

Beating the Grog: An Evaluation of Attempts to Control Alcohol Abuse in Indigenous Communities

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The way people talk about grog too you know, in front of you. Like they sorta twist your mind...like any time we used to go up there [a community outstation which is 'dry']...it was hard work until Thursday, well they used to talk about the grog then, 'ah, another pension day down here; they must be drinking down there,' and they sorta twist your mind then you know...That's when the first thing we used to do when we came down, pick our pay up and just get a plonk or something you know. (Phillips, 2003, p. 46)

A young indigenous man gave this account in his regional dialect as he discussed heavy alcohol consumption, a pressing issue in many Aboriginal communities in Australia. Though the proportion of Aborigines who consume alcohol is lower than the proportion of other Australians, indigenous Australians are more likely to drink excessively than their non-indigenous counterparts; among Aboriginal people who drink, 68% consume alcohol at harmful levels, compared to 11% in the general population (Gray, 2000). High levels of alcohol misuse can be severely detrimental, contributing to a wide range of health and social problems, including violence, social disorder, family breakdown, child neglect, and high levels of imprisonment (Australian Institute of Health and Welfare, 2008). In addition, indigenous Australians experience many harms associated with alcohol abuse, including deaths and hospitalizations, at a much higher rate than other Australians (Wilson, 2010). Indigenous Australians are below non-indigenous Australians across most social indicators, and alcohol may play a large role in this (Loxley, 2005). Clearly, alcohol is a pressing matter within Aboriginal communities, but unfortunately, as of yet, there is no perfect solution to fighting alcohol abuse. Many efforts have been made to intervene and prevent alcohol misuse, with varying levels of success. Although these attempts have continued over the years, this paper will examine the most recent efforts.

In the last few decades, the most successful approaches have had high levels of both community and state¹ involvement; the conjunction of the

¹ "State" is here used as a broad term, not limited to state or territory governments, but including all levels of governments including Commonwealth, state, local and their associated institutions.

two parties—state and community—creates legislation that is tough enough to reduce alcohol levels while remaining culturally sensitive. Furthermore, successful measures have reduced both supply and demand of alcohol, decreasing alcohol consumption frequency. To understand why both Aboriginal and state involvement is essential, it is necessary to look at efforts that were comprised of only one party, and why they were not as successful.

Even though the Australian government recognized early that a drinking problem existed in aboriginal communities, their methods to combat the issue without taking into account aboriginal concerns have been largely unsuccessful because they have been disempowering to indigenous communities as well as draconian in nature (Brady, 1990). In 1867, the Protector of Aborigines declared that, “nothing would so much stop drunkenness among the natives as to punish them sharply for getting drunk” (Brady, 1990, p. 195). And thus a history of prohibition began: specifically, a ban against the sale or supply of liquor to aborigines. Though prohibition was abolished in 1967 on the grounds of legal discrimination, the controversy over government involvement is ongoing (Brady, Byrne, & Henderson, 2003).

In the Northern Territory, an area with exceptionally high alcohol consumption, the so-called “restricted areas provision” of the Northern Territory Liquor Act has spawned continuing debate. Research investigating the Northern Territory Liquor Act has shown it to reduce the problems associated with excessive alcohol consumption (d’Abbs, 1989a). Designed as a preventative policy, the provision allows for communities to be declared “dry” or semi-restricted as seen fit by the Licensing Commission, an independent statutory authority elected by the Minister of the Northern Territory. Data from the Drug Use Survey have suggested “an association between the presence of restrictions and lower prevalence of consumption, as well as lower frequency of consumption among those who did not [abuse alcohol]” (d’Abbs, 1989a, 23). In addition, the Protective Custody Apprehensions also suggest a decrease in apprehensions of public drunkenness. The Northern Territory Liquor Commission also concluded that the “declaration of dry areas had helped Aboriginal communities to control liquor and reduced the incidence of alcohol-related fights, abuse of women and children and health problems” (d’Abbs, 1989a, 24).

Upon closer examination, cultural insensitivity is evident in the Northern Territory Liquor Act, which might not be as effective as it seems. There is a widespread belief, especially among aboriginals, that drinking is a civil liberty and right. This belief stems from two sources. The first is a history associated with prohibition, causing “citizenship, equality and alcohol [to be] inextricably linked in the minds of Aboriginal people today” (Brady, 1990, p. 195). The second reason for the belief in the right to drink is the aboriginal social organization. Under the aboriginal social structure, individuals have the power to act

independently and without the interference of others. Consuming alcohol is considered someone's "own business" and is not up to the community to restrict. This sentiment is especially prominent with individuals who enjoy consuming alcohol safely, but cannot because the whole community must be dry; in these cases, the legislation essentially punishes all members of the community for the actions of a few select individuals. Thus, as successful as they may seem, the provisions take freedom and power over enforcement away from the community, reminiscent of earlier systems of draconian prohibition.

In addition to their cultural insensitivity, the provisions may not be as effective as they appear to be. Even if reductions in harmful effects are evident, critics believe that these effects have not essentially solved the problem of alcohol abuse, but rather relocated them from the communities concerned to the nearest major towns (d'Abbs, 1989a). Currently, no research has proved or disproved this concern.

Other critics of high state control of alcohol consumption argue that legislation is often made without the interests of aboriginals in mind. One example of such legislation is the "Two Kilometre Law." Although it also applies to the Northern Territory, this law is separate from the restricted areas provision (d'Abbs, 1989a). The law states that it is an offence for any person in the Northern Territory to "consume alcohol in a public place within 2km of licensed premises or on unoccupied private land" (O'Connor, 1983, p. 202). At first, this law was lauded, as it "reduced the number of alcohol-affected people in our streets [so that] women and children could walk our streets without fear of abuse or assault.' By and large, this was the general attitude among the Euro-Australian townspeople" (O'Connor, 1983, p. 203). Unfortunately, the law fails to take into account what happens to drinkers who are forced back into Aboriginal camps. Since drinkers are not able to spread out anymore, large groups form and violence increases. Slowly, the town camp community is destroyed. Though the effects of the Two Kilometre Law were both unforeseen and unintended, the law was never meant to combat the root of the problem (alcoholism) and provides no assistance to those needing help. Instead, it attempts to hide alcohol abuse from the public eye, which some argue "enables other groups in society to ignore the very real problems underlying Aboriginal alcohol abuse" (d'Abbs, 1989b, p. 5).

Though alcohol legislation designed with low local community control is often cited as being socially abrasive as discussed above, efforts to combat alcohol abuse with only high community control are not effective either. Using materials and organisms found in Australian nature, indigenous Australians have created their own extensive healing remedies and practices. However, traditional healers do not know how to treat addiction (and heal alcohol abusers) (Brady, 1995). This is because until recently, substance abuse has not been a problem, and thus is beyond the scope of traditional healers. Still, indigenous communities have attempted to implement locally based sanctions that can be extremely severe, and

thus undesirable. In some communities, physical punishment on both the person and inanimate objects, such as burning a car, are afflicted. Though no research has been carried out on the effectiveness of such methods, because of their inhumane nature, certain types of physical retribution are illegal under Australian law (Brady, 1995).

Other methods have been used by communities to try to reduce alcohol misuse with little or no state involvement. Some examples of such efforts include organized night patrols to pick up intoxicated people, and established alcohol outstations, as well as preventative programs to provide young people with alternatives to alcohol (Gray, 1995). Unfortunately, such attempts are rarely successful. Though these attempts encourage community participation and responsibility, success requires the presence of a strong leader supported by a cohesive governing body to rally a community, which will likely have members who are not in favor of being “dry” because they enjoy alcohol safely or abuse it (d’Abbs, 1989a, p. 24). In addition, many communities fall prey to external influences, namely the importation of liquor into the community, especially liquor provided by “roadhouse proprietors” (liquor sellers). Without legal consequences, it is difficult to stop profitable smuggling. Because of this, many Aboriginal communities in Western Australia have expressed a wish for “stronger statutory mechanisms to enforce restrictions on liquor” to help fight external pressures (d’Abbs, 1989a, p. 25).

Cooperation between state and local communities to implement community-based strategies leads to the greatest policy success, both in terms of reductions in alcohol consumption and in terms of community acceptance. Tennant Creek’s “Beat the Grog” campaign perhaps best exemplifies how both state and communities can most effectively curb alcohol misuse especially by targeting supply and demand of alcohol. In 1995, Tennant Creek, a community located in the Northern Territory, began a coalition spearheaded by Julalikari Council Aboriginal Corporation (Gray, 2000a, p. 42). With the advice of the Aboriginal council, the Northern Territory Liquor Commission amended the licenses of Tennant Creek hotels and takeaway outlets. One restriction, “Takeaway outlets from hotels and liquor stores to be closed on Thursdays,” later nicknamed “Thirsty Thursday,” was suggested because it is the day most social security entitlements and Community Development Employment Program wages are paid. Drinking often is spurred by this sudden inflow of money, which causes many to misuse alcohol. Health, welfare, and law-and-order impacts of the restrictions were tested for periods 2 years after the Tennant Creek implementation. The final evidence over two years following introduction of the restrictions indicated a 19.4% reduction in consumption of alcohol. Hospital and police data showed a reduction in alcohol-related harm, especially on Thursdays (Gray, 2000a). Other regional towns throughout Australia have introduced similar local restrictions including Curtin Springs and Elliot in the Northern Territory

and Halls Creek and Derby in Western Australia (d'Abbs & Togni, 2000). In a review of recent, successful community-based initiatives, researchers found two commonalities: an emphasis on community development and participation and a reduction in both the supply and the demand of alcohol.

In spite of helpful intentions, national regulation often results in culturally insensitive legislation. For example, under the Liquor Licensing Act of Western Australia, members of the public are able to object to the granting of new liquor licenses (Gray, 1995). Though this is a great way to promote community involvement, there are flaws in the legislation. In a study done in the Kimberley Region, less than 2% of Aboriginal people were aware of this right (Gray, 1995). Even if the provisions were widely known about, the procedures by which the public learns about liquor license applications and can protest them assume high literacy, access to newspapers, and familiarity with bureaucratic structures.

However, in situations where community members are involved in lawmaking, resulting legislation often displays a higher degree of greater cultural sensitivity. For example, in the town of Wiluna, the local Aboriginal community banned selling alcoholic beverages in glass containers since high levels of injury were occurring from broken glass (Gray, 1995). This piece of legislation is perhaps more readily apparent to community members than to the outside public or government officials. In addition, when communities are consulted, there seems to be more community support for the restrictions, though no research has proved this (Gray, 2000a). Lastly, having communities develop their own strategies will be more culturally appropriate. For example, educational programs for Aboriginal people developed by mainstream agencies were viewed as "having been culturally inappropriate and ineffective in reducing excessive alcohol consumption and related harm among Aboriginal people" (Gray, 1995, p. 181). The argument follows that more culturally accessible programs will be more effective.

In addition to community involvement, reductions in supply and demand spurred by policy have been shown to be extremely helpful in curbing alcohol misuse. Though altering supply and demand of alcohol does not address the underlying causes of excessive consumption, it is still an effective means for reducing alcohol abuse. Altering demand through taxation is one method that is recognized by The World Health Organization: "any country...which intends to take the prevention of alcohol problems seriously must ensure that in determining the level of taxation, health interests are taken into account" (Stockwell & Crosbie, 2001, p. 140). Especially among those who are alcohol abusers, there is a high demand for low-cost, high alcoholic content beverages including cask wine and fortified wine. Because they facilitate high levels of intoxication, these beverages are chosen by many alcohol misusers (Gray, 1995, p. 184). The Australian government has already implemented some tax disincentives; in 1991, the Northern Territory introduced a harm reduction

levy on all drinks with more than 3% alcohol per volume (Stockwell & Crosbie, 2001, p. 143).

As well as targeting demand, influencing supply can be effective. In some Western Australia Aboriginal communities, the number of licensed premises per person is double that of Western Australia as a whole; an average of 2 licensed premises per 1000 persons versus 1 per 1000 persons average in Western Australia (Stockwell & Crosbie, 2001). The number of premises can contribute to higher alcohol consumption rates. Besides increasing the availability of alcohol, more licensed premises means more competition and licenses may be more aggressive in trying to sell stock, such as opening premises as early as 6:00 AM (Stockwell & Crosbie, 2001). It should be noted however that these industries are major sources of economic benefit to Australia and such policies will not be economically favorable to the liquor industry. In addition, stakeholders in the liquor industry often argue that supply and demand initiatives are only short-lived; there will always be new forms of cheap bulk alcohol available for sale that will undermine attempts for restrictions (Hogan, 2006).

Unfortunately, community-based methods also face barriers. The first is a belief prevalent among the population that “alcohol problems—including drinking problems among Indigenous Australians—are problems of individual drinkers at whom interventions should be directly targeted” (Gray, 2000a, p. 42). As a result of this view, aboriginal communities and supporters have a more difficult time getting population-based strategies on the agenda. The liquor industry also often blocks restrictions. Restrictions impacting the profitability of liquor conglomerates have not been passively accepted, and some liquor chains are challenging restrictions. Lastly, there is misinformation about the effects of additional restrictions. At local levels, individuals and groups who are opposed to the restrictions because of vested interests have tried to distort results of assessments of the impacts of restrictions, manifesting in false editorials in local newspapers (Gray, 2000b). Unfortunately, research has suggested that restrictions imposed in isolation, without the support of both indigenous and non-indigenous people are likely to be “circumvented and limited in impact” (Gray, 2000b, p. 41).

In addition to possible barriers, there are a few issues that a community will have to consider when deciding to impose restrictions. The first is who will speak for the community. Though the term “community” seems to imply “communalism and consensus”, the reality is a bit different: “local communities are social as well as geographical spaces occupied by groups and individuals who differ from, and sometimes compete with, [sic.] each other with respect to values, interests and power” (d’Abbs & Togni, 2000, p. 52). Thus, in certain communities, representing the interests of the “community” can be difficult. The question of which restrictions on availability should be implemented also remains unresolved. As pointed above, supply and demand can be targeted

with a broad range of options including restrictions on hours of sale, conditions of trading, taxes on particular beverages and so on. A larger debate is that of selective versus universal restrictions. In Tennant Creek, restrictions were imposed on all residents of the community. However, some argue that they should perhaps only apply to aboriginal people, since penalizing the whole community for the actions of a select few is unfair (d'Abbs & Togni, 2000). Proponents of universal restrictions counter this argument by claiming that alcohol abuse is a community issue, not a race issue. Lastly, communities need to think of the role of liquor licensing authorities: how much of a voice should liquor conglomerates be given in protecting their economical interests?

The causes of alcohol misuse are complex and cannot be completely covered in this paper, but a few theories regarding the patterns of substance abuse in Indigenous communities will be discussed, beginning with the biology of alcoholism. The only drug to be both fat and water-soluble, alcohol is able to pervade nearly every part of the human body, affecting almost every cell and biological pathway in an organism (Blakeslee, 1984). Acting as a solvent, alcohol increases the fluidity of fats in cell membranes, disrupting cell-signaling channels. Over a century ago, it was noted that alcoholism runs in families, and studies have been conducted to inspect this genetic predisposition (Edwards & Gross, 1976). In the 1970s, attempts focused on finding differences in alcohol metabolism. A study conducted between Aboriginal and non-Aboriginal prisoners found that despite wide differences in rates of alcohol metabolism between individuals, there was no significant difference in the mean rates in each group: 17.7mg/100ml blood/hour for Whites and 18.1 for Aborigines, concluding that there is no genetically determined difference in blood alcohol degradation (Marinovich & Larsson & Barber, 1976). More recently, attention has shifted from metabolism to variation in dopamine receptors, with researchers hypothesizing that people with lower numbers of receptors may require stronger stimulation, which alcohol can provide (Parsian, 1991). Though some studies have confirmed this result, others have failed to find an association (Karp, 1992). A number of other physiological and biochemical factors have been implicated while searching for the genetic link to alcoholism: however, there is still no satisfactory evidence to how alcoholism is inherited.

Other researchers attempt to explain indigenous alcoholism through cultural causes. Many schools of thought describe alcohol abuse as a manifestation of a response to psychological trauma. Colonialism had devastating effects including dispossession, confrontation, illness, and death. While attempting to assimilate (or being forced) into colonial culture, indigenous peoples experienced a breakdown of their traditional culture, manifesting psychologically in a loss of individual autonomy, identity, and self-esteem (Albrecht, 1974). Alcohol then became a panacea for Indigenous people's pain, a means of escape (Saggers & Gray, 1998). Other writers explain excessive alcohol consumption by focusing on its

absence in pre-colonial societies. Their argument is that because indigenous societies did not have access to alcohol, no social rules were developed to control alcohol usage (Collmann, 1979). When alcohol was introduced, consumption was largely unregulated. Still other studies examine alcohol's role in contemporary Indigenous communities, emphasizing the "valued nature of drinking within these communities," suggesting that drinking serves as a substitute for traditional ceremonial and ritual life (Brady, 1992, p. 699). Still others believe that Indigenous people drink to '...express their antipathy to the idea and practice of others administering their lives,' an alternative to compliance with the existing power structure (Sackett, 1988, p. 70):

When you watch, you follow, you know? When somebody [does] things, you see them and you follow their example. They drink, well, you drink too! You get in there with them, they [beckon] you 'hey, come on, come on here, drink here!' And you drink. That's it. The grog gets hold of you. (Brady, 1993, p. 408)

The causes of alcohol-related harms in Indigenous communities are complex and multifaceted, a mix of biology and culture; it is unsurprising, then, that the solutions will not be simple, quick fixes. As this account—given in regional dialect by a young man—illustrates, alcohol misuse is systemic and must be addressed so its devastating social and health consequences can be minimized. To date, multiple different strategies have been attempted. The Australian government has put in place measures that—while successfully reducing drinking-related incidents—have been criticized for being culturally insensitive and draconian. Aboriginal communities have also attempted to remedy the situation, but without legal enforcement, their efforts have not achieved much success. Restrictions that have been successful have recognized the need for reductions of alcohol supply and demand, along with an emphasis on local community level intervention. Even though community campaigns face tough questions while implementing policies, these methods hold promise for reducing alcohol-related harm.

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