

**MESSAGE IN THE BOTTLE: A SURVEY OF DRINKING PATTERNS AND  
ATTITUDES ABOUT ALCOHOL POLICY AMONGST DARWIN'S  
HOMELESS**

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A key impetus for this research stemmed from LNAC's commitment to overcoming the disadvantage experienced daily by so many Aboriginal clients. A need was identified by LNAC for an evidence base from which to both deepen the breadth of services available and inform the broader community of the reality, circumstances and attitudes of Australia's largest homeless population. These goals were supported by Department of Justice.

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## EXECUTIVE SUMMARY

Studies have found that a smaller proportion of Indigenous Australians drink alcohol than non-Indigenous Australians<sup>1</sup>. Yet a perception persists that “alcohol problems in the Northern Territory are mostly Aboriginal problems”<sup>2</sup>. In recent years, studies have been undertaken of the drinking patterns of the housed, urban Indigenous population<sup>3</sup> and Indigenous people living in remote communities<sup>4</sup>. The drinking patterns of the homeless, urban Indigenous population have not been comprehensively documented. This segment of the community, commonly referred to as ‘Long Grassers’, is particularly stigmatised as engaging in heavy alcohol consumption or ‘problem drinking’. On 1 July 2011 the Government introduced a new alcohol policy to tackle ‘problem drinking’ which regulates the purchase of take away alcohol by ‘problem drinkers’<sup>5</sup>. Take away alcohol is the primary source of alcohol for the ‘Long Grass’ population.

This study was undertaken to answer a number of questions. Firstly, it sought to plug the data gap in relation to the drinking patterns of the urban, homeless population. Secondly, it aimed to assess the validity of stereotypes of alcohol abuse applied to this population and to provide an evidence base to dispel any identified myths or misperceptions. Finally, it sought to obtain the views of the ‘Long Grass’ population on the new Government alcohol policy as these policy measures are likely to impact significantly on this population.

Participants in the study were approached at locations throughout Darwin and Palmerston known to be frequented by the ‘Long Grass’ population. A total of 103 individuals consented to participate in a survey about their drinking patterns – what they drank, how much, when and with whom. Individuals who were identified as moderate or non-drinkers were then invited to participate in an in depth interview to explore their experiences of urban homelessness and why they have the resilience to avoid the use of substances. In depth interviews were undertaken with 16 participants.

In a separate block of field work, people living in the ‘Long Grass’ were invited to participate in group discussions about the new alcohol policies, the likely impact on them of those policies, and what they felt would be an effective policy approach by Government to ‘problem drinking’ in the Northern Territory. A group made up of former ‘Long Grassers’ was also consulted.

### **DRINKING PATTERNS**

The survey process found that nearly 15 percent of people surveyed had not consumed alcohol within the past week and that more than 1 in 5 drank once a week or not at all. When the findings were split along gender lines, it was found that approximately 1 in 3 females living in the ‘Long Grass’ are consuming alcohol no more than once per week. Approximately 20 percent of participants reported levels of alcohol consumption which did not put them at risk of either short or long term harm.

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<sup>1</sup> Crundall, Ian, “Northern Territory Alcohol Consumption and Related Attitudes: 2006 Household Survey”, 2006, NT Government

<sup>2</sup> Ibid p5

<sup>3</sup> Ibid

<sup>4</sup> Healthcare, Planning and Evaluation, “Indigenous Drinking Patterns” (Draft report), NT Department of Justice 2009

<sup>5</sup> Details of the policy can be found at <http://www.alcoholreformnt.com.au/>

However, close to 50 percent of participants reported drinking 6 or more days per week, and nearly three quarters of respondents were drinking at levels that posed a high risk to both their short and long term health. Consumption levels dropped considerably on Sundays, with even some very heavy drinkers abstaining from drinking altogether. Participants identified this day as a rest day and/or a day for attending church.

Although many respondents stated a preference for beer, port, which is cheaper, was consumed in the greatest quantities, followed by beer and then spirits. There was an increase in the consumption of beer and spirits on paydays.

The alcohol consumed was primarily paid for with money received from Government allowances. Busking, prostitution and the sale of art were also recorded as sources of money for alcohol. It was consistently reported that one particular alcohol outlet illegally accepts the Basics Card for the purchase of alcohol and cigarettes. This suggests that alcohol abuse is a complex problem, which is, at times, directly contributed to by the actions of members of the mainstream population.

Approximately 1 in 3 respondents expressed a desire to stop drinking. Many were well aware of the services available, such as FORWAARD and CAAPS, to support them in giving up alcohol. Obstacles to achieving this goal included the role of alcohol as a self medication for physical or emotional pain.

Participants were asked if they would like to go back to their home community. Over 40 percent expressed a desire to return home, the majority to escape the drinking culture in Darwin, but also to visit family. It should be noted that nearly 15 percent of respondents identified Darwin as their permanent home. The identification of Darwin as a permanent home has ramifications for government policies that, either directly or indirectly, discourage life in the Long Grass and/or encourage return to remote communities.

In depth interviews revealed that many moderate and non drinkers live in the 'Long Grass' because they are married to alcoholics and stay there to look after their spouses and extended family. Some others identified themselves as temporary visitors to Darwin staying in the 'Long Grass' because that is where their family in Darwin lives.

## **ALCOHOL POLICY**

The response to the new alcohol policy was overwhelmingly negative. It was labelled as racist and dismissed by many as pointless. The measures were perceived as unfairly targeting the drinking habits of 'Long Grassers' and as a symptom of the mainstream population's dislike of the 'Long Grass' population.

The primary response to nearly all aspects of the policy was that alcoholics cannot be forced to stop drinking, they need to choose it for themselves. Concern was expressed that, not only would the new measures be futile, they may cause other harm, such as increased crime, prostitution and violence, whilst creating a flourishing black market for alcohol.

The rejection of the Larrakia Nation Proof of Identity Card as valid ID at liquor outlets was viewed as an insulting practice on Larrakia land. Banning measures were seen by some as likely to cause a degree of migration by 'Long Grassers' back to their home communities, and by many as likely to lead to criminal actions by alcoholics to access alcohol. The circumstances under which bans are required to be automatically applied were considered to be unreasonable. Secondary bans were dismissed as impossible to enforce. Alcohol Misuse Interventions were labelled as futile. The

Alcohol and Other Drugs Tribunal was viewed with suspicion as another source of control over their lives rather than as a support. Despite this, there was general consensus that it was appropriate for the Government to take some form of action in relation to alcohol abuse.

While there was some support for restricting access to alcohol and other 'tough love' measures, particularly by non-drinkers and former 'Long Grassers', the majority indicated a preference for harm minimisation measures that retained the individual's autonomy. For example, universal support was expressed for designated drinking areas with shelter, amenities and supervision. Other suggestions included voluntary alcohol respite facilities, graphic alcohol education for young people and provision of safe and quiet accommodation for the homeless.

There was considerable concern that the policy measures, already perceived as racist in their design, would be implemented in a racist way, with Indigenous drinkers being targeted for the application and enforcement of bans. One policy suggestion was that any policy for alcohol management tackle all forms of problem drinking, not just those prevalent in the Indigenous community. Alcohol abuse was identified as a problem across the board with particular emphasis on the violence and criminal behaviour arising from excessive alcohol consumption in the night club scene.

Finally, the need for genuine consultation in relation to alcohol policy was flagged. This will foster goodwill and policy support, contribute to the creation of effective policies, and help to ensure that policy responds to the diversity of cultural norms in our community and does not result in double standards.

## **CONCLUSION**

In conclusion, the study found that, while many people living in the 'Long Grass' do consume alcohol excessively, significant numbers consume alcohol in negligible amounts or not at all. It found that many positive social qualities such as loyalty, honesty and cooperation are strong within the 'Long Grass' population. The new alcohol policy measures are resented as being racist in their orientation, blind to alcohol abuse that is in line with non-Indigenous cultural drinking norms, and viewed as unlikely to be effective. People living in the 'Long Grass' are able and willing to articulate the kinds of policy measures they would welcome to manage alcohol abuse by homeless individuals in the Darwin community.



## KEY FINDINGS

1. There are a significant number of moderate and non-drinkers residing in the 'Long Grass' with 21.7% of participants reporting consuming alcohol on one or less days per week.
2. A large proportion of 'Long Grassers' engage in regular consumption of alcohol with 48.7% reporting drinking on six or more days per week.
3. In terms of risk, 73% of respondents report engaging in drinking practices that engender a high risk of short term harm and 72.2% report drinking practices that place them at high risk of long term harm. 18.9% of respondents report drinking patterns that place them at low risk of short term harm and 23.6% report drinking at levels which cause low risk of long term harm.
4. Stereotypes commonly applied to the 'Long Grass' population in Darwin do not reflect the diversity of that population and its positive attributes and norms. There is a need for public awareness raising in relation to the reality of the 'Long Grass' community, including raising the profile of the significant number of moderate and non-drinkers living in the 'Long Grass'.
5. More than a third of drinkers in the 'Long Grass' would like to stop drinking. In line with the findings of the NDLERF study, many participants expressed a preference for voluntary respite from alcohol by returning to their communities of origin. There would appear to be a need for transport to, and appropriate facilities located in remote communities to support this process.
6. The 'Long Grass' population has strong views on the new Government alcohol policy and consider themselves to be the primary targets of it. While highly critical of the policy provisions, they acknowledge a role for Government in managing alcohol abuse in the community and are able to articulate positive, alternative policy measures for this purpose. A strong preference was expressed for harm minimisation rather than alcohol control measures.
7. There is universal support in the 'Long Grass' population for the establishment of multiple designated drinking areas which are free from police attention - unless specifically requested. It was suggested that these areas be fenced to reduce the death toll on the roads and contain permanent amenities such as showers, toilets, cooking facilities and shelter. Supervision and safety in the form of regular Larrakia Nation Night Patrol visits is both necessary and welcome.
8. There are inadequate sources of safe and dry shelter for the homeless in Darwin, particularly in the Wet Season.
9. Individuals drinking in licensed premises in the city area are universally identified by the 'Long Grass' population as the main source of 'problem drinkers' in Darwin.
10. The 'Long Grass' population experiences high levels of violent crime and harassment from individuals outside of the homeless community.

**11. Both overt and indirect racism continue to be issues in the Darwin community, including direct violence and a strong perception of inconsistent standards for different racial groups. There is a feeling that the Government and justice system, which are dominated by one particular racial and cultural group, are not effectively representing and responding to the needs and aspirations of homeless Aboriginal people.**

## BACKGROUND

A number of studies on drinking patterns in the Northern Territory have been undertaken in recent years – notably, Crundall Ian, *Northern Territory Alcohol Consumption and Related Attitudes: 2006 Household Survey*, Northern Territory Department of Justice 2006 - “**Crundall Survey**” and Healthcare Planning and Evaluation Pty Ltd, *Indigenous Drinking Patterns Draft Report*, Northern Territory Department of Justice 2009 – “**HPE Report**”. These studies cover the drinking patterns of the housed urban population and Indigenous people living in remote communities, respectively. Neither study addresses the drinking patterns of the urban homeless in and around Darwin.

Information on the drinking patterns of homeless Indigenous people in Darwin was specifically identified as a data gap in the draft HPE Report<sup>6</sup>. That report undertook a comprehensive search of existing literature and found that ‘the investigations into Indigenous drinking patterns since the late 1980’s have primarily been at the national level, or relied on analysis of secondary data associated with alcohol consumption.’

The specific documentation of the drinking patterns of the urban homeless population was identified as necessary to plug the data gap.

The NDLERF Report, *Being undesirable: law, health and life in Darwin’s Long Grass*<sup>7</sup>, identified the overwhelmingly negative and stereotyped perceptions of homeless Indigenous people by the mainstream. Alcohol abuse by ‘Long Grassers’, together with a perception of accompanying anti-social behaviours, was particularly identified as problematic to the mainstream population. The Crundall Report also noted a “...strong perception that alcohol problems in the Northern Territory are mostly Aboriginal problems”. The Crundall Report went on to say that this was a misperception.<sup>8</sup> Specifically, in relation to housed Indigenous people in Darwin, the household survey found that a smaller proportion of the Indigenous population drank than the non-Indigenous population<sup>9</sup>.

The NDLERF study found that not all people living in the long grass consume alcohol on a regular basis, with specific identification of one or two individuals who did not drink alcohol at all. This was counter to the mainstream perceptions of homeless Indigenous people articulated in that study. The study recommended ongoing research with the homeless population (Recommendation 5) and the narrowing of the gulf between the reality of living in the Long Grass and mainstream perceptions of it (Recommendation 8).

In addition to plugging any data gaps, it was thought that the mapping of drinking patterns of individuals living in the ‘Long Grass’ may be beneficial in dispelling inaccurate negative perceptions of this population by the mainstream. In line with this goal, further exploration of the lived experience of moderate and non-drinkers in the Long Grass was identified as an appropriate focus for in-depth interviews. A second part to the research was designed to record the experiences of

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<sup>6</sup> Op cit note 4 p10.

<sup>7</sup> Holmes, Catherine and McRae-Williams, Eva for the LNAC Research Division, “An Investigation into the influx of Indigenous ‘victors’ to Darwin’s Long Grass from remote NT communities – Phase 2. Being undesirable: law, health and life in Darwin’s Long Grass”, National Drug Law Enforcement Research Fund, Hobart, 2008.

<sup>8</sup> Op cit note 1 p5.

<sup>9</sup> Op cit note 1 p19

moderate and non-drinkers living in the 'Long Grass' and to raise the public profile of this part of the 'Long Grass' population.

The third part of the research relates to Government alcohol policy. In the planning stages of this research, the alcohol policy reforms implemented on 1 July 2011, were still in the process of being finalised. The reforms were associated with the 'Enough is Enough' campaign, and were designed to tackle the phenomenon of 'problem drinking' in the sense of its connection to crime and other anti-social behaviour. The Government sought community feedback and submissions on the proposed reforms over a period of months in the second half of 2010.

The reforms are likely to significantly impact on drinkers in the homeless population of Darwin. No specific consultation processes with this population were undertaken in the formation of the Government policy. It was noted by representatives of the Department of Justice on the Reference Group for this research that, the submissions received by the Government in response to its call for community feedback, did not include any submissions or direct information from the homeless population. There were two concerns that arose from this. The first was that it indicated a low awareness of the impending changes in law and policy within a segment of the population which will be expected to comply with those changes. The second is that law and policy is not being informed by the knowledge and experience of those parts of the community it is targeting. A need for clear and direct information sharing in both directions was therefore identified by the LNAC and supported by the Department of Justice.

The third part of the research was designed in response to this need. It consisted of group discussions with people living in the Long Grass about the upcoming policy changes in order to: inform them about the alcohol law and policy changes, obtain their views as to unforeseen impacts on them of those policy changes, obtain their views as to how negative impacts could be mitigated, and obtain their unique perspective as to what would constitute ideal and effective Government alcohol management policy.



## METHODOLOGY

A short form survey on drinking patterns was undertaken with 103 homeless people in and around Darwin over a three week period. The survey sought information about how much alcohol the individual was consuming over a seven day period, what type and with whom. Participants were also asked if they would like to stop drinking and if they would like to return to their home community. Some basic demographic data was also collected. The information sought was largely quantitative in nature with some qualitative elements. Incidental qualitative information gleaned from participant comments was also recorded. The aim was to establish the basic drinking patterns of homeless people in the Darwin to plug information gaps and for comparison with existing drinking pattern studies undertaken in relation to other parts of the Northern Territory population.

The amount of alcohol consumed was measured in standard drinks based on one standard drink containing 12.5 millilitres of pure alcohol. Participants were asked to identify their most recent payday and what they drank on that day. They were then questioned about their drinking practices on the days preceding and following that payday until a period of seven consecutive days was covered. The type of alcohol and the volume consumed were recorded for each day and the number of standard drinks for any given day was then calculated. These were then assessed against the 2001 National Health and Medical Research Council's Drinking Standards Guidelines to establish the risk of short and long term harm of the drinking practices recorded. These standard have been revised, but the 2001 standards are used to allow comparisons with existing studies<sup>10</sup> of housed urban and remote community Indigenous populations, as this was the standard relied on in those studies.

The nature of the drinking practices among the urban homeless makes exact recall and calculation of quantities challenging. The alcohol is usually bought and shared by a pair or a group. Drinking continues until the alcohol is finished. Alcohol that is not sold in individual serves, such as port, wine and unmixed spirits, is usually decanted into smaller drinking containers for individual consumption, such as water and coke bottles, but these are then shared between at least two drinkers. Accordingly, individuals are often unable to recall how much they have drunk as an individual in a drinking session but many are able to identify what had been bought by the group as a whole on that day. Consumption was, therefore, largely calculated based on the quantity of alcohol consumed by the group on a given day, divided by the number of drinkers in the group.

Estimates of numbers of Indigenous people living in the long grass are not reliable and vary widely - from approximately 300 (Institute of Housing and Welfare report on homelessness in the NT<sup>11</sup>) to more than 2000 (service provider estimate<sup>12</sup>). Regardless of the accuracy of estimates, it is also known to be a transient community with a fluctuating population. The significance of the sample size cannot be established as we were working with an unquantified target population. However, the number of surveys undertaken is considered sufficient to establish a basic profile of the target population.

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<sup>10</sup> Crundall Ian, *Northern Territory Alcohol Consumption and Related Attitudes: 2006 Household Survey*, Northern Territory Department of Justice 2006 - "**Crundall Survey**" and Healthcare Planning and Evaluation Pty Ltd, *Indigenous Drinking Patterns Draft Report*, Northern Territory Department of Justice 2009 – "**HPE Report**"

<sup>11</sup> Chamberlain C, MacKenzie D 2009. Counting the homeless 2006: Northern Territory. Cat. no. HOU 210. Canberra: AIHW.

<sup>12</sup> Op cit note 4 p19

Moderate and non-drinkers identified in the course of the survey process were invited to participate in an in-depth interview (Part Two of this research). Non-drinkers were defined as people who self-identified as non-drinkers and reported zero alcohol consumption within the past week. Moderate drinkers were defined in accordance with the 'low risk of long term harm' category of drinker as per the NH&MRC drinking standards 2001. Specifically - Men: less than 28 standard drinks in one week and Women: less than 14 standard drinks per week.

The aim was to record their stories to raise awareness of the diversity in the 'Long Grass' population. The number of moderate and non-drinkers identified exceeded expectations and, while not all were willing to engage in the interview process, a total of 16 participants consented to participate in further discussion to varying degrees.

The interview was semi-structured and explored the following topics:

1. Why they are living in the long grass?
2. Why do they not participate in the drinking and how do they resist peer pressure to drink?
3. How do they feel about the drinkers they live with?
4. How do they feel about living in the Long Grass?

The third part of the research was focused on the response of the homeless population to the Government's alcohol policy reforms which commenced effect on 1 July 2011. Eight group discussions were undertaken at locations around Darwin with a total of 38 participants. Generally the groups were made up of natural congregations of urban homeless individuals at various locations. One group, composed entirely of 'ex Long Grassers', was more formally arranged. These individuals have firsthand knowledge of the reality of life in the 'Long Grass', and have also successfully conquered their addiction to alcohol, so their perspective was considered particularly valuable.

Information about the policy and its practical impact was shared and participants were invited to share their thoughts at regular intervals in the process. The following specific questions were also asked:

1. Are they worried about the policies? Why?
2. What do they need in terms of services to cope with the policies?
3. How can we make these new rules work?
4. Do people drink too much?
5. Who are the problem drinkers?
6. What rules would you make if you were the Government?

The purpose of the group discussions was to ensure the 'Long Grass' population was informed of the policy changes prior to their implementation, to explore the impact of those policy changes on the homeless population in order to inform Government services to them, and to obtain feedback on the likely efficacy of the policy from a population likely to be highly impacted by it.

For all parts of the field work - surveys, interviews and group discussions - the research team visited locations around Darwin known to be camping or drinking areas for the 'Long Grass' population. Participants were approached directly by a member of the research team and invited to take part in the research. Eligibility criteria included being over 18 years of age, experiencing primary homelessness<sup>13</sup>, and being sufficiently sober at the point of contact to meaningfully participate in

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<sup>13</sup> For the purposes of this research, homelessness refers to people living without any form of conventional accommodation (as opposed to those with access to conventional accommodation but without security of tenure). This is

the research process. An approved introductory protocol was used which included a plain language statement about the research and the rights of the participant and the responsibilities of the researcher. This same information was available in written format for participants to keep. Participants also provided the research team with information about where other camps and participants could be found.

The methodology was finalised, then piloted and refined by the LNAC research team. The team, with the exception of the Lead Researcher, was made up entirely of Indigenous researchers, including a former 'Long Grass' resident. The expertise within the team greatly enhanced the depth and quality of information able to be obtained and uncovered by this research. This expertise included deep local and cultural knowledge, understanding of life in the 'Long Grass', personal connections with the 'Long Grass' population and language skills.



The data relating to drinking patterns is entirely self-reported. It was the observation of the researchers that participants were unselfconscious, upfront and honest in their responses to questions about their drinking habits and it is unlikely answers were distorted through intentional masking of the individual's drinking reality. However, it is likely that accuracy of response has been affected by factors such as poor recall, particularly by the heavier drinkers, group drinking and differing levels of comprehension and engagement by participants.

Limited ability to recall drinking choices in detail resulted in a large number of surveys missing key information in relation to certain findings. These surveys are categorised as 'missing' in some tables. They were, however, still able to be drawn on for some data sets, thus the discrepancies in numbers of participants for different statistical breakdowns. There was almost universal consent to participate in the survey process and so any impact on the findings as a result of 'self selection' by participants is negligible.

The layout of the results generally follows the format of the Crundall and HPE surveys for ease of comparison. Apart from the additional tables provided, there are three main differences in the presentation of the results. Firstly, the statistical breakdown in relation to regularity of alcohol consumption is more detailed in this report. This is to reflect findings in relation to drinking patterns that would not otherwise be clear. Secondly, the age group divisions are in line with those used in the HPE report rather than the Crundall report. This is due to the heavy weighting of survey participants in the upper end of the age scale, and the findings were considered to be more meaningful when broken down into smaller groupings.

Finally, and most importantly, the Crundall and HPE studies both undertake the drinking pattern analysis only in relation to individuals who are identified as 'recent drinkers'. Recent drinkers are defined in those studies as individuals who have consumed alcohol within the past week. The justifications offered by those studies for limiting statistical calculations to active drinkers do not apply so readily to the purposes of this study. For example, there are no issues of access to alcohol for urban drinkers. Specifically, this study seeks to assess stereotypes such as 'all Long Grassers' are 'all drunk all the time'. A statistical focus which fails to take account of the non-drinkers as part of the pattern of drinking in the Long Grass, serves only to reinforce misguided stereotypes and undermine the purpose of this research. Further it fails to paint an accurate picture of the 'Long Grass' population and the complexities inherent within this part of the Northern Territory community.

**Table 1: Survey participant characteristics**

Characteristic		Number of participants	Percentage of participants
Gender	Male	67/103	65%
	Female	35/103	34%
	Not stated	1/103	1%
Age	18 - 19	1/103	1%
	20 – 29	14/103	13.6%
	30 – 39	21/103	20.4%
	40 – 49	37/103	35.9%
	50 – 59	23/103	22.3%
	60 – 64	4/103	3.9%
	64 <	1/103	1%
	Not stated	2/103	1.9%
Indigenous identification	Aboriginal	95/103	92.2%
	Torres Strait Islander	4/103	3.9%
	Other	5/103	4.9%
Length of stay	Long term resident (more than 3 months)	75/103	72.8%
	Short term visitor (less than 3 months)	27/103	26.2%
	Not stated	1/103	1%

## **FREQUENCY OF CONSUMPTION**

**Table 2: Frequency of consumption by gender**

Frequency of drinking	% Male respondents	No. Male	% Female respondents	No. Female	% Not Stated	Not Stated	% Total respondents	Total
Every day	32.6%	15	29.6%	8	0%	0	<b>31.1%</b>	<b>23</b>
6 days per week	23.9%	11	3.7%	1	100%	1	<b>17.6%</b>	<b>13</b>
5 days per week	15.2%	7	18.5%	5	0%	0	<b>16.2%</b>	<b>12</b>
4 days each week	4.3%	2	7.4%	2	0%	0	<b>5.4%</b>	<b>4</b>
3 days per week	4.3%	2	11.1%	3	0%	0	<b>6.8%</b>	<b>5</b>
2 days per week	2.2%	1	0%	0	0%	0	<b>1.4%</b>	<b>1</b>
Once a week	4.3%	2	11.1%	3	0%	0	<b>6.8%</b>	<b>5</b>
Not in past week	13%	6	18.5%	5	0%	0	<b>14.9%</b>	<b>11</b>
Missing	-	21	-	8	-	0	-	<b>29</b>
<b>TOTAL</b>		<b>67</b>		<b>35</b>		<b>1</b>		<b>103</b>

\*The large number of survey responses with missing information is not included in the percentage calculations.

'Everyday' refers to days spent in Darwin only. Where individuals spent half the week in a dry community, everyday may refer to a 3 day drinking week.

**Table 3: Frequency of consumption by age group**

Frequency of drinking	18 – 19	20 – 29	30 – 39	40 -49	50 – 59	60 – 64	65+	Not stated	TOTAL
Every day		2	7	7	5	1		1	23
6 days per week		2	3	2	4		1	1	13
5 days per week	1	2	3	4	2				12
4 days per week			1		2	1			4
3 days per week		2	1	2					5
2 days per week				1					1
Once a week		2	1	1	1				5
Not in past week		3		5	2	1			11
Missing		1	5	15	7	1			29
<b>TOTAL</b>	<b>1</b>	<b>14</b>	<b>21</b>	<b>37</b>	<b>23</b>	<b>4</b>	<b>1</b>	<b>2</b>	<b>103</b>

**Table 4: Consumption by day of the week**

	Number of respondents who consumed alcohol on that day	Percentage of respondents who consumed alcohol on that day
Monday	53/74	71.6%
Tuesday	54/74	73%
Wednesday	46/74	62.2%
Thursday	46/74	62.2%
Friday	52/74	70.3%
Saturday	47/74	63.5%
Sunday	32/74	43.2%

\*The incomplete, or 'missing' surveys were not included in this data set and so the total number of respondents for this table is 74.

If the survey respondents are a representative sample, nearly 15% of homeless people in Darwin usually do not drink at all and over 20% consume alcohol on one or less days per week. Nearly 1 in 3 homeless women consume alcohol on one or less days per week. Like the drinking patterns in remote communities<sup>14</sup>, women drink less frequently than men and drinking frequency would appear to peak in the 30 – 49 year old age bracket. There are more female non drinkers than male non drinkers living in the 'Long Grass'. It appears that the drinking patterns of 68.9% of respondents comply with the NH&MRC's recommendation that one or two days per week be alcohol free.<sup>15</sup>

A large proportion of alcohol free days were not explained, or occurred simply because the participant was still in a dry community and did not have access to alcohol for that part of the week.

<sup>14</sup> Op cit note 4

<sup>15</sup> National Health and Medical Research Council. Australian Alcohol Guidelines – Health Risks and Benefits. Canberra, Government Printer 2002.

Days of the week spent in dry communities are not counted as alcohol free days in the statistics recorded. Where explanations were given, lack of money to buy alcohol was the primary reason for abstaining from drinking. The next most common reason given was ‘having a rest from drinking’. Feeling too sick from grog to drink, attending church and fishing/hunting were other major reasons for choosing not to drink on any given day. The prioritising of money for other things, such as tickets home, clothes and food shopping, also featured as responses. Table 4 shows that Sunday was identified as the most common day for abstaining from drinking – usually for the purposes of resting from alcohol and attending church.

The data revealed that 31.1% of respondents report drinking every day – many of them heavily. Nearly 50% of respondents drink six or more days per week. Reasons were rarely given for why people chose to drink every day, but comments included open admission of addiction to alcohol, enjoying drinking and that stopping drinking for any significant period gave them the ‘grog shakes’. Underlying reasons provided for addiction and drinking enjoyment reflect the findings of the NDLERF report<sup>16</sup> which found high levels of trauma and grief processes amongst the homeless population of Darwin. Underlying reasons for drinking are discussed later in this report.

## TYPE OF ALCOHOL CONSUMED

**Table 5: Type of alcohol consumed – by age and gender**

Percentage breakdown according to pure alcohol volume (number of standard drinks)

	Port	Beer	Pre mixed spirits	Spirits	Wine
<b>Female</b>	72%	21.3%	1.3%	0.3%	5%
<b>Male</b>	71.8%	23.8%	0.1%	3.4%	0.9%
<b>Gender not stated</b>	77.5%	12.7%	0%	0%	9.8%
<b>18 – 19</b>	100%	0%	0%	0%	0%
<b>20 – 29</b>	52.1%	38.3%	1.6%	6.7%	1.3%
<b>30 – 39</b>	74.1%	18.3%	0.6%	4.3%	2.7%
<b>40 – 49</b>	88.3%	10.8%	0%	0%	0.9%
<b>50 – 59</b>	72.9%	23.5%	0%	0.7%	2.9%
<b>60 – 64</b>	27.8%	68.6%	0%	3.6%	0%
<b>64 &lt;</b>	89.2%	10.8%	0%	0%	0%
<b>Age not stated</b>	77.5%	12.7%	0%	0%	9.8%
<b>Proportion of total alcohol</b>	72.02%	22.93%	0.4%	2.54%	2.11%

**Table 6: Type of alcohol consumed – by day of the week**

Percentage breakdown according to pure alcohol volume (number of standard drinks)

	Port	Beer	Pre mixed spirits	Spirits	Wine
<b>Monday</b>	68.4%	26.1%	0.6%	2.4%	2.5%
<b>Tuesday</b>	64.2%	28%	0.9%	1.9%	5%
<b>Wednesday</b>	75.1%	20%	0%	3.2%	1.7%
<b>Thursday</b>	74.3%	23.6%	0%	1.3%	0.8%
<b>Friday</b>	73.3%	20%	1%	2.8%	2.9%
<b>Saturday</b>	82.4%	17.6%	0%	0%	0%
<b>Sunday</b>	75.6%	17.2%	0%	7.2%	0%
<b>Payday</b>	58.9%	33.8%	1.5%	1.8%	4%

<sup>16</sup> Op cit note 7



The breakdown of alcohol consumption by type of drink is calculated according to quantities of pure alcohol consumed for each type of drink, ie number of standard drinks<sup>17</sup>, not the liquid volume of each type of drink. As with the HPE Survey, options such as methylated spirits were available as survey responses but were not selected by any participants. The general patterns of drink preference are clear from these findings but specific figures should be quoted with caution. This is due to inadequate numbers in some age groups to serve as meaningful samples – most notably the <19, 60 – 64 and 65< age groups. In addition, the field research was undertaken within a tight timeframe, precluding the possibility of week by week comparisons of drinking patterns. It is assumed that the weeks covered are representative of general drinking trends.

Port is by far the most commonly consumed form of alcohol at 72.02% of all alcohol consumed, followed by beer at 22.93%. Straight spirits and wine are consumed by only a small proportion of respondents at 2.54% and 2.11% of total alcohol consumed respectively. The consumption of premixed drinks is negligible. This is vastly different from the findings of the Crundall and HPE Surveys which found housed urban Indigenous drinkers prefer beer (73.95%), followed by spirits (18.4%) and wine (7.65%) and remote community Indigenous drinkers also prefer beer (87.6%), spirits (29.9%) then wine (23%). Although beer is consumed in much smaller quantities than port, participant comments indicated that it is in fact the drink of choice but port is cheaper.

*“The doctor said not to drink port but beer is too expensive.”*

It is noteworthy that there is a significant decrease in the consumption of port, and a corresponding increase in the consumption of beer, on payday, when the participants have the most access to money. Anecdotal evidence collected indicated that individuals like to drink til they are drunk.

*“Drink til full drunk.” “Drink port straight to get fast drunk.”*

The emphasis on drinking for effect rather than for the taste, may explain, in part, the purchase of alcohol type on the basis of cost rather than preferred drink.

As per the Crundall and HPE Surveys, there are no significant differences in drink of choice between the genders. There is a slightly greater tendency to drink straight spirits by urban homeless men and wine by urban homeless women. In terms of age, 20 – 29 year olds consume more beer than older age groups. Again this contrasts with the HPE Survey which found a higher consumption of beer in the older age groups and a preference for spirits in the 20 – 29 year old age bracket. The out of pattern findings for the <19 and 60 – 64 age groups are not meaningful due to the size of the sample groups for these age brackets.

## QUANTITIES OF ALCOHOL CONSUMED

**Table 7: Alcohol consumption (standard drinks) by gender**

		All	Males	Females
Weekly	Mean	68.5	81.5	44.5
	Median	75	90.5	35
Daily	Mean	9.5	11	6
	Median	9	9	4
Payday	Mean	13	16	9
	Median	13.5	13.5	6

<sup>17</sup> One standard drink is calculated at 12.5mL of pure alcohol

**Table 8: Alcohol consumption (standard drinks) by age**

Age Group	18-19	20 -29	30 – 39	40 -49	50 – 59	60 – 64	64 <
Weekly Mean Consumption	66	57	91	43.5	79.5	74.5	111
Weekly Median Consumption	66	75	94	45	70	73	111
Daily Mean Consumption	9.5	9	12.5	6.5	11.5	10.5	16
Daily Median Consumption	2	0	11	4	9	0	17

**Table 9: Alcohol consumption (standard drinks) by day of the week**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Payday
Mean drinks per person	10	10	9	10	12	9.5	6	13
Median drinks per person	9	11	8	9	10.5	8	0	13.5

The quantities of alcohol consumed by the drinkers in the urban homeless population are very high. The average weekly consumption, at 68.5 drinks per week, is nearly double that of housed urban Indigenous drinkers, and over 70% greater than that of Indigenous drinkers in remote communities. The figures are even more concerning when the statistical impact of the moderate and non-drinkers is taken into account. Daily average consumption was calculated to be approximately 9.5 drinks per day. While this consumption is at high risk levels, it is considerably lower than the daily averages found in the Household and Remote Community surveys.

The median weekly consumption of alcohol by the urban homeless population is 75 drinks per week and the daily median is 9 drinks per day. Again, this is more than double the weekly median of 29.4 drinks per week for housed urban Indigenous drinkers and three times the weekly median for remote community drinkers with regular access to alcohol. The daily median is the same for all populations.

The HPE Survey observes that individuals from remote communities saw visiting town as an opportunity to have a break and drinking is part of this. There is therefore a tendency towards heavier drinking when visiting town. The daily drinking median for drinkers from dry communities in that survey is 18.3 drinks per day when they have access to alcohol, as compared to 13.7 drinks for those in communities where alcohol is available daily. Short term visitors, largely from remote communities, make up more than a quarter of respondents to this research. This may be a contributing factor to the higher drinking levels recorded.

Both the mean and median daily consumption on paydays is approximately 30% higher than the daily mean and median. Payday consumption is also higher than any other specific day of the week. It would appear that there is a correlation between access to money to buy alcohol and amounts of alcohol consumed, a correlation supported by participant comments throughout the survey process.

Sundays are identified as a common day to take a break from drinking and/or to attend church. It is not unusual for even the very heavy drinkers to have an alcohol free day on a Sunday. Accordingly, alcohol consumption on Sundays is at least 40% lower than on most other days of the week, with a median consumption of zero.

There are significant differences in consumption levels by men and women. The Crundall Survey found housed Indigenous male drinkers drink 30.8% more alcohol than women per week and 20% more per day. The difference for urban homeless drinkers is even more marked with men drinking roughly twice as much as women by all measures. These figures are most likely impacted by the fact that non drinkers make up a significantly greater proportion of the female homeless population than of the male homeless population.

No meaningful pattern can be gleaned in terms of different age brackets. All age groups are consuming alcohol at high risk levels. The highest rates of alcohol consumption would appear to be in the 30 – 39 year old age bracket. Younger drinkers would appear to have more extreme drinking patterns – bingeing one day and then resting the next and then bingeing again. This pattern, together with the statistical impact of non-drinkers, explains the high number of non drinking days for the 20 – 29 year old age bracket and the resulting median of zero. The drinking of older drinkers is still at a high daily and weekly level, but is more steady. The rates of consumption by the highest and lowest age brackets are distorted by the very small size of the sample groups.

## ALCOHOL RELATED RISK

**Table 10: Levels of risk of short term harm by gender**

Level of risk	% Male Respondents	Male	% Female Respondents	Female	% Not stated	Gender not stated	% Total respondents	Total
Low Risk	17%	8	22.2%	6	0%	0	18.9%	14
Less than risky	0%	0	3.7%	1	0%	0	1.3%	1
Risky	6.4%	3	7.4%	2	0%	0	6.8%	5
High Risk	76.6%	36	66.7%	18	100%	1	73%	55
<b>Total</b>	<b>100%</b>	<b>47</b>	<b>100%</b>	<b>27</b>	<b>100%</b>	<b>1</b>	<b>100%</b>	<b>75</b>

**Table 11: Levels of risks of long term harm by gender**

Level of risk	% Male Respondents	Male	% Female Respondents	Female	% Not Specified	Gender not specified	% Total	Total
Low	22.7%	10	25.9%	7	0%	0	23.6%	17
Risky	2.3%	1	7.4%	2	0%	0	4.2%	3
High Risk	75%	33	66.7%	18	100%	1	72.2%	52
<b>Total</b>	<b>100%</b>	<b>44</b>	<b>100%</b>	<b>27</b>	<b>10%</b>	<b>1</b>	<b>100%</b>	<b>72</b>

The categories of risk are based on the 2001 NH&MRC guidelines. These guidelines were revised in 2009 however, both the Crundall and HPE Surveys use the 2006 guidelines, and so, for ease of

comparison of findings, this report relies on the earlier guidelines also. Appendix 1 outlines in detail the standards and categories of drinking risk.

Seventy three percent of respondents reported engaging in drinking practices categorised as at high risk of short term harm. This is a slightly higher proportion of the target population than the Crundall findings for urban housed Indigenous drinkers. It is significantly higher than the findings of the HPE Survey for remote community drinkers generally, but only marginally higher than for remote community drinkers in dry communities when they have access to alcohol. Nearly 20% of respondents engage in drinking practices which pose a low risk of short term harm. This exceeds the rates of low risk drinking for both housed urban Indigenous drinkers and remote community drinkers. However, this is to be expected given that non drinkers are excluded from the statistical calculations for those studies. It should be noted that the quantities of alcohol consumed by many individuals are well in excess of the high risk drinking threshold – see Tables 7 and 8 above.

More urban homeless men drink at high risk levels than urban homeless women. This is inconsistent with both the Crundall and HPE Survey findings, which found a significantly greater proportion of the female population drinks at high risk levels than the male population. This discrepancy may in part be explained by the higher proportion of non drinkers amongst homeless females and the inclusion of non drinkers in the statistical calculations for this study.

In terms of drinking practices risking long term harm, 72.2% of the surveyed population reported high risk drinking practices. However, 23.6% fell within the drinking category of low risk of long term harm. These levels of high risk drinking in the ‘Long Grass’ exceed those for remote communities, while low risk drinking is considerably less common than in remote communities.

### **DO PEOPLE LIVING IN THE LONG GRASS WANT TO STOP DRINKING?**

All survey respondents were asked if they would like to stop drinking. 88 of the 104 participants answered this question. Self identified non drinkers accounted for the majority of non-responses to this section of the survey meaning that the response rate by drinkers to this question was nearly 100%.

Overall, respondents were happy to answer this question, and, only occasionally, was any defensiveness observed by the researchers. Many participants responded with the same frankness as they had to other questions regarding their drinking habits, however, there were some indications that answers did not fully reflect the complexity of the participants’ feelings about, and commitment to quitting drinking. For example, while a large number of participants stated that they would like to stop drinking, very few appeared to be taking any concrete steps towards this goal.

**Table 12: Attitudes to drinking**

	<b>Number of Respondents</b>	<b>Percentage of Respondents</b>
<b>No desire to stop</b>	27	30.7%
<b>Would consider stopping under certain circumstances</b>	18	20.5%
<b>Keen to stop either immediately or in the near future</b>	34	38.6%
<b>Regularly stop, capable of stopping at any time</b>	9	10.2%
<b>TOTAL</b>	88	100%

Over 30% of respondents indicated that they were not interested in quitting drinking at all. Various reasons were given for their choice. Some simply stated that it was their right, that it made them happy and that they were content with their situation. Others indicated that they did not really have a choice as they were addicted.

*“No, I am addicted, an alcoholic... too far gone.”*

*“Even if my kidneys are damaged, I don’t care, I will still drink.”*

A significant proportion explained the role of alcohol as a form of self medication to manage either physical or emotional pain. References were made to injuries that orthodox medicine was failing to manage effectively. More commonly, alcohol was a self medication for grief over the loss of multiple loved ones - either through natural death or suicide, or the loss of children to child protection authorities or to the family of estranged spouses. This is reflective of the findings in the NDLERF study which documents very high rates of exposure to traumatic life episodes within the ‘Long Grass’ population and the link with alcohol use.

Approximately one in five respondents stated that they were not interested in stopping drinking now but would be open to it under specific circumstances - usually ill health or old age. One stated he would transform his drinking patterns when he gained stable accommodation through the Housing Department.

Thirty four participants, or 38.6% of respondents, said that they wanted to quit drinking either immediately or in the near future. This contrasts with the NDLERF study where 86% of participants expressed a desire to stop drinking. Where specific reasons were offered, the main incentive was declining health. A significant number had concrete plans to return to their home communities within the next few days - for reasons unrelated to drinking such as funerals - where alcohol would, in theory, not be so readily available. Employment responsibilities were the next most common reason for wanting to quit.

To achieve their goal, some referred to taking steps to reducing their alcohol intake rather than giving up alcohol altogether.

*“...Try quiet drinking because I am a sick woman...”*

*“...yes, want to give up, just drinking one at a time...”*

Others were deliberately returning to dry communities to get away from the alcohol that is so readily available in Darwin. A handful of respondents indicated an intention to attend FORWAARD, or determination to stop arising from recent completion of a stint at FORWAARD.

Participants indicated that they were well aware of the programs available in Darwin for addressing alcohol abuse. Some participants stated that they were trying hard to stop but were finding their physical and emotional pain to be significant obstacles to achieving this goal. The marked preference for returning to home communities to quit drinking, over participating in existing urban residential programs, reflects similar findings in the NDLERF report. One of the recommendations arising from that report is the creation of respite care opportunities in home communities.

Approximately 10 percent of participants said that they stopped and started all the time and, although engaging in binge drinking at this point in time, they regularly had extended periods

without consuming alcohol and were capable of stopping at any time. The concept of ‘taking a rest’ from drinking, rather than quitting altogether, was regularly expressed by participants.

*“Yes, want to quit, maybe forever”*

*“Yes, go home and rest”*

*“Yes, will go back home to have a rest from the drinking”*

## **DO PEOPLE LIVING IN THE ‘LONG GRASS’ WANT TO RETURN HOME?**

**Table 13: Responses to the question “Do you want to return to your home community?”**

Yes	No	Oneday	Short visit only	Darwin is home	TOTAL
40	20	8	13	13	<b>94</b>
42.6%	21.3%	8.5%	13.8%	13.8%	<b>100%</b>

Participants were asked at the end of the survey why they do not want to go home to their home communities and instead ‘choose’ to be homeless in Darwin. The research team reported early in the field research that this question felt invasive and was raising very personal and upsetting information. This is in line with the findings of the NDLERF report, which found high levels of trauma amongst the ‘Long Grass’ population and also that the dominant reason for leaving home communities was to remove themselves from family problems involving violence<sup>18</sup>. As the question was causing discomfort for both the researchers and participants, the nature of the question was changed to a less probing one of whether or not they would like to go home. 91% of participants responded to this question. Where additional information was volunteered it was recorded.

Darwin was identified as home by 13.7% of respondents. Some went so far as to say they have lost all connection with their family and their country. A few indicated that they are waiting on housing.

*“No, my home is the Long Grass.”*

*“No, why should I? Darwin is my home.”*

*“Not really, I have lost all connection with my people and my country.”*

The identification of Darwin as a permanent home has ramifications for government policies that, either directly or indirectly, discourage life in the Long Grass and/or encourage return to remote communities.

A further 13.7% stated that they are in Darwin for a short visit only, or alternatively, that they come and go regularly from their home communities. Many were able to name the date they expected to return to their home community.

Those who indicated that they would like to go home at some point made up 42.6% of the sample. The most popular reason was to get away from the alcohol and drinking culture in Darwin. Other

<sup>18</sup> Op cit note 7 p24

common reasons included to visit family or for funerals. One or two participants stated they came to Darwin for medical treatment and are now waiting for payday to go home.

20.3% said they have no interest in returning home. A significant proportion of these indicated that they do not want to live in a dry community without access to alcohol. An equally significant proportion stated that they are avoiding family problems or that their home community is filled with sad memories and loss and it is too painful for them to live there.

*“No, too much family problems. Have no reason to, children have left me and are with their father. Bad memories for me.”*

*“No, too sad to go back.”*

*“No because our family they never respect us, they don’t care, we out from the family tree.”*

This also has ramifications for government policies that encourage, to any degree, return to remote communities.

### **PAYING FOR GROG**

Alcohol is consistently available by virtue of the practice of group drinking, combined with the staggered nature of government allowance paydays. Participants indicated that it is standard practice to buy alcohol for others when they have no money for alcohol and that the favour is returned when the recipients’ payday comes around. It is also common in drinking groups for members to pool their cash and buy what they can with the proceeds.

*“Everyone chuck in a dollar, two dollars...”*

Family members and spouses commonly buy for each other, including spouses who do not drink alcohol themselves.

The majority of participants appear to be on some form of government payment. Some respondents indicated that when this money runs out they pay for their food and alcohol by busking, which can raise as much as \$300 for the group on Friday and Saturday nights in the city. One respondent reported selling paintings to supplement their payment. There were a number of references to women exchanging sex for alcohol or for money for alcohol, but no individuals reported engaging in this practice themselves.

It was consistently reported that one particular alcohol outlet illegally accepts the Basics Card for the purchase of alcohol and cigarettes. This is evidence that alcohol abuse is a complex problem, which is, at times, directly contributed to by the actions of members of the mainstream population.





## BEAUTY IN THE LONG GRASS

The NDLERF report (2008) surveyed several hundred members of the population of Darwin about their perceptions of people camping in the Long Grass. It concluded that the general attitude of the mainstream population to people living in the 'Long Grass' is that they:

*"...objected to this population living and being in public places and had a problem with their drinking and being drunk; fighting and arguing; making an adverse effect on amenity; being a source of contagion; and the problems they caused for themselves...Aboriginal people in public places were regarded with suspicion by mainstream society and assigned a deviant identity. They were perceived to be: irresponsible, choosing a morally corrupt lifestyle; a source of contagion; neglectful of their children; and engaging in unhealthy social behaviours including alcohol abuse."<sup>19</sup>*

Over the course of the survey work undertaken for this report, multiple references were made by Long Grass residents that the mainstream population either, ignored them, stared at them like animals in a zoo, or were openly violent, aggressive and hostile to them. In discussions about ideal government alcohol policy, one participant said:

*"Why don't the government mob come down and talk with us? Sit and have a drink together and see how we live. They just drive past and stare at us through the window."*

In the course of conducting surveys and in-depth interviews with the homeless population the researchers were exposed to a number of positive social qualities that were strong within this section of the Darwin community. Certain qualities were repeatedly encountered by the researchers in the research population. The researchers felt that documentation of these qualities and inclusion of them in this report was an important part of building the picture of life in the 'Long Grass'.

**HONESTY** There is a humble honesty that pervades conversations with people living in the 'Long Grass' - almost without exception. Researchers are greeted with open faces and given answers to research questions that are completely frank. People speak candidly about their drinking habits and other parts of their life and choices. There is no attempt to impress their listeners or water down their reality out of pride.

**TRUSTWORTHINESS** High levels of trust are apparent within the community. Arrangements such as informal 'payday' loans are common. There does not seem to be any question that money loaned will be paid back in some form – even to the most sick and vulnerable. An elderly and very sick man told us he lends his money out of compassion to other Long Grassers, but they always pay him back somehow.

**LOYALTY and SACRIFICE** Inspiring tales of unwavering loyalty between family members, and particularly husbands and wives, are plentiful in the Long Grass. Participants tell of being in town to see family and, as family lives in the Long Grass, that is where they stay, even if they do not like living that way. Many spouses report living in the Long Grass purely to support and care for alcoholic partners – remaining committed despite extremely challenging circumstances.

**LOVE** The love between partners, family and home community members is clear from people's actions and their stories. One non-drinker told us, despite some of the hardship in the Long Grass, "I am happy just to be with family". Romantic tales abound. Such as the couple that told us the

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<sup>19</sup> Op cit note 7 p16

reason why they do not feel the pressure to drink is because they have each other. One drinker gave up drinking for a month while his partner was in hospital to care for her. Now he has cut down his drinking to support her not to drink so she can be healthy.

**RESPECT and DIGNITY** Significant segments of the Long Grass population display high levels of respect in their choices – both in terms of respect for themselves and for matters of spiritual and cultural importance. Many heavy drinkers report not drinking on Sundays as that is the day for attending Church. Aspects of the funeral process are marked by abstinence from alcohol as a mark of respect. Individuals respect themselves by not drinking at all to avoid engaging in behaviour they consider degrading – such as humbugging and fighting. “I don’t like bludging people for money, smokes or drink. I feel shame to do that.” Others tell us they stay in the Long Grass because they do not want to humbug family for accommodation.

**COOPERATION** Descriptions of life in the ‘Long Grass’ reveal high levels of cooperation and cohesion. Resources are shared as a matter of course. When money is scarce participants tell us that everyone ‘chucks in’ or a loan and payback system is used within the group.

**CARING and KINDNESS** “Everyone looks after each other in the Long Grass.” Stories of acts of care and kindness are woven through survey and interview responses. Participants speak about giving money for food and drink when money has run out, fishing to feed the group, getting water for the drinkers, looking after the ‘older ones’, encouraging each other to give up the grog and keeping drinkers away from the road.

**RESILIENCE** Many people we spoke to told sad stories of great personal loss or physical suffering from ill health, but are still carrying on. One woman’s daughter, nephew and uncle had all died and her granddaughter had suicided. Another man was so sick he had to stay in Darwin for medical care, but had no home. Others had been rejected by their family and had nowhere to go.

## PART TWO: LOVE AND LOYALTY IN THE LONG GRASS

The second part of the field research involved collecting information about the moderate and non-drinkers in the homeless population. Moderate and non-drinkers, identified through the survey process, were invited to participate in further in-depth interviews. Non drinkers were defined as individuals who identified as non drinkers and who were recorded in the drinking pattern survey as having consumed no alcohol within the past week. Moderate drinkers were defined as those drinkers whose drinking patterns fell within the low long term risk drinking category. Of the survey participants who met the criteria, 16 consented to talk about their lives and choices in greater detail. The in depth interview participants were asked the following kinds of questions:

1. Why are you living in the Long Grass?
2. What is it like being a non-drinker in the Long Grass?
3. What do you think about the drinkers?
4. Why don't you need to drink like the people around you?
5. What would be a good government alcohol policy?

In the context, it was not possible to engage participants in the lengthy in-depth interview process originally hoped for. However, the information gleaned gives some insight into a significant segment of the 'Long Grass' population that does not tend to have a high public profile.

### **55 year old Aboriginal woman**

*I live in the Long Grass because my husband is a drinker. We stay together in the Long Grass with a friend and their partner. Darwin is home now but I come from Alice Springs. I came to Darwin for my husband's court case. After the case he said we would stop in Darwin for a couple of weeks for drinking. Soon all the money was gone on grog so we had to stay.*

*I don't like drinking – feels like horrible taste. I drink sometimes but not much. Nothing last week. There is lots of pressure to drink. My husband tries to force me to drink sometimes. But I don't like it so I say no.*

*I feel worried for the other drinkers. I try to tell them to stop drinking. I don't want to be doing drinking with people in the Long Grass. So I just stay to sleep and look after them.*

*I don't like living in the 'Long Grass'. I'm sick of bad treatment. I want to be clean and in good health. It is hard because my husband spends all our money on grog so I can't send any to the kids back home.*

### **25 year old Aboriginal woman**

*I've been here for about a month. I stay in the 'Long Grass' because it is cheaper than paying rent. It doesn't bother me being a non-drinker around the drinkers. I don't feel pressure to drink. I do feel really sad for the drinkers. I try to look after them.*

### **26 year old Aboriginal man**

*I've lived in Darwin my whole life. I stay in a bush camp with four others because it is cheaper than paying rent. I never drink.*

*It's not a challenge being a non-drinker in the 'Long Grass'. It makes me feel strong when I am around the other drinkers because I am able to look after them. I also take care of the older ones. I don't like the drinking that goes on, but nobody listens so there's no point saying anything.*

*When people are drinking they get mad, angry. I don't want to be like that, so I don't drink. It's not hard not to drink because it's just not worth it.*

#### **50 year old Aboriginal man**

*I've lived in Darwin for about 30 years. I don't drink. It's lonely being a non drinker in the Long Grass. It's always tempting to drink. There's a lot of pressure. I'm the only one out and I feel like a loner amongst drinkers. It's hard for the drinkers too. People have problems. Maybe they can't go back to country because of payback or other cultural business. Maybe their family won't accept them.*

*It's not easy but I don't drink because I don't like bludging people for money, smokes or drink. I feel shame to do that.*

#### **43 year old Aboriginal man**

*I'm not a big drinker. I only drink a little bit, not much - just a few beers at a time. I never drink port. I'd like to stop drinking altogether. If the group doesn't buy beer I don't drink at all. My wife doesn't like drinking. I promised her I wouldn't drink, so when I do, I have to hide it. That makes it easier to say no.*

*I'm only here for a short visit. I came up for a training and missed my plane, so now I'm staying with family in the 'Long Grass' because that is where they live. There's six of us stay here together. This is the first time I've ever stayed in the 'Long Grass'. I don't like it much. I'm worried about getting melioidosis sickness. I am really sick and tired of staying in the 'Long Grass'.*

*What do I think about people drinking here? I think it's no good. They're wasting their time and I worry about them. I try to get them to come back home with me but they won't come. I worry because it's easy for alcoholics and diabetics to get melioidosis.*

#### **42 year old Aboriginal woman**

*I've been in Darwin for 10 years. I used to drink but I haven't drunk for five years. My husband still drinks. It makes me annoyed and sometimes we fight about it. It is OK to be a non-drinker in the Long Grass. I don't even feel tempted to drink. I am strong willed and it doesn't bother me when people, family, friends drink in front of me. I am strong. Grog made me sick. I don't want to drink like I did before.*

#### **42 year old Aboriginal woman**

*Darwin is my home now. I have lived in the Long Grass for a year. I live here with my husband. I am trying to get my own house. I did the paperwork for my own house so that I won't have to stay in the Long Grass. I came here to see the Grand Final and then got stuck here. Now I am waiting for my house and staying with my uncles and my grandmother in the Long Grass. I'd love to have somewhere to stay where the drinkers can't come but I don't have enough money to stay in a motel and I've got no family to stay with. I hope I will have a housing commission house soon.*

*Staying in the Long Grass is bad and not safe to live. I try to keep away from other Long Grassers and stay in a safe place. I don't really drink and when I do I just share some beers with my husband. We are not heavy drinkers. We like to go fishing and spend most of our money on clothes and food for the kids back home.*

*On payday I loan money to the drinkers to buy port and then they pay me back. Drinking is a bad habit. I try to help the drinkers by showing them how I live. I used to be in training as a health care worker.*

*There is pressure to drink, but when I see other heavy drinkers I just walk away. We don't need to drink because my husband and I have each other.*

#### **55 year old Aboriginal man**

*I've been in the Long Grass in Darwin for quite a while. I've got no money to fly home so now I am waiting for payday and then I'll go home. I don't like being a non-drinker in the Long Grass. I don't want to be joined with the Long Grass people and with those heavier drinkers. Grog makes them sick. I don't want to be part of the Long Grass people.*

#### **40 year old Aboriginal woman**

*I have lived in Darwin for a long time. I don't drink but my husband is a heavy drinker. We are waiting for a unit in Darwin. For now I stay with about 12 family members in the Long Grass. It's OK being a non drinker here. I feel safe around the other drinkers but I went to court for a DVO against my husband. He tries to pressure me to give him money to buy grog. I say no. I get angry about the drinking and want to go back to the community. Everyone I stay with is drinking. Always drinking port straight. They don't mix it with water so they get drunk fast. It's killing them and it makes me worried and upset. They aren't taking care of kids and family at home. My husband is sick and on medication but he doesn't take it. He drinks port instead. I try to get the drinkers to mix their port with water but they won't listen. I try to get them to go back to community.*

*I don't drink because I haven't touched alcohol since I was a little girl. I am healthy and used to work back home at community. I stay at Air Raid sometimes if I can so that gives me a break from this scene. I am strong, I don't need to drink.*

#### **48 year old Aboriginal male**

*I came to Darwin for hospital and now it is my home. I've had medical problems for a long time now. My health is the reason I don't drink – I used to drink when I was healthy. Me and my brothers all have medical problems. Some have passed away.*

*I met my wife here. I stay with her and talk with her. I am waiting for a house so I am in the Long Grass for now. Danila Dilba comes and brings me my medication and takes me to the hospital. I worry for my safety and other people's safety in the Long Grass. When I get money I just give it to the others to buy grog because I feel sorry for them with their sad face for grog. They pay me back when they get money.*

*I try to help the drinkers. My wife is a drinker. I explain to my wife to go back home to the dry community. But she wants to stay with the grog. If I could go home my nephew would go hunting for me.*

#### **45 year old Aboriginal woman**

*I am just in Darwin for a couple of weeks to visit family. My uncle is very sick. I've got no money and I don't want to humbug family so I just stay in the Long Grass. We all look after each other in the Long Grass – everyone in together. I don't really drink much. I don't know why it is easy for me not to drink. I don't feel scared or unsafe around the drinkers. Sometimes I don't like the way people behave – fighting and misbehaving. But I feel happy to be with family and I get water for people when they are drinking.*

#### **40 year old Aboriginal female**

*I've been here two months waiting for my son to come for a visit from down south. He is six. I don't really like being in town, happier back in community, but I'm waiting for this visit. But there is good food here in Darwin. I love watermelon and grapes! I stay in the Long Grass because I have no money and it is easier. My Dad lives up here but I don't want to go and visit him.*

*I don't drink much. It's very hard to stay in the Long Grass when you don't drink much. I feel safe but everyone is always making noise. The drinkers make me tired. And drinking makes them tired. They are always talking – yap, yap, yap, yap...*

*Sometimes I stay with family mob, sometimes I hide away by myself to stay away from the drunks. I hide in the carpark or I pretend to be drunk so I can go to Spin Dry, or when I see the police I just ask them to take me there. When I don't feel safe I go to Spin Dry or I hide.*

*There is pressure to drink. I don't drink because I don't want to. It's my choice and that's it. Noone tells me what to do. Maybe to keep the peace, sometimes I'll just take a sip and give it back to them.*

**62 year old Torres Strait Islander male**

*I stay in the Long Grass with my wife and her family. They are all alcoholic. I go fishing for food for them. Sometimes being a non-drinker in the Long Grass is really bad, sometimes it's really good. We live on the beach so it's fresh – no rubbish, sea breeze. I stop the other drinkers from toileting around the camp. I tell them they'll get sick. I don't feel good about the drinking. I try to use my authority to help the drinkers. I stop them getting really drunk and tell them to go steady drinking. I stop them walking to the road.*

*Why don't I drink like the others? It's my choice. I just don't want to. I'm not interested. I used to drink when I was young. When I came here I found a woman and married her. I told her I wouldn't drink but now she's an alcoholic!*

**20 year old Aboriginal male**

*I stay in the Long Grass because I don't have to pay for accommodation and because my family is in the Long Grass. My family has a house in Darwin but there are too many people in it. I go there for a shower and a change, but I live and sleep in the Long Grass. I only drink a bit. I don't like how my family is when they are drunk. I worry about the drinkers. I don't need to drink because I am strong. I also need to help look after my family.*

**28 year old Aboriginal female**

*My husband and his family are alcoholics. I never drink but I stay with my husband. Darwin is my home now. I don't want to be a drinker and I don't really want to be in the Long Grass. I feel really sad about the drinkers and try to stop them from drinking grog and sleeping in the Long Grass. I don't need to drink because I've got a strong life and I don't want to drink.*

**Older Aboriginal male**

*I stay with my wife's family in the Long Grass. We don't have a family house. I don't mind staying in the Long Grass but I am waiting for my own unit. I was a heavy drinker for a long time – since as far back as Cyclone Tracy in the 1970s. After 35 years of drinking I dropped off my alcohol level. I just do quiet drinking now. I don't feel pressure to buy drinks for the others – I give them money but trust them to give it back when they get paid. They pay me back in money and food. Mostly I use my money for buying clothes and I save money on the Basics Card. I am planning to go home and see my family – I have never seen them for a long time.*

*The drinkers all think they are normal but I don't think it is normal. I used to, but not anymore. I try to help the other Long Grass drinkers.*

## DON'T GIVE UP ON ME

The NDLERF study, in its survey of the mainstream population's attitude to 'Long Grassers', found that the mainstream population *'believed that contemporary Australian society had helped enough, invested enough and tried everything to change their behaviour... to no avail.'*<sup>20</sup> In the course of the research the research team found many stories of people who had successfully left the 'Long Grass' and turned their lives around.

### **Aboriginal Male 55 years old**

I was living in the Long Grass as a heavy drinker for many years. I camped at the beach. I drank, drank, drank, drank and drank! Grog had control of my life. I started to get sick in my late 30s. I put myself in rehab and got sober but I relapsed. I tried again in 1995 at CAAPS and was sober for three and half years before I relapsed again. I spent the next 16 months in the Long Grass drinking. One morning I woke up at the water front. I felt so sick. I had to meet my friends up the hill. Every step was pain. I was sweating and vomiting, I felt faint and dizzy. I thought, "If I keep on like this I will die". I rang the detox unit and asked them to come and get me. I went to FORWARD from there.

I was in the Long Grass drinking for 18 years of my life. There were times when people would have thought I was a lost cause – nights in the Berrimah Watch house where I had to be held up in the shower I was so shaky. The reason I got through was my two friends who believed in me and supported me through the process of becoming sober. One loved me and one gave me tough love.

Now I have my own place, work a number of jobs and paint in my spare time. I am making up for lost time.

How did it happen? One day I just woke up and that was enough. I said to myself, enough is enough. No one could have told me that, people have to make up their own mind. I've been sober for 10 years now.

### **Aboriginal Male 48 years old**

I started drinking when I was 17. I came to town with my other two brothers who are also heavy drinkers. They went home but I stayed. I didn't really want to live and drink in the Long Grass but I drank out of habit. A lot of the time I didn't even really want to drink, but I still drank. I mostly drank port. In the end I got really sick. That's what made me quit drinking and leave. But I always hated living in the Long Grass – it's boring, there's too much grog, not enough food. It's unsafe and unclean. People throw up.

My wife has stopped with me. We are going back home to stay with my daughter and go hunting with my family. I am looking forward to going back to a normal, healthy lifestyle and get fit and healthy again.

### **Aboriginal Female**

I gave up drinking in 2000 while I was still living in the Long Grass. I watched my son die from drinking. My ex-husband, sister and brother all passed away from drinking. I was getting sick and people were dying around me. My skin turned yellow. My liver and kidneys were no good from the grog. The doctor said, "You go back to drinking, you die". I spent three weeks in hospital then went to rehab at CAAPS. It wasn't easy. My husband didn't quit until 2004. After rehab I booked a room in the Salvation Army apartments and I stayed there for 5 years. I live in a unit now. I am painting these days. I have eye glasses to see better. My paintings are good. I am proud to be able to go on holidays now to take my paintings overseas for sale.

<sup>20</sup> Op cit note 7 page vi

**Aboriginal Female 50 years old**

I grew up in Darwin. It is my home. I was in the Long Grass for three or four years. I used to drink. I was in the Long Grass because I didn't have anywhere else to stay. I had friends in the Long Grass and my husband and family were there and we had to stay together. I needed to look after my husband and we'd have good yarns in the Long Grass. People would come and go from the Island and we had good company.

But I got very sick. I had heart problems. I started thinking about my grandson. He's my first grandson. And I thought, "What's more important – liquor or kids?". And I just stopped drinking and smoking there and then. I didn't use any services to support me. I went to stay with my sister who doesn't drink.

I stayed on in the Long Grass for a while after I quit but it was really hard. My husband was drinking and I wanted to too. At first I was OK with the other drinkers, but I started to walk away. There was a lot of pressure to drink but my heart problems stopped me. And there's too many troubles when you drink – fights and arguments with family. I stopped listening to the drinkers.

I live in a house now with my family. I take care of them and my grandchildren. My husband still drinks and smokes but I don't let anyone drink in the house.

**Aboriginal Couple in their 60s**

**HUSBAND:** I was a really bright kid. I was the first full blood Aboriginal to go to my school. I topped maths and did really well. But I started drinking when I was 16 years old. I was just mucking around like any teenager but I got addicted. I drank a lot from then on – methylated spirits, wine, anything. Then one day I woke up from drinking all night. My heart was racing and I had a terrible headache. I really thought I was going to die. I started to worry about my nine year old son and I went and prayed in the church and the next day I went to Alcoholics Anonymous. I never drank again. That was 27 years ago. I couldn't have done it without AA and the community and support it gave me. I have never wanted another drink, partly because I have a strong will and partly because I can see where it would go and I am not interested. I used to wake up miserable when I drank.

My wife quit 11 years later but I stuck with her. You can't tell someone to stop drinking, they have to decide for themselves. Now we live together in a house in Darwin. I tell my kids and grandkids about what alcohol can do. I point out the problems it causes when we see it in the street and in the parks.

**WIFE:** I used to drink like my husband. He stopped 11 years before me. In the end I had to stop because I loved him. We talked about our problems one time when I was sober. I wanted to be with him so I stopped drinking. He helped me and supported me. We supported each other. We've been together now sober for 18 years. I talk to our children, grandchildren and other family members about the dangers of drugs and drink.



New laws for dealing with alcohol abuse were introduced on 1 July 2011. The new laws have been introduced as part of the Enough is Enough campaign targeting 'Problem Drinkers'. The following is a summary of the changes from the Enough Is Enough campaign website. More detailed information can be obtained from that website at: <http://alcoholplannt.com.au/>

## **THE REFORMS**

### ***Banned Drinker Register***

Police are enabled to issue problem drinkers with a Banning Alcohol and Treatment (BAT) notice if they have committed alcohol-related crime, commit high-range or repeat low-range drink driving offences, or have repeatedly been taken into protective custody.

The Banning Alcohol and Treatment notice can:

- ban problem drinkers from purchasing, possessing and consuming alcohol for up to 12 months anywhere across the Territory
- recommend the person undertake appropriate rehabilitation treatment for their alcohol problem.

Banned problem drinkers can choose to approach a health care provider to determine what support and treatment they may need. The provider will provide and discuss treatment options, including withdrawal counseling, residential rehabilitation and Alcohol Misuse Intervention (AMI) screening and assessment. An AMI is the treatment that a banned drinker will seek from a health care provider in order to help them with their drinking problem. The AMI may also, if successfully completed, lead to the person's ban being lifted.

Health care providers include:

- general practitioners
- Aboriginal medical services in urban centres
- health centres in remote communities
- some Alcohol and Other Drugs (AOD) treatment services in Darwin and Alice Springs.

### ***Mandatory treatment orders***

Police must refer any person who has breached a third police-issued BAT notice to the AOD Tribunal, where appropriate rehabilitation orders can be issued. Also, from 1 January 2012, an authorised applicant will be able to request an assessment for a person who they think may be misusing a substance.

Authorised applicants are:

- police
- authorised health practitioners
- authorised child protection workers
- adult family members

The first step is for the person to be assessed to establish whether they are misusing a substance. The assessment will be undertaken by a professional person with the appropriate qualifications and experience to assess people for misuse of a substance (this person is known as a clinician). Once a clinician has conducted their assessment, they will report back to the AOD Tribunal. The report identifies the level and nature of the substance misuse and whether the person has a substance dependency. The report also provides details of recommended treatments or interventions.

The AOD Tribunal will consider the report and make orders to help that person access withdrawal, counselling and residential treatment services.

Under a Banning Alcohol and Drug and Treatment (BADT) order the AOD Tribunal will ban a person from purchasing, possessing, consuming or using a substance including alcohol. It can also impose other prohibitions, requirements and conditions, including orders for a person to undergo treatment, counselling or other intervention and referral for assessment for income management.

Failure to comply with the Tribunal's orders may result in the tribunal imposing a longer ban.

### ***Mandatory treatment for people found guilty of a criminal offence***

The Substance Misuse Assessment and Referral for Treatment (SMART) Court is presided over by a magistrate and has the power of a court. The objective of the SMART Court is not only to punish offenders, but to arrange for people to receive appropriate treatment and rehabilitation. The aim is to reduce the number of people reoffending.

The SMART Court is only for people who are found guilty of an offence where alcohol or drug misuse is a factor. The orders made in the SMART Court are part of the sentencing process. The SMART Court can ban the consumption, use, purchase or possession of a substance. An offender will be assessed by a court clinician who is a professional person with the appropriate qualifications and experience to assess people for misuse of a substance and who will report to and advise the Court on appropriate treatment for the offender. The SMART Court has the power to order the offender to attend mandatory treatment.

## ***THE FINDINGS***

Group discussions were run with the urban homeless population to inform them of the contents of the new alcohol policy and to obtain their feedback. These discussion groups were run for a number of reasons. Firstly, the nature of the policy, with its focus on takeaway alcohol, is such that it is likely to have high impact on urban homeless drinkers. As a group, they were not specifically consulted in the formulation of the policy, and so the need was identified to both inform them about it and to create an opportunity to obtain their views. As the new laws and policy have already been created, the views obtained will feed into any ongoing review and reform process associated with the laws. Secondly, at the time the research was undertaken, some finer details of implementation were still being established and it was hoped that the insights provided by this population could assist with the identification of creative and effective solutions. Finally, in light of the high impact of the policy on this population, the Government was keen to know what additional needs would be created and what support and services would be required to meet those needs.

Generally the groups were made up of natural congregations of urban homeless individuals at various locations. Eight focus group discussions were undertaken at various locations around Darwin with a total of 38 participants. One group, composed entirely of ‘ex Long Grassers’, was more formally arranged. These individuals have firsthand knowledge of the reality of life in the ‘Long Grass’, and have also successfully conquered their addiction to alcohol, and so their perspective was considered particularly valuable.

Information about the policy and its practical impact was shared and participants were invited to share their thoughts at regular intervals in the process. Specific questions were also asked as per Appendix 4.

**Table 14: Focus Group Discussion Participant Characteristics**

<b>Male</b>	<b>22</b>
<b>Female</b>	<b>16</b>
<b>Drinker</b>	<b>34</b>
<b>Non Drinker</b>	<b>4</b>
<b>Indigenous</b>	<b>35</b>
<b>Non Indigenous</b>	<b>3</b>
<b>TOTAL</b>	<b>38</b>

Discussion groups were run with participants from a variety of home communities to ensure responses to the proposed policy reforms were informed by a broad spectrum of backgrounds and community structures. The views documented in this report include the perspectives of individuals from Elcho Island, Milingimbi, the Tiwi Islands, Minjilang, Barunga, Groote Island, Lake Evella, Jabiru and Darwin.

The majority of participants already had some degree of awareness of the upcoming policy changes. A large number had read about it in the paper and others had heard about elements of it by word of mouth. As a group, however, they did not have a comprehensive understanding of the changes and the likely impact of those changes on their lives and drinking practices.

## **GENERAL FEEDBACK**

The response to the policy was overwhelmingly negative. It was labelled as racist and dismissed by many as pointless. It was referred to as ‘bullshit rules’. The measures were perceived as unfairly targeting the drinking habits of ‘Long Grassers’ and as a symptom of the mainstream population’s dislike of the ‘Long Grass’ population.

*“Why do they hate us?”*

Participants stated that they just wanted to drink and enjoy life like anyone else. There were multiple references to feelings of being judged by both the Government and the wider community. Participants indicated that the perception of ‘Long Grassers’ as ‘problem drinkers’ involved tarring all homeless drinkers unfairly with the same brush. Many pointed out that they keep their area clean, look after each other and avoid the ‘fighting people’. They just wanted to be left to drink in peace. They pointed out that the shared public spaces in Darwin are their home.

*“Where should we go?”*

It was asked why the policy was not targeting non-Indigenous problem drinkers. See the section below “Who are the problem drinkers?” Some suggested that it is a Government stunt that is not genuinely about tackling the reality of problem drinking in the Northern Territory.

Participants acknowledged that individuals, and the Northern Territory population as a whole, consume too much alcohol. It was recognised that this leads to problems, especially violence, and other things that are not ‘right’, such as men selling their wives’ bodies. While they believe that people cannot be stopped from drinking, it was generally agreed that it is appropriate for the Government to address alcohol abuse in some way.

## **FEEDBACK RELATING TO SPECIFIC POLICY PROVISIONS**

### **New identification requirements**

Under the new policy, only Government issued ID, such as drivers’ licences and 18+ cards, can be accepted for the purchase of alcohol. The Larrakia Nation issued ID is the sole form of photo ID carried by many Indigenous people in the Northern Territory, both from the ‘Long Grass’ community and the wider Indigenous community. Of the participants in the group discussions, 11 currently had Government issued ID and 14 did not.

On a philosophical level there was considerable upset about the ID issue.

*“Why can’t we use Larrakia ID – we’re on Larrakia land!”*

*“How long has Larrakia been here? It makes Larrakia Nation look small.”*

Others perceived the development to have a ‘Big Brother’ tone to it. There was some distrust of how the information would be used that was picked up by the scanners in take away outlets.

On a purely practical level, there were mixed responses to this new requirement for the purchase of alcohol. Some participants were unconcerned. One in particular said he had no form of ID at all and never had problems purchasing alcohol and did not see why that would change just because the accepted form of ID had changed. A minority said that they tended to drink in licensed premises anyway.

Many others did not see obtaining the required ID as a problem. When asked what services or support they would like, a number suggested that they would appreciate assistance getting to the various services they would need to engage with in order to obtain the paperwork necessary to get the Government issued ID and, ultimately, to the Motor Vehicle Registry to obtain the ID. Some were concerned about the expense and managing the process. They suggested that arrangements be made for the cost to be deducted directly from their Centrelink payments<sup>21</sup>.

One individual was very distressed as he had deliberately thrown away his driver’s licence to stop himself from drink driving and would now have to have one again. He said that he would rather just

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<sup>21</sup> In response to concerns raised about the expense and logistics involved for Larrakia Nation Proof of Identity card holders to obtain valid ID for the purchase of alcohol, the Government created a three month window whereby the ID could be accessed via a simplified and cost free process.

get someone else to buy his alcohol for him. It was identified by a number of participants that it would in fact be difficult and expensive for 'Long Grassers' to obtain the correct ID and the pressure to buy alcohol for those without the Government issued ID ('humbug') was going to be a problem, causing tension and stress in the community.

Much was said about the problems that would arise as a result of any obstacles to addicts purchasing alcohol – this is discussed below under "Banning Notices". However, one former 'Long Grasser' said she thought anything that restricted access to alcohol was a good idea, including the tighter ID requirements.

### **Banning notices**

Banning notices were explained to each group – both in terms of when a notice would be issued and its effect.

In relation to the circumstances under which a notice would be issued, there was consensus that some of the standards were unreasonable. Even the ex-drinkers, who generally took quite a hardline to the behaviour of drinkers, felt that the standards were unrealistic. This was particularly in relation to the issuing of banning notices for receiving three alcohol infringement notices in 12 months. Participants said that even when they try to hide and stay out of sight, the police go out of their way to find them.

*"Three times? That can happen in one week because they single you out."*

The key point, emphasised repeatedly and universally, was that alcoholics cannot be forced to stop drinking – they need to choose to stop. It was felt by many that, if it is not an individual's choice to stop drinking, measures restricting access to alcohol will not only be ineffective, but are likely to be harmful.

*"People will find a way to drink no matter what."*

*"They reckon they are putting people out of harm's way but they are only making it worse".*

Not everyone was opposed to the concept of banning individuals from purchasing alcohol. A small proportion of participants, including drinkers, agreed that limiting access to alcohol was a good idea for some drinkers. Parallels were drawn with alcohol restriction measures on Groote Island which were perceived as significantly reducing violence there.

*"Banning is a good idea – don't want to see people hurting each other and dying."*

These same respondents also felt that alternatives should be explored, such as supervised drinking areas (see below).

Some respondents indicated that they would return to their home community if banned. Within that group, some said it would not be a problem to go without alcohol for a few months, they would just 'forget about the grog for a while and go bush'.

*"I'll go back to country and give up the grog."*

*"Go back to country because it's easy to drink out there. Even though it is light beers only, at least there is no hassle. Only drink the heavy stuff in town."*

The vast majority indicated that bans would not be effective and would not stop them from accessing alcohol. Many potential sources of alcohol were listed. These included, drinking in licensed premises, getting family/friends to purchase alcohol on the drinker's behalf, buying alcohol on the black market (referred to as 'sly grog') and stealing it from shops and homes. A few respondents indicated they would turn to alternative self medications, such as marijuana.

The majority of participants thought it was unlikely they would switch from buying take away alcohol to drinking in licensed premises, where banned status will not be as rigorously checked. A factor in this is the perception that drinking establishments tend to be racist in their management and many have had problems gaining entry to clubs and pubs in the past. If they do gain entry they do not feel comfortable in that drinking space, people stare and they cannot relax. Participants said that they are commonly assumed to be drunk when they are sober and the hassle and insult is not worth it.

It was a common response that banning people from purchasing alcohol would create crime and cause harm. It was suggested that alcoholics would do whatever was necessary to access alcohol, including shop lifting, breaking into homes and shops, ram raids, selling their bodies and muggings.

*"If this rule comes out it will make more violence because we'll be stressing out and we'll do break-ins, or get it anyway if someone won't buy it for us."*

*"You'll see more of [ram raids], armed robbery, prostitution..."*

*"The women will go 'sellie wellie'... sell themselves for drink and come back and share it with us."*

*"If someone is walking home with a carton of beer, do you think they'll make it?"*

It was almost universally agreed that the imposition of drinking bans would create a flourishing 'sly grog' trade. Both shopkeepers and smugglers are expected to profit, with the opportunity to charge as much as \$100 for a carton of beer or a small Jim Beam.

*"All this is doing is opening the gates for sly grog."*

*"If you've got money, you can get grog."*

Effectiveness of the banning measures in terms of enforcement was questioned by one participant.

*"That other law about tracking who bought how much grog and where, didn't work. No one policed it and it didn't work, so why do they think this will work?"*

Concern was expressed in relation to the health ramifications of forced cold turkey without appropriate medical support and supervision.

*"Doctor told me if give up drinking too quickly it's bad for you."*

When asked if they were worried about any particular aspect of the new policy the most common response was not about specific policy measures, but rather its implementation. There was concern across the board that bans would be implemented in a way that unfairly targeted homeless Indigenous drinkers and turned a blind eye to problem drinking that was more in line with non Indigenous cultural norms.

*“It is a racist policy and it will be racist in its enforcement.”*

Under the Darwin CBD alcohol management plan the police can issue notices banning problem drinkers from the CBD. These notices have been touted as a tool available to the police to remove and penalise problem drinkers in the notoriously violent nightclub strip in Darwin CBD. One participant said he was drinking quietly in a park under a tree (in an alcohol free area) when the police pulled up and issued him with a ban.

In light of this, monitoring of the implementation of the new alcohol policy could include analysis of statistics on the number of bans issued to Indigenous people, the number of bans issued to young white males, and the justifications provided for those bans.

### **Secondary bans**

Secondary bans were explained but participants were dismissive of this measure. They stated that they were not ‘stupid’ and that it would not be hard have alcohol purchased on their behalf without being caught. Participants questioned how secondary ban provisions would be enforced in light of the potential to use mobile phones to coordinate pick up and drop off of alcohol.

Concern was expressed by some that the secondary ban measures would not be a strong disincentive in the face of significant social pressure to buy alcohol for others. In addition, traditional obligations mean that individuals cannot say no to requests from family members. This includes the purchase of alcohol. If individuals are forced to choose between traditional law and State law, traditional law will be prioritised exposing individuals to State law and policy sanctions.

### **Alcohol misuse interventions**

The participants were asked whether it was realistic for them to access medical services for this purpose. Some groups said help with transport would be useful, or the provision of some kind of outreach service, but an equal proportion reported adequate access to medical services.

The primary response was that medical counselling would be a futile exercise. The majority of participants indicated that they were already aware of the physical harm caused by alcohol abuse and that it is not a factor in their decision making.

*“It won’t work. I’ve been in the nuthouse [Cowdy Ward] a few times and the doctors told me alcohol is bad but I still drink.”*

*“I’ve seen people on dialysis drinking.”*

*“I already know what alcohol does.”*

### **The Alcohol and Other Drugs Tribunal**

Information was shared about the role, powers and make-up of the Alcohol and Other Drugs Tribunal. The Tribunal generally came up towards the end of the group discussions when the attention of participants was waning and groups were not always receptive to detailed information. General reactions to the concept were either neutral or negative. There was a feeling amongst some participants that it was yet another institution set up to judge and tell people how to live their own lives. It was not trusted by any participants as an opportunity for support and guidance. Primarily this was because attendance at the Tribunal will not be purely voluntary. It was repeatedly stated that addicts need to choose to give up alcohol, they cannot be forced to.

Limited interest was expressed in relation to the make-up of the Tribunal, but those that did engage were in favour of Indigenous representation. The concept of a separate Indigenous advocate was welcome, but not as a replacement for having an Indigenous voice in the decision making positions. It was recommended that the Indigenous representative be a former 'Long Grasser' as *'it takes an alcoholic to know an alcoholic'*. Some participants expressed interest in playing a role on the Tribunal themselves.

In terms of the medical representative on the Tribunal, it was suggested that, rather than having a permanent medical representative, the individual appearing before the Tribunal should be allowed to select the medical representative for their hearing. This will ensure it is a doctor familiar with that individual. At the very least, the medical representative should be drawn from a service such as Danila Dilba.

Strong views were expressed on the process the Tribunal should follow. Listening to the individual first, before addressing any part of their matter, was heavily emphasised. The Tribunal needs to ask people what they need. It was acknowledged by the participants who made these suggestions that sometimes 'tough love' is needed to break the cycle.

Participants were asked what kind of orders they thought the Tribunal should consider making in individual cases. Common initial suggestions included referral to various rehabilitation and detoxification services. However, many participants also said that this would not work with unwilling participants. It was pointed out that many people in living in the 'Long Grass' have already been through FORWAARD and CAAPS and are *'still out here drinking'*. In addition, concern was expressed that these services would be full very quickly.

*"I don't want to go to rehab. I don't want to talk about my life. I'll just jump the fence if they send me to CAAPS"*.

After participants had had some time to think, their suggestions for potential Tribunal orders shifted to accommodation options. It was stated that there is nowhere for people to go and accommodation options need to be arranged that are safe and quiet. One participant strongly supported reopening a voluntary respite facility or prison farm type arrangement, such as the one that used to be at Old Gunn Point. Orders to engage in productive work were also supported as an option.

The possibility of sending individuals back to their home communities was raised a number of times. It was acknowledged that this could not be forced but that a free plane ticket could be provided to give individuals the opportunity to engage with a healthier lifestyle and eat bush tucker.



## Policy Suggestions

After critiquing the alcohol policy reforms, the participants were invited to make suggestions as to what alternative policy measures they thought the Government should be putting in place.

### 1. Designated drinking spaces

There was nearly universal support for the concept of a designated drinking space where homeless people could drink together safely and without fear of harassment by the police. It was agreed that several areas would probably be needed to avoid conflict between different groups.

Suggestions for the location of designated drinking areas varied – out in the bush, near the mangroves or the beach for hunting and fishing, Lake Alexander, outside of Palmerston or near the bottle shop.

The area should have permanent amenities such as showers, toilets and cooking facilities. Shelter should be available for times of bad weather. A few people suggested it be well fenced to limit the risk of drinkers wandering onto the road.

In terms of management, some participants felt that users would keep the area clean and tidy. Others wanted a more structured management, including a suggestion by one that the area be accessed via a staffed office.

Regardless of the overall management arrangements for the space, all participants wanted it to be kept safe by regular Night Patrol visits. If the area is not kept safe from ‘fighters’ and ‘trouble makers’, it will not be used and drinkers will return to drinking in prohibited public places. However, it was repeatedly stated that the space should be free from general police attention. Multiple participants indicated that one of the purposes of the designated area would be to relieve drinkers from being ‘hassled’ by police.

One group suggested that if the government is serious about harm minimisation and limiting health care costs, the provision of a daily meal in the drinking areas should also be considered. If a fee is charged for the meal it should be payable by Basics Card.

### 2. Voluntary respite area

Requests were made for the reintroduction of a ‘Time Out’ area for voluntary respite from drinking, such as the facility formerly run at Bees Creek by Wren and Patricia Murray. The facility was described as a place people attended on their own terms when they felt they needed a break from drinking. At the facility they would “*work on the land, get fed and get off the grog*”. The facility catered to the fact that “*most people need to stop every now and then*”. Participants said that the Bees Creek facility closed down because Wren Murray passed away and there was no one to run it, not because of any inherent failure in the facility.

### 3. Education

The group made up of ex drinkers and former ‘Long Grass’ residents, supported education and alcohol awareness programs for children and young people. However, the education should not be sanitised. It needs to be graphic and practical. For example, the program should involve a visit to a dialysis unit so the children can see first-hand the consequences of alcohol abuse.

They also strongly supported anything that encourages intergenerational family education. It was felt that it would be effective to draw on the natural authority of elders in the children's lives. One participant is a father and a grandfather. He said he talks to the children in his care about drinking all the time. He points things out, such as people urinating publicly, fighting and injured women. It was suggested that other elders and parents be encouraged to do the same and they should be given practical tips and tools for undertaking intergenerational alcohol education. However, others said, *"You can talk and talk and they still just go and do it anyway"*.

#### **4. Restrictions on sales/purchase:**

The group made up of former "Long Grassers" and ex-drinkers were supportive of any policy approaches that restrict access to alcohol.

*"Stop people buying alcohol is the only way."*

Suggestions included shorter opening hours for bottle shops, pubs and clubs, the sale of light beer only, increase the price of cheap alcohol, limit the quantities that can be purchased each day and ban the sale of tawny port.

#### **5. Return to country**

A number of participants recommended sending problem drinkers back to dry areas, or providing incentives for them to choose to return. It was agreed that in community it is easier to be sober because there is less access to grog and it is necessary to work.

#### **6. A different type of harm minimisation**

A popular suggestion was that the Government should not try to interfere directly with individuals' drinking choices. This came partly from a perspective that Indigenous people should just be left in peace and partly from a belief that such efforts are futile. It was repeatedly stated that the only way people will stop drinking is by their own free will.

*"It is the Aboriginal concern that they drink, nobody else's concern."*

*"They're not going to change – Government shouldn't even try".*

A number of participants suggested the Government focus instead on helping homeless individuals addicted to alcohol to live a decent life.

*"Instead of worrying about alcohol, help Long Grassers"*

Suggestions along these lines focussed heavily on the provision of shelter. A number of participants stated that they were waiting for housing. The need for accommodation that is safe and quiet was emphasised, with one participant stating that it was safer and more peaceful to stay in the 'Long Grass' than some of the government housing he had had access to in the past. Shelter was identified as a significant issue even for those individuals not actively seeking formal, permanent accommodation. It was suggested that empty structures in and around Darwin be made available as bad weather refuges for the use of the homeless - with the provision of basic amenities for hygienic living. Requests were also made for the provision of other things to support health and wellbeing of the homeless such as the provision of blankets, swags, towels and cooking facilities.

*“People get sick because they’ve got no good shelter.”*

The suggestion of non interference in peoples drinking choices was more than just a philosophical point. Restrictions on where people can drink, and the enforcement of those restrictions, were identified as factors in the violence the restrictions seek to prevent. It was suggested that the removal of restrictions on where people can legally drink may reduce conflict as antagonistic groups can spread out. The practice of tipping out the alcohol of drinkers found in alcohol restricted areas was criticised as leading to fighting amongst the men and to women selling themselves.

## **7. Universal Application**

Any measures introduced need to apply equally across all sections of the community – in theory, in actual impact and in implementation. For example, in the context of the current measures, participants feel that the banning system should apply equally to individuals who abuse alcohol in drinking establishments. The ID scanning system proposed for takeaway outlets should be placed in pubs and clubs also. This ensures the provisions are enforced for all problem drinkers. It also adds credibility to the assertion that the provisions are about alcohol abuse, not race. Rules that fail to effectively address problem drinking across the board will not be perceived to genuinely be about ‘anti-social behaviour’ or ‘harm minimisation’, and will not be embraced by target groups.

*“Rules can’t just be for park mob, has to be for young punks down here too”.*

Some participants pointed out that it is simply not practical to make some segments of the community dry and others not. If alcohol is accessible to some it will be, in reality, accessible to all.

Participants said that they want measures that foster equal opportunity not measures rooted in, and enforced using, racist stereotypes. One participant said the Government should ban grog altogether *‘if they want to be smart’*.

## **8. Impact of broader government policy**

It was suggested that some of the anti-social behaviour attributed to alcohol in fact has more complex causes. For example, one participant suggested that the Basics Card may be behind some violent incidents that are being blamed on alcohol. He noted that a number of different tribes, that would usually not mingle, have had to move together into areas that service the Basis Card. For example, it was understood by that participant that the Basics Card cannot be used at outstations. This forced increased mingling is leading to conflict. While alcohol may exacerbate violent incidents, there are other contributing factors in the social picture which the Government could also be addressing. It is beyond the scope of this study to comment on the validity of this observation.

## **9. Training and education opportunities**

Education and training programs to give individuals skills and trades were requested. It was suggested that these would complement the bans. Individuals said that if they were banned they would go back home and hunt and work and it would be good to have some skills to help

with this. If they have good work back in their own community they will not return to the 'Long Grass', and the cycle of alcohol abuse, at the end of the ban period.

Suggestions included training in mechanics, carpentry and landcare/gardening. Assistance getting into courses at Batchelor College was also requested.

However, this suggestion was rejected by another group on the basis that it had already been tried. They said there used to be arrangements where people got training but nobody wanted to do the work so, after completing the training, they just returned to drinking and living on Government benefits.

## **10. Policy creation process**

In addition to concrete policy suggestions, recommendations were made as to how the policy creation process should be undertaken and the factors that should be taken into account.

The need for genuine consultation was flagged. One participant said that the policy makers should come and sit with them.

*"Instead they [Government officials] just drive past and give us dirty looks, or don't look at us at all."*

Participants said that policy needs to take into account the reality that public spaces are home for homeless people in Darwin. Accordingly, policy and penalties which are premised on the concept that certain activities belong in the private realm and not in public spaces, needs to accommodate the reality that public spaces are the private realm for the homeless. Until land or accommodation is made available for the homeless, they will continue, through necessity, to use the shared public spaces for their daily living.

Along these lines, policy also needs to accommodate the fact that social spaces for Indigenous people are commonly outdoor shared public spaces. This means that a significant portion of social drinking will generally be undertaken outdoors in public view, unlike the white cultural norm of drinking in the privacy of a house or in a licensed drinking establishment. In any case, many participants indicated that they are either unable to gain entry into licensed premises or feel unwelcome and uncomfortable in them. Policy needs to be careful not to reflect double standards around forms of social drinking which do not conform with the non-Indigenous drinking norm.

## WHO ARE THE PROBLEM DRINKERS?

The NDLERF report (2008) found that the main concern of the mainstream population in relation to Long Grassers, was the public drinking and drunkenness<sup>22</sup>. The Northern Territory government's alcohol policy, implemented in conjunction with the Enough Is Enough campaign, targets what are referred to as 'problem drinkers' and 'anti social behaviour'.

The participants identified a number of groups of 'problem drinkers' other than themselves and felt the stereotyping of Long Grassers as problem drinkers, and as the perpetrators of anti-social behaviour, is not only unfair and inaccurate, but is a stereotype that (mis)informs Government alcohol policy.

The first point, made by many focus group discussion participants, was that, while there is alcohol abuse amongst the Long Grass population, this does not necessarily manifest itself in anti-social behaviour. Many groups made a point of stating that they drink quietly, deliberately avoid the drinkers who are loud and fight, and keep their area clean and tidy. Litter, public defecation and other mess was blamed by some on drinkers that came from elsewhere and who did not have to live in the unhygienic conditions created by them. Specifically, individuals from housing estates and communities such as Bagot, and other alcohol restricted areas, were blamed. Long grassers from other areas in Darwin were also blamed by one group.

Universally, participants identified non-Indigenous drinkers from pubs and clubs as equally significant problem drinkers in the Darwin region. Significant resentment was conveyed in relation to the apparent blind eye turned to the consistent anti-social behaviour of this group, as compared to the attention paid to the drinking of people living in the long grass.

*"We're drinking quietly in the park, cops pull up and give you a ticket, should ban the mob coming out of the clubs".*

The participants pointed out that the newspaper consistently reports on the violent, offensive and criminal behaviour associated with the licensed premises drinking scene.

*"You come down on a Friday night/ Saturday morning and all those young mob coming out looking for a fight. If they can't find anyone to fight they fight amongst themselves".*

In addition, every single group reported harassment by drunk, young people from the clubs on Friday and Saturday nights. This harassment is largely in the form of the hurling of projectiles from cars at sleeping Long Grassers, such as rocks, bottles and eggs. This has caused significant injury at times, with people being hit in the face with stubbie bottles. However, direct personal violence and unprovoked verbal abuse was also reported. The harassment was reported to be deliberate and targeted. It was stated that nightclubbers commonly harass 'the Port Keats mob at the church'. It was repeatedly pointed out that, while the alcohol induced anti-social behaviour of Long Grassers is the subject of constant public debate, Long Grassers themselves are consistently victims of drunken anti-social behaviour which gets no public attention at all.

*"That's who they should be banning. Them bastards who come out of the nightclubs at 2am".*

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<sup>22</sup> Op cit note 7 p54

Many participants felt that alcohol abuse is a problem that is, in reality, shared equally by the non-Indigenous community, but is perceived to largely be a 'Long Grass' problem. They observed that it is simply hidden by the fact that the alcohol tends to be consumed in ways and at times considered culturally acceptable in the mainstream but which are still alcohol abuse. For example, while 'Long Grassers' drink outside, in the public eye, other members of the community typically drink indoors and out of sight, or in drinking establishments. They perceived this to be a contributing factor, along with racism, to the undue public emphasis on the drinking habits of 'Long Grassers'.

*"Doesn't matter if you drink out of a long stemmed glass or an empty coke bottle."*

They pointed out that the Long Grass is their home. Some observed that they try not to impose on the shared public space and hide themselves, but that the police deliberately seek them out. This resulted in a general feeling of double standards and of vilification.

*"When they drink do we pick on them?"*



## APPENDIX 1 – DEFINING LEVELS OF RISK

Levels of risk were defined in accordance with the guidance contained in the *National Health and Medical Research Council, Australian Alcohol Guidelines – Health Risks and Benefits*, Canberra, Government Press 2001. These guidelines have been superseded but were used as the standard in this study to enable comparison of the findings with those of other alcohol consumption studies undertaken prior to the revision in standards.

### SHORT TERM HARM

The table below outlines how the NH&MRC 2001 Guidelines define levels of risk of harm in the short term. The definitions do not include a category of harm for individuals who drink low amounts (ie up to 6 for males and up to 4 for females) but on more than three days per week. The Crundall Study created the category of “Less than Risky” for this purpose which has been replicated in this study for ease of comparison of findings.

	MALE	FEMALE
LOW RISK	Up to 6 standard drinks on any one day, no more than 3 days per week	Up to 4 standard drinks on any one day, no more than 3 days per week
LESS THAN RISKY	Up to 6 standard drinks on any one day, more than 3 days per week	Up to 4 standard drinks on any one day, more than 3 days per week
RISKY	7 to 10 standard drinks on any one day	5 to 6 standard drinks on any one day
HIGH RISK	11 or more standard drinks on any one day	7 or more standard drinks on any one day

### LONG TERM HARM

The table below outlines how the NH&MRC 2001 Guidelines define levels of risk of harm in the long term. The Crundall Study noted a discrepancy between the maximum number of drinks for defining risky female drinking and the minimum for female high risk drinking and adjusted the maximum number of drinks for risky drinking accordingly. This study has adopted the same adjustment and it is reflected in the table below.

	MALE	FEMALE
LOW RISK	Up to 28 standard drinks per week	Up to 14 standard drinks per week
RISKY	29 to 42 standard drinks per week	15 to 19 standard drinks per week
HIGH RISK	43 or more standard drinks per week	20 or more standard drinks per week



## APPENDIX 2 – DRINKING PATTERNS SURVEY

The researcher's name (your name): \_\_\_\_\_

The date of the conversation (today's date): \_\_\_\_\_

The start and end time of the conversation - START: \_\_\_\_\_ END: \_\_\_\_\_

Where the conversation took place: \_\_\_\_\_

**Please write down the answers you were given to these questions when you talked with the survey participant.**

1. Details about the participant:
  - a. AGE:
  - b. GENDER:
  - c. HOW LONG HAVE THEY LIVED IN DARWIN:
  - d. HOW OFTEN DO THEY VISIT DARWIN (if here less than 3 months):
  - e. WHAT COMMUNITY ARE THEY FROM?
2. Does they drink alcohol?
3. Who do they drink with?
4. Where do they drink?
5. When did they last drink alcohol?
6. How much do they drink?

**For this question use the following process and then insert the information in the table below:**

- **Ask the participant what day it is.**
- **Then ask them when they were paid. How many days ago. Circle 'pay day' on the list of days below.**
- **Show them the sample bottles and ask them how much they drank last pay day. Write it down.**
- **Ask them if they remember the day before that.**
- **Then ask them how much they drank the day before pay day. Then how much the day after. Try to get a full week of drinking patterns if you can.**

**MONDAY**

**TUESDAY**

**WEDNESDAY**

**THURSDAY**

**FRIDAY**

**SATURDAY**

**SUNDAY**

	BEER	WINE	SPIRIT	PORT	METH	OTHER	TOTAL
What did the participant drink on Monday?							
What did the participant drink on Tuesday?							
What did the participant drink on Wednesday?							
What did the participant drink on Thursday?							
What did the participant drink on Friday?							
What did the participant drink on Saturday?							
What did the participant drink on Sunday?							
<b>TOTAL</b>							

**If the participant cannot remember what they drank because the alcohol was shared, note the number of people in the drinking group each drinking session and ask how much the group drank.**

7. Do they want to stop drinking?

**Note: If the answer to this question is “Yes”, please refer the participant to the services listed on the back of the Information Sheet. Call LITS or tell them where to go, give them phone numbers. Whatever you think is useful.**

8. Do you want to go back to your home community? Why? When?

9. Does the participant want to hear about the findings from the research, and if so, how should we let them know?

**At the end of the conversation, thank the person for their time and offer them a gift voucher.**

PLEASE CIRCLE ONE:

**YES** the participant took a voucher     or     **NO** the participant did not take a voucher



4. How come they don't need to drink like other people in the Long Grass?

5. What do they think would be a good alcohol policy? If they could make the rules what would they do?

**At the end of the conversation, thank the person for their time and offer them one or two more gift vouchers depending on the amount of time spent with you.**

PLEASE CIRCLE ONE:

**YES** the participant took [ ] vouchers **or** **NO** the participant did not take a voucher

## APPENDIX 4 – FOCUS GROUP DISCUSSIONS RECORD FORM

The researcher's name (your name): \_\_\_\_\_

The date of the focus group discussion (today's date): \_\_\_\_\_

The start and end time of the discussion - START: \_\_\_\_\_ END: \_\_\_\_\_

Where the discussion took place: \_\_\_\_\_

Number of people in the group: Men - \_\_\_\_\_ Women – \_\_\_\_\_

Home community – where are they from?

**Share the information about the policy changes with the group. Answer their questions. If there are questions you cannot answer, call the alcohol reforms information line on 8999 1800. As you go along ask them the following questions. When people give answers check who agrees and who disagrees. Write down the numbers of people in each group who agree or disagree with each comment.**

1. Are they worried about the policies? Why?
2. What do they need in terms of services?
3. How can we make these rules work?

**When people have finished talking about the reforms ask them about these things:**

1. Do people drink too much?
2. Who are the problem drinkers?
3. What rules would you make if you were the Government?
4. What do you think about Larrakia services?

**At the end of the conversation, thank each person for their time and offer them a gift voucher.**