



**SUBMISSION TO THE SENATE COMMUNITY AFFAIRS LEGISLATION COMMITTEE  
INQUIRY INTO THE SOCIAL SECURITY (ADMINISTRATION) AMENDMENT  
(CONTINUATION OF CASHLESS WELFARE) BILL 2020**

**1. Executive Summary**

In April 2015, Wunan Foundation and other leading Aboriginal organisations in the East Kimberley, called for Kununurra and Wyndham to be selected as sites for the trial of a Cashless Debit Card that would limit the amount of cash provided through the welfare system available for spending on alcohol, drugs and gambling.

This was done in the context of an increasingly harrowing set of disastrous social outcomes for our people, including soaring rates of poverty, addiction, violence, child abuse and neglect, Fetal Alcohol Syndrome, and one of the highest suicide rates in the world. Something had to change.

Wunan Foundation has working at the coal face of Indigenous social disadvantage in the East Kimberley for more than 20 years. It is our community, and we know what will work and what will not. It was our fervent belief that the Cashless Debit Card could be exactly the type of circuit breaker we needed to begin to turn around the destruction of our community, which we were witnessing around us every day. We needed radical change and knew that something different had to be tried. We deeply understood that if it didn't challenge us, it could not change us.

Four and a half years since the trial began in the East Kimberley, there are many reasons to be hopeful. Evaluation data and anecdotal evidence set out in this submission shows that the Cashless Debit Card, along with a suite of complementary measures taken since its introduction, has been a catalyst for the beginning of real momentum towards change in the region. We want to see this change continue.

Wunan's resolute leadership on the Cashless Debit Card has changed the local conversation from one of defeat and acceptance of the status quo, to one that now sees change as possible. We urge you to match our strong local leadership with your national political leadership by supporting this legislation.

**2. Background and Context**

[Wunan Foundation](#) is a long-established and highly respected Aboriginal organisation that has been delivering services and leading reform in the East Kimberley for more than 20 years. Wunan's mission is to improve the lives of Aboriginal people by driving socio-economic change in the region.

Indigenous people in the East Kimberley are among the most disadvantaged in Australia. It is well-known that the region has very high levels of long-term welfare dependency relative to the wider Australian community.

Over many decades, many in the East Kimberley had begun to accept as 'normal' the consequent high levels of social dysfunction, including widespread alcohol and drug abuse - much of it funded by the cash welfare system.

Chronic substance abuse in the region has led to a raft of catastrophic social outcomes, including high levels of family violence, child abuse and neglect, escalating rates of crime and physical assault, increasing incidence of Fetal Alcohol Syndrome Disorder (FASD), and one of the highest suicide rates in the world (see Appendix 1).

It was in this increasingly harrowing social context that myself and two other local Aboriginal leaders wrote to the then Parliamentary Secretary to the Prime Minister, The Hon. Alan Tudge MP, in July 2015, urging him to select Kununurra and Wyndham as trial sites for a Cashless Debit Card for all working all working-age welfare recipients (see Appendix 1).

Wunan and other local Aboriginal organisations saw the trial as a catalyst for change - a way of beginning to break the cycle of poverty and despair in the region that had become so entrenched. As we set out in our letter:

*As a group of Aboriginal leaders in the East Kimberley, we have formed a clear view that without **radical change**, including welfare reform, the circumstances of Aboriginal people in our region will continue to deteriorate at an increasingly rapid pace.*

*[It] is our view that continuing to deliver the same programs we have delivered for the past forty years will do nothing for our people and, besides wasting more time and money, will condemn our children and future generations to a life of poverty and despair ... **We believe that this trial could be the catalyst for breaking the cycle of poverty and despair in the East Kimberley.***

In September 2015, I made a formal submission to the *Senate Committee Inquiry: Social Security Legislation Amendment (Debit Card Trial) Bill 2015* (see Appendix 2). In that submission, data on the social consequences of high levels of long-term welfare dependency – including family and other violence, alcohol-related health issues, FASD, child abuse and neglect, and suicide – were provided.

This data told the story of a highly dysfunctional community in which children and old people were suffering and a high percentage of Aboriginal people were living in crisis:

#### **East Kimberley Data Snapshot: 2015-16**

- **Family violence is widespread in the Kimberley.** The rate of family and domestic violence incidents reported to police has increased by a staggering 79.1 per cent over the past 5 years – the highest rate of increase in the State by a significant margin. In 2012-13, there were 100 reported incidents of family violence per 1000 people in the Kimberley, as compared to the next highest of 43 per 1000 in the South Eastern region (Western Australia's Family & Domestic Violence Prevention Strategy to 2022, *Achievement Report to 2013*, Department of Child Protection & Family Support). According to the World Health Organisation, excessive consumption of alcohol is a major contributor to the severity and frequency of intimate partner violence (WHO Alcohol Factsheet).

- The presence of domestic violence in a family also increases the likelihood of child abuse and neglect (Tomison, *Exploring Family Violence: Links between Child Maltreatment and Domestic Violence*, 2000). **In the East Kimberley, Aboriginal children are being removed from their families due to abuse or neglect at an alarming rate.** According to the Department of Child Protection (WA), 100 per cent of children in foster care in the East Kimberley are Aboriginal (*Distribution of Aboriginal Children in Care – Country Districts, 30 June 2015*) and 6 per cent of all Aboriginal children in the East Kimberley are in care.
- **Fetal Alcohol Spectrum Disorder is becoming increasingly common in communities throughout the East Kimberley.** While health authorities are unable to quantify exact numbers, due to difficulties with diagnosis, they do acknowledge that the rate of FASD in Aboriginal children in the Kimberley is significantly higher than in non-Aboriginal children (*Kimberley: Population and Health Status*, Rural Health West). The *WA Aboriginal Child Health Survey* (2001) found that one in five Aboriginal mothers in the Kimberley drank alcohol during pregnancy.
- There are **significant numbers of children who stay awake all night roaming the streets (and sleep during the day instead of attending school), rather than returning to homes where they are unsafe.** Operation SHARP (Safely Home with a Responsible Person) was a joint agency initiative led by the WA Department for Child Protection in Kununurra in June 2012, focusing on young people/children on the streets at night, non-attendance at school or disengagement, and parental capacity/responsibility. According to the Department’s then Director General, Terry Murphy, over a one-week period contact was made with 125 children who were spending their nights on the street and 35 families were identified for ongoing support (Department of Child Protection, Media Response, 22 February 2013).
- **The Kimberley has one of the highest suicide rates in the world.** The third highest cause of preventable death for Aboriginal people in the Kimberley between 1997 and 2007 was suicide (*Kimberley: Population and Health Status*, Rural Health West), followed closely by alcohol-related disease. Western Australia has an Aboriginal suicide rate of 35.8 per 100 000 Aboriginal people. In the Kimberley, this rate increases to 70 per 100 000 people. This compares to an overall national rate of 11 per 100 000 people (‘The smaller a community, the less likely suicide’, *The Stringer*, 25/11/2014).
- **The hospitalisation rate for assault in Kununurra is 68 times higher than the national average,** as a result of alcohol-fuelled violence (ABC Lateline, 16 July 2015). According to WA Police data, in 2013-14 in Western Australia there were 1456 offences against the person for every 100 000 people. The Kimberley region had offence rates against the person 4.5 times that of Western Australia overall (6500 per 100 000) (from data published at - <http://www.police.wa.gov.au/Aboutus/Statistics/Crimestatistics/tabid/1219/Default.aspx>).

Wunan Foundation understands that to some – particularly those who have no direct or lived experience of the devastation and social dysfunction in the East Kimberley caused by long-term welfare dependency and poverty – our support of the Cashless Debit Card trial was an unpopular position to take. However, as one of the leading Aboriginal development organisation in the region, Wunan recognised that **a radical shift in public policy was required to protect our people – especially the vulnerable – from further catastrophic harm.**

The Cashless Debit Card trial was never seen by us as a ‘silver bullet’ that would, on its own, solve the deeply entrenched issues of disadvantage and social dysfunction in the region. Rather, it was

seen as an important *first step* in disrupting 'business as usual'. That is, it would be a way to begin to break the cycles and systems (including intergenerational welfare dependency) that have so spectacularly failed Aboriginal people in the East Kimberley over many decades.

Wunan Foundation and other Aboriginal organisations in the region strongly believed that the **Cashless Debit Card trial represented an opportunity to begin the process of social change** - the first part of a complex and long-term project designed to empower Aboriginal people to participate fully in the social and economic life of the region.

### **3. Pathway to Empowerment: From Crisis through to Change**

Wunan Foundation has been actively engaged in advocating for social change and welfare reform for many years, including as part of the Empowered Communities process. It is our view that welfare reform is a key part of moving our people from a position of never-ending crisis and dependency to one of strength and stability. We know that it is only from a position of stability that people can begin to make real, positive and lasting change in their lives. The Cashless Debit Card was seen as a first step in a more comprehensive strategy of change.

In 2015, when calling for the CDC trial, Wunan estimated that as many as **40 per cent** of Aboriginal people of working age in the East Kimberley were living in crisis, stuck in a never-ending cycle of poverty, substance abuse and despair. The Cashless Debit Card trial was seen as a potential 'circuit breaker' that could support people to escape from that cycle – a first step in a more comprehensive strategy of raising expectations and challenging the status quo.

In 2016, I distributed a theory of social change for the East Kimberley that distilled my decades of lived experience working with local Indigenous people and governments, into an easy to understand [animation](#), which is based on supporting people to move through Four Quadrants - from Crisis to Change. I urge Committee Members to take the time to view this animation, as it provides a sense of perspective that might otherwise be missed.

The Cashless Debit Card trial fits into my Four Quadrants theory of social change as a central first step in helping to move people out of never-ending crisis to a position of stability, from where they can be supported to develop a stable enough platform to create meaningful and sustained change in their lives. This stable platform provides a foundation on which they can build and strengthen family and other relationships, restore good physical and mental health, gain financial stability, and develop a clear role and purpose in life through employment and/or caregiving.

Living in permanent crisis makes positive change impossible. This is my view based on decades of experience and also the view of any frontline worker who deals with the reality of trying to assist people in perpetual crisis.

My [Pathway to Empowerment animation](#) shows the Cashless Debit Card trial as a metaphorical 'pulley system' in the centre of the Four Quadrants, a mechanism that can support people to move out of Crisis and begin to create lasting change in their lives.



Fig. 1 Screenshot from Ian Trust's Four Quadrants Animation

Local people have a far greater prospect of being able to move from Crisis to Change with the Cashless Debit Card because it creates a disruption to the previously never-ending crisis of welfare dependency and consequent alcohol and substance abuse.

This disruption to the way things have been in the East Kimberley for decades has created a different conversation locally, one in which personal change is now seen as possible. People who have been in the crisis quadrant for so many years are now discovering that they can have power in their own lives.

It has also created a different type of discussion locally among Indigenous organisations and our partners. A discussion not focussed on whether there is a problem or not, but about what we need to do together to make change a reality.

#### 4. The impact of the Cashless Debit Card on the ground in the East Kimberley

It is Wunan Foundation's view that, more than four years on from the beginning of the CDC trial, circumstances in the East Kimberley today represent an improvement on the lived experience of people before the trial began in April 2016.

Most frontline workers in Kununurra would agree with Wunan's view that things are better today than they were before the CDC was introduced, notwithstanding that there are continuing challenges. We accept that there are some people with deeply held ideological or political views who reject the CDC 'on-principle' and these people will point to all the things that are still challenges for our community as a justification for their opposition. The reality is that many challenges persist because they have been so many decades in the making and will take decades to turnaround.

At the time that the CDC was introduced, frontline workers reported to Wunan that they were seeing improved nutrition among many of their clients and seeing children (often their clients) with their parents in local supermarkets buying groceries for the first time. Many frontline workers described a drop in some of the most severe impacts associated with substance abuse and vulnerable people being able to take action to remove themselves from high-risk situations as a result of period of relative stability in their lives, due to the amount of alcohol and drugs having been significantly restricted.

Apart from the accounts of frontline workers, there is comprehensive evidence that the introduction of the CDC is associated with a reduction in problematic behaviours, such as substance abuse and gambling. This evidence is set out below and can be found in the Explanatory Memorandum to the Bill.

The 2017 Evaluation of the Cashless Debit Card trial sites in the East Kimberley and Ceduna found that the card 'has been effective in reducing alcohol consumption and gambling in both trial sites and is also suggestive of a reduction in the use of illegal drugs' (Orima Research 2017, p.9).

The 2017 Evaluation also concludes that 'findings show some evidence that there has been a consequential reduction in violence and harm related to alcohol consumption, illegal drug use and gambling' (p.9).

Importantly, the Evaluation included a quantitative survey of over 1,000 respondents across the trial sites, which indicate a substantial improvement in the target outcomes of reducing rates of substance abuse and gambling. Some key outcomes from the Evaluation's Wave 2 (May and June 2017) research findings are set out below:

- 43% of the survey participants in the East Kimberley who drank reported drinking less after the implementation of the CDC (p.44)
- 53% of survey participants in the East Kimberley who used drugs reported using drugs less after the introduction of the CDC (p.51)
- 49% of survey participants or gambled reported gambling less often (p.56).

These outcomes represent significant first steps in moving people in the East Kimberley from living in crisis to becoming stabilised, as per Wunan's Four Quadrants theory of social change.

We note that the Regulatory Impact Statement within the Explanatory Memorandum to the Bill for the proposed legislation includes the following point about the broader evidence base in support of welfare reform:

'The Government has commissioned seven evaluations of Income Management, the findings of which have supported the development of Income Management in its current form. These evaluations have indicated improvements for Income Management participants and their families, including:

- protection against financial harassment including unreasonable or excessive demands from family and community members to provide money or other goods
- ability to stabilise financial circumstances;
- housing stability; and
- improved health and wellbeing outcomes for children' (p.3)

We also note that the Federal Government has set out some of the early findings from the second Impact Evaluation done by the University of Adelaide in the Explanatory Memorandum to the Bill.

These findings also provide evidence that the Cashless Debit Card has reduced alcohol consumption, gambling and drug abuse with the qualitative interviews including reports that cash previously used for gambling had been redirected to essentials, such as food.

Perhaps most encouraging of all is the view expressed by trial participants about whether the introduction of the Cashless Debit Card has improved the situation on the ground:

“These early findings from the FES Draft Second Impact Evaluation state that **45 per cent of participants surveyed reported the card had improved things for themselves and their family** (either sometimes, most, or all of the time)’ (Explanatory Memorandum, Regulatory Impact Statement section, p.29). **In the case of the East Kimberley, the figure was even higher at 50 per cent** (p. 29) [*emphasis added*].

Another positive change noted in the first Evaluation Report, but that has not been widely commented upon, is that perceptions of community safety in the East Kimberley increased from 4.2 out of 10 before the trial began, to 5.7 out of 10 at the end of Wave 2 of the first trial period. This is a considerable improvement in just 14 months and is a noticeable change for people living in our community. This type of change is vital to whether or not people want to live in our community and can go about their daily lives without feeling unsafe. It is also an important factor in whether or not businesses want to invest, and whether or not tourists want to visit the region.

The Department of Social Services (DSS) advises that food and groceries make up the largest category of spending for CDC participants in the East Kimberley. In the most basic sense, Wunan believes that more money provided through the welfare system is now going towards essentials – this means more food in the stomachs of our kids and old people and better nutrition overall for local families.

This is what we always hoped would happen. Better nutrition is associated with a more stable life and it is from point of stability that people can begin to take the steps to move from crisis to permanent change.

#### *COVID-19 and increased welfare payments*

When welfare payments were significantly increased as a result of the COVID-19 pandemic – in most cases doubling – the evidence from transaction data provided to Wunan by the Department of Social Services (DSS) in October 2020 indicates that there was a broadly proportionate increase in spending on groceries and other basic household expenditure categories in the trial sites.

This means that the CDC is doing what Wunan hoped for when we called for it to be introduced in 2015. Even in circumstances where welfare payments have been significantly increased, the card is ensuring that a continuing large proportion of those funds are being used to provide for the essentials of life – food, utility bills, transport costs, clothes and shoes.

While anecdotally we are aware that there have been some local issues associated with the extra cash component in the community, the impact of this has not been as severe as might have been the case without the CDC, as has been seen in some Kimberley locations that do not have the CDC.

While some reading this might think this is no big deal and that of course more money going to welfare recipients would mean more money being spent on groceries and household essentials, this is not automatically the case in remote parts of Australia where there has been a long history of welfare dependency and substance abuse. We do not have to look too far to see examples of where the COVID-19 pandemic additional welfare payments have been associated with increased alcohol

abuse, conflict with police and emergency responders, and widespread violence within Aboriginal communities.

Appendix 4 of this Submission is an ABC news article from the West Kimberley (which does not have the CDC) entitled 'COVID-19 cash linked to booze binges, violence in Northern WA'. The article sets out in detail the link between the extra welfare payments and increased social harm. It quotes the Indigenous CEO of a local Aboriginal Community as saying the following:

"There are some of us that use our money wisely, but there are some that just spend it on other things like alcohol and drugs," she said.

"It's exhausting because we have to put up with the loud music and there's more domestic violence.

"We are thinking of the safety of the children and the elders that are in the community.

"There are kids not going to school because of partying keeping them awake all night, because they're hanging around with drunkards."

The ABC journalist goes on in the article to write that:

"The bank transfers have earned the nickname 'piss and pot payments' in some circles in the Kimberley — a tongue-in-cheek reference to what the extra money can be spent on."

The local WA Police Officer-in-Charge is also quoted as follows:

"There is a lot more money and a lot more people from the remote communities in town at the moment, and some are cashed-up and buying alcohol," he said.

"Our Aboriginal Community Liaison Officers are out there talking to people and the clear message I'm getting back is that they're here for one purpose, which is to buy full-strength alcohol.

"On two occasions we have had to stop full-strength alcohol sales, due to out-of-control gatherings, large numbers of itinerant people from out of town gathered and drinking heavily, and then fighting and assaulting police.

"It's actually quite sad and traumatic for those involved, and also for the emergency responders that have to deal with it, so I'm hoping sooner or later we can collectively as a community try to sort this out for the betterment of everyone."

The situation he is describing is one we know all too well in the East Kimberley. It is precisely this type of uncontrolled, societally damaging and chaotic situation that was the catalyst for myself and other Indigenous leaders in the East Kimberley to back the Cashless Debit Card as first step to making lasting change.

It is Wunan's view that, without the Cashless Debit Card in the East Kimberley, it is certain that the significant increase in welfare payments as a result of the pandemic would have exacerbated issues of Indigenous disadvantage and social dysfunction in much the same way as is set out in the ABC News article, with our children and old people being particularly vulnerable to harm.



## 5. Cashless Debit Card: A first step that is helping to unlock further change

The Cashless Debit Card trial has been a catalyst for further change in the region and its implementation has created more serious discussion among local people about how to continue the process of social change.

In supporting the introduction of the CDC, local Indigenous leaders had refused to accept that the 'status quo' was all there was for our people. The CDC triggered a different discussion, with an explicit recognition that to effect lasting change we had to do things differently.

I am often quoted as saying 'if you want things you've never had before, you have to do things you've never done before'. Slowly but surely, the conversation locally is becoming 'what will work to deliver change?', rather than 'why do we need to change anything?'. The cooperation of local Indigenous people through the East Kimberley Empowered Communities process is an example of how the introduction of the CDC has driven closer relationships and greater effort among local Indigenous organisations and our partners to improve the lives of local Aboriginal people.

While to some this may seem insignificant, to us it represents an important step forward in the dynamic in the local community – from resigned acceptance to hope. This mood for change – and an interest from government in partnering with us to make things happen – has been important for us to be able to put in place complementary measures and initiatives aimed at reducing social harm and increasing economic opportunity.

### (i) *Driving further positive social reform: halving of daily alcohol takeaway limits*

After the card was introduced in the East Kimberley in early 2016, Wunan Foundation then initiated and led a research project into the impact of alcohol on social harm in the East Kimberley as a further step in a broader strategy of change.

This project formed part of a Wunan submission to the Director of Liquor Licensing requesting a halving in the maximum daily takeaway alcohol limit in Kununurra and Wyndham (see Appendix 3). As a result of the CDC trial, Wunan was able to build strong partnerships with frontline government agencies whose work is directly impacted by the social dysfunction in the region, including the groups listed below:

1. Kununurra Hospital (WACHS)
2. WA Police Kununurra
3. Child Protection
4. Juvenile Justice
5. St John Ambulance

These partnerships enabled the collection of data, and some very disturbing case studies, which formed the substance of the submission. Much of the content of this submission was shocking and underlined the urgent need for change

In November 2017, after an inquiry into the matters raised in Wunan's submission, the WA Director of Liquor Licensing made a determination that daily alcohol takeaway maximum limits in Kununurra and Wyndham would be halved as of 4 December 2018.

This is a change that is strongly complementary to the introduction to the Cashless Debit Card. The resolve from Wunan and cooperating local agencies to build on the introduction of the CDC created the circumstances in which this reform was possible.

*(ii) Local Employment Initiatives creating positive pathways for local Indigenous people*

In tandem with the announcement of the Cashless Debit Card trial in Kununurra and Wyndham, and as part of a comprehensive strategic program of change, Wunan Foundation was pursuing two important employment initiatives designed to support people to move from welfare into work, and from crisis to stabilised.

First, Wunan developed a partnership with Coles Kununurra with the explicit aim of increasing Indigenous employment at the store. The key targets of the initial partnership were to place up to 30 Indigenous jobseekers into work at Coles and maintain a 50 per cent retention rate over six months.

Prior to the partnership, Coles Kununurra had never had more than 3 Indigenous employees at any one time. At the end of June 2016, there were a total of 16 Indigenous employees. By 2018, 27 Indigenous people were employed at Coles Kununurra and the public face of the store became much more reflective of the local community.

This initiative has gone from strength to strength. Indeed, it has been so successful in the East Kimberley that it has now expanded into the West Kimberley at Broome. When it began, the Indigenous employment rate at Coles in Broome was 7.5 per cent – by 2018 it had grown to 23 per cent.

This change is having a much bigger impact than the numbers alone indicate. Aboriginal people buying groceries now see other Aboriginal people working at the supermarket when they go there with their kids. Non-Aboriginal people when they buy their groceries are often served by Aboriginal people, which changes local perceptions, raises expectations of what is possible, and builds societal cohesion.

In addition to this Indigenous employment partnership with Coles, Wunan and other local Indigenous groups, have also supported the establishment of an initiative that aims to create 100 entry-level jobs for local Indigenous people as part of our broader efforts to create a pathway for people to move from crisis into stability.

These local employment initiatives are creating a ‘tipping point’ in which more local Indigenous people are employed and seen to be employed, shifting the perception of local people – Aboriginal and non-Aboriginal – and creating a ‘new normal’ in which Indigenous workforce participation is as unremarkable as non-Indigenous workforce participation.

*(iii) Ongoing development initiatives – increasing service delivery for local people, growing Indigenous social enterprises, driving improvements in local Indigenous housing.*

Recognising that there is still a long way to go in improving the lives of local Aboriginal people, as it has done for more than 20 years, Wunan has continued to develop and deliver initiatives in Education and Housing. These measures are designed to support local Aboriginal people to move from welfare into work, and into a positive and independent future.

Wunan continues to pursue the growth of our social enterprises as a way of moving away from government funding support over time and to increase employment opportunities for local Aboriginal people.

## 6. Conclusion

To those who are cut off from realities of life in places like the East Kimberley, where poverty, welfare dependency and disadvantage continue to tragically limit the lives and aspirations of so many Indigenous people, the idea that people might feel unsafe in their own community or be living in crisis, to the point where their children are not being fed or nurtured, is hard to fathom. But that has been a reality for many Aboriginal people living in the East Kimberley.

The Stage 1 Final Evaluation Report found that ‘of people with caring responsibilities surveyed, 40 per cent reported being able to better care for their children since the program started, and 39 per cent reported being more involved in homework and school; and 45 per cent of participants reported being able to save more money than before being a participant, up from 31 per cent reported in the Wave 1 Interim Evaluation Report’ (Explanatory Memorandum, Regulatory Impact Statement section, p.9).

In terms of moving from Crisis to Stability in my Four Quadrants theory of social change, this is strong evidence that people are gradually gaining more control over their own lives and, without the crippling hindrance of substance abuse, are making better choices for themselves and their families. As the above data shows, many participants are increasingly feeling the benefit of the positive changes in their lives.

In fact, **50 per cent of CDC trial participants in the East Kimberley reported that the card had improved things for themselves and their family** (either sometimes, most, or all of the time). This view from participants themselves should not be dismissed lightly, given the natural reticence of people to change long-established patterns and some organised opposition from those who disagree with the introduction of the card. My own view is that support for the CDC will continue to grow locally as outcomes improve and more people begin the journey from crisis to change, with the ongoing support from local Indigenous organisations and our partners in government and the private sector.

We urge those people who have no lived experience of the catastrophic social harm faced by Aboriginal people in the region to read Wunan’s 2016 submission to the Western Australian Director of Liquor Licensing in Western Australia calling for a halving of the daily alcohol takeaway limit in the region (Appendix 3). The relationship between cash welfare payments and substance abuse is powerfully set out in this document, including some harrowing case studies from frontline workers that powerfully illustrate the tragic consequences for Aboriginal people, families, communities and culture.

The outcomes from the Cashless Debit Card trial in the East Kimberley offer something that too often has been elusive in Indigenous communities in remote parts of Australia – hope.

Wunan’s view is that the evidence so far provides a strong foundation on which to move the Cashless Debit Card from a trial to an ongoing form of welfare delivery in Kununurra and Wyndham.

We note that there are critics of the Cashless Debit Card who say that there is no evidence that it works. Given the data presented above, they are clearly wrong.

As mentioned above, Wunan and other local Aboriginal organisations never saw the CDC as a silver bullet that would solve many decades of entrenched social dysfunction. Rather, we saw it as a rejection of the status quo and a first step in the direction of positive change.

We accept there are those who cannot bring themselves to support the Cashless Debit Card because of their own ideological views. Wunan has never been motivated by ideology. Wunan is motivated by a powerful desire to improve the lives of Aboriginal people through driving social change in our region.

The 'freedom' agenda, which argues that people should be able to spend their welfare payments on whatever they want, is surely eclipsed by the human rights of the vulnerable children and old people in the East Kimberley. The right to live free from violence, hunger, and despair. And the right to live full and independent lives.

Similarly, we can only assume that those who believe that welfare can only ever be a 'good thing' have never lived in those parts of remote Indigenous Australia, such as the East Kimberley, where welfare dependency, alcohol and drug abuse, gambling and family violence are tearing peoples' lives apart and destroying tens of thousands of years of culture.

At the coal face of Indigenous social disadvantage in the East Kimberley, Wunan does not have the luxury of these types of ideological obsessions.

While it may be fascinating to some academics and commentators to endlessly examine the data in the East Kimberley and elsewhere and look for reasons to support their ideological opposition to the Cashless Debit Card, sadly this does not improve the life of a single local Indigenous person.

Wunan believes that this type of external analysis and commentary simply serves to cripple Indigenous leadership and undermines the efforts of Indigenous leaders who are making the hard decisions to try to make change in their communities.

For our part, for more than 20 years we have been driven by our mission to improve the lives of Indigenous people in the East Kimberley. It is our community and we know what will work and what will not. Since the Cashless Debit Card was introduced, along with the suite of other measures that have followed, many initiated by Wunan, we can see very clearly that there has been an improvement in our community. We want to see this change continue.

Wunan's resolute leadership on the Cashless Debit Card in Kununurra and Wyndham has changed the conversation from one of defeat (and an acceptance of the status quo) to one that now sees change as possible.

We urge all Members of the Commonwealth Parliament to match our own local efforts with your political leadership at the national level by supporting this legislation.

Ian Trust  
Executive Chair

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24 July 2015

The Hon. Alan Tudge MP  
Parliamentary Secretary to the Prime Minister  
Parliament House  
CANBERRA ACT 2601

Dear Mr Tudge

Thank you for the opportunity to meet with senior Officers of your Department in Kununurra earlier this month and for their follow up letter to us of 20 July 2015.

We appreciate you providing, via the Department, an outline of how the Government's restricted debit card trial would work. The purpose of this letter is to confirm our strong support for Kununurra to be selected as a trial site and to indicate to you that we have met with Halls Creek Indigenous Leaders in the last week to discuss the trial. They have asked us, on their behalf, to also indicate to you their strong support for the trial taking place in their community and we support their request to be included.

One element of the proposed trial that we strongly support is the concept of a local community panel that would be able to vary the amount of payment sent to the restricted card when an individual is doing the right thing and is prepared to enter into an agreement in relation to their ongoing behaviour.

As you know, Kununurra – and the East Kimberley region more generally – has extremely high levels of welfare dependency and severe social dysfunction, including chronic alcohol addiction, domestic violence, suicide, crime, and child abuse and neglect.

As a group of Aboriginal leaders in the East Kimberley, we have formed a clear view that without radical change, including welfare reform, the circumstances of Aboriginal people in our region will continue to deteriorate at an increasingly rapid pace.

It is our vulnerable children and old people who will bear the heaviest burden if this is allowed to occur. Our children will continue to be removed from their families because their families are not safe, many of our children will be born with FASD and never be able to receive a good education, and a large percentage of our people will go to prison and, in some cases, commit suicide.

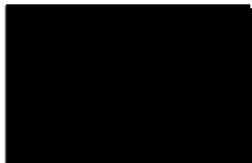
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We acknowledge that agreeing to the East Kimberley being a trial site for the restricted debit card may seem to some a rather drastic step. However, it is our view that continuing to deliver the same programs we have delivered for the past forty years will do nothing for our people and, besides wasting more time and money, will condemn our children and future generations to a life of poverty and despair. As leaders in the East Kimberley, we cannot accept this.

While we understand that there will always be political differences surrounding any significant public policy change, we urge Federal Members of Parliament from all sides to listen to us on this matter and take a non-partisan position in order to allow this trial to proceed. We believe that this trial could be the catalyst for breaking the cycle of poverty and despair in the East Kimberley.

We look forward to engaging positively with you on the details of the implementation of the trial and also finalising our discussion in relation to the associated package of services and economic and social development initiatives to be implemented locally.

Yours sincerely



Ian Trust  
Executive Chairman  
Wunan Foundation



Desmond Hill  
Chairperson  
MG Corporation



Ted Hall Jr  
Chairperson  
Gelganyem Trust

cc. The Hon. Jenny Macklin MP, Shadow Minister for Social Services



17 September 2015

Committee Secretary  
Senate Standing Committee on Community Affairs  
PO Box 6100  
Parliament House  
Canberra ACT 2600

Dear Secretary

**Senate Committee Inquiry: Social Security Legislation Amendment (Debit Card Trial) Bill 2015**

Wunan Foundation is a well-established and respected Aboriginal development organisation in the East Kimberley. Our goal is to improve the lives of Aboriginal people in the region by driving socio-economic change, including welfare reform.

Wunan strongly supports the proposed trial of a Restricted Debit Card for all working-age welfare recipients in the East Kimberley. Indigenous people in the East Kimberley are among the most disadvantaged in Australia. The ABS SEIFA data (2011 Census) confirms that the Wyndham East Kimberley and Halls Creek LGAs are in the bottom 10 per cent of all LGAs in Australia. It is well-known that the region has very high levels of long-term welfare dependency relative to the wider Australian community.

The East Kimberley experiences consequent high levels of social dysfunction, including widespread alcohol and drug abuse - much of it funded by welfare payments. Chronic substance abuse in the region has led to a raft of catastrophic social outcomes:

- Family violence is widespread in the Kimberley. In fact, the rate of family and domestic violence incidents reported to police has increased by a staggering 79.1 per cent over the past 5 years – the highest rate of increase in the State by a significant margin. In 2012-13, there were 100 reported incidents of family violence per 1000 people in the Kimberley, as compared to the next highest of 43 per 1000 in the South Eastern region (Western Australia's Family & Domestic Violence Prevention Strategy to 2022, *Achievement Report to 2013*, Department of Child Protection & Family Support). According to the World Health Organisation, excessive consumption of alcohol is a major contributor to the severity and frequency of intimate partner violence (WHO Alcohol Factsheet).



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- The presence of domestic violence in a family also increases the likelihood of child abuse and neglect (Tomison, *Exploring Family Violence: Links between Child Maltreatment and Domestic Violence*, 2000). In the East Kimberley, Aboriginal children are being removed from their families due to abuse or neglect at an alarming rate. According to the Department of Child Protection (WA), 100 per cent of children in foster care in the East Kimberley are Aboriginal (*Distribution of Aboriginal Children in Care – Country Districts, 30 June 2015*) and 6 per cent of all Aboriginal children in the East Kimberley are in care.
- Fetal Alcohol Spectrum Disorder is becoming increasingly common in communities throughout the East Kimberley. While health authorities are unable to quantify exact numbers, due to difficulties with diagnosis, they do acknowledge that the rate of FASD in Aboriginal children in the Kimberley is significantly higher than in non-Aboriginal children (*Kimberley: Population and Health Status*, Rural Health West). The *WA Aboriginal Child Health Survey (2001)* found that one in five Aboriginal mothers in the Kimberley drank alcohol during pregnancy.
- There are significant numbers of children who stay awake all night roaming the streets (and sleep during the day instead of attending school), rather than returning to homes where they are unsafe. Operation SHARP (Safely Home with a Responsible Person) was a joint agency initiative led by the WA Department for Child Protection in Kununurra in June 2012, focusing on young people/children on the streets at night, non-attendance at school or disengagement, and parental capacity/responsibility. According to the Department's then Director General, Terry Murphy, over a one-week period contact was made with 125 children who were spending their nights on the street and 35 families were identified for ongoing support (Department of Child Protection, Media Response, 22 February 2013).
- The Kimberley has one of the highest suicide rates in the world. The third highest cause of preventable death for Aboriginal people in the Kimberley between 1997 and 2007 was suicide (*Kimberley: Population and Health Status*, Rural Health West), followed closely by alcohol-related disease. Western Australia has an Aboriginal suicide rate of 35.8 per 100 000 Aboriginal people. In the Kimberley, this rate increases to 70 per 100 000 people. This compares to an overall national rate of 11 per 100 000 people ('The smaller a community, the less likely suicide', *The Stringer*, 25/11/2014).
- The hospitalisation rate for assault in Kununurra is 68 times higher than the national average, as a result of alcohol-fuelled violence (ABC Lateline, 16 July 2015). According to WA Police data, in 2013-14 in Western Australia there were 1456 offences against the person for every 100 000 people. The Kimberley region had offence rates against the person 4.5 times that of Western Australia overall (6500 per 100 000) (from data published at - <http://www.police.wa.gov.au/Aboutus/Statistics/Crimestatistics/tabid/1219/Default.aspx>).

The above data tells the story of highly dysfunctional communities in which children are suffering and communities are unsafe. This situation cannot be allowed to continue. We appreciate that to some – particularly those who do not have direct experience of the social dysfunction in the East Kimberley – the introduction of a Restricted Debit Card may seem a drastic step. However, as one of

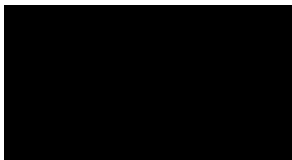
the leading Aboriginal development organisations in the region, it is our strong view that without radical change, the circumstances of our people will continue to deteriorate at an increasingly rapid pace.

We believe that a Restricted Debit Card, which will severely limit people's ability to purchase alcohol and drugs, is likely to significantly reduce social dysfunction, including family violence, child abuse and neglect, and crime. In Kununurra, takeaway alcohol is not available on Sundays and local police report that this results in a massive reduction in incidents. Alcohol sales are also restricted on any other day that local police feel is likely to see increased alcohol intake (funerals, football finals, etc.), which has a similar effect. For example, when alcohol sales were severely restricted during a recent Friday night football final, Kununurra Police revealed that there was a 90 per cent reduction in call-out 'incidents' in the town compared with a usual Friday night ('Booze-sale ban slashes cop call-outs', *Kimberley Echo*, 3 September 2015).

Wunan has been actively engaged in discussions on broader issues of welfare reform in the East Kimberley for several years now. It is our view that welfare reform is the key to moving people from a position of crisis to one of stability – and we know that it is only from a position of stability that people can be supported to make positive and lasting change. As the statistics above indicate, the situation in our region is dire. Too many of our people are living broken lives and our most vulnerable – our children and old people – are paying the price. Without radical reform the future looks grim.

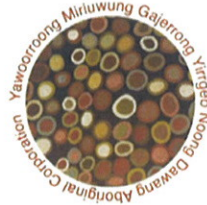
Wunan strongly believes that the proposed Restricted Debit Card trial could be the catalyst we need to break the devastating cycle of poverty and despair in the East Kimberley. We urge all Members of the Federal Parliament to support this measure.

Yours sincerely



Ian Trust  
Executive Chairman

*Encl.* Letter to The Hon. Alan Tudge MP, Parliamentary Secretary to the Prime Minister, from Wunan Foundation, Gelganyem Trust and MG Corporation



24 July 2015

The Hon. Alan Tudge MP  
Parliamentary Secretary to the Prime Minister  
Parliament House  
CANBERRA ACT 2601

Dear Mr Tudge

Thank you for the opportunity to meet with senior Officers of your Department in Kununurra earlier this month and for their follow-up letter to us of 20 July 2015.

We appreciate you providing, via the Department, an outline of how the Government's restricted debit card trial would work. The purpose of this letter is to confirm our strong support for Kununurra to be selected as a trial site and to indicate to you that we have met with Halls Creek Indigenous Leaders in the last week to discuss the trial. They have asked us, on their behalf, to also indicate to you their strong support for the trial taking place in their community and we support their request to be included.

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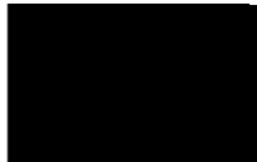
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Yours sincerely



Ian Trust  
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Wunan Foundation



Desmond Hill  
Chairperson  
MG Corporation



Ted Hall Jr  
Chairperson  
Gelganyem Trust

cc. The Hon. Jenny Macklin MP, Shadow Minister for Social Services



15 December 2016

The Hon. Colin Barnett MLA  
Premier of Western Australia  
Parliament House  
GPO Box A11  
Perth WA 6837

Dear Premier

I wanted to let you know personally that Wunan Foundation recently wrote to the WA Director of Liquor Licensing, Mr Barry Sergeant, to ask him to consider urgently a proposal to halve the daily takeaway alcohol limit in Kununurra. My letter to Mr Sergeant is attached.

Under the current takeaway alcohol 'restrictions', an individual person can purchase two cartons of full-strength beer or six bottles of wine per day – which many regularly do. This level of consumption causes extreme levels of intoxication, which results in terrible consequences for individuals, families, and our wider community. People too often become so inebriated that they lose all sense of themselves and everyone around them and the people who suffer most as a result are our children and old people.

The daily limit is clearly far too high to have any impact on daily alcohol abuse and the devastation it causes here. Over the past five months, Wunan and its research and evaluation company Social Compass have been working closely with frontline services in Kununurra – WA Police, Youth Justice, Kununurra Hospital, Child Protection & Family Support and St John Ambulance – to gather data and case studies on the impact of alcohol on their caseloads. The attached *Report into the Impact of Alcohol on Social Harm in Kununurra* has been developed as part of this collaborative process.

This Report graphically illustrates the central role that alcohol abuse plays in causing unacceptable levels of social harm in this town. The data clearly show that chronic alcohol abuse has led to a raft of catastrophic social outcomes, including widespread family violence and crime, child abuse and neglect, increasing FASD in babies, high rates of emergency presentations and chronic health problems, homelessness, and one of the highest suicide rates in the world.

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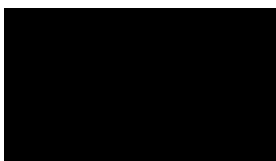
Some of the most disturbing stories and statistics in the report include the following:

- During the reporting period (July to November 2016), of the 11 Ambulance callouts for self harm (5), hanging (3) and stabbings (4), 100 per cent were alcohol related.
- Of all domestic violence and other assaults reported to police during the reporting period, 84 per cent were alcohol related.
- *“When we entered the house there was gambling going on and someone was breastfeeding a baby while drinking from a bottle of Jim Beam. Two intoxicated adults were having sex and there was a little kid sitting right beside them. A window had been completely smashed in and a group of little kids, a 7 month old and a couple of one year olds were walking and crawling over the broken glass.”* Frontline worker, St John Ambulance, Kununurra
- *“At 6pm one night we attended a house after a report of a young woman in her mid-twenties with an injury to her head. The young woman was extremely intoxicated and she was also pregnant. When the officers conducted a breath test on the woman, the reading was 0.33, which is extremely high – she would have had to drink more than four bottles of wine to get such a high reading.”* Frontline worker, Kununurra Police.
- *“We got a result back from Chronic Disease Prevention Directorate – a five year old girl with gonorrhoea here in Kununurra ... everyone gets drunk and passes out without making sure that their kids are in a safe house. So anyone can do anything to these kids, because nobody is protecting them or caring for them. It’s disgusting. Your worst nightmare.”* Frontline worker, Child Protection & Family Support, Kununurra

Alcohol abuse is destroying our community and our culture – and devastating the lives of our children. Myself and other local Indigenous leaders are taking the difficult decisions – such as supporting the Federal Government’s Cashless Debit Card Trial – to try to get this crisis under control, but we can’t do it alone.

We need you and other political leaders to back our efforts to make real change and protect the most vulnerable in our community. We urge you to support our request to halve the daily takeaway limit in Kununurra and use your critical political leadership role to support our efforts to end the cycle of alcohol fuelled violence, abuse and neglect in our community.

Yours sincerely



Ian Trust  
Executive Chairman

cc. The Hon. Mark McGowan, Leader of the Opposition; The Hon. Brendon Grylls, Leader of the National Party





15 December 2016

Barry Sergeant  
Director of Liquor Licensing  
PO Box 6119  
East Perth WA 6892

Dear Director

This letter follows up on a discussion we had in the middle of this year in relation to a request by Wunan Foundation and local frontline agencies to halve the current takeaway alcohol limit in Kununurra and Wyndham.

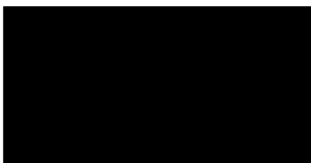
During that discussion, you asked Wunan to write to you about the matter and provide some evidence about the extent of alcohol-related social harm in the region and why we believe that halving the current restrictions would help reduce this, along with other measures.

I have attached a Research Report put together by Wunan Foundation in collaboration with local frontline agencies – WACHS, St John Ambulance, Kununurra Police, Youth Justice and DCPFS – that are engaged every day in dealing with the terrible impact of alcohol abuse on vulnerable women, children and old people.

The attached Report tells the story of a community in crisis as a result of chronic alcohol abuse. Wunan believes that a halving of the current takeaway restrictions, particularly if introduced as part of a holistic suite of measures – including the Cashless Debit Card and the Takeaway Alcohol Management System – would have the effect of significantly reducing alcohol abuse and associated harm in Kununurra.

I look forward to your response at your earliest convenience.

Yours sincerely



Ian Trust  
Executive Chairman



# The Case for Increased Restrictions on the Sale of Alcohol in Kununurra & Wyndham

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## Executive Summary

Data and case studies collected between **July and November 2017** (the reporting period) by Wunan Foundation, in partnership with WACHS, Kununurra Police, St John Ambulance, Youth Justice Services and the Department of Child Protection and Family Support, incontrovertibly proves the link between daily high levels of alcohol consumption and disturbingly high levels of social harm in Kununurra. For those working on the frontline, and those who live here, this is not surprising

While the research clearly links alcohol and social harm, it also powerfully demonstrates that the higher or more serious the level of social harm (e.g. suicide, murder, assault, child abuse) the higher the likelihood of alcohol being a significant contributing factor.

The following statistics and case studies from Kununurra powerfully demonstrate this point:

1. During the reporting period, of the 11 Ambulance call outs for self-harm (5), hanging (3) and stabbings (4), **100 per cent were alcohol-related**
2. Of all domestic violence and other assaults reported to police, **84 per cent were alcohol-related**
3. **A five year old girl in Kununurra tested positive for gonorrhoea** this year – she and five other children from the same ‘drinking family’, all of whom had gonorrhoea, were removed (Child Protection & Family Support, Kununurra)
4. “Because of **the level of alcohol abuse in Kununurra, we have 32 officers working here** - in what is essentially a small country town of 5000 people” (Kununurra Police)
5. “Babies are born with FASD all the time in Kununurra. It’s very, very common. **Almost a whole generation is being wiped out.**” (Kununurra Hospital)
6. The Kimberley experiences disproportionate levels of alcohol-related harm that **far exceed the State average** (WA Drug & Alcohol Authority, 2012)

Wunan, with the assistance of our social research and evaluation firm, Social Compass, has also examined the academic literature in relation to the effectiveness of alcohol restrictions as a strategy to reduce alcohol-related social harm in Indigenous communities.

We contend that there is strong evidence that restricting the supply of alcohol is associated with reduced social harm. In particular, Wunan points to the following outcomes from evaluations of alcohol restrictions elsewhere in Australia to demonstrate their effectiveness:

1. A **58 per cent reduction in the total number of assault offences** in Halls Creek post-restriction (Akesson 2011)
2. A **45 per cent reduction in hospital admissions in Fitzroy Crossing** post-restriction (Powe 2014)
3. On Groote Eylandt **anti-social behaviour decreased by 74 per cent** after alcohol restrictions were introduced and **property crime decreased by 68 per cent** (Koori Mail 2010)
4. International evidence shows that **restrictions on the supply of psychoactive substances are effective in reducing consumption and associated harm** (Loxley et al 2004, Gray & Wilkes 2010)
5. “Kununurra has a long history of alcohol-related harm, predating the liquor restrictions imposed in 2011, and despite the restrictions, the locality is still experience a significant level of alcohol-related harm ...” (Kimberley Accommodation (East) Pty Ltd - which owns Hotel Kununurra and its bottle shop outlet - arguing against an application for a third liquor outlet in Kununurra, quoted in Liquor Commission of Western Australia Decision LC 09/2016)

Given the clear evidence of a direct relationship between high levels of alcohol consumption and concomitant high levels of social harm in Kununurra and Wyndham and the academic research that demonstrates the effectiveness of alcohol restrictions in areas facing similar issues, Wunan Foundation contends that there is a powerful case for trialling a halving of the existing take-away alcohol limits.

Wunan contends that the key questions for the State of Western Australia and the Director of Liquor Licensing to consider are:

1. Should this appalling situation be allowed to continue or should the proposed further restrictions be put in place to reduce devastating alcohol-related harm in the region?

### What is Wunan asking for?

In late 2015, Wunan and other local Aboriginal organisations called for Kununurra and Wyndham to be trial sites for the Federal Government's Cashless Debit Card (CDC), in an attempt to address alcohol-related harm in this community. On 26 April 2016, the card was introduced and early indications are that it is having a positive impact. However, the card alone will not be enough to address the extremely high level of social harm caused by alcohol abuse in Kununurra.

Wunan contends that the following actions are required.

1. That the Director of Liquor Licensing agrees to halve the current takeaway alcohol limit in Kununurra and Wyndham, from two to one carton of full-strength beer and from six bottles of wine to three bottles of wine per person per day.
2. That the current Take Away Alcohol Management System (TAMS) trial, which commenced in the Shire of Wyndham East Kimberley in December 2015, is extended so that individuals are not able to purchase more than the daily limit by attending at different outlets on the one day.

We propose that this is trialled as part of a holistic approach to the problem – Cashless Debit Card, further alcohol restrictions, and a continuation of TAMS – from 26 April 2017. This would allow Year 1 data in relation to the Card and then Year 2 data on the combination of the Card and further restrictions.

This request follows an attempt by Wunan Foundation, other local community organisations, the Shire of Wyndham East Kimberley and the frontline agencies referred to in this report to have this measure agreed through the local Liquor Accord earlier in 2016. Despite widespread support, the community's desire to have the daily limit halved was overruled by the liquor interests in Kununurra.

## Background

In February 2011, under Section 64 of the *Liquor Control Act 1988*, restrictions were placed on the sale and supply of packaged (or take-away) alcohol in Kununurra and Wyndham. These included limits on takeaway alcohol purchases, including reduced trading hours and restrictions on the amount that could be purchased by an individual from Monday to Saturday (with no sales on Sunday).

Prior to the mandated restrictions, Kununurra and Wyndham licensees and service providers negotiated a range of voluntary restrictions and conditions on the sale of alcohol. These included:

- Restricting the availability of cask wine and fortified wine after 5:00pm (the sale of alcohol with alcohol content greater than six per cent in containers greater than 1L was prohibited by the Director of Liquor Licensing in March 2009 across the Kimberley)
- Stopping the sale of 750ml bottled beer (the sale of all takeaway beer in individual glass containers of more than 400ml was prohibited by the Director of Liquor Licensing in March 2009 across the Kimberley)
- Stopping the sale of packaged liquor at the request of police during funerals and special events.

The current daily takeaway limit is two cartons of full-strength beer or six bottles of wine or one litre of spirits per person. There is currently widespread debate in Kununurra in relation to reducing the daily takeaway alcohol limit as local frontline services, organisations and agencies continue to report and respond to the worsening social impacts of very high daily levels of consumption.

Wunan Foundation has worked closely with frontline agencies in Kununurra, all of which have the task of responding to the terrible impacts of daily binge drinking in Kununurra, to collect data and case studies to illustrate our contention that the high level of social harm here is causally linked with the high level of daily alcohol consumption.

This Report provides the findings of the research. Specifically, that there is significant social harm occurring in Kununurra as a result of alcohol abuse and that the higher the level of harm (child abuse, stabbing, murder, suicide), the stronger the association with alcohol abuse.

High Alcohol Consumption = High Levels of Harm

*“People out in the wider community don’t really know what goes on. But when you’re in a role like this, you see the abuse and neglect and violence and it’s horrifying. Not too long ago we went to a house to treat a person with an injured leg. When we entered the house there was gambling going on and someone was breastfeeding a baby while drinking from a bottle of Jim Beam. Two intoxicated adults were having sex and there was a little kid sitting right beside them.”*

Frontline officer, St John Ambulance

It is well documented that alcohol-related problems compromise individual and social health, and wellbeing. For example, excessive alcohol consumption has been shown to contribute to a range of social problems such as premature deaths; lower workplace productivity; health problems; alcohol-related violence and crime; and negative impacts on families and communities (Nagel et al 2009, Wilson et al 2010, AIHW 2011, Minter Ellison 2015).

International evidence suggests that, within a given population, there are **strong associations between the amount of per capita alcohol consumed, the prevalence of drinking, the proportion of heavy drinkers and the levels of alcohol-related problems that occur** (Edwards et al. 1995; WHO 2000; Babor et al. 2010).

*“Some officers attended a house at 6pm one night recently after a report of a young woman in her mid-twenties with an injury to her head. The young woman was extremely intoxicated and was also pregnant. When the officers conducted a preliminary breath test on the woman, the reading was 0.33, which is extremely high – she would have had to drink more than 4 bottles of wine to get such a high reading. This young woman was so badly affected by alcohol that she wasn’t even able to explain how she had hurt her head. This very high alcohol concentration in a pregnant woman is just unbelievable and, as we all know, extremely dangerous for the unborn baby... ”*

Frontline officer, Kununurra Police

In relation to Western Australia specifically, research shows that the consumption of alcohol is greater than in the general Australian community (AIHW 2005). Western Australian per capita alcohol consumption in 2004/05 was estimated to be 12.66 litres per person (Xiao et al. 2008), which is significantly above the national average of 10.29 litres (ABS 2010). Western Australia also has an above

average share of the population consuming alcohol at rates in excess of the National Health and Medical Research Council (NHMRC) guidelines (AIWH 2005).

As overall alcohol consumption in a population rises, levels of alcohol-related harm increases and, as a result, the financial costs associated with those harms also increase. A reduction in per capita alcohol consumption, however, is likely to be indicative of a reduction in the prevalence of heavy alcohol use, reductions in preventable alcohol-related harms and a corresponding reduction in the associated financial burden (South Australian Centre for Economic Studies 2010).

In the East Kimberley region, research conducted by Rachelle Irving (2014) showed that of Indigenous people who consumed alcohol, many drank more than 40 standard drinks per week. The majority of respondents who drink consume *at least* 8.4 standard drinks per day, and often this pattern is repeated on several days per week.

*“Binge drinking facilitates suicides and attempted suicides and we have attempted or threatened suicides presenting at the hospital in Kununurra every single night. Almost all of the people who are brought in are alcohol affected. Most of the people attempting suicide are young. We see a lot of teenagers, probably more girls than boys, and the incident is often triggered by something fairly minor, like an argument with their parents or with a boyfriend or a friend. We just experienced two suicides in Kununurra this past weekend. One was late teens and one was early twenties and alcohol was involved in both.”*

Frontline officer, Kununurra Hospital

In 2012, the Western Australian Drug and Alcohol Authority claimed that the Kimberley region of Western Australia experiences disproportionate levels of alcohol-related harm that far exceed the State average. For example:

- In 2010, 26.8 per cent of Kimberley residents aged 16 years and over reported drinking at levels that placed them at high risk of short-term harm compared with 17.8 per cent of the State population. In the same year, 56.3 per cent reported drinking at levels that placed them at high risk of long-term harm compared with 38.8 per cent of the State population
- Between 2005 and 2009, the rate of alcohol-related hospitalisations in the Kimberley Health Region was 4.3 times higher than the corresponding State rate. Alcohol-related hospitalisations for the Shire of Wyndham-East Kimberley alone were 4.7 times higher than the corresponding State rate. Wyndham-East Kimberley residents were hospitalised a total of 968 times for alcohol-related conditions between 2005 and 2009. They consumed 3,014 bed days (81 per 1,000 persons) at a cost of \$4,089,550 (\$109.85 per capita)
- Between 2005 and 2009, the total rate of alcohol-related hospitalisations for Aboriginal people living in the Kimberley region was significantly higher (1.5 times) than the corresponding State

rate. The highest rate of alcohol-related hospitalisations in the Kimberley region was for 'assaults' (11.1 times higher than the State rate)

- The rate of all alcohol-related deaths for Aboriginal people in the Kimberley was significantly higher (1.2 times) than the corresponding State rate
- At a regional level, the rate of alcohol-related deaths for Aboriginal people was significantly higher than the non-Aboriginal rate (2.8 times).

*"We attend suicides and attempted suicides frequently in Kununurra and surrounding communities. Most of the people involved are badly affected by alcohol. As soon as the Ambulance arrives, people from around the street often descend on the house and sometimes things get extremely violent and volatile. We have drunk people yelling and screaming 'I'm gonna hang myself, I'm gonna hang myself', while the victim is lying there dead. It's just chaos."*

Frontline officer, St John Ambulance

Creative Spirits claims that Aboriginal people who consume very high levels of alcohol often face one or more of the following consequences:

- Death due to alcoholic liver cirrhosis or suicide - the average age of death from an alcohol-related cause is about 35
- Violence, brawls and fights - women often hesitate to report violent men for fear of yet more deaths in custody
- Health problems - alcohol is a major risk factor for health problems such as liver disease, pancreatitis, diabetes and some types of cancer. Many medical conditions cannot be properly treated because of alcohol addiction
- Community breakdown - this can also manifest in lack of community support for the drinker
- Social problems - for example low self-esteem, lack of direction
- Family breakdown - adults neglect their children as alcohol becomes their main focus
- Financial problems
- Theft or crime which is much higher for Aboriginal people than for white people
- Fetal Alcohol Syndrome (FAS) or Fetal Alcohol Spectrum Disorder (FASD)
- Accidents and death such as from motor vehicle accidents, falls, burns and suicide
- Unemployment

<http://www.creativespirits.info/aboriginalculture/health/aboriginal-alcohol-consumption#ixzz4BbuLccww>).



*“We are already losing a group of teenage boys and girls who are now so immune to the drinking and violence that they have begun to see it as a normal part of their culture. They’ve grown up seeing it and it’s now so normalised for them that when we say to them it actually isn’t, they can’t see it. As sad as it sounds, I think we’ve already lost a huge cohort of young people because it’s almost impossible to bring them back from that point. If we don’t do something now, we are basically giving up on every baby and toddler we see being pushed around in a pram today. The truth is we **can** do something about it, but only if we do it **now**.”*

Frontline officer, Juvenile Justice Services

## 2016 Data Collection (Kununurra)

Between **July and November 2016** frontline agencies in Kununurra collected data in relation to incidents within their portfolios to identify where alcohol was a factor. The following section provides a summary of the data collected by each agency.

### *St John Ambulance, Kununurra*

1 August – 31 October 2016

*“All of our call outs – apart from patient transfers and tourists – centre around alcohol abuse. The majority of them are related to domestic violence incidents at people’s houses – and it can be extreme violence perpetrated by an uncle, a husband, a partner.”*

Frontline officer, St John Ambulance

- 11 call outs were for self-harm (5), hanging (3), stabbings (4) and 100 per cent were alcohol related
- 32 call outs (21 per cent) were in relation to assaults and of these 81 per cent were alcohol related
- 4 call outs were for head injuries and 100 per cent of these were alcohol related
- The quietest day of the week for the service across the period was Sunday, with 7 of the 13 Sundays recording zero call outs. Sunday is the only day in Kununurra when takeaway alcohol is not available

*“We attended to treat an intoxicated person and while we were doing so, another very drunk person came out of the house carrying a six-month-old baby by one foot. The baby was screaming and the adult holding the baby was yelling abuse and swearing at the other person involved in the fight, not even seeming to notice that she was holding the baby by one foot.”*

Frontline officer, St John Ambulance

### *Kununurra District Hospital*

1 September – 30 November 2016

*“Alcohol abuse has a major impact on Kununurra Hospital. The thing that most stands out to me are the many, many children being born with FASD here. Almost a whole generation is being wiped out in this town. It’s very, very common. We see pregnant women who come in drunk. If they perhaps don’t show up for their antenatal appointments and we go out to bring them in, they very often arrive here with their big bellies and they’re rolling around the place drunk. Absolutely not uncommon – we see this every week.”*

Frontline officer, Kununurra Hospital

*“Here in Kununurra, we don’t see alcoholism in the same way as we do in other areas of the country. It mostly seems to be extreme daily binge drinking, rather than chronic addiction. For example, if the people we see have to go without alcohol for a day or two, they don’t experience the withdrawal symptoms we’d normally see, like seizures and so on.”*

Frontline officer, Kununurra Hospital.

### *Kununurra Police 1 August – 31 October 2016*

*“Unless we do something about alcohol consumption in Kununurra immediately, things are just going to get worse and worse. We need to do something in a hurry.”*

Frontline officer, Kununurra Police

- 214 domestic violence and other assaults recorded for the reporting period
- 84 per cent (180) of all domestic violence and other assaults were alcohol related
- The average incident rate over the reporting period is 2.3 incidents per day
- On Sundays, when takeaway alcohol is unavailable, the average incident rate drops to 0.7 incidents per day – that is, the incident rate drops by 70 per cent

*“Domestic violence is still on the increase and alcohol is involved in most of these incidents. Very often both the victim and the perpetrator are drunk. Because of the level of alcohol abuse in Kununurra, we have 32 officers working here - in what is essentially a small country town of 5000 people. Where I was last stationed in a town of 30 0000, I only had 24 officers. That’s an illustration of just how significant the impact of alcohol is in terms of violence and crime in this town.”*

Frontline officer, Kununurra Police

Additional policing reports find the following in relation to domestic violence assaults only:

- In 2014, 183 domestic violence assaults (on average 0.5 per day) were recorded and 77 per cent (141) were alcohol related
- In 2015, 245 domestic violence assaults (on average 0.6 per day) were recorded and 77 per cent (188) were alcohol related
- In 2016, up to 24 October, 258 domestic violence assaults (on average 0.9 per day) were recorded and 76 per cent (196) were alcohol related
- Of all domestic violence assaults 77 per cent are alcohol related and of all other assaults 91 per cent are alcohol related
- At the current rates for the reporting period over the course of one year DV and other assaults would total 840
- At the current rates for the reporting period, if every day was Sunday, over the course of one year domestic violence and other assaults would total 256 – which would represent a reduction of around 70 per cent

*“People are able to purchase and consume such a high volume of alcohol every day and then they get so drunk that they don’t appreciate what they’re doing and what the consequences might be. We have an average of two suicides or attempted suicides a week that we attend, most involving alcohol.”*

Frontline Officer, Kununurra Police

### *East Kimberley Regional Youth Justice Services*

*“If I put a blindfold on you and took you to one of these ‘drinking houses’ and then took the blindfold off, you’d be convinced you were in a third world country. It really is that bad. It’s a massive social issue. There is no denying, absolutely no denying, 100 per cent, that alcohol is such a massive problem here that if we go some way towards dealing with it the effect on kids’ lives will be palpable. If we can at least start getting these kids fed and safe, and then maybe get them going to school, that would be a start.”*

Frontline officer, Youth Justice

Information was provided at a point in time (for the month of August) and tested again at the end of October. There were no differences in trends or outcomes and therefore as a generalised finding over the trial period the results are valid.

There were 27 young people being case managed by Youth Justice Services in Kununurra at the time of the data collection. A very high proportion of these young people were living in families where alcohol abuse is a major problem and they were not being properly cared for, even on the most basic level.

*“[Kids] are breaking into houses and going straight to the fridge to find food or water and leaving valuable items, like iPads and phones, behind. They break in purely to find something to eat – and when we ask them why, they’ll tell us they haven’t eaten for two or three days. When you start working with these kids and look at the family circumstances, you can see the affect that the alcohol abuse is having on the kids.”*

Frontline officer, Youth Justice

Case Managers report seeing increasing evidence of the presence and impact of Fetal Alcohol Spectrum Disorder (FASD) in children and young people in Kununurra.

They also report that the relationship between binge drinking and family violence, child neglect and/or abuse is a substantial concern impacting young people and safety in the home and within the community.

*“Every one of these kids, even the most hardened ones, if you look hard enough, you can still see the kid inside them. We had a young boy report into the office yesterday as part of his mandatory report in. He was full of scabies and was filthy and unkempt, so we took him down to the doctor. Of course, that’s what you’d expect his family to be doing, but they are too focused on alcohol. They’re either drinking or sleeping it off, and aren’t even capable of providing the most basic care to their kids.”*

Frontline officer, Youth Justice

### *Department of Child Protection and Family Support*

*“We can’t keep up with the workload. Everybody in my team is at the maximum number of cases that they are allowed to have. There’s all this domestic violence going on in families here, but we are only able to look at about 10 per cent of the cases. Only the most serious ones – and in almost every case, alcohol is the cause. We have 155 kids in care in the East Kimberley, all of them are Indigenous. Well over 100 of these children would have been taken because of chronic alcohol abuse by their families.”*

Frontline officer, Department of Child Protection & Family Support

The data available from the Department is similar to Youth Justice Services in that of the 158 children in the East Kimberley in out of home care (as at 27 July 2016) alcohol, as the primary reason for removal, is not easily determined because of the way the Department records information and keeps data. Anecdotally, the feedback from Departmental staff is that alcohol abuse and the resulting social harm is very often a contributing factor in the removal of children from their families.

*“[This] little boy, who knows me, sat down on the couch and I could see tears in his eyes. I asked him if he wanted to go home now and he shook his head. When I asked why, he just said “Mum drunk”. Do you want to go to your aunty’s? Another shake of his head, “Drunk”. All the adults were drunk, so he didn’t even want to go home. I was worried that something had happened to him so we brought him into care straight away and took him to the doctor for an examination. He had gonorrhoea. Ten years old.”*

Frontline officer, Department of Child Protection & Family Support

The Department reports a decrease in domestic violence notifications as a result of the current alcohol restrictions, which were introduced in 2011. It also reports that reductions in child protection notifications are instant when there are funerals and takeaway alcohol outlets are shut. This is supported by policing data in Kununurra. It is clear that in the region the relationship between alcohol and child abuse and neglect is very strong and that this is having devastating effects on children in the East Kimberley.

*“One very sad case was a fourteen year old boy who was sexually assaulted by a group of drunken men. They put a bag over this boy’s head and all assaulted him together. This boy was severely traumatised, but he wasn’t able to identify the men because they’d put the bag over his head. He thought he knew who some of them were by the sounds of their voices. A few months later, when he was fifteen, he was drinking at a party and got very drunk. We think that some of the men who’d assaulted him might have been at the party, because this young boy went outside while everyone else was inside drinking and committed suicide. He hung himself from a tree.”*

Frontline officer, Department of Child Protection & Family Support

## Summary

The above data and the accompanying case studies (see Appendix 1 for full versions) are clear evidence of a community in crisis. The current daily alcohol takeaway limit is so high that people are able to drink until they lose all sense of reason, and this is having a devastating impact on the most vulnerable members of our community.

Frontline services in Kununurra, which have to deal with the horrific consequences of this high daily consumption (including child abuse, murders, assaults, suicides, and so on), are all calling for further restrictions. In fact, according to senior officers within all of these agencies, unless something is done about the high level of alcohol consumption among Indigenous people in Kununurra urgently, a whole generation will be lost.

Wunan contends that the evidence is clear that alcohol abuse on the scale that is occurring in Kununurra causes high levels of social harm. The question is whether or not further restrictions on the availability of takeaway alcohol will make a difference. Wunan has asked its social research and evaluation company, Social Compass, to review the literature and provide us, as part of a wider analysis, with relevant examples of where alcohol restrictions have proved effective in limiting social harm in Indigenous communities. This is provided below.



## Alcohol Restrictions – Do They Work?

International evidence shows that restrictions on the supply of psychoactive substances are effective in reducing consumption and harms (Loxely et al 2004, Gray and Wilkes 2010). As in many other countries, the sale and consumption of alcohol in Australia is subject to State and Territory legal restrictions for who can sell alcohol and at what times, where it can and cannot be consumed, and the age at which persons can legally purchase it (Calladine 2009). In addition to these general constraints, various state and territory liquor licensing authorities have introduced additional local strategies aimed at reducing supply and, thus, consumption and related harm (Chikritzhs et al 2007, Calladine 2009, d'Abbs and Togni 2000).

Alcohol restrictions that are supported by community leaders and businesses can also be effective. Margolis et al. (2011) reported that the rate of serious injury in four remote Indigenous communities in Queensland, as measured by Royal Flying Doctor Service injury retrieval data, dropped from 30 per 1,000 in 2008 to 14 per 1,000 in 2010, coinciding with the tightening of alcohol restrictions.

Over the last decade, various Aboriginal communities across Western Australia have imposed bans on alcohol sales with 18 communities across the State currently subject to Section 175 liquor bans. The first community, the Wangkatjunta community south of Fitzroy Crossing imposed a ban on all alcohol sales except light and mid-strength beer in October 2007. The ban came about after Aboriginal women lobbied desperately because of a high number of deaths that occurred in Fitzroy. After the initial five-month period the ban was extended and, recently with community backing, has been extended further to April 2019. A month after its implementation, local Aboriginal leaders were claiming that rates of domestic violence, injuries and drunkenness and anti-social behaviour had already been reduced and an increase in grocery shopping had been witnessed. Data gathered by service providers also showed a reduction in arrest rates and hospital admissions (Boase 2007).

Across the Kimberley other communities followed, including Aboriginal community, Oombulgurri, which became a dry community in November 2008 after the suicide of five Aboriginal people. The liquor ban came into effect after a Western Australian coroner found that both alcohol and sexual abuse had been factors in the suicides (cited in Creative Spirits <http://www.creativespirits.info/aboriginalculture/health/aboriginal-alcohol-consumption#ixzz4BbuLccww>).

Following this, Halls Creek also introduced an alcohol ban in 2009. A review of the first 12 months found “a dramatic reduction in noise, anti-social behaviour, litter and street drinking” (The University of Notre Dame 2010b) and a “significant” reduction in alcohol-related incidents involving police, alcohol-related injuries and presentations at the hospital and a 70 per cent reduction in the number of people who came to the Halls Creek Sobering Up Centre.

According to the research and evaluations (including anecdotal evidence from community leaders), alcohol bans have produced the following immediate positive outcomes:

OUTCOME	EXAMPLE
Fewer incidents of domestic violence, assaults, injuries, drunkenness and anti-social behaviour.	<p>In Fitzroy Crossing, there has been a 27 per cent reduction in alcohol-related violence (Powe 2014)</p> <p>In Groote Eylandt anti-social behaviour decreased on (Northern Territory) by 74 per cent after alcohol management initiatives, property crime decreased by 68 per cent and (Koori Mail 2010).</p>
Reduction in police callout rates and arrests.	<p>In Wangkatjunka, arrests reduced by almost one third in the first month of restrictions (Boase 2007).</p> <p>In Norseman, an overall 10.3 per cent reduction in total police tasks attended to in the 12 months after the restrictions (Schineanu et al 2010).</p> <p>In Groote Eylandt, the numbers of people in protective custody dropped by 90 per cent (Koori Mail 2010).</p>
Fewer and less serious hospital admissions.	<p>In Fitzroy Crossing, there has been a reported 45 per cent reduction in hospital admissions (Powe 2014)</p> <p>The Queensland community of Woorabinda reported a drop from 11 to one hospital admissions per quarter for assault when the community went dry in 2008  <a href="http://www.creativespirits.info/aboriginalculture/health/aboriginal-alcohol-consumption#ixzz4BbuLccww">http://www.creativespirits.info/aboriginalculture/health/aboriginal-alcohol-consumption#ixzz4BbuLccww</a></p> <p>Norseman (WA) reported more than 60 per cent fewer hospital admissions (Schineanu et al 2010).</p>
Fewer suicides	<p>In Fitzroy Crossing suicides before the ban were as high as one per month (Boase 2007)</p>
School attendance rises	<p>In Fitzroy Crossing school attendance increased by more than 14 per cent (Boase 2008)</p>

In addition, community anecdotes report the following:

- An increase in voluntary and early health care seeking behaviour (flu vaccine, regular blood glucose testing) (Schineanu 2010)
- Improvements in nutrition (eating breakfast and healthy home cooked food regularly, making financial arrangements for children’s school lunches) (Boase, 2007, Schineanu 2010)
- An increase in participation in family, community and sporting activities (Schineanu 2010)
- Some give up alcohol completely and move back to their homelands outside of towns (Koori Mail 2009)

- Increase in purchase of food instead of alcohol (Boase 2007)
- Community members feel safer (Boase 2007).

Specific to the Kimberley region, there have been rigorous evaluations of alcohol restrictions in Fitzroy Crossing, Halls Creek and Kununurra / Wyndham. The findings are summarised here.

### *1. The Case of Fitzroy Crossing*

An evaluation conducted by The University of Notre Dame (2010a) two years after the implementation of the alcohol restrictions in Fitzroy Crossing showed that there were ongoing benefits from the alcohol restrictions which included:

- Reduced severity of domestic violence
- Reduced severity of wounding from general public violence
- Reduced street drinking
- A quieter town
- Less litter
- Families purchasing more food and clothing
- Families being more aware of their health and being proactive in regard to their children's health
- Reduced humbug and anti-social behaviour
- Reduced stress for service providers
- Increased effectiveness of services already active in the valley
- Generally better care of children and increased recreational activities; and,
- A reduction in the amount of alcohol being consumed by Fitzroy and Fitzroy Valley residents.

In addition, service providers reported that, overall, there has been a reduction in:

- Ambulance call-outs
- Violence and abuse toward staff on call-outs to communities
- Cases of attempted self-harm
- After-hours presentations
- Presentations of people harmed by domestic violence; and
- Overall trauma due to alcohol abuse

### *2. The Case of Halls Creek*

In Halls Creek, an evaluation conducted by Notre Dame University (2010b) 12 months post-implementation found that, overall, people noted a positive change in the community that had brought health and social benefits, including:

- Fewer people drinking alcohol
- Fewer alcohol-related incidents requiring a police response
- Fewer alcohol-related injuries and presentations at the hospital
- Service providers felt that they were able to be more effective in supporting their clients and that community members were more engaged in bringing about positive changes
- Older people were pleased that young people were not drinking as much and behaving as violently

The number of reports of violence to the Halls Creek police fell by 16.5 per cent in the 12 month period post-restriction when compared to the same period pre-restriction. Since the introduction of the restrictions in May 2009, the total number of reported assault offences in the town has decreased by 32 per cent and there has been a 36 per cent decrease in the number of reported alcohol-related assaults. Furthermore in the first 12 months of restrictions, domestic violence decreased by 25.9 per cent and alcohol-related sexual assaults fell by 46 per cent.

At the 24 month mark, a quantitative review conducted by Akesson (2011) showed the following outcomes:

- Police tasking in Halls Creek has halved over the 24 months post-restriction, decreasing from 2,058 tasks pre-restriction to 1,027 tasks in post-restriction period 2.
- The number of drink driving charges pre-restriction was more than three times higher than post-restriction periods 1 and 2 (265 pre-restriction compared with 80 for each corresponding post-restriction period)
- Since the introduction of the restriction, the total number of assault offences has decreased by 58 per cent, from 278 pre-restriction to 188 and 116 in post-restriction periods 1 and 2 respectively.
- Alcohol-related assault offences fell from 243 incidents pre-restriction to 156 and 86 incidents in post-restriction periods 1 and 2 respectively
- Compared with the pre-restriction period, alcohol-related presentations to the Halls Creek Emergency Department fell by 34 per cent in post-restriction period 1 and a further 45 per cent in post-restriction period 2
- Since the introduction of the restriction, triage category 4 presentations have decreased by a total of 61 per cent and category 5 presentations by a total of 68 per cent over the 24 3 month post-restriction period. More severe alcohol-related presentations (categories 1 and 2) have remained relatively stable pre and post-restriction

### *3. The Case of Kununurra and Wyndham*

The current restrictions on the sale and supply of packaged (or take-away) alcohol which came into effect in Kununurra and Wyndham in February 2011 under Section 64 of the Liquor Control Act 1988 have also been evaluated. Prior to the mandated restrictions, Kununurra and Wyndham licensees and service providers negotiated a range of voluntary restrictions and conditions on the sale of alcohol. These included:

- Restricting the availability of cask wine and fortified wine after 5:00pm (the sale of alcohol with alcohol content greater than six per cent in containers greater than 1L was prohibited by the Director of Liquor Licensing in March 2009 across the Kimberley)
- Stopping the sale of 750ml bottled beer (the sale of all takeaway beer in individual glass containers of more than 400ml was prohibited by the Director of Liquor Licensing in March 2009 across the Kimberley)
- Stopping the sale of packaged liquor at the request of police during funerals and special events.

During the months of August and September 2011, the Drug and Alcohol Office (DAO) reviewed the impact of the above restrictions after six months of implementation by collecting and comparing quantitative and qualitative information from service providers, businesses and individuals. The following was found in both Kununurra and Wyndham.

- There was general agreement that drinking had become less visible in and around the towns since the restrictions. This includes fewer itinerant drinking camps and less street drinking
- Sundays and Mondays are noticeably quieter post-restriction, with significantly reduced litter and vandalism. Improvements in community engagement and service delivery on Mondays in particular are attributed to the no take-away sales on Sundays
- There has been no notable increase in the amount of alcohol being brought into town via transport companies and/or Australia Post
- Incidents involving domestic disputes, public disturbances, street drinking and assaults resulting in visits to the hospital emergency department are generally occurring later at night

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## Appendix 1: CASE STUDIES

### Frontline Officer, Western Australian Country Health Service – November 2016

Alcohol use has a major impact on Kununurra Hospital. The thing that most stands out to me are the many, many children being born with FASD here. Almost a whole generation is being wiped out in this town.

Babies are born with FASD all the time here in Kununurra. It's very, very common. We see pregnant women who come in drunk. If they perhaps don't show up for their antenatal appointments and we go out to bring them in, they very often arrive here with their big bellies and they're rolling around the place drunk. Absolutely not uncommon – we see this every week.

Usually babies born to these mothers are given to the mothers to take home. Child Protection has a very high threshold for taking children away from their families, because people are so concerned about another stolen generation.

In our daily work, we see the direct results of alcohol abuse – the main one is violence, especially domestic violence. We see that every single day here and the people perpetrating the violence, and often those suffering it, are almost always affected by alcohol.

You might start off with a husband coming in who's been stabbed by his wife and you wonder why on earth she's done such a thing. And then she comes in a bit later with her face kicked in and what's happened is that her husband or partner has collapsed in his alcoholic stupor, and she has perhaps taken revenge or something.

Violence is a daily thing at the hospital. Sundays are a bit better because there's not the takeaway alcohol available, so people can't get so drunk that they lose all sense of themselves. In the last 4 to 6 months (since the Cashless Debit Card) it's reduced, but we still see it several times every day. Violence in this town is massive and most of it is domestic violence. We see lots of broken bones, facial lacerations. There's often a weapon involved – like a stick or something, or a bit of furniture, or sometimes a knife. Very, very often the women who suffer the violence refuse to report it to Police, and we end up seeing them in here again and again and again.

When people come in very drunk and we test their blood alcohol level, it can be anywhere between 4 and 10 times the legal driving limit. They consume *enormous* amounts of alcohol and in many cases we can't assess their medical condition until they sober up. I would say the people who end up in here would have to be drinking much more than three or four bottles of wine in one drinking session.

Here in Kununurra, we don't see alcoholism in the same way as we do in other areas of the country. It mostly seems to be extreme binge drinking, rather than chronic addiction. For example, if the people we see have to go without alcohol for a day or two, they don't experience the withdrawal symptoms we'd normally see, like seizures and so on. They seem to be able to manage.

We have an extremely high rate of suicide in Kununurra and these are almost always linked to alcohol abuse. All attempted suicides come into the hospital and we usually test their blood for alcohol. Often what they've done has been a spur of the moment thing when they are disinhibited by the alcohol – it's like an automatic response, often triggered by something that seems very minor.

Binge drinking facilitates suicides and attempted suicides and we have attempted or threatened suicides presenting at the hospital in Kununurra every single night. Almost all of the people who are brought in are alcohol affected. Most of the people attempting suicide are young. We see a lot of teenagers, probably more girls than boys, and the incident is often triggered by something fairly minor, like an argument with their parents or with a boyfriend or a friend. We just experienced two suicides in Kununurra this past weekend. One was late teens and one was early twenties and alcohol was involved in both.

I've worked all over the world, and I have never worked somewhere where alcohol has been such a significant factor in presentations to the Emergency Department. Kununurra is the worst I've ever experienced.

What most affects me are the women who drink during pregnancy, and the children who are then born with FASD. These children are being born into this world with absolutely no hope of a normal life. And it's a lot of children. A very significant number of children in this town.

#### **Frontline Officer, St John Ambulance, Kununurra – November 2016**

All of our call outs – apart from patient transfers and tourists - centre around alcohol abuse. The majority of them are related to domestic violence incidents at people's houses – and it can be extreme violence perpetrated by an uncle, a husband, a partner. But the women never want to press charges – a woman can be beaten to a pulp, but she usually wants her partner to come with her to the hospital.

Recently, there were two suicides on one weekend in Kununurra. On one of those nights, we were called to a domestic violence incident as well. When we got there we saw two people fighting, each of them holding a small baby in one arm while fighting with the other. Both of the adults were in their late teens, early twenties, and both were very drunk. We saw that one of the babies had blood on its face, but we were able to ascertain that the baby wasn't injured, it was covered in blood from the person holding it. That's how serious the fighting was. The baby was well under one year old.

On another occasion we attended a domestic violence incident between two highly intoxicated people. A decision was made that we needed to take both of them to hospital. There were four or five small kids running around in the house. There was only one other adult there, who was also highly intoxicated. We didn't feel comfortable leaving the kids there with this person, so we called the police to attend. As soon as they arrived, they advised us that the remaining adult was on the registered sex offenders list and was not supposed to be in the house at all. The tragedy is that there was no parental or adult supervision of these children whatsoever. The extent of the dysfunction means that these kids have got no chance.

In another incident, we attended to treat a person and while we were doing so, another very drunk person came out of the house carrying a six-month-old baby by one foot. The baby was screaming and the adult holding the baby was yelling abuse and swearing at the other person involved in the fight, not even seeming to notice that she was holding the baby by one foot. We got Child Protection staff involved immediately and the child was removed.

A little while ago, we were called to a domestic violence incident out in a community. We were driving around for a while because we couldn't find which house it was. Suddenly two very drunk people came running out of a house, one of them being savagely beaten by the other. We were able to get the victim

into the back of the ambulance, and then the partner started bashing the ambulance with rocks and a stick, to try to get in and keep beating the partner.

People out in the wider community don't really know what goes on. But when you're in a role like this, you see the abuse and neglect and violence and it's horrifying. Not too long ago we went to a house to treat a person with an injured leg. When we entered the house there was gambling going on and someone was breastfeeding a baby while drinking from a bottle of Jim Beam. Two intoxicated adults were having sex and there was a little kid sitting right beside them. There was a window that had been completely smashed in and a group of little kids, a 7 month old and a couple of one year olds, were walking and crawling over the broken glass. These little ones were just too young to look after themselves or defend themselves. That was a terrible scene and it's really stuck with me.

We attend suicides and attempted suicides frequently in Kununurra and surrounding communities. Most of the people involved are badly affected by alcohol. As soon as the Ambulance arrives, people from around the street often descend on the house and sometimes the things get extremely violent and volatile. We have drunk people yelling and screaming 'I'm gonna hang myself, I'm gonna hang myself', while the victim is lying there dead. It can just be chaos, and sometimes the police have to call for reinforcements.

I come from a third world country (South Africa), and it compares very closely to that.

#### **Frontline Officer, East Kimberley Regional Youth Justice Services**

We deal with the kids, rather than directly with the adults, but we see the by-product of the drinking and the terrible impact it's having on these kids.

One of the main differences I've noticed here in the East Kimberley about the types of offences kids are committing, is that they are breaking into houses and going straight to the fridge to find food or water and leaving valuable items, like iPads and phones, behind. They break in purely to find something to eat – and when we ask them why they'll tell us they haven't eaten for two or three days. When you start working with these kids and look at the family circumstances, you can see the affect that the alcohol abuse is having on the kids. So we don't deal directly with the drinkers, but we deal every day with the product of that alcohol abuse and what it's doing to the kids.

For example, when our staff members visit a house to prepare a court report – they have to go in twos for safety reasons – they very often come back saying they couldn't do the court report that day (at say 10 or 11 o'clock in the morning) because every adult in the house was already drunk.

As a youth justice agency, that's the fallout that we're seeing from the alcohol abuse in this town. It's the wider impact it has. Look at the night patrol list and the ridiculous number of kids we have roaming the streets at night in Kununurra. When we talk to these kids on the streets at night and offer them a lift home, most of them tell us they don't feel safe going home because the drinking and fighting is taking place at their house.

The legal implication for some of these kids is that if they've been placed on bail to a particular premises, and then all the adults who live in that house are drinking and there's abuse and violence, the kids would rather run the gauntlet of dodging the police while they're on a curfew than stay in a place that they deem to be unsafe. Some of these kids elect to go to a premises that they deem to be a 'safe house', but they are not supposed to be at that house – they're abiding by the curfew, but in the wrong

house. They're doing the right thing but in the wrong place. If they get caught, they still have to go to court the next morning and be dealt with. And very often when we go to the house they are supposed to be staying in at 9 o'clock in the morning to find a 'responsible adult' to be with them in court, the adults in the house will either be sleeping it off or still drinking, and we can't bring them into court. The tentacles of alcohol abuse just keep reaching out and damaging these kids.

When these situations keep happening, it's only a matter of time before these young kids keep getting into trouble and burning all their bridges, when often they're actually breaking into houses to steal food. I read of one case recently where a young kid stole a bottle of water out of the fridge at Subway – it was 44 degrees outside that day and he had no money.

If we analyse this group of young kids who are from families that are abusing alcohol, it's very, very sad. If we can minimise that drinking, surely that flow on effect on young children will be less severe. We support anything that can be put in place to reduce the level of drinking, so that these kids can have some chance of a normal life.

The older boys, when they get to around 14 years old, want to be identified as being an 'adult', so they start drinking, like their parents and other adults they know do. That's what they've been exposed to and that's what they think an adult does. The expectation of the families is that 'you're a man now' and that means you start drinking with your family.

We have a 100 per cent Aboriginal client base at Youth Justice here in Kununurra. We follow these kids growing up from a very early age. Many of them know that you can't be prosecuted when you're under 10 years old, so some of the older ones are now getting the 7 and 8 year olds to commit crimes on their behalf. It's almost a Fagin-like situation. And if we've got kids that young starting to commit crime, then by the time they're 10 or 11 they're very well versed in offending behaviour, so their behaviour can escalate very quickly.

We use all sorts of diversion tactics, and smoke and mirrors, to try to delay their incarceration and the reason we try so hard to do that is that down in Banksia Hill detention centre, life is actually a lot better for them than it is here. If they're living in a house where they're scared of the drinking, the drugs and the violence and we take them down to Banksia Hill, they are very well cared for. The staff love the kids, they get four meals a day, they get pocket money for doing chores, they have their own shower and toilet, they're bedding is changed whenever they want, and they're safe.

Particularly the girls, they actually like being sent to bed at 8pm to watch TV under their clean doona, with their toiletries all lined up that nobody's going to steal, and they feel safe. Many of them feel homesick at first, but if they need to talk to somebody about it, a nurse will come up and sit on the bed with them, give them a hug and listen to them. They're clean and fed, they can play sport, they have medical attention when they need it - it's a life that they just do not recognise. That's why I say to my staff that we have to fight to keep these kids out of incarceration as long as we can, because we don't want to lose them into a system that they feel is so much better than their own home.

When the kids we deal with go into Banksia Hill, they get fit, they get healthy, they get fed. We had our local Magistrate in open court say it breaks her heart to see how happy and healthy these kids come back from being incarcerated. We have a young girl we've just sent back down there – this is a young girl who was so traumatised and disengaged that she wouldn't make eye contact, wouldn't talk to you. But when I went to visit her in Banksia Hill when I was down in Perth, I couldn't find her in the crowd – they



were playing basketball in the gym – and she saw me. In front of all of her peers and the staff she screamed across the basketball court and ran across to me and gave me a big hug. She couldn't wait to tell me about her room and what she'd been doing in school and how great the teachers were. I spent about 45 minutes with her there and she was just so animated. But when she was released, she came back to Kununurra and went back into the same family situation. Not surprisingly, the same behaviours re-occurred and the terrible cycle started again for this young girl.

There are some addresses we know in town, and some families that are so dysfunctional because of alcohol, that we will not place a young person back into the care of that family. These houses are in an extreme state of disrepair to the point of looking abandoned, except for the amount of empty beer cartons and the green VB cans everywhere. I've heard the term 'the green nest' here, where people actually sit and drink and drink until they have no capacity to drink anymore and they end up collapsed in a circle of green cans. If people can access 6 bottles of wine or 2 cartons of beer every 24 hours, they develop a resistance to alcohol over many years, so they sit there and drink it all to get the effect they want. You walk into these houses and the TV's been smashed, you'll see dirty clothes all over the floor, mattresses with no bedding on them, and no furniture. If images of these houses were publicised on the news, it would be highly confronting to most Australians.

I try to articulate the situation to people who haven't been here. I say if I put a blindfold on you and took you to one of these 'drinking houses' and then took the blindfold off, you'd be convinced you were in a third world country. It really is that bad. It's a massive social issue. There is no denying, absolutely no denying, 100 per cent, that alcohol is such a massive problem here that if we go some way towards dealing with it the effect on kids' lives will be palpable. If we can at least start getting these kids fed and safe, and then maybe get them going to school, that would be a start.

We are already losing a group of teenage boys and girls who are now so immune to the drinking and violence that they have begun to see it as a normal part of their culture. They've grown up seeing it and it's now so normalised for them that when we say to them it actually isn't, they can't see it. As sad as it sounds, I think we've already lost a huge cohort of young people because it's almost impossible to bring them back from that point. But if we can start making change here for the young kids, the 2, 3 and 4 year olds and the kids that aren't even born yet. If we don't do something now, we are basically giving up on every baby and toddler we see being pushed around in a pram today. The truth is we can do something about it, but only if we do it *now*.

Every one of these kids, even the most hardened ones, if you look hard enough, you can still see the kid inside them. We had a young boy report into the office yesterday as part of his mandatory report in. He was full of scabies and was filthy and unkempt, so we took him down to the doctor. Of course, that's what you'd expect his family to be doing, but they are too focused on alcohol. They're either drinking or sleeping it off, and aren't even capable of providing the most basic care to their kids. There's not one staff member in this office who hasn't taken a kid around the corner to a café to buy them something to eat out of their own pocket. One of the first questions we ask the kids when they come in is 'When was the last time you had something to eat?' They often haven't eaten for days – or if they're able to get a very small amount of money, they'll go and buy a 2 litre juice from the supermarket and share that, just to fill their tummies up.

I had a senior person from my Department up from Perth recently and she made the comment that 'Kununurra is quite a pretty place isn't it'. I said parts of the town are pretty, but let me take you to

where the kids we deal with live. So I took her down to the Ranch and the Garden Area and she was speechless. Absolutely speechless. I told her that it had recently been cleaned up, but she was still speechless at the state of it.

As I was driving out of the area, one of the girls on our books saw me, saw the car, and she waved me down. I pulled over and we jumped out – all dressed in our nice neat business clothes – and we're standing there in the heat and the dust talking to this girl in her front yard, which was full of green cans. She asked me if I didn't mind if she didn't report in today and when I looked more closely at her I saw that she was about 30 seconds away from collapsing. I felt her head and she was absolutely burning up. I asked where mum and dad were, and she said she didn't know where dad was but that he'd been gone for a couple of weeks, and that mum was inside sleeping it off. She was so sick we had to get her to hospital immediately. One of the strongest memories of this incident for me was the fact that not only were we standing beside piles of beer cans and bottles with a very sick young girl who had no-one to care for her, but there was also a dead dog lying at our feet, being eaten away by flies and maggots. The smell was putrid.

#### **Frontline Officer, Kununurra Police – November 2016**

I had some officers attend a house at 6pm one night recently after a report of a young woman in her mid-twenties with an injury to her head. The young woman was extremely intoxicated and was also pregnant. When the officers conducted a preliminary breath test on the woman, the reading was 0.33, which is extremely high – she would have had to drink more than 4 bottles of wine to get such a high reading. This young woman was so badly affected by alcohol that she wasn't even able to explain how she had hurt her head. This very high alcohol concentration in a pregnant woman is just unbelievable and, as we all know, extremely dangerous for the unborn baby.

Recently we had two suicides, two days apart, in Kununurra. The first was a young woman who committed suicide by hanging. She'd consumed quite a bit of alcohol before taking her life. She was just 18 years of age and had drunk a lot before getting into a small argument and then deciding to take her own life. So she said her goodbyes and hung herself with a garden hose.

The second suicide was a young woman who had consumed several bottles of Poker Face wine and used a rope to hang herself. A woman who works at the Sobering Up Shelter in town had a daughter who did the same thing after drinking Poker Face and this woman believes that this wine has a different effect on people than other alcohol and really makes them lose all reason. Poker Face is marketed in plastic bottles and this encourages people to glug it down very quickly and then they completely lose the ability to rationalise and make sensible decisions.

These examples show what a significant role alcohol plays in self harm and suicide in Kununurra. People are able to purchase and consume such a high volume of alcohol every day and then they get so drunk that they don't appreciate what they're doing and what the consequences might be. We have an average of two suicides or attempted suicides a week that we attend, most involving alcohol.

Domestic violence is still on the increase and alcohol is involved in more than 80 per cent of these incidents. Very often both the victim and the perpetrator are drunk.

Because of the level of alcohol abuse in Kununurra, we have 32 officers working here - in what is essentially a small country town of 5000 people. Where I was last stationed in a town of 30 000, I only

had 24 officers. That's an illustration of just how significant the impact of alcohol is in terms of violence and crime in this town.

We have a lot of juvenile crime in Kununurra and that's directly linked to alcohol abuse by the parents. The parents are completely disengaged from the kids and the kids in turn become completely disengaged from society. They get around in large groups all night, kids as young as 9 years old, because there's safety in numbers. And they're bored and looking for excitement, so they commit offences.

When we ask them why they're hanging around the streets all night, they say that they don't want to go home because they might feel that there are sexual predators there, or that the parents are drunk and fighting, and they don't want to be around it. These kids have not been brought up with any boundaries or proper care – they're just responding to their environment.

Unless we do something about alcohol consumption in Kununurra immediately, things are just going to get worse and worse. We need to do something in a hurry.

#### **Frontline Officer, Department of Child Protection & Family Support – November 2016**

Recently, I went to a house in the Garden Area to check on the welfare of a child. This is a liquor restricted house, but the whole yard is covered in beer cans and empty wine bottles. It's a place where the police won't even go because their officers have been mobbed and attacked so many times that they do not believe it's a safe place for them to attend. We have removed three children on two different occasions from that house, so those kids have gone, but then there are other families, with children, that have since moved in with them. It's very overcrowded and it's an absolute dump, the house is filthy. Disgusting. No furniture, just a few dirty mattresses on the floor. I went out on a Saturday morning, during daylight. Everybody was sobered up, but the place was still disgusting. There was rotting food lying around everywhere.

We have a mother on our books, she's about 35 and has one daughter who is now 11. The mother has been to prison already for a violent assault on her daughter when she was very drunk. There were marks left on the child and, according to police, the mother just kept hitting and hitting her, almost as if she didn't know what she was doing. As part of her sentence, she went to rehab and when she came out she wanted her daughter back. The daughter wanted to go back with mum, so we let that happen. This mother has now gone off the rails probably worse than before. She's hooked up with a new partner, they're both big drinkers, and there's a lot of family violence going on in the house. It's a 'drinking house', as they call them here. We try to provide assistance to the mother, but our concern is really for the little girl. She's a lovely little girl, but she hasn't been to school now for a few months. Mum keeps promising and promising, but the alcohol has got such a hold on her and the daughter is now very wary of her mum, especially when she's drinking. She runs away when the drinking starts and she's learned to find safe houses to say. So we're getting very close to the end of the line with this mother.

I took a little 10 year old boy into care a couple of weeks ago. His mother's an alcoholic and he hadn't been to school for four or five months. So we went over to speak with her and told her that she needed to get her son enrolled in school and do something about her drinking problem. This little fella hardly ever stays at home because he's scared. He's regularly being picked up by the Save the Children night patrol. He's not at school, he's not at home, and we're finding him around the place with other kids in the middle of the night. There's a *lot* of drinking in this family – the mother's mum and sister are also both chronic alcoholics. About 3 weeks ago I went to this little boy's grandmother's house. It was

disgusting. Broken windows, doors wide open, all the internal walls had been kicked in right through to the next room. All of a sudden out of the back room walks this young boy, ten years old. An older boy was following him, who we found out later was 19 years old. I did not think this looked good. The little boy, who knows me, sat down on the couch and I could see tears in his eyes. I asked him if he wanted to go home now and he shook his head. When I asked why, he just said "Mum drunk". Do you want to go to your aunty's? Another shake of his head, "Drunk". All the adults were drunk, so he didn't even want to go home. I was worried that something had happened to him so we brought him into care straight away and took him to the doctor for an examination. He had gonorrhoea. Ten years old.

This little boy also presents as developmentally delayed. He was assessed as having FASD two years ago, so mum had obviously been drinking during pregnancy. He looks much younger than he is. Two years ago, when he was eight, we had him weighed and he was 21 kilograms. Two years later, he's only 24 kilograms. I would say he's suffering from malnutrition. There's just a total lack of care and a lack of interest in this boy's wellbeing. This is a situation I see *all the time*. People not looking after their kids. They are more interested in the alcohol than they are in taking care of their own kids.

There's another case that started off when we got a result back from the Chronic Disease Prevention Directorate – a five year old girl with gonorrhoea here in Kununurra. So we went and found the family to tell them this and take the child to get treatment. The mother is a drinker, we know that, but she seemed reasonably concerned about it but told us she didn't know who had abused her daughter. The child wouldn't say. When we brought the child back to the family after getting treatment, she went over to her mum and the mum said "Fuck off and go play!" That little girl was picked up about two weeks later and we found the mum and her partner and a whole lot of other people in the house, all rotten drunk. This is how kids get sexually abused, everyone gets drunk and passes out – without making sure that their kids are in a safe house. So anyone can do anything to these kids, because nobody is protecting them or caring for them. The same thing happened in the family of the mum's sister – two children with gonorrhoea, nine and twelve years old. There were five children in the extended family with gonorrhoea.

It's disgusting. This is your worst nightmare. When the drinking is going on, the parents don't make sure that their children are safe. Any drunk can come in and abuse these children, because there is nobody, nobody there to protect them. So from that family we took the five year old, we took the baby. The others were placed with family in other towns. It's disgusting what the alcohol is doing to these families, to these kids.

We got a call from Youth Justice a couple of weeks ago. They'd been to a house and found two mums and two babies asleep on a mattress and they couldn't wake any of them. This was around 4.30 in the afternoon. We went out to the house, no answer. It was very quiet and looked like nobody was home. We looked through a window and saw some people lying on the floor. So we went back to the door and knocked, but no answer. The door was open so we went in and opened up the room. And there's two women laying on a mattress, out cold. And there's two babies with them. I tried to wake them up, but couldn't. As it turned out one was the grandmother and one was the aunty. The parents have left the babies with these family members to go out drinking, and these two women are now both rotten drunk in charge of the babies. The worry we have when someone is that drunk and sleeping with a baby is that they could smother the baby without even realising it. So we picked up the babies, picked them up off the mattress, and neither of the adults moved. The women didn't even know we had picked them up. We took both babies straight into care.

One very sad case was a fourteen year old boy who was sexually assaulted by a group of drunken men. They put a bag over this boy's head and all assaulted him together. This boy was severely traumatised, but he wasn't able to identify the men because they'd put the bag over his head. He thought he knew who some of them were by the sounds of their voices. A few months later, when he was fifteen, he was drinking at a party and got very drunk. We think that some of the men who'd assaulted him might have been at the party, because this young boy went outside while everyone else was inside drinking and committed suicide. He hung himself from a tree.

We can't keep up with the workload. Everybody in my team is at the maximum number of cases that they are allowed to have. There's all this domestic violence going on in families here, but we are only able to look at about 10 per cent of the cases. Only the most serious ones – and in almost every case, alcohol is the cause. We have 155 kids in care in the East Kimberley, all of them are Indigenous. Well over 100 of these children would have been taken because of chronic alcohol abuse by their families.

## COVID-19 cash linked to booze binges, violence in northern WA

ABC Kimberley

By Erin Parke

<https://www.abc.net.au/news/2020-07-12/covid-payments-linked-to-violence-in-kimberley/12443220>

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Binge drinking has spiked in some Kimberley communities, despite special liquor restrictions being in place due to COVID-19. (ABC Kimberley)

The Government's COVID-19 payments are fuelling alcohol-related violence and illegal bulk-buying of booze, according to exhausted community leaders in northern Australia.

### Key points:

- Hundreds of thousands of Australians have had their welfare payments boosted by \$550 per fortnight by the coronavirus supplement
- Community leaders say it's been a mixed blessing in the Kimberley, with more money for food but more binge drinking
- Police are investigating purchasing of bulk alcohol that's been delivered to remote Aboriginal communities

Since March, welfare recipients have received an extra \$550 a fortnight, as well as one or two bonus payments of \$750.

While it has helped many remote community families pay bills and buy food, there is evidence some of the funds are flowing into a lucrative illegal alcohol trade with individuals charging money to drive hundreds of kilometres to buy and deliver alcohol to isolated sites.

Patricia Riley, from the Pandanus Park community in the West Kimberley, said things had become noticeably worse since the COVID-19 payments began.



Pandanus Park community CEO Patricia Riley says there have been more drunken parties in the community since the COVID payments started.*(ABC Kimberley: Erin Parke)*

"There are some of us that use our money wisely, but there are some that just spend it on other things like alcohol and drugs," she said.

"It's exhausting because we have to put up with the loud music and there's more domestic violence.

"We are thinking of the safety of the children and the elders that are in the community.

"There are kids not going to school because of partying keeping them awake all night, because they're hanging around with drunkards."

Ms Riley said boredom was contributing to the problem with work for the dole and training problems shut down due to COVID-19.

The bank transfers have earned the nickname 'piss and pot payments' in some circles in the Kimberley — a tongue-in-cheek reference to what the extra money can be spent on.

### **Reports of remote entrepreneurs charging for alcohol trips**

Pandanus Park is not the only community experiencing problems.

At one remote community in the central Kimberley, some local people pooled their fortnightly payments in early July and hired a man to drive to the towns of Derby and Broome to buy thousands of dollars' worth of alcohol.

Residents, who did not want to be named due to fear of retaliation from relatives, said the drunken partying had continued for several days.

At one point, 50 people were fighting and yelling in the street.

Police were investigating how the alcohol was being purchased, given that special COVID-19 liquor restrictions were in place in the Kimberley limiting the amount of alcohol a person could buy each day at bottle shops.

### **'Sad and traumatic'**

Officer-in-charge of Broome police station Senior Sergeant Dave Whitnell said there had been an increase in alcohol-related violence in the past month.

"There is a lot more money and a lot more people from the remote communities in town at the moment, and some are cashed-up and buying alcohol," he said.

"Our Aboriginal Community Liaison Officers are out there talking to people and the clear message I'm getting back is that they're here for one purpose, which is to buy full-strength alcohol.

"On two occasions we have had to stop full-strength alcohol sales, due to out-of-control gatherings, large numbers of itinerant people from out of town gathered and drinking heavily, and then fighting and assaulting police.

"It's actually quite sad and traumatic for those involved, and also for the emergency responders that have to deal with it, so I'm hoping sooner or later we can collectively as a community try to sort this out for the betterment of everyone."



Drinkers' camps are common in northern towns like Broome, where people gather to drink out of view of the authorities. (ABC Kimberley: Erin Parke)

### **Money a mixed blessing**

Alcohol policy has been a contentious topic in the Kimberley over the past decade.

Some community leaders supported restrictions on sales and initiatives like the cashless welfare card, which limited the amount of welfare money that could be spent at bottle shops.



But others view the policies as paternalistic and unfairly targeted at Aboriginal people.

Liberal Senator Dean Smith toured the region in early July, and said he had received mixed feedback on the impact of the COVID-19 payments.

"There's definitely two sides to this coin," he said.

"Out at Fitzroy Crossing, talking to local people, they were saying that in the early stages of COVID-19 people were coming into the shop and purchasing goods, so they could see a level of income in the town that wasn't there previously.

"But that income supplementation has exacerbated concerns and anti-social behaviour in some parts of the Kimberley, there is no denying that."

The Department of Social Services did not respond to questions about whether the extra welfare payments would be extended, or whether there had been feedback from other parts of Australia about payments fuelling anti-social behaviour.

But the department pointed out in a statement that recipients in the East Kimberley had 80 per cent of their payments quarantined onto their cashless welfare card, which prohibits spending on alcohol or gambling.