Katherine

Alcohol Management Plan

2013 - 2016

Endorsed by KRAI 9 May 2013
Front cover photos, L – R:
Southern Rockhole, Nitmiluk Gorge (© Maria & Garry Enright)
Knott’s Crossing, Katherine River (© Maria & Garry Enright)
Sabu Sing and horse, Katherine
Cutta Cutta Caves, Katherine
Low Level Reserve, Katherine
Introduction

The issue of alcohol misuse and all the problems it contributes to has been tackled by many individuals and organisations in Katherine over the years. Solutions have been explored at both the individual and the community level. Abstinence, responsible drinking, supply plans, legislation, bans, rehabilitation, Liquor Accords, Dry Zones, punishment, treatment – everyone has different ideas on how to approach the problems related to alcohol. In 2007 the Katherine Region Harmony Group developed the first Katherine Alcohol Management Plan. An Alcohol Reference Group was appointed by the then NTG to implement that plan. It had mixed success in doing so, with several measures not, or only partially, implemented. This was documented in a Menzies School of Health Research evaluation completed in late 2010. The results were presented at a public meeting in Katherine and the decision was made to set up a new group to review and update the ‘old’ AMP. This group became KRAG – Katherine Region Action Group. This AMP, and its accompanying Implementation Plan, is the result of almost two year’s work.

Katherine has been a ‘dry’ town since 2007, meaning that the consumption of alcohol in public areas within the town’s boundaries is banned. In September 2011 the CBD was declared a Designated Area under the Liquor Act (NT), meaning that the Police have extended powers to target alcohol-related violence and anti-social behaviour in that area. All Aboriginal Living Areas (previously known as ‘town camps’) within the Katherine municipal area are alcohol protected areas under the Stronger Futures NT Act (Commonwealth), meaning that it is illegal to bring, control, possess, supply or consume alcohol in these areas. In spite of all these measures, Katherine still seems to be awash with alcohol, as the following figures show:

The Territory’s average consumption is 14 litres of pure alcohol per person, per year. This is the highest state/territory consumption in Australia. Katherine’s consumption is even higher than the NT average – 21.1 litres of pure alcohol per person per year. This is especially shocking when you take into account that approximately 50% of the population (Indigenous and non-Indigenous) don’t drink at all and many of those who do drink, drink responsibly.
Binjari Health Service staff worked out the following information to help people get a real feeling for the amount of alcohol that is being consumed in Katherine. These figures are worked out based on the part of Katherine town’s population that is over the age of 15:

If all the grog sold in Katherine in was converted into full strength beer cans and these were laid down on the ground, end to end, the cans drunk in one week could reach Nitmiluk (Katherine Gorge - approximately 30 km) or the cans drunk in 67 days could reach Darwin (approximately 315 km).

Katherine region communities drink the equivalent of 13.5 pallets of ‘heavy’ (full strength) beer each day. This is the same as 13,500 litres or 67.5 x 44 gallon drums of ‘heavy’ beer a day. Drinking this much every day for a year would be enough to fill the Katherine Town Pool 3.7 times.

You would need 74 triple trailer road trains to carry that amount of grog to Katherine each year – that's more than 1 road train per week full of ‘heavy’ beer driving into town.

Based on the price of beer bought in a 30 pack on special for $50, Katherine’s population over the age of 15 years spends $62,800 on grog every day. However, the real cost of this excessive drinking is in the lives ruined through sickness and accidents and in the families broken by violence and fear and in our wonderful community being less than it might be.
**Context**

Katherine town is the service hub for an NT region of approximately 336,000 sq kilometres. The Katherine region stretches from the Western Australia to the Queensland borders and covers a range of different land forms including semi-arid, grasslands, river plains, mangroves, coastal areas and islands. The geography, history and Indigenous cultures of the region support the main economic bases of pastoralism, horticulture, tourism and mining. Katherine town provides services to the residents of many smaller towns, Indigenous communities, Indigenous homelands, pastoral properties, mines and roadhouses throughout the region. Katherine’s resident population of 9,187 (ABS 2011 census) makes it the fourth largest town in the NT. The surrounding region has another approximately 8,700 people. Approximately 52% of the combined town and regional population identifies as Indigenous Australian. Cultural commitments and the need to access services that are not available in remote communities result in many people moving around the region. A large number of regional people, both Indigenous and non-Indigenous, visit Katherine town many times in the year to shop, access services, attend meetings and community events. A smaller group of visitors from the region come into Katherine to access alcohol and some of these drink to excess, cause trouble for themselves and others and show disrespect for the Katherine Traditional Owners’ Social Protocols.

Katherine town is set on the Katherine River, approximately 314 km south-east of Darwin. It sits at the cross roads of the Stuart and Victoria Highways, connecting the south, west and north of Australia. A significant number of people from the Kimberley in Western Australia access services from Katherine town. Approximately 250,000 tourists pass through the town every year, mostly during the Dry Season months of April – September. RAAF Base Tindal is located approximately 16 km south of Katherine and is the focus for military exercises which occasionally bring large numbers of Australian and international serving members into the area for varying periods of time.

Katherine has a reasonable range of services for a community of its size, however, its distance from Darwin, the nearest large town and the capital of the NT, results in higher expectations for Katherine than would be experienced by a similar sized regional community in most southern states. Katherine has an excellent, 60 bed hospital. There are two GP clinics in town, three Aboriginal Community Controlled Health Services (two of which deliver health services to the region, not the town), a residential rehabilitation facility (40 beds) and a transitional after care unit (20 beds). Katherine has a Women’s Safe House (25 beds operating 24 hrs a day) and a Sobering Up Shelter.
(18 beds operating 1600 – 0800 hrs, Monday – Saturday). Several Non-Government Organisations provide a range of different services dealing with alcohol-related issues. The lack of appropriate short-term accommodation for visitors to town is an acute problem that results in many people living rough and being exposed to harm. Lack of long term follow up and support services for those who have been through alcohol rehabilitation and who then return to the same set of circumstances that encouraged them to drink to excess is a major issue. The need for significant resources and practical long term initiatives to support the aims of the Katherine Alcohol Management Plan remains constant, regardless of high level changes in the direction of alcohol policy.

We have come a long way and explored many possibilities for reducing alcohol-related harm in our community. We would like to have discovered some new and quick solution to some of these problems but there is no such quick fix. All levels of government and the people in our community must work together to improve our future. This new, improved Alcohol Management Plan is our first step towards the new partnership. However, the AMP on its own is not enough – we will need significant support and collaboration between the people, government, private and public sectors to get this plan off the paper and onto the streets of our community. Only then can we hope for some real improvements that will help us build our community into the best that it can become.
Katherine Alcohol Management Plan

Vision
The Katherine Alcohol Management Plan is designed to contribute towards achieving this vision:

A community where people respect each other, their environment and their diverse cultural heritage whilst promoting equal opportunity for a good quality of life for all.

Mission of the AMP

A reduced level of alcohol related harm for both individuals and the Katherine community.

Time frame
2013 – 2016

Geographical area covered by this AMP
The Katherine AMP covers all the area within the Katherine town council boundaries. In some parts of the AMP regional communities are mentioned. The Katherine AMP intends to support and work in partnership with people in remote communities who are tackling alcohol related harm, not to take over alcohol management planning for them.

Summary of Objectives

1. To create and maintain an effective, accessible and well-resourced alcohol treatment pathway
2. To reduce the impact of alcohol misuse in Katherine
3. To encourage the growth of a responsible drinking culture in Katherine
4. To effectively implement, monitor and evaluate the Katherine Alcohol Management Plan

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The initiatives that are planned to achieve each of these objectives are listed on pages 9 - 12. Planning details that may change over time, such as responsibilities and target dates, are recorded separately in the AMP Implementation Plan.

**Outcomes**
Achieving the four objectives of this plan should result in the outcomes listed below (the number in front of each outcome indicates which objective it is linked to). Delivering these outcomes will accomplish the mission of this AMP and set us on the path towards our vision for Katherine:

1. *All who need it have access to appropriate alcohol treatment services.*
2a. *The public places of Katherine are safer and more pleasant for all residents and visitors.*
2b. *Police and health statistics show reductions in key areas of alcohol-related harm.*
3. *Most people drinking in Katherine drink at a responsible level most of the time.*
4. *The KAMP achieves its objectives and mission.*

**Governance**
The KAMP is managed by the Katherine Region Action Group. This group was formed in 2011 to revise and update the 2007 Katherine Alcohol Management Plan. KRAG consists of representatives from some of the major NGOs and government departments in Katherine plus the Mayor of Katherine.

An Implementation Plan has been developed to support the KAMP. The Implementation Plan will be monitored on an ongoing basis and reviewed and updated annually. KRAG will seek resources to support a formal evaluation of the KAMP.
Objective 1: To create and maintain an effective, accessible and well-resourced alcohol treatment pathway

Initiatives supporting Objective 1:

1.1 Capture more funding and resources for alcohol treatment and rehabilitation services for Katherine town and Katherine region.

1.2 Improve access to and communication between alcohol treatment services.
Objective 2: To reduce the impact of alcohol misuse in Katherine

Initiatives supporting Objective 2:

2.1 Effective coordination between patrol services in Katherine.

2.2 Implement and strengthen Katherine Liquor Accord.

2.3 Work together with other communities in the region to reduce alcohol-related harm in town and in the bush.

2.4 Develop more safe short-term accommodation for Katherine region people visiting Katherine town.

2.5 Work towards consistent liquor supply plans across Katherine region.

2.6 Reduce litter around Katherine town.
Objective 3: To encourage the growth of a responsible drinking culture in Katherine

Initiatives supporting Objective 3:

3.1 Encourage the growth of knowledge about and commitment to responsible drinking.

3.2 Actively promote employment for young people, especially young Indigenous people, in Katherine.
Objective 4: To effectively implement, monitor and evaluate the Katherine Alcohol Management Plan

Initiatives supporting Objective 4:

4.1 Effectively implement the revised Katherine Alcohol Management Plan.

4.2 Monitor the progress of the revised Katherine Alcohol Management Plan.

4.3 Evaluate the outcomes achieved by the revised Katherine Alcohol Management Plan.