboriginal people as engaging in 'anti-social behaviour' when 'their kids are doing it at four in the morning'.

Identification of main causes

One interviewee attributed Aboriginal alcohol-related problems to a breakdown in traditional Aboriginal culture brought about by white settlement, as well as a lack of employment and training opportunities. Alcohol-related problems, however, were primarily 'a social and health issue, not a law and order issue' as mentioned above.

The same interviewee argued that part of the problem could be attributed to abandonment of responsibility by some licensees. He argued that the limitations on police powers with regard to enforcing the Liquor Act was a mistake, that resulted in police not seeing surveying licensed premises as core business.

Measures advocated

One interviewee stated that the proposal to establish several drinking areas, as foreshadowed in a Kalano Community Association policy document produced in 1996, had considerable merit, but that the current proposed single drinking area did not. Another two officers also expressed opposition to the drinking area proposal. One officer, however, supported the proposal; he dismissed the assertion that people from different groups will not want to drink together, arguing that they already do so. He commented that the drinking area was 'worth a try'.

One interviewee advocated giving police powers to impose on-the-spot infringement notices on licensees infringing the *Liquor Act*.

Three officers expressed support for the proposed reduction in trading hours.

Municipal authorities

We interviewed the Mayor of Katherine and Acting CEO of Katherine Town Council. These officers also kindly made relevant Council files available to us.

Description of problem

Interviewees stated that the problem of 'anti-social behaviour' was not a problem of drinking *per se* but rather of offensive behaviour, including urinating and defecating in public and engaging in verbal abuse. This behaviour was said to be characteristic of a small number of people for whom little could be done. The issue was primarily a matter of public order, and liquor outlets were part of the problem.

Description of main offenders

It was claimed that 90 per cent of Katherine's 'anti-social behaviour' problems were caused by a small number of drinkers who came from out of town.

Identification of main causal factors

It was claimed that the main reason for present problems was the increasing number of Aboriginal people visiting Katherine from remote and rural communities. This in turn was explained as a product of Katherine's role as a regional centre, serving a wide range of functions throughout the whole Katherine region.

Measures advocated

Both the drinking area and the proposed reductions in trading hours were supported. A number of additional measures were mentioned, some of them already underway, others planned or advocated. These were:

- _ an increase in patrols by KTC inspectors, plus joint patrols with Kalano Community Association (implemented);
- _ authority for KTC officers to tip out alcohol implicated in '2 km law' offences (formally requested by KTC, but not agreed to by NT Government);
- _ support for a drying out/rehabilitation facility at King Valley.

Health/welfare agencies

Interviewed were representatives of Katherine Family Link (Centacare NT) and the Living With Alcohol Program, Territory Health Services.

Description of problem

One interviewee spoke about the difficulties facing women, in particular women with children, coming into Katherine and having nowhere to stay except the Walpiri camp. She said that a lot of those women who are not drinkers end up having to accompany their men on drinking sessions because if they do not, their men then start accusing them of playing up while they've been absent. The same interviewee said that it can also be very difficult for women who want to get out of Katherine to do so.

Description of main offenders

One interviewee stated that there was a widespread belief in Katherine that the heavy [Aboriginal] drinkers are responsible for virtually all of the problems of Katherine. This view, she believed, was an over-simplification. The same interviewee remarked that quite a lot of RAAF people had quite serious drinking problems, but that these were never talked about.

Identification of causal factors

One interviewee argued that adequate infrastructure and facilities in Katherine for Aboriginal people contributed to the present problem. She also claimed that the 1998 flood had been used to further limit the facilities open to Aboriginal people. Both the Wallaby Camp and Red Gum camps had been closed after the flood. (The Wallaby Camp earned publicity back in 1994, when then Commonwealth Aboriginal Affairs Minister Graham Richardson visited and was so shocked by the conditions that he commented on the appalling living conditions facing Aboriginal people. Following the Minister's comments, Katherine Town Council had put a tap and portable toilets into Wallaby Camp.)

Measures advocated

Both interviewees supported the proposed reduction in trading hours, as one interviewee believed that such measures would give Aboriginal women a greater opportunity to spend available money on food and other family necessities before the money could be used to purchase alcohol.

Neither supported the proposed drinking area.

One interviewee stated that more effort should be made with education and better coordination of services, and that a rehabilitation or drying out facility was needed.

The other interviewee stated that she believed that organisations such as hers had been deliberately excluded from participation in the committee formed by local MLA Mike Reed.

Summary

The points made above can be summarised as follows.

1. Most of those interviewed—including Aboriginal people interviewed—stated or simply assumed that the term ‘anti-social behaviour’ referred to public drunkenness by Aboriginal drinkers in Katherine. For some, the term also covered vandalism, although several people interviewed pointed out that much of the vandalism was not carried out by Aboriginal problem drinkers, or even Aboriginal people at all.
2. It appears to be a widely held view that most of those responsible for ‘anti-social behaviour’ are visitors to Katherine from remote communities in the region. Some people, however, disputed this view, arguing that while most Aboriginal problem drinkers may have come originally from outside Katherine, many are long term residents of the town.
3. Several people suggested that a relatively small ‘hard core’ of heavy drinkers accounted for most ‘anti-social behaviour’. However, there was no consensus regarding the size of this ‘hard core’, with estimates ranging from 30 to 500 individuals.
4. It appears to us that there is something of a contradiction embedded in these views. If the bulk of ‘anti-social behaviour’ is indeed committed by a ‘hard core’ of heavy drinkers whose identity is well known, presumably they are not visitors to Katherine. Conversely, if visitors really are the main offenders, one would expect to find a constant turnover of membership in any ‘hard core’.

5. The main causal factors underlying 'anti-social behaviour' were:
- _ lack of employment and other opportunities in remote communities;
 - _ lack of drinking facilities in remote communities;
 - _ lack of planning and infrastructure to meet the needs of Aboriginal people living in and around Katherine;
 - _ weakening of Aboriginal cultural traditions;
 - _ declining training and employment opportunities for Aboriginal people in Katherine;
 - _ irresponsible practices by some licensees;
 - _ ineffectual mechanisms for enforcing provisions of the *Liquor Act*; and
 - _ the dominant process for addressing these issues to date and the lack of a broad-based approach to these issues.
6. There appears to be widespread support for the proposed reductions in liquor trading hours, although some licensees, not surprisingly, do not share this enthusiasm. However, both supermarkets have indicated willingness to accept *some* modifications to take-away trading conditions, and neither expressed concern with the proposal to end take-away trading at 8.00 pm.
7. There appears to be much less support for the proposed drinking area, although some organisations did support the idea, at least on a trial basis. Among those who did not support the proposal, some indicated that they were not opposed to drinking areas *per se*, but thought that the proposal for a single drinking area close to the Walpiri camp would be ineffectual, and portrayed a lack of clear planning.
8. Other measures advocated included:
- _ a moratorium on declaring dry areas in remote communities; (a suggestion that we, as consultants, do not endorse);
 - _ provision of long-term support in communities;
 - _ mandatory rehabilitation—to be imposed on people apprehended more than a specified number of times for drunkenness;
 - _ additional education, training and employment programs;
 - _ dealing with offences under the *Liquor Act* through normal courts;
 - _ empowering police to issue on-the-spot infringement notices for offences under the *Liquor Act*;
 - _ a more holistic approach to addressing alcohol-related problems in Katherine;
- and

- _ greater representation of Aboriginal and other members of the Katherine community on the peak committee considering responses to alcohol-related problems in Katherine.

Additional comment on defining alcohol-related problems in Katherine

If one attempts to stand back from a focus on events occurring in Katherine at the present time or in the immediate past, it becomes apparent that here, as elsewhere, there are two broad approaches to addressing local alcohol-related problems. The first and the one clearly dominating present activities is a view of these problems as essentially public order problems associated with public drunkenness on the part of Aboriginal drinkers, especially but not exclusively in the central business district.

The overriding concern of protagonists of this approach is to remove drunks from the main street. Often in the minds of upholders or supporters of this view criminal activities such as vandalism, break-ins and interference with motor vehicles are also attributed to those seen as responsible for repeated acts of drunkenness even though, as police and others repeatedly point out, the habitual heavy drinkers are rarely the same people as those who engage in criminal offences of this nature.

The second major approach to defining and addressing problems associated with alcohol misuse locates these problems within a health and welfare framework as one requiring more effective delivery of education and/or health interventions and/or supportive welfare measures. In the Northern Territory, since 1990, responsibility for measures of this kind has rested almost entirely with the Living with Alcohol program, administered by Territory Health Services.

One of the distinctive features of community action in Katherine in recent times has been the degree to which those most vocal in promoting measures to reduce social disorder, such as the drinking area and increased police patrols, have demonstrated little interest in the health and welfare services administered and/or funded through the Living with Alcohol program. The local Living with Alcohol representatives, for example, have not been invited to join the committee headed by local MLA Mike Reed.

It is also possible to see traces in recent Katherine history of a third approach to defining and addressing problems associated with alcohol misuse. This is one that we would argue represents the only adequate basis, not only for short-term solutions but certainly for longer-term solutions. This is a view of alcohol-related problems as both

problems exhibited as public drunkenness *as well as* the problems of chronic excessive alcohol consumption related to health and wellbeing.

Some of the products of social, political, economic and demographic structural features and changes, both in the social structure of Katherine, the relationship between Katherine and other communities in the region and the mix of opportunities and constraints experienced by various groups and individuals living in Katherine (sometimes referred to as 'life chances'), are amenable to intervention by community groups and government. Others are less so. It is, however, a precondition for any effective intervention into problems associated with alcohol misuse that the causal factors underlying these problems be adequately identified. If, and only if this is done, does it then become possible to select those factors that are amenable to intervention, whether by governments or by others, and devise strategies accordingly.

8. Conclusions and recommendations

The material presented in this report indicates that the level of per capita consumption of alcohol in the Katherine region is particularly high; and that, over the four year period 1994–95 to 1997–89, it exceeded that in the Top End by 18.7 per cent and that in the country as a whole by about 74.5 per cent. Review of some key indicators also demonstrates that correspondingly high levels of harm are associated with this level of consumption.

Both the international evidence, and recent experience elsewhere in Australia, indicate that restrictions on availability can have a positive effect in reducing such excessive consumption and related harm. However, to be maximally effective, other conditions are necessary. Restrictions need to be part of a wider strategy to combat alcohol-related harm and they need to be have wide community support. In Katherine, these conditions are lacking. Despite what the statistical data indicate, interviews with key informants and a review of documentary data show there is no general agreement regarding the nature of ‘the alcohol problem’ in Katherine.

In the recent past, the public debate has been dominated by those who perceive excessive consumption as being confined to a small segment of the community and who have defined the issue narrowly as one of anti-social behaviour. This group has pursued other measures directed narrowly at problems of public intoxication and it was largely at the behest of its members that the Liquor Commission sought to impose a limited set of restrictions on trading hours. Others in the community—who continue to focus on other aspects of the problems raised by excessive consumption—have been largely excluded from the public debate.

The restrictions on trading hours proposed by the Liquor Commission appear to be favoured—albeit for different reasons—by both groups as well as a broad cross-section of the population of Katherine. However, the literature suggests that, alone, it is doubtful that these limited restrictions will have more than marginal effect on consumption and related problems in the town.

What is needed in Katherine is a willingness by a broad, inclusive range of community members to sit down and—using a framework similar to that outlined in Chapter 2 of this report—identify the extent of alcohol-related problems the town faces and strategies to address them (including restrictions on availability). With varying

degrees of commitment this has been done elsewhere, and has yielded positive effects. If it is not done in Katherine, excessive consumption will continue to take a high toll on the lives of community members.

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Appendix: List of interviewees

Name	Position	Organisation
Geoff Bell	Assistant Manager, Katherine	Woolworths
Gordon Berner	Solicitor acting for Woolworths	Cridlands
Maurie Burke	Commander	NT Police - Katherine region
Dale Campbell	Sergeant	NT Police based with Jawoyn Association
Graham Castine	Executive Director	Kalano Community Association Incorporated
Christine Clarence	Manager, Katherine region	Living with Alcohol Program (Territory Health Services)
Graham Cole	Solicitor	Graham Cole Solicitor
Allan Doak	Manager/Licensee, Katherine	Woolworths
Glen Dooley	Solicitor	Katherine Region Aboriginal Legal Aid Services Inc.
John Fletcher	Deputy Director	Jawoyn Association Aboriginal Corporation
Trevor Ford	Licensee	Five Star Supermarket
Jimmy Forscutt	Mayor	Katherine Town Council
Kevin Grey	Acting CEO	Katherine Town Council
Bert Hofer	Superintendent	NT Police - Katherine
Jack Hogan	Chairman	Wurli Wurlinjang Health Service
Sharyn Innes	General Manager	Katherine Region Tourism Association
Brian Kelly	Licensee	Knotts Crossing Resort
Jane Macdonald	Counsellor	Katherine Family Link (Centacare NT)
Bob Meagher	National Licensing Manager	Woolworths
Jim Miers	Property & Development Manager, NT & SA	Woolworths
Fay Miller	Licensee Chairperson	Red Gum Caravan Park Katherine Region Tourism Association
Wes Miller	Director	Wurli Wurlinjang Health Service
Warren O'Meara	Superintendent	NT Police - northern region remote stations
Mick Peirce	Coordinator	Wardaman Aboriginal Corporation
Mike Reed MLA	Local Member of Legislative Assembly	Northern Territory Government
Anne Shepherd	Local Chairman - Katherine	NT Chamber of Commerce & Industry Inc.
Katrina-Jae Stair	Regional Manager -Katherine	NT Chamber of Commerce & Industry Inc.
Alan Tregear	Liquor Manager, Katherine	Woolworths