

Submission to Alcohol Inquiry – Empowered Communities East Kimberley and Binarri-binyja yarrowoo

1 Executive Summary

Empowered Communities East Kimberley (**ECEK**) is highly invested in the economic, social and cultural development of Aboriginal people, and views alcohol-related harm and the effects of alcohol consumption within the Kimberley region as a priority. The effects of excessive alcohol consumption will continue to have adverse health, social and cultural impacts in the East Kimberley region unless they are addressed promptly and effectively. ECEK has therefore identified regional alcohol reform as a priority in its Regional Development Agenda and proposes to form a partnership with the Government to effect meaningful change in affected communities.

ECEK submits that the Government must first consult with the relevant communities to develop a holistic, community based, approach to reduce alcohol related harm prior to developing and implementing further reforms. ECEK has identified that a viable solution begins with adopting a 'Regional Alcohol Action Plan', a holistic blend of demand, supply and harm reduction measures. These measures need to be implemented alongside the existing programs and services available to residents within the region, including those targeted at improving health and wellbeing, cultural strength and employment.

The ECEK Aboriginal Leaders would like any consideration of additional volumetric restrictions to form part of the development of a comprehensive, holistic strategy that aligns with the recommendations in Section 5 of this Submission. ECEK believes that the Government must work collaboratively with, and be culturally sensitive to, Aboriginal people during the reform process in order to prevent further disempowerment and maximise the positive impacts of the reform on the community. ECEK invites the Director to engage and work with ECEK, relevant State and Commonwealth Government bodies and other regional stakeholders to develop a Regional Alcohol Action Plan.

2 Background

The Empowered Communities (**EC**) initiative is a set of transformational national reforms for an Indigenous Empowerment agenda. EC spans ten regions across urban, regional and remote Australia, with different 'backbone' organisations supporting the implementation of EC in each of the regions.

Binarri-binyja yarrowoo Aboriginal Corporation (**BBY**) is the 'backbone' organisation supporting the implementation of the Empowered Communities initiative in the East Kimberley. Its role is to support and facilitate joint action by Aboriginal Organisations, Government, NGOs and Corporate Partners to achieve transformational change. Using a place-based collective impact model, BBY supports its members to work together to improve the lives of Aboriginal people in the region. There are now 25 Aboriginal Organisations in the East Kimberley working together on Empowered Communities reform, and they have been consulted during the preparation of this submission.¹

ECEK therefore believes that it is uniquely positioned to work in partnership with government and the East Kimberley Aboriginal community. ECEK's Regional Development Agenda was developed by ECEK members with extensive consultation and input from community and represents the consensus position of diverse range of stakeholders. ECEK invites the WA Government to work collaboratively with ECEK and utilise the consultation mechanisms and relationships that ECEK has built in order to develop a holistic and consultative alcohol reform agenda.

¹ For a full list of BBY member organisations, please visit "bby.org.au/members".

This submission refers extensively to data from a recently released report, *Change in Aboriginal Social Indicators in the East Kimberley: 2001-2016* (Taylor, 2020) (the **Taylor Report**). The Taylor Report was commissioned by ECEK and Traditional Owner signatories to the Argyle Participation Agreement (Gelganyem Limited). Prepared by population geographer, John Taylor, who specialises in the demography of Indigenous peoples, the report provides a population-based analysis of Aboriginal social and economic change in the East Kimberley region over the past 15 years, using publicly accessible data. The Taylor Report looks closely at the remote communities and townships of the East Kimberley region, including Kununurra, Wyndham and Halls Creek, and documents change since the baseline was taken and reported in 2003.² ECEK therefore believes that the Taylor Report represents a valuable tool in assessing the extent and impact of alcohol related harm in the East Kimberley region. A **copy of the Taylor Report** is Attachment 1 to this submission.

Included with the submission are interim findings relevant to the Shire of Wyndham-East Kimberley from an Australian Research Council Discovery Project conducted by Professor Marcia Langton and her team of researchers from the Indigenous Studies Unit at the Melbourne School of Population and Global Health at the University of Melbourne. *Alcohol & Violence in the East Kimberley: Alcohol management in northern Indigenous Australia* (the **Langton Report**) is Attachment 2 to this submission and contains highly relevant and reliable recent analysis of the extent of alcohol related harm in Wyndham-East Kimberley region.

3 Extent and impact of alcohol related harm

Alcohol use remains extremely prevalent in the Kimberley, with an estimated per capita annual consumption of pure alcohol far higher than the national annual average.³ This level of alcohol consumption has a number of consequential effects, including adverse health, social and cultural outcomes. Of particular concern to ECEK is the disproportionate impact of these effects on the Aboriginal population of the East Kimberley Region.

Indeed, the profound impact of alcohol consumption has been recognised amongst the Aboriginal population in the Kimberley region with many making the decision to abstain from drinking alcohol altogether. In fact, compared to non-Aboriginal people, Aboriginal people had a higher prevalence of abstinence (i.e. never consumed a full serve of alcohol).⁴ According to the National Aboriginal and Torres Strait Islander Health Survey 2001-02, 15% of Aboriginal people aged 18 years and over had not consumed alcohol in the last 12 months compared to 7.9% of non-Indigenous Australians.⁵ ECEK therefore asks that the Director consider implementing measures which allow Aboriginal people in the East Kimberley to continue to take control of alcohol consumption in our community and reduce the adverse effects outlined below.

3.1 Health impacts

(a) Hospitalisation

Alcohol has a significant effect on the rate at which people in the East Kimberley require the assistance of health services, both in terms of hospitalisations for alcohol related issues and emergency department presentations.

Drug and Alcohol Office data shows that the rate of alcohol-related hospital admissions for 2012 in the Kimberley region, including Derby, Broome, Halls

² *Aboriginal Population Profiles for Development Planning the Northern East Kimberley* (Taylor, 2003).

³ Smith, K. (2017). The cashless debit card trial: A public health, rights-based approach to better health and social outcomes. *Indigenous L. Bull.*, 8, 22

⁴ *Impact of Alcohol on the Population of Western Australia* (Department of Health WA, 2008).

⁵ Australian Bureau of Statistics, *2001-02 National Aboriginal and Torres Strait Islander Health Survey*.

Creek, Kununurra and Roebuck, was almost three times higher than the rate for WA as a whole.⁶

The Taylor report indicates that the Kimberley Aboriginal population is particularly affected by this issue, with Aboriginal people in the East Kimberley disproportionately represented in alcohol-attributable hospitalisations, such as liver disease, mental and neurological disorders, circulatory system diseases and injuries from alcohol-related assault or abuse.⁷

Aboriginal males in the East Kimberley are hospitalised for alcohol-attributable causes at a rate four times that of our non-Aboriginal counterparts. While it is worth noting that this discrepancy has decreased from being 8 times more likely in 2002-06, the rate at which Aboriginal females in the region are hospitalised for alcohol-attributable causes has steadily increased and is now 10 times that of our non-Aboriginal counterparts.⁸

Alcohol and drug related emergency department presentations also represent a significant issue for Aboriginal people in the East Kimberley. The Taylor Report indicates that this problem is worsening, with the number of alcohol and drug related ED presentations by Aboriginal people much higher in 2012-16 than in 2007-11.⁹ This increase is likely partly driven by an increase in the alcohol related ED rates for females, which increased significantly between the two periods compared to those rates for males.¹⁰

Concerningly, the data indicates that the rate of Aboriginal females experiencing alcohol related contact with the health system has increased significantly compared to our male counterparts,¹¹ which has possible consequences for the prevalence of FASD in the population.¹²

(b) Mortality rates

The rate of alcohol related deaths in the Kimberley is one of the highest of any region in Western Australia, and significantly higher than the rate for Western Australia as a whole.¹³ Between 1997 and 2005, the standardised mortality rate of alcohol related deaths in the Kimberley was almost three times that of the State.¹⁴

The Aboriginal population of the Kimberley is particularly affected by this issue, with a higher alcohol related mortality rate compared to both non-Aboriginal people in the region and compared to Aboriginal people in the State as a whole.¹⁵

Particularly alarming is that deaths due to intentional self-harm have increased since 2001 and intentional self-harm is now the third leading cause of death for Aboriginal people in the East-Kimberley Region,¹⁶ occurring at a rate which is

⁶ *Alcohol and Other Drug Indicators Report – Kimberley Health Region* (Government of Western Australia Drug and Alcohol Office, 2015), p 11.

⁷ Taylor Report, p 135.

⁸ Taylor Report, p135.

⁹ Taylor Report p 133.

¹⁰ Taylor Report, p 133.

¹¹ Taylor Report, p133, 135.

¹² Taylor Report, p 135.

¹³ Xiao J, Rowe T, Somerford P, Draper G, Martin J. (2008). *Impact of Alcohol on the Population of Western Australia*. Epidemiology Branch, Department of Health WA., p 88.

¹⁴ Xiao J, Rowe T, Somerford P, Draper G, Martin J. (2008). *Impact of Alcohol on the Population of Western Australia*. Epidemiology Branch, Department of Health WA., p 48.

¹⁵ Xiao J, Rowe T, Somerford P, Draper G, Martin J. (2008). *Impact of Alcohol on the Population of Western Australia*. Epidemiology Branch, Department of Health WA., p 49.

¹⁶ Taylor Report, p 123.

almost double that for Aboriginal people generally in Western Australia and four times higher than that of the State population as a whole.¹⁷

Qualitative evidence from interviews with community members in the region suggests that alcohol related abuse may be a contributing factor to the prevalence of deaths due to intentional self-harm.¹⁸

This is particularly concerning given that Aboriginal residents of the East Kimberley Region still presently die from avoidable causes at 6 times the rate of our non-Aboriginal counterparts, and a large part of this gap is accounted for by Aboriginal deaths due to intentional self-harm.¹⁹

(c) **FASD**

Foetal Alcohol Spectrum Disorder (**FASD**) is a diagnostic term used to describe impacts on the brain and body of individuals prenatally exposed to alcohol. Effects may include physical, mental, behavioural, and/or learning disabilities with possible lifelong implications. Individuals with FASD have difficulties with learning, attention, problem solving and memory, limiting – amongst other things – our capacity to develop and transfer cultural understanding and practices.

The Kimberley region is disproportionately affected by FASD compared to the rest of Western Australia. The Taylor report indicates that the East Kimberley accounts for a substantial share of the FASD hospitalisations in Western Australia since 2007, peaking at one-third of all State-wide diagnoses in 2010-12.²⁰ While that proportion has decreased steadily since then, the East Kimberley still accounted for 10% of the FASD related hospitalisations in 2016-18.²¹

FASD is also an issue which disproportionately impacts Aboriginal people in the Kimberley region, with hospitalisation data from WA Health revealing that Aboriginal people comprised virtually all diagnoses for FASD in the East Kimberley for the period 2007-18.²² The Taylor report estimates that between 32 and 40% of Aboriginal mothers across the Kimberley used alcohol during pregnancy in 2014/15, with one in four of these using alcohol at high risk levels.²³

The Taylor Report also notes that it is difficult to properly assess the prevalence of FASD, as collection of FASD data in the region is hampered by several factors including:

- relative lack of historic perinatal data on maternal alcohol consumption;
- low level of awareness by clinicians of FASD conditions;
- the complexity of diagnosis; and
- the absence of nationally agreed and consistent diagnostic criteria and definitions.²⁴

¹⁷ Taylor Report, p 125.

¹⁸ Professor Marcia Langton et al, 'Alcohol and Violence The East Kimberley: Alcohol Management in northern Indigenous Australia (University of Melbourne Centre for Health Equity Melbourne School of Population & Global Health, 2020) 15.

¹⁹ Taylor Report, p 124.

²⁰ Taylor Report, p 121.

²¹ Taylor Report, p 121.

²² Taylor Report, p 120.

²³ Taylor Report, p 120.

²⁴ Taylor Report, p 120.

3.2 Social impacts

(a) Crime rates

The Kimberley region experiences higher crime rates compared to Western Australia, both in terms of overall crime rates and higher rates for most offences, and research indicates that a large proportion of these crimes are related to alcohol use.

In 2016, the Wyndham-East Kimberley LGA, which captures both Wyndham and Kununurra, had a per-capita crime rate three times higher than that of Western Australia as a whole.²⁵ The rate of offences against the person, including assault and sexual offences, was 7 times higher for Wyndham-East Kimberley compared to Western Australia as a whole.²⁶

Police data indicates that alcohol consumption is related to a large number of these criminal incidents. In 2019, Alcohol-related crime in Wyndham-East Kimberley has increased at the rate of 1.3 times in the region since 2009. For example, alcohol is involved or present at the scene of 69% of offences against a person with strong ties to alcohol.²⁷ Similarly, alcohol was present or involved in 73% assaults.²⁸

More recent data illustrating the relationship between alcohol consumption, criminal offences and assaults is contained in the Langton Report at Attachment 2.

Increased contact with the criminal justice system also disproportionately affects the Aboriginal population in the East Kimberley Region. The Taylor Report highlights the continued over-representation of the East Kimberley Aboriginal population in the criminal justice system. In 2016, Aboriginal people in Western Australia accounted for 38% of the state's prison population despite comprising only 3% of the adult population.²⁹ Moreover, 8% of the Aboriginal prison population in Western Australia is from the East Kimberley, despite the fact that the region only accounts for 6% of the State's Aboriginal adult.³⁰

Rates of arrest are also persistently higher for the Aboriginal population in East Kimberley, involving 40% of males over 10 years of age and 10% of all females.³¹ The most commonly reported offences were assault and property damage.³² For young adult Aboriginal males especially, interaction with the criminal justice system is pervasive in the community and at an almost societal level.³³ In 2016, 40% of all Aboriginal males were arrested and figures for Aboriginal males between the ages of 18 to 29 who were arrested are estimated to be as high as 54%.³⁴ At any given time, 15% of Aboriginal males aged 18 to 34 are in custody and 13 % of Aboriginal males aged 18-34 are on community based orders.³⁵

²⁵ Taylor Report, p 146-147.

²⁶ Taylor Report, p 146-147.

²⁷ Professor Marcia Langton et al, 'Alcohol and Violence The East Kimberley: Alcohol Management in northern Indigenous Australia (University of Melbourne Centre for Health Equity Melbourne School of Population & Global Health, 2020) 9-12.

²⁸ Professor Marcia Langton et al, 'Alcohol and Violence The East Kimberley: Alcohol Management in northern Indigenous Australia (University of Melbourne Centre for Health Equity Melbourne School of Population & Global Health, 2020) 9-12.

²⁹ Taylor Report, p 144.

³⁰ Taylor Report, p 144.

³¹ Taylor Report, p 169.

³² Taylor Report, p 146.

³³ Taylor Report, p 150.

³⁴ Taylor Report, p 169.

³⁵ Taylor Report, p 169.

(b) Family and domestic violence

As indicated above, a significant form of social harm connected to alcohol consumption is family and domestic violence, with numerous studies suggesting that alcohol use increases the occurrence and severity of domestic violence.³⁶

Assaults rates in the Wyndham-East Kimberley region have more than doubled in the past decade, increasing from approximately 17,647 per 100,000 in 2009 to nearly 33,360 per 100,000 in 2019.³⁷ In addition, alcohol-related assault rates have almost doubled and domestic assault rates have more than tripled.³⁸

Research has also demonstrated a positive correlation between serious assaults committed against family members and alcohol consumption. For example, alcohol was involved or present at 85% of all family violence assaults between 2009 and 2019.³⁹

Data from the WA Police, Department of the Attorney General and Department of Health indicates that the number of family violence incidents attended by WA Police in the Kimberley increased by 79.1% over the five-year period preceding 2014, which was almost twice the increase observed State-wide.⁴⁰ The same data reveals that the rate of reported family and domestic violence in the Kimberley was between 2.3 and 8.8 times higher than any other region in WA.⁴¹

One can also get a sense of the prevalence of domestic violence in the region from the rate of reported breaches of Violence Restraining Orders in the Wyndham-East Kimberley LGA, with a per capita rate in 2016 that was almost four times higher than that for WA as a whole.⁴²

(c) Effects on labour market participation

The prevalence of crime in these communities also has an effect on the labour market, with high levels of arrest being correlated with low economic participation rates for adult males.⁴³ Apprehension by police can lead to reduced employment prospects, with studies indicating that having been arrested can reduce the probability of Aboriginal people being employed by between 10% and 20% for males and 7% and 17% for females.⁴⁴

³⁶ Testa M, Quigley BM, Leonard KE, "Does Alcohol make a difference? Within-participants comparison of incidents of partner violence", *Journal of Interpersonal Violence* 2003, 18, 735-743; Brecklin LR, "The role of perpetrator alcohol use in the injury outcomes of intimate assaults.", *Journal of Family Violence*, 2002, 17, 185-197.

³⁷ Professor Marcia Langton et al, 'Alcohol and Violence The East Kimberley: Alcohol Management in northern Indigenous Australia (University of Melbourne Centre for Health Equity Melbourne School of Population & Global Health, 2020) 12.

³⁸ Professor Marcia Langton et al, 'Alcohol and Violence The East Kimberley: Alcohol Management in northern Indigenous Australia (University of Melbourne Centre for Health Equity Melbourne School of Population & Global Health, 2020) 12.

³⁹ Professor Marcia Langton et al, 'Alcohol and Violence The East Kimberley: Alcohol Management in northern Indigenous Australia (University of Melbourne Centre for Health Equity Melbourne School of Population & Global Health, 2020) 13.

⁴⁰ Government of Western Australia, Department for Child Protection and Family Support, "*Safer Families, Safer Communities Kimberley Family Violence Regional Plan 2015–2020*", p 6.

⁴¹ Government of Western Australia, Department for Child Protection and Family Support, "*Safer Families, Safer Communities Kimberley Family Violence Regional Plan 2015–2020*", p 6.

⁴² Taylor Report, p 146.

⁴³ Taylor Report, p 169.

⁴⁴ Taylor Report,

It is worth noting, therefore, the concerning rates of non-engagement in either employment, education or training among Aboriginal residents of the East Kimberley. For example, 70% of Aboriginal adults in Halls Creek are not engaged in any of these activities; of the 30% who are, only 17% are “fully engaged”.⁴⁵ Clearly, such widespread lack of engagement with training or work also has huge consequences for many other social and economic indicators and entrenches a cycle of disadvantage for a significant proportion of the Indigenous residents of the region.

(d) **Child abuse and neglect**

Research indicates that there is a connection between alcohol use and child abuse, with parental alcohol or other drug use being a key risk factor for the occurrence of child abuse and neglect requiring intervention by the child protection system.⁴⁶

The Taylor Report reveals that in 2011, 4.5% of the Aboriginal population in the East Kimberley aged 0-17 years were in State care. By 2016 this had increased to 7% of the eligible population.⁴⁷ While it is hard to substantiate the extent to which alcohol was involved in all of these cases, statistics indicate that generally speaking a significant proportion of applications to the Children’s Court for care and protection orders will involve carer alcohol use.⁴⁸

3.3 Cultural impacts

Research indicates that prevalent and problematic alcohol consumption in Indigenous communities interrupts the teaching and practice of traditional Aboriginal culture.⁴⁹ Further, the effects of FASD on memory, learning and problem solving may also affect the transfer of cultural understanding and practices.

4 Programs and services in East Kimberley communities

The ECEK member organisations run many programs and services aimed at improving health and wellbeing, language and culture, and employment. These programs seek to address the underlying social determinants which lead to alcohol misuse within the East Kimberley region. Community-led programs and services should not be limited to clinical responses, but also include cultural and employment programs. Despite the efforts of ECEK member organisations to provide support to Aboriginal people, the short-term, episodic and tied nature of funding for these services places their sustainability at risk.⁵⁰ ECEK has prepared a table summarising the various programs and services that have been introduced by its member organisations. A **copy of ECEK member-led programs and services** is Attachment 3 to this submission.

4.1 Health and wellbeing

Working to better protect the health, safety and social wellbeing of the Aboriginal population in the East Kimberley Region is a key area of focus in preventing and reducing alcohol-related harm. Therefore, ECEK members have designed and introduced a number of

⁴⁵ Taylor Report, p 43.

⁴⁶ Western Australia Commissioner for Children and Young People, “*The State of Western Australia’s Children and Young People – Edition Two*”, p 134.

⁴⁷ Taylor Report, p 141.

⁴⁸ Farate E (2001). *Prevalence of substance abuse in care and protection applications: A Western Australian study*. Perth: Western Australia Department for Community Development.

⁴⁹ Hudson, Sara; “*Alcohol Restrictions in Indigenous Communities and Frontier Towns*”, 2011, CIS Policy Monograph 116, p 3.

⁵⁰ Mental Health Commission, *Alcohol and Other Drug Services in the Kimberley* (Consultation Discussion Paper, August 2018).

programs and services to improve the overall wellbeing of those in the Kimberley region and examples include:

- (a) **Gawooleng Yawoodeng Aboriginal Corporation's** core program is the operation of a Safe House for women and their children experiencing family violence. It provides a safe environment for crisis intervention support, including safety planning, counselling appointments, police reports and other services.
- (b) **Jungarni-Jutiya Indigenous Corporation** operates a Night Patrol Service in Halls Creek. It aims to relocate people who are under the influence of alcohol to a safer place.
- (c) **Kimberley Aboriginal Medical Service**, through various initiatives, provide health care to the Aboriginal community, including primary care, mental health, alcohol and other drugs and educational, social recovery, vocational and related services.
- (d) **Kununurra Waringarri Aboriginal Corporation** has various initiatives, including the operation of a sober up shelter and night patrol service. It also provides mental health support for the community and works with and supports individual families to help improve educational outcomes for children.
- (e) **Mirima Dawang Woorlab-gerring Language and Culture Centre's** programs and services are aimed at facilitating cultural engagement and learning traditional language.
- (f) **Ngnowar Aerwah Aboriginal Corporation's** focus is on providing alcohol and other drug treatment services to the Wyndham community.
- (g) **Nirrumbuk Environmental Health Service** delivers environmental health and social support programs to Aboriginal communities and individuals throughout the Kimberley Region.
- (h) **Ord Valley Aboriginal Health Service** provides primary health care to Aboriginal people in Kununurra and surrounds.
- (i) **Waringarri Arts** delivers an artheal program that empowers Aboriginal people through art and culture workshops, which have also been designed to help attendees heal from trauma and grief.
- (j) **Wunan Foundation** enables families in the Kununurra and Wyndham surrounds to care for their children by providing emotional support, practical assistance, referral to financial counselling, parenting education and other services.
- (k) **Yura Yungi Aboriginal Health Service** provides primary health care to Aboriginal people in Halls Creek and surrounds.

4.2 Cultural programs

Language and culture programs designed by Aboriginal leaders are aimed at increasing cultural awareness, strengthening cultural identity, ensuring intergenerational transmission of knowledge and practice. Indigenous spokespeople are increasingly maintaining open dialogue about the causes and effects of heavy drinking and the potential solutions in terms of prevention and intervention.⁵¹ The solution for many Aboriginal people takes the form of

⁵¹ Maggie Brady, 'Culture in Treatment, Culture as Treatment. A Critical Appraisal of Developments in Addictions Programs for Indigenous North Americans and Australians' (1995) 41(11) *Social Science & Medicine* 1487, 1488.

programs which reassert cultural identity and which stress that cultural beliefs and practices are means of treatment in themselves.⁵²

Initiatives introduced by ECEK members support cultural activities in order to restore a strong cultural identity and sense of belonging. These initiatives include supporting lore ceremonies, educating and encouraging Aboriginal people to own and manage language and knowledge continuation, providing traditional dance performances, cultural tours, as well as local community radio in the East Kimberley region.

4.3 Employment

Having meaningful, paid employment is essential to physical and mental wellbeing, promotes active participation in society, provides a sense of financial independence and improves living standards.⁵³ For this reason, ECEK and its members have made it a priority to reduce the number of jobless households and improve rates of Aboriginal employment in the East Kimberley region.

Below are a number of examples of current employment programs and services provided by ECEK members:

- (a) **Mirima Dawang Woorlab-gerring Language and Culture Centre** recruits and trains new staff for a new language centre, provides TAFE equivalent certification and on-the-job training for jobseekers with the purpose of upskilling local indigenous workers to take on senior roles.
- (b) **Waringarri Arts** provides opportunities for artists to develop arts practice skills in its operation of the Kira Kiro Art Centre in Kalumburu.
- (c) **Wunan Foundation** has introduced a driver's licence training program to improve social mobility and legal operation of motor vehicles in Halls Creek and surrounding communities and with **Kununurra Region Economic Aboriginal Corporation**, jointly owns East Kimberley Job Pathways, providing the Commonwealth Government's Community Development Program across the East Kimberley

5 Recommendations

Given the extent and severe inter-generational impact of alcohol related harms on Aboriginal individuals, families and communities in the East Kimberley and wider region, it is important that regional alcohol reform is advanced in the Government's agenda as a matter of priority. The Government's response to the prevalence of alcohol abuse within the Indigenous population to date has been piecemeal, difficult to enforce, and fails to address the underlying social determinants of alcohol consumption. Any effort to produce a long-term solution will need to address these issues in a more comprehensive way and develop a range of responses in cooperation with local people.

In mid-2017 a Regional Roundtable on Alcohol Management was held in the Kimberley Region. The Roundtable agreed that "incremental change and more inquiries could no longer be tolerated in the face of irrefutable evidence about the role of alcohol concerning the number of deaths, illness and ongoing trauma experienced by Aboriginal people throughout the Kimberley". ECEK commends to the Director the principles identified by the Roundtable as those which should guide the development of a comprehensive strategy. A **copy of the Statement from the Regional Roundtable** is Attachment 4 to this submission.

To make a substantive contribution to developing an action plan consistent with these principles, ECEK invites the Director of Liquor Licensing to work with the WA Government and other stakeholders to consider, refer to community consultation and, eventually, adopt

⁵² Brady, M, p 1488.

⁵³ Standing Committee on Indigenous Affairs Report, p 6.

a combination of supply and demand reduction measures, as well as harm reduction strategies over the short, medium and long term. ECEK's proposed consultation process is set out below at 5.1, and a selection of some of the different measures which ECEK invites the Director to consider are outlined below at 5.2– 5.5.

5.1 Community consultation prior to reform

Commonwealth and State governments, community organisations, Aboriginal people and other regional stakeholders must take a collaborative, consultative and proactive approach in implementing uniform, effective and enforceable policies. These policies should be in the form of a Regional Alcohol Action Plan, with the goal of reducing alcohol consumption and associated harms. Consultation to decide a holistic and community-based approach will be key to maximising the impact of reforms in the community as well as ensuring Aboriginal people are empowered throughout the reform process.

ECEK invites the Western Australian Government to appoint a government representative to discuss with ECEK an appropriate consultation process to adequately address these issues. The EC network has brought together 25 Aboriginal Organisations in the region who are committed to more effectively address alcohol related harm and the effects of alcohol consumption as a priority. The combination of this organisational network with a common priority offers a useful and unprecedented platform to facilitate effective and meaningful consultation with the Government, which the Government should embrace.

5.2 Supply reduction measures

(a) Restrictions on trading hours

The implementation of tighter restrictions on trading hours is one of the most effective means of targeting alcohol availability and the widespread excessive consumption of alcohol.⁵⁴ This encompasses a reduction in trading hours for on-premises consumption and takeaway sales.

While a number of key communities within the East Kimberley have already introduced restrictions on opening hours for liquor stores and licensed venues, further limitations could be imposed to manage and limit the consumption of alcohol to specific times of the day or to certain days.⁵⁵

Depending on the circumstances pertaining to individual communities, restricting liquor sales on particular days of the week is a useful means to reduce alcohol consumption, as well as harm and violence associated with alcohol use. This strategy has successfully been implemented in several communities, including Derby, Halls Creek, Kununurra and Wyndham, where the sale of alcohol is limited from Monday to Saturday. Given the success of this measure and its ease of implementation and enforceability, the Director of Liquor Licensing may consider introducing similar restrictions on trade in alcohol in other communities.

(b) Restrictions on access to 'high risk' drinks and liquor supply

Studies indicate that certain alcohol beverages are considered 'high risk' and more likely to be associated with alcohol related harms. For instance, in Western Australia, full-strength beer sales were the most important single predictor of police reported assaults, positive drink-driving tests, alcohol related hospitalisations and alcohol attributable deaths.⁵⁶

⁵⁴ Laurel Shanks, 'Kimberley Alcohol Management Research Paper' (Research Paper, Empowered Communities, 2017), 11. (**Shanks Research Paper**)

⁵⁵ Shanks Research Paper, 11.

⁵⁶ Shanks Research Paper, p 12.

It is recognised that some restrictions on the supply of 'high risk' beverages have already been implemented in some East Kimberley communities, including Kununurra and Wyndham. However, Derby and Broome are still susceptible to high levels of alcohol abuse and alcohol induced conduct in the absence of restrictions of the sales of high risk alcoholic beverages. As a temporary measure, ECEK recommends the Director of Liquor Licensing consider restricted access to high alcohol content beverages at special events as a cost-effective means of reducing alcohol-related aggression and violence related incidents.⁵⁷ As part of this, reducing the sale of alcohol in glass containers should be considered. Over the longer term, the success of this strategy is reliant on proper enforcement by the authorities, including police. Therefore, the implementation of these measures requires an effective enforcement policy and police resourcing in regional areas.

Further to this, research conducted by the National Drug Research Institute (NDRI) suggests that alcohol supply restrictions are effective in reducing alcohol consumption when paired with other forms of interventions, including changes in price and taxation, trading hours and minimum drinking and purchase age.⁵⁸ As an example, restrictions in the Wyndham-East Kimberley Shire limit the purchase of alcohol to 56 standard drinks per person per day.⁵⁹ However, this is well above the National Health and Medical Research (NHMRC) Australian Guidelines for recommended daily alcohol intake of no more than two standard drinks per day, or four standard drinks on a single occasion.⁶⁰ Therefore, there is some concern amongst research participants that the existing restrictions encourage residents to purchase and drink more than is recommended.⁶¹ It is evident that additional restrictions could be imposed on the towns of Derby, Broome, Kununurra and Wyndham to reduce alcohol consumption to more closely align with Australian Guidelines for alcohol intake, however, this alone will not address the issue of alcohol related harm and needs to form part of a wider strategy.

(c) **Restrictions on outlet density of licensed premises**

Alcohol outlet density is a key factor contributing to the ease of accessibility of alcohol within the communities in the Kimberley region. Research has shown that there is a positive correlation between alcohol outlet density and alcohol-induced community issues, such as high levels of reported drunkenness and property damage.⁶²

The Director of Liquor Licensing could therefore consider enacting a temporary freeze or cap on the number of liquor licenses being granted in the East Kimberley Region for a period of time. When paired with other supply reduction measures, this strategy is likely to contribute to reducing acute alcohol-related harms over the short to medium term.

Further, the Director could also give consideration to the benefits of reducing outlet density of licensed premises, and the possible negative outcomes of unrestrained proliferation of licensed premises, in future licensing applications and planning decisions.

⁵⁷ Shanks Research Paper, p 12.

⁵⁸ National Drug Research Institute, *Restrictions on the Sale and Supply of Alcohol: Evidence and Outcomes* (Report, 2007).

⁵⁹ Professor Marcia Langton et al, 'Alcohol and Violence The East Kimberley: Alcohol Management in northern Indigenous Australia (University of Melbourne Centre for Health Equity Melbourne School of Population & Global Health, 2020) 10.

⁶⁰ Australian Government National Health and Medical Research Council, *Australian Guidelines to Reduce Health Risks from Drinking Alcohol* (2009).

⁶¹ Professor Marcia Langton et al, 'Alcohol and Violence The East Kimberley: Alcohol Management in northern Indigenous Australia (University of Melbourne Centre for Health Equity Melbourne School of Population & Global Health, 2020) 10.

⁶² Shanks Research Paper, p 13.

(d) **Banned Drinkers Register**

Some jurisdictions have implemented forms of alcohol banning orders with an aim of reducing alcohol-related criminal and disorderly behaviour.⁶³ Banning orders generally exclude specified individuals from licensed premises and/or prohibit the supply of alcohol to specified individuals in certain circumstances.

In 2017, the Northern Territory introduced a banned drinker register that records individuals who are subject to a ban and prevents those individuals from purchasing alcohol in specified circumstances.⁶⁴ Individuals may be placed on the register for a number of reasons which include a self-referral, a decision by the banned drinker register Registrar after a referral by an authorised person or a family member or carer, or committing a specified offence, such as drink driving offences. An individual may apply to the Northern Territory Civil and Administrative Tribunal for administrative review of a decision to place them on the register.

A banned drinker register, similar to the Northern Territory register, will be trialled in the Pilbara region from 1 December 2020 and is expected to run for two years.⁶⁵ The Director could consider implementing a similar trial in the East Kimberly region modelled on the Northern Territory register to assist in managing alcohol related crime and anti-social behaviour in the region. Such a measure, together with appropriate mechanisms for administrative review, should be considered as part of a holistic management approach.

(e) **'Dry areas'**

A number of States and Territories have implemented measures allowing community members to declare certain areas, ranging from individual houses up to entire communities, as a 'dry' area where possession or consumption of alcohol completely is completely prohibited.

Similar mechanisms are available to communities and households in the East Kimberley but there is limited support available through government agencies such as Kimberley Mental Health and Drug Service to households and communities who wish to plan and implement such approaches.

(f) **Search and seizure powers**

If supply measures to reduce alcohol consumption are not implemented, managed and enforced effectively, unintended consequences arise. 'Sly grogging', which is the illegal transportation of alcohol into restricted or dry areas by an unlicensed person who then on sells the alcohol to consumers at an inflated price, is a significant issue in the East Kimberley.⁶⁶ A failure to regulate alcohol restricted communities has also been said to encourage uncontrolled consumption of alcohol outside the boundaries of these areas, therefore emphasising the need for effective enforcement measures and resourcing.

⁶³ Shanks Research Paper, p 15.

⁶⁴ Shanks Research Paper, p 15; Northern Territory Government, *Overview of the Banned Drinker Register Information Sheet*, available at: <https://digitalibrary.health.nt.gov.au/prodjspsui/bitstream/10137/1362/3/Overview%20of%20the%20Banned%20Drinker%20Register%20Information%20Sheet.pdf>

⁶⁵ Government of Western Australia, Media Release titled '*Pilbara banned drinkers register trial to launch in December*' dated 24 August 2020, available at: <https://www.mediastatements.wa.gov.au/Pages/McGowan/2020/08/Pilbara-banned-drinkers-register-trial-to-launch-in-December.aspx>.

⁶⁶ Shanks Research Paper, p 14.

A possible solution to trafficking is to introduce greater police powers to search and seize quantities of alcohol. In the Northern Territory, special search and seize powers were successfully introduced as a measure under the *Liquor Act 2019* (NT) as a means of reducing sly grogging and other unlawful activity.

ECEK submits that the WA Government could consider expanding the use of search and seizure powers enacted under regulations pursuant to section 175(1a) of the *Liquor Control Act 1988* (WA). This solution has already been implemented to an extent, with a number of East Kimberley communities already the subject of regulations which provide WA Police officers with powers of search and seizure in relation to liquor. The use of these powers could be expanded in coordination with restrictions on the carriage of alcohol in an effort to target sly grogging practices – individuals suspected of exceeding the carriage restrictions could be stopped and any quantities of alcohol in excess of the restrictions seized.

5.3 Demand reduction measures

To ensure the continued effectiveness of supply reduction measures, it is essential that a number of demand reduction measures are also implemented over the medium and long term. These may include changes to taxation and pricing, regulating advertising of alcohol related content, education and the introduction of prevention programs. While the Director of Liquor Licensing may be limited in powers under the Act in respect of the implementation of such supply reduction measures, the Director should consider publicly endorsing these measures to encourage such changes in the public interest.

(a) Taxation and pricing

Increasing the price of alcohol by imposing taxation and minimum pricing has been found to be directly associated with a reduction in consumption, acute and chronic health concerns, traffic accidents, crime and violent incidents.⁶⁷ Research shows that this strategy is one of the most successful in terms of cost effectiveness, reductions in the level of consumption and overall social benefit. While some drinkers will substitute cheaper beverages for their preferred beverage to maintain their drinking level, it has been found that overall consumption levels decline even where there is a minimal price increase.⁶⁸

This measure also has the benefit of raising government revenue, the profits of which can be channelled to prevention, treatment and associated community causes. The Northern Territory has demonstrated the effectiveness of this measure in targeting alcohol consumption. In 1992, the Northern Territory Government put a levy of 5 cents per standard drink on the sale of alcohol drinks with a 3% or greater pure alcohol content.⁶⁹ The levy directly resulted in a 5% increase in the retail price of higher content beverages per standard drink and was later demonstrated to have significantly reduced levels of consumption and alcohol-attributable injury.⁷⁰ The revenue from the levy was used to fund a range of alcohol-prevention measures in the Territory.⁷¹

(b) Regulating advertising and promotion

The advertisement and promotion of alcohol related content is self-regulated in Australia according to industry compliance with the Alcohol Beverage Advisory Code.⁷² Furthermore, alcohol advertising on television is regulated by the Commercial Television Industry Code of Practice, which restricts the times when

⁶⁷ Shanks Research Paper, p 20.

⁶⁸ Shanks Research Paper, p 20.

⁶⁹ National Drug Research Institute, *Restrictions on the Sale and Supply of Alcohol: Evidence and Outcomes* (Report, 2007).

⁷⁰ Ibid.

⁷¹ Ibid.

⁷² Shanks Research Paper, p 22; Alcohol Beverage Advisory Code.

alcohol advertisements can be shown on television. Although codes of practice have been designed and adopted to ensure that alcohol advertising presents a responsible approach to drinking and does not appeal to children or adolescents, research has shown that a substantial amount of alcohol advertising is communicated to young people. Therefore, it is in the public interest to introduce tighter regulations on advertising and promotion of alcohol related material.

(c) Education and persuasion

Educational initiatives are one of the most effective means of preventing and reducing problematic alcohol-related behaviour by increasing knowledge and understanding of the risks associated with alcohol consumption, and also to help younger people develop sensible attitudes to alcohol consumption. This may include alcohol education in schools, low-risk drinking guidelines, advice on the health risks of excessive drinking, as well as warning labels on alcoholic beverages that are graphic and demand attention. For maximum effectiveness, education programs and persuasion should be coupled with other measures including support services, proper regulation of licensing restrictions and enforcement.

(d) Prevention programs and early intervention

A range of prevention and early intervention programs could be utilised to reduce pathways to alcohol and other drug-related harm by ensuring the development of healthy habits in a person's earliest years through to adolescence. These programs could also be used as a prevention strategy to motivate high-risk drinkers to moderate their alcohol consumption prior to it becoming excessive.

5.4 Harm reduction strategies

ECEK considers it important that harm reduction strategies are implemented along with supply and demand reduction measures to effect changes in alcohol consumption within the Kimberley region. These include Aboriginal Community Patrols and sobering-up shelters.

Aboriginal Community Patrols and sobering-up services are culturally sensitive services that assist people from situations of potential harm, take them to a safe location and link them to support services. Patrols currently operate in 14 locations in Western Australia, including Broome, Derby, Halls Creek, Kununurra and Wyndham. These services ultimately reduce alcohol related violence, public disorder and crime, improve community safety, increase protection and safety for vulnerable people and reduce the contact between Aboriginal people and the criminal justice and health systems.

There are gaps in the availability of sobering-up shelters in East Kimberley region centres, with the service previously operating in Halls Creek closed by government with little community consultation.

5.5 Regional Alcohol Action Plan

The current measures adopted by the Government fail to holistically address alcohol induced behaviour and the high levels of alcohol consumption in the Kimberley region. Policy responses thus far have been piecemeal and disempowering to Aboriginal people and strong regional alignment is required to address enforceability and discourage practices such as sly grogging. As it is, alcohol abuse remains an ongoing threat to Aboriginal culture across the Kimberley Region and it is an issue that demands immediate action from government. To effect meaningful change within the Kimberley region, ECEK strongly recommends the development of a cohesive Regional Alcohol Action Plan in consultation with the State and Commonwealth Governments, community organisations and Aboriginal leadership as a matter of priority.

As an example, the Northern Territory introduced the Alcohol Harm Minimisation Action Plan in 2018 (**NT Action Plan**). This initiative was introduced following an independent review of alcohol policies and legislation, which concluded that efforts to address harm caused by alcohol were being hampered by the lack of a consistent whole-of-government policy approach, outdated and ineffective legislation, poor data collection and sharing between agencies, and an absence of policy and program evaluation.⁷³ It was established that harm minimisation is essential to positively influencing community attitudes and effecting change to the drinking culture. The three pillars to harm minimisation include:

- (i) reducing the demand for alcohol through education, prevention or delay of first alcohol use and health promotion activities;
- (ii) reducing the supply of alcohol through effective regulation, sale and restrictions on promotion; and
- (iii) reducing the harm caused to individuals, families and the community through appropriate therapeutic support services.⁷⁴

To target harm minimisation, the NT Action Plan was established, comprising of four key areas:

- (i) strengthening community responses with a view to creating healthy communities and effective and accessible treatment;
- (ii) effective liquor regulation;
- (iii) research, data and evaluation; and
- (iv) comprehensive, collaborative and coordinated approach by government.⁷⁵

(a) **Strengthening community responses**

The NT Action Plan seeks to minimise the demand and harm associated with alcohol by strengthening community responses. It does this by addressing the underlying social determinants in Aboriginal communities, such as employment, education, housing and social and emotional wellbeing. This is because in the absence of a thorough understanding of factors contributing to alcohol-related problems, reform will be ineffective over the longer term.

Secondly, it introduces targeted education programs to focus on identified groups who are most at risk from alcohol-related problems, and to inform Territorians about the detrimental effects of misuse of alcohol. These campaigns promote the Australian Guidelines and encourage community control of initiatives or example, it established the Alcohol and other Drugs Youth Grants Program for community-based prevention and demand reduction, with grants of up to \$20,000 available for projects and activities aimed at preventing and reducing youth substance misuse.

Finally, the NT Action Plan provides support to those adversely affected by alcohol misuse by ensuring that effective and accessible treatment is available. This includes working in partnership with community patrols and sobering up shelters to align operating hours and days of services to reflect community needs.

(b) **Effective liquor regulation**

⁷³ Northern Territory Government, *Northern Territory Alcohol Harm Minimisation Action Plan 2018-2019* (2018).

⁷⁴ Ibid.

⁷⁵ Ibid.

The NT Action Plan recognised that a complete overhaul of the *Liquor Act* (NT) was required in order to implement a robust regulatory framework for alcohol in the Northern Territory to minimise harm caused by alcohol consumption and to provide certainty for business, the public and industry.

The *Liquor Act* was rewritten over 12 months and in 2019, a new *Liquor Act* was introduced in the Northern Territory with key changes being:

- (i) the introduction of a minimum floor price for alcohol;
- (ii) the introduction of harm minimisation audits;
- (iii) the requirement for a licensee to pay annual fees for the licence it holds; and
- (iv) arming Police with special search and seizure powers, and the ability to target those trying to benefit through unlawful provision of alcohol.

(c) Research, data and evaluation

The NT Action Plan also focuses on improving research, data and evaluation initiatives in terms of accessibility and accuracy. This ensures that any research is comprehensive and reliable - putting government and service providers in a better position to make informed and effective decisions. In addition, programs implemented by the Government must be subject to rigorous evaluation and mentoring to monitor progress against success indicators. For example, it has established secure data sharing arrangements to enable analytics between government and service providers that is compliant with the information privacy principles. The NT Action Plan also proposes to trial the 'Cardiff model' in the Emergency Department at the Royal Darwin Hospital to connect emergency department data with assault statistics, in order to inform policy development and minimise alcohol-related trauma in the Territory.

(d) Comprehensive, collaborative and coordinated approach

The NT Action Plan stresses the importance of adopting a whole-of-government approach with a high level of cross-agency coordination, where relevant government agencies work collaboratively and share necessary information as required. To facilitate this, it made a commitment to develop capacity and capability of the NT Police Territory Intelligence and Co-ordination Centre (TICC) to enable agencies to share intelligence in an efficient and collaborative manner, which will assist to identify issues early on and provide targeted support and interventions to those that need it most. Furthermore, it established an Industry Reference Group for on-licence establishments to provide industry-focussed advice to Government on specific issues, particularly in relation to licence conditions, review of the advertising code of practice and the impacts of changes on industry. Finally, it continued to issue the Local Decision-Making agenda to ensure Aboriginal communities are empowered to make decisions about service delivery for their communities.

(e) Alcohol reform in the Kimberley

A comprehensive, collaborative, across-government approach to alcohol reform is needed in the region to reduce alcohol related harm to Kimberley Aboriginal people. ECEK recommends that, similar to the Northern Territory, the Government and Indigenous leaders convene with a view to aligning alcohol restrictions across the Kimberley within a holistic alcohol action plan, which incorporates a blend of supply, demand and harm reduction initiatives. Empowered Communities East Kimberley is of the view that addressing the social determinants of alcohol misuse

is critical to support the development of individuals, households and the region as a whole.

We recommend that the Director of Liquor Licensing implement measures within its power to minimise alcohol misuse in the East Kimberley, as part of a holistic Regional Alcohol Action Plan. This may include key supply side measures, including the implementation of restrictions in respect to the supply and type of alcohol and alcohol outlet density.

ECEK also encourages the Director to advance discussions with the Government and show its support to the adoption of demand and harm reduction measures, such as taxation and minimum pricing, an increase in education programs to targeted groups within the Kimberley region and also improved community services to assist those under the influence of alcohol, including increasing Aboriginal Community Patrols and sobering-up shelters. For effective enforcement, it is also necessary to facilitate interagency coordination and implementation of the management plan to ensure that police, court officials and judiciary, health agencies and other support services, particularly in the Indigenous sector, are collaborating and conducting their roles in the plan effectively.

In recent years, the Government has primarily relied on volumetric restrictions to address alcohol consumption and misuse. To ensure that our efforts to effect change within the Kimberley region are effective, ECEK strongly believes that volumetric restrictions should be considered as part of a holistic approach to alcohol reform in the Kimberley. Therefore, our Aboriginal Leaders would like any additional supply side restrictions to be accompanied by community consultation on a range of demand, supply and harm reduction measures over the long-term.

Ultimately, it is essential that the plan is developed in partnership with Aboriginal people and that it retains elements of community-controlled intervention so as not to compound disempowerment and to ensure that it is implemented across communities in a culturally sensitive and effective manner.

ALCOHOL &
VIOLENCE IN THE
EAST KIMBERLEY
*Alcohol management in
northern Indigenous
Australia*

Professor Marcia Langton | Dr Kristen Smith
Mr Shane Bawden | Dr James Rose | Mr Darren Clinch.
Indigenous Studies Unit | Centre for Health Equity
Melbourne School of Population & Global Health
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Table of Contents

03	SECTION 1: Research summary
04	SECTION 2: Extent and patterns of alcohol use and distribution
08	SECTION 3: Alcohol-related harms: extent and impact
21	SECTION 4: Impact of harmful use of alcohol on service providers
23	SECTION 5: Recommendations

RESEARCH SUMMARY

AIMS AND RESEARCH DESIGN

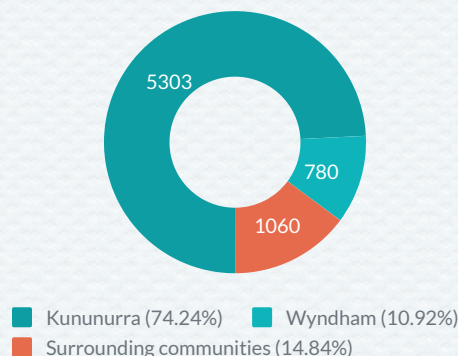
Alcohol is a major cause of social, legal and health concerns for Indigenous Australians. This has led to significant political involvement in the regulation of alcohol in communities where Australian Indigenous people live. Alcohol management plans have most recently been used as a central device for reducing alcohol-related harms, particularly in regional and remote areas. Using mixed-methods, this research aimed to build on understandings of how to respond to the harms of alcohol misuse more effectively, ensuring that alcohol is managed in ways that are relevant and useful to communities in a wide range of contexts.

The research has been undertaken in Pormpuraaw, Cape York, Qld; Alice Springs, NT; Darwin, NT; Katherine, NT; Jilkminggan, NT, and the Wyndham-East Kimberley region, WA. This *Summary of Findings* refers to the project case study area of the East Kimberley region, conducted within the Wyndham - East Kimberley LGA.

Qualitative data: The qualitative data for this case study site was collected primarily in Kununurra but also included Wyndham and multiple Aboriginal communities within a 100km radius of the two towns. The ethnographic interview and participant observation data were collected during four fieldwork trips between November 2018 and May 2019. There were 66 participants interviewed, with some repeat interviews conducted during different trips. Participants included: Aboriginal and Torres Strait Islander community members, Aboriginal community-controlled service providers, health and allied healthcare providers, education and legal sector professionals, local government and workers from the justice sector.

Quantitative data: The quantitative data analysed for the project was sourced from Western Australia police (2009-2019) for the Wyndham-East Kimberley district and the Kununurra Crisis Accommodation Centre (2017-18). Other secondary data was drawn from the ABS and other reporting agencies. All quantitative data referenced (cited or in figures) refers to the whole of the Wyndham-East Kimberley community (Aboriginal & Torres Strait Islander and non-Indigenous) unless explicitly stated otherwise.

WYNDHAM-EAST KIMBERLEY REGION, WA



Source: ABS 2016

RESEARCH ETHICS

This project received the following research ethics approvals: Kimberley Aboriginal Health Planning Forum (KAHPF); Western Australian Aboriginal Health Ethics Committee (WAHEC); University of Melbourne Health Ethics (ID:1647232). The data used in this report has been de-identified. All quotes or persons referenced are referred to by pseudonyms to protect the confidentiality of the participants.

RESEARCH SUPPORT FROM LOCAL ORGANISATIONS

The research received formal support and endorsement from the following groups of the East Kimberley:

- The Wunan Foundation
- BBY – Empowered Communities
- MG Corporation
- Kununurra Waringarri Aboriginal Corporation (KWAC)
- The Ord Valley Aboriginal Health Service (OVAHS)

Many other local organisations in the Shire of Wyndham - East Kimberley also participated in the research.

Local Aboriginal research assistants were recruited with the assistance of MG Corporation, and worked with the research team during the fieldwork to collect the qualitative data.

Extent and patterns of alcohol use & distribution

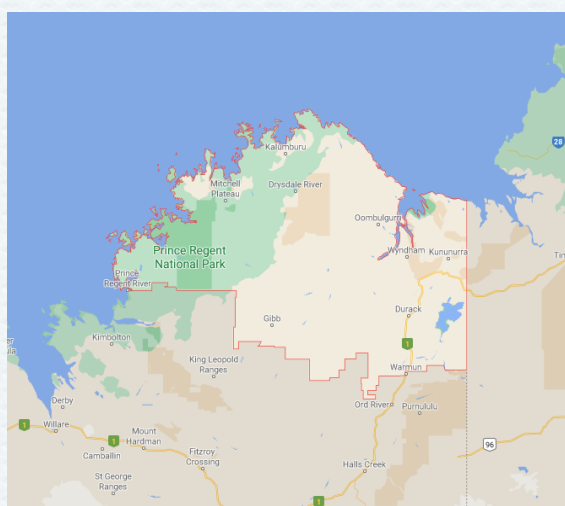
The extent and patterns of alcohol use were documented by the research team via qualitative methods including interviews and participant observation.

The acute need for disruptive intervention in the context of the extreme alcohol-related harms and alcohol misuse in the Kimberley are validated by a wide range of datasets, including indicators reporting on alcohol consumption, alcohol-related offences and alcohol-related hospitalisations.

Further, community attitudes to drinking, particularly with regard to volume and frequency, indicate that risky and harmful drinking practices are normalised within different sectors of the population, both Indigenous and non-Indigenous, and that shifting these attitudes are of high importance to reduce the high level of harm experienced.

Kununurra is also understood to be an alcohol distribution hub for many people living in smaller towns and communities in the surrounding regions, counteracting the varied limits that are in place in different areas across the Kimberley.

Wyndham-East Kimberley Map



Australian guidelines to reduce the health risks of drinking alcohol



Source: NHMRC 2009

The Australian guidelines to reduce the health risks of drinking alcohol include consuming no more than two standard drinks a day to reduce lifetime harms, and no more than four drinks on any occasion to reduce the risk of injury. It is of great concern that many people discussed 'stockpiling' takeaway alcohol at the daily limits within the LGA, leading to the greater likelihood of more frequent drinking at levels that exceed lifetime and risk of injury recommendations.

Further, the high daily limits enable 'sly-grogging' practices, which are evident in the region. Our findings show that some family groups, including non-drinkers also 'stockpile' alcohol to sell on illegally to community members, particularly chronic drinkers, at highly inflated prices.

These factors combined indicate the need for urgent action to disrupt practices and community attitudes to the extent and patterns of alcohol use to reduce alcohol-related harms in the region and beyond.

This section addresses three key areas:

- High levels of risky & chronic drinking
- Underage drinking
- Sale & distribution of alcohol

High levels of risky & chronic drinking

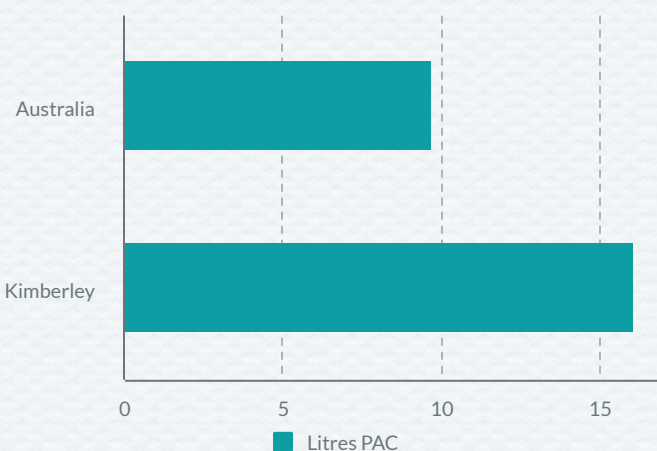
High risk and chronic drinking lead to a wide range of social, health and economic problems for individuals and communities, including preventable accidents and long-term health issues.

In the focus groups, interviews and informal discussions with community members and service providers, participants identified a high prevalence of both risky and chronic drinking in the region. There was also a clear recognition that these harmful forms of drinking have become normalised within the community.

Harmful drinking patterns often develop when alcohol is relied on to manage underlying trauma and stress, including community-wide intergenerational trauma.

Although there is no alcohol consumption or sales data available specifically for the Wyndham-East Kimberley region, across the Kimberley, the estimated per capita consumption of pure alcohol (16.10 litres) for the entire community is far higher than the national annual average (9.71 litres) (Smith, 2017).

Annual alcohol consumption per capita (litres of pure alcohol)



“ 80 percent of the local people are binge drinkers. They're not, they don't monitor and have one beer, they drink, like my clients would come in unassisted but you know they'll share a box of 30 a family and then another box of 30.

(Peter, mental health, November 2018)

Because my brother he is an alcoholic. He gets his [Centrelink] money at midnight ...And what he does is, he go buy grog. Sly grogging, because he's got friends. You know one week or this day he'll get paid. He's got his other little gang there. 'Oh your turn today, righto' they'll go hang with him when he get his money he'll go and get the grog. By six o'clock he's drunk. In the morning. He never even do shopping for feed.

(Deborah, community member, February 2019)

She's also living in domestic violence. She put a restraining order. She was staying at the women's refuge. It made no difference even, she gave up. She just gave up, and that's what people do, they give up and they do, they just turn to alcohol because it's one way to help them not worry about what's actually really going on in their lives and whatnot....That's why they drink. Some people drink to hide their pain.

(Tanya, community member, February 2019).”

Underage drinking

The Australian Guidelines state that for children and young people under the age of 18 years, "not drinking alcohol is the safest option" due to the likelihood of increased risky behaviours and the adverse effects on brain development which can lead to other alcohol-related problems across the life course (NHMRC 2009, p.4). The updated Australian Guidelines draft further states that there is "no clear 'safe' or 'no-risk' level of alcohol consumption for children and young people." (NHMRC 2019, p.39)

Community members identified that some Aboriginal & Torres Strait Islander children in the region first start drinking alcohol from the age of ten, and that alcohol is often obtained for them by family members.

As was noted in the Inquiry into the deaths of 13 young people in the Kimberley, seven of the young people were drinking excessively in the lead up to their deaths and in two cases "they were able to buy large quantities of "take away" alcohol during the day and night of their deaths."(Fogliani 2019, p.10)

Many community members identified that the groups of children, particularly in Kununurra, who consume alcohol regularly often do not attend school and are more likely to be engaged with the criminal justice system.

Health and legal service providers also noted that a large proportion of the children engaged with the criminal justice system had, or were likely to have, fetal alcohol syndrome disorder (FASD).

This aligns with findings from the study on the Banksia Hill Detention Centre (Bower et al. 2018), which found that nine in ten of the children had, severe neurodevelopmental impairment and that over one third had FASD. The Banksia Detention Centre in Perth is one of the primary locations that children and young people from the WEK region are sent to if sentenced to juvenile detention.



You get kids from 10 to 12. They get bored, there's no money around so when they see parents drink and if their parents help them or they left town and things like that, the children start to drink. So you've got a generation of kids start to drink pretty young.

(Megan, community member, February 2019)

They don't go to school. They just all get their education there for alcohol and drugs and whatnot.

(Mary, community member, February 2019)

You don't have not much local people working in these organisation around here. I've got a daughter there who's qualified. There are a lot of young girls around here that can work - her daughter, or mine, and that will get them off the grog. The ones you're talking about, the party girl. My niece...These girls can work but no-one's giving them the opportunity.

(Narelle, community member, interview February 2019)

So you've got the courts here, these kids are coming up to such with a reputation, you've got maybe 28 to 32 kids that do the main offending. So the courts are sick of these repetitive behaviours, they've sent away juveniles to get FASD referrals.

(Melissa, health provider, November 2018)



The sale & distribution of alcohol

Many community members from Kununurra viewed the town as an alcohol distribution hub for other communities and towns of the East Kimberley, with people travelling long distances to purchase alcohol from the takeaway outlets.

This is indicative of the less restrictive takeaway limits imposed in the WEK region (as compared to some other surrounding locations in the East Kimberley). In particular, it was identified that some residents of Fitzroy Crossing, Halls Creek and Warmun regularly travel to Kununurra to purchase alcohol, or request those from Kununurra travelling to each location to purchase and bring alcohol with them.

This form of alcohol-related mobility serves to undermine and frustrate the supply mechanisms that are being used to curb alcohol-related harms undertaken in other regions. For example, in Warmun (a small Aboriginal community approximately 200km south of Kununurra) alcohol is prohibited. However, multiple research participants discussed how people from Warmun regularly travel to Kununurra to access liquor.

Other participants noted that the alcohol-related mobility patterns due to differing alcohol limits imposed at different locations merely serve to relocate problem drinkers from one location to another. In the locations with looser restrictions, such as Kununurra, it is perceived that this compounds issues such as overcrowded housing conditions.

“ [Warmun] is a dry community but they throw more parties than Kununurra do...people come to Kununurra and pick up their alcohol and take it back. Some people are sly grogging, too. But it's more that people actually make the effort to travel here. They'll catch the Greyhound bus into Kununurra and buy their alcohol. Sometimes some of them take the Greyhound bus back because it's only \$28 to catch the bus both ways.

(Tania, community member, February 2019)

...Broome do, Fitzroy. And like Halls Creek and Fitzroy they're, that's the main like when they it's only light beer there in Halls Creek and Fitzroy and the people got to travel from there to here they'll get grog, take it back there. Or Fitzroy to Derby, buy grog take it back and they have accident along the road.

(Glen, community member, February 2019)

Also you find people coming from outside the area ...because they can't get, their communities are dry, so they'll cause overcrowding, but they'll also go out drinking and that's their main aim for coming in to Kununurra or Halls Creek. At Halls Creek, they've got stricter alcohol restrictions than Warmun and Fitzroy.

(Noah, ACCO, December 2018)

”



The sale & distribution of alcohol: Sly grog

It was reported to the researchers that there are up to ten residential locations in and around Kununurra that serve as illegal take-away outlets. These outlets rotate in timings and operate on an ad-hoc basis through kinship/familial ties to illegally supply alcohol to community members in order to bypass the local restrictions.

Many stakeholders and community participants noted that the cost of purchasing 'sly grog' is approximately three times the retail price. For example, a carton of beer from the local takeaway outlet retailing for \$50 is sold for \$150 by sly-groggers. Similarly, a bottle of wine with a retail price of \$10 is sold for between \$25 - \$50 or a \$50 bottle of spirits is \$150.

Most respondents perceive the stricter takeaway alcohol restrictions introduced in 2016 as the driver of the sly-grog market. This indicates a need for greater unification of alcohol restrictions across the region to counter the sly-grog market by decreasing the intra-regional mobilisation of legally purchased alcohol for illegal trade (see pp. 18-19 for more detail).

I do know that the liquor restrictions have increased black market sales, so just driven it underground. And making a fortune for people who are smart enough to get a carton on a Saturday before the Bottle-O closes, and he can sell it on a Sunday for \$300. (Carolyn, ACCO, December 2018)

They don't give a rat's arse who you are, drunk or sober. If you've got the cash, you take the grog. See, the policemen can't put a big hammer on this too because when they catch these people with grog in their possession, guess what these people have been telling policemen? "You don't take this grog off me. When I got drunk, I left it at my niece's house and I've just went and gone to pick it up and now I'm going home with my grog. I never bought this grog. I bought this grog early on." (Ava, community member, interview February 2019).

So they'll go and spend \$200.00 on food and get \$100.00 grog which is only \$20.00 worth of grog. On the black market. (William, ACCO, November 2018)

Alcohol-related harms: extent and impact

Alcohol misuse can be understood as both a consequence and a driver of many social, cultural, health and legal problems faced by Aboriginal and Torres Strait Islander peoples. This research has found that the community in Kununurra is experiencing extreme levels of alcohol-related harm, contributing to severe community dysfunction, including strong associations between alcohol and crime.

Health harms include high levels of alcoholism, accidents and injuries due to high-risk drinking practices. Other health consequences that are more difficult to quantify due to diagnoses barriers, such as rates of FASD and Acquired Brain Injury, are also likely to be prevalent in the region. Social harms include high levels of violence, sexual assault, family violence, child sexual abuse and child prostitution, and low levels of engagement in education and employment, much of which is normalised and intergenerational.

Cultural practices have also been eroded in the local Indigenous population during the past two to three generations, a factor that is lamented by elders and leaders of the community and explained as both an underlying contributor and potential solution to the community's problems if restored.

Alcohol-related crime has significantly increased for the whole community in the Wyndham-East Kimberley region in the decade between 2009 and 2019, alongside offences with a domestic relationship between the parties. In particular, offences against the person have a strong association with alcohol, with alcohol involved or present at the scene of 68.4% of offences.

Hospital data from Kununurra also indicates that the incidence of all alcohol-related conditions occur at a rate that is more than four times that of the rate of the rest of Western Australia, and account for at least 75 per cent of all treatment episodes (Smith 2017).



There's all these social issues that do impact the drinking, and the drinking impacts the social issues. So it's not just alcohol, there's a lot of strings that are connected.

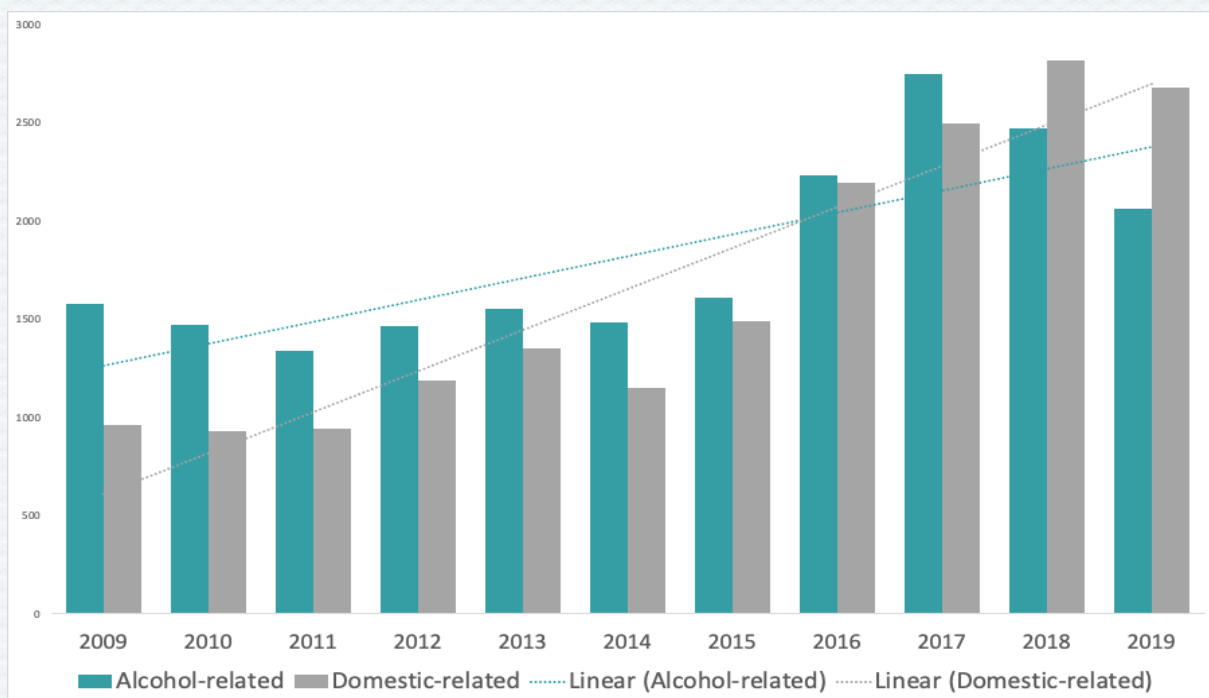
(Susan, service provider, November 2018)

Alcohol has caused untold damage and caused incredible destruction to our community. There is not a single Aboriginal person in the Kimberley's who's not affected by alcohol and its overuse.

(Elena, ACCO, December 2018)



All alcohol and domestic-related offences in the Wyndham-East Kimberley region (2009-2019)



ALCOHOL-RELATED CRIME IN THE WYNDHAM-EAST KIMBERLEY REGION



2009-2019



Offences against the person

69% of offences
against the person
had alcohol involved
or present



Breaches of violence orders

Alcohol was
involved or present
for **65%** of breaches
of violence orders



Serious family assaults

Alcohol was present or
involved in **85%** of
serious family assaults



Assaults

Alcohol was present
of involved in **73%**
of all assaults.



Assault rate

The rate of alcohol-
related assaults
was **1.9x** higher in 2019
compared to 2009



Victims of alcohol- related offences

71% of the victims of
alcohol-related crimes
were Aboriginal

*This data refers to all offences committed in the region.

Alcohol-related harms: extent and impact



Australian guidelines to reduce lifetime risk

No more than 2 standard drinks per day



Australian guidelines to reduce risk of injury

No more than 4 standard drinks on any one occasion



Wyndham-East Kimberley takeaway alcohol restrictions

Up to 56 standard drinks per person per day*



To reduce the lifetime risk of alcohol-related harm, the Australian Guidelines note that nobody should consume more than two standard drinks per day. The Guidelines also note, that no more than four standard drinks should be consumed on any one occasion. Given that it is possible to purchase up to 56 standard drinks per person per day in the WEK region, it is greatly concerning that many research participants discussed how these limits can serve to encourage residents to purchase and drink more alcohol than they regularly would.

“ So if you go to buy a bottle of wine and the restriction's three, you're gonna buy three... The same as if you're gonna buy 30 cans. You know, you're not gonna go and buy six cans, you're gonna buy a slab...you tend to stockpile and of course, this encourages you to drink more. (Elena, ACCO, December 2018) ”

Further, it has already been noted that the high access to alcohol enabled by the relaxed takeaway limits has contributed to sly-grogging in the WEK region. However, if the restrictions were in closer alignment to the Australian Guidelines, stockpiling would be far more difficult, thus reduce increased individual consumption and ability to illegally sell alcohol on for profit.

* Represents the maximum standard drinks allowed for purchase: 56.1 units is the equivalent of the combination of 1 carton of full-strength beer and 3 bottles of wine.

Alcohol-related violence

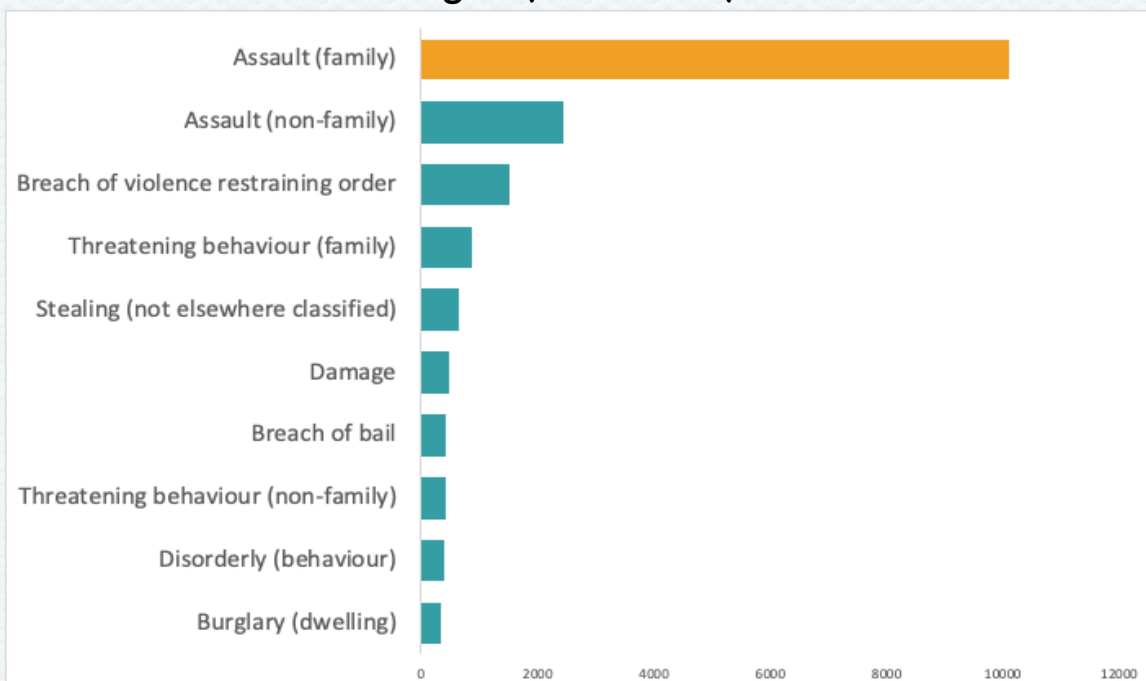
The shocking extent, gravity and normalisation of violence for the Aboriginal and Torres Strait Islander communities of the EKW region was revealed in this research in both the qualitative and quantitative data. Alcohol was a recurrent and ever-present factor, exacerbating and contributing to violence in its many forms.

The majority of participants in the study discussed the extremely negative impact of alcohol and, in particular, family violence in the region. Although most noted that alcohol was not necessarily a driver of violence in and of itself, it was regularly identified as - at a minimum - a contributing factor that exacerbated much of the dysfunction experienced by the Aboriginal and Torres Strait Islanders communities of the WEK region.

“ I think family violence and alcohol are the biggest community destroyers going on at the moment...it’s directly linked to sexual assaults, domestic violence, poverty, hospitalisations for different injuries other than assault as well. So you’re talking about physical, liver and kidneys, dialysis, diabetes, FASD. It’s historically linked to suicides, it’s directly linked to suicides, the alcohol and the alcohol abuse (Gary, ACCO, August 2019) ”

During the decade of 2009 to 2019, the most frequently committed offence involving alcohol was assault against a family member. In fact, this offence was committed at over four times the rate of the next most prevalent alcohol-related offence (assault against a non-family member). Notably, assaults (family and non-family) made up 64 per cent of all alcohol-related offences.

Most frequent offences with alcohol or present in the Wyndham- East Kimberley region (2009-2019)



*The data represented in the chart above refers to all offences in the WEK region

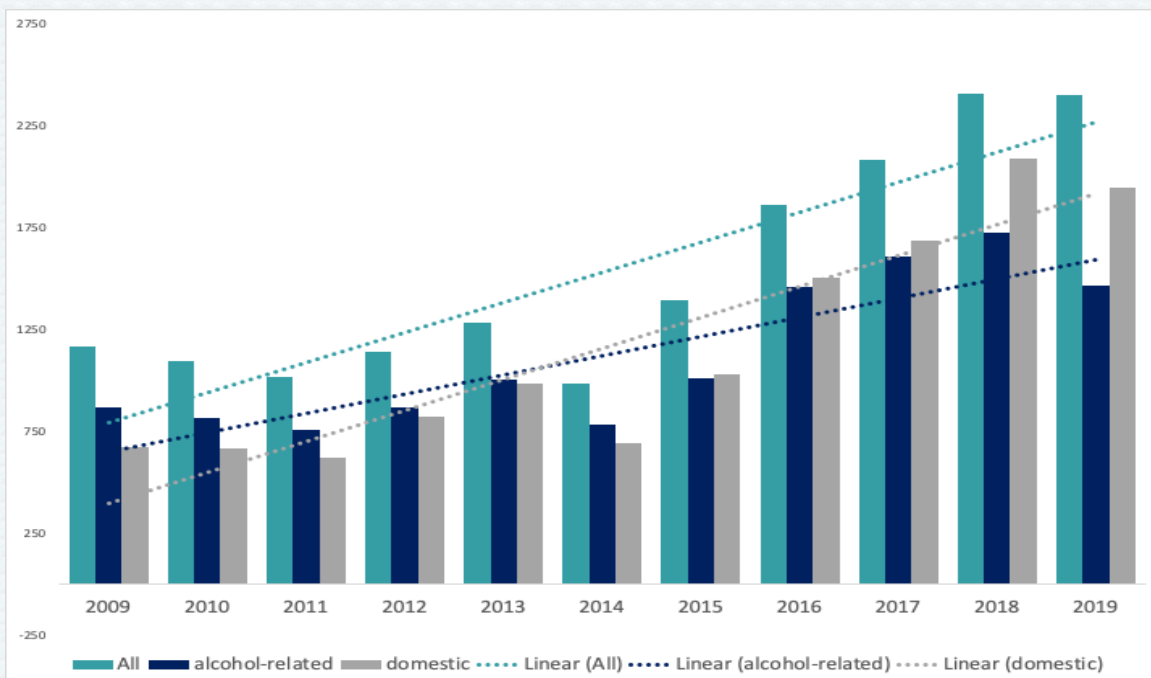
Alcohol-related violence: assaults

Assault rates in Western Australia and the Wyndham-East Kimberley region, 2009-2018 (per 100,000 population)*



Assault rates for the entire Wyndham-East Kimberley region are extraordinarily high and have increased significantly between 2009 and 2019. In 2019, the WEK assault rate had increased by 56% from 2009 (from 17,647 per 100,000 people in 2009 to 33,659.8 per 100,000 in 2019). The assault rates in the WEK region dwarf those of the rest of the state of Western Australia. In 2018, the WEK assault rate (33,659.8 per 100,000 people) was 28 times higher than the rest of Western Australia (1,183.6 per 100,000 people).

All assaults in the Wyndham-East Kimberley region (2009-2018)

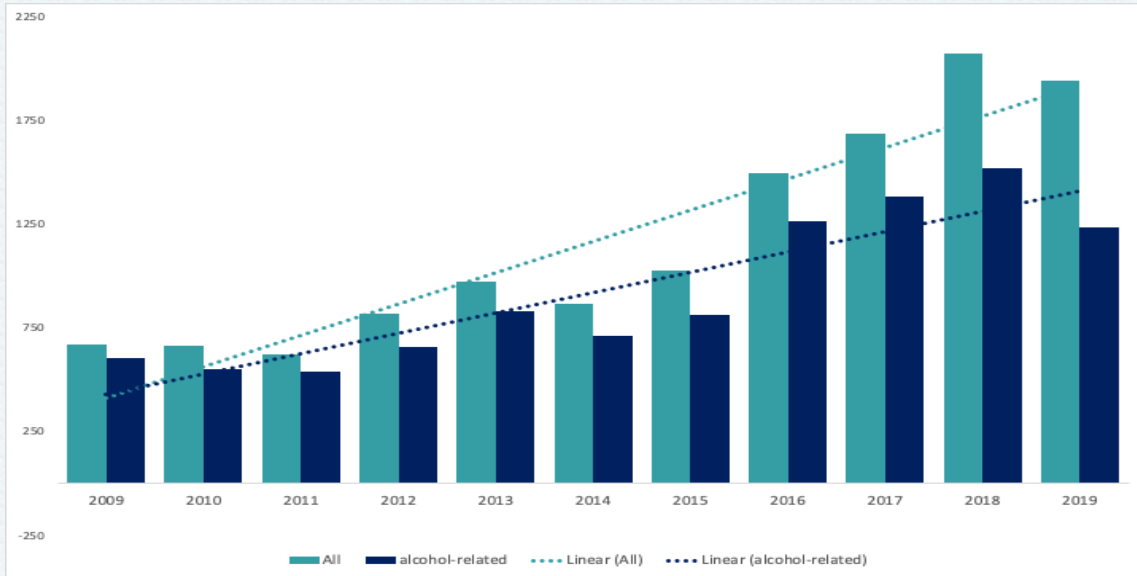


Further, the relationship between alcohol and assault in the WEK region is significant. Alcohol-related assault rates in the WEK region have nearly doubled between 2009 and 2019 (1.84 times higher in 2019). Domestic assaults are also increasing at disturbing rates, more than tripling in the time period (3.15 times).

*WA rates calculated from WA Police Annual Crime Statistics releases (2006-07 to 2017-18)

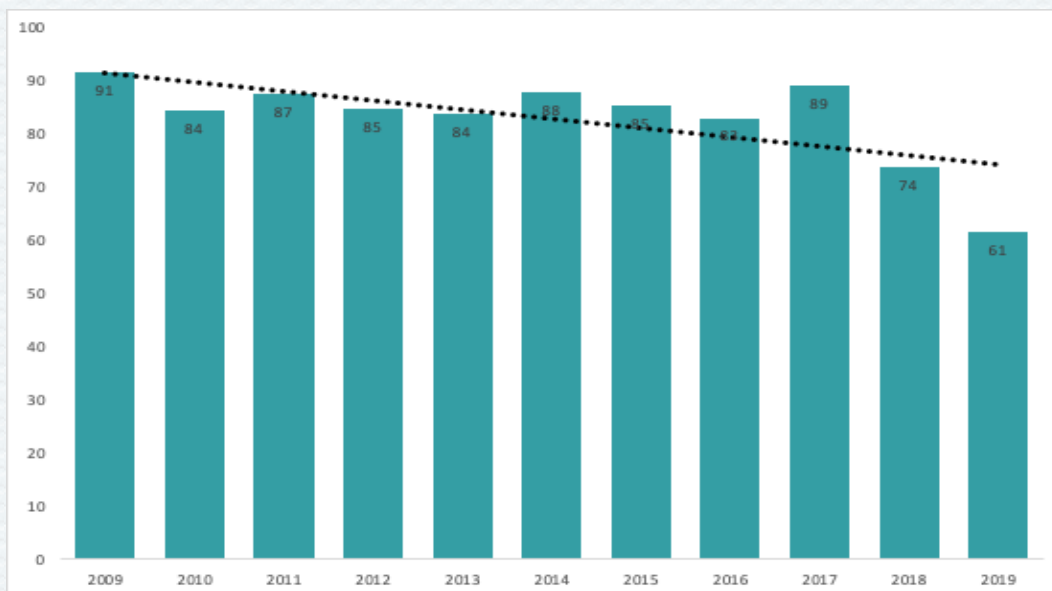
Alcohol-related violence: family assaults

All family assaults in the Wyndham-East Kimberley region, 2009-2019



Alcohol was involved or present at the scene for approximately four out of five assaults against family members (78.8%) in the Wyndham-East Kimberley region between 2009 and 2019. Of the assaults against a family member committed by an Aboriginal offender, alcohol was involved or present in 83% of offences. Further, 94% of the victims of assault against a family member in the WEK region were Aboriginal.

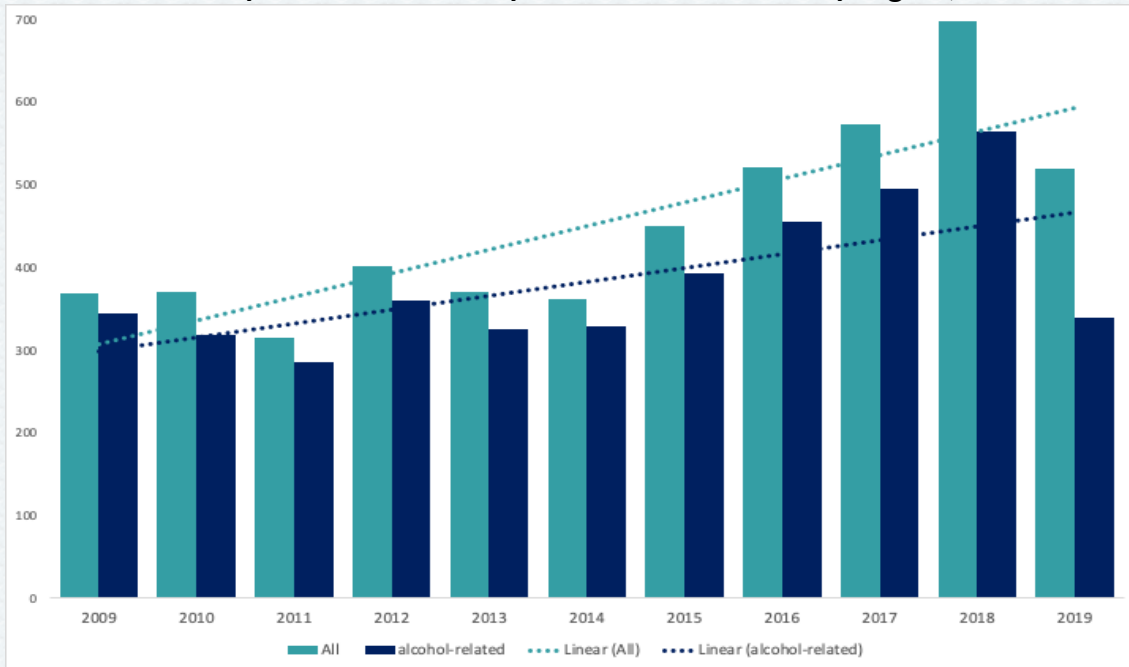
Alcohol-related family assaults committed by Aboriginal people in the Wyndham-East Kimberley region, 2009-2019 (%)



Of the assaults against a family member committed by an Aboriginal offender between 2009 and 2019 in the Wyndham-East Kimberley region, 83% had alcohol involved or present at the scene. However, the relationship between family assault and alcohol gradually decreased for Aboriginal offenders over the time period, particularly after 2017, dropping to 74% in 2018 and again to 61% in 2019.

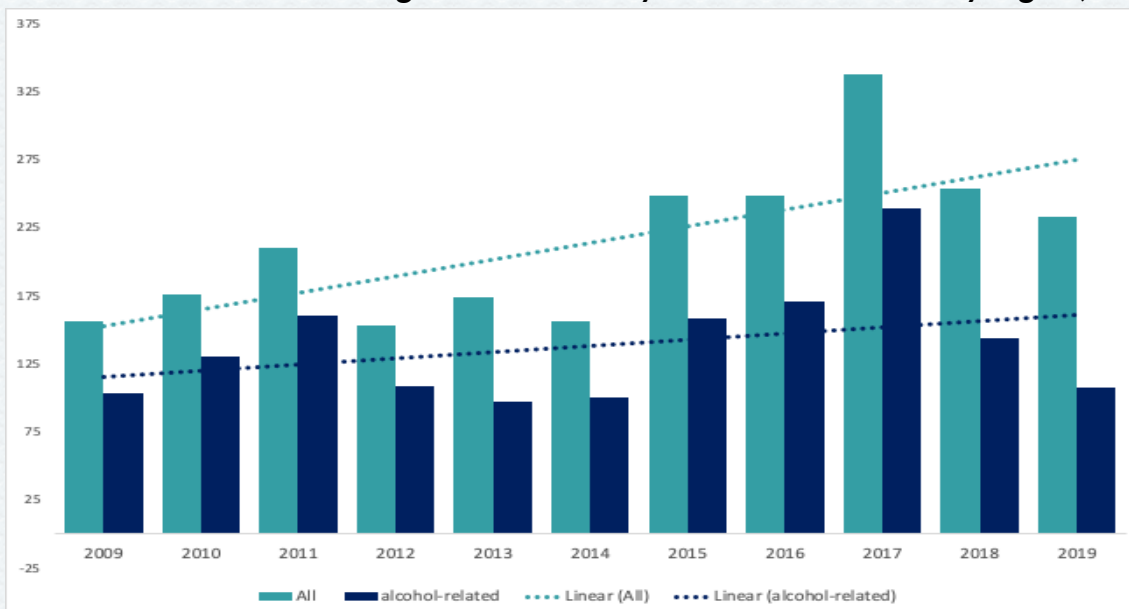
Alcohol-related violence: other

All serious family assaults in the Wyndham-East Kimberley region, 2009-2019



The association between serious assaults committed against family members in the Wyndham-East Kimberley region between 2009 and 2019 is disturbingly clear. During this period 85% of all serious family assaults had alcohol present or involved in the incident. Further, the rates of serious family assaults increased from 5, 594 (per 100,000 people) in 2009 to 7,261 (per 100,000 people) in 2019.

All breaches of violence restraining orders in the Wyndham-East Kimberley region, 2009-2019



Alcohol was involved or present at the scene for over two thirds (65%) of all breaches of violence restraining orders from 2009 to 2019 in the Wyndham-East Kimberley region. Further, when alcohol was a factor in the breach, in 96.8% of cases there was also a domestic relationship between the parties. However, both the number of offences and the relationship to alcohol has declined since 2017, which also coincides with the introduction of the more stringent takeaway alcohol restrictions in the LGA put in place under section 64 of the Liquor Act.

Family violence

Issue	Key concerns	Participant quote
<p>Instability of accommodation and homelessness</p>	<p>Women living in insecure housing are placed in financial precarity due to family violence-related issues including partner damage to current housing, financial abuse or other controlling behaviours, which places them at risk of homelessness.</p>	<p>Particularly with tenancy because we have a lot of people with large tenancy debts who are in court and the court wants to see some arrangement in place. And that's where often family violence will come in, and it will either be family violence because the partner is refusing to contribute to household bills because he feels that his money is his, or it'll be because there's been significant damage to the house which is either being reported or not reported to the police. (Jennifer, legal service, November 2018)</p>
<p>Severity of violence</p>	<p>The severity of family violence in the region is extreme. This is supported by the crime data and the qualitative data that details the sometimes elongated and torturous violence enacted, often with the use of weapons.</p>	<p>Well, we can start with breach of a police order, all the way up to grievous bodily harm. I'm finding that the allegations up here are far more serious than in Perth, the injuries are more severe and it's a more prolonged assault than it would be in Perth. (Maria, legal service, December 2018)</p> <p>Because the fact is, we've got women getting stabbed and bashed and raped and that's, you've got children getting raped and bashed and starving and it's directly because of the alcohol, you know. (Gary, ACCO, August 2019)</p>
<p>Women left without protection from violence</p>	<p>Delays often arise between violence occurring, obtaining an Apprehended Violence Order and serving the order, which can leave women (and their children) unprotected for extended periods of time. Also, police do not always attend the incident when callouts are requested.</p>	<p>So here they have to serve [the AVO], so the court will make it and then they'll have to go and serve it and that can take time...so we always suggest that she goes to the refuge, or, you know, we come up with a safety plan...often police won't have attended the incident. (Amanda, legal service, November 2018)</p>
<p>Supporting the violence of perpetrators</p>	<p>Perpetrators are often supported by their extended families. This is particularly dangerous for women when they are living with his extended family group.</p>	<p>You're up against his family. It doesn't matter what he does, they do not tell that person it's wrong, you can't do that, it's not okay. So they're fighting with, that's who they're up against..It's a whole family thing and then you've got two big families fighting (Lisa, social service, December 2018)</p>

Alcohol-related harms for children and young people

There is very little safety for young people (no safe house, no safety at home, no protection from external family).

There are insufficient or ineffective services for the children and youth who escape the violence at home and stay out on the streets at night. Community residents reported widespread dissatisfaction with the Save the Children service; their programs are seen as ineffective and contributing to worsening behaviour amongst children because they break the cultural protocols in their on-country and other programs. The community residents reported hunger and malnutrition amongst many children, some of whom steal to obtain food.

Many children and young people are trapped in what are now devastating transgenerational cycles of under-education, underemployment, poverty, drug and alcohol misuse, physical and sexual abuse, trauma and disability, with few pathways of escape. Service providers explained how some young people repetitively commit offences to escape their circumstances.

Rape, sexual violence and prostitution

Many community members and service providers disclosed incidences of rape, sexual abuse and child prostitution in Kununurra. It was also reported that these types of incidents have increased in recent years and regularly go unreported and undisclosed.

Education

Many children in the community are not regularly attending school, either primary or secondary. A participant explained that in one area, of the 100 plus children, only approximately 10 were attending school on a regular basis. As a consequence, many children and young people have low levels of literacy and educational attainment.

ASSAULTS AGAINST FAMILY MEMBERS

Alcohol was involved or present at the scene of nearly half (**48.4%**) of the family assaults committed by children & young people between 2009-2019



VICTIMS OF CRIME

Assault by a family member was the most common offence committed against children & young people and alcohol was involved or present at **52%** of all incidents between 2009-2019



GENDER, AGE & CRIME

Three out of five young offenders between 2009-2019 were male, and their average age was **14 years**



HOMELESSNESS

40% of people accessing the crisis shelter in Kununurra were under the age of 18 years (2018-19)



*These data are not Aboriginal-specific, they represent all data from the region (or in the case of the Kununurra crisis shelter, all admissions).

Alcohol-related harms for children and young people

Issue	Quantitative data	Participant quote
<p>Alcohol and sexual assault</p>	<p>More than half (54%) of all sexual assaults in the WEK region between 2009-2019 were committed against children and young people aged 17 or under, 73% of whom were Aboriginal and Torres Strait Islander girls and young women.</p>	<p>...in the case of sexual assault and incestual rape or assault, so typically it would be quite often adult men around young girls and there's drinking involved and, you know, I probably, think I saw three cases of abuse in one morning so, you know, it's severe. (Peter, mental health, November 2018)</p>
<p>Contact with the criminal justice system</p>	<p>45% of all offences in the WEK region between 2009-2019 were committed by children and young people aged 18 years or under, 76.5% of whom were Aboriginal or Torres Strait Islander children and young people.</p>	<p>...so they have criminal charges, but their lives are just so... they just live in, they are products of poverty. They're not bad kids, they're so lovely. And a lot of them have mental health issues or cognitive problems... and they've seen a lot of violence obviously, they've seen a lot for such young kids. (Maria, legal service, December 2018)</p>
<p>Self harm & suicide</p>	<p>The WEK region has the highest rate of self-harm incidents attended by police in the Kimberley (33/1,000). Young people between the ages of 15-19 have the highest ED admissions for self-harm in the Kimberley(74.3 per 1,000)(UWA 2020).</p>	<p>When I first started there was a whole lot of girls, a big group of them that were about 13 or 14 years old and their names kept coming up on the self-harming reports that were getting sent to me every day, a couple of times a week these girls names would keep coming up (Lisa, social service, December 2018)</p>

Mental health & trauma

The vast majority of study participants identified issues of mental health and trauma as the key drivers of alcohol-related harm in the Wyndham-East Kimberley region.

WA Police data of offences committed in the Wyndham-East Kimberley region indicate high levels of interconnection between those involved in criminal activities, and that alcohol is a regular feature in criminal activities (Aboriginal and non-Indigenous). Within the period of 2009 to 2019, there were 3,037 offenders, with over 40% (n=1,265) of whom were also victims of crime at some point during this time. Of all offenders, 54% committed at least one alcohol-related offence during the period, and 45% offended in a violent, alcohol-related incident at one time or another.

Health, mental health and social workers explained the normalisation of trauma in their clients. They also noted that a large proportion of the Aboriginal and Torres Strait Islander population in the region live in cycles of crisis, only seeking help and support when it reaches extreme levels.

Many service providers noted that issues of intergenerational trauma impacted on the high levels of alcohol misuse and dependence in Kununurra. However, community members more frequently pointed to direct traumas in their lifetime or that of other members of the community, noting widespread, high levels of childhood sexual assault, neglect and child removal, normalised ongoing experiences of sexual and family violence (both sustained and extreme), high levels of chronic alcoholism, widespread incarceration, suicides and murders.

“ People live in a perpetual state of crisis. They’ve lived in crisis for so long, they don’t even know it’s abnormal. They just think it’s normal to feel this panic and stress all the time. That’s how they live.
(Elena, ACCO, December 2018)

It's everybody that needs to tell their story and get professional help for them before they damage their next generation. And we've got children committing suicide today and we all know what it's all about. It's about the environment that they lived in and the abuse that they've suffered as a child. By the time they're 15 or 16, they don't want to be here with us anymore because there haven't been enough people that've opened their doors and looked after these child abused kids.
(Ava, community member, February 2019)

So families are broken because alcohol is like the number one priority. Poverty. The lack in the family home, it’s being spent on grog. Disabilities, loss of...loss of destiny. You know every person has destiny on them, you know, and everyone... when they’re born, they have all those talents. But very sad when you see people can’t fulfil them because they fall into a trap of alcohol abuse to escape the realities of their life and we don’t have enough healing centres locally to help people just regroup... just reassess their identity and their place in the world and in society and their purpose.
(Elena, ACCO, December 2018)

There’s not a lot of premeditation in suicides here. And it’s a real threat. And it’s also a reason why people won’t leave their partners, because of threats of suicide.
(Kylie, service provider, November 2018)

Impact of alcohol-related measures and restrictions

In 2009, the first alcohol reform was introduced to the Wyndham-East Kimberley region via a broader measure enacted across the entire Kimberley, banning the sales of cask wine and alcohol in containers larger than one litre of liquor with an alcohol content of 6% or more.

However, the first region specific alcohol reform was introduced in February 2011, restricting the quantity of takeaway alcohol allowed to be sold and reducing the hours during which it could be purchased. Several minor adjustments were then made in 2012 related to the hours of sale. It was not until December 2015, nearly four years after the original restrictions were implemented, when a takeaway alcohol management system was put in place to enable the liquor licencess to enforce the limits.

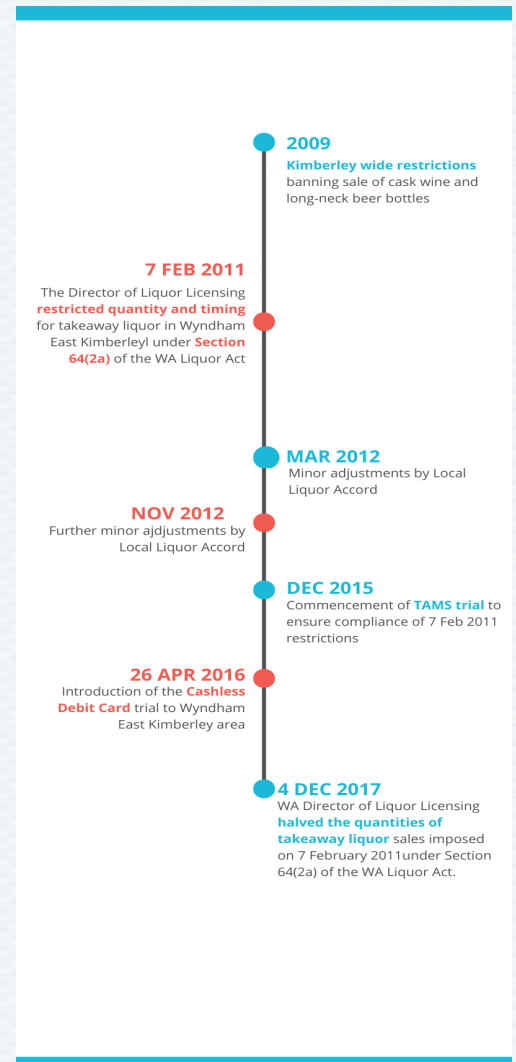
Soon after, in April 2016, the Cashless Debit Card trial was introduced, with the aim of reducing alcohol, drugs and gambling in the community.

Then in December 2017, further restrictions were placed on the quantity of takeaway alcohol allowed, halving the amount permitted under the 2011 reform.

There are mixed views within the WEK community regarding the effectiveness and the fairness of alcohol restrictions and other related measures such as the Cashless Debit Card (CDC) trial. Some participants thought that the restrictions and related measures had gradually reduced serious crime in the town over time and that there was, in general, less alcohol circulating in the community.

“It definitely has had an impact on [reducing] higher level violence. So murder, really serious aggravated assaults and using weapons particularly, I think. We have seen a decrease in those types of offences. And probably street drinking and that kind of thing as well, it has reduced. (Kylie, legal service, November 2018)”

Others believed the measures had brought about both positive and negative impacts for the communities of the WEK region.



“So the grog restriction, it brought the alcohol down but what they did was look for the more potent one, where it gets them more. (William, ACCO, November 2018)

I can see pros and cons for what we've had. And that's again with the [cashless debit] card, there's pros and cons to it. There is a lot less humbug out there because there's not quite so much alcohol around. But the things that people are doing to access alcohol now are not good. (Melissa, ACCO, November 2018)

Impact of alcohol-related measures and restrictions

Much of the opposition voiced was related to the association made between the alcohol-related measures and the rise of 'sly grogging'. Community members repeatedly identified that both the CDC and the 2017 supply restrictions have increased the market and trade in illegal alcohol sales.

Further, some respondents expressed that the wide variance of alcohol restrictions across the Kimberley enabled this black market of alcohol trade to flourish.

“ So sly grogging is an issue, the patchwork volumetric restrictions across the Kimberley are an issue. That piecemeal policy approach is thought to be problematic because it does drive sly grogging. (Elena, ACCO, December 2018) ”

Participants also identified that many community members have devised means to avoid both the alcohol supply restrictions and the cashless debit card (CDC) restrictions using a variety of different means. For example, a community member may use their CDC to buy someone else's food for a set amount, in exchange for alcohol. However, this generally means that they pay highly inflated 'sly grog' prices for alcohol, with people receiving Income Support Payments in the region generally spending more, not less, on alcohol. This is one of the reasons that has led to the perception that the CDC has compounded the poverty experienced in the community.

“ So a really hard time to have gone from people in poverty to really know what poverty is. Can't get your hands on or they haven't got cash and that sort of thing. So we've seen pretty much the worst of community members in the last 18 months. It's really got extreme. (Melissa, ACCO, November 2018) ”

CDC trial participants receive exactly the same payment as all other non-trial recipients of their respective social security benefit. The primary difference is that only 20 per cent of the payment is able to be withdrawn in cash. The other 80 per cent is paid onto a cashless debit ATM card, locally known as the “white” or “Indue” card. The CDC card cannot be used to withdraw cash and cannot be used to pay for alcohol or gambling products, but can be used for all other debit card transactions. However, the rapid shifts driven by the CDC trial from what was primarily a local cash-based economy to a cashless economy, for a population with low levels of financial literacy alongside an inflated 'sly-grog' market, has led to further entrenchment of poverty for many people.

There were also many varied opinions about the prospects of further alcohol restrictions, with most people highlighting the need for improved 'wrap-around' services that are more accessible for Aboriginal and Torres Strait Islander community members that need them most. Some people believed the restrictions in the region were already too tight, whilst others contended that they do not go anywhere near far enough.

“ If you've got six people in a car and six IDs that's six cartons and, what, 18 bottles of wine. (Tanya, community member, February 2019) ”

...alcohol is a very difficult one because people are very unreasonable when it comes to alcohol. Australia has a very, very bad culture concerning alcohol. Very bad culture... the restrictions wasn't even a restriction. It went from two cartons a day down to one carton a day. Plus, I think, two bottles...that is not a restriction, that's a joke. If people are getting upset about that, you have to honestly ask yourself, what the hell is going on. (Elena, ACCO, December 2018) ”

Impact of harmful use of alcohol on service providers

The extremely negative economic consequences of alcohol problems are highlighted by the costs accrued within the community-controlled, health, social and justice service sectors in the Wyndham-East Kimberley region. Some of the key issues identified by service providers and Aboriginal and Torres Strait Islander people in the region include:

- Services are reactive and only have the capacity to deal with cases of high-level crises; there is very little capacity to undertake preventative work.
- There is a significantly higher demand for outreach services than are provided within the region.
- Many Aboriginal community members reported that they have little or no knowledge of the support services available to them and that most services fail to communicate effectively with community residents.
- Some key services are severely under-resourced, whilst there is replication in others.

Aboriginal Community Controlled Sector

The ACCO sector in the Wyndham-East Kimberley region provides the majority of alcohol-related services to their communities. Many of these services are highly effective, yet due to their funding models are frequently under-resourced and often operate in competition with one another to attract resources.

Service demand higher than supply

The majority of the service providers interviewed for this research reported that the demand for many of their services was much higher than what they are able to provide. This included a particularly high demand for counselling (including alcohol and drug), mental health and healing, housing services, and crisis accommodation.



Structural conditions fostering unhealthy competition service providers

Many service providers, both in the mainstream and ACCO sector expressed their frustration regarding what they perceived as the ad hoc, short-term, competitive nature of service based funding. Many services are siloed due to funding regimes creating what is seen as an unhealthy and inefficient competitive environment – with duplicated service provision in some areas and major gaps in other essential areas.

Unavailability of services

Many services identified that they often provide services that community members need that are outside of the scope of their funding and resources. For example, it was identified that the Sobering Up Shelter was often used as a longer-term solution for homeless chronic drinkers, due to a lack of safe and viable housing available.

GAPS IN ALCOHOL-RELATED SERVICES

HOMELESSNESS

Overcrowding's a big thing too in Kununurra. Not much housing, or some people apparently are not eligible, or it's a big wait list, and overcrowding is not seen as a priority. Apparently as one of the ladies said at Homeswest, "Isn't it normal for Indigenous people to live like that?" (Tanya, community member, focus group February 2019)

MENTAL HEALTH

There's no help there. I don't go and see a shrink, they wanted me to because I done something wrong about three weeks ago but I said, "I don't want to go to them". Because I don't get nowhere with them. It's like just talking to a brick wall. You need the support from people who know the proper way of dealing with it and it needs to be done in the direct way but in slow way because you do it in a fast way it's going to work either. Do you know I see where everything's all just starting to 'kunawunda' here? See, if we had more facilities where people can get the help, we'll be right. (Megan, community member, February 2019)

HEALING PROGRAMS

I think there's lack of a proper, authentic and deep response to the trauma affected people, and that's where it begins. So the trauma can be physical, emotional, sexual, whatever the violence is. There's no response. There's not an adequate appropriate response that touches at a deep level in the community. (Helen, social services, December 2018)

WIDER, UPDATED COMMUNICATION ABOUT SERVICES

And being introduced to, do you know, if you ask the average Aboriginal person out in the street what services are available, I'm telling you now, they won't have a clue. They won't be able to name, they won't even be able to name a quarter of them. (Elena, Aboriginal community-controlled organisation, interview December 2018)

POST-REHABILITATION & INCARCERATION SERVICES

The one in Wyndham, the rehab, and the one in Broome and guess what? There's no follow-up with them when they come back. So you see? So they're back in that in that deep hole again, because no-one's assessing them after they come back out from these "dry-out centres" they call them. (Anna, community member, February 2020)

FASD DIAGNOSES & SUPPORT

[Patches] do, they've been up probably four times in the last couple of years, and then last time they ask for one client, or one person, when I've got possibly 30 for them to look at. And it's an expensive procedure, you need seven clinicians and at least ½ day of their time together diagnostic for one child. (Melissa, health service provider, interview November 2018)

QUALIFIED LONG-TERM STAFFING SOLUTIONS

This town is, has an incredibly high turnover of staff in every single place, so one place will go from having four lawyers down to one lawyer because two will leave, one will be on leave. (Maria, legal service, December 2018)

SUSTAINABLE FUNDING MECHANISMS

The typical frustration is the stop-start nature of the funding cycles. So, long-term efforts are what's needed, so that people can plan, organisations can plan, people can put down roots in a place, they can skill their staff up appropriately, and they can become expert in doing what we were talking about before, of being able to knit together practice from a western therapeutic angle, with a deep cultural practice, which is what, ultimately, will support wider engagement of people with the service. (Interview December 2019, ACCO provider C. Kununurra)

Recommendations

This study has found that extent and severity of alcohol-related harm and consumption in the Wyndham-East Kimberley region is extreme by any measure and has increased rapidly over the past decade. The detrimental impact on the Aboriginal and Torres Strait Islander population of the region is broad ranging, including high rates of alcohol-related criminalisation, preventable accidents and illness, and ongoing community trauma. The ineffectiveness of the alcohol reforms that have been put in place indicate that further, stricter reforms are required, including further reductions on the supply of alcohol. However, supply limits alone are not adequate enough to address the harms experienced within the community. Greater and more secure resources are urgently required to provide appropriate wrap-around support for chronic and high risk drinkers and for those who are impacted by their drinking. Additional services are required for key areas including mental health and wellbeing, children and young people, and education, training and employment.

Key recommendations

01 *Further restrictions on takeaway alcohol limits that align more closely to the Australian health guidelines*

The Australian guidelines to reduce the health risks of drinking alcohol recommend no more than four standard drinks on any one occasion to reduce accidents and no more than two standard drinks per day. Current restrictions in the region allow up to 56 standard drinks per person per day.

02 *Alignment of alcohol supply restrictions across the Kimberley*

The 'patchwork' of supply limits across the vast region drive sly-grogging and ongoing alcohol-related harm (e.g. road accidents) due to increased mobility to access alcohol.

03 *An economic evaluation of the cost of harmful use of alcohol to the communities of the Wyndham-East Kimberley region*

This evaluation should include a gap analysis of related services in the health, social, legal and education sectors to provide a realistic assessment of the needs of the region and enable resources to be directed to appropriate areas and organisations.

04 *More secure and effective wrap-around support services*

Although there are many alcohol-related support services provided within the region, there are clear gaps in some areas and replication in others. Further, there is not enough information provided to the most vulnerable members of the community of the services available, requiring more regular and effective communication strategies.

“...what we’re contending with here is excessive alcohol consumption on a daily basis that is deeply affecting our families and our culture and our future. It’s a very, very serious issue. It should never be underestimated. The government knows very well what’s going on because they have access to police reports, they’ve got access to the hospitals, they’ve got access to the ambulance records, they know exactly what’s going on and if they choose to, they could make some big changes here in regard to alcohol reform.
(Elena, ACCO, December 2018)

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East Kimberley Context

Programs and services provided by Empowered Communities East Kimberley ('ECEK') members under health and wellbeing; cultural & employment programs:

Gawooleng Yawoodeng Aboriginal Corporation (GY) is a women's shelter and support service that provides services to women experiencing family violence and their families in the Kununurra area.

Jungarni-Jutiya Indigenous Corporation offers a range of Community Development Programs, supporting families to achieve safer and healthier lives. These activities target the whole community and assist with raising the community's awareness about the misuse of alcohol and drugs, and financial wellbeing & capability. Jungarni provides clients with a holistic culturally appropriate range of services for individuals and groups.

Kimberley Aboriginal Law & Cultural Centre (KALACC) is an Aboriginal Community Controlled Organisation and has a long history of advocating for traditional cultural practices, for over 30 language groups in the Kimberley Region. KALACC is responsible for enhancing and practising traditional cultural governance. It is a regional organisation of significance to Kimberley Aboriginal people that provides a service that is critical not only to Aboriginal people and organisations in the region but also to those who provide services to Kimberley Aboriginal people.

Kimberley Aboriginal Medical Service (KAMS) are managed and controlled by Kimberley Aboriginal people, are locally and nationally recognised as an effective advocate for the Kimberley Aboriginal health sector and provide and support the provision of effective holistic and culturally appropriate primary health care services for Kimberley Aboriginal people.

Kimberley Language Resource Centre (KLRC) KLRC is a peak regional language Aboriginal Community Controlled Organisation ('ACCO') and is responsible for promoting the diversity in languages, culture, land and identify and that Aboriginal languages have a value in today's world. It is a regional organisation of significance to Kimberley Aboriginal people that provide services to Kimberley Aboriginal people, including NGOs, Government and private sector organisations.

Kununurra Waringarri Aboriginal Corporation (KWAC) - is a social change organisation that is committed to promoting social and emotional wellbeing in the Kununurra community.

Mirima Dawang Woorlab-gerring Language and Culture Centre (MDWg) works to document, revitalise and maintain the Miriwoong language and culture.





Ngnowar Aerwah Aboriginal Corporation (NAAC) has delivered crucial drug and alcohol services to the community in Western Australia's remote east Kimberley region. The organisation is working to strengthen cultural and family ties amongst its clients and community and provides everything from mental health and cultural workshops to music appreciation and pregnancy classes.

Nirrumbuk Environmental Health Service (NEHS) delivers environmental health and social support programs directly to Aboriginal Communities and individuals throughout the Kimberley Region. These activities help clients deal with immediate health issues, improve their living conditions to reduce health risks, and maintain a stable and functioning household. Nirrumbuk Environmental Health is part of Nirrumbuk Aboriginal Corporation, whose broader vision to end hardship, suffering, and helplessness in indigenous people within the Kimberley Region by building capacity and fostering self-sufficiency.

Ord Valley Aboriginal Health Service (OVAHS) is an Aboriginal Community Controlled Health Service providing comprehensive primary health care services to Aboriginal people in the East Kimberley. OVAHS is a member of Kimberley Aboriginal Medical Services (KAMS).

Puranyangu Rangka Keerem Aboriginal Corporation (PRK Radio) is an Aboriginal Community Controlled Radio Station in Halls Creek. 6PRK Radio was founded on 31 October 1990, broadcasting to Halls Creek and surrounds and providing outdoor broadcasting and cinema to the town of Halls Creek.

Waringarri Arts Aboriginal Corporation (Waringarri Arts) is an Indigenous-owned Arts Centre providing economic independence for Aboriginal artists and their communities.

Waringarri Media Aboriginal Corporation (Waringarri Radio) is the only local community media organisation in Kununurra. WMAC has been providing local community radio for over 30 years and has recently expanded to provide video production as well. WMAC is more commonly referred to as Waringarri Radio.

Wunan Foundation (Wunan) is an Aboriginal development organisation in the East Kimberley, with a clear purpose and strategy to drive long-term socio-economic change for Aboriginal people by providing real opportunities, investing in people's abilities, and by encouraging and rewarding aspiration and self-responsibility.

Yura Yungi Aboriginal Health Service (YYMS) is an Aboriginal Community Controlled Health Service providing comprehensive primary health care services to Aboriginal people in Halls Creek and surrounds. YYMS is a member of Kimberley Aboriginal Medical Services (KAMS).

Health & Wellbeing

GY	Safe House	GY's core program is the operation of a Safe House for women experiencing family violence, and their children. The Safe House provides a safe place to stay for its clients, as well as crisis intervention support including safety planning and referrals/appointments for counselling, police reports, and other services.
	Child Counselling	GY employs a casual child counsellor to support school-age children from families with family violence who have experienced trauma. The aim of the program is to provide targeted support and intervention to young people (aged 4-10) before they end up on the street. 9 children were involved in the program, but this has dropped to 4 as previous funding has expired.
Jungarni	Night Patrol Service	Jungarni-Jutiya operates the Community Night Patrol to remove at risk adults; particularly those affected by alcohol and other substances, from potential harm and transport them to a safer environment. Provides an invaluable service to the Halls Creek Community by assisting those who are intoxicated, hurt, in violent situations, out on the street and generally at-risk, taking them to a safer place. Through this the patrol reduces the impacts on the Police, Hospital Services and other community services in an area that they do not need to necessarily be involved in.
	Financial Wellbeing & Capability	Ensure clients have access to basic financial literacy, education and support. Deliver one-on-one budgeting support to individuals; and/or non-accredited financial literacy community education workshops to clients and local groups. Help clients to build skills to avoid or resolve financial difficulties and strengthen their capacity to manage their money. Assist families at risk of homelessness to manage their finances and household expenses in order to prevent future accommodation crisis
KAMS	Kimberley Aboriginal Health Planning Forum	KAMS chair the Kimberley Aboriginal Health Planning Forum (all health services in Kimberley who provide health care services to Aboriginal people), Royal Flying Doctor, Boab Health Services, WA Primary Alliance, WACHS. 8 Sub committees are formed (chronic disease, alcohol, drugs and mental health, child & maternity health, men's health, sexual health, health research, data & evaluation. KAMS also participate in conversations with the DLG, Coalition of Peaks, NDIS and Kimberley Prevention Trial
	Social and Emotional Wellbeing (SEWB)	It is a holistic concept that recognises connection to land, culture, spirituality, ancestry, family and community are as important for wellbeing as physical health ¹ . This concept also acknowledges the impact of past events and policies on the SEWB of individuals today.
	Headspace Broome	KAMS has been the lead agency for headspace Broome since the establishment of the service in 2008. The headspace objective is to improve access for young people, 12 – 25 years, to primary care, mental health, alcohol and other drugs and educational, social recovery, vocational and related services, and to ensure a coordinated delivery of those services.

KWAC	Social and Emotional Wellbeing (SEWB)	This program provides mental health support to help people cope with the challenges of life. This is done through a range of different activities including 'yarning' groups for men and women, brief intervention (referrals etc), back to country healing, suicide prevention workshops, and domestic violence support.
	One Family at a Time (OFAT)	An MG Corporation program originally and now delivered by Waringarri, OFAT supports families to address a range of barriers that impact on school attendance, to improve attendance and educational outcomes for children.
	National Disability Insurance Scheme (NDIS)	Waringarri is working with KAMS/OVAHS to support local people to apply through the NDIS by employing Community Connectors to identify and support potential clients to apply.
	Moongoong Sober Up Shelter	The sober up shelter offers a safe place for homeless people who are intoxicated to spend the night. The shelter provides light meals, showers, clothes laundering and a bed to sleep in for the night.
	Miriwoong Community Patrol Service	This is a night patrol service that picks up intoxicated people and those at risk of harm from the Kununurra area and takes them home, to another safe location, or to the Moongoong Sober Up Shelter for the night.
MDWg	The Miriwoong Language Nest	The Language Nest is an immersive language program for young children which exposes them to new language experiences.
NAAC	Drug and Alcohol Rehabilitation	Ngnowar Aerwah Aboriginal Corporation provides alcohol and other drug treatment services to the Wyndham community. This includes diversion services.
NEHS	Aboriginal Environmental Health Program	This program aims to educate the Kimberley's communities about environmental health issues and promote sustainable environmental health practices. The program builds capacity and provides support with dog health, dust control, pest and mosquito control, waste management, food safety, infection control, community re-entry, community education, monitoring & reporting of environmental health issues. Services are tailored to meet the requirements of each location through community environmental health action plans.
	Aboriginal Health Community Re-Entry Program	Nirrumbuk Environmental Health delivers the Aboriginal Health Community Re-Entry program for the East Kimberley. The program aims to improve the health and wellbeing of Aboriginal people who are released from prison by providing support to help them access health services before and after release from custody. Support is provided for up to a year after release to allow adequate time for clients to establish relationships and engage with health services.
	Support and Tenancy Education Program (STEP) (soon to be re-launched as 'THRIVE')	Through STEP, eligible tenants can receive education and case management to improve their living skills, independently manage their tenancies, and reduce the likelihood of homelessness. Funding: Funded by the WA Department of Communities. Partnerships: Delivered in partnership with Waringarri and Jungarni-Jutiya.
OVAHS	Primary Health Care	Primary health care is OVAHS's core business. This includes general medical services, a maternal and child health clinic, and Aboriginal Health Checks.

	A Better Life Program (ABLE)	Annually funded program attached to the cashless debit card, which provides social services and mental health support to community members using the cashless card.
Waringarri Arts	ArtHeal Wellbeing Activities	ArtHeal is a program that supports individuals, families and community members to become empowered and build resilience in their lives through art and culture workshops. Workshops take place monthly. The workshops are designed to help attendees heal from trauma and grief through art activities and other cultural activities.
Wunan	Family Support and Wellbeing Service	The purpose of this new program is to build the capacity of families to care for their children. The service has a small staff of Support Workers and Social Workers based in Kununurra, supporting families in Kununurra, Wyndham and surrounds that have been referred by the Department of Communities. They provide emotional support, practical assistance, referral to financial counselling, parenting education and other services.
YYMS	Primary Health Care	Yura Yungi Medical Service provides primary health care services to Halls Creek and surrounds. This includes general medical services, a maternal and child health clinic, Aboriginal Health Checks and SEWB programs.

Cultural

GY	Women's Lore and Culture	GY supports Women's Lore and Culture by: - Holding significant items on site at the Safe House - Hosting lore activities (ceremonies) - Ad-hoc cultural events
	Strong Women's Group	GY runs a Strong Women's Group that provides a guiding and healing program for local women. The group has sessions 4 mornings each week and has a range of service providers that come to provide weekly sessions for the women. There are also lunchtime sessions where other service providers attend to provide information and answer questions. This allows the women to hear about services that might assist them in a safe and supportive environment, which they can then access.
KALACC	Yiriman Project	The Yiriman Project is an intergenerational, "on-Country" cultural program, conceived and developed directly by Elders from four Kimberly language groups- Nyikina, Mangala, Karajarri and Walmajarri- and whose aim is to "build stories in young people". The concept for the Yiriman project arose out of the concern of the Elders for their young people, who were facing increasingly serious issues such as self-harm, substance abuse and the loss of cultural identity
	Following the Trade Routes	The Trade Routes is critical in fostering and maintaining relationships across the trade routes, as well as building cross-cultural understanding, particularly for those in the Wangkajunga, Kukatja, Warlpiri, Arrernte & Walmajarri language areas. Further, the Project will build understanding of the exchange of cultural items and provide a platform for Aboriginal leaders to pass on their cultural knowledge and governance practices to emerging leaders.
KLRC	Learning on Country	Learning on Country is teaching with connection to head, hearts and hands. It involves community, family and Elders in providing authentic and purposeful learning for the children of Halls Creek. It aims to build strong and proud student self-identities learning their history on their country. Hall Creek District High School works together with their staff, community and the Language Resource Centre to provide the best outings on country as possible.
	Cross Cultural Awareness	Train the trainer workshop
	Language revival & maintenance	KLRC builds capacity in Kimberley Aboriginal people to own and manage language and knowledge continuation. Encourage oral transmission of language and knowledge and advocate for Kimberley Aboriginal languages
KWAC	Empowering Youth Program	This is a new program targeting at-risk youth to combat youth crime by providing organised activities and back to country healing trips.
MDWg	Language documentation and archiving	MDWg conducts language documentation activities to capture, analyse and develop a dictionary and descriptive grammar for the Miriwoong language. This includes capturing language through recording stories and conversations with senior community members, including through field trips to remote communities. MDWg then documents and archives this material and uses it to advance its understanding of Miriwoong and development of Miriwoong resources.

	The Miriwoong Language Nest	The Language Nest is an immersive language program for young children which exposes them to new language experiences.
	Miriwoong Learning Resources and Publications	MDWg maintains a dictionary and develops books and audio books, radio shows, videos, and other resources to help people learn Miriwoong. This includes a new Miriwoong language app. Funding: some funded through core funding (NIAA), app funded through a separate NIAA technology project fund. Partnerships: bilingual radio program delivered in partnership with Waringarri media.
	Miriwoong Language Classes for the Community	MDWg teaches public language classes to help members of the community learn the basics of Miriwoong language and delivers similar classes to specific cohorts (such as disengaged youth and local MG park rangers). Funding: public classes are delivered on a for-service basis, but it is not enough to cover costs. Supplemented by core funding. Partnerships: currently partnered with youth programs to deliver language training to disengaged youth, and with State Government to deliver language training to MG park rangers.
	Cultural Services and Performances	MDWg also provides dance performances, welcomes to country, and other kinds of cultural activities for a range of events throughout the year. Funding: dance performances and other cultural services are cost-recovered but do not generate additional revenue.
	Miriwoong Knowledge Cycle	The Miriwoong Knowledge Cycle brings Elders together with young language learners and MDWg linguists to discuss, consult and receive advice on a variety of different things. This includes understanding and interpreting the language correctly, developing new ways to describe the modern world in Miriwoong, advice on how to best teach younger generations, documenting stories, knowledge of country and other insights, cultural advice and leadership, and checking documents produced by MDWg.
	Language and Culture Consultancy	MDWg regularly assists organisations and groups with language or culture related tasks, such as the development of signage, the translation of a name for a new project or building, or training for a specific target group, including cultural awareness training. Funding: delivered on a fee-for-service basis but some charges do not cover full costs of the services, which are supplemented from core funding. Cultural awareness training makes a profit, which is used to supplement other services.
PRK Radio	6PRK Radio	PRK Radio is a local community radio station that delivers music, news, live programming and community service broadcasting to Halls Creek and surrounds.

Waringarri Arts	School Cultural Engagement Activities	Waringarri Arts runs cultural engagement activities in schools up to 3 times per week, at a number of schools in Kununurra.
	Community activities	Waringarri Arts holds Community Nights, activities, and cultural camps to promote cultural engagement and community well-being.
	Cultural Knowledge archives	Waringarri Arts is developing and maintaining cultural knowledge archives to preserve culture and make this available to the community.
	Intergenerational learning activities and projects	Working with youth and older people to support local and regional cultural knowledge sharing to pass on culture knowledge to younger generations.
	Cultural Tours	Waringarri Arts provides cultural tours as an opportunity for cultural knowledge transfer, employment for Aboriginal people, and as an income-generating activity for the Arts Centre.
Waringarri Media	Waringarri Radio 6WR	Waringarri Radio is a 24/7 local community radio station that delivers music, news, and live programming to Kununurra and the surrounding East Kimberley region. Waringarri Radio produces a range of programs delivered by staff as well as local organisations including Let's Talk Miriwoong, a weekly Miriwoong language program delivered in partnership with Mirima Dawang Woorlab-Gerring Language and Culture Centre.

Employment

MDWg	Partnership with East Kimberley Job Pathways (Wunan)	MDWg collaborates with EKJP to recruit and train new staff for the language centre. Through this partnership they provide teacher training (such as Certificate III/IV) and on-the-job training for jobseekers, to upskill local Indigenous workers to take on more senior roles within the language centre.
Waringarri Arts	Jobseeker work readiness activities	Waringarri Arts works with East Kimberley Job Pathways to provide work readiness opportunities for job seekers. This involves 10 job seekers being engaged daily in both Waringarri Arts Centre and Kira Kiro Arts Centre in Kalumburu.
	Creative expressions and arts development projects	Waringarri arts supports artists to undertake creative and arts development projects to support cultural learning and economic opportunities for artists.
	Kira Kiro Art Centre	Waringarri Arts operates Kira Kiro Art Centre in Kalumburu, in collaboration with the Kalumburu community artists. The Arts Centre provides enterprise opportunities for artists to develop arts practice skills and cultural traditions while promoting ethical sales to collectors and national and international visual art spaces.
Wunan Foundation	Partnership with East Kimberley Job Pathways	MDWg collaborates with EKJP to recruit and train new staff for the language centre. Through this partnership they provide teacher training (such as Certificate III/IV) and on-the-job training for jobseekers, to upskill local Indigenous workers to take on more senior roles within the language centre.
	School to Work transition	Wunan employs a social worker to work with young Aboriginal people (12-17 years), their families, and key stakeholders to re-engage young people with school and improve attendance, retention, and pathways into employment.
	Remote School Attendance Strategy	RSAS seeks to lift school attendance levels in selected remote communities through the employment of local people who work with schools, families and children to ensure that kids attend regularly.
	Career Centre	The Career Centre provides career advice and planning to individuals and groups (including school groups). Wunan operates two centres in Kununurra and Broome, based in local TAFEs.
	East Kimberley Job Pathways	Delivers the Remote Jobs and Communities Program in partnership with the East Kimberley Community Development Program (a National Indigenous Australians Agency initiative). Provides case management support to provide individuals with a path to employment through training, careers guidance. direct employment and referrals to appropriate services and supports
	Driver Licence Training Program	Provides driver licence training in Kununurra and Halls Creek, through two program streams. First stream provides training to clients referred from the criminal justice system. The second stream focuses on improving social mobility and legal operation of motor vehicles in Halls Creek and surrounding communities.



STATEMENT FROM THE KIMBERLEY REGIONAL ROUNDTABLE ON ALCOHOL MANAGEMENT

On Friday 7 July Kimberley leaders and community representatives met in Broome to discuss a collaborative regional approach to reduce the trauma and harm caused to Aboriginal communities by alcohol.

Indigenous and non-Indigenous community leaders came together with representatives from the Police, Kimberley local government Shires, researchers and health services and Bunuba woman June Oscar AO, Aboriginal and Torres Strait Islander Social Justice Commissioner.

This is the **Statement on the “Community Driven Strategy for Alcohol Management”**, endorsed by the Aboriginal representatives at the meeting.

Submissions and reports were delivered by a number of expert guests (see attached list) concerning the high levels of alcohol abuse in the region, the resulting poor health, family trauma, lower levels of educational achievement and suicide.

The Roundtable was initiated by Nyamba Buru Yawuru with support from the Kimberley District Office WA Police and Commissioner Oscar. It calls for a collaborative regional approach for long term solutions that are driven by community need and community response.

In the face of the horrific trauma and community stress that is the result of alcohol abuse, the Roundtable seeks a new relationship with government and a partnership approach to resolving this community crisis.

STATEMENT

KIMBERLEY REGIONAL ALCOHOL MANAGEMENT ROUNDTABLE - 07 JULY 2017

A COMMUNITY DRIVEN STRATEGY FOR ALCOHOL MANAGEMENT IN THE KIMBERLEY

Aboriginal leaders and community representatives from across the Kimberley region met in Broome on 07 July to address the tragic consequences of alcohol abuse on Aboriginal people. The Roundtable heard presentations from police, and other government and non-government experts in the field about the extent of the social crisis and the various measures that have been, or are being, implemented such as alcohol restrictions, the banned drinkers register and income management.

The Roundtable agreed that responses by government have so far been piecemeal, fragmented and appallingly inadequate. The meeting noted that the recently commenced Coronial Inquest into 13 suicides in the Kimberley region is an indictment on the failure of government to respond adequately to the 2007 Coronial Inquest into a number of Kimberley Aboriginal deaths which that inquest found were almost all alcohol related.

The Roundtable agreed that incremental change and more inquiries could no longer be tolerated in the face of irrefutable evidence about the role of alcohol concerning the number of deaths, illness and on-going trauma experienced by Aboriginal people throughout the Kimberley. The Roundtable agreed on the following overriding principles which should guide a comprehensive Kimberley strategy:

1. There must be a comprehensive multifaceted regional Kimberley strategy which would empower communities to implement local solutions.
2. Measures adopted should be developed and implemented based on consent from affected communities.
3. There must be a structural partnership developed between Kimberley Aboriginal communities and the State and Commonwealth governments with the aim of jointly developing and implementing a comprehensive Kimberley wide strategy underpinned by legislation and regulatory reform.
4. An agreed framework for evaluation and measurement of outcomes must be incorporated in the regional strategy.
5. The vision for developing an inclusive Kimberley civil society must incorporate sustainable relationships between Kimberley Aboriginal communities and the four Kimberley Shires.
6. The development of a comprehensive Kimberley strategy must be underpinned by the recognition of the depth of social and cultural capital which resides within the Aboriginal community and not directed by deficit thinking.

7. Whilst recognising that urgent short to medium term measures are needed to address the social crisis, sustainable solutions must be based on the recognition of Kimberley Aboriginal people's rights to traditional country, security of culture and participation and equity in the regional economy.

The Roundtable agreed to establish a regional Aboriginal Task Force to commence a dialogue with the State and Commonwealth governments and the four local governments to develop a partnership to develop a Kimberley Regional Strategy. Such a strategy must be implemented with the informed consent and partnership of the Aboriginal communities of the Kimberley region.

Endorsed by:

Lawford BENNING MG Corporation	Yawoorroong Miriuwung Gajerrong Yirrgeb Noong Dawang –
Samantha BETTS	Binarri-binyja Yarrowoo Aboriginal Corporation
Chris BIN KALI	Broome Regional Aboriginal Medical Service
Peter BROWN	Binarri-binyja Yarrowoo Aboriginal Corporation
Emily CARTER	Marninwarntikura Women's Resource Centre
Rosemary COFFIN	Yawuru Native Title Holders Aboriginal Corporation
Kia DOWELL	Codeswitch
Brenda GARSTONE	Yura Yungi Medical Service Aboriginal Corporation
Patrick GREEN	Leedal Pty Ltd
Carli MACKAY	Kimberley Aboriginal Medical Services Ltd
Bob MAHONEY	Broome Regional Aboriginal Medical Service
Johani MAMID	Yawuru Native Title Holders Aboriginal Corporation

Nini MILLS	Nyamba Buru Yawuru Ltd
Jean O'REERI	Binarri-binyja Yarrowoo Aboriginal Corporation
Mary O'REERI	Department of the Prime Minister and Cabinet, Australian Government
June OSCAR	Aboriginal and Torres Strait Islander Social Justice Commissioner, Australian Human Rights Commission
Marty SIBOSADO	Aarnja Ltd
Tonii SKEEN	Nyamba Buru Yawuru Ltd
Jacob SMITH	Nyamba Buru Yawuru Ltd
Ian TRUST	Wunan Foundation
Peter YU	Nyamba Buru Yawuru Ltd

INVITED GUESTS

KIMBERLEY REGIONAL ALCOHOL MANAGEMENT ROUNDTABLE - 07 JULY 2017

Allan ADAMS	Superintendent, Kimberley District Office, WA Police Service
Mark DAVIS	Manager, Community, Shire of Broome
Tracey GILLETT	Department of Community Services, WA Government
Kate GOLSON	Researcher
Tony JEAUVONS	Kimberley District Office, WA Police Service
Ron JOHNSTON	President, Shire of Broome
Steve KINNANE	Adjunct Research Fellow, Nulungu Research Institute, The University of Notre Dame Australia

Brent MCINTYRE Assistant Director, Cashless Debit Card: East Kimberley,
Department of Social Security, Australian Government

Jim MIGRO Superintendent in Charge of WA Licencing Enforcement
Division, WA Police Service

Aletta NUGENT Director, Community and Development, Shire of Broome

Michael O'DONNELL Former Chairperson of the Alcohol and Drugs Tribunal of the
Northern Territory

Alistair SHERWIN Department of the Prime Minister and Cabinet, Australian
Government



30 October 2020

Mr Peter Minchin
Director of Liquor Control and Arbitration
Department of Local Government, Sport, and Cultural Industries

By email: rgl@dlgsc.wa.gov.au

Dear Mr Minchin

Submission to s64 Liquor Act inquiry- packaged liquor in Derby, Broome, Kununurra and Wyndham

I refer to your correspondence of 30 July 2020. Please find enclosed a copy of a submission from Binarri-binyja yarrowoo Aboriginal Corporation, backbone for Empowered Communities in the East Kimberley, as our collective response to the current s64 inquiry.

Empowered Communities East Kimberley (ECEK) is a collaboration between 25 Aboriginal Community Controlled Organisations based in the East Kimberley, supported by a neutral backbone organisation Binarri-binyja yarrowoo Aboriginal Corporation (BBY). ECEK has articulated a shared vision of Aboriginal-led development in our [Regional Development Agenda](#).

The ECEK Regional development Agenda identifies Regional Alcohol Reform as a priority. We have developed this submission in consultation with ECEK [member organisations](#). In summary, the submission notes that:

- Regional Alcohol Reform is a priority in the ECEK Regional Development Agenda
- Regional Alcohol Reform must be undertaken in line with principles agreed in the Statement from the Kimberley Regional Roundtable on Alcohol Management, held in Broome on 7 July 2017
- ECEK is willing to work in partnership with government and other relevant regional stakeholders to develop a Regional Alcohol Action Plan containing a balance of demand and supply side and harm reduction measures to address alcohol-related harm
- Volumetric restrictions alone will not address the social determinants of alcohol use but may form part of a holistic strategy; any additional supply side restrictions must be accompanied by community consultation on a range of demand, supply and harm reduction measures over the long-term

Please find attached to this cover letter:

1. ECEK submission



2. Evidence of alcohol-related harm in the East Kimberley (contained in a preliminary findings report of recent research conducted by Professor Marica Langton's team from the University of Melbourne)
3. Snapshot of services provided by ECEK member organisations in the East Kimberley
4. Statement from the Kimberley Regional Roundtable on Alcohol Management, July 2017

We would welcome the opportunity to work with you and other key stakeholders to develop a Regional Action Plan. To discuss this further, please contact BBY CEO Christy Hawker by email on ceo@bby.org.au or by phone on (08) 9169 2272.

Yours sincerely

A handwritten signature in blue ink, appearing to read "D Hill", is written over a light blue horizontal line.

Des Hill
Chairman