An evaluation of the Katherine Alcohol Management Plan and Liquor Supply Plan

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An evaluation of the Katherine Alcohol Management Plan and Liquor Supply Plan

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A report prepared for the Northern Territory Department of Justice

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ABBREVIATIONS

ARG	Alcohol Reference Group
CJP	Community Justice Policy
FaHCSIA	(Australian Government) Department of Families, Housing, Community Services and Indigenous Affairs
ITCG	Inter-agency Tasking and Co-ordination Group
KRAHS	Katherine Regional Aboriginal Health Related Services
KRHG	Katherine Region Harmony Group
NTER	Northern Territory Emergency Response
NTG	Northern Territory Government
NTLC	Northern Territory Licensing Commission

1 Executive summary

1.1 Background to the Katherine AMP

The town of Katherine is located 312 km south-east of Darwin along the Stuart Highway. In 2006 the Estimated Resident Population was 8,193, almost a quarter of them being Indigenous.

Like the rest of the NT, Katherine exhibits a high rate of alcohol consumption. In 2008, apparent per capita consumption of alcohol by persons aged 15 and over in the NT was equivalent to 14.5 litres of absolute alcohol, nearly 50% above the national level of 9.95 litres of absolute alcohol. In recent decades a number of initiatives have addressed alcohol problems at a local level in Katherine, most of them framed as responses to 'anti-social behaviour', a term which is widely used in public discourse in NT towns to refer to Aboriginal public drunkenness. The current Katherine Alcohol Management Plan (AMP) was developed initially as a draft under the auspices of the Katherine Region Harmony Group (KRHG), which was formed in 2003. Under the draft plan, measures were grouped under the three headings of Supply Reduction, Harm Reduction and Demand Reduction. Under Supply Reduction, the plan identified three initiatives:

- establishment of a 'Dry Zone' (more formally, a Public Restricted Area) over a limited part of the central business district of Katherine;
- creation of a 'Liquor Accord' under which licensees in Katherine would commit themselves to specific measures to ensure the responsible sale of alcohol on licensed premises, and
- improved patrols to support the Dry Zone initiative.

Under 'harm reduction' the Plan called for increased accommodation facilities to meet the needs of short-term visitors to Katherine; targeted case management of at risk individuals, and increased use of court-mandated treatment for alcohol-dependent people. Demand reduction measures proposed were, firstly, establishment of a 'Healing Pathway' to link early intervention services with access to withdrawal management, rehabilitation and post-discharge programs and, secondly, an education campaign to promote responsible drinking behaviour.

The AMP in its final form incorporated all of these measures, with one modification: the 'Dry Zone' was extended to cover the whole of the town of Katherine.

1.2 Implementation of the Katherine AMP

With respect to the measures described as 'supply reduction' measures:

- the 'dry zone' was ratified by the NT Licensing Commission and thereby became law;
- the proposed liquor accord has not been finalised, and
- community patrols have continued to operate, although it is not clear that any improvements in them have resulted from the AMP.

With respect to measures identified in the AMP as 'harm reduction' measures:

- meeting needs of short term residents in Katherine: despite a considerable amount of activity on the part of various agencies, no new facilities have been created to meet

this need, apart from eight units in Katherine allocated to Kalano Community Association for short term accommodation of people exiting from alcohol rehabilitation. According to information provided by the NT Department of Justice, in 2007 the Australian Government gave Kalano Community Association Inc. eight demountables for use as short term accommodation but, because no funds were provided for operation or maintenance, the units have never been commissioned. In 2009 the NT Government gave Kalano $30,000 to carry out a scoping exercise on accommodation needs of visitors to Katherine. More recently Mission Australia is reported to have conducted a survey that found that visitors sleeping rough were not looking for other forms of accommodation, and would be willing to pay no more than a minimal amount for accommodation. Also in 2009, the Inter-agency Tasking and Co-ordination Group (ITCG) identified a need for a working group to address accommodation needs in Katherine, including those of short term visitors. The group was coordinated by NT Shelter. Although a number of options are reported to have been identified, none has gone forward as a fully developed proposal. In the meantime Strongbala proposed to adapt a private property for short term accommodation needs, but did not obtain funding. In February 2010, Mission Australia identified three priorities for funding by the NT Government, namely supported accommodation for 12 – 18 year olds; emergency accommodation for men with children, and infrastructure and amenities for people camping around Katherine, including public showers, public toilets, drinking water in the CBD, more bins, shelters, and BBQ areas.

- However, since the beginning of 2008 two new bus services have commenced in Katherine to transport people to surrounding communities – the Bodhi Bus Kalkaringi, Lajamanu, Mataranka, Ngukurr and Top Springs, a bus operated by Nitmiluk Tours servicing Katherine to Beswick, Barunga, Manyallaluk, Binjarri, Rockhole, Jodejeluk and Kalano.

- targeted case management of at risk individuals: a Healing Pathways program was initiated by Katherine Regional Aboriginal Health Related Services (KRAHS) The program was initially funded till 30 June 2010. It subsequently received an extension of funding until September 2010 while a request for further funding for 2 years was being considered. Kalano Community Association has secured funding for a post-rehabilitation program that will also incorporate a case management approach. This program however is not part of the AMP.
- court ordered interventions: an Alcohol Court in Katherine commenced in Katherine in June 2008 with a part-time clinician position attached. However, the number of referrals was low. In September 2009 the clinician resigned and was not replaced. Around the same time the NT Department of Justice commenced a review of the Alcohol Court model then in use. During its period of operation, 19 people, all male, went through the Alcohol Court in Katherine.

With respect to initiatives designated as ‘demand reduction’, namely:

- implement an effective healing pathways for those dependent on alcohol: see above;
- responsible drinking campaign: this has not been implemented.

A promising program that has a demand reduction component is the Katherine Strongbala Health 4 Life Program established by Wurli Wurlinjang Health Service for Indigenous males. However this is independent of the AMP.

1.3 Outcomes

Data was collected and analysed with respect to four groups of outcome indicators, covering:

- trends in alcohol sales in Katherine as indicated by wholesale supply of alcohol to outlets in and around Katherine;
- presentations at the Emergency Department of Katherine Hospital for alcohol-related disorders, and alcohol-related hospital separations at Katherine Hospital;
- trends in incidence of alcohol-related assaults in Katherine , as recorded by NT Police, and
- trends in public order incidents and apprehensions for public drunkenness in Katherine as reported by NT Police.

1.3.1 Trends in alcohol sales

Trends in the total amount of alcohol supplied to retail liquor outlets in and around Katherine by wholesalers in the NT between calendar years 2005 and 2009 inclusive were analysed. To protect commercial confidentiality, outlets were grouped into five categories: clubs, public hotels, off-licences, other outlets in Katherine, and outlets in the surrounding district. Litres of alcoholic beverages supplied were converted to equivalent amounts of pure alcohol for purposes of analysis.

In the three years preceding introduction of the AMP and Liquor Supply Plan (2005-2007), total supplies to outlets in Katherine remained virtually unchanged, with a decline of 39% in supplies to off-licenses being offset by growth in 45% of supplies to public hotels. Over the same period, however, supplies to outlets in the surrounding area increased, resulting in an overall growth in sales.

In 2008, following introduction of the AMP and Liquor Supply Plan, total alcohol supplies to outlets in and around Katherine declined by 12.2% from 231,026 litres of pure alcohol to 202,926 litres. This was brought about by a modest decline of 4.4% in supplies to off-licences, and a more substantial decline (20.3%) in supplies to public hotels. In 2009, however, total wholesale supplies to outlets in and around Katherine once again increased to 211,422 litres of pure alcohol, an increase of 4.2% from the 2008 level, but still 8.7% below the 2007 level.. The growth was due almost entirely to increased supplies to hotels in Katherine. While this may indicate that the effects of the AMP and Liquor Supply Plan on apparent consumption were short-lived, the 2009 increase appears to have been shaped at least in part by one of two public hotels in Katherine starting to act as a de facto wholesaler by supplying liquor to other outlets in and beyond Katherine. More than 85% of the growth in wholesale supplies to hotels in Katherine in 2009 was accounted for by increased supplies to this particular outlet. It is recommended that, while the hotel concerned is not acting illegally in on-selling to other outlets, it be required to record these activities separately in reporting to the NT Licensing Commission.

Analysis of trends in wholesale supplies of specific beverage categories over the same period reveals two significant changes. Firstly, in 2007 supplies of cask wine declined by almost 50% from 61,752 litres of pure alcohol to 32,735 litres, but on this occasion the reduction was offset by increased sales of fortified wines, which increased by more than 750% from 2,597 litres of pure alcohol to 22,165 litres, and less spectacular but nonetheless significant increases in supplies of pre-mixed and standard spirits. As a result, the total amount of alcohol supplied to outlets did not decline. In 2008, following introduction of the AMP and Liquor Supply Plan, supplies of cask wine declined further. This time, although supplies of standard

spirits and full strength beer increased at the same time, the net result still represented a drop in total alcohol supplies.

1.3.2 ED admissions for alcohol-related disorders

Introduction of the AMP was followed by a sharp fall in ED presentations for 'mental and behavioural disorders due to use of alcohol', but the effect was short-lived and within six months the number of presentations began to climb back to previous levels, with a result that between 1 January 2008 and 31 December 2008 the number of presentations (166) was 7.8% higher than in the preceding 12 month period. Although further fluctuations were recorded in 2008-09, the number of presentations in the first six months of 2009 (96) was higher than in the same period of any of the preceding three years for which data was collected.

1.3.3 Alcohol-related hospital separations

As with ED presentations for mental and behavioural disorders due to alcohol, introduction of the AMP was followed by a short term decline in hospital separations for the same conditions, but this soon gave way to an increase. Between January and June 2008 – the six months immediately following commencement of the AMP, the total number of separations (93) was 25% lower than during the same months of 2007. But in 2009 the number of separations between January and June (144) was 16.1% *higher* than during the same months in 2007.

Hospital separations for injuries (not all of which are alcohol related) showed a similar trend: that is, a short term drop following commencement of the AMP, followed by an increase. The total number of separations in the first six months of 2008 (222) was in fact 18.7% higher than in the same months of 2007, and in the first six months of 2009 was slightly higher again (232).

1.3.4 Assaults

The numbers of all recorded assaults, and assaults designated by police as 'alcohol-related', both declined in the first six months following commencement of the AMP, after which both indicators increased in number, with a result that in the first six months of 2009 the number of alcohol-related assaults (263) was 32% higher than it had been in the same period of 2007 – i.e. before commencement of the AMP.

1.3.5 Disturbances and anti-social behaviour

The numbers of incidents recorded by police as 'disturbances' or 'drunk person' both declined immediately following introduction of the AMP but (a) this decline could not be attributed to the AMP since it marked a continuation of a trend that had commenced some 12 months earlier and (b) it was in any case short-lived. Within three months of the AMP the numbers of disturbances and 'drunk person' incidents had begun to increase, with a result that the number of disturbances in the first six months of 2009 was 5.8% higher than in the same period of 2008, while the number of 'drunk person' incidents was 26.7% higher.

1.3.6 Apprehensions for public drunkenness

Introduction of the AMP in January 2008 was followed by a short term decline in apprehensions for public drunkenness, but that within six months this trend had given way to the same sort of upward trend that had existed prior to the AMP being introduced. As a result, in January-March 2009 the number of apprehensions (3315) was not only 21.0% higher than

in January-March 2008, but also 8.5% higher than the 3054 apprehensions in the same quarter of 2007.

In sum, analysis of trends in recorded assaults, disturbances and anti-social behaviour and in apprehensions for public drunkenness suggests that, although commencement of the AMP had a short-term effect on indicators of harm, it has *not* achieved its objective of sustained reductions in alcohol-related harms associated with violence and public order.

1.4 Community views about the AMP: results of a phone survey

In order to gauge the extent of support for, or opposition to, the AMP among local residents, a telephone survey of Katherine residents aged 18 and over was conducted between 15 and 22 February 2010. A total of 347 interviews were conducted. The sample was weighted to make it representative of the Katherine population. The questionnaire comprised eight questions relating to the AMP or Liquor Supply Plan, plus three questions relating to socio-demographic information about respondents.

The survey showed that most Katherine residents had heard about an AMP, more than one-quarter had not. When those who had heard of the AMP whether or not they had been personally affected by it, more than half (56.7%) said they had not been affected, while 41.8% said they had been affected. Asked whether they thought Katherine's alcohol problems had improved, remained the same or deteriorated over the preceding 12 months, a majority (58.7%) thought they had remained the same, while 26.0% thought they had got worse. Only 13.4% believed that there had been an improvement.

A large majority (82.8%) supported the Dry Town declaration, while most people believed that the AMP should be retained in its present form (23.7%) or with modifications (61.6%). 5 Only 10.6% thought the AMP should be abandoned. Respondents were also asked whether or not they supported specific restrictions on sales of liquor under the Liquor Supply Plan. All of the restrictions enjoyed the support of a majority of respondents, with proportions ranging from 55% to 81% in support.

Respondents who recommended that the AMP be retained, but with modifications, were asked what sort of modifications they would like to see implemented. Responses were not pre-coded. It was clear from responses that alcohol-related problems in Katherine were widely seen as being synonymous with Indigenous public drunkenness in the town, and that as far as most of those commenting were concerned, measures should be designed to address this issue more or less exclusively. The most widely favoured response was more policing and/or extended penalties, with 37 responses calling for a *reduction* in the scope of current restrictions on alcohol sales on the grounds that they inconvenienced various categories of people, such as station workers or tourists. In similar vein, 19 responses consisted of calls to target measures more specifically at 'problem drinkers'. On the other hand, 20 responses involved calls to extend the scope of restrictions on sales of alcohol – which would by definition apply to Indigenous and non-Indigenous drinkers alike. In interpreting these responses, it should be noted that Indigenous residents of Katherine were statistically under-represented, while people without landlines were not represented at all.

2 Introduction

This report is an evaluation of the Katherine Alcohol Management Plan (AMP): a set of measures developed initially by the Katherine Region Harmony Group and given official endorsement in November 2007 by the NT Licensing Commission when it approved an application by Katherine Town Council to have the town of Katherine declared a 'Dry Zone' – that is, an area in which public consumption of alcohol was prohibited. The Dry Zone declaration took effect on 21 January 2008. While no such formal commencement date applies to any of the other measures that make up the AMP, we have taken this date as marking the commencement of AMP implementation for evaluation purposes.

The evaluation was conducted by a team from the Menzies School of Health Research for the NT Department of Justice. The evaluation methodology used is outlined in Section 3 of this report. Section 4 outlines the social and historical context in which the Katherine AMP evolved. Section 5 is a 'process evaluation', describing steps taken to implement the AMP. This is followed (Section 6) by an analysis of outcomes – using indicators of alcohol-related harm – that followed implementation of the AMP. Section 7 presents findings from a survey conducted to gauge the extent of support for, or opposition to, the AMP in Katherine, while Section 8 presents our conclusions and recommendations.

3 Evaluation Methodology

The evaluation comprises a process evaluation the Katherine AMP and the associated Liquor Supply Plan, describing the implementation of the Plan, and an assessment of outcomes arising from the AMP. The outcome evaluation follows a pre-test, post-test design.

3.1 Data collection: process evaluation

In order to gain an understanding of how the AMP was implemented, and of issues generated along the way, members of the evaluation team visited Katherine and interviewed stakeholders between February and April 2010. People and organisations were selected to be contacted via local community service and business directories developed by the Chamber of Commerce and Wurli Wurlinjang Health Service, advice from government agencies and through a word of mouth 'snowball' process. A total of 67 individuals were interviewed in one-to-one interviews, while other individuals took part in some group interviews. Organizations represented through these interviews included Katherine Town Council, seven federal and NT government departments, five Indigenous organizations, 12 non-government organizations, licensees and local business-people.

Interviews were semi-structured, with the following questions being used as guiding topics.

1. What is your understanding of the Katherine AMP? How do you define it?
2. Were/are you involved at all in the development/implementation of the AMP?
3. What do you understand as the purpose of the AMP? Has the AMP achieved its purpose?
4. What do you understand as the scope and implementation of the AMP? Has this been adequate or appropriate?
5. Do you think the AMP is working? Why/why not?
6. What solutions to you see?
7. What committees or community groups do you belong to?
8. Are you Indigenous or is your organisation Indigenous focussed?

Nineteen interviews were recorded; some interviewees declined to be recorded and in these cases notes were taken at the time. Notes or recordings were then used to develop written records of the interviews. Written records were then analysed using Framework Analysis as described by Jane Ritchie and Liz Spencer (Ritchie and Spencer 1994).

3.2 Outcome indicators

Data was collected and analysed for four groups of outcome indicators, covering:

- trends in alcohol sales in Katherine as indicated by wholesale supply of alcohol to outlets in and around Katherine;
- presentations at the Emergency Department of Katherine Hospital for alcohol-related disorders, and alcohol-related hospital separations at Katherine Hospital;
- trends in incidence of alcohol-related assaults in Katherine , as recorded by NT Police, and
- trends in public order incidents and apprehensions for public drunkenness in Katherine as reported by NT Police.

3.2.1 Analysing trends in alcohol sales

The total amount of alcohol supplied to retail liquor outlets in and around Katherine by wholesalers in the NT between 2005-06 and 2008-09 was made available to the evaluators by the NT Department of Justice. In order to analyse trends in alcohol sales while maintaining respect for commercial confidentiality, outlets were grouped into five categories, as shown in Table 3.1.

Table 3-1: Liquor outlets included in analysis

Outlet category	Outlets
Public hotels	Katherine Hotel Stuart Hotel
Clubs	Katherine Club Katherine Country Club Katherine Sports and Recreation Club
Off-licences	Mac's Liquor Elders Pastoral 5 Star Supermarket Riverview Motel & Caravan Park
Other outlets in Katherine	Knott's Crossing Resort All Seasons Katherine Beagle Motor Inn Eagle's Nest Bistro Katherine Low Level Caravan Park Katherine Motel Katherine River Lodge Landmark Katherine Nitmiluk Centre Paraway Motel Pine Tree Motel Springvale Homestead

	Starvin'
Outlets in surrounding area	Daly Waters Pub Heartbreak Hotel Hi Way Inn (Daly Waters) Mary River Roadhouse Mataranka Homestead Tourist Resort Mataranka Hotel Mataranka Supermarket Pine Creek Hotel Top Springs Hotel Victoria River Roadside Inn

The figures were collated in litres of absolute alcohol, derived by the Department of Justice by using conversion factors listed in Table 3.2.

Table 3-2: Conversion factors used to convert litres of alcoholic beverages to corresponding amount of absolute alcohol

Beverage category	Conversion factor
Wine (cask)	.119
Wine (bottle)	.119
Fortified wine	.185
Cider	.06
Standard spirits	.385
Pre-mixed spirits	.057
Beer Full Strength	.048
Beer Mid Strength	.035
Beer Low	.03

3.2.2 Emergency Department presentations for alcohol-related disorders

Presentations to Katherine Hospital Emergency Department for conditions described under the International Classification of Diseases as 'Mental and behavioural disorders due to alcohol use' (codes F10.0 – F10.9) [1] were collated for the years 2005-06 to 2008-09. The specific codes are shown in the table below.

Table 3-3: ICD-10 codes used to examine trends in Emergency Department presentations

F10.0	Mental & behavioural disorder due to alcohol use acute intoxication
F10.1	Mental & behavioural disorder due to harmful alcohol use
F10.2	Mental & behavioural disorder due to alcohol – dependence syndrome
F10.3	Mental & behavioural disorder due to alcohol withdrawal state
F10.4	Mental & behavioural disorder due to alcohol use - withdrawal state with delirium
F10.5	Mental & behavioural disorder due to alcohol use - psychotic disorder
F10.6	Mental & behavioural disorder due to alcohol use - amnesic syndrome
F10.7	Mental & behavioural disorder due to alcohol - residual & late onset psychotic disorder
F10.8	Mental & behavioural disorder due to alcohol – other mental & behavioural disorders
F10.9	Mental & behavioural disorder due to alcohol – unspecified mental & behavioural disorders

[1] World Health Organization (2007). International Statistical Classification of Diseases and related Health Problems, 10th Revision (ICD 10), Version for 2007. Geneva, World Health Organization.

3.2.3 Hospital separations for injuries and alcohol-related mental and behavioural disorders

Hospital separations at Katherine Hospital for the same codes (F10.0 – F10.9) were also examined for the years 2005-06 to 2008-09. However, because a high proportion of alcohol-related harm is reflected not in dependence but in inter-personal violence, we also examined trends for injury separations, using the ICD10- codes S00 to T14, which are listed below.

Table 3-4: Injury codes used in examination of hospital separations (ICD10)

S00-S09	Injuries to the head
S10-S19	Injuries to the neck
S20-S29	Injuries to the thorax
S30-S39	Injuries to the abdomen, lower back, lumbar spine and pelvis
S40-S49	Injuries to the shoulder and upper arm
S50-S59	Injuries to the elbow and forearm
S60-S69	Injuries to the wrist and hand
S70-S79	Injuries to the hip and thigh
S80-S89	Injuries to the knee and lower leg
S90-S99	Injuries to the ankle and foot
T00-T07	Injuries involving multiple body regions
T08-T14	Injuries to unspecified part of trunk, limb or body region

Source: World Health Organization 2007

3.2.4 Alcohol-related and other assaults

Assaults in Katherine as recorded by NT Police for the years 2005-06 to 2008-09 inclusive were categorised by Police as involving alcohol, not involving alcohol, and degree of alcohol involvement unknown. For purposes of this evaluation, the two categories used are 'alcohol involved' and 'all assaults'.

3.2.5 Anti-social behaviour, disturbances and apprehensions for public drunkenness

'Incidents' are episodes that come to the attention of police – whether from their own observation or someone else's information – that may or may not lead to an offence being recorded and processed. For the purposes of this evaluation, alcohol-related incidents categorized as shown in the right hand column in the table below were grouped into four sub-groups, as shown in the left hand column: anti-social behaviour; disturbance; drunk person, and liquor, prescribed areas etc.

Table 3-5: Police incident categories used in analysis

Analytical category	Police incident category
Anti-social behaviour	• Anti-social behaviour • Behaviour – disorderly – strees
Disturbance	• Disturbance – general

	• Disturbance – licensed premises • Disturbance – neighbours or other • Disturbance – noise complaint • Disturbance – rock throwing • Disturbance – youth
Drunk person	• Drunk person • Drunk driver
Liquor, prescribed area etc	• Liquor, prescribed area • Liquor, public place • Liquor restricted area

Trends in apprehensions for public drunkenness – covering cases where persons were discharged to the sobering-up shelter or detained in police cells – were also examined.

4 Background to the Katherine Alcohol Management Plan

The town of Katherine is located 312 kilometres south-east of Darwin along the Stuart Highway, on the Katherine River (Katherine Town Council 2010). In 2006 the Estimated Resident Population of Katherine Town, according to the ABS, was 8,193, of whom a quarter (24.2%) identified as Indigenous (Australian Bureau of Statistics 2007). It is known as a crossroads, being situated at the junction of the Stuart Highway connecting Darwin with Alice Springs, and the Victoria Highway that extends westward into Western Australia. Katherine is also the administrative and service centre of the Katherine Region, covering 336,674 sq. km. – almost the size of Victoria. The regional population is a little over 24,000, of whom 60% are Indigenous (Katherine Town Council 2010).

For many years the economic base for the town was provided by the pastoral and mining industries. Both continue to play a role, augmented today by the proximity of Tindal RAAF Air Base, approximately 16 km to the south, and tourism (Katherine Town Council 2010).

Katherine is also a centre for three main Aboriginal language groups: the Jawoyn, Wardaman and Mialli, although members of another 27 regional language groups are also resident in Katherine (Wurli Wurlinjang Health Service 2009). Aboriginal people live in communities in and around the town, the largest being Mialli Brumby (Kalano), Rockhole, Binjari, Walpiri and Gorge Camp (Wurli Wurlinjang Health Service 2009). The Jawoyn Association, representatives of the Jawoyn people who are traditional occupants of the area, are joint managers of Nitmiluk National Park which includes the well-known tourist attraction of Katherine Gorge (Katherine Town Council 2010).

Like the rest of the NT, Katherine exhibits a high rate of alcohol consumption. In 2008, apparent per capita consumption of alcohol by persons aged 15 and over in the NT was equivalent to 14.5 litres of absolute alcohol, nearly 50% above the national level of 9.95 litres of absolute alcohol (Australian Bureau of Statistics 2009; Northern Territory Government Department of Justice 2009). Up to date estimates of apparent per capita consumption at a regional level, that also differentiate Indigenous from non-Indigenous drinkers, are not available. However, Gray and Chikritzhs in 2000 estimated that between 1995/95 and 1997/98, apparent per capita consumption of alcohol by persons aged 15 and over in the

'Lower Top End' of the NT was 21.01 litres for Aboriginal drinkers and 15.25 for non-Aboriginal drinkers (Gray and Chikritzhs 2000).

In recent decades, alcohol-related problems in Katherine have been a continuing pre-occupation, with many local initiatives being framed as responses to 'anti-social behaviour', a term which, as one of us has noted in an earlier report, is widely used in public discourse in NT towns to refer to Aboriginal public drunkenness – without actually identifying Aboriginal people and thereby inviting a charge of racism (d'Abbs, Gray et al. 1999). In 1996, a Katherine Anti-Social Behaviour Committee was established. Two years later it reformed as the Alcohol-related Anti-Social Behaviour Sub-Committee (ARASBSC) and declared at its first meeting that 'anti-social behaviour needs to be removed from the streets' through a strategy of targeting 'the sixty to eighty people that are the core of these problems' (d'Abbs, Gray et al. 1999). A year later yet another committee was formed, this time by the then local MLA Mike Reed who, after an invitation only meeting convened at his office in March 1999, issued a media statement as 'Chairman, Katherine Anti-Social Behaviour Committee', in which the Committee 're-affirmed its tough stance to resolving the town's problems', which required, however, that it 'must be small, decisive and have the capacity to implement programs quickly' (d'Abbs, Gray et al. 1999).

4.1 Origins of the Katherine Alcohol Management Plan

The events that resulted in the creation of the Katherine AMP date back to 2003 when the Katherine Region Harmony Group (KRHG) was formed, with representatives from community organizations, NGOs, and Local, NT and Australian Government bodies (Katherine Region Harmony Group 2007). In 2006 the KRHG received funds from the NT Government's Office of Alcohol Policy to engage a consultant whose task was to develop, on the basis of consultations, an alcohol management plan. This in turn led to the formulation of a Draft Alcohol Management Plan AMP early in 2007. The contents of the Draft AMP were grouped under the three headings of Supply Reduction, Harm Reduction and Demand Reduction. Under Supply Reduction, the plan identified three initiatives:

- establishment of a 'Dry Zone' (more formally, a Public Restricted Area) over a limited part of the central business district of Katherine;
- creation of a 'Liquor Accord' under which licensees in Katherine would commit themselves to specific measures to ensure the responsible sale of alcohol on licensed premises, and

- improved patrols to support the Dry Zone initiative[2].

Under 'harm reduction' the Plan called for increased accommodation facilities to meet the needs of short-term visitors to Katherine; targeted case management of at risk individuals, using the Sobering-up Shelter as a key reference point, and increased use of court-mandated treatment for alcohol-dependent people. Demand reduction measures proposed were, firstly, establishment of a 'Healing Pathway' to link early intervention services with access to withdrawal management, rehabilitation and post-discharge programs and, secondly, an education campaign to promote responsible drinking behaviour (Katherine Region Harmony Group 2007).

Although all of the measures proposed in the KRHG's Draft AMP were subsequently incorporated in the AMP that forms the subject of this evaluation, the KRHG itself did not retain a significant role in the AMP's implementation, largely, it would appear, as a result of restructuring and policy shifts within NTG agencies. In July 2007, three existing NTG units – the Office of Crime Prevention and the Office of Alcohol Policy (both located in the Department of Justice) and Community Harmony (in the NT Department of Local Government and Community Development; supporter of Harmony Groups) were all disbanded and reformed as Community Justice Policy (CJP) under the NT Department of Justice[3]. CJP in turn developed a Public Safety Model, which resulted in two changes at the level of local communities such as Katherine. The first was the formation of Inter-agency Tasking and Coordination Groups (ITCGs), chaired by Police and intended as an operational, problem-solving group addressing matters of public safety. The second was the creation of regional Community Safety Officers to provide local support for ITCGs.

Parallel with these changes, an Alcohol Reference Group (ARG) was established in Katherine in January 2008, also under the Department of Justice, its envisaged role being that of a community and stakeholder governance group to oversee the development, implementation and effectiveness of the AMP. Members of the ARG were appointed by the Minister for Racing, Gaming and Licensing[4].

[2] Community patrols (or, as they are sometimes called, night patrols) would normally be classified as a 'harm reduction' measure rather than a supply reduction measure, since they do not actually affect the sale or supply of alcohol.
[3] Pers. Comm.. Jane Alley, Department of Justice.
[4] Alcohol Reference Group, Terms of Reference, January 2008. (NT Department of Justice).

According to the Department of Justice, while the ARG has had some support from local DoJ staff, this support has been limited in capacity. A regional Alcohol Strategy Officer was not appointed till January 2010, and even this position was funded by the Australian Government Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) with primary responsibility for developing AMPs in remote communities [5]. In the meantime, following an organizational review within the Department of Justice, another restructuring took place, leading to the creation of an Alcohol Strategy Unit, which is responsible for the range of alcohol-related departmental functions, including AMPs and, therefore, Alcohol Reference Groups.

This sequence of events appears to have had several consequences. Firstly, KRHG disbanded following the 2007 restructuring, the formation of CJP and the emergence of the Public Safety Model, and this change in turn appears to have entailed a general weakening of local community input into the development and implementation of the AMP. Secondly, these changes – some of which took place simultaneously with commencement of the Australian Government's NT Emergency Response (NTER) – have given rise in Katherine to confusion over just who is responsible for what. Several stakeholders with whom we spoke were uncertain as to whether the AMP currently in place is the original version as prepared under the KRHG or some other plan drawn up by the ITCG and/or the Alcohol Reference Group. Thirdly, and partly as a result of inadequate support being provided to the ARG, the momentum in decision-making in matters relating to the AMP has to some extent passed to the ITCG, which in turn has led to the AMP itself being seen as a largely 'top down' exercise.

4.2 Katherine becomes a 'dry zone'

In the meantime, the proposal to establish a Dry Zone in Katherine, had been taken up by Katherine Town Council, which on 1 March 2007 made formal application to the NT Licensing Commission (NTLC) to have the Katherine CBD declared a Public Restricted Area (Northern Territory Licensing Commission 2007). In response, the Licensing Commission held a public consultation forum in Katherine on 7 June. Shortly afterwards, on 12 July 2007, Katherine Town Council asked the NTLC to conduct an inquiry into the possibility of expanding the proposed Public Restricted Area to include the whole of Katherine township.

[5] Pers. Comm.. Jane Alley, NT Department of Justice.

On 5 September, the NTLC held a public hearing at Katherine Court House consider the request (Northern Territory Licensing Commission 2007).

The Commission was satisfied that the proposal to declare the whole township a Dry Zone had strong public support, and on 19 October 2007 approved the proposal, determining that it should take effect on 21 January 2008. However, in response to concerns that the declaration would interfere with social gatherings such as picnics, it excluded the Katherine Low Level Crossing Reserve from the declaration – between the hours of 7 am and 7 pm only. The impact of this decision, however, appears to have been affected by the NT Emergency Response (NTER), which took effect around this time. Under the NTER, all town camps in Katherine became 'Prescribed Areas' in which possession and consumption of alcohol was illegal. In consequence, some town camp residents were said by police to have begun drinking alcohol in the Low Level Reserve. In response, the NTLC in December 2007 – just a few weeks after the Public Restricted Area declaration - amended its decision by reducing the exempted area to 'a small portion defined as the barbecue area immediately above the Katherine River' between the hours of 7.30 am and 7.30 pm (Northern Territory Licensing Commission 2007).

In formally declaring the Dry Zone, the NTLC also stressed that it did so on the understanding that other services in Katherine, notably the sobering-up facility and Venndale rehabilitation centre, would be funded to expand their programs as part of a comprehensive approach to reducing alcohol problems in the town (Northern Territory Licensing Commission 2007).

4.3 Introduction of Liquor Supply Plan

In conjunction with the September public hearing, the NTLC also conducted a public consultation forum to gauge responses to a draft Liquor Supply Plan put forward by the NT Department of Justice. The Commission received 64 written submissions about the plan, the 'vast majority' of which, according to the Commission, objected to it in its entirety (Northern Territory Licensing Commission 2007). Nonetheless, the Commission agreed to impose a range of measures, many of them targeting what it defined as 'high risk' products, in the expectation that doing so would help reduce abuse of these products and the associated harms. The measures were:

- Trading hours for on premises sales and current "light beer" restriction before 12.00 for the Katherine township remain the same.
- Takeaway sales to be permitted between 2:00pm to 8:00pm only, with no takeaway trading in all licensed premises on Christmas Day and Good Friday and no takeaway trading in stores on Sundays.
- No cask wine or fortified wine sales in containers larger than two (2) litres.
- Takeaway sales of cask wine and fortified wine (including Stones Green Ginger Wine) to be limited to the hours of 2pm to 6pm only.
- Takeaway purchase of cask wine and fortified wine to be limited to one (1) two (2) litre cask or one (1) bottle fortified wine per person per day.
- No drive through takeaway sales to taxi drivers on duty.
- No purchased takeaway products to be kept on premises within an on licence for later collection.
- All Licensees are required to provide liquor product sales figures as directed by the Commission.
- Licensees who are licensed to sell liquor for consumption both on and off premises are required to provide liquor figures clearly identifying "on and off premises" sales.
- Camera surveillance to be installed and operated in the alcohol service areas of all store licences and off-licences.
- All staff serving alcohol must hold a Responsible Service of Alcohol Certificate within one month of commencing employment or as soon as practicable thereafter. The Commission notes that the unavailability of courses makes it difficult to impose an absolute requirement as a condition and encourages the government to assist in sponsoring relevant courses.

In announcing the revised takeaway conditions, the NTLC indicated that they would apply not only in Katherine itself but to all relevant premises in the surrounding locations of Mataranka, Victoria River and Pine Creek, on the grounds that without their inclusion, drinkers could travel to them and circumvent the restrictions in Katherine itself (Northern Territory Licensing Commission 2007).

However, licensees from a number of outlets, including Victoria River Roadside Inn, Mataranka Supermarket and the Pine Creek Hotel, appealed against the restrictions, while the Australian Hotels Association applied on behalf of five Katherine outlets to have the new takeaway conditions modified to allow takeaway trading on Fridays, Saturdays and public holidays to commence at 12 noon rather than 2 pm. In response, in a decision announced on 4 December 2007, the NTLC outlined further amendments to the Liquor Supply Plan. Outlets in Mataranka, Pine Creek and Victoria River were exempted from the takeaway restrictions, while takeaway trading in Katherine was to be permitted to commence at 12 noon on Saturdays and public holidays, but not on Fridays, which would retain at 2pm commencement. The exemption of Mataranka, Pine Creek and Victoria River outlets was to

be reviewed three months after commencement of the restrictions to see whether transference of alcohol purchases was occurring (Northern Territory Licensing Commission 2007)[6].

These measures were also to take effect as of 21 January 2008, which therefore effectively marks the beginning of implementation of the Katherine AMP itself. The AMP as it currently stands (which is shown in full in Appendix A of this report) is similar to the draft AMP prepared by the KRHG in 2007, with the difference – already noted – in the scope of the Public Restricted Area. Another measure which came into effect on 23 June 2008 – namely the introduction of a photo ID system for all purchases of takeaway alcohol in Katherine – is not part of the AMP or of this evaluation (except insofar as some of the outcomes examined below may be in part attributable to the ID system).

[6] However, in February 2008 the NTLC ruled in favour of an application by Mataranka Community Government Council to have the area covered by the township of Mataranka declared a Public Restricted Area, to take effect from 21 April 2008 Northern Territory Licensing Commission (2008). Reasons for decision on application by Mataranka Community Government Council for a Public Restricted Area. Darwin, Northern Territory Licensing Commission..

5 Implementation of the Katherine AMP

In this section we describe the steps taken to implement the various components of the AMP. The account is based mainly on information collected from interviews with stakeholders in Katherine conducted between February and April 2010. See Appendix B for a list of people interviewed. We address each of the three components of the AMP in turn, namely:

- Goal 1: reduce supply
- Goal 2: reduce harm
- Goal 3: demand reduction.

In describing what, if anything, has been done to implement particular measures, we are not presuming to make judgement on impact or effectiveness, though along the way we draw attention to comments made to us about the impact of measures. The main purpose of this section is to examine the extent to which components of the AMP have been implemented as foreshadowed in the AMP.

5.1 Goal one: Reduce supply

The AMP identifies three strategies for reducing supply of alcohol in Katherine. These are:

1. To establish a "dry zone" over the central business district of Katherine
2. Implement a Liquor Accord
3. Improved patrols

5.1.1 'Dry zone' declaration

As indicated above, Katherine Town Council formally lodged an application with the NT Licensing Commission in March 2007 to have an area of the central business district of Katherine declared a Public Restricted Area and, while the NTLC was considering its response to the request, then sought a broader declaration by asking for the entire Township of Katherine to be made a Public Restricted Area, with a partial exemption of the Katherine Low Level Crossing Reserve. In October 2007 the NTLC acceded to the request, which took effect on 21 January 2008.

A phone survey conducted as part of this evaluation (and reported in Section 7 below) found that the Dry Zone declaration enjoyed a high level of public support. However, in a written submission prepared for the evaluation by several Aboriginal organizations, the organizations

argued that the approach embodied in the AMP had combined with restrictions introduced under the NTER to foster an understanding among police in particular that alcohol management was mainly a matter of 'clearing blackfellas off the streets' (Wurli Wurlinjang Health Service and Katherine Regional Aboriginal Health and Related Services (KRAHRS) 2010). According to the submission, this had led to drinkers being forced into dangerous environments such as the banks of the Katherine River or near to highways and roads leading out of town. The submission also claimed that police behaviour had recently become overtly discriminatory, with one disturbing case being cited of an Aboriginal employee who, while walking to work t 7.30 am in work uniform, had been compelled by police to turn out her bag as they were 'looking for grog' (Wurli Wurlinjang Health Service and Katherine Regional Aboriginal Health and Related Services (KRAHRS) 2010). Others interviewed believed that the 'dry zone' had encouraged a trend towards binge drinking by Aboriginal drinkers keen to consume as much alcohol as possible before being apprehended by police or community patrollers.

In sum, critics of the 'dry zone' declaration believe that the declaration has relocated rather than reduced binge drinking and drunkenness, and in the process possibly helped to generate new dimensions of harm while doing nothing to alleviate the existing harms – other than amenity in the main streets.

5.1.2 Liquor Accord

No Liquor Accord has been finalized or implemented, despite several attempts on the part of some licensees as well as the Chamber of Commerce. According to the Department of Justice, efforts to develop an Accord recommenced early in 2010 following the death of an off-duty policeman in a Katherine hotel on New Year's Eve. The Department also advises that, together with the NT Branch of the Australian Hotels Assocation, it has developed a draft Liquor Licensing Accord Framework, which includes a code of practice and other resources. An impact assessment of the privacy and other legal implications of banning trouble-makers from multiple venues (and therefore sharing information) is also underway.

5.1.3 Improved patrols

As noted earlier, community patrols are not normally categorized as 'supply reduction' measures, since they do not have anything to do with determining supply of alcohol from outlets. It is not clear why this item has been classified in the Katherine AMP under 'supply reduction', but for purposes of this report we follow the structure as outlined.

It is not clear from the AMP what sort of improvements to community patrols were envisaged, although the Plan stresses the importance of the patrols and the need for co-ordination:

> The coordinated effort of the NT Police, Kalano Community Patrol, Katherine Town Council, Youth Beat and the Department of Justice will be crucial to supporting the 'Dry Zone' initiative and the ongoing need to maintain a highly visible presence in Katherine.
>
> Well developed protocols utilising the NT Police Social Order Strategy will continue to address the incidences [sic] of antisocial behaviour and complement other harm reduction strategies.

Our evaluation suggests that, while the patrols have operated throughout the period under review, key operational issues remain to be address. Community patrols are staffed by Indigenous people under the management of Kalano Community Association. Their role is to deal with public drunkenness and "antisocial behaviour". There are four teams patrolling Katherine and surrounding areas each night between 3pm and 11pm; usually there are three male patrol vehicles and one female patrol vehicle. There are up to three to four patrollers in each vehicle, ranging in age from 18 to over 50 years. The patrol vehicles are paddy wagons for the purpose of transporting people.

Patrollers encourage clients to go home; if this is not an option the person is taken to the Sobering-up Shelter; if this is full, or if the SUS is unwilling to accept the client, he or she is normally taken to the police lock-up. Patrollers report back regularly to headquarters at Kalano via radio. Police are also contacted regularly via radio to report any behaviour that is unmanageable by the patrollers, such as a drunken person who refuses to get into the paddy wagon and go to the sobering up shelter.

Patrollers have no formal training, mostly learning on the job and by example of the senior patrollers. Relations with police are sometimes strained. During an observation one night with female patrollers, the police appeared frustrated with the repeated radio contact that the patrollers made to the police. Also, some community patrollers told us that police sometimes respond more slowly to community patrollers requests compared to the relatively quick responses for general public calls of assistance.

The Acting OIC of Katherine Police advised that a Katherine Patrol Group made up of police, community patrol, town rangers and similar bodies meets fortnightly in order to identify and target hot spots. The need for training of Aboriginal Community Police Officers (ACPOs) and Community Patrollers has been identified, but requires further development before action is possible. Similarly, further work is needed in defining the statutory powers of police, ACPOs and patrollers respectively, particularly in light of the fact that, at present, patrollers have few or now powers over and above those available to ordinary citizens.

In sum, implementation of measures listed under the AMP as 'supply reduction' has involved the NTLC endorsing Katherine Town Council's request to have the town declared a 'dry zone', and enforcement of bans on public drinking in the defined area by police and community patrols. Concurrently with its decision to approve the proposal for a 'dry zone' declaration, however, the NTLC also announced the introduction of a number of restrictions on sale of liquor in Katherine under a Liquor Supply Plan. These measures, listed below, have been implemented.

- Trading hours for on premises sales and current "light beer" restriction before 12.00 for the Katherine township remain the same.
- Takeaway sales to be permitted between 2:00pm to 8:00pm only, with no takeaway trading in all licensed premises on Christmas Day and Good Friday and no takeaway trading in stores on Sundays.
- No cask wine or fortified wine sales in containers larger than two (2) litres.
- Takeaway sales of cask wine and fortified wine (including Stones Green Ginger Wine) to be limited to the hours of 2pm to 6pm only.
- Takeaway purchase of cask wine and fortified wine to be limited to one (1) two (2) litre cask or one (1) bottle fortified wine per person per day.
- No drive through takeaway sales to taxi drivers on duty.
- No purchased takeaway products to be kept on premises within an on licence for later collection.
- All Licensees are required to provide liquor product sales figures as directed by the Commission.
- Licensees who are licensed to sell liquor for consumption both on and off premises are required to provide liquor figures clearly identifying "on and off premises" sales.
- Camera surveillance to be installed and operated in the alcohol service areas of all store licences and off-licences.
- All staff serving alcohol must hold a Responsible Service of Alcohol Certificate within one month of commencing employment or as soon as practicable thereafter. The Commission notes that the unavailability of courses makes it difficult to impose an absolute requirement as a condition and encourages the government to assist in sponsoring relevant courses.

Some residents interviewed as part of this evaluation complained about drinkers hanging about liquor outlets prior to opening of trading. However, as we note below, the telephone survey indicated that all of the specific restrictions on sales enjoyed majority support in the community.

5.1.4 Extension of takeaway restrictions to Mataranka

As mentioned earlier, in its original decision of October 2007 to introduce a Liquor Supply Plan into Katherine, the NTLC stipulated that the same takeaway conditions would apply to outlets in Katherine, Mataranka, Pine Creek and Victoria Crossing. However, in December of the same year, following appeals by several outlets, the NTLC modified its decision to apply to Katherine outlets only. In doing so, it announced an intention to conduct a review within three months in order to determine whether or not drinkers in Katherine were purchasing from out-of-town outlets as a way of circumventing the local restrictions (Northern Territory Licensing Commission 2007). According to the NTLC, the initial three-month review did not reveal any such evidence; however, this situation subsequently changed and in late 2008 the NT Police notified the NTLC that they intended to seek a standardization of takeaway trading hours throughout the Katherine region (Northern Territory Licensing Commission 2009). In May 2009 the Police formally applied for a review of trading hours in Mataranka and Pine Creek with a view to aligning them with those in Katherine (Northern Territory Licensing Commission 2009). The NTLC held a hearing in Katherine in August 2009.

According to NT Police, Mataranka had experienced a significant increase in alcohol-related issues, in part as a result of the extensive 'Prescribed Areas' imposed under the NTER, but also because of the takeaway restrictions in Katherine. In evidence to the NTLC, Police claimed that between 1 January 2009 and 17 March 2009 they had taken into custody 285 individuals in Mataranka, more than the combined total for the previous two years for the same period (Northern Territory Licensing Commission 2009). In a decision handed down on 1 September 2009, the NTLC announced that Mataranka outlets would henceforth be subjected to the same takeaway conditions as outlets in Katherine (Northern Territory Licensing Commission 2009). It did not, however, make any corresponding changes to the Pine Creek Hotel, where an agreement was already in place under the auspices of the Pine Creek Aboriginal Advancement Association to limit sales to local Indigenous community members, and where in the NTLC's judgement no evidence of adverse consequences had

emerged following commencement of the Katherine Liquor Supply Plan (Northern Territory Licensing Commission 2007; Northern Territory Licensing Commission 2009).

Even in the case of Mataranka, the alignment of trading conditions between Mataranka and Katherine applies to takeaway trading only. Whereas hotels in Katherine selling on premises liquor can sell only light beer before 12 noon (i.e. beer of not more than 3% alcohol), the Mataranka Hotel continues to be permitted to engage in normal on premise sales to members of the local community from 10 am onwards (until midnight) (Northern Territory Licensing Commission n.d.).

5.2 Goal two: Reduce harm

The AMP identifies three strategies under the heading of reducing harm: these, together with descriptions as set out in the AMP, are:

> **To meet the needs of short term visitors**
> The need to address significant numbers of itinerants in Katherine is a high priority. Options to accommodate the short term needs of regional visitors from outlying communities will be examined to find culturally appropriate alternatives to alleviate camping in the public spaces of Katherine.
>
> The examination of a cost effective transport system to give outlying communities access to services will also be explored.
> **Targeted case management of at risk individuals, encompassing demand and harm reduction**
> This initiative will provide a focus on intervention for "at risk" individuals requiring referral and case management to treatment programs utilising the Sobering Up Shelter as a key intervention point.
> **Court ordered interventions**
> For those members of our community with alcohol dependence who come before the criminal justice system, treatment ordered by the Court (as part of pre-sentencing, bail or sentencing) can be effective in addressing that individual's alcohol issues. To be successful, the treatment service system will need to be robust in both capacity and capability.

Below, we outline actions taken towards implementing these strategies

5.2.1 To meet the needs of short term residents

Despite a considerable amount of activity on the part of various agencies, no new facilities have been created to meet this need, apart from eight units in Katherine allocated to Kalano Community Association for short term accommodation of people exiting from alcohol rehabilitation.

According to information provided by the NT Department of Justice, in 2007 the Australian Government gave Kalano Community Association Inc. eight demountables for use as short term accommodation but, because no funds were provided for operation or maintenance, the units have never been commissioned. In 2009 the NT Government gave Kalano $30,000 to carry out a scoping exercise on accommodation needs of visitors to Katherine. More recently Mission Australia is reported to have conducted a survey that found that visitors sleeping rough were not looking for other forms of accommodation, and would be willing to pay no more than a minimal amount for accommodation. Also in 2009, the ITCG identified a need for a working group to address accommodation needs in Katherine, including those of short term visitors. The group was coordinated by NT Shelter. Although a number of options are reported to have been identified, none has gone forward as a fully developed proposal. In the meantime Strongbala proposed to adapt a private property for short term accommodation needs, but did not obtain funding. In February 2010, Mission Australia identified three priorities for funding by the NT Government, namely supported accommodation for 12 – 18 year olds; emergency accommodation for men with children, and infrastructure and amenities for people camping around Katherine, including public showers, public toilets, drinking water in the CBD, more bins, shelters, and BBQ areas.

Since the beginning of 2008 two new bus services have commenced in Katherine to transport people to communities. The Bodhi Bus commenced in March 2009. This is a commercial operation servicing Kalkaringi, Lajamanu, Mataranka, Ngukurr and Top Springs. Nitmiluk Tours has also received three years' funding from the Commonwealth to operate a service from Katherine to Beswick, Barunga, Manyallaluk, Binjarri, Rockhole, Jodejeluk and Kalano.

5.2.2 Targeted case management of at risk individuals, encompassing demand and harm reduction

A number of initiatives have attempted to introduce the principle of case management of Aboriginal individuals in Katherine at risk of alcohol dependence and misuse. The purpose of case management is to integrate the involvement of individual agencies – many of which operate in 'silos' – in a single pathway of treatment or rehabilitation, thereby avoiding the need for clients to manage agencies' competing, conflicting or overlapping eligibility criteria, expectations and services.

The Healing Pathways Project operated by Katherine Regional Aboriginal Health and Related Services (KRAHRS) focuses on case management of individuals harmfully affected by alcohol. The project commenced in 2009 with a local community services workshop. Since then the project has progressed in planning. The program was originally funded till 30 June 2010, and subsequently received an extension of funding till September 2010 while a request to the Commonwealth for a further two years funding was considered.

A post-rehabilitation program for which Kalano Community Association also reportedly succeeded in securing funding will also operate on case management principles. This initiative is designed to address the needs of people following participation in the twelve week residential alcohol rehabilitation program at Venndale, when they return to their communities (and normally encounter the very circumstances that led them into heavy drinking in the first place). A similar case management post-rehabilitation program that is culturally appropriate to the Wardaman people is developing at Delinya. Ormande House, a male accommodation service run by the St Vincent de Paul Society in Katherine, also utilizes a case management model. Neither of these initiatives, however, are part of the Katherine AMP.

5.2.3 Court ordered interventions

An Alcohol Court in Katherine commenced in Katherine in June 2008 with a part-time clinician position attached. However, the number of referrals was low. In September 2009 the clinician resigned and was not replaced. Around the same time the NT Department of Justice commenced a review of the Alcohol Court model then in use. During its period of operation, 19 people, all male, went through the Alcohol Court in Katherine. The Department of Justice advises that an 'enhanced and streamlined' Alcohol Court model will be released soon.

Local legal organisations in Katherine have expressed support for alternative sentencing options that are supportive and therapeutic rather than punitive, and for a staggered compliance model that sentences offenders according to their capacities and functional abilities to be compliant to their sentences. Some interviewees also expressed about what they saw as the limited capacity of the local court system in Katherine to provide culturally appropriate sentencing.

5.3 Goal three: Reduce demand

The AMP identifies two demand reduction strategies:

Implement an effective healing pathway for those dependent on alcohol

> The development of 'Healing Pathway' will establish the linkages necessary for case management between services for alcohol dependent people. The initiative provides a formal structure linking early intervention with access to withdrawal and rehabilitation services and the "step up, step down" or post discharge programs necessary to sustain long term abstinence from alcohol.
>
> **Responsible drinking campaign**
> An education campaign to promote responsible drinking behaviour and raise awareness of the risks to personal health and safety will also be part of the overall demand reduction strategy of the Alcohol Management Plan. This will include a school based education campaign to influence our younger members of the community.

The Healing Pathways project has been described above. The responsible drinking campaign has not been implemented.

One of the most promising demand reduction initiatives established in Katherine recently – Wurli Wurlinjang Health Service's "Katherine Strongbala Health 4 Life Program" for Indigenous males – is not part of the AMP at all. Officially launched on 11 September 2009 by Member for Stuart Karl Hampton, Strongbala offers a holistic and culturally-based array of services and functions for Indigenous males to increase their self esteem, self respect and self determination through men supporting each other. The program builds on the successful Inteyerrkwe Ross River Aboriginal Male Health Summit in 2008 and the Sunrise Aboriginal Health Summit at Banatjarl, both of which identified a need for men to take responsibility and support each other in addressing major men's health issues.

The group started with some local men from Katherine who have witnessed the hardships faced by males in the region, meeting near Kalano community on the northern side of town. It is described as a place of healing for Aboriginal males and also a place of resources for rehabilitation of Aboriginal males with alcohol and other drug problems and social issues, like a 'half-way' house, providing time out during the day and a place for individuals to gradually move back into training or full time work. Around 30 people attend StrongBala each day. The group recognizes that in order to address the social issues of male health there need to be Aboriginal community controlled male health programs that operate in the community. Health programs can include the provision of health information, health promotion sessions, screening for particular health issues, informal access to health professionals and ongoing group support. Participants also engage in physically, mentally, socially and spiritually challenging activities.

Other functions include:

- Skills development program
- Recreation program
- Cultural program
- Male health program
- Alcohol and other drugs program
- Social and emotional wellbeing counseling
- Domestic violence education program
- Employment program including developing a Strongbala Community Development Employment Projects (CDEP) program
- Plans for a money management program
- Also, there is transport available to and from Strongbala

Strongbala is presently administering ten CDEP positions auspiced by the Kalano Community Association and has successfully negotiated a further thirty positions (Wurli Wurlinjang Health Service 2010). Coordinators of the program claim that the program addresses important factors that contribute to Indigenous alcohol misuse, but that are ignored in the Katherine AMP, such as education and training, employment, elder engagement and attention to youth needs and meaningful activities.

5.4 Implementation of the AMP: summary

To summarise, with respect to the measures described as 'supply reduction' measures:

- the 'dry zone' was ratified by the NT Licensing Commission and thereby became law;
- the proposed liquor accord has not been finalised, and
- community patrols have continued to operate, although it is not clear that any improvements in them have resulted from the AMP.

With respect to measures identified in the AMP as 'harm reduction' measures:

- meeting needs of short term residents in Katherine: despite considerable activity, no new facilities have been created to meet this need, apart from eight units in Katherine allocated to Kalano Community Association for short term accommodation of people exiting from alcohol rehabilitation.

- However, since the beginning of 2008 two new bus services have commenced in Katherine to transport people to surrounding communities – the Bodhi Bus Kalkaringi, Lajamanu, Mataranka, Ngukurr and Top Springs, a bus operated by Nitmiluk Tours servicing Katherine to Beswick, Barunga, Manyallaluk, Binjarri, Rockhole, Jodejeluk and Kalano.

- targeted case management of at risk individuals: a Healing Pathways program was initiated by Katherine Regional Aboriginal Health Related Services (KRAHS). The program was originally funded till 30 June 2010, and subsequently received an extension of funding till September 2010 while a request to the Commonwealth for a further two years funding was considered. A post-rehabilitation program for which Kalano Community Association also succeeded in securing funding will also operate on case management principles.
- court ordered interventions: an Alcohol Court in Katherine commenced in Katherine in June 2008 with a part-time clinician position attached. In September 2009 the clinician resigned and was not replaced. Around the same time the NT Department of Justice commenced a review of the Alcohol Court model then in use. During its period of operation, 19 people, all male, went through the Alcohol Court in Katherine. The Department of Justice advises that an 'enhanced and streamlined' Alcohol Court model will be released soon.

With respect to initiatives designated as 'demand reduction', namely:

- implement an effective healing pathways for those dependent on alcohol: see above;
- responsible drinking campaign: this has not been implemented.

A promising program that has a demand reduction component is the Katherine Strongbala Health 4 Life Program established by Wurli Wurlinjang Health Service for Indigenous males. However this is independent of the AMP.

6 Outcomes of the AMP

In this section we report on evidence relating to outcomes following commencement of the Katherine AMP and the associated Liquor Supply Plan. We analyse four groups of outcome indicators, covering:

- trends in alcohol sales in Katherine as indicated by wholesale supply of alcohol to outlets in and around Katherine;
- presentations at the Emergency Department of Katherine Hospital for alcohol-related disorders, and alcohol-related hospital separations at Katherine Hospital;
- trends in incidence of alcohol-related assaults in Katherine , as recorded by NT Police, and
- trends in public order incidents and apprehensions for public drunkenness in Katherine as reported by NT Police.

Two qualifications should be kept in mind in interpreting these outcomes. Firstly, the presence of a trend subsequent to commencement of the AMP does not, in itself, signify that the AMP *caused* that trend to occur. It is not possible, especially in the absence of any comparable 'control' towns, to say what would have occurred in the absence of the AMP. Secondly, because the AMP consisted of several measures introduced more or less together (and accompanied, after April 2008, by the ID system for purchasing takeaway alcohol from Katherine outlets), it is not possible to distinguish the impact of one measure from other measures.

6.1 Trends in alcohol sales in Katherine

In Figure 6.1 below we chart trends in wholesale supplies of alcohol to outlets in and around Katherine for each of the five calendar years between 2005 and 2009 inclusive.

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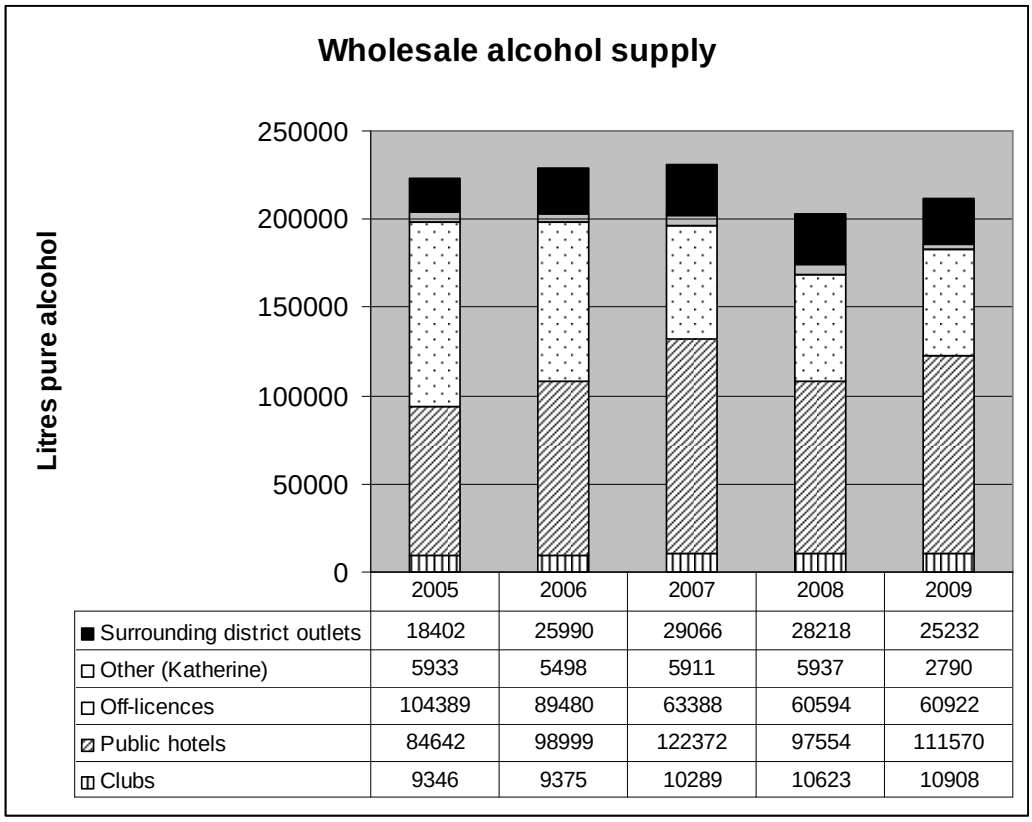
Figure 6-1: Wholesale supply of liquor to outlets in and around Katherine, 2005 to 2009 (litres of pure alcohol)



	2005	2006	2007	2008	2009
Surrounding district outlets	18402	25990	29066	28218	25232
Other (Katherine)	5933	5498	5911	5937	2790
Off-licences	104389	89480	63388	60594	60922
Public hotels	84642	98999	122372	97554	111570
Clubs	9346	9375	10289	10623	10908

As foreshadowed in Section 3 above, for the purpose of analysis outlets have been grouped into give categories: public hotels in Katherine, clubs, Katherine off-licences, other outlets in Katherine, and outlets in the surrounding area. Figure 6.1 shows that, when all of these categories are included, the total wholesale supply of alcohol increased steadily in each of the years 2005 to 2007. It is also apparent that the increase was attributable to growth in supplies to two categories: hotels in Katherine, where supplies in 2007 (122,372 litres of pure alcohol) were 45% higher than the 2005 level of 84,642 litres, and a more modest rate of increase in supplies to outlets surrounding Katherine. Within Katherine, the growth in sales to hotels was offset by a decline of similar volume in supplies to off-licences, which fell by 39% from 104,389 litres of pure alcohol in 2005 to 63,888 litres in 2007. As Figure 6.1 shows, the combined effect of these trends was to leave total alcohol supplies to outlets in Katherine virtually unchanged between 2005 and 2007.

In 2008 – the year marking introduction of the AMP and Liquor Supply Plan in January – total alcohol supplies to outlets in and around Katherine declined by 12.2% from 231,026 litres of pure alcohol to 202,926 litres. This was brought about by a modest decline in supplies to off-licences, which fell by 4.4% from 63,388 litres of pure alcohol to 60,594 litres, and a more substantial decline (20.3%) in supplies to public hotels. The amount of alcohol supplied to other outlet categories did not change significantly.

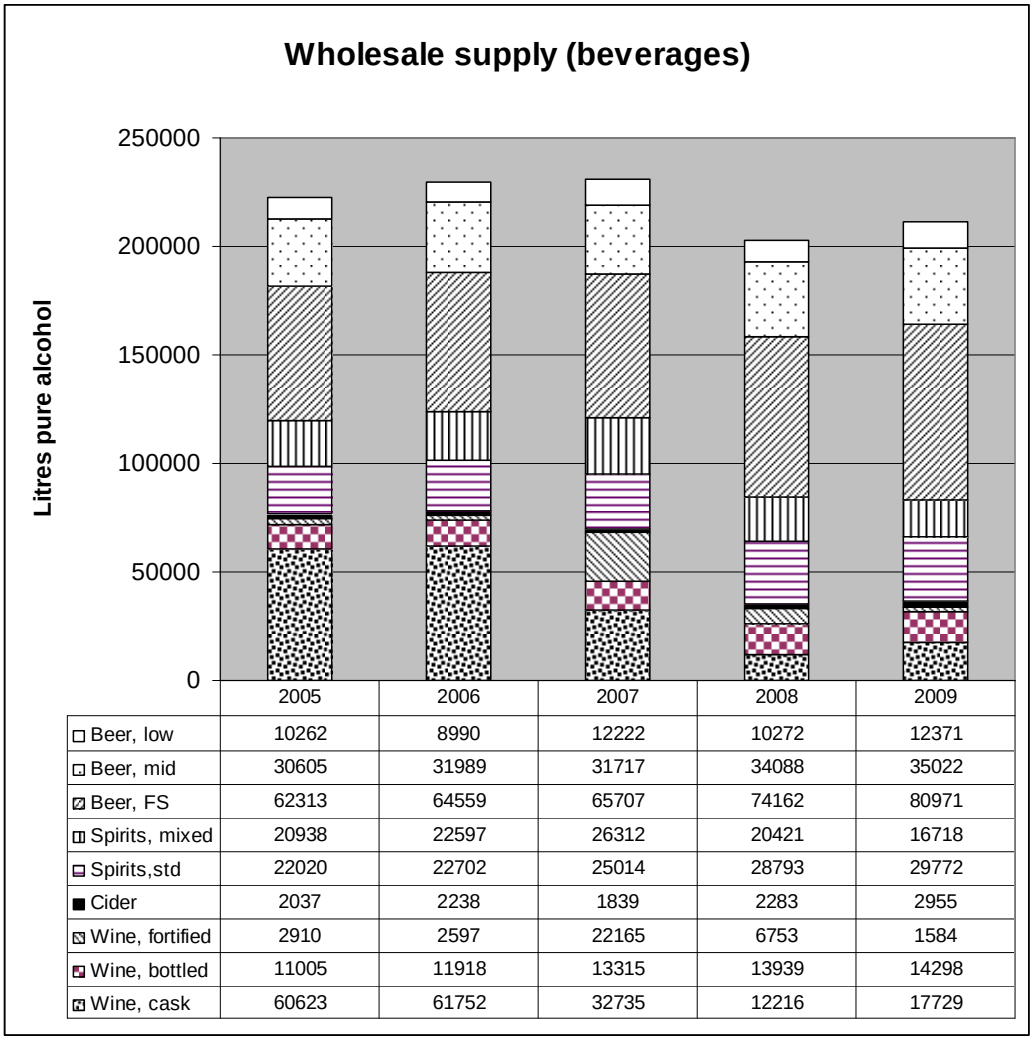
In 2009, however, total wholesale supplies to outlets in and around Katherine once again increased to 211,422 litres of pure alcohol, an increase of 4.2% from the 2008 level. The growth was due entirely to increased supplies to hotels in Katherine, which saw supplies grow by 14.4% from 97,554 litres of pure alcohol to 111,570 litres. (As Figure 6.1 shows, supplies to clubs also grew slightly in 2009, but this did not have a major impact on the overall pattern or trends.)

At first sight, these figures might suggest that the AMP and Liquor Supply Plan had a marked but not sustained effect on alcohol consumption in Katherine, although it should be noted that notwithstanding the increase in supplies in 2009, total supplies in that year were still 8.7% lower than in 2007, the year preceding the AMP. However, there is evidence of another factor at work. According to Department of Justice staff based in Katherine, one of the two public hotels in Katherine – the Katherine Hotel – has recently begun acting as a de facto wholesaler by supplying liquor to other retail outlets not only in the Katherine area but to other outlets at some distance from Katherine, including Top Springs Hotel on the corner of the Buchanan and Buntine highways and the Heartbreak Hotel at Cape Crawford. As figure 6.1 shows, wholesale supplies of alcohol to public hotels in Katherine increased by 14,016 litres of pure alcohol in 2009. Of this increase, 11,955 litres of pure alcohol (i.e. 85.3%) was accounted for by increased supplies to the Katherine Hotel. In the absence of data showing what proportion of liquor supplied to Katherine Hotel was on-sold to other outlets, it is not possible to estimate the true trend in local consumption, but the relative stability of supplies to the other hotel and to the off-licences in 2009 compared to 2008 suggests that the 2009 increase may have been due largely to the activities of the Katherine Hotel as a de facto wholesaler[7].

[7] Similarly, current 'wholesale supply' figures collated by the NT Licensing Commission on the basis of data provided by wholesalers will give distorted figures for those outlets purchasing liquor from the Katherine Hotel. While the hotel is not acting illegally in selling to other outlets, there is a strong case for requiring that any such activity be recorded separately and reported to the Licensing Commission.

In Figure 6.2, trends in wholesale supplies over the same period are shown for specific beverage categories. Two significant changes are apparent. Firstly, in 2007 supplies of cask wine declined by almost 50% from 61,752 litres of pure alcohol to 32,735 litres, but on this occasion the reduction was offset by increased sales of fortified wines, which increased by more than 750% from 2,597 litres of pure alcohol to 22,165 litres, and less spectacular but nonetheless significant increases in supplies of pre-mixed and standard spirits. As a result, the total amount of alcohol supplied to outlets did not decline. In 2008, following introduction of the AMP and Liquor Supply Plan, supplies of cask wine decline further. This time, although supplies of standard spirits and full strength beer increased at the same time, the net result still represented a drop in total alcohol supplies.

Figure 6-2: Wholesale supply of liquor to outlets in and around Katherine, by beverage types



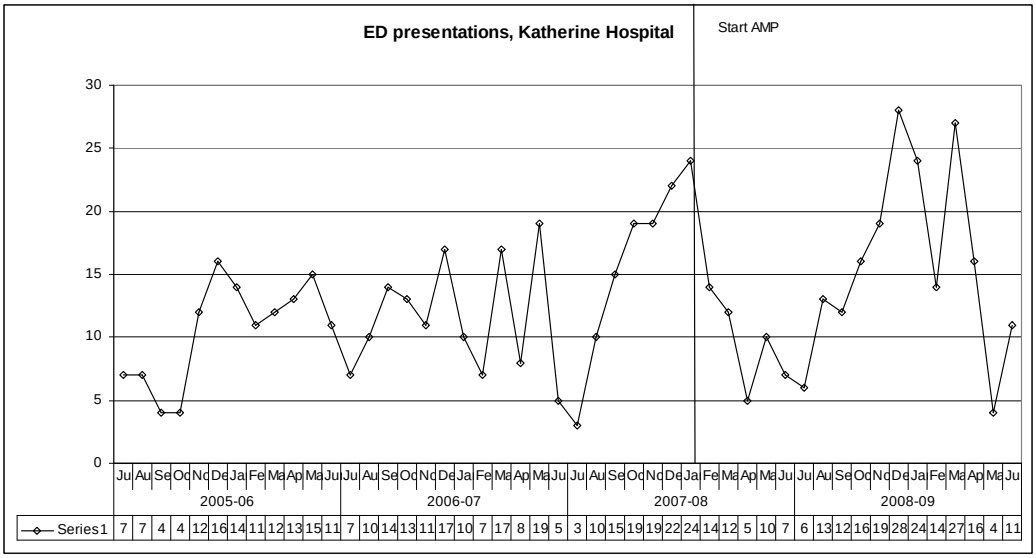
	2005	2006	2007	2008	2009
Beer, low	10262	8990	12222	10272	12371
Beer, mid	30605	31989	31717	34088	35022
Beer, FS	62313	64559	65707	74162	80971
Spirits, mixed	20938	22597	26312	20421	16718
Spirits,std	22020	22702	25014	28793	29772
Cider	2037	2238	1839	2283	2955
Wine, fortified	2910	2597	22165	6753	1584
Wine, bottled	11005	11918	13315	13939	14298
Wine, cask	60623	61752	32735	12216	17729

6.2 Trends in Emergency Department presentations for alcohol-related disorders

Between January 2007 and December 2007 inclusive – i.e. the 12 months prior to introduction of the AMP - a total of 154 presentations were recorded at the Emergency Department of Katherine Hospital for what are officially labelled 'Mental and behavioural disorders due to use of alcohol'[8]. As Figure 6.3 below shows, introduction of the AMP was followed by a sharp fall in ED presentations for these conditions. However the effect appears to have been short-lived. Within six months the number of presentations began to climb back to previous levels, with a result that between 1 January 2008 and 31 December 2008 the number of presentations (166) was 7.8% higher than in the preceding 12 month period.

Although further fluctuations were recorded in 2008-09, the number of presentations in the first six months of 2009 (96) was still higher than in the same period of any of the preceding three years for which data was collected.

Figure 6-3: Emergency Department attendances for mental and behavioural disorders doe to alcohol, Katherine Hospital (Indigenous patients)



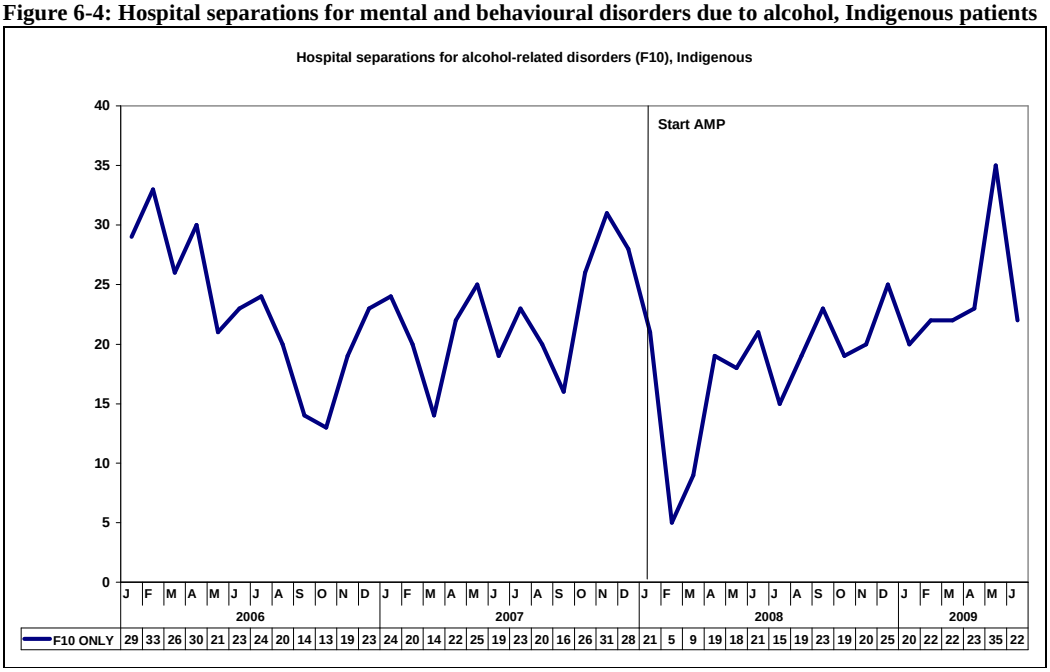
6.3 Trends in alcohol-related hospital separations

As with ED presentations for mental and behavioural disorders due to alcohol, introduction of the AMP was followed by a short term decline in hospital separations for the same conditions, but this soon gave way to an increase. Figure 6.4 plots the trend for hospital separations.

[8] Coded F10.0 to F10.9 in the Internatinal Classification of Diseases (ICD10).

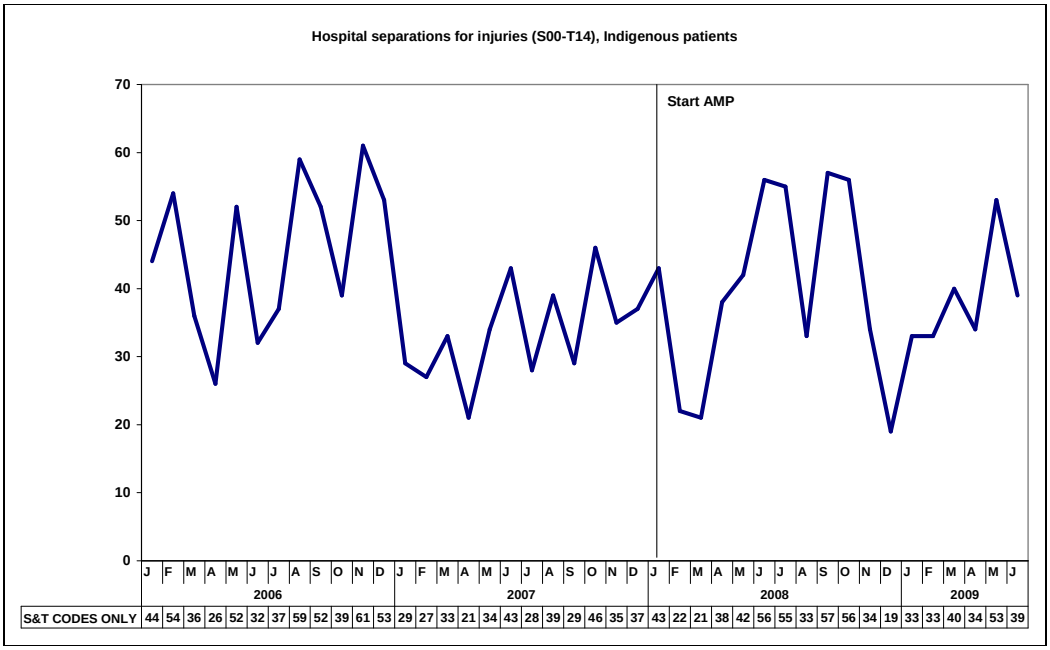
Between January and June 2008 – the six months immediately following commencement of the AMP, the total number of separations (93) was 25% lower than during the same months of 2007. But in 2009 the number of separations between January and June (144) was 16.1% *higher* than during the same months in 2007.

Figure 6-4: Hospital separations for mental and behavioural disorders due to alcohol, Indigenous patients



Hospital separations for injuries (not all of which are alcohol related) showed a similar trend: that is, a short term drop following commencement of the AMP, followed by an increase, although in this case, as Figure 6.5 shows, the trend fluctuates. The total number of separations in the first six months of 2008 (222) was in fact 18.7% higher than in the same months of 2007, and in the first six months of 2009 was slightly higher again (232).

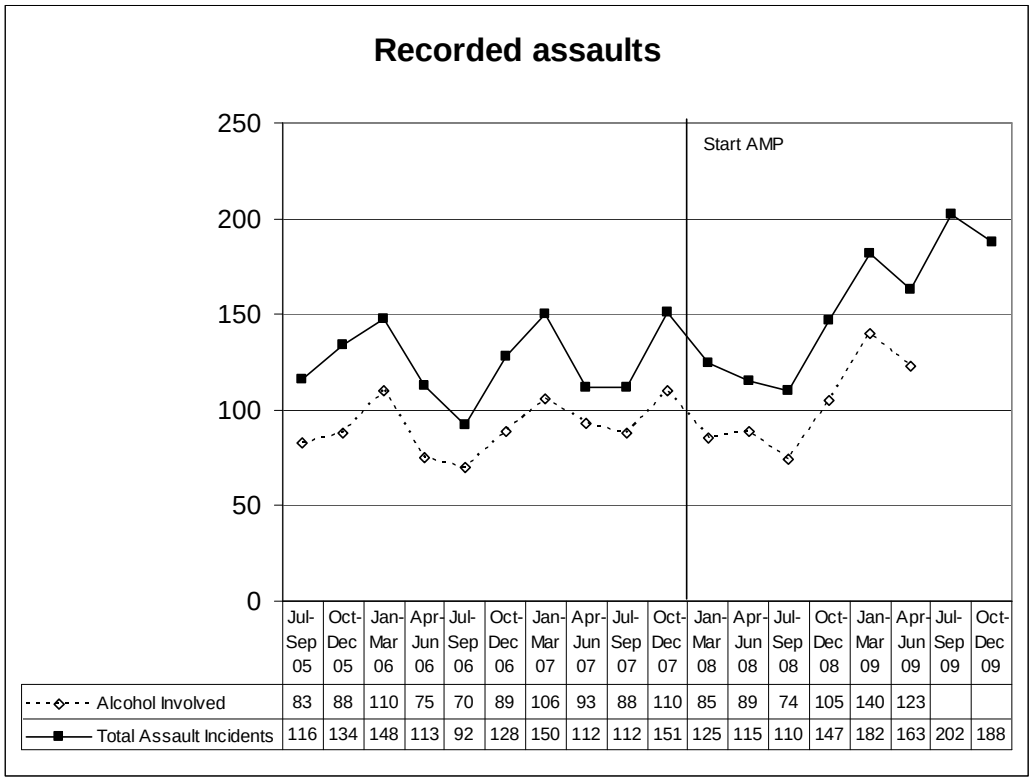
Figure 6-5: Hospital separations for injuries, Indigenous patients



6.4 Trends in assaults

Recorded assaults include those categorized by police as 'alcohol involved' as well as 'alcohol not involved' and 'alcohol involvement unknown'. As Figure 6.6 below shows, the number of alcohol-related assaults as a proportion of all assaults recorded in Katherine between July 2005 and June 2009 remained fairly constant, ranging between 66% and 83% depending on the quarter. The chart also includes 'all assaults', but not alcohol-related assaults, for the July-September and October-December quarters of 2009.

Figure 6-6: All assaults and assaults involving alcohol, Katherine, 2005-06 to 2008-09



As Figure 6.6 shows, the numbers of both recorded assaults and alcohol-related assaults declined following commencement of the AMP – for about six months, after which it climbed to levels higher than those recorded in the year preceding the AMP. In the first half of 2008 the number of alcohol-related assaults (174) was 12.6% lower than in the first half of 2007. Through the first half of 2009, however, it increased to 263, some 32.2% *higher* than it had been in 2007. In the first quarter of 2009-10 the number of assaults continued to grow.

6.5 Trends in disturbances and anti-social behaviour

As indicated above, several incident categories indicative of alcohol-related problems were collated in order to examine trends before and after introduction of the AMP. The analytical categories used were:

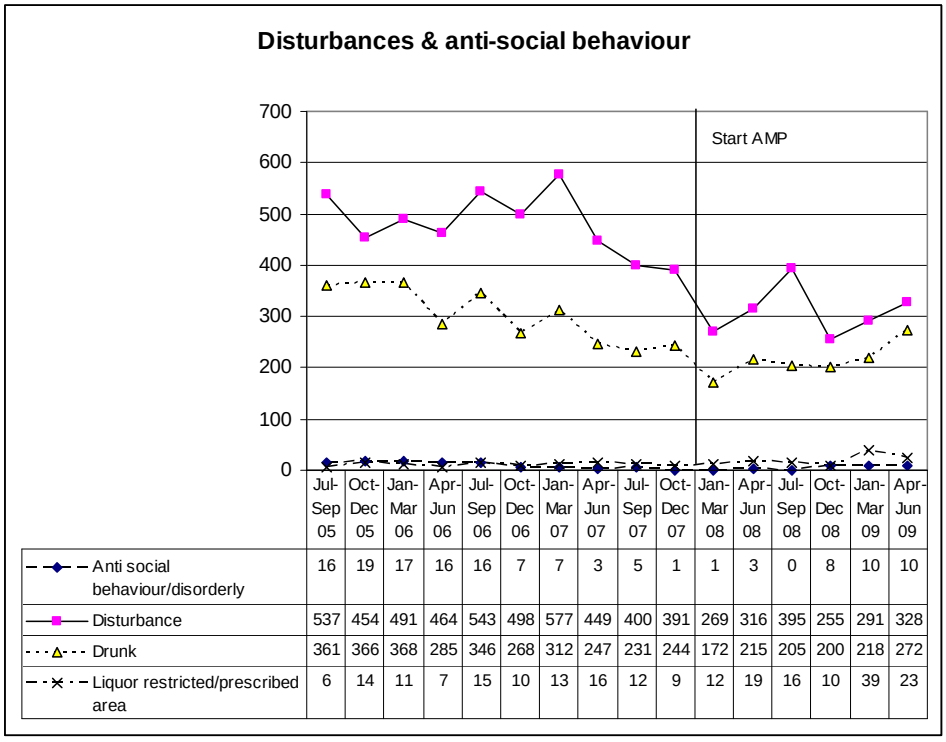
- Anti-social behaviour;
- Disturbance
- Drunk person, and
- Liquor in prescribed area, restricted area, etc.

A word of caution should be added in drawing inferences from these data: more than most areas of police activity, recorded levels of 'anti-social behaviour' and related episodes are in part a function of the number of incidents that actually occur, but they are also likely to be influenced by police resources and policies – in particular the degree to which police adopt a pro-active or more re-active stance with respect to 'anti-social behaviour'.

Figure 6.7 below charts trends in each of these between 2005-06 and 2008-09. As the figure shows, the numbers of incidents of anti-social behaviour (which includes 'behaviour disorderly, street' as well as 'anti-social behaviour') and of liquor offences against prescribed and restricted areas are too consistently low to point to any discernible trends. Of more interest from the point of view of the evaluation are the trends for 'disturbances' and 'drunk person' (which includes, as well as 'drunk person' the category 'drunk driver'). Here the trends for each indicator point to a similar inference: the numbers recorded immediately following introduction of the AMP are lower than those prior to the AMP, but this trend, appears in each case to be a continuation of a trend that commenced well before commencement of the AMP, in late 2006 or early 2007. The pre-AMP decline commenced around the time that some Katherine licensees voluntarily withdrew cask wines from sale, and therefore be attributable to that change.

However, from January 2009 the numbers of both disturbances and 'drunk person' incidents began to climb. The number of disturbances between January and June 2009 (619) was 5.8% higher than the 585 disturbances reported between January and June 2008, immediately following introduction of the AMP, while the number of 'drunk person' episodes between January and June 2009 (490) was 26.7% higher than the 387 episodes reported between January and June 2008.

Figure 6-7: Trends in disturbances and anti-social behaviour, 2005-06 to 2008-09



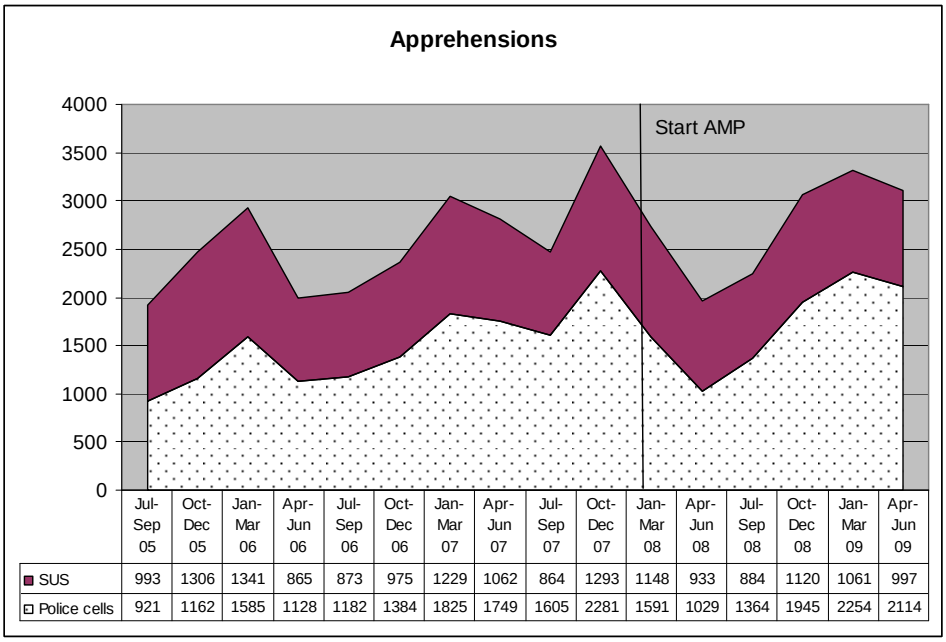
	Jul-Sep 05	Oct-Dec 05	Jan-Mar 06	Apr-Jun 06	Jul-Sep 06	Oct-Dec 06	Jan-Mar 07	Apr-Jun 07	Jul-Sep 07	Oct-Dec 07	Jan-Mar 08	Apr-Jun 08	Jul-Sep 08	Oct-Dec 08	Jan-Mar 09	Apr-Jun 09
Anti social behaviour/disorderly	16	19	17	16	16	7	7	3	5	1	1	3	0	8	10	10
Disturbance	537	454	491	464	543	498	577	449	400	391	269	316	395	255	291	328
Drunk	361	366	368	285	346	268	312	247	231	244	172	215	205	200	218	272
Liquor restricted/prescribed area	6	14	11	7	15	10	13	16	12	9	12	19	16	10	39	23

6.6 Trends in apprehensions for public drunkenness

Public drunkenness is not a criminal offence in the NT. Under Section 128 of the Police Administration Act, a police officer who has reasonable grounds for believing a person is intoxicated by alcohol or another drug may apprehend that person without arrest and either detain the person in a police cell for a limited period or release the person into the care of another person who is willing and able to care for the person. In practice, police can either detain intoxicated persons in police cells or release them into the care of the Katherine Sobering-up Shelter.

Figure 6.8 below charts trends in apprehensions for public drunkenness in Katherine.

Figure 6-8: Apprehensions for public drunkenness



	Jul-Sep 05	Oct-Dec 05	Jan-Mar 06	Apr-Jun 06	Jul-Sep 06	Oct-Dec 06	Jan-Mar 07	Apr-Jun 07	Jul-Sep 07	Oct-Dec 07	Jan-Mar 08	Apr-Jun 08	Jul-Sep 08	Oct-Dec 08	Jan-Mar 09	Apr-Jun 09
SUS	993	1306	1341	865	873	975	1229	1062	864	1293	1148	933	884	1120	1061	997
Police cells	921	1162	1585	1128	1182	1384	1825	1749	1605	2281	1591	1029	1364	1945	2254	2114

Source: NT Department of Justice

The chart shows that introduction of the AMP in January 2008 was followed by a short term decline in apprehensions for public drunkenness, but that within six months this trend had given way to the same sort of upward trend as existed prior to the AMP being introduced. As a result, in January-March 2009 the number of apprehensions (3315) was not only 21.0% higher than in January-March 2008, but also 8.5% higher than the 3054 apprehensions in the same quarter of 2007.

In sum, analysis of trends in recorded assaults, disturbances and anti-social behaviour and in apprehensions for public drunkenness indicates that commencement of the AMP was followed by a short term decline in the respective harm indicators (although in the case of disturbances and anti-social behaviour this trend itself had commenced before the AMP was introduced, possibly as a result of voluntary restrictions on cask wine sales. The decline appears to have been sustained for about six months, after which the numbers of episodes increased, in most instances climbing above the levels recorded prior to introduction of the AMP. This suggests that the AMP has *not* achieved its objective of sustained reductions in alcohol-related harms associated with violence and public order.

7 Community views about the AMP: results of a phone survey

In order to obtain some indication of the extent of support for, or opposition to, the AMP among local residents, a telephone survey of Katherine residents aged 18 and over was conducted between 15 and 22 February 2010. All Katherine numbers listed in the White Pages of the Northern Territory 2008-09 Phone Directory, except obviously non-residential listings, were included in the sample frame – giving an initial list of 1075 phone numbers. Telephone interviews were conducted between 5 pm and 8 pm on weekdays, and between 10 am and 4 pm on weekends. In cases where there was no answer, up to three attempts were made to contact that number during the course of data gathering. Where the number turned out to be that of a commercial enterprise, or there were persons aged 18+ present, the number was excluded from the survey. This section of the report presents findings from the phone survey.

A total of 347 interviews were conducted. As Table 7.1 shows, there were 242 refusals (corresponding to a success rate of 58.9% - a high success rate), while a further 272 numbers turned out to be disconnected. The remaining calls either yielded no answer after three attempts or turned out to be commercial premises or were otherwise ineligible.

Table 7-1: Phone survey - results of calls made

Result of call	Number
Completed survey	347
Refusal	242
Number disconnected	272
No answer (up to 3 attempts)	202
Not eligible (commercial enterprise or no adults present)	12
Total	**1075**

7.1 Socio-demographic characteristics of the sample

As Table 7.2 shows, males were slightly under-represented in the sample: 42.7% of the sample, compared with 50.9% of the Estimated Resident Population (ERP) aged 18 and over. The phone survey sample also significantly under-represented Indigenous residents, who constituted only 8.9% of the sample as against 23.8% of the ERP aged 18 and over. It also under-represented younger residents, who accounted for 47.0% of the sample, but 63.0% of the ERP.

Table 7-2: Socio-demographic characteristics of the phone sample

Socio-demographic characteristic	Phone survey sample	Katherine (T) SLA, 2006 ABS Census (population aged 18+)
Gender		
Male	148 (42.7%)	2534 (50.9%)
Female	196 (56.5%)	2448 (49.1%)
Not stated	3 (0.9%)	
Indigenous status		
ATSI	31 (8.9%)	1187 (23.8%)
Non-ATSI	308 (88.8%)	3795 (76.2%)
Not stated	8 (2.3%)	
Age-group		
18-44	163 (47.0%)	3140 (63.0%)
45+	179 (51.6%)	1842 (37.0%)
Not stated	5 (1.4%)	

7.2 Weighting the sample

In order to compensate for the under-representation of Indigenous and younger residents, and to derive population estimates from the survey sample, the following weights were estimated using the 2006 Estimated Resident Population, and applied:

Table 7-3: Weights applied to survey sample

Category	Weight
Indigenous 18-44	75.2
Non-Indigenous 18-44	15.7
Indigenous 45+	22.5
Non-Indigenous 45+	9.3

7.3 The questionnaire

The questionnaire comprised eight questions relating to the AMP or Liquor Supply Plan, plus three questions relating to socio-demographic information about respondents. Respondents were also invited to make any additional comments they might wish to offer. The full questionnaire is reproduced in Appendix C. In summary form, the questions were as follows:

1. Have you heard anything about an Alcohol Management Plan for Katherine?
2. (If yes) have you been affected personally by the Alcohol Management Plan?
3. (If yes to 2) in what ways have you been affected?
4. Compared to, say, 12 months ago, do you think that alcohol probems in Katherine have: (1) got worse; (2) remained much the same, or (3) improved?

5. As you may know, sales of alcohol in Katherine are subject to certain restrictions. With respect to each of the following, do you (1) support the restriction, (2) oppose it, or (3) not have a view:
   a) Takeaway sales Monday to Friday, and Sunday: 2 pm – 8 pm only
   b) Takeaway sales Saturday 12 noon – 8 pm only
   c) Ban on takeaway trading in stores on Good Friday, Christmas Day and Sundays
   d) Ban on sales of cask wine or fortified wines in containers larger than 2 litres
   e) Limit of one 2 litres wine cask or bottle of fortified wine permitted per person per day
   f) Takeaway sales of wine casks, fortified wine and green ginger wine between 2 pm and 6 pm only
   g) Ban on takeaway products being kept on licensed premises after purchases
   h) Ban on drive-through takeaway sales to taxi drivers on duty.
6. As you may know, in 2008 Katherine became a 'dry town'. Do you support this measure?
7. In your view, should the Alcohol Management Plan in Katherine be:
   - retained in its present form;
   - retained, with modifications, or
   - abandoned?
8. (If applicable): What modifications would you like to see?

Socio-demographic questions asked were:

1. How many years have you lived in Katherine?
2. Are you of Aboriginal or Torres Strait Islander origin?
3. Do you mind telling me if your age is below 45 years, or 45 or older?

7.4 Knowledge and opinions regarding the AMP

Most Katherine residents had heard about an AMP although, as Table 7.4 below shows, more than one-quarter had not. When those who had heard of the AMP whether or not they had been personally affected by it, more than half (56.7%) said they had not been affected, while 41.8% said they had been affected.

Asked whether they thought Katherine's alcohol problems had improved, remained the same or deteriorated over the preceding 12 months, a majority (58.7%) thought they had remained

the same, while 26.0% thought they had got worse. Only 13.4% believed that there had been an improvement.

Despite these perceptions, a large majority (82.8%) supported the Dry Town declaration, while most people believed that the AMP should be retained in its present form (23.7%) or with modifications (61.6%). Only 10.6% thought the AMP should be abandoned.

Table 7-4: Knowledge and opinions about Katherine AMP (weighted sample)

Question	Number (weighted)	%
Heard about Katherine AMP?		
No	1418	28.3
Yes	3558	71.0
Not stated	35	0.7
Personally affected by AMP? (of those answering 'yes' to previous question: N=3558)		
No	2016	56.7
Yes	1487	41.8
Not stated	56	1.6
Katherine's alcohol problems compared with 12 months ago have:		
Got worse	1302	26.0
Remained the same	2943	58.7
Improved	673	13.4
Not sure/no answer	80	1.6
Support 'Dry Town' declaration?		
No	753	15.0
Yes	4150	82.8
Not sure/no answer	108	2.1
The Katherine AMP should be:		
Retained in present form	1186	23.7
Retained, with modifications	3088	61.6
Abandoned	533	10.6
No answer	204	4.1

Respondents were also asked whether or not they supported specific restrictions on sales of liquor under the Liquor Supply Plan. The results, weighted to represent the population, are shown in Table 7.5 below. As the table shows, all of the measures enjoyed the support of a majority of the population.

Table 7-5: Respondents' support for specific measures restricting sales under Liquor Supply Plan (weighted sample)

Restriction	Support (%)
Takeaway sales Mon – Fri between 2pm - 8pm only.	55.8
Takeaway sales Sat 12noon - 8pm only.	65.6
Ban on takeaway trading in stores on Good Friday, Christmas Day and Sundays.	74.3
Ban on sales of cask or fortified wine in containers larger	70.5

than 2 litres.	
Only one 2 litre wine cask or one bottle of fortified wine permitted per person per day.	60.6
Takeaway sales of wine cask, fortified wine and green ginger wine between 2pm and 6pm only.	64.4
Ban on takeaway products being kept on licensed premises after purchase.	71.6
No drive through takeaway sales to taxi drivers on duty.	81.1

Respondents who recommended that the AMP be retained, but with modifications, were asked what sort of modifications they would like to see implemented. Responses were not pre-coded, so no suggestions were put into respondents' minds. The were subsequently grouped, with the results shown in Table 7.6 below

While just two out of the 205 responses criticised the AMP for being directed solely at Aboriginal people, and another five called for the same laws to be made applicable to everyone, it was clear from most responses that alcohol-related problems in Katherine were widely seen as being synonymous with Indigenous public drunkenness in the town, and that as far as most of those commenting were concerned, measures should be designed to address this issue more or less exclusively. The most widely favoured response was more policing and/or extended penalties (52 calls for stronger enforcement of existing laws, with another four calls for increased or extended penalties), with 37 responses calling for a *reduction* in the scope of current restrictions on alcohol sales on the grounds that they inconvenienced various categories of people, such as station workers or tourists. In similar vein, 19 responses consisted of calls to target measures more specifically at 'problem drinkers' and/or exempt those who were not deemed to have a drinking problem (which in two responses equated to 'working people'), while another five complained that the current measures penalised the entire community because of the misdeeds of a minority. Together, these expressed views testify to a mindset in which the preferred response to the community's alcohol problems, which are defined expressly or by implication solely with reference to Indigenous public drunkenness, is to call for tougher policing of 'problem drinkers' while leaving everyone else to go on drinking as usual.

On the other hand, 20 responses involved calls to extend the scope of restrictions on sales of alcohol – which would by definition apply to Indigenous and non-Indigenous drinkers alike. A number of other measures were advocated by small numbers of respondents, while 39 respondents did not make any specific suggestions.

Table 7-6: Modifications proposed to present AMP (unweighted sample)

Response	Number of responses
Stronger enforcement of laws relating to drinking and/or extend or increase penalties	56
Reduce scope of restrictions on licensing conditions	37
Extend scope of restrictions on licensing conditions	20
Target measures more specifically at 'problem drinkers' and/or stop penalising whole community because of transgressions of minority	24
Need to review AMP and/or consult more widely with community	8
Other measures/modifications advocated(a)	21
No specific suggestion	39
Total	**205**

(a) these included calls for designated drinking sites (2), wet canteens in Aboriginal communities (2), a permit/ID system (5), *removal* of current requirements to produce ID (3) and more attention to under-age drinking (2).

In interpreting these responses, two qualifications need to be kept in mind. Firstly, Indigenous residents of Katherine were statistically under-represented, and those who were included in the sample had, by definition, functioning landlines. The voices of those who are frequently the subjects of these comments are all but unheard in this survey.

Secondly, the view of alcohol problems that comes through in this survey as a dominant view is one that is deeply entrenched throughout the Northern Territory: even as the NT continues to record the highest per capita rate of alcohol consumption and alcohol-related problems of any Australian jurisdiction, year after year, the notion that the NT's alcohol problems are, in reality, largely reducible to the problem of public drunkenness on the part of Indigenous drinkers, continues to inform political discourse and public opinion. It is a notion that has not been challenged in the development of the Katherine AMP. Small wonder that, as the phone survey shows, it is alive and well among many Katherine residents.

8 Conclusions and recommendations

The 'vision' expressed in the Katherine AMP 'is to reduce the level of alcohol related harm for both individuals and the Katherine community' (Katherine Region Harmony Group 2007). The Plan does not specify any associated objectives or targets. This evaluation has shown that wholesale supplies of alcohol to Katherine outlets declined in the year following introduction of the AMP, but that the reduction in apparent consumption was partially offset by an increase in supplies in calendar year 2009. On the indicators of alcohol-related harm used in this analysis, introduction of the AMP was followed by a decline in numbers of incidents for 3 – 6 months, after which the number of incidents began to climb, in most instances surpassing pre-AMP levels. We conclude, therefore, that the vision has not been achieved, and cannot recommend continuing on the present path.

Any recommendations about what should be done in future in light of this finding should be grounded in an understanding of the reasons behind present outcomes, and in a single case study such as this, one must be cautious in making cause-and-effect assertions, particularly as patterns of alcohol use, the effects of alcohol use, and societal responses to alcohol use by particular groups, are all determined by a complex mix of factors, many of which lie beyond the scope of this evaluation, and indeed beyond the geographical scope of Katherine town and region.

That said, it is possible to identify a number of factors that are likely to have shaped outcomes, and that are amenable to intervention at a local level. These are:

1. The way that alcohol misuse has been 'framed' as a problem: the solutions sought to a problem depend in the first instance in how that problem is defined;
2. The processes of engagement and consultation used in order to develop an AMP: who has been heard? Whose perceptions of the 'alcohol problem' have been used to develop solutions? Whose voices have not been heard?
3. The specific measures selected to make up the AMP, their objectives, and the evidence for effectiveness on which they are based;
4. The extent to which, and the ways in which, these measures are implemented.

The conclusions and recommendations that follow arise from consideration of these four factors.

8.1 Framing alcohol as a problem

As was pointed out earlier in this report, most attempts to mobilize local actions to address alcohol problems in Katherine in recent decades have seen these problems purely in terms of 'anti-social behaviour', which is usually code in NT political discourse for public drunkenness by Indigenous drinkers. In the form proposed by KRHG and subsequently adopted in the official AMP, some but not all of the measures clearly targeted public drunkenness. For example, the Dry Zone declaration and community patrols could be seen as 'anti-social behaviour' measures, while others such as the Liquor Accord and Responsible Drinking Campaign had a broader focus in that, in principle at least, they applied to all drinkers. However, as we have seen, neither of these last two measures has been implemented. As a consequence, the AMP has become – whether by design or not –another 'anti-social behaviour' plan.

Public drunkenness is universally recognized as a serious social problem. However, as a framework for addressing alcohol problems in a town such as Katherine, 'anti-social behaviour' is not adequate, for two reasons. Firstly, it directs attention away from a number of alcohol-related problems that do not take place in public, such as family violence, or that may be a result of chronic drinking rather than drunkenness per se, such as workplace absenteeism and diseases such as kidney failure. Secondly, by becoming a vehicle enabling non-Aboriginal residents to attribute responsibility for alcohol problems solely to Aboriginal drinkers, it serves to conceal the extent to which non-Aboriginal drinkers are implicated in harmful drinking, and fosters latent race-based antipathies that, in the longer, term, make it difficult for Katherine to develop as a harmonious, tolerant, multi-ethnic town.

We therefore recommend that in addressing alcohol problems in Katherine, due emphasis be placed in future on the broad range of acute and chronic harms arising from alcohol misuse rather than on public drunkenness as the sole problem.

8.2 Engagement and consultation processes

By the time we commenced this evaluation, the KRHG had been eclipsed as a 'driver' of local action on alcohol problems. As we have recounted above, an Alcohol Reference Group set up by the Department of Justice to oversight the implementation of the AMP struggled with inadequate support, with a result that decision-making power was widely perceived –

rightly or wrongly, but in this instance perception itself is important – to have passed to the Inter-agency Tasking and Coordination Group (ITCG), also set up by the NT Department of Justice and incorporating senior representatives of government departments, as well as other organizations. The net effect of these changes is that what appears to have started out as an exercise in community-based, 'bottom up' action became transformed into what was widely seen to be a government-driven 'top down' process. Along the way, several Aboriginal organizations in Katherine – which have extensive experience in preventing, managing and treating alcohol-related problems among Indigenous people – believe they have been excluded from meaningful participation in designing and implementing the AMP. Their concerns are set out in more detail in a written submission prepared by several organizations for this evaluation (Wurli Wurlinjang Health Service and Katherine Regional Aboriginal Health and Related Services (KRAHRS) 2010).

We recognize that integrating community-based, 'bottom up' initiatives with governmental 'top down' processes in a way that optimises the potential capacities of both presents a difficult challenge for all involved, with participants having to juggle and compromise among different and sometimes conflicting agendas and lines of authority. At the same time, the fundamental reason for adopting Alcohol Management Plans as a policy instrument is to combine, in a mutually beneficial way, local community input with the authority and resources that only governments can bring to the table. The search for an effective model therefore should continue. The lessons to be taken from the Katherine example, as evaluated here, are twofold: firstly, local community input is quick to evaporate if 'top down' governmental involvement is perceived by local groups to be too dominant; secondly, an AMP that – whatever shape it takes – is going to impact significantly on Aboriginal people in Katherine is unlikely to succeed unless Aboriginal organizations play an active part in designing and implementing it.

We recommend that the management structures and procedures associated with the AMP be reviewed with the intention of ensuring that in future they are inclusive of all agencies and sectors in the community, including Indigenous agencies, and that they receive adequate administrative support.

8.3 Evidence and the selection of measures

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The AMP purports to be made up of measures for supply reduction, harm reduction and demand reduction. Supply reduction measures comprised the Dry Zone declaration, which was implemented at the outset of the period under review, a Liquor Accord, which has not yet been implemented, and a commitment to 'improved patrols' which, as we have pointed out earlier, is not actually a supply reduction measure at all. In addition, a number of restrictions on sales of takeaway liquor, were introduced under an associated Liquor Supply Plan and have largely been implemented.

While these measures appear to contributed to a decline in total alcohol sales – at least in the short term - they have not been accompanied by a sustained fall in ED admissions and other indicators of alcohol-related harm. They therefore add weight to the evidence already available which suggests that fine tuning conditions of takeaway sales of particular beverages may have a short term effect on levels of harm, but are unlikely to have a sustained impact (National Drug Research Institute 2007). More broad-based restrictions on supply, such as the ban on takeaway trading on Thursdays that was in place in Tennant Creek from 1996 to 2006, have shown more evidence of sustained outcomes (d'Abbs and Togni 2000). Even here, however, a review of evaluations of locally-based alcohol restrictions in a number of northern Australian towns found that restrictions were both effective in reducing harms and enjoyed widespread community support, provided that they were accompanied by appropriate additional measures, such as programs aimed at prevention, education and treatment (d'Abbs and Togni 2000).

Under 'harm reduction', the AMP specified three sets of measures: meeting the needs of short-term visitors; targeted case management of at risk individuals, and court ordered interventions. While some would argue that the second and third of these would more properly be classified as 'demand reduction' rather than 'harm reduction' - since both are explicitly aimed at changing the behaviour of drinkers' - it is reasonable on the basis of limited available evidence to expect that, had they been implemented, they might have helped to reduce alcohol-related harms. As the report has shown, however, implementation of all three of these measures during the period under review has been halting.

The Plan outlines two measures under 'demand reduction': the Healing Pathways project, which appears to be an example of case management, and a 'responsible drinking' education

campaign, which has not been implemented. The first of these may prove to be effective, but during the time of our evaluation it did not proceed beyond the planning stage.

This review of the components of the AMP leads us to make two inter-related recommendations. **Firstly, we recommend that all of the supply reduction, demand reduction and harm reduction measures currently making up the AMP be reviewed with a view to assessing more clearly (a) their potential contribution to an overall alcohol management strategy, (b) the evidence for their effectiveness, and the conditions under which they have been shown to be effective, and (c) the resourcing requirements for implementation of those that are likely to be effective.** (There are a number of readily available resources to assist in this task, such as the 2004 monograph on prevention of alcohol problems prepared by the National Drug Research Institute (Loxley, Toumbourou et al. 2004).)

Secondly, and in conjunction with this process, we recommend that the AMP be further developed so as to become a genuine *plan* rather than, as it stands at present, a collection of ideas and intentions, many of them lacking clear objectives. This should involve selecting and *prioritising* a smaller number of measures, clearly specifying the *objectives* of selected measures, assigning *responsibility* for implementation, identifying the *resources* required for implementation, and where those resources might be obtained, and specifying *milestones* against which the ARG can monitor implementation.

8.4 Action to implement measures

It is apparent from our evaluation that some parts of the AMP have been implemented, while others have been partially implemented or not implemented at all. Not surprisingly, measures that can be brought into effect by legislative or regulatory action such as Dry Zone declarations and restrictions on hours of takeaway sales, have been implemented. Most other measures entail much greater demands on participants: implementation plans have to be developed, often through a consensus-building process involving multiple agencies; financial, capital and personnel resources have to be obtained, and this in turn requires skilled negotiations with a variety of governmental and sometimes non-governmental agencies, who at the end of the day may or may not make resources available. Moreover, much of this time-consuming work has to be done by people who have other pressing duties as part of their

ongoing employment. It is not surprising, therefore, that in Katherine as elsewhere, progress in creating services or programs has proceeded at a much slower pace than measures such as 'liquor supply plans'.

The difficulties experienced in Katherine and elsewhere in developing programs in demand reduction and harm reduction suggest that, if Alcohol Mangement Plans are to become more than sets of restrictions on what one can drink where (that is, supply reduction measures), the government has a critical role to play in two key areas: (1) helping to assess and if need be foster *community capacity*, and (2) identifying resources for programs and services that lie beyond the capacity of local communities to implement.

To date, the Department of Justice's preferred means of pursuing the first of these objectives has been to create and support an Alcohol Reference Group. Unfortunately, it is difficult to gauge the suitability of this model in Katherine as the foreshadowed support to the ARG was absent for much of the period under review. As to the second, this review has shown that while some activity aimed at identifying and securing additional resources has taken place – for example, the actions described earlier in connection with meeting the housing requirements of short-term visitors to Katherine – there is little evidence of government agencies seriously addressing the resource implications entailed in implementing all of the measures under the AMP. Our final recommendations, therefore, address this issue: **we recommend that the Alcohol Reference Group – or any similar group that has a lead role in developing and implementing an AMP – be assured of adequate local administrative support, and that the Department of Justice, as the lead NT Government agency, assist the ARG in identifying and securing resources required to implement measures included in the AMP, especially resources for demand reduction and harm reduction.**

9 Appendix A: Katherine Alcohol Management Plan (November 2007)

The Katherine Alcohol Management Plan has been developed as part of the Northern Territory Government's strong commitment to reducing alcohol related harm in Katherine. The Plan was developed by the Katherine Harmony Group, in consultation with the community, and responds to community concerns about antisocial behaviour and violence. The Plan builds on previous efforts to minimise the harm caused by alcohol.
The vision for the Katherine Alcohol Management Plan is to reduce the level of alcohol related harm for both individuals and the Katherine community.

The Plan has 3 key strategies aimed at reducing alcohol consumption and related harms:

Reducing supply — restricting the availability and accessibility of alcohol;
Reducing harm — influencing drinking choices and drinking environments and providing interventions that prevent further harm; and
Reducing demand — changing individual attitudes to drinking and challenging community tolerance of harmful drinking patterns.

Goal 1: Reduce Supply

Establish a 'Dry Zone' over the central business district of Katherine.
During 2007, the Katherine Town Council developed a proposal for the Central Business District of Katherine to be declared a 'Public Dry Area' under Part 8 of the Liquor Act. In November 2007, the Licensing Commission determined that Katherine would become a "dry town" – with no drinking allowed in public areas.

This measure will prohibit the consumption and possession of alcohol within the area (apart from transporting liquor through the area) and will assist in the reduction of public drunkenness and antisocial behaviour.

Liquor Accord
The Liquor Accord is an initiative of the licensees in Katherine and establishes a united and consistent approach from participating licensees to the responsible sale and consumption of alcohol on licensed premises. Accord members include Katherine Hotel, Katherine Club, Crossways Hotel, Katherine Country Club, Katherine Sports and Recreation Club, Katherine Stores, Riverview Caravan Park and the Red Gum Caravan Park.

Improved Patrols
The coordinated effort of the NT Police, Kalano Community Patrol, Katherine Town Council, Youth Beat and the Department of Justice will be crucial to supporting the 'Dry Zone' initiative and the ongoing need to maintain a highly visible presence in Katherine.

Well developed protocols utilising the NT Police Social Order Strategy will continue to address the incidences [sic] of antisocial behaviour and complement other harm reduction strategies.

Goal 2: Reduce Harm

Meet the needs of short term visitors
The need to address significant numbers of itinerants in Katherine is a high priority. Options to accommodate the short term needs of regional visitors from outlying communities will be examined to find culturally appropriate alternatives to alleviate camping in the public spaces of Katherine.

The examination of a cost effective transport system to give outlying communities access to services will also be explored.
Targeted case management of at risk individuals, encompassing demand and harm reduction
This initiative will provide a focus on intervention for "at risk" individuals requiring referral and case management to treatment programs utilising the Sobering Up Shelter as a key intervention point.
Court ordered interventions
For those members of our community with alcohol dependence who come before the criminal justice system, treatment ordered by the Court (as part of pre-sentencing, bail or sentencing) can be effective in addressing that individual's alcohol issues. To be successful, the treatment service system will need to be robust in both capacity and capability.

Goal 3: Demand Reduction

Implement an effective healing pathway for those dependent on alcohol
The development of 'Healing Pathway' will establish the linkages necessary for case management between services for alcohol dependent people. The initiative provides a formal structure linking early intervention with access to withdrawal and rehabilitation services and the "step up, step down" or post discharge programs necessary to sustain long term abstinence from alcohol.
Responsible drinking campaign
An education campaign to promote responsible drinking behaviour and raise awareness of the risks to personal health and safety will also be part of the overall demand reduction strategy of the Alcohol Management Plan. This will include a school based education campaign to influence our younger members of the community.

Community Participation and Review

An Alcohol Reference Group will provide a focus for ongoing community participation, monitoring and communication across Government, the Katherine Town Council and other stakeholder groups. A review of the Plan, with community input, will be conducted in 2008.

Liquor Supply Plan

The Licensing Commission has published a Liquor Supply Plan for the Katherine Region. The Plan includes:

- Retaining the existing restrictions on trading hours and the "light beer" before midday restriction for Katherine;
- Takeaway sales only permitted between 2pm and 8pm daily;
- No sales of cask or fortified wine in containers larger than 2 litres, and cask and fortified wines sales limited to 2pm to 6pm each day, with only one cask or one bottle of fortified wine per person per day;
- No drive through takeaway sales to taxi drivers on duty;

- No purchaser takeaway products to be kept on licensed premises for later collection;
- A requirement on licensees to provide liquor products sales figures, for both on and off premises sales, as directed by the Commission;
- Camera surveillance in the alcohol service areas of all licensed stores and off-licenses;
- Staff servicing alcohol to hold a Responsible Service of Alcohol Certificate within one month of commencing employment or as soon as practicable thereafter; and
- Takeaway conditions to apply to all relevant premises in Katherine, Mataranka, Victoria River and Pine Creek.

Other activities

The Katherine Alcohol Management Plan has been developed as part of a range of alcohol management initiatives across the Territory:

- Widespread antisocial behaviour initiatives;
- New legislation that extends dry areas to houses and public places;
- Alcohol Courts and additional treatment options for offenders;
- Community education aimed at reducing risky drinking;
- Review of alcohol treatment services;
- A rewrite of the Liquor Act;
- A moratorium on new takeaway licenses, to be reviewed in due course; and
- Work with the Australian Government, peak bodies and other key stakeholders to reduce alcohol related harm and improve services.

10 Appendix B: List of persons interviewed

	Name	Position	Organisation	Date of interview	Contacts made (blue = successful contact)
1	Surinder Chrichton	Manager Katherine Community Correctional Services Office	Katherine Community Corrections	Feb 17, 2010	Interview
2	Stephen Charles	Community Support Education Research Officer	Dept of Health and Families	Feb 17, 2010	Interview
3	Stephen Dixon	Probation Officer	Katherine Community Corrections Largumanu man	Feb 17, 2010	Interview
4	May Roses	Katherine Regional Coordinator	Indigenous Family Violence Offender Program, Katherine Community Corrections Wardaman elder	Feb 17 and Feb 18, 2010	Interview
5	Maurie Burke	Government Business Manager, NT Emergency Response	FACHSIA	Feb 18, 2010	Interview
6	Arthur Aranui (Mark Ridgeway on Leave)	Deputy Manager	Indigenous Coordination Centre	Feb 18, 2010	Interview
7	Katherine West Health Board			Feb 18, 2010	Interview
8	Sharon Ephgrave	Manager of Town Based Engagement (Urban)	Territory Housing	Feb 18, 2010	Interview
9	Kate Ganley	Regional Justice Project and Coordination Officer	Department of Justice	Feb 18, 2010	Interview
10	Mark Wood	Licensing Inspector	Department of Justice	Feb 18, 2010	Interview
11	Martin Clive-Griffen	Alcohol Strategy Project Officer	Department of Justice	Feb 18, 2010	Interview
12			Alcohol Reference Group meeting	Feb 23, 2010	Observation and discussion
13	Anne Shepherd and Geoff Brooks	Mayor of Katherine (AS) Chief Executive Officer, Katherine Town Council (GB)	Katherine Town Council	Feb 23, 2010	Interview
14			Katherine Town Council meeting	Feb 23, 2010	Observation
15		Elected members (2 attended)	Katherine Town Council	March 9, 2010	Interview
16	Rick Fletcher	Director	Kalano Community Association	Feb 24, 2010	Interview
17	Casey Bishop	Manager	Kalano Community Association - Venndale	March 10, 2010	Interview
18	Male and female community patrollers (4 men and 4 women)		Kalano Community Association - Community Patrol Included Binjari, Kalano, Rockhole, Wardaman and Jawoyn patrols	April 14, 2010	3 contact attempts including one planned lady patrol shift but staff were sick. Attended both male and female patrols April 14, 2010
19	Noel, David and Rhonda	Senior community patrollers	Kalano Community Association - Community Patrol	March 9, 2010	Interview
20	Trevor Ford	Council member / Licensee	Licensee – 5 Star Supermarket	Feb 24, 2010	Interview
21	Robyn Smith	Manager	Anglicare NT	March 9, 2010	Interview
22	Cheryl Morris		Centacare NT	N/A	3 contact attempts ncluding 2 emails. No response.
23	Pamela Marwood, who	Social Worker (AJ)	Centrelink	March 25, 2010	3 including email.

	referred to Alexis Jackson				Email response
24	Joan Campbell		Corroboree Hostel	N/A	2 contact attempts including email. No response.
25	Robin Smith	General Manager	Katherine Hospital	March 17, 2010	Interview
26	Jane Hair and mental health team (8 staff)	Various positions – allied health, AHW, community nurse etc	Dept Health and Families - Mental Health	March 11, 2010	Interview
27	Bernadette Butler	Psychologist	Employment Assistance Services Australia (EASA)	March 10, 2010	Interview
28	Raymond Muir	Housing Manager	Indigenous Housing Advisory Service (IHAS) (Kalano Community Association)	March 18, 2010	Interview
29	Jim Matheson		Katherine Baptist Church	N/A	2 contact attempts including email. No response. Scheduled meeting. Didn't turn up
30	Audrey Melany		Northern Australia Aboriginal Family Violence Legal Service (NAAFVLS)	N/A	3 contact attempts including email Scheduled meeting. Didn't show up
31	Jo Theodoropoulos		Katherine Women's Crisis Centre	N/A	3 contact attempts including email. No response.
32	Lesley Nieman and "Rita"	Coordinator and solicitor	Katherine Women's Information and Legal Services (KWILS)	March 18, 2010 (L), April 13, 2010 (R)	Interview
33	Norman Roses	Coordinator	Mission Australia	March 16, 2010	Interview
34	Sue Wright	Services manager	Mission Australia	March 16, 2010	Interview
35	Frouny Cohen		Mission Australia – SUS	N/A	Advised by Sue Wright not to interview – her consult was enough
36	Caroline Hill		Mission Australia – Youth Service	N/A	Advised by Sue Wright not to interview – her consult was enough
37	Michelle Tilman		Mission Australia – Jobs placement employment and training	N/A	Advised by Sue Wright not to interview – her consult was enough
38	Maggie Burke		Mission Australia - Intervention and case management	N/A	Advised by Sue Wright not to interview – her consult was enough
39	Wil Crawford	Senior Solicitor	Northern Australian Aboriginal Justice Agency (NAAJA)	April 15, 2010	2 planned meetings (no attendance at first meeting). Interview
40	Sophia Blesfelds or Fiona Hussim		NT Legal Aid Commission - In Darwin	N/A	2 contact attempts inc email (attention: Sophia Blesfelds)
41	Alan Courtney		St Paul's Anglican Church	N/A	3 phone calls – could not contact to get email address
42	Suzette O'Neil	Coordinator	Somerville Community Services	March 19, 2010	Interview
43	Victoria Creevey	Manager	St Vincent de Paul – Ormonde House	March 16, 2010	Interview
44	Kay Barnett		TEAM Health	March 11, 2010	Interview
45	Peter Henri	Alcohol and Other Drugs Coordinator	Wurli Wurliinjang Health Service	March 16, 2010	Interview
46	Jane Blunden	Acting Social and Emotional Wellbeing Coordinator	Wurli Wurliinjang Health Service	March 19, 2010	Interview
47	"Wes"	Executive Officer	Jawoyn Association	N/A	15 phone calls. 2

					drop-ins. Could not leave message – no answering machine. Phone interview planned but Wes cancelled.
48	Eslyn Fletcher & Simon Casey	Executive Officer (EF) and Project officer (SC)	Healing Pathways Project, Katherine Regional Aboriginal Health and Related Servcies (KRAHRS)	March 18, 2010	Interview
49			Sexual Assault Referral Centre	N/A	2 phone calls. No response
50			St John's Ambulance	N/A	2 phone calls. Not available for planned meeting
51	Graham Castine	CEO	Sunrise Health Service	March 18, 2010	Interview
52			Wardaman Aboriginal Centre Marie Allen - elder	N/A	15 calls. 2 drop-ins. Messages left. 4 attempts to contact Marie Allen
53			NT Shelter	N/A	Email sent via Darwin office. Could not find Katherine contact details. No response
54	Janelle Ainsley	Site Manager	ITEC Employment	March 25, 2010	Email response
55	Sandy McCue and Ken Barnes	Manager Industry and Employment	Dept Education and Training	March 9, 2010	Interview
56	Greg Arnott and Don Wegener and Susan Climpton – Services Manager		Victoria Daly Shire Council	N/A	2 phone calls and 3 emails. No response
57	Colin Smith & Steve Heyworth	Supt	NT Police - Katherine	March 18, 2010	Interview
58	Meri Fletcher	Top End Co-ordinator	Dept Health and Families	N/A	2 emails sent. No response.
59			Salvation Army	N/A	Phone line "unavailable"
60	Margaret Massey	Social Worker	Katherine Hospital	N/A	Email sent. No response.
61			Katherine Aboriginal Family Support Unit	N/A	Referred to - Northern Australia Aboriginal Family Violence Legal Service (NAAFVLS)
62			Child Protection Service – Tabitha Rossi	N/A	Email sent. No response.
63	Peter Gasey	Manager	Binjari Clinic	28 April, 2010	Formal submission
64	John Fletcher Ian Woods	CEO and Chair of the Board - Wurli Wurlijinang	Wurli Wurlijinang	April 15, 2010	Email sent. Interview
65			Strongbala men's group	April 14, 2010	Interview
66	Normal George "Crow"	Personal Helpers & Mentors Program Coordinator	Red Cross	April 13, 2010	Interview
67	Jane Goodings	Regional Manager	Red Cross	April 13, 2010	Email sent Interview
68	Ruby Walker	Binjari support worker	Red Cross Wardaman Elder	April 14, 2010	Interview
69			Missionaries of Charity	N/A	Spoke to convent sister. They run a women's nursing home and have no interaction with alcohol or alcohol related issues – therefore no comment.
70			Good Beginnings Parenting	N/A	Email sent. No

			Program		response.
71			NT Shelter	N/A	Email sent. No response.
72			Northern Land Council	14 April, 2010	Email sent. Interview
73	Ian Young		Peace at Home project	N/A	Email sent. No response.
74	Chips Mackinolty		Aboriginal Medical Services Alliance Northern Territory	April 28, 2010	Formal submission
75	Adrian Cook	Elder	Walpiri man – elder	April 13, 2010	Interview
76	Ruth Dashway	Chair	Jawoyn Language Centre Jawoyn woman	April 14, 2010	Interview
77	Paul Rysavy	Director, Court Diversion Programs, Court Support Services	Department of Justice, Supreme Court	May 17, 2010	Interview

11 Appendix C: Interview schedule used for phone survey

Interviewer's Initials: _____ Date: ...../...../ 2010 Phone Number:_____

Attempts: (No answer, completed, refused, disconnected, not eligible)

1:_____ 2: _____ 3: _____

Hello, my name is [_first name_**] and I'm conducting a survey on behalf of the Northern Territory Government, to obtain people's opinions of current measures being taken to manage alcohol problems in Katherine. It's part of an official evaluation being carried by the Menzies School of Health Research for the Government. Would you be able to spare about 5 minutes to answer a few questions about your views? Neither your name, nor your phone number will be made available to anyone and all your comments are anonymous and confidential.**

YES (go to Q1.)

- (If in doubt) We can only survey people who are adults. Can I just confirm that you are 18 years or older? If YES (go to Q1.)

NO - Would anyone else in the household over the age of 18 like to participate?

- YES (go to Q1)
- NO (Ok, thank you for your time. Goodbye)

1. **Firstly, have you heard anything about an Alcohol Management Plan for Katherine?**

   □ **NO (Go to question 4)** □ **YES**

2. **Have you been affected personally by the Alcohol Management Plan?**

   □ **NO (Go to question 4)** □ **YES**

3. If yes, in what ways have you been affected?

   ……..……

   …….

4. **Compared to, say, 12 months ago, do you think that alcohol problems in Katherine have:**

   1 got worse □
   2 remained much the same □
   3 improved □

5. As you may know, sales of alcohol in Katherine are subject to certain restrictions. I'm going to read out these, and for each one I'd like you to say whether you support the restriction, oppose it, or don't have a view:

Restriction	Support	Oppose	No view
5.1 Takeaway sales permitted Monday to Friday between 2pm and 8pm only.			
5.2 Takeaway sales permitted on Saturdays between 12noon and 8pm only.			
5.3 Ban on takeaway trading in stores on Good Friday, Christmas Day and Sundays.			
5.4 Ban on sales of cask or fortified wine in containers larger than 2 litres.			
5.5 Only one 2 litre wine cask or one bottle of fortified wine permitted per person per day.			
5.6 Takeaway sales of wine cask, fortified wine and green ginger wine between 2pm and 6pm only.			
5.7 Ban on takeaway products being kept on licensed premises after purchase.			
5.8 No drive through takeaway sales to taxi drivers on duty.			

6. As you may know, Katherine has been declared a 'dry town', which means that drinking in public without a special permit anywhere in the town is prohibited. Do you support this measure:

□ **NO** □ **YES** □ **DON'T KNOW**

7. Finally, in your view, should the Alcohol Management Plan in Katherine be:

1. **retained in its present form; (go to question 9)** □
2. **retained, with modifications (go to question 8)** □
3. **abandoned (go to question 9).** □

8. What modifications would you like to see:

……..

……

……

Finally, just a few questions about you:

9. How many years have you lived in Katherine _____ years

10. Are you of Aboriginal or Torres Strait Islander origin? □ YES □ NO

11. Finally, do you mind telling me if your age is below 45 years, or 45 or older?

Below 45 □

45 years or older □

12. These are all my questions. Are there any other brief comments you would like to add?

……

……

……

13. Note gender: □ Male □ Female

Thank you for your time. Have a good morning/day/ evening.

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