ADCA
Alcohol and other Drugs Council of Australia

Minimum Standards for Alcohol Management Plans

A submission to

The Department of Families, Housing, Community Services and Indigenous Affairs

14 December 2012

ABN: 39 008 455 525

As the peak body representing the interests of alcohol and other drug organisations and individuals in the non government sector, the Alcohol and other Drugs Council of Australia (ADCA) welcomes this opportunity to respond to the draft minimum standards applying to alcohol management plan guidelines under the *Stronger Futures* legislation in the Northern Territory.

ADCA has several Working Groups whose deliberations guide areas of the organisation's policy development. We acknowledge the excellent work and insights of the Aboriginal and Torres Strait Islander and Alcohol Working Groups in the compilation of this submission.

The Working Groups have singled out points they regard as essential in consideration of this submission. The following points are dealt with in detail in the body of the document.

- ADCA supports the development of AMPs
- Support from the community is essential for success – the introduction of an AMP has to be what the community wants
- Each community is different; therefore there is a need for flexibility in the plans to allow what is right for a community at a particular point in time
- Many communities will need support to implement an AMP – it is therefore important that an investment is made in assistance, advice and resources to ensure that an AMP is the right fit for a particular community
- AMPs represent an opportunity to bring community members together for the common benefit
- A well executed AMP has the potential to have a very powerful effect on a community, but if not done well it has the potential to do a lot of harm.

ADCA understands that the Public Health Association of Australia is also making a submission on this issue and supports the Association's position, including its assertion that AMPs are not necessarily unique to Indigenous communities.

Alcohol Management Plans – background

Aboriginal and Torres Strait Islander communities have opted for many years to control alcohol on their lands.

Dry communities or those allowing alcohol under strict conditions have operated for decades. In the Northern Territory, Alcohol Management Plans (AMPs) were formulated under the NT Liquor Act following self-government in 1978. People went to the new Territory Government saying that alcohol was causing problems in their communities and they wanted it banned or strictly controlled.

Less than 10 years later, more than 50 communities had become dry areas under the Liquor Act and by 2007 the number was close to 100 communities.

AMPs have applied over the past years in a number of state and territory jurisdictions other than the NT.

In Western Australia, AMPs have been established in the Kimberley, the Pilbara, Mid West, Great Southern and South West regions.[i] The most notable has been in Fitzroy Crossing in the eastern Kimberley, which has attracted attention for its community-wide involvement – in particular its efforts to promote awareness and counter the incidence of Foetal Alcohol Spectrum Disorder.

In Queensland AMPs have been in place in 18 Indigenous communities, with the first introduced a decade ago. The Indigenous Justice Clearinghouse, a partnership between the Australian Institute of Criminology and the Standing Council on Law and Justice, observes that Queensland's AMPs were developed by community justice groups, with recommendations on how to reduce alcohol-related crime and violence based on individual community circumstances. The plans were able to recommend the declaration of all or part of a community area a restricted area or a dry place.

The Queensland Department of Aboriginal and Torres Strait Islander Policy (DATSIP) is reviewing the effectiveness of AMPs since their inception. Details of the review are not available.

The NT Intervention

Thirty years after the Northern Territory was granted self-government, the *Little Children are Sacred* report emerged as the catalyst for a complete overhaul of the way remote communities are run. The report's recommendation that "Aboriginal child sexual abuse in the Northern Territory be treated as an issue of urgent national significance by the Australian and Northern Territory governments" was a turning point.

The result in mid-2007 was the Northern Territory Emergency Response (NTER). The NTER, which included temporary suspension of the Human Rights Act, effectively removed the right to self-determination from the 45,000 Indigenous residents in communities under its aegis, generally Aboriginal townships and town camps. The following extract from a letter from Aboriginal elders four years after the NTER mobilised illustrates the depth of feeling of some.

> *Under the intervention, we lost our rights as human beings, as Australian citizens, as the First People of the Land. We feel very deeply the threat to our languages, our culture and our heritage. Through harsh changes we have had removed from us all control over our communities and our lives. Our lands have been compulsorily taken from us. We have been left with nothing.*[ii]

NTER control extended over Aboriginal land defined under the 1976 *Aboriginal Land Rights Act* and to Community Living Areas, where the Northern Territory Government had issued freehold title to Aboriginal corporations. Under the NTER some measures – alcohol restrictions, five-year leases and pornography curbs – applied over wider 'prescribed areas', which could be declared by the Minister under the *Northern Territory National Emergency Response Act.*[iii]

Implementation of the NTER was rapid. The speed of the rollout did not allow for adequate consultation, consideration of local circumstances or integration with existing services. A 2011 evaluation of the NTER observed that at its outset most of the affected communities were already dry or had alcohol management arrangements in place[iv]. The evaluation said that alcohol management arrangements developed without community consultation reduced 'ownership'.

As part of the NTER, by mid-2011 local AMPs were being established in 25 prescribed communities as well as some town camps, and plans had been implemented in five large Northern Territory centres, with liquor supply plans in place in Groote Eylandt and on the Gove Peninsula[v]. Alcohol restrictions were observed to work best when developed and owned by the people they affect. The evaluation said Groote Eylandt demonstrated how a community owned and supported alcohol management arrangement could foster a happier, safer community with less alcohol-related offending. It also noted that control of the supply of alcohol worked best when supported by measures to reduce demand, and services designed to reduce harm.

The evaluation observed communities' anger over some of the actions inherent in the NTER rollout; the suspension of the Racial Discrimination Act (reinstated in 2010), changes to the

permit system, new leasing arrangements, signage relating to alcohol and pornography restrictions, compulsory income management and the abolition of the Community Development Employment Program (CDEP) were all of concern.[vi]

The emergency response broke trust and shamed people[vii]. The evaluation concluded that the NTER was fuelled, accelerated and flawed by the heightened emotion that surrounded its inception. It was divisive too, with Aboriginal Territorians – possibly equally disadvantaged but living outside intervention areas – ineligible for associated funding and services.[viii]

Respondents and informants to a FaHCSIA service provider survey during the intervention were concerned about the way the NTER alcohol laws replaced restrictions and enforcement practices in place on 12 of the 14 communities surveyed before the NTER, and how this had contributed to unsafe behaviour.[ix] Some survey respondents suggested that the earlier arrangements were more effective and better handled due to greater community ownership. Others said that the NTER alcohol restrictions did not have any impact because they failed to address the fundamental issue of individual drinking problems, and only made the problem drinkers go somewhere else.

The NTER evaluation highlighted similar issues, including the creation of drinking camps separate from communities, drink-driving, binge drinking, sly grogging and the breakdown of conventions which previously promoted responsible drinking.

From the start of the NTER through to mid-2011, the evaluation reported that the rate of alcohol-related offences had grown 56 per cent and non alcohol-related offences by 26 per cent. Much of the change was in traffic offences and illegal alcohol consumption, possibly indicating a greater enforcement effort.[x]

The Sydney-based Stop the Intervention Collective (STICS) says that a report from the former NT Coordinator General for Remote Services, Olga Havnen, delivered a damning indictment of the NTER and showed an urgent need for funds to be redirected from bureaucracies to Aboriginal community controlled organisations. Havnen, who was sacked by the NT Government in October, said that Aboriginal women turned up at hospital at 69 times the rate for non-Aboriginal women – indicating that one of the aims of the NTER, the protection of women from violence, was lacking.

STICS observed in a media release that *"The spotlight on abuse has helped fuel a child protection regime almost entirely focussed on investigation and removal. But the real crises* (sic) *is the lack of opportunity and basic infrastructure faced by Aboriginal communities, which is contributing to shockingly high rates of neglect."*

"*In 2010-11 $31 million was spent on child protection workers, $47.8 million was spent on keeping children in out-of-home care, yet only half a million dollars was spent on intensive family support services. This is simply obscene".*[xi]

Local government also changed at the time of the NTER – from community to Northern Territory shire-based councils. While this wasn't part of the NTER, it happened at much the same time and added to the feeling of frustration and disempowerment.[xii] Efforts to re-establish local government representative boards are underway; however, these can influence only programs delivered by the local shire. The evaluation reports that where boards have been re-established, the results are 'mixed at best'.

Previous experiences with alcohol in the NT

As an area synonymous with heavy alcohol consumption, Alice Springs has been the subject of several evaluations of alcohol management. A 1975 report emphasised the need for government and other agencies to view the issues holistically and to address them accordingly[xiii]

Wauchope's *40 Gallons a Head* (1975) referred to the per capita levels of beer consumption which, at 40.9 gallons a year, was about twice as high as the States. In 1975, 51 licensed liquor outlets in Alice Springs – stores, restaurants or hotels, clubs and liquor merchants – sold 762000 gallons of beer, 72400 gallons of wine and 16800 gallons of spirits.

Indigenous fringe camp dwellers who were interviewed as part of an associated survey highlighted the social pressures to drink, as well as personal problems and bad living conditions, saying that meaningful employment would lesson alcohol consumption. Opportunities for rehabilitation, counselling, sobering-up and medical services were also identified as important requirements.

The report recommended a total community program overseen by a steering committee composed of representative organisations and aimed at general education of the Alice Springs community.

Fifteen years later in 1990, Pamela Lyons, the Menzies School of Health Research and Tangentyere Council (1990) reported similar results in *What Everybody Knows About Alice. A Report on the Impact of Alcohol Abuse on the Town of Alice Springs*. Lyons found that community attitudes – Indigenous and non-Indigenous – needed to change if any attempts at a solution were to succeed.

Lyons said that alcohol consumption in Alice Springs was 27.1 litres of pure alcohol per person per year, with large increases in wine sales contributing most significantly to the higher level. Most recent research places Territory-wide annual consumption at about 14 litres of pure alcohol which, were the NT a country in its own right, would make it the biggest drinking place in the world.

In 1998, Menzies School of Health researcher Peter d'Abbs carried out an investigation of seven licensed NT community clubs where male drinkers were calculated to consume more than 42 litres of pure alcohol annually. Male drinkers in the wider Territory population averaged out at 24 litres compared with the Australia average of 17 litres.[xiv]

More recent evidence from the Northern Territory comes from a report by the National Drug Research Institute (NDRI) on a 10-year study of the relationship between alcohol price, consumption and harm in Alice Springs. The study looked at what happened in Alice Springs from 2000, in relation to alcohol price, consumption and harm.[xv]

Researchers say there was a correlation between higher alcohol prices in Alice Springs and fewer assaults on Aboriginal women, with early results indicating that about 100 fewer women were admitted to hospital due to assaults in 2010, than had originally been projected for that year. Study co-author John Boffa says it shows that increasing the price of alcohol works to combat alcohol abuse and violence.

This history of research in the Alice is comprehensively recorded in *Moving Beyond the Restrictions: the Evaluation of the Alice Springs Alcohol Management Plan* (Monash University / Menzies School of Health Research). The research team observed of existing arrangements that, "… although many people consider the current restrictions to be inconvenient, the underlying cause of their discontent is their perception that restrictions have been imposed without adequate consultation".[xvi] As ADCA observes elsewhere in this document, the need for consultation/ ownership is universal.

The Darwin Grog Summit 2012

Priscilla Collins, CEO of the North Australian Aboriginal Justice Agency (NAAJA) told a "grog summit" in Darwin on 16 November that it was hoped AMPs would provide a mechanism for

communities to regain ownership of measures to tackle alcohol. Collins stressed that the "ultimate decision over managing alcohol on our communities must lie with our people—all of us and that, in developing AMPs it was important that all the evidence be available and understandable in order to reach fully informed decisions".[xvii]

Delegates to the Darwin "Grog Summit" issued a communiqué that called on all levels of government to heed the meeting's warnings about the risks of allowing more alcohol into remote communities. Highlighting the NT's unacceptably high rates of alcohol related harm, the meeting noted NT Aboriginal people's long history of fighting for alcohol restrictions and called for acknowledgment that the situation had now reached a critical point.

The meeting called on governments to:

- ensure communities had access to relevant data and evidence on alcohol impacts and policies;
- ensure that community consultation processes are not dominated by drinkers but give voice to women, non-drinkers, elders and particularly children
- to take harm reduction as the key principle guiding alcohol policy; and
- involve Aboriginal people in all levels of decision-making on alcohol policy, program development and resourcing in the NT

Minimum standards for AMPs in the Northern Territory

Minimum standards for AMPs in Northern Territory Aboriginal communities would be introduced under *Stronger Futures* legislation, which supersedes some of the powers of the intervention. According to Indigenous Affairs Minister Jenny Macklin who will have the final approval of any plan, the proposed standards include community provisions for controlling alcohol supply, resources for treating dependent drinkers and adequate responses to violence[xviii].

ADCA has been concerned from the outset by the Northern Territory Government's stance on alcohol and problem drinkers. It issued a media release in September highly critical of the decision to scrap the banned drinkers register and the announcement of "rehabilitation" farms for habitual drunks. ADCA CEO David Templeman also spoke at the Darwin Grog Summit in November where he questioned the government's apparent unwillingness to tackle the problem at its root – access to cheap alcohol for all Territorians, black or white.

ADCA supports the concept of minimum standards for AMPs – with some reservations. The question is whether the Government's expectation is that standards will be observed to the letter or whether communities can use them as guidelines – or a framework – for a way of arriving at a model that both works for the community and satisfies government requirements.

A formulaic approach to alcohol management plans may not be satisfactory – particularly given the disparate societal influences in Indigenous communities and groupings in the Northern Territory.

In its January 2012 submission to the Senate Standing Committee on Community Affairs inquiry into the *Stronger Futures in the Northern Territory Bill 2011* and the *Social Security Legislation Amendment Act 2011,* the Public Health Association of Australia (PHAA) noted that ***" … some aspects (of the Bill) are likely to entrench discrimination and to undermine the self-determination that so many Aboriginal people have struggled to achieve and which solid research evidence suggests is vital to good health"*** (Anderson, Baum, & Bentley 2007; W.H.O Alma-Ata Declaration 1978; AHRC 2003; Reading, Wien 2009).

ADCA believes that on the basis of comments in the previous section, *The NT Intervention*, some of the misgivings the PHAA expresses remain. ADCA observes of the minimum standards that there appears to be significant pressure and responsibility on communities to perform to the standards – adhering to the letter of the law when they should ideally be partners in the process. The guidelines appear to bypass community limitations in what they regard as best practice and what they can influence.

ADCA's concern is that while the success of AMPs relies on agencies and communities working in partnership, the standards could be interpreted as a guide for communities to do the bidding of others. ADCA's working groups insist that, without the involvement and approval of senior community figures in formulation, negotiation and ongoing management, the plans will not work.

Many communities will embrace the need for strategies to address harm but some will resist, not understanding that there is an issue within their community or that its ownership is outside their control. Agencies will need to work with communities to raise their understanding of the issues and the need to embrace change before introducing the concept of a plan. This approach cannot be rushed and time needs to be factored into the process to allow a successful outcome. Interim measures may need to be considered to reduce the immediate risk of harm in those communities. Where a community with significant alcohol related harm continues to resist the notion of an AMP, consideration may need to be given for imposing an AMP, but only under extreme circumstances and only after efforts to work with the community to address alcohol related issues have failed.

The standards warrant a section around planning based on progress in addressing issues particular to individual communities. Clarification is needed on whether work on AMPs during the intervention will carry through to the *Stronger Futures* environment and whether it will still be relevant or superseded under the new minimum standards?

ADCA believes a further standard may be developed around a population approach as the most effective way to address alcohol related harm. Alternatively this could be built into Standard 2. There is also the need to consider whether adjacent communities should work together in an effort to prevent drinking and associated problems shifting from one to another. If one community puts an AMP in place and its neighbour doesn't, what might the consequences be?

ADCA supports FaHCSIA's *Breaking the Cycle* strategy and the way it explores community partnerships with governments and NGOs, and suggests that this process could be adopted for *Stronger Futures*.

If communities are to develop these plans in partnership with agencies, there must be a willingness for the latter to reshape service delivery models to meet changing community needs or provide adequate funding and resources to cover any gaps that may emerge in AMPs. A Federal Minister's signature approving a plan could be construed as an indication that this will happen.

Worthy of mention is a High Court hearing that began on December 11, the result of which may have broader implications for programs that exclusively target Aboriginal people. Joan Maloney, who was convicted of alcohol possession on Palm Island in 2010, is challenging the Queensland law that restricts alcohol on the island on the basis that it contravenes the Racial Discrimination Act and the Constitution.[xix]

ADCA makes the following suggestions in the treatment of individual standards. For ease of reference, the original standards are reproduced, followed by ADCA's comments or proposed treatment.

Standard 1

An Alcohol Management Plan must be developed in partnership between government and community representatives through community consultation and engagement. This should include, where possible, representation from the following Aboriginal community members and their interests: women, men, youth, the elderly, clan groups, traditional owners, and non-drinkers as well as drinkers. It could also involve local and regional organisations, particularly Health.

ADCA supports *a partnership approach to develop strategies that address community need, and include local and regional organisations like health, police, youth services, local Indigenous controlled health organisations and local government to work with the community in identifying issues and suitable solutions. As mentioned earlier, many people expressed their dissatisfaction with the way the intervention was imposed on them and the lack of ownership or involvement. "Consultation" where people are asked for their views but are not involved in the final decision, should not be part of the process.*

Standard 2

The primary purpose of Alcohol Management Plans is to reduce harm arising in the community from misuse of alcohol, by means of locally-tailored plans that have broad *acceptance* within the community, are *feasible* to implement and, on the basis of selected indicators, *effective*. Once approved, Alcohol Management Plans will be expected to show progress in these directions. Where this does not occur, communities may be asked to review and revise their Alcohol Management Plans.

ADCA believes *that to ensure the greatest opportunity to effect change, the priority should be for alcohol management plans that include prevention and treatment options backed by research. Innovation should be supported where there are reasonable grounds to expect positive outcomes that will build on the evidence base. Where an AMP allows alcohol in a community, the plan will have to weigh up issues of access and availability, responsible advertising, marketing and pricing.*

Transparency is critical in the development, decision making, ongoing management and evaluation of AMPs. The community should be part of the decision making process, if not the decision maker, to ensure support for the plan and ultimately its success. AMPs need to clearly articulate measures of effectiveness and ensure that they are reasonable and, significantly, within the control of the community.

Standard 3

The Alcohol Management Plan should focus on the three dimensions of effective community based strategies to reduce harm to individuals, families and communities that results from alcohol abuse. These three dimensions are:

- Provisions for controlling alcohol supply (such as addressing grog running, restrictions on sale or supply from local liquor outlets, restrictions on hours of sale for on-license drinking, restrictions on types and amounts of alcohol permitted to be sold to individuals and whole populations for on-licence consumption within specific periods);
- Demand reduction activities (such as resources and measures for intervention, detoxification, treatment of dependent drinkers); and
- Harm reduction activities (such as community patrols, adequate responses to violence and unsafe driving, sobering-up facilities, women's shelters, sponsored sobriety groups, managed step-down facilities and longer term supported accommodation for people coming out of treatment).

The Alcohol Management Plan must be in a format that is easily understood by community members. A plan should specifically:

- Focus on improving the health, well-being and safety of all community members;
- Specify measurable objectives, and show how, on the basis of evidence, proposed measures will contribute to those objectives;
- Where applicable, use national health benchmarks for assessing strategies and objectives;
- Recognise and incorporate local cultural frameworks and priorities;
- Include evidence based strategies;
- Identify resources required and sources of funding to support implementation; and
- Where the community is in proximity to a liquor outlet, consider strategies involving local liquor supply/or where possible, engaging with the Manager of outlet; and
- In communities where drinking is allowed, specify measures to encourage responsible drinking and discourage binge drinking.

ADCA believes *the emphasis should be on supporting a whole of community approach. Examples in the draft guideline for supply harm and demand reduction focus too much on legislation and interventions for users – to the detriment of preventive measures.* ***ADCA suggests the following treatment for this standard****.*

Alcohol Management Plans should focus on population-based strategies to prevent and reduce harm to individuals, families and communities resulting from alcohol abuse based on the three pillars of the National Drug Strategy.

- Supply Reduction - provisions for controlling alcohol supply including limits on outlet density, restricting trading hours for take-away alcohol sales and on-premises consumption, limiting product types than can be sold and restricting the amount of alcohol that can be sold in a take-away format.
- Demand Reduction - activities that reduce demand for a substance including social marketing campaigns, community capacity building and action, pricing and taxation, alcohol advertising restrictions and schools based drug education programs.
- Harm Reduction - activities that seek to reduce harm, like community patrols, use of plastic cups at events, RBTs, sobering-up facilities, women's shelters, brief intervention strategies and supported accommodation for people coming out of treatment.

The AMP must be in an easily understood format that should specifically:

- Focus on improving the health, well-being and safety of all community members;
- Specify measurable objectives, and show how, on the basis of evidence, proposed measures will contribute to those objectives;
- Where applicable, use national health benchmarks for assessing strategies and objectives;
- Recognise and incorporate local cultural frameworks and priorities;
- If requested by the community, address other local substance misuse and include evidence based strategies;

- Identify resources required and sources of funding to support implementation;
- Where the community is close to a liquor outlet, consider strategies involving local liquor supply/or where possible, engage with outlet management (experience shows that this can be problematic and ADCA suggests it not be included as a standard; if adopting an evidence-based approach, activities to address supply will be included).
- In communities that choose to allow drinking within the community, specify measures to encourage responsible drinking and discourage binge drinking.

Standard 4

The Alcohol Management Plan must include measurable outcomes and an evaluation framework, or *specify* procedures to be used to obtain an evaluation framework. The evaluation framework should allow for the assessment of any unintended consequences that may arise (or be alleged to arise) from the Alcohol Management Plan (such as signs of increase in use of other drugs). The framework should enable the ongoing progress and effectiveness of the Alcohol Management Plan to be reviewed, monitored, and reported on. The plan should clearly identify a process for regular reporting to community residents in formats that are comprehensible and accessible to non-specialists.

ADCA believes *AMP outcomes should be realistic and achievable and that their planning may include a timeframe. AMPs need to include measures that reflect the nature of the issues, the stage the community has reached in addressing the issue and what is realistic in terms of a timeframe. For example, a goal of changing community attitudes towards public drunkenness is not necessarily achievable in two years; however increasing community awareness of and ability to respond to issues of public drunkenness is.*

Standard 5

The Alcohol Management Plan must include governance arrangements that clearly describe the roles and responsibilities of each of the agencies and participants involved, especially those involving the need for resources, and include a balance of Aboriginal community members and interests. This may include participants consistent with Standard 1.

ADCA observes *some confusion about Standards 5 and 6 in that both cover the roles and responsibilities of agencies. ADCA agrees that governance and implementation should be addressed in two separate standards and* ***suggests the following wording****:*

> The AMP must include governance arrangements to oversee its implementation and ensure its effective management. These arrangements should include a range of stakeholders consistent with Standard 1 and be guided by agreed Terms of Reference.

Standard 6

While primary responsibility for developing and implementing the Alcohol Management Plan rests with the community, effective implementation requires shared responsibility with other agencies. An Alcohol Management Plan should include:

- Resources, roles and responsibilities of stakeholders such as police and other government agencies, their views and advice, to enable compliance with the AMP;
- Role and responsibilities of local health clinics and regional service providers in helping to prevent and manage alcohol problems in the community;
- Responsibilities of local liquor licensees with respect to the Alcohol Management Plan; and

- The Alcohol Management Plan should include evidence that the stakeholders listed above are aware of, and accept, the roles and responsibilities specified.

See ADCA comments *for Standard 5. All stakeholders have a responsibility to help prevent and manage alcohol related harm in the community with some having particular responsibilities outlined in accordance with the AMP for their area. Those responsible for developing the plan should identify such specific roles.* ***ADCA suggests the following wording****:*

> An AMP should include an implementation plan that articulates the roles and responsibilities of each of the stakeholders, identifies resources and provides an indicative timeframe.

Standard 7

The Alcohol Management Plan should clearly show all relevant geographical boundaries, and explain how and why they have been chosen.

ADCA agrees *with this standard.*

ADCA welcomes the opportunity to make this submission and would be pleased to discuss further should the need arise. In the first instance, please contact Meredythe Crane on 02 92159808 or via email; meredythe.crane@adca.org.au

Yours sincerely

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14 December 2012

[i] http://www.makingithappen2012.com/docs/pptpdfs/Jenny%20Payet%20&%20Jolene%20Burnett.pdf

[ii] http://www.creativespirits.info/downloads/Elders-statement-against-nt-intervention-07-02-2011.pdf

[iii] Northern Territory Emergency Response Evaluation Report 2011 – p 56 (ISBN PDF 978-1-921975-20-2)

[iv] Northern Territory Emergency Response Evaluation Report 2011 – p 180

[v] Northern Territory Emergency Response Evaluation Report 2011 – p 178

[vi] Northern Territory Emergency Response Evaluation Report 2011 – p

[vii] Northern Territory Emergency Response Evaluation Report 2011 – p 68

[viii] Northern Territory Emergency Response Evaluation Report 2011 – p 57

[ix] Northern Territory Emergency Response Evaluation Report 2011 – p 183

[x] Northern Territory Emergency Response Evaluation Report 2011 – p 21

[xi] http://stoptheintervention.org/anti-intervention-campaigners-speak-out-over-sacking-of-olga-havnen-12-10-12

[xii] Northern Territory Emergency Response Evaluation Report 2011 – p 43

[xiii] http://www.menzies.edu.au/sites/menzies.edu.au/files/images/file/Alice%20Springs%20AMP%20report.pdf

[xiv] http://www.apont.org.au/attachments/article/62/Dr%20Peter%20D%27ABBS%20Presentation.pdf

[xv] http://www.fahcsia.gov.au/our-responsibilities/indigenous-australians/publications-articles/closing-the-gap-in-the-northern-territory/a-longitudinal-study-of-influences-on-alcohol-consumption-and-related-harm-in-central-australia-with-a-particular-emphasis-on-the-role-of-price

[xvi] http://menzies.edu.au/sites/default/files/images/file/Alice%20Springs%20AMP%20report.pdf

[xvii] http://www.apont.org.au/attachments/article/62/121115-Speech-PC-Our%20peoples%27%20right%20to%20choose%20on%20grog.pdf

[xviii] http://jennymacklin.fahcsia.gov.au/node/2155

[xix] http://www.theaustralian.com.au/news/breaking-news/high-court-hears-landmark-palm-island-case/story-fn3dxiwe-1226534663413