

5 Impact of clubs on health and social functioning of the community

In this chapter we report on evidence derived from three data sources: recorded assaults in communities with clubs; alcohol-related hospital separations, collated as described above in Chapter 2, and admissions to sobering-up shelters in Alice Springs, Darwin, Katherine, Tennant Creek and Nhulunbuy from 2007-2012 inclusive. A cautionary note should be added: although indicators such as alcohol-related assaults and alcohol-related hospital separations help to map the impact of alcohol on health and wellbeing in a community, we cannot draw a direct causal link between the presence or absence of a licensed venue and trends in these indicators, since levels of assaults and hospital separations are determined by other factors apart from the local availability of liquor.

We also examine responses to three questions in the community survey that related to the impact of clubs in the community. These were:

- Do you think there would be less trouble in your community if there were no club?
- Do you think that having a club here keeps people from going to town to drink?
- How often does your family experience alcohol-related problems?

5.1 Recorded assaults

Assaults were classified by police using three categories:

- Alcohol involved;
- No alcohol involved;
- Alcohol involvement unknown.

For this analysis, we have used, firstly, 'alcohol involved' assaults and, secondly, total assaults.

Table 5.1 shows the number of recorded alcohol-related assaults per 10,000 resident population for the financial years 2004-05 to 2011-12, for each community with a licensed venue, as well as for the NT as a whole, and for 'NT Balance' – that is, for the NT, minus all urban centres, i.e. Darwin, Palmerston, Katherine, Tennant Creek, Alice Springs, Nhulunbuy, Alyangula. The 'NT Balance' is, in effect, the aggregate of remote settlements in the NT.

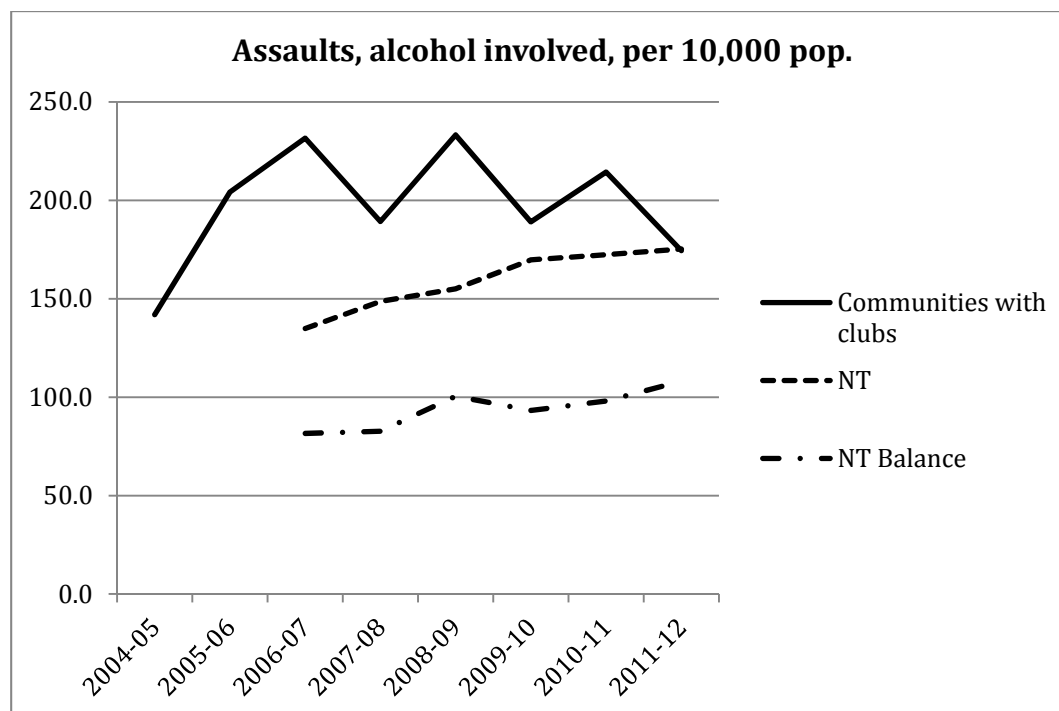
Table 5-1: Recorded alcohol-related assaults per 10,000 population, 2004-05 to 2011-12

Locality	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12
Gunbalanya	192.7	249.4	204.1	192.7	153.3	289.6	289.6	247.0

Beswick	153.5	153.5	230.2	281.3	156.9	235.3	372.5	254.9
Milikapiti	26.2	236.2	367.5	131.2	111.9	179.0	111.9	223.7
Nguiu	181.8	173.9	166.0	150.2	143.9	71.9	85.0	117.7
Peppimenarti	162.2	108.1	108.1	108.1	585.1	159.6	212.8	212.8
Pirlangimpi	108.7	298.9	298.9	54.3	320.0	53.3	80.0	26.7
Kalkaringi	55.1	183.8	330.9	367.6	653.0	373.1	447.8	149.3
NT			134.9	148.6	155.1	169.8	172.4	175.3
NT Balance			81.6	82.7	100.5	93.3	98.1	108.2
Communities with clubs	141.9	204.2	231.6	189.2	233.2	189.1	214.3	174.4
NT			134.9	148.6	155.1	169.8	172.4	175.3
NT Balance			81.6	82.7	100.5	93.3	98.1	108.2

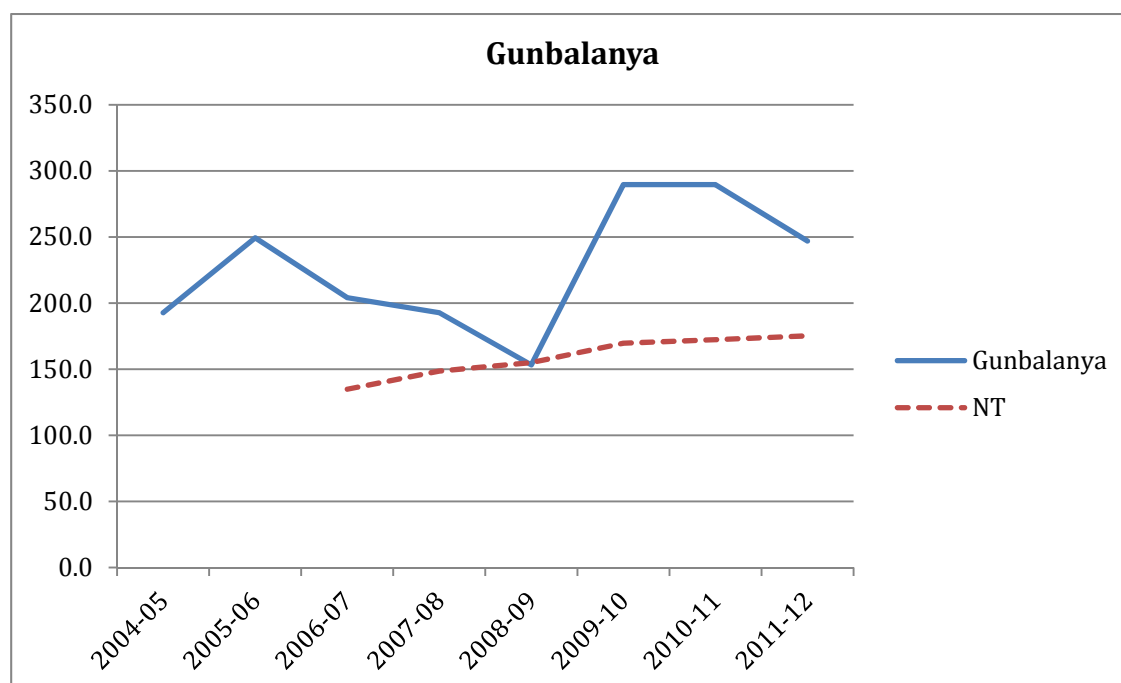
Figure 5.1 compares the aggregated rates of recorded alcohol-related assaults per 10,000 population in communities with licensed venues with the overall rate for the NT, and for 'NT Balance'. The figure shows, firstly, that for the period under review – except for the end of the period – the rate of alcohol-related assaults in communities with licensed venues was higher than the two comparative indicators. However, it also shows that since 2008-09 the rate in communities with licensed venues has declined, while in the NT as a whole, and in 'NT Balance', it has continued to rise. As a result, by 2011-12, the rate in communities with licensed venues was no higher than in the NT as a whole, although it remained higher than the rate in 'NT Balance'.

Figure 5.1: Recorded alcohol-related assaults, 2004-05 to 2011-12



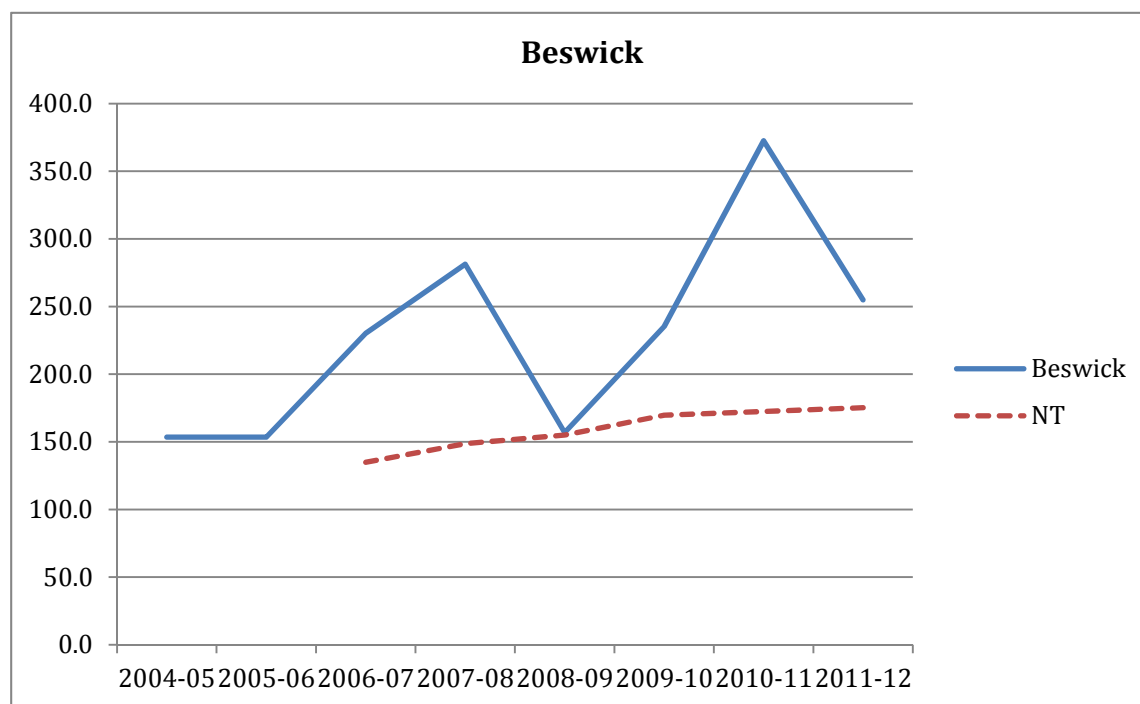
Not surprisingly, individual communities display variations from these aggregated trends. These are shown below.

Figure 5.2: Trends in alcohol-related recorded assaults, Gunbalanya, 2004-05 to 2011-12 (assaults per 10,000 population)



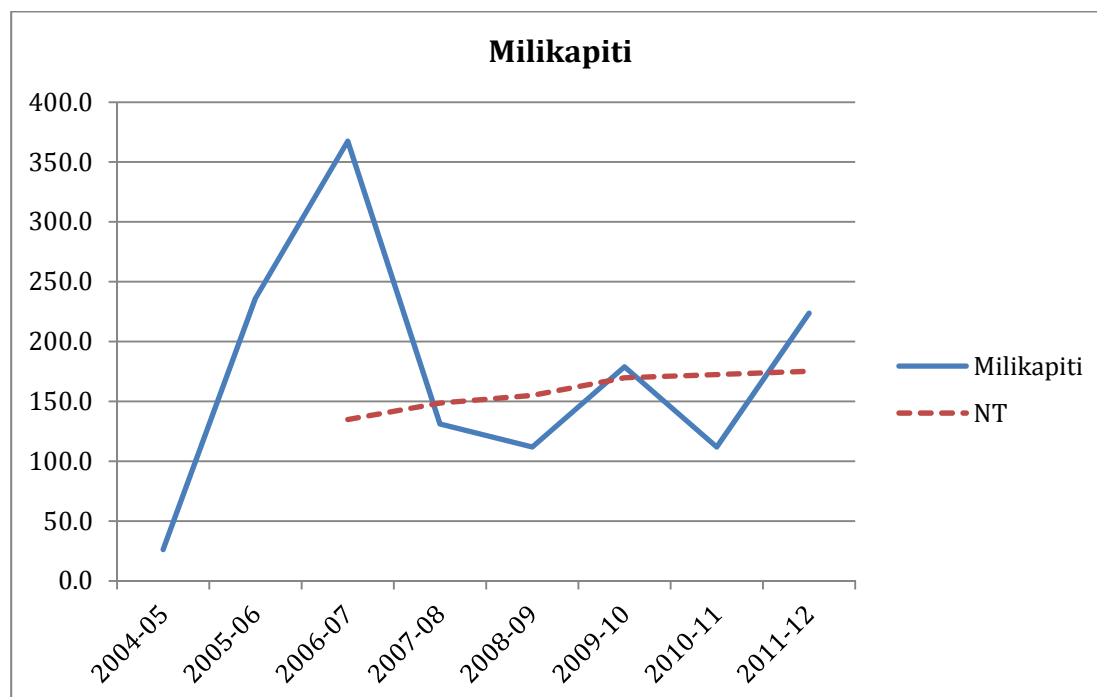
In Gunbalanya, the number declined in 2007-08, but then rose, levelling off in 2009 and declining again over the last 12-month period, although it remained higher than the NT-wide level.

Figure 5.3: Trends in alcohol-related recorded assaults, Beswick, 2004-05 to 2011-12 (assaults per 10,000 population)



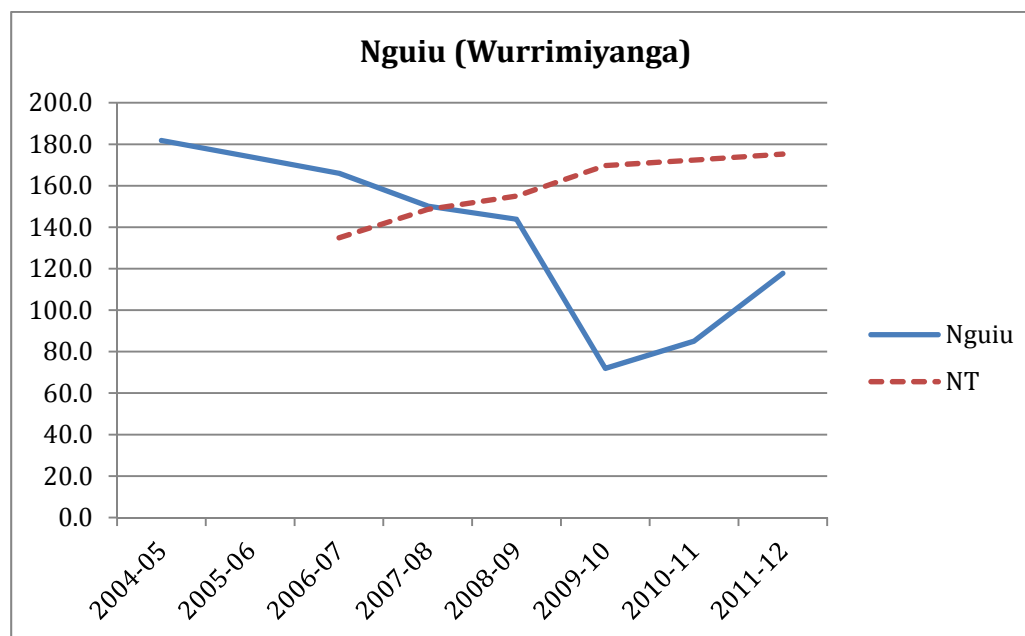
Alcohol-related assaults in Beswick, as Figure 5.3 shows, follow a similar trajectory to Gunbalanya, with a fall in 2007-08, followed by an increase, followed by a more recent fall.

Figure 5.4: Trends in alcohol-related assaults, Milikapiti, 2004-05 to 2011-12 (assaults per 10,000 population)



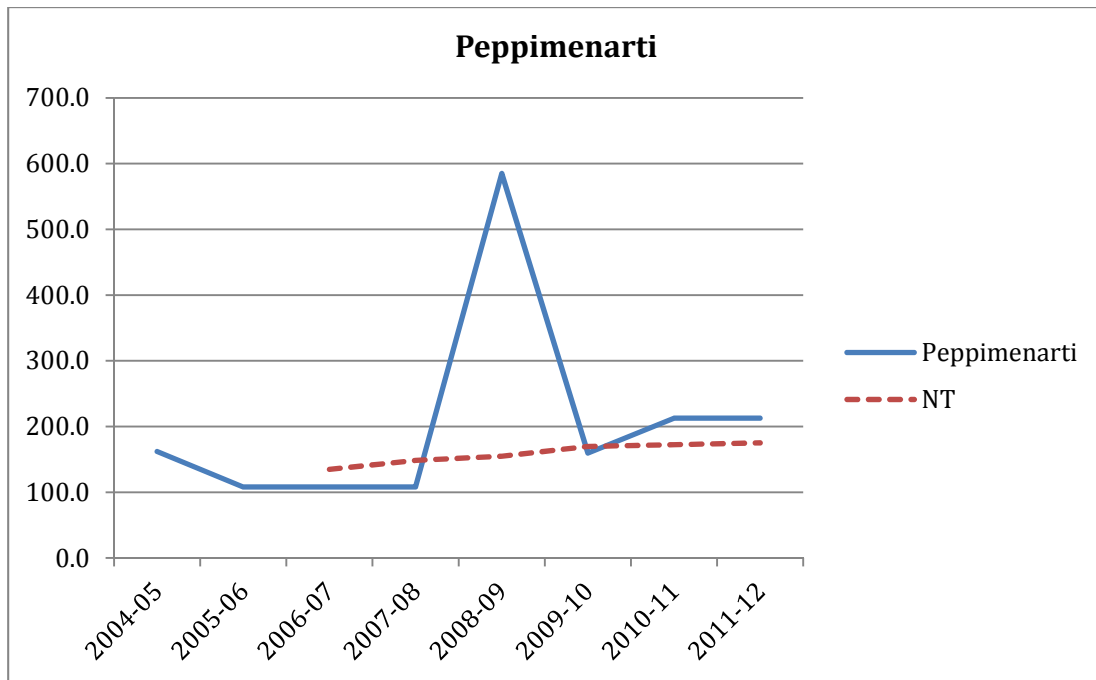
In Milikapiti, the rate of alcohol-related recorded assaults declined in 2007-08, and has since remained close to the NT-wide figure, like the latter showing a gradual upward trend.

Figure 5.5: Trends in alcohol-related recorded assaults, Nguiu, 2004-05 to 2011-12 (assaults per 10,000 population)



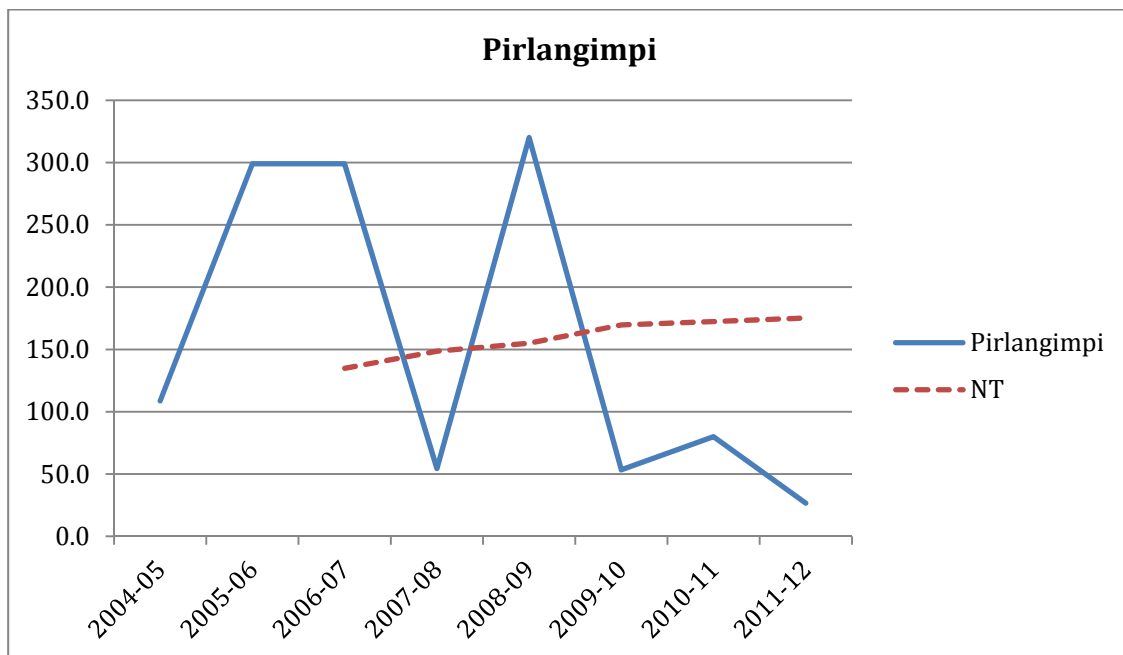
In Nguiu, the rate of alcohol-related assaults declined between 2004-05 and 2008-09. Since then it has trended upwards, but remained at the end of the period under review well below the NT-wide rate.

Figure 5.6: Trends in alcohol-related recorded assaults, Peppimenarti, 2004-05 (assaults per 10,000 population)



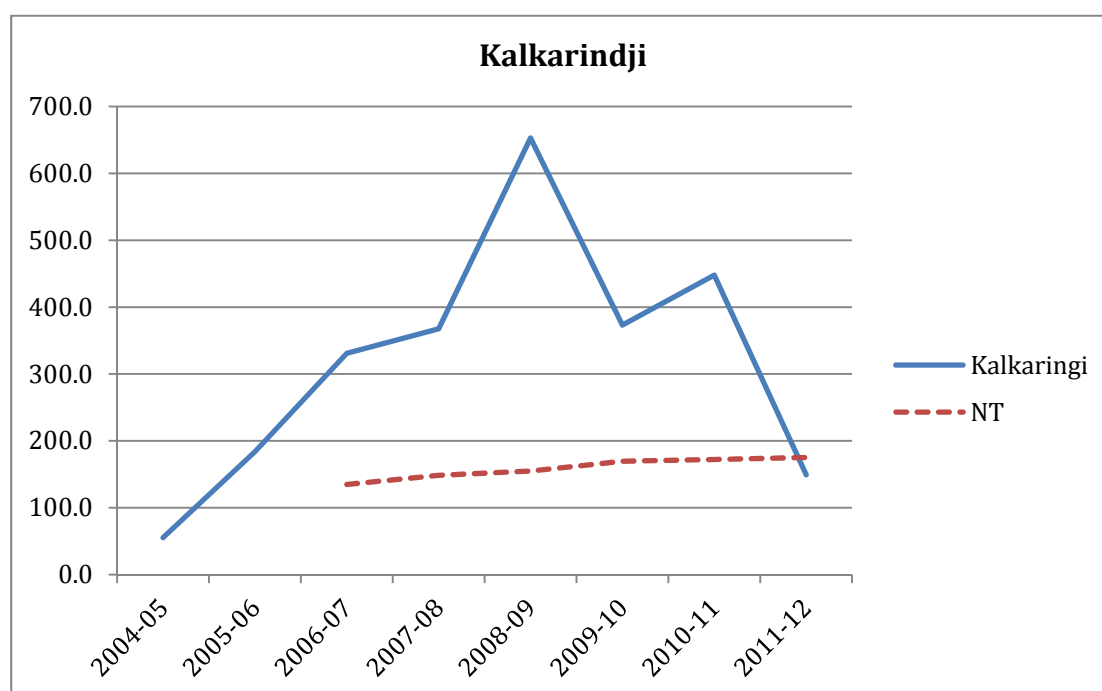
Apart from a 'spike' in 2008-09, the rate in Peppimenarti has remained close to the NT-wide rate.

Figure 5.7: Trends in alcohol-related recorded assaults, Pirlangimpi, 2004-05 to 2011-12 (assaults per 10,000 population)



As Figure 5.7 shows, the rate of alcohol-related recorded assaults in Pirlangimpi fluctuated through the early part of the period under review, before declining in 2009-10 and subsequently remaining below the NT-wide level.

Figure 5.8: Trends in alcohol-related recorded assaults, Kalkarindji, 2004-05 to 2011-12 (assaults per 10,000 population)



In Kalkarindji, the rate increased from 2004-05 to 2008-09, reaching a point significantly higher than NT as a whole, but since then has declined, to a point where, in 2011-12, it was close to the NT-wide level.

Overall, by the end of the period under review, only Gunbalanya and Beswick recorded levels of alcohol-related assaults higher than NT as a whole, and Pirlangimpi and Nguui were below NT-wide level.

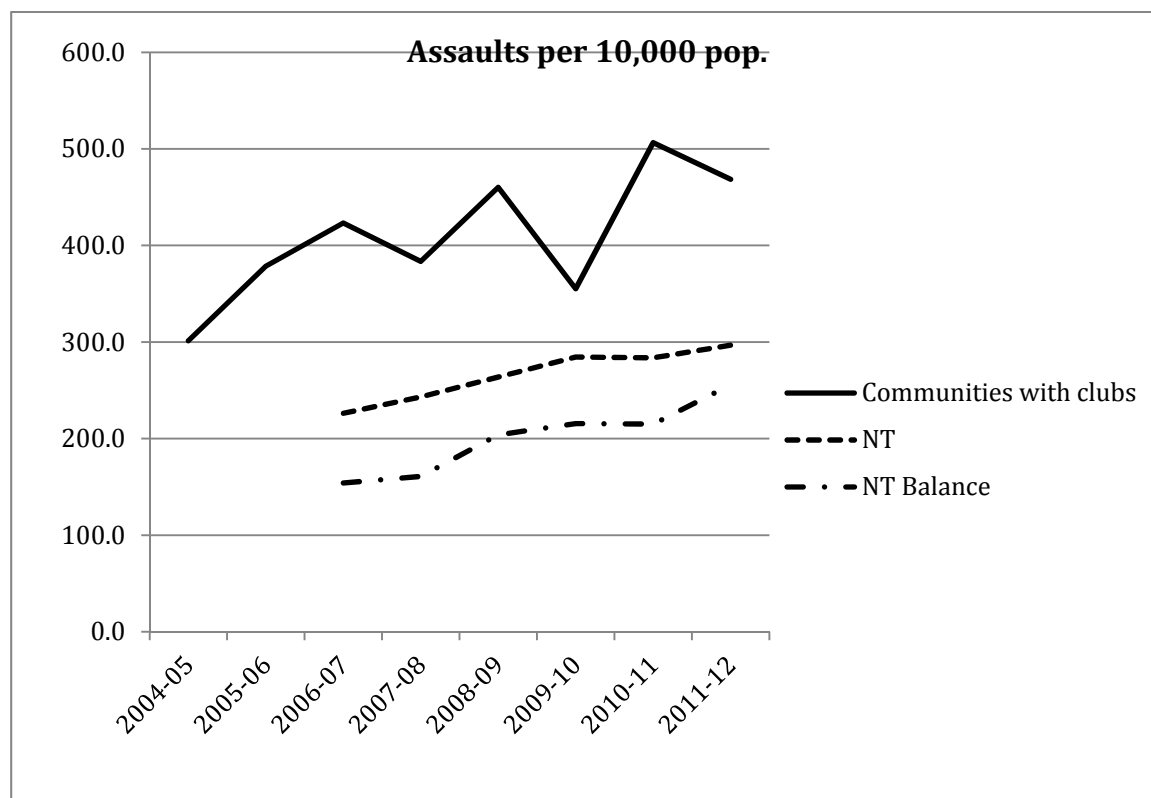
5.1.1 Trends in total recorded assaults

While the rate of alcohol-related assaults in communities with licensed venues declined between 2009-10 and 2011-12, the same cannot be said of total recorded assaults, which, like the overall NT rate, continued to increase over the period under review. This is shown in Table 5.2 and Figure 5.9. In 2006-07, the rate in communities with licensed outlets (423.3 per 10,000 population) was 87.1% higher than the NT-wide rate of 226.3 per 10,000 population.

Table 5-2: Trends in total recorded assaults (assaults per 10,000 population)

Locality	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12
Communities with clubs	301.3	378.5	423.3	383.5	460.2	355.1	506.4	468.6
NT			226.3	243.2	263.8	284.5	283.7	296.9
NT Balance			154.1	161.0	204.0	215.7	215.1	255.8

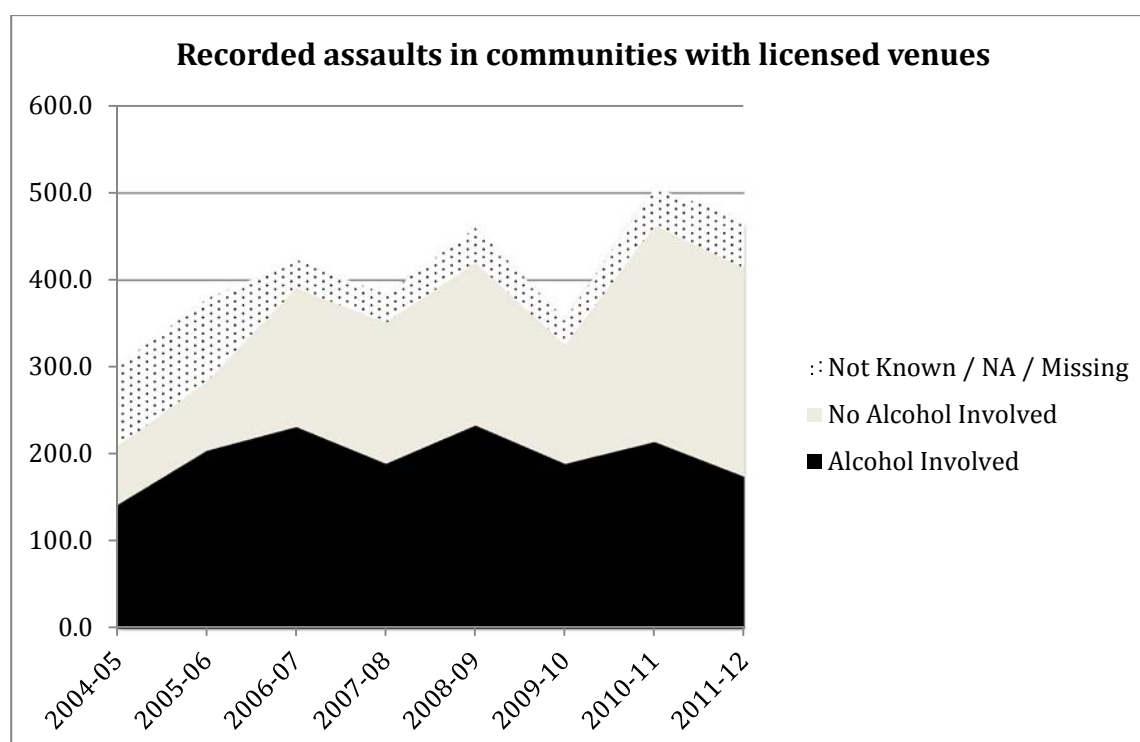
Figure 5.9: Total recorded assaults per 10,000 population, 2004-05 to 2011-12



In 2011-12 not only was the rate in communities with licensed venues 10.7% higher than it had been in 2006-07, but it was still 57.9% higher than the NT-wide rate.

However, since the trend in total recorded assaults incorporates an increase in the number of non-alcohol related assaults, it cannot be attributed directly to the presence or operating patterns of licensed venues in these communities. As Figure 5.10 shows, the contribution of alcohol to the steadily increasing rates of recorded assaults in these communities declined between 2005-05 and 2011-12.

Figure 5.10: Total recorded assaults in communities with licensed venues, 2004-05 to 2011-12



5.1.2 Interpreting assault trends: key points

Interpreting these trends is not straightforward, but the key points can be summarised as follows:

1. Prior to, and at the time of, the NTNER, the rates of both total recorded assaults, and alcohol-related assaults, were higher in communities with clubs than in the NT as a whole, and in 'NT Balance'.
2. Since then, two trends are apparent. Firstly, rates of total recorded assaults have continued to rise in communities with clubs, the NT as a whole, and in 'NT Balance'. The rates of increase in all three are similar. Secondly, however, the rates of alcohol-related recorded assaults in communities with clubs have exhibited a downward trend, in contrast to trends in the NT as a whole, and in NT Balance, in both of which rates have continued to increase.
3. The upshot of these trends was that, in 2011-12, the rate of alcohol-related recorded assaults in communities with clubs was similar to the NT-wide rate (but higher than NT Balance), while the rate of total recorded assaults in communities with clubs remained over 50% higher than in the NT as a whole.

One conclusion that can be derived from this analysis is that, as of 2011-12, licensed clubs in communities did not appear to be associated with rates of alcohol-related assaults higher than the NT-wide figure, although this was not the case five years

earlier. At the same time, continuing high rates of non-alcohol related assaults in communities with clubs warrant further investigation.

5.2 Alcohol-related hospital separations

Between the years 2005 and 2012 inclusive, a total of 1809 patients from 152 Aboriginal communities and town camps were admitted to an NT hospital with an alcohol-related primary diagnosis. (The patient count was unique: a patient presenting to hospital on multiple occasions with the same primary diagnosis was counted once only.) Using the ABS 2011 estimated Indigenous population of the NT (56,778) as a basis, this represents a rate of 31.9 alcohol-related admissions per 1,000 population.

Admission rates for localities with and without licensed clubs were compared. The results are shown in Table 5.3. The table shows that communities with clubs have slightly lower rates of alcohol-related separations (28.8 per 1,000 population) than those without clubs (32.1 per 1,000 population).

Table 5-3: Rate of alcohol-related hospital separations per 1,000 population, communities with and without clubs

Location	Pop (ERP) 2011	Alcohol-related separations	
		No	Rate per 1000 pop
Community with club	4,759	137	28.8
Community without club	52,019	1672	32.1
Total	56,778	1809	31.9

Table 5.4 shows the rates for individual communities with clubs. These rates, especially for the smaller communities, should be viewed with caution, as the numbers involved are very low. For example, the rate of 42.6 per 1,000 population for Peppimenarti is accounted for by just eight separations over the eight year period.

Table 5-4: Rates of alcohol-related hospital separations per 1,000 population, 2005-2012, communities with clubs

Locality	Population (ERP) 2011	No	Rate per 1000 population
Gunbalanya	1174	40	34.1
Beswick	510	19	37.3
Milikapiti	447	17	38.0

Nguiu	1,529	37	24.2
Peppimenarti	188	8	42.6
Pirlangimpi	375	1	2.7
Kalkaringi/Daguragu	536	15	28.0
TOTAL	4,759	137	28.8

In short, the available data does not indicate that communities with licensed clubs are marked by higher rates of alcohol-related hospital separations than other communities in the NT.

5.3 Admissions to sobering-up shelters

In each year between 2007 and 2012, between 17,000 and 22,000 admissions to sobering-up shelters (SUS's) took place in the NT. These figures do not represent numbers of individuals. While the information available to us does not allow us to distinguish between episodes and individuals, it is well known that annual total admissions to sobering-up shelters are made up of a relatively small number of high-repeat individuals, and a larger number of individuals who each account for a small number of admissions. Nor should these numbers be read as indicators of the numbers of episodes of public intoxication that occurred in a given place and time, since they do not include persons apprehended by police and taken, not to a sobering-up shelter, but to a police cell. (While numbers of these are also recorded, the place of residence is not routinely recorded; hence this data has not been used for this study.) Almost all admissions to shelters involve Indigenous clients.

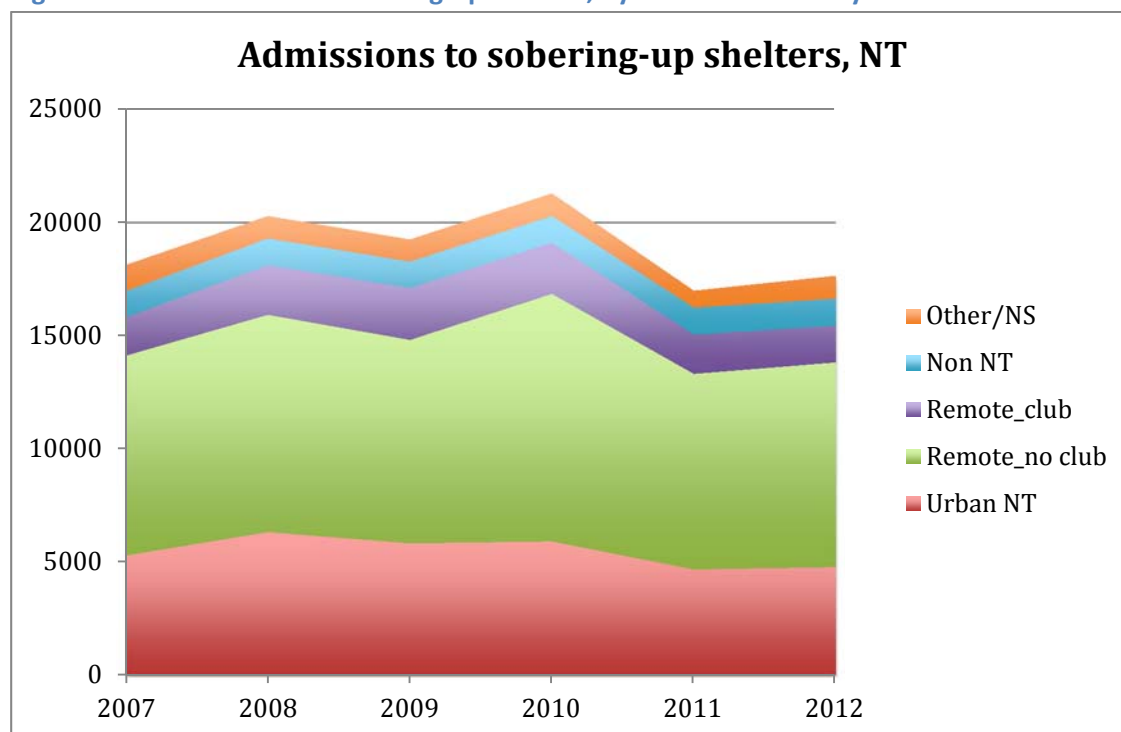
Table 5.5 shows the number of admissions to sobering-up shelters in the NT, categorized according to where those apprehended said they lived. Figure 5.11 shows the same information graphically. In general, around 30% of admissions in any one year were categorized as 'urban NT' – that is, they were recorded as being residents of one of the towns or regional centres of the NT, in most cases, the centre in which they were apprehended. Around half of annual admissions were recorded as residents of one of the remote communities in the NT that did not have a club or licensed venue, while another 10% came from communities with licensed venues. The remaining 10% were from outside the NT, or their place of residence was not recorded.

Table 5-5: Admissions to sobering-up shelters, by source community

Source community	2007	2008	2009	2010	2011	2012
Urban NT	5292	6326	5832	5915	4677	4783
Remote_no club	8828	9598	8980	10935	8640	9037
Remote_club	1697	2196	2296	2249	1736	1622
Non NT	1152	1181	1166	1190	1188	1200

Other/NS	1166	991	981	1001	751	1011
Total	18135	20292	19255	21290	16992	17653

Figure 5.11: Admissions to sobering-up shelters, by source community

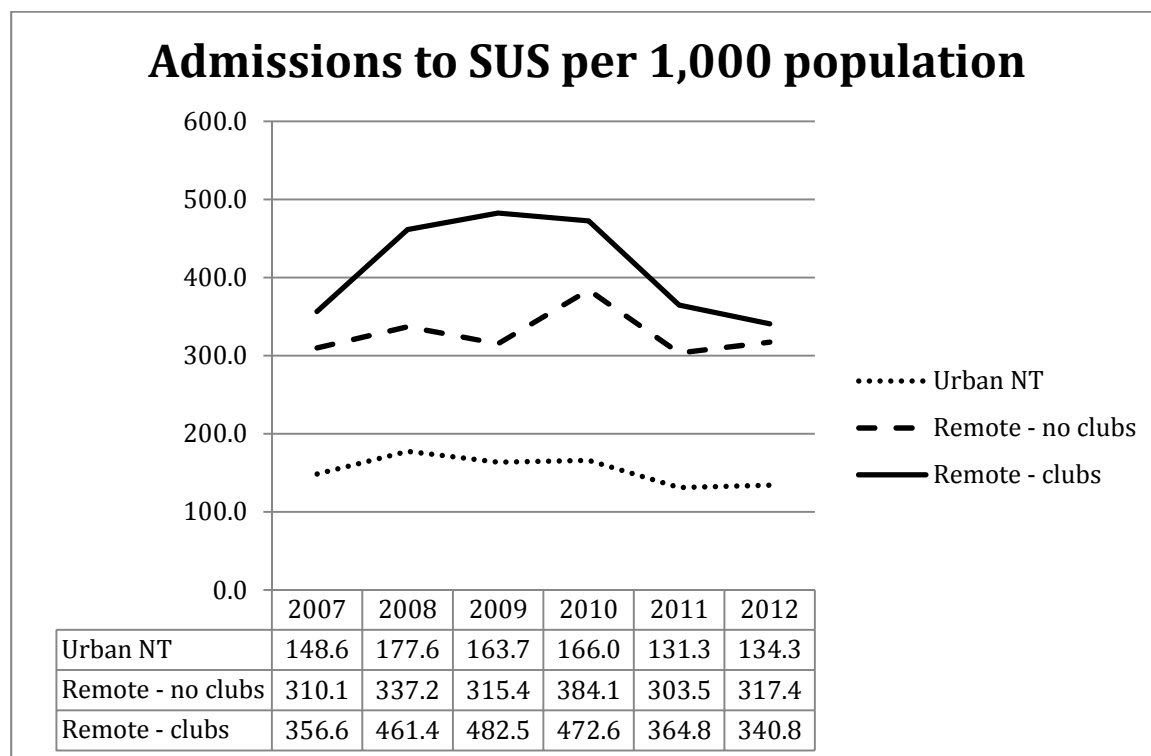


These figures should be treated with caution. They imply a distinction between ‘urban’ and ‘remote’ residence that in reality is often blurred, for example by people who move from a remote community into a town for prolonged periods, and then return to their community. There are no clear conventions or guidelines to determine whether someone apprehended for being intoxicated in public names their current urban location or the community from which they have come as their place of residence. Nonetheless, with these qualifications in mind, the SUS admissions data do enable us to address a key question of relevance to this inquiry: does the presence of a licensed outlet in a community reduce the likelihood that members of that community will be apprehended for public intoxication in one or other NT urban centres? To explore this question, rates of admissions per 1,000 population were calculated for the three categories ‘urban NT’, ‘remote no club’ and ‘remote with club’ in the above table, using ABS 2011 figures for estimated resident populations. The results are shown in Figure 5.12.

The figure shows that the lowest per capita rate of admissions is accounted for by ‘urban NT’ apprehensions. Surprisingly, perhaps, it also shows that the rate of SUS admissions from remote communities with clubs was *higher* than the rate for communities without clubs for every year under review, although by 2012 the

difference was small: 340.8 admissions per 1,000 population from communities with clubs, compared with 317.4 per 1,000 from communities without clubs.

Figure 5.12: Admissions to sobering-up shelters per 1,000 population



There are, however, major difference between the admission rates for specific communities with licensed outlets, as Figure 5.13 shows. In this figure, the three Tiwi Island communities with clubs – Nguiu, Milikapiti and Pirlangimpi – have been combined, the reason being that the SUS admissions data frequently fail to distinguish between these three communities, simply coding the admissions as ‘Tiwi Is’ or something similar. Also, there are no admissions in which Peppimenarti has been recorded as a place of residence. This in fact means that the figures for communities with clubs probably understate the true number of admissions, since any Peppimenarti residents apprehended have by definition been coded for some other locality.

For comparative purposes, Figure 5.13 also shows the rate of SUS admissions for all NT remote communities.

Figure 5.13: Admissions to sobering-up shelters per 1,000 population, selected communities

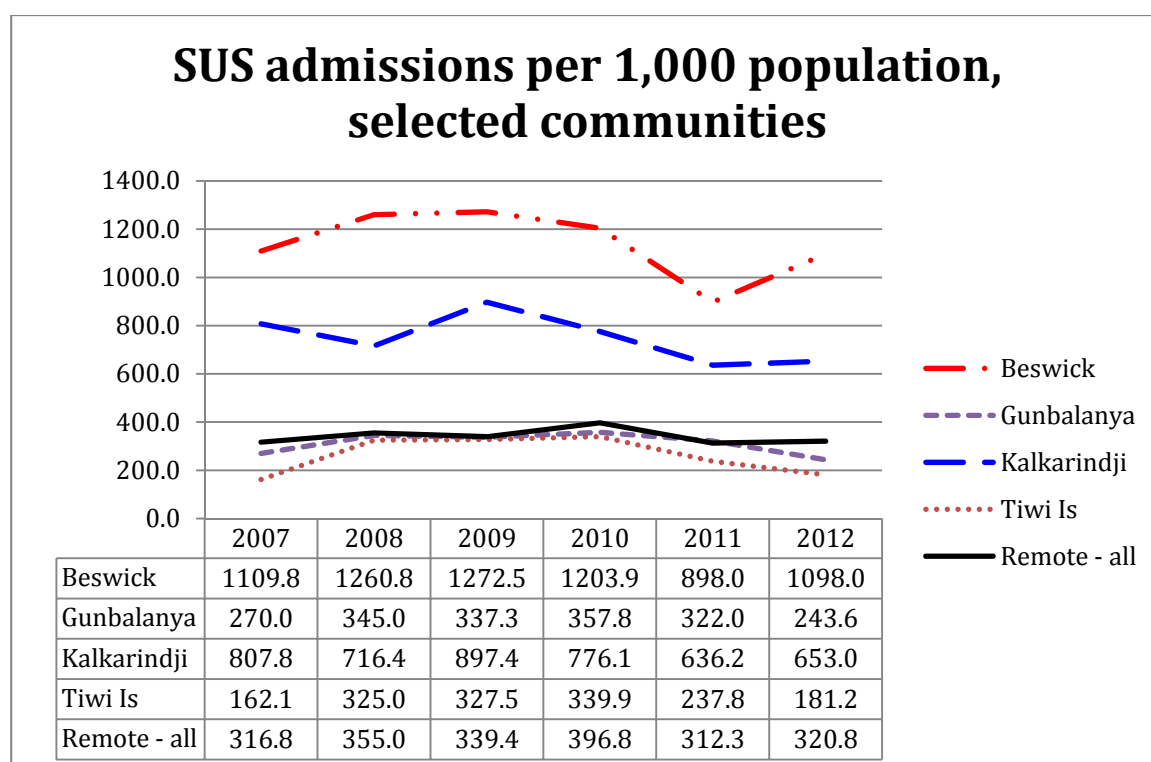


Figure 5.13 shows that one community – Gunbalanya – and one group of communities – the Tiwi Islands – recorded SUS admission rates close to or just below the level for all remote communities, while two communities – Beswick and Kalkarindji – recorded rates much higher than the overall remote rate: around 3.5 times higher in the case of Beswick, and over twice the rate in the case of Kalkarindji (where, however, the graph also points to a decline in the rate of admissions from 2009).

These trends and differences raise more questions than can be addressed here but, at the least, they point to two conclusions: firstly, the presence of a licensed outlet in a community need not, in itself, lead to lower rates of apprehensions for public drunkenness in town and regional centres than are associated with communities without licensed outlets; secondly, a significant influence on rates of apprehensions in towns and regional centres – possibly acting in conjunction with the presence of licensed outlets in communities – appears to be the degree of accessibility to urban liquor outlets. In the above figure, the communities with the lowest rates of SUS apprehensions – the Tiwi Island communities – are also those with the least easy access to urban outlets, while the community with the highest rate of admissions – Beswick – is the one with the easiest access – 110 km of sealed (virtually) all-weather road.

That the relationship is not simple or direct, however, is demonstrated by the fact that Kalkarindji, with the second highest rate in Figure 5.13, is further from Katherine (461 km) than Gunbalanya, with an admission rate less than half that of Kalkarindji, is from Darwin (353 km).

5.4 Residents' views about impact of clubs: responses from the community survey

Respondents in the community survey were asked three questions that explored the impact of clubs in the community. These were:

- Do you think there would be less trouble in your community if there were no club?
- Do you think that having a club here keeps people from going to town to drink?
- How often does your family experience alcohol-related problems?

In this section we explore answers to these questions.

The question 'Do you think there would be less trouble in your community if there was no club?' proved very difficult to word so that people understood, and we acknowledge that there may be some bias in the question. Responses are summarised in Table 5.6.

Table 5-6: Responses to the question: 'Do you think there would be less trouble in your community if there was no club?'

	Frequency	Percent
Less trouble	138	38.1%
The same	52	14.4%
More trouble	125	34.5%
Don't know	9	2.5%
No response	38	10.5%
Total	362	100.0%

This shows that there are very divided opinions on whether there would be more or less trouble in the community if the club were to close. The largest group of respondents (38%) felt that there would be less trouble – however this is only just over one third of the total number of respondents. Almost as many respondents felt that there would be more trouble if the club were to close.

The comments given to qualify these responses explain the thinking behind them. In essence those that think there will be less trouble without the club reason that people fight when they are drunk, and if the club wasn't there, they wouldn't be drunk – therefore there would be less trouble. This respondent typifies this line of thought: *'No dvo, no accidents, no problem everyone will be happy. There will be more fishing, hunting and family get together.'*

The respondents who felt there would be more trouble without the club essentially cited the following arguments:

- If people drank less, they would use more gunja [marijuana]: *'There'd be more gunja. There are already people stressing out for no drugs now and going crazy.'*
- If the club was closed people would smuggle in more spirits and full strength beer – which would make more trouble than people drinking mid-strength: *'More trouble if smuggling came in and bringing spirits - all hell would break loose. They wouldn't just be buying beer, they'd bring in spirits and that's when the violence goes up and the family would be damaged.'*
- It isn't the club that causes the trouble – people fight anyway: *'They fight the same, anger is already there',* and *'Don't know, a lot of the trouble is between children and the kids get involved, it works how it works, trouble is there, the club is not fuelling the trouble or causing trouble.'*
- People would go and drink in less controlled environments and get into more trouble: *'There be more trouble, they would drink all day long no trouble [no one telling them to stop], people would live in Darwin, they would move to town and leave this place, I did that when I got banned for a week, went to town on a bender.'*
- The club provides a way for older people to exert their authority, and if it closed no one would listen to them: *'We've got the skin group that will control problems. If it's a small offence and first offence, skin group deals with it. We warn them. If it goes on and on, we ban them but they don't go on the Police ban list. Young people take notice of us. If it's a serious matter, we ask the police to ban them.'* and *'This way the community can get involved in talking about the trouble. Then they get banned and take it. Wouldn't happen if they were drinking in Darwin.'*

These arguments point to factors that need to be considered when exploring the issue of whether or not clubs are beneficial to a community.

In response to the question *'Do you think having a club here keeps people from going to town to drink?'* over 80% answered in the affirmative, as Table 5.7 shows.

Table 5-7: Responses to ‘Do you think having a club here keeps people from going to town to drink?’

Response	Frequency	Percent
No	41	11.3%
Yes	291	80.4%
Don't know	20	5.5%
No response	10	2.8%
Total	362	100.0%

Many respondents thought that the club keeps the more moderate drinkers in the community, but the heavy drinkers leave anyway: *‘Heavy drinkers would go to town. The ones who really love their alcohol - alcoholics - would stay in town cos they've got to have grog in their system. Others - yes it stops them from going to town.’* It was also suggested that changing the clubs to mid-strength beer meant that more people travelled to town to access full strength beer: *‘When we had heavy beer here sometimes people would go and buy beer at the roadhouse , a lot more go now.’* And *‘A lot of people have left to go to live in Darwin to get the full effect of beer, heavy price there is like the mid-price here, steep price here.’* Many survey respondents described a pattern of people going to the towns to drink for a weekend, and then returning home: *‘If you've got private car they go spend the weekend there in Darwin and come back.’* This was reinforced by others who felt that having alcohol in the community stops people staying away: *‘It stops them getting run over and it stops them staying in long grass.’*²⁴

Respondents were very aware of the risks of drinking in towns and regional centres. They saw the key risks as exposure to violence, and people engaging in much heavier drinking. As one man said *‘Stopping people yes, because in Darwin drink port, get sick and die.’*

Respondents were also asked how often their family experienced alcohol related problems. Table 5.8 below presents the responses to this question.

²⁴ A summary of research on the ‘long grass’ and the reasons that people have for being there is presented at Attachment 3. This summary analyses the research as it relates to the questions of the extent to which people from communities with clubs travel to towns to drink.

Table 5-8: Responses to 'How often does your family have grog-related problems?'

Response	Frequency	Percent
None of the time	122	34%
Some of the time	145	39%
All of the time	76	21%
Don't know	21	6%
No response	0	0%
Total	362	100%

This data suggests that around one in five families experience alcohol related problems all of the time. It is of concern that almost half of the respondents who reported problems 'all of the time' come from one community.

5.5 Summary

Rates of assaults per 10,000 resident population in communities with clubs from 2004-05 to 2011-12 were analysed. Two assault categories were examined: total recorded assaults, and alcohol-related assaults. Trends in communities with clubs were compared, firstly, with the NT-wide trends and, secondly, with trends recorded for 'NT Balance' – that is, the NT-wide figure, minus the urban centres of Darwin, Palmerston, Katherine, Tennant Creek, Alice Springs, Nhulunbuy, Alyangula.

At the time of the NTNER in 2007, and prior to this time, rates of both total recorded assaults, and alcohol-related assaults, were higher in communities with clubs than in the NT as a whole, and in 'NT Balance'. Since then, rates of total recorded assaults have continued to rise at a similar rate in communities with clubs, the NT as a whole, and in 'NT Balance'. Over the same period, however, the rates of alcohol-related recorded assaults in communities with clubs have exhibited a *downward* trend, in contrast to trends in the NT as a whole, and in NT Balance, in both of which rates have continued to increase. As a result, by 2011-12, the rate of alcohol-related recorded assaults in communities with clubs was similar to the NT-wide rate (but higher than NT Balance), while the rate of total recorded assaults in communities with clubs remained over 50% higher than in the NT as a whole. The continuing high rates of non-alcohol related assaults in communities with clubs warrant further investigation.

Numbers of patients from Indigenous communities admitted to an NT hospital between 2005 and 2012 inclusive, with an alcohol-related primary diagnosis, were analysed. Admission rates for localities with and without licensed clubs were compared. Communities with clubs were found to have slightly lower rates of alcohol-related separations (28.8 per 1,000 population) than those without clubs (32.1 per 1,000 population).

This analysis suggests that, under the conditions governing operations of clubs since 2007, there is no evidence to suggest that communities with clubs experience higher rates of alcohol-related harms than other communities.

Admissions to sobering-up shelters in urban centres in the NT were examined for the years 2007 to 2012 inclusive. The analysis found no evidence to suggest that the presence of a licensed outlet in a community leads to lower rates of admission to SUSs than occurs with respect to remote communities without licensed outlets.

Respondents in the community survey were asked three questions that explored the impact of clubs in the community. These were:

- Do you think there would be less trouble in your community if there were no club?
- Do you think that having a club here keeps people from going to town to drink?
- How often does your family experience alcohol-related problems?

The number of people who thought there would be less trouble in the community if there were no club (38.1%) was evenly matched by the number who thought there would be *more* trouble in the absence of a club (34.5%).

Most people (80.4%) thought that clubs helped to keep drinkers from going into town to drink, although this view was qualified by a perception that the effect applied mainly to moderate drinkers, rather than heavy or dependent drinkers.

Around one-fifth of people reported experiencing alcohol-related problems in the family 'all of the time', while another 39% did so 'some of the time'. A little over one-third (34%), however, said that such problems were experienced 'none of the time'.