The Northern Territory Emergency Response and cannabis use in remote Indigenous communities.

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The Australian and international evidence clearly demonstrates that controls over availability are among the most effective means of reducing alcohol-related harm.\(^1\) In recognition of this, additional restrictions on availability have been introduced as part of both the Commonwealth Government’s Northern Territory Emergency Response (NTER) and the Northern Territory Government’s Alcohol Management Plans.\(^2\) However, it has been widely asserted in public debate – particularly by those opposed to them – that these restrictions have had the unintended consequence of diverting people in remote communities from alcohol to cannabis consumption and that as a consequence there is an epidemic of cannabis use in such communities.\(^3\)

Generally, the international evidence is limited but indicates that the substitution of one drug for another is variable and complex, and not a simple one-to-one phenomenon.\(^4\) More specifically, there is a paucity of empirical data which could directly verify the assertion that cannabis has been substituted for alcohol as a consequence of the additional alcohol restrictions in the NT. However, while there may well have been some substitution, the increase in cannabis consumption was occurring prior to those restrictions. Such an increase was reported by Clough et al. in Arnhem Land in 2004 and by Putt and Delahunty in 2006.\(^5\) Furthermore, Putt and Delahunty reported such an increase in Queensland, WA and SA – jurisdictions that were not later subject to the NT restrictions.

Thus, while there may have been some substitution of cannabis for alcohol following introduction of the NTER restrictions and Alcohol Management Plans, it seems clear that the increase in use cannot be attributed primarily to these interventions. Furthermore, regardless of the cause, the problem needs to be addressed, but it will not be addressed simply by relaxing alcohol restrictions.

References


