Mornington Shire Council

Alcohol Management Plan

Strategic Review

September 2017
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Introduction

Fifteen years of mismanagement by community and successive state and commonwealth governments combined with an estimated half billion dollar service delivery fiasco and the Mornington Island community is teetering on the brink of crisis from the impacts of alcohol.

As highlighted by the current Aboriginal and Torres Strait Islander Social Justice Commissioner of the Australian Human Rights Commission:

“Alcohol consumption, misuse and related harm are some of the most challenging issues confronting communities across the length and breadth of Australia. These challenges are not limited to Aboriginal and Torres Strait Islander communities, but confront every demographic in Australian cities and towns. From Kings Cross to Halls Creek, St Kilda to Santa Teresa – communities grapple with alcohol related harm arising from over-consumption and the extent to which punitive measures should or should not be applied” (Gooda 2013).

“Alcohol consumption is a performance measure for COAG’s target of ‘closing the life expectancy gap (between Indigenous and non-Indigenous Australians) within a generation’ (COAG 2009). The primary measure for this indicator is alcohol consumption and associated risk levels.

Alcohol consumption has health and social consequences through intoxication (drunkenness), alcohol dependence and other long term health effects (NHMRC 2009; Whetton et al. 2009). Years of alcohol misuse can lead to chronic diseases and increases the risk of heart, stroke and vascular diseases, liver cirrhosis, several types of cancer (AIHW 2005) and alcohol-related brain injury. It also contributes to disability and death indirectly through associated accidents, violence, suicide and homicide (Clabria et al. 2010).

Alcohol misuse also affects people other than the individual concerned. Excessive alcohol consumption contributes to workplace problems, child abuse and neglect, financial problems (poverty), family breakdown, interpersonal/domestic violence, and crime (Anderson and Wild 2007; Laslett et al. 2010; WHO 2000, 2004).

Alcohol Management Plans were introduced by the Queensland Government, seemingly with the best of intentions, to reduce the harmful effects of excessive alcohol consumption in communities like Gununa on Mornington Island. This Strategic Review is the next step in the journey of Mornington Island, to come to terms with the introduction of the Alcohol Management Plan and the consequences that have followed ever since.

Mornington Shire Council covers the entire area of the 23 Islands of the Wellesley Islands archipelago, in the lower Gulf of Carpentaria, in far North West Queensland. The majority of the predominately indigenous population reside in the community of Gununa on Mornington Island, the largest northern island.

In 2009 the Queensland Government completed its sweeping legislative reforms and determined alcohol possession or consumption within the Mornington Shire illegal (with two exceptions that related to fishing charter businesses). Prohibition then applied to all but a minority after Mornington Island had first experienced take away alcohol restrictions introduced in 2003.
Since 2012, despite assurances and verbalised commitments from successive Queensland State Governments to review Alcohol Management Plans nothing has been finalised or achieved. With communities like Gununa on Mornington Island, left directionless and bereft of leadership from government, residents have resorted to their own devices to access alcohol.

As is often the case, the best of intentions can result in the direst of consequences and prohibition of alcohol is one of those intentions of government for Mornington Island that has not only failed in intent but succeeded in creating a wider range of issues than it was intended to solve. This is a situation not unique to Mornington Island, “America has been dealing with the volatility of alcohol throughout its history. Concerned citizens of the early 1900s looked at the chaos and destruction drunkenness was causing, and decided there was a way to fix the problem — Prohibition. By constitutional amendment that meant no alcoholic beverages sanctioned at the federal level, and only home brew at the local level, from 1920-1933. After that era took a detour into organized crime and speakeasies with illegal alcohol sales, it left just freedom with responsibility as a possible solution” (AJ Media 2017).

After prohibition, ever resourceful elements of the Shires indigenous population quickly learnt the craft of grog running and importing “hot grog” (local slang for legal alcohol illegally brought to the island) for sly-grogging and making illegal home brew alcohol.

Not limited by the constraints of conventional brewing methods and aided by the legal availability of sophisticated super yeast strains such as “turbo yeast” highly volatile and potentially lethal home brews began to appear. This type of home brew is now widely made and consumed by a significant portion of the indigenous population on Mornington Island.

In 2017 the effects of prohibition are continuing on a downward spiral within the community of Gununa on Mornington Island. Mornington Island at the time of this report has Queensland Health, Queensland Police Service, a myriad of service providers and the Judiciary devoting the bulk of their time and resources towards dealing with the effects of home brew making and consumption. Mornington Island also registers the highest levels of domestic violence in North West Queensland.

Motivated by the awareness of continually increasing community issues caused by home brew, the damming supporting statistics and a desire for change by community, a combined community and Council working party was developed to address the challenges at hand in February 2017. This action was spurred on by the surreptitious release of the toxicity levels of some home brew concoctions that clearly displayed the gravity of the situation on Mornington Island.

United in desire and with a vision for change, Mornington Shire Council’s elected members and executive staff, supported by community and various Queensland and Federal Government Department representatives have taken the important first steps in righting the wrongs of the past and bringing positive change to residents of the Shire. “The Government is committed to working with communities to better target responses to illicit alcohol and ensure localised support services are in place to help people quit or reduce drinking and manage the flow on effects of alcohol misuse, including violence” (Jackson 2017).
This strategic review of the Mornington Island Alcohol Management Plan and development of the next steps in the journey for Mornington Island in respect to alcohol could only have been possible through the assistance and support of many individuals and organisations. These include the community on Mornington Island, Mornington Shire Council Mayor, elected members and staff, the Department of Aboriginal and Torres Strait Islander Partnerships, the Department of Justice and Attorney General, Office of Liquor and Gaming Regulation, the Department of Prime Minister and Cabinet, community representative organisations such as Mornington Island Health Council, Mirndiyun Gununa Aboriginal Corporation, Junkuri Laka “Wellesley Islands Law, Justice and Governance Association Inc.”, Mornington Island Aboriginal Corporation for Social and Economic Development, Mornington Shire Council’s Ministerial Champion Jennifer Howard, Government Champion Jim Reeves, The North West Health and Hospital Service, the Queensland Police Service, Queensland Health, Gidgee Health, Queensland Ambulance Service, Mornington Shire Council Alcohol Management Plan Committee members, Professor Alan Clough and all the service provider organisations and their staff who have attended meetings and voiced opinions throughout this review process.

Whilst there may always be speculation from some members of the community and service providers on Mornington Island as to the appropriateness of any review of their Alcohol Management Plan, the consensus of the majority of residents has been sought through a variety of processes and forms the basis for this document.
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Background

In 2002, the Queensland State Government commenced the introduction of Alcohol Management Plans in remote and discreet aboriginal communities with the intent of reducing the harmful effects of excessive alcohol consumption. These plans were a direct consequence of the Cape York Justice Study Report commissioned by the Queensland Premier, the Honourable Peter Beattie in July 2001.

“The following terms of reference for the Study were approved by Cabinet on Monday, 13 August, 2001:

a) Identify the causes, nature and extent of breaches of the law in the Cape York Indigenous communities;
b) Identify the causes, nature and extent of alcohol and substance abuse in the Cape York Indigenous communities;
c) Determine the extent of the relationship between alcohol and substance abuse and breaches of the law in the Cape York Indigenous communities;
d) Identify strategies, including effective current practice, to address factors contributing to breaches of the law in Cape York Indigenous communities, in particular alcohol and substance abuse; and
e) Report to the Premier by November 2001 that recommends strategies to:

- reduce breaches of the law in Cape York Indigenous communities;
- reduce alcohol and substance abuse in Cape York Indigenous communities;
- protect members of Cape York Indigenous communities from violence, especially women, children and the aged;
- prevent young people from becoming involved in alcohol and substance abuse and offending;
- rehabilitate offenders and provide appropriate interventions for those at risk of offending.

The recommended strategies must:

- be achievable only through the smarter use of existing State resources; and
- support the continuing development of partnerships between the Queensland Government and Cape York Indigenous communities” (Qld Govt 2004).

Conclusions and recommendations contained in the Cape York Justice Study Report that was produced as a result of the study requested, are expansive and contain a great deal of information, some of which is dealt with at various times throughout this review. However the opening paragraphs of the report's conclusions are worth noting as they have a direct correlation to the issues presently being faced on Mornington Island.

“In free societies, the State’s ability to enforce the law is always limited. The threat of detection and punishment needs reinforcement by social pressure to conform. In the current age of aggressive individualism, social cohesion is stressed. Authority is routinely questioned, and personal rights, including economic self-interest, regularly claim precedence over other values. Laws which many consider are impermissibly restrictive of personal freedom and outside the legitimate sphere of state control, particularly laws which regulate the use of alcohol and other substances for relaxation and recreation, are extremely difficult to enforce and frequently disregarded by many. Social problems, including law and order” problems, are widespread in contemporary Australian society, irrespective of race, colour or culture. Poverty, welfare dependency, alcohol and other substance abuse, violence, especially family violence, and poor parenting ranging from disinterest in education to neglect and abuse, are prevalent.
Social problems are especially visible in small, poor, remote communities, whatever their race or culture. Such communities commonly have limited facilities and public services, high costs for basic goods and other services, little economic activity, few local opportunities, comparatively low educational standards, high unemployment, welfare dependency and heavy alcohol consumption. Boredom, frustration and anger can deprive people in such communities of morale and energy, produce a debilitating inertia and encourage antisocial behaviour. Isolation and peer conduct and approval can normalise misbehaviour. Problems grow and interlock, reinforcing each other, and can be transmitted between generations.

It is unrealistic to expect every small, poor, remote community with entrenched problems to produce a leader who is willing and able to solve social problems in ways which have wide acceptance within the community. On the other hand, such problems cannot be eradicated or significantly altered by outsiders without community support. Government influence is diminished by distance, local attitudes, the expense of intervention and the rigidity and complexity of Government structures and processes” (Qld Govt 2004).

A full copy of the Cape York Justice Study Report is attached as “annex 1”.

“Prior to the 1970s, alcohol was not readily available in the 19 Indigenous communities in Queensland in this study. Then, somewhat abruptly, alcohol became available with few effective limits applied to control it for around 20 years (Fitzgerald, 2001; Martin, 1998). Between 2002 and 2008 restrictions were implemented and progressively tightened by the Queensland Government (Clough & Bird, 2015). The affected communities had little opportunity to play a lead role. Three years later, in 2011, the same Government began to seek ‘exit strategies’ promising to review alcohol controls if targeted reductions in harm indicators could be reached and sustained (Clough & Bird, 2015). The opposing major party, as part of its electoral platform, also promised to “review and get rid of” restrictions (O’Dwyer, 2012). When it came to power, in 2012, the new Queensland Premier and his Ministers, initially offered to ‘normalise’ access to alcohol in the affected communities within five years but settled instead on a formal review process (Liberal National Party of Queensland, 2014). This review process continues despite a further change in the Government” (Clough, Margolis, Miller, Shakeshaft, Doran, McDermott, Sanson-Fisher, Towle, Martin, Ypinazar, Roertson, Fitts, Bird, Honorata and West 2016).

With the expressed appetite of the Queensland Government supported by its Minister for Local Government and Aboriginal and Torres Strait Islander Affairs, the Honourable Mark Furner, to unravel the long standing quandary surrounding Alcohol Management Plans, Mornington Island has developed this Alcohol Management Plan Strategic Review document.

The review document not only investigates the effectiveness of Mornington Islands current Alcohol Management Plan but also opportunities to challenge Mornington Island’s current home brew and alcohol issues through revision and amendment of its Alcohol Management Plan.

Community

“Mornington Shire is made up of the Wellesley Islands archipelago located in the southern Gulf of Carpentaria. Mornington Island is the largest Island in the Wellesley Island group and covers an area of 700 square kilometres. It is located 16°30’ south and 139°30’ east in the Gulf of Carpentaria,
about 125kms north-west of Burketown, 200kms west of Karumba, 444kms from Mt Isa and 954kms from Cairns” (Mornington Shire Council 2015). The Shire is arguably one of the most remote and isolated Local Governments in all of Northern Australia.

Whilst the Wellesley Islands are a truly unique and magnificent part of the world, it is resource poor, with no commercial mineral deposits, soil not suitable for large scale horticulture or agriculture, located in one of the most cyclonic weather prone locales in Australia and until recently has been somewhat out of sight and mind of the “mainstream political arena” of the Queensland and Commonwealth Governments.

Out of the 23 Islands only two have permanent inhabitants with the majority of the population of approximately 1225 living at the community of Gununa on Mornington Island (ABS 2017). Gununa is home to the Lardil, Yangkal, Kaidailt and Gangalidda people, “For the 2016 Census in Mornington, there were 983 Aboriginal and/or Torres Strait Islander people. Of these, 48.9% were male and 51.1% were female” (ABS 2017).

ABS Statistics in respect to population and school aged children from the 2016 census in Mornington indicates the following statistics:

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Count</th>
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<tr>
<td>0 – 4 years</td>
<td>88</td>
</tr>
<tr>
<td>5 – 14 years</td>
<td>242</td>
</tr>
<tr>
<td>15 – 24 years</td>
<td>171</td>
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<tr>
<td>25 – 34 years</td>
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<td>35 – 44 years</td>
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<tr>
<td>45 – 54 years</td>
<td>116</td>
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<tr>
<td>55 – 64 years</td>
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<tr>
<td>65 plus years</td>
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(ABS 2017)

Whilst the Lardil, Yangkal, Kaidailt and Gangalidda, traditional owners from the Gulf Country make up the majority of the population there is a nucleus of resident visitors to the Island that help make up the diverse population. According to the 2016 Census in Mornington “242 residents are not Aboriginal and/or Torres Strait Islander people” (ABS 2017). Stereotyping of the Islands population as just another aboriginal community, whilst common, is a disservice to the total population. The population on Mornington Island is a cosmopolitan mix of individuals, visionaries, professionals, service providers, traditional owners and their extended families. The vagaries of life in such a remote location can be directly attributed to the positive and negative outcomes, events and occurrences of day to day life on the Island.

“Queensland Government population predictions generated by applying assumptions regarding future trends in the components of population change and the latest planning and development
intelligence available predict a 1.1% per year increase in population over the next 25 years for Mornington Island. The population is projected to be 1,600 persons as at 30 June 2036” (Queensland Treasury 2017).

“ABS data indicates that the average median weekly income for Mornington Island residents is $352.00 per week and they are in the lowest percentile of income earners in Australia” (ABS 2017).

“Employment opportunities are limited and there is effectively a “welfare state” in existence on the Island with an estimated 78.5% of people aged 15 to 64 years unemployed” (ABS 2017). “There is acute overcrowding of social housing with a current need of 102 new houses” (Chong 2017) to be built immediately to address the shortage. School attendance rates are questionable for all ages of children and many family units are dysfunctional and disengaged.

The cost of air travel to and from Mornington Island (the only legitimate way on or off the island) only exacerbates the cost of living to the community. “Mornington Island is one of two indigenous communities that do not have the benefit of the Local Fare Scheme – Far North Queensland” (State of Qld 2016). “Return flights to Cairns can be as much as $988.00 or if travelling from Mornington Island to Cairns via Mount Isa $1,936.00 return” (Regional Express 2017). At the time of this review the Queensland Government represented by Translink – the Department of Transport and Main Roads introduced a twelve month trial of a subsidised air fare scheme for Mornington Island. This scheme would see discounts up to the value of $400.00 on a return trip to Cairns, Mount Isa or Doomadgee for qualified residents of Mornington Island (Going 2017).

“An estimated $59 million is spent on service delivery to support the community on Mornington Island annually” (Queensland Productivity Commission 2017). Through a service delivery mapping exercise Council is undertaking, it has been established that service delivery is fragmented, there is little or no cohesion amongst services or providers and of the 105 identified programs delivered by 45 different providers accountability appears to be scant. With limited support from service providers, true evaluation of service delivery success is difficult to gauge. “The cost of delivery of goods and services on Mornington Island due to its remoteness is ranked the highest in Queensland by their own Department of Housing and Public Works” (Head 2017).

Despite apparent adversity on many fronts, Mornington Island is also a land of promise that it is currently undergoing major economic reforms that are creating unprecedented employment opportunities. The traditional owners and majority of the population are the holders of culture, heritage and traditional lore.

Mornington Island has world renowned artists and dancers and residents take pride in their ability to walk in two worlds, keeping true to traditions whilst seeking a place in the economic opportunities that all Queenslanders should be able to access regardless of locale and population.

Legislation

Intrinsic to this review paper is the need to understand the various changes of legislation that would ultimately influence the behaviours of community members on Mornington Island especially in regard to the possession and consumption of alcohol. Whilst it would be fair to say that the changes
received mixed reception from the community at the time of introduction, the outcomes are somewhat surprising and will be addressed further on in this review document.

“In April 2002, the Queensland Government responded to the Cape York Justice Study conducted by Justice Tony Fitzgerald, by committing to a strategy that became known as Meeting Challenges, Making Choices (MCMC). MCMC extended beyond Cape York to 19 Aboriginal and Torres Strait Islander communities (including Mornington Island) in an attempt to address the issues of alcohol, substance abuse and violence” (Qld Govt 2002, P1).

Additionally “Action on alcohol management to reduce alcohol abuse and violence will create the environment for community, government and private sector strategies involving community engagement and public sector reform to be effective in improving the quality of life in MCMC communities. Alcohol management was progressed through the development of Alcohol Management Plans by each community that were given legal effect by regulations to the Liquor Act 1992 and were to be accompanied by strategies to reduce the demand for alcohol” (Qld Govt 2002, P3).

As a further consequence “The Government plan also involved the implementation of strengthened child protection measures, including a range of sporting and recreational programs tailored specifically for young people; a Safer Communities Strategy, including night patrols, enhanced community policing and innovative alternatives to sentencing; a Community Governance Improvement Strategy; and economic development, health, and education initiatives” (Indigenous Justice Clearing House 2016).

Outlined on page 56 of The Cape York Justice Study Report that formed the basis for the MCMC Strategy “There are considerable practical difficulties, much increased if, as some suggest, the alcohol abuse stems from an epidemic of addiction. In addition, as a result of section 109 of the Commonwealth Constitution, the State cannot enact valid legislation which is inconsistent with Commonwealth legislation, including social welfare legislation and the Racial Discrimination Act, 1975. State laws which sought to prohibit or restrict the supply or use of alcohol in the Cape York communities (because of their problems with alcohol abuse and violence) or which provided for the loss of entitlements on conviction for appropriate offences (for example, rights to drink, drive or hold community positions) might be invalid. The Human Rights and Equal Opportunities Commission report “Race Discrimination, Human Rights and Distribution of Alcohol” discusses these issues. Subject to those considerations, these recommendations proceed on the basis that the Queensland Parliament will enact any necessary legislation” (Qld Govt 2004).

The criminalisation of many residents for behaviours acceptable and lawful in “main stream” Australia is a contentious issue and despite a legislative challenge, “Section 8 and 10 of the Australian Racial Discrimination Act 1975 (Australian Government 1975) and Case Law - Maloney V The Queen (2013) from the High Court of Australia” (HCA 2013) confirm the validity of Alcohol Management Plans and conviction for breaches of their provisions is not discriminatory.

Complexities of change by way of nature can confuse the layman, but what this meant to Mornington Island was:
“From December 2003, only light and mid strength beers are being served at the canteen between the hours of 3:00pm and 7:00pm on weekdays. No takeaway’s allowed, and neither is the possession of alcohol in public, outside the canteen” (Colvin 2003).

“From 2009, when the canteen was closed the Mornington Island Restricted Area became the Mornington Shire including all public and private places. This includes all foreshores and the 23 islands in the Wellesley, South Wellesley, Forsythe and Bountiful Island groups and Sweers Island. Currently Sweers Island Resort is the only licensed premise in the restricted area of Mornington Island. The resort is licensed to sell alcohol to residents and their guests only” (DATSIP 2010-2017).

Due to the isolation of Sweers Island Resort from Mornington Island and the management’s policy of not selling alcohol to the local population the resort effectively has no impact on Mornington Island.

On the 18th of February 2016, Mornington Islands “Birri Fishing Resort” which had been operated for over 30 years by David and Brenda Withers closed its doors for the final time. The Motel “Liquor Licence” number 86853 was handed back to the government and the only legal liquor outlet on Mornington Island ceased to exist. This facility provided the opportunity for Mornington Island residents to enjoy a meal and consume alcohol in a setting as close as possible to normality. Year round, the venue was frequented by visitors on fishing charters, local indigenous residents, local non-indigenous residents such as council staff, teachers, police and hospital staff as well as fly in – fly out visiting trade’s staff and service providers.

Whilst debate reigns over government intervention and the introduction of alcohol management plans, for the people of Mornington Island the following legislation has undoubtedly altered the social landscape in terms previously unthought-of or suspected. This legislation, whilst interpretative and subject to challenge like all legislation, clearly outlines the framework including what is legal, illegal, possible or not under the Alcohol Management Plan for Mornington Island as follows:

**Queensland Liquor Act 1992**

**Part 4 Licences**

**Division 1 Licences under this Act**

**58 Available licences**

(1) The following licences may be granted and held under this Act—

(a) commercial hotel licence;
(b) commercial special facility licence;
(c) commercial other licence;
(d) community club licence;
(e) community other licence;
(f) nightclub licence.
(2) Only 1 licence may be granted or held for premises, or part of premises, but a licence may be granted or held for the premises or part even though there is a licence under the Wine Industry Act 1994 for the premises or part.

(3) However, if a licence is granted or held for premises, or part of premises, under this Act and the Wine Industry Act 1994—

(a) the licensee under both Acts must be the same person; and

(b) liquor may be sold under the licence under this Act only for the trading hours authorised under the licence.

**58A Licences subject to conditions imposed under regulation**

(1) A licence granted and held under this Act is subject to the conditions prescribed under a regulation.

(2) To remove any doubt, it is declared that any condition that may be imposed on a licence by the commissioner may be prescribed under a regulation.

(3) If a condition is prescribed under a regulation for all licences, or all licences in a particular area, the condition applies to all the licences or all the licences in the area, whether issued before or after the commencement of the regulation.

(4) If a condition is prescribed under a regulation for a particular class of licence, or a particular class of licence in a particular area, the condition applies to all the licences of that class or all the licences of that class in the area, whether issued before or after the commencement of the regulation.

(5) Subsections (3) and (4) apply subject to a contrary intention stated in the regulation.

(6) However, if the commissioner imposes a condition on a licence under section 107C or varies a licence under section 111 by amending or revoking a condition of the licence, the condition or variation prevails over any condition prescribed by regulation to the extent of any inconsistency (Liquor Act 1992 P 83-84).

**Division 2 Commercial hotel licence**

**59 Principal activity of a business conducted under a commercial hotel licence**

(1) The principal activity of a business conducted under a commercial hotel licence is the sale of liquor for consumption on the licensed premises, or on and off the premises, together with—

(a) the provision of meals and accommodation, as required under the licence; and

(b) the provision of premises and catering facilities for use by persons genuinely attending a function held on the premises.

(2) The authority under a commercial hotel licence to sell liquor does not apply unless a business is conducted on the licensed premises with the principal activity as mentioned in sub section (1).
60 Authority of commercial hotel licence

(1) A commercial hotel licence authorises the licensee—

(a) to sell liquor on the licensed premises, for consumption on or off the premises, during ordinary trading hours or approved extended trading hours; and
(b) to sell liquor on the licensed premises, for consumption on or off the premises, at any time to a resident on the premises; and
(c) to sell liquor on the licensed premises, for consumption on the premises, at any time to a guest of a resident on the premises while the guest is in the resident’s company; and
(d) to sell liquor on premises approved by the commissioner for sale of liquor under authority of the licence, for consumption—

(i) off the premises; or
(ii) on the premises in the amount and in the circumstances prescribed by regulation.

Note—
Premises approved by the commissioner under subsection (1)(d) are detached bottle shops under this Act.

(2) If the commissioner states in the licence, the authority of a commercial hotel licence extends to the sale of liquor off the licensed premises, for consumption off the premises, while the licensee is catering for a function if—

(a) the sale is ancillary to the function at the place where the liquor is consumed; and
(b) the liquor is sold for consumption by persons genuinely attending the function.

(3) The authority under subsection (1) or (2) is subject to this Act and the conditions stated in a particular licence.

(4) Premises approved by the commissioner for sale of liquor under the authority of a commercial hotel licence are part of the licensed premises to which the licence relates.

61 Restrictions on grant of commercial hotel licence

(1) The commissioner may grant a commercial hotel licence only if the commissioner is satisfied of the following—

(a) the business to be conducted under the licence on the licensed premises will have the principal activity as mentioned in section 59(1);

(b) the business to be conducted under the licence on the licensed premises will have a commercial kitchen and at least 2 of the following facilities—
(i) a dining, restaurant, or bistro-style, facility;
(ii) self-contained accommodation of at least 3 rooms for letting to travellers;
(iii) a function room facility available for hire by members of the public;

(c) the licensed premises—
(i) have the capacity to seat more than 60 patrons at any one time; and
(ii) have toilet facilities for male and female patrons of the business to be conducted under the licence on the premises.

(2) The commissioner must not grant a commercial hotel licence to a person—

(a) for premises the commissioner reasonably considers are, or are to be, used primarily as a supermarket; or
(b) if the commissioner considers that the sale of liquor proposed to be carried on under authority of the licence would more appropriately be carried on under the authority of a licence of another kind.

(3) Also, the commissioner must not grant a commercial hotel licence to an incorporated association under the *Associations Incorporation Act 1981*.

**62 Consumption of liquor on premises by residents and guests**

Liquor supplied under the authority of a commercial hotel licence to a resident on the licensed premises, or to a guest of a resident in the resident’s company, for consumption on the premises at any time other than ordinary trading hours, or approved extended trading hours, must be consumed in a residential unit on the premises (Liquor Act 1992 P 8-87).

**67B Principal activity is the provision of accommodation**

(1) This section applies if the principal activity of a business conducted under a subsidiary on-premises licence is the provision of accommodation.

(2) The licence authorises the licensee to sell liquor on the licensed premises—

(a) at any time—
   (i) to a resident on the licensed premises, or a guest of a resident in the resident’s company, for consumption on the premises; or
   (ii) to a resident on the licensed premises in a quantity of not more than 9L on any day, for consumption off the premises; and

(b) during ordinary trading hours or approved extended trading hours, to any person, including a person not eating a meal, for consumption in a part of the premises stated in the licence as ordinarily set aside for dining; and

(c) to a person attending a function on the premises during ordinary trading hours or approved extended trading hours for consumption on the premises, whether or not the person is eating a meal.

(3) Liquor supplied under authority of the licence to a resident on the licensed premises or a guest of a resident in the resident’s company, for consumption on the premises outside ordinary trading hours or approved extended trading hours, must be consumed in a residential unit on the premises (Liquor Act 1992 P 91-92).
Division 5 Community club licence

76 Principal activity of business under community club licence

(1) The principal activity of a business conducted under a community club licence is the provision of facilities and services to the club’s members and the achievement of the club’s objects.

(2) The authority under a community club licence to sell or supply liquor does not apply unless a business is conducted on the licensed premises with the principal activity as mentioned in subsection (1).

77 Authority of community club licence

(1) A community club licence authorises the licensee to sell liquor on the licensed premises—

(a) during ordinary trading hours, or approved extended trading hours, to—
   (i) a member of the club for consumption on or off the premises; or
   (ii) a member of a reciprocal club, whose members’ reciprocal rights are secured by formal reciprocal arrangements, for consumption on or off the premises; or
   (iii) an applicant for membership of the club for a period of 30 days after receipt by the secretary of the club of the applicant’s application for membership for consumption on the premises; or
   (iv) a guest of a person mentioned in subparagraph (i) or (ii), in the person’s company, for consumption on or off the premises; or
   (v) a visitor to the club, for consumption on or off the premises, whose ordinary place of residence is in—

   (A) another State or in a foreign country; or
   (B) the State, at least 15km from the club’s premises; or

   (vi) a person attending a function or club activity, other than the purpose of the club, on the premises for consumption on the premises; or
   (vii) for a club that is an RSL or Services Club—

   (A) an RSL honorary member for consumption on the premises, or a guest of an RSL honorary member in the member’s company for consumption on the premises; or
   (B) a defence member for consumption on the premises, or a guest of a defence member in the member’s company for consumption on the premises; and

   (b) at any time to a resident on the premises, or a guest of a resident in the resident’s company, for consumption on the premises.

(2) Despite subsection (1)(a)(vi), if the commissioner states in a community club licence that the licensed premises include particular premises (the other premises) that the club owns or has a legal right to occupy and the other premises may be used on an infrequent basis for an event, the licence authorises the licensee to sell liquor within a defined area on the other premises for the event for consumption within the defined area stated in the licence if—
(a) the sale is during ordinary trading hours for the licence to members of the public attending the event on the other premises; and
(b) the event is the playing of a sport or game for which the club is established; and

Example of sport or game for which a club is established—
If a rugby union club is established but the club allows other clubs to use its premises for bridge or darts, or encourages the rugby union club’s members to play those games, the rugby union club is established for rugby union and not other sports or games (like bridge or darts) that may be played on its premises.

(c) the club is catering for the event on the other premises; and
(d) at least 14 days before the date of the event, the club gives written notice about the event to the police officer in charge of the locality in which the event is to be held.

Example for subsection (2)—
A football club may have premises with an adjacent field in 1 suburb that are used on a weekly basis for training and regular games. The club may also own a second field in another suburb which is used a few times a year for the club’s games. The commissioner may state in the community club licence that the licensed premises includes defined areas at 1 or both fields. The community club licence authorises the club to sell liquor within the defined areas.

(3) For subsection (2), the area of the other premises defined in the licence forms part of the licensee’s licensed premises for the period the licensee is authorised to sell liquor on the other premises.

(4) Despite section 76(1), a community club licence does not authorise the sale or supply of liquor from a facility ordinarily known as a drive-in or drive through bottle shop.

(5) The authority under subsections (1) and (2) is subject to this Act and the conditions stated in a particular licence.

(6) A visitor to the premises of a club who—

(a) with permission of an authorised agent of the management committee of the club; and
(b) after payment of the fee, if any, ordinarily charged for the purpose; plays a sport or game that is part of the club’s business, or that is played under the auspices of the club, is taken, for the purposes of subsection (1), to be a member of the club for the day on which the visitor so plays.

(7) If it is a team that plays a sport or game mentioned in subsection (6) as visitors to the premises of a club, every genuine official of the team is taken to be a visitor who played the sport or game although the official has not taken part in the sport or game.

(8) In this section—

/game does not include a game within the meaning of the Gaming Machine Act 1991.

78 Restrictions on grant of community club licence

(1) The commissioner may grant a community club licence only if the commissioner is satisfied that—
(a) the business to be conducted under the licence on the licensed premises will have the principal activity as mentioned in section 76(1); and
(b) the club in question is a non-proprietary club.

(2) The commissioner may not grant a community club licence if—

(a) the premises to which the community club licence would relate are a part of larger premises, wholly or partly (the larger premises); and
(b) another type of licence was formerly held in relation to the larger premises; and
(c) another type of licence is still held in relation to the remainder of the larger premises, wholly or partly.

Example—
If club A applies for a community club licence in relation to a part of premises that has been excised from club B’s commercial hotel licence, club A’s application must be refused.

79 Requirements of club and secretary

(1) A community club licence is subject to the following conditions—

(a) the rules of the relevant club must comply with the schedule, except as otherwise authorised in writing by the commissioner;

(b) if an amendment of the rules of the relevant club is adopted by the club—

(i) the relevant club’s secretary must, within 14 days after the adoption of the amendment, give to the commissioner a certified copy of the proposed amendment; and
(ii) the amendment takes effect at the end of 28 days after receipt by the commissioner of the certified copy, unless, within that period, the commissioner disallows the amendment by written notice given to the relevant club’s secretary;

(c) the relevant club’s secretary must keep on the club premises a register of—

(i) the name and address of each member of the club; and
(ii) particulars of payment of the membership subscription last paid by the member;

(d) the relevant club’s secretary must keep on the club premises a register of—

(i) the name of each guest of a member or visitor to the club premises; and
(ii) the current place of residence of each guest or visitor or, if the guest or visitor is a member of a reciprocal club, the name of the reciprocal club;

(e) the relevant club’s secretary must keep the register mentioned in paragraph (c) or (d) open for inspection at any time by an investigator.

(2) The regulations may prescribe amendments to which subsection (1)(b)(i) does not apply.

(3) An amendment to which subsection (1)(b)(i) does not apply takes effect as soon as it is adopted by the relevant club.

(4) Subsection (1)(d) does not apply to a person who is—
(a) a minor; or
(b) a visitor mentioned in section 77(6) or (7).

(4A) Subsection (1)(d) does not apply in relation to a guest or visitor who is—

(a) a member of a reciprocal club if the guest or visitor provides evidence of membership of the reciprocal club when the guest or visitor enters the relevant club; or

(b) for a relevant club that is an RSL or Services Club—

(i) an RSL honorary member; or
(ii) a defence member if the guest or visitor displays his or her current service identity card when the guest or visitor enters the relevant club.

(4B) However, if the rules of the relevant club require a register to be kept for members of a reciprocal club, subsection (1)(d) continues to apply in relation to a guest or visitor who—

(a) is a member of that reciprocal club; and
(b) if the relevant club is an RSL or Services Club, is not also—

(i) an RSL honorary member; or
(ii) a defence member who displays his or her current service identity card when the guest or visitor enters the relevant club.

(4C) To remove any doubt, subsection (1)(d) continues to apply in relation to a guest or visitor who is—

(a) a guest of a member of a reciprocal club; or
(b) for a relevant club that is an RSL or Services Club—

(i) a guest of an RSL honorary member; or
(ii) a guest of a defence member.

(5) A person must not make an entry in a register, or give information to someone else to enter in a register, mentioned in subsection (1)(c) or (d) that the person knows is false, misleading or incomplete in a material particular.

Maximum penalty—35 penalty units.

(5A) The relevant club’s secretary may keep the register mentioned in subsection (1)(c) or (d) in hard copy or electronic form.

(6) It is enough for a complaint against a person for an offence against subsection (5) to state that the information entered was false, misleading or incomplete to the person’s knowledge.

(7) In this section—

*relevant club* means the club to which the licence relates. (Liquor Act 1992 P 103-108).
Part 4A Permits

Division 3 Community liquor permit

103C Authority of community liquor permit
(1) Subject to this Act, a community liquor permit authorises the permittee to sell liquor—
   (a) at the event or occasion; and
   (b) at the times on the day or days; and
   (c) subject to the conditions;
   stated in the permit.

(2) Authority of a community liquor permit extends to sale of liquor—
   (a) for consumption at the event or occasion stated in the permit; and
   (b) for removal from the venue of the event or occasion, and subsequent consumption, if stated in the permit.

103D Restriction on grant of community liquor permit
(1) The commissioner must not grant a community liquor permit—
   (a) for licensed premises; or
   (b) if the commissioner considers that the supply of liquor proposed to be provided under authority of the permit would more appropriately be provided under authority of a licence.

(2) The commissioner may grant a community liquor permit only to—
   (a) a non-proprietary club; or
   (b) another entity, if the commissioner is satisfied all the net proceeds from the sale of liquor under the permit will be used for the benefit of the community.

(3) If the applicant for a community liquor permit is a non-proprietary club that is an unincorporated association, the permit may be granted only to an individual for the non-proprietary club.

103E Identification of premises
(1) The commissioner must—
   (a) define an area adjacent to each premises to which a community liquor permit relates; and
   (b) state the means by which the area must be marked out.

(2) An area defined under subsection (1) is part of the premises to which the permit relates.

103F Restriction on consumption or possession of liquor
(1) During continuance of a community liquor permit, a person must not—
   (a) consume liquor; or
(b) have liquor in possession for consumption; at the venue of the event or occasion stated in the permit elsewhere than in an area that is part of the premises to which the permit relates.

(2) Subsection (1) does not apply to consumption of, or having in possession, liquor supplied by the person or association of persons controlling the event or occasion in a part of the venue of the event or occasion set apart for use by that person or association and guests (Liquor Act 1992 P 127-128).

Part 6 Obligatory provisions and offences

168B Prohibition on possession of liquor in restricted area

(1) A person must not, in a restricted area to which this section applies because of a declaration under section 173H, have in possession more than the prescribed quantity of a type of liquor for the area, other than under the authority of a restricted area permit (Liquor Act 1992, P291).

Part 6A Restricted Areas

173H Declaration of prohibition of possession of liquor in restricted area

(1) A regulation may declare that a restricted area is an area to which section 168B applies.
(2) A regulation under subsection (1) must state the quantity of a type of liquor that a person may have in possession in the restricted area (the prescribed quantity) without a restricted area permit.
(3) Subject to any conditions imposed under this Act about the quantity of a type of liquor that a person may have in possession at licensed premises, or premises to which a permit relates, in the restricted area, the prescribed quantity does not apply to the premises (Liquor Act 1992, P330).

Liquor Regulation 2002

Part 3 Detached bottle shops

7 Circumstances in which commissioner may approve premises a detached bottle shop

(1) The commissioner may approve premises, as mentioned in section 60(1)(d) of the Act, only if—

(a) the applicant is the licensee of licensed premises (the main licensed premises); and

(b) the proposed detached bottle shop—

(i) is not more than 10km by road from the main licensed premises; and

(ii) has a floor area of not more than 150m2; and

(iii) does not have direct access from any other business premises; and

(iv) has direct access from a public place; and

(v) does not have a facility ordinarily known as a drive-in or drive through; and

(c) the applicant has no more than 2 detached bottle shops for the main licensed premises; and
(d) the applicant satisfies the commissioner that—

(i) conducting the proposed detached bottle shop on the premises is permitted under the planning scheme of the relevant local government for the premises; and

(ii) only the applicant has a right to occupy—

(A) if the detached bottle shop will occupy the entire premises—the premises; or

(B) if the detached bottle shop will occupy only part of the premises—the part of the premises; and

(iii) the same person or entity will have the financial benefit of the proposed detached bottle shop and the business conducted at the main licensed premises; and

(iv) the applicant will conduct the proposed detached bottle shop under the same business name as the business conducted at the main licensed premises; and

(v) the licensee’s principal place of business will be the main licensed premises.

(2) For subsection (1)(b)(i), a proposed detached bottle shop is not more than 10km by road from the main licensed premises if either of the following distances is 10km or less—

(a) the distance measured between—

(i) the place of egress by road from the land on which the main licensed premises is located that is closest to the proposed detached bottle shop; and

(ii) the place of ingress by road to the land on which the premises is located that is, or includes, the proposed detached bottle shop that is closest to the main licensed premises;

(b) the distance measured between—

(i) the place of egress by road from the land on which the premises is located that is, or includes, the proposed detached bottle shop that is closest to the main licensed premises; and

(ii) the place of ingress by road to the land on which the main licensed premises is located that is closest to the proposed detached bottle shop.

(3) A distance mentioned in subsection (2) must be measured using the shortest route that may be taken driving a motor vehicle in compliance with the relevant laws of the State and local laws.

(4) Subsection (1)(b)(i) does not apply if the applicant satisfies the commissioner that—

(a) the proposed detached bottle shop will

(i) be in a locality in which there is no licensed premises at which liquor is sold for consumption off the premises; and

(ii) primarily service the residents of the locality; and
(b) because of the locality’s population or projected population, the locality is not likely to attract the establishment of licensed premises other than a detached bottle shop.

Example of a locality for subsection (4)—a small rural community more than 10km from the nearest premises from which takeaway liquor is sold to the public. Subsection (6) applies if the proposed detached bottle shop will occupy only a part of the premises and there is a condition in the applicant’s tenancy agreement for the part of the premises that the owner of the premises will not grant anyone else the right to occupy another part of the premises as a detached bottle shop.

(6) The applicant must satisfy the commissioner that the applicant did not ask the owner to include the condition in the agreement” (Liquor Act 1992 Liquor Regulation 2002, P 15-17).

Part 8A Restricted areas

37A Declaration of restricted area—Act, s 173G(1)

An area stated in a relevant schedule is a restricted area.

37B Declaration of prohibition of possession of liquor in restricted area—Act, s 173H

(1) Each restricted area is an area to which section 168B of the Act applies.

(2) The prescribed quantity of a type of liquor for a restricted area is the quantity of the type stated for the area in a relevant schedule (Liquor Act 1992 Liquor Regulation 2002, P 48-49).

Schedule 1I Mornington

Sections 37A and 37B

1 Areas declared to be restricted areas

Each of the following areas is a restricted area—

(a) the community area of the Council of the Shire of Mornington;
(b) the foreshore of the community area.

2 Prescribed quantity

The prescribed quantity of liquor of any type for each restricted area is zero (Liquor Act 1992 Liquor Regulation 2002, P 76).

Aboriginal and Torres Strait Islander Communities (Justice, Land and Other Matters) Act 1984

Part 4 Community Justice Groups

19 Functions and powers
(1) The community justice group for a community area has the following functions—

(d) making recommendations to the Minister administering the Liquor Act 1992, part 6A, about declarations under that part (ATSIC(JLaOM)Act 1984 P21).

Part 5 Control of possession and consumption of alcohol in community areas

Division 3 Provisions relating to homemade alcohol

38 Offences relating to homemade alcohol

(1) Subsection (2) applies if—

(a) a community area or part of a community area (the part community area) is, or is in, a restricted area under the Liquor Act 1992 to which section 168B of that Act applies because of a declaration under section 173H of that Act; and

(b) the prescribed quantity of liquor of any type a person may under that Act possess for the restricted area, other than under the authority of a restricted area permit under that Act, is zero.

(2) A person must not in the community area or part community area—

(a) possess a home-brew kit or component of a home-brew kit; or

(b) possess equipment, or a component of equipment, that is being used, or has been used, to brew alcohol; or

(c) possess home-brew concentrate; or

(d) supply homemade alcohol to another person.

(3) A person must not in a prescribed community area—

(a) possess a home-brew kit or component of a home-brew kit; or

(b) possess equipment, or a component of equipment, that is being used, or has been used, to brew alcohol; or

(c) possess home-brew concentrate; or

(d) possess homemade alcohol; or

(e) supply homemade alcohol to another person.

(4) In this section— component, of a home-brew kit, means a device that is apparently intended to be part of a home-brew kit.

39 Relationship with restricted areas

(1) This section applies if a prescribed community area or part of a prescribed community area is, or is in, a restricted area under the Liquor Act 1992 to which section 168B of that Act applies because of a declaration under section 173H of that Act (the restricted area declaration).

(2) Section 38(3)(d) applies to the whole of the prescribed community area despite the restricted area declaration (ATSIC(JLaOM)Act 1984 P33-34).

The intent from the community on Mornington Island clearly indicates an appetite for the re-introduction of “legal alcohol” to Mornington Island. The following legislation covers the scenarios put forward by the community during this review process. Reference to section 58 from the
Mornington Island community perspective includes commercial hotel licence and community club licence.

**Transition from legal to illegal**

Confirmation from lifelong residents of Mornington Island reveals that from the time the first wave of restrictions regarding take home alcohol came into place in 2003, individuals began experimenting with the manufacture of home brew utilising commercial home brew kits. At about the same time an enterprising few expanded their involvement into grog running from the mainland. Both these activities led to an increase in sly grogging i.e. the unlawful on-sale, or commercial operation of supply or sale of legal alcohol (hot grog) and illegal alcohol (home brew). Both forms of alcohol include alcohol for personal use, family events, sharing amongst family and friends and so forth.

With the total ban of alcohol introduced through closure of the tavern under the 2009 legislation, levels of manufacturing of homebrew rapidly increased and “grog runs” to the main land become a far more regular occurrence. At some point in time, home brew transitioned from commercial home brew kits to the current home brew practice and homebrew is now the main source of alcohol on Mornington Island “hot grog” (legal alcohol illegally brought to the Island) plays a role in the illicit supply chain.

During the formulation of this review strategy throughout May, June and July and August 2017, discussions with residents of Mornington Island identified the following commonly held perceptions of home brew:

- Home brew is easy to make, ample in supply and residents of all ages drink it on a regular basis.
- The age range of those manufacturing and consuming homebrew is anywhere from 8 years old to older than 60 years of age,
- That around 85% of local residents have regular exposure to homebrew,
- Some children that don’t go to school and can’t read or write know all the ingredients required and how much of each is needed to make home brew.

Whilst the manufacture of homebrew has been taking place on Mornington Island for at least the last 14 years, the method of the production has changed significantly during that time. There has been a transition from traditional brewing methods using commercial brewing kits to present day methods with scant attention to hygiene or process. Current brewing methods invariably include use of turbo yeast “Turbos ferment very effectively. (However, instructions regarding the fermenting temperature must be carefully followed.) The mash is so pure that one can add some sugar to it, and combine this mixture with, for example, fruit juice, to create a strong wine or fruit drink” (Strand 1998-2009).

Mornington Island’s adaption to the use of turbo yeast includes the unchecked addition of various additives in unregulated quantities such as sugar, cordial, fruit juice and colouring and flavouring agents such as soft drink and vegemite. The brewing and consumption period can be as little as 24 to 48 hours and is mostly carried out in open (often unsanitary) containers at very high temperature and the resulting brew has surprisingly high levels of alcohol and ethanol and low levels of sugar.

“**Turbo yeast - what is it?** Make your own moonshine alcohol in 24 hours.
A turbo yeast is nothing like an ordinary pack of wine or beer yeast. In fact, it is not very good at fermenting beer or wine, it is usually far too fast and brutal for this, leaving nothing of the desired flavours and bouques in your brew if you try. Instead the turbo yeast is designed for the fastest and most reliable fermentation of a pure sugar/water mix, into pure alcohol.

The idea is of course to make alcohol by fermentation, up to 23% at the moment, but this limit may be pushed further. Fermenting alcohol is usually legal and tax free in most countries, with some exceptions (you are recommended to check up on this in your country before you use our products).

The finished product, pure alcohol between 14% - 23% alcohol, can then be used as a base for mixing drinks, mixing with essences to make lower alcohol versions of many spirits, or (where legal) as the perfect base for distilling into high alcohol” (Homebrew How-To 2017).

“The Aboriginal and Torres Strait Islander Communities (Justice, Land and Other Matters) Act 1984 Section 38 (2) outlines the legislation in respect to home brew and turbo yeasts or like products are not covered by that legislation. Therefore it is no offence to import or possess these products up until the point they are used to make homebrew” (ATSIC) (JLaOM)Act 1984, P34).

Home brew analysis

The table below contains the analysis of home brew samples using turbo yeast that were taken on Mornington Island in December 2016. Scientifically unsubstantiated analysis reported by a Queensland Health employee indicated that the home brew was the frequency and amount of home brew consumed as reported by community perceptions and feedback will likely cause a dependency disorder that along with that will create the potential for a withdrawal syndrome to emerge once consumption has ceased, capable of producing a high level of violence and behavioural disturbance identified behaviours similar to users of “ice”, was a poison that could cause organ failure, cancer, and kidney or liver failure and the consumers could suffer from blackouts and loss of memory. The following photographs typically show home brew and turbo yeast as observed by Mornington Island Police and as being consumed by the general populous.
CERTIFICATE OF ANALYSIS

CLIENT: Mornington Island Hospital
Mornington Island
QLD 4892

ATTN: Karen Savage N.P.

Package number: 16120004
Client Reference: Samples A - G
Date Received: 2nd December 2016
Date Commenced: 5th December 2016
Laboratory Number: 16PA66 - 16PA72

Submitting Authority
Mornington Island Hospital

Number of Samples
Seven

Reason for Analysis
QIS 12699 – Determination of Ethanol in Beverages by Gas Chromatography
QIS 12678 – Determination of Congener in Beverages by Gas Chromatography
QIS 12877 – Determination of Sugars by HPLC
QIS 24485 – Determination of major and trace elements in foods

Description of Sample
The samples comprised seven plastic bottles partially filled with cloudy liquid, "home brew".

Remarks
Results for the analyses performed are presented below.
The concentrations of vanadium, chromium, cobalt, nickel, molybdenum, silver, antimony and mercury were all found to be below 0.01 mg/kg in all samples.
The concentrations of tin were found to be less than 0.05 mg/kg in all samples.
The concentrations of barium were found to be less than 0.2 mg/kg in all samples.
Results for ethylene glycol concentrations will be given in a further report.

Dr James Carter
Senior Chemist, Food Chemistry Laboratory
10th January 2017

NATA Accredited Laboratory 41
16PA66 - 72

This report overrides all previous reports. The results relate only to the sample(s) as received and are limited to the specific tests undertaken as stated on the report. The results of this report are confidential and are not to be used or disclosed to any other person or used for any other purpose, whether directly or indirectly, unless that use is disclosed or the purpose is expressly authorised in writing by Queensland Health and the named recipient on this report. To the full extent permitted by law, Queensland Health will be liable for any loss or claim (including legal costs calculated on a solicitor-client basis) caused directly or indirectly by (a) a breach of any confidentiality; (b) negligence or unlawful act or omission by Queensland Health that is connected with any activities or services provided by Queensland Health under this agreement (including the testing and/or method under which the samples were taken, stored or transported).

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## Certificate of Analysis

**Lab ID** | 16PA66 | 16PA67 | 16PA68 | 16PA69 | 16PA70 | 16PA71 | 16PA72  
--- | --- | --- | --- | --- | --- | --- | ---  
**Client ID** | A | B | C | D | E | F | G  
**ABV %** | 7.1 | 8.9 | 2.9 | 7.1 | 13.0 | 5.9 | 13.1  
**Acetdehyde g/l ethanol** | 0.5 | 27.0 | 17.9 | 8.3 | 2.1 | 7.8 | 1.0 | 1.4 | 1.4  
**Ethyl acetate g/l ethanol** | 8.7 | 11.6 | 12.7 | 9.4 | 4.2 | 23.5 | 8.6 | 8.6  
**Higher alcohols g/l ethanol** | 12.7 | 10.4 | 13.6 | 11.7 | 4.4 | 7.7 | 7.3 | 7.3  
**Sugar g/l 100ml** | <0.5 | <0.5 | <0.5 | <0.5 | <0.5 | <0.5 | <0.5 | <0.5 | <0.5 | <0.5  
**Aluminium mg/kg** | <0.5 | 13 | <0.5 | <0.5 | 9.3 | <0.5 | <0.5 | <0.5 | <0.5 | <0.5 | <0.5  
**Manganese mg/kg** | 0.058 | 0.13 | 0.15 | 0.086 | 0.033 | 0.14 | 0.13 | 0.13  
**Iron mg/kg** | <0.2 | 9 | 0.52 | 0.27 | 3.8 | 0.41 | 0.6 | 0.6  
**Copper mg/kg** | <0.1 | 0.21 | <0.1 | <0.1 | 0.48 | <0.1 | 0.15 | 0.15  
**Zinc mg/kg** | <0.5 | 1.5 | 0.84 | <0.5 | 0.78 | 0.74 | <0.5 | <0.5  
**Arsenic mg/kg** | <0.01 | 0.18 | <0.01 | <0.01 | <0.01 | <0.01 | <0.01 | <0.01 | <0.01 | <0.01 | <0.01 | <0.01  
**Strontium mg/kg** | 0.09 | 0.35 | 0.048 | 0.042 | 0.24 | 0.08 | 0.07 | 0.07  
**Lead mg/kg** | <0.01 | 0.008 | <0.01 | <0.01 | 0.038 | <0.01 | <0.01 | <0.01 | <0.01 | <0.01 | <0.01 | <0.01 | <0.01
“Many people don’t realise that the ethanol contained in alcohol is, in fact, a drug. Produced as a result of the fermentation process, it affects almost all of the body’s cells and systems” (DrinkWise 2017).

Resulting from a request for toxicology testing of the home brew sample results referred to in the charts above, the following observations have been put forward:

“My colleague in chemistry (Assoc Prof Mike Liddell) and I discussed the sample data you sent through. Here’s some comments.

1. These samples depict a cocktail rather than a brew. The near zero sugar levels suggest this because you would normally expect sugar to be a presentation in a fermented batch.

2. The ABV (alcohol by volume) values suggest that the base for the cocktail may be wine for the lower values and spirits for the higher values (E and G).

3. Ethyl acetate possibly comes from nail polish remover. If sniffed it provides a buzz and probably also if ingested. It has a bitter-sweet, wine like taste but it burns. It’s hazardous but not very toxic although it will make you sick.

4. Acetaldehyde is a concern especially in the higher concentrations in samples A and B. Consumers of those cocktails would become very ill. It is a central nervous system depressant (like alcohol). A possible source is flavoured essences or possibly food colourings.

5. Higher alcohols may be butanol sourced from paint thinners.

6. The inorganic elements at the bottom of the table are not surprising.

7. This would be a nasty smelling brew, probably best kept in a bottle with the lid on until you’re ready to take a swig.

8. Main health consequences immediately would be serious liver damage and probably disruption of other bodily systems.

It was a revelation to me to think that this is more a cocktail than a brew – so the term ‘homebrew’ might turn out to be a misnomer” (Clough 2017).

Further correspondence from Associate Professor Mike Liddell, Discipline of Chemistry from James Cook University, indicates:

“Looking around the literature it indicates that complete fermentation is quite straight forward and if they are getting to 13% ABV then they are pushing things along hard. That will be why the higher alcohols are there, there is a term for these ‘fusel alcohol’, it comes from the German for bad liquor. It arises when they try to brew too fast and not control the temperature. The washing machine would give good aeration and help to get to high %ABV – they are using a bit of innovation and what a brew they have as a result!”
If there would be one thing that you need to try and shut down quickly that is the source of the acetaldehyde. This chemical is bad news, it is embryotoxic, carcinogenic, damages the liver... see MDSD attached. “see annex 2”

What I would do then is try to hunt down what they are using for flavouring something like orange essence etc. If you find that then we can figure out what is in it, this is where we suspect the acetaldehyde is coming from. After that you would need to shut down the supply of this quickly as you are going to have people in bad shape in a short period if they are drinking this stuff regularly” (Liddell 2017).

From good intentions to unintended evil

Despite the best of intentions, the evidence clearly shows that by government intervention and introduction of prohibition of alcohol for Mornington Island, the process produced unintended evil results. The following outlines a prime example of the unintended consequences of a legislation change and the introduction of Alcohol Management Plans (AMPs) imposed on Indigenous communities.

The following statistical overview and referencing is indicative of the unintended consequences of introducing an Alcohol Management Plan to Mornington Island. It should be noted however that comparative data analysis is principally not possible for Mornington Island and reliance on comparison to mainland “remote communities” would be a folly because of the uniqueness of Mornington Island environment, location culture and residents. However the findings of the Alcohol Management Plan Review prepared by the Demography and Indigenous Statistics Team for the Department of Aboriginal and Torres Strait Islander and Multicultural Affairs in December 2013 have been included for independent reference and information purposes.

“The Government Statistician’s office has undertaken research into the criminal histories of individuals with AMP offences on behalf of the Department of Aboriginal and Torres Strait Islander and Multicultural Affairs (DATSIMA).

A total of 5,676 unique persons, who were convicted of breaching Sections 168B and C of the Act (breach of alcohol restrictions) between 31 December 2002 and 30 June 2012, were identified and matched within the courts database to determine their conviction history over the 10 year period between 1 July 2002 and 30 June 2012.

The main objective of this research was to assess the impact of AMPs on community residents by determining the number and proportion of individuals obtaining a criminal history solely due to breaching the alcohol restrictions (obtain a criminal history). Other objectives included investigation into the:

- Demographic characteristics of individuals convicted of breaching alcohol restrictions.
- Proportion and demographic characteristics of individuals who:
- have more than one conviction for breaching alcohol restrictions
- have convictions prior to the date of their first conviction for breaching alcohol restrictions
- have convictions subsequent to the date of their first conviction for breaching alcohol restrictions.
- Offence types and Australian Standard Offence Classification (ASOC) divisions of prior and subsequent convictions for individuals with other offence convictions.
Please note that the reported findings are indicative only as offender criminal histories prior to 1 July 2002 were not available for this study. Therefore, the number of persons obtaining a criminal history due to breaching alcohol restrictions may be over-estimated.

Key findings

- Of the 5,676 persons with a conviction for breaching alcohol restrictions, 860 (15.2%) had no convictions for other offence types during the 10 year study period.

- Of these 860, only 177 had subsequent convictions for a breach of alcohol restrictions.

- Only 449 (7.9%) of these 5,676 persons had a conviction recorded for a breach of alcohol restrictions, and no convictions recorded for any other offence types during the 10 year study period.

- Offenders who were female, non-Indigenous, and aged 40 years and over were the most likely to obtain a criminal history due to alcohol restriction related offences.

- Over 50 per cent of non-Indigenous offenders (51.9%) and offenders aged 60 years and over (51.3%) had no other convictions for other offence types. However, these proportions drop to 12.0% and 15.8% respectively, when only examining those with no other convictions recorded on their criminal history.

- The majority (87.5%) of convictions prior to a person’s first alcohol breach conviction were for ‘other’ offences2, followed by offences against the person (50.5%) and offences against property (34.9%)” (The State of Queensland 2013).

Other findings:

**Junkuri Laka – Wellesley Islands Law, Justice and Governance Association Incorporated**

“The AMP has not resulted in an alcohol free environment on Mornington, quite the contrary. The availability of illegal commercial alcohol (i.e. “sly grogging”) is reasonable under control most of the time, but there has been an enormous surge in illegal alcohol production (“home brew”) to the extent that alcohol continues to be ubiquitous on the Island. The expected dramatic decreases in the social ills associated with alcohol abuse that supported the zero limit policy have therefore not come to pass (Junkuri Laka 2014).

Additionally the following information was compiled by Junkuri Laka – Wellesley Islands Law, Justice and Governance Association Incorporated and formed part of their June 2014 AMP Review Mornington Island Core Strategy.

“What can be observed as an effect of the zero alcohol limit is the criminalization of behaviour engaged in by a large part of the Mornington population and hence dramatic increases in offending levels, particularly in alcohol possession offences. From that perspective, violent offending is in fact decreasing, despite the pervasive character of alcohol availability and abuse, as may be seen in the following graph:
For numeric data and a graph expressing the increase in offending per population unit, see “Annexe 3”.

Alcohol possession offending is the largest and fastest growing offence category on Mornington. Alcohol related offending continues to be high. Generally speaking 80% - 90% of other offending especially public order offending and violent offending are committed by people under the influence of alcohol. In the case of violent offending in most cases the victim is also under the influence.

Ambulance data between 1 October 2011 and 30 April 2014 shows that of the 1940 call outs in that period 293 (15%) involved offending related incidents (typically assault). Of that number 172 incidents (59%) indicated alcohol abuse as a factor in the incident. (Note that not all such incidents actually lead to an offence being reported).

Alcohol thus continues to play a pervasive role in poor social behaviour.

Long term statistics measuring other criteria related to community wellbeing, such as hospital admissions, health indicators or children’s wellbeing measures do not show statistically significant changes.

It may be concluded that the prohibition is not delivering on its promises, and that the source of that problem lies with the ever growing presence of homemade alcohol” (Junkuri Laka 2014).
Community Observations

The following combination of observations and statistics that have been gathered and collated during this review process address education and school attendance rates, effects on policing and medical services, criminality and community issues in general.

Education

“School enrolment and attendance rates are specific measures that relate to the Community Governance Improvement Strategy; and education initiatives” (Indigenous Justice Clearing House 2016). “ABS Statistics in respect to population and school aged children from the 2016 census in Mornington indicates the following statistics” (ABS 2017):

<table>
<thead>
<tr>
<th>Age Range</th>
<th>2016 Census</th>
<th>2017 MySchool Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>0–4 years</td>
<td>88</td>
<td></td>
</tr>
<tr>
<td>5–14 years</td>
<td>242</td>
<td></td>
</tr>
<tr>
<td>15–24 years</td>
<td>171</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>501</td>
<td></td>
</tr>
</tbody>
</table>

Further data from the (My School) “website indicate the following attendance rates for Mornington Island State School in respect to school enrolments and attendance figures from 2008 to date are as follows:

**2008**

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Enrolments</th>
<th>Girls</th>
<th>Boys</th>
<th>Indigenous Students</th>
<th>School Attendance Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>259</td>
<td>122</td>
<td>137</td>
<td>100%</td>
<td>57%</td>
</tr>
</tbody>
</table>

**2009**

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Enrolments</th>
<th>Girls</th>
<th>Boys</th>
<th>Indigenous Students</th>
<th>School Attendance Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>287</td>
<td>134</td>
<td>153</td>
<td>99%</td>
<td>66%</td>
</tr>
</tbody>
</table>

**2010**

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Enrolments</th>
<th>Girls</th>
<th>Boys</th>
<th>Indigenous Students</th>
<th>School Attendance Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>269</td>
<td>117</td>
<td>152</td>
<td>99%</td>
<td>77%</td>
</tr>
</tbody>
</table>

**2011**

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Enrolments</th>
<th>Girls</th>
<th>Boys</th>
<th>Indigenous Students</th>
<th>School Attendance Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>303</td>
<td>134</td>
<td>169</td>
<td>98%</td>
<td>70%</td>
</tr>
<tr>
<td>Year</td>
<td>Total enrolments</td>
<td>Girls</td>
<td>Boys</td>
<td>Indigenous students</td>
<td>School attendance rates</td>
</tr>
<tr>
<td>------</td>
<td>-----------------</td>
<td>-------</td>
<td>------</td>
<td>---------------------</td>
<td>------------------------</td>
</tr>
<tr>
<td>2012</td>
<td>274</td>
<td>120</td>
<td>154</td>
<td>98%</td>
<td>75%</td>
</tr>
<tr>
<td>2013</td>
<td>275</td>
<td>127</td>
<td>148</td>
<td>98%</td>
<td>66%</td>
</tr>
<tr>
<td>2014</td>
<td>272</td>
<td>126</td>
<td>146</td>
<td>99%</td>
<td>69%</td>
</tr>
<tr>
<td>2015</td>
<td>241</td>
<td>115</td>
<td>126</td>
<td>95%</td>
<td>NOT recorded</td>
</tr>
<tr>
<td>2016</td>
<td>249</td>
<td>111</td>
<td>138</td>
<td>95%</td>
<td>NOT reported</td>
</tr>
</tbody>
</table>

During the conduct and production of this review strategy, Peter Linnehan, Principal, Mornington Island State School, Department of Education and Training indicated the following statistics regarding school attendance (Linnehan 2017):

- 255 students as at Day 8, 2017
- approx. 75 young people from the island attend offshore learning in 2017 (given the mid-year change)
- attendance trend for 2017 to date averages at 70 - 75% daily attendance”.

Department of Prime Minister and cabinet information received during the conduct and production of this review strategy indicates:

“The education gap is closing on Mornington Island in a number of areas. In 2015 Mornington Island State School (MISS) has seen improvement in 10 out of 15 NAPLAN domains in Years 3, 5 and 7 and have achieved 56 per cent of students at or above the National Minimum Standard (NMS) across six literacy and numeracy areas. The percentage of Year 3 pupils at or above the NMS in reading went from 63% in 2014 to 73% in 2015. The percentage of Year 5 pupils at or above the NMS in reading went from 69% in 2014 to 100% in 2015” (Wettenhall 2017).
“ABS Statistics for the 2016 census in Mornington in respect to school attendance on Mornington Island are as follows:

<table>
<thead>
<tr>
<th>Education Level</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre School</td>
<td>24</td>
</tr>
<tr>
<td>Primary</td>
<td>158</td>
</tr>
<tr>
<td>Secondary</td>
<td>50</td>
</tr>
<tr>
<td>Technical &amp; Further</td>
<td>4</td>
</tr>
<tr>
<td>Not stated</td>
<td>94</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>330</strong></td>
</tr>
</tbody>
</table>

(ABS 2017)

Community statistics collated by Junkuri Laka “Wellesley Islands Law, Justice and Governance Association Inc. in respect to community population indicate “There are 408 individuals in my records with birth dates between 1/7/2011 and 1/7/2001” (Zondag 2017).

In recognition of the disparity in school attendance by indigenous children in remote or discreet communities, “The Remote School Attendance Strategy (RSAS) started in Term 1, 2014, and is being implemented in partnership with communities and schools in locations in New South Wales, South Australia, Western Australia, Queensland and the Northern Territory. It is designed to be driven by the community to suit local needs.

“The strategy works with local providers to employ school attendance teams to help kids get to school, offering real jobs to local people too” (Australian Government 2017).

“The Remote School Attendance Strategy is about school attendance officers working with schools, families, parents, and community organisations to ensure all children go to school every day.

Getting children to school is the Government’s number one priority for Aboriginal and Torres Strait Islander children and their families. That’s because going to school and being at school every day gives every child the best chance for a good start in life” (Australian Government 2017).

“RSAS was rolled out in two stages. Stage one commenced in term one of 2014 and included students from 44 schools in five jurisdictions – Northern Territory (NT), Queensland (QLD), Western Australia (WA), New South Wales (NSW) and South Australia (SA). Mornington Island State School was one of the schools involved in Stage 1 in 2014.

Mornington Island State School was selected in conjunction with the Queensland Department of Education and Training because the school had low school attendance rates over recent years. Mornington Island State School’s 2013 school attendance was 66 per cent.

We fund, Mornington Island State School, on behalf of the Queensland Department of Education and Training for 10 staff to deliver RSAS. These positions are outlined below:

- 1x Full time coordinator
- 1x Full-time SAS
- 2x Full time SAO’s
- 6x Part-time SAOs
The Department of the Prime Minister and Cabinet (PM&C) receives and analyses school attendance data for all RSAS schools in Queensland every week and we regularly monitor the schools RSAS performance. For your information I have attached the end of year school attendance data reports for 2014, 2015, 2016 and the current 2017 report up to 21 July (Week two of Term 3)” (Wettenhall 2017).

Full attendance data referred to in this section of the review can been seen at “annexes 4-7”.

Abbreviated data for Mornington Island State School is as follows:

2014

School attendance rate 69.8%

2015

School attendance rate 73.5%

2016

School attendance rate 67.6%

2017

School attendance rate to date 64.2%

In addition to the data received above for Mornington Island State School, the following table of school attendance for the first three weeks of term 3, 2017 was received. This table clearly outlines the attendance rates from prep year through to year 10 for each week.

<table>
<thead>
<tr>
<th>Centre Name</th>
<th>Year Level</th>
<th>Week 1</th>
<th>Week 2</th>
<th>Week 3</th>
<th>Week 4</th>
<th>Week 5</th>
<th>Week 6</th>
<th>Week 7</th>
<th>Week 8</th>
<th>Week 9</th>
<th>Week 10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mornington Island State School</td>
<td>Prep</td>
<td>54.5%</td>
<td>72.4%</td>
<td>82.8%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Year 1</td>
<td>59.7%</td>
<td>57.0%</td>
<td>63.3%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Year 2</td>
<td>58.9%</td>
<td>67.4%</td>
<td>73.7%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Year 3</td>
<td>62.4%</td>
<td>66.7%</td>
<td>73.3%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Year 4</td>
<td>66.3%</td>
<td>61.4%</td>
<td>68.2%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Year 5</td>
<td>48.1%</td>
<td>66.0%</td>
<td>64.0%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Year 6</td>
<td>63.1%</td>
<td>82.1%</td>
<td>84.8%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Year 7</td>
<td>44.4%</td>
<td>43.2%</td>
<td>54.8%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Year 8</td>
<td>32.5%</td>
<td>23.5%</td>
<td>36.5%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Year 9</td>
<td>31.8%</td>
<td>32.9%</td>
<td>41.0%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Year 10+</td>
<td>27.1%</td>
<td>42.9%</td>
<td>62.9%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Attendance Rate</td>
<td></td>
<td>54.8%</td>
<td>59.9%</td>
<td>66.8%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Wettenhall 2017)

One thing that is evident in respect to the school data herein is that the complete accuracy of school attendance numbers from some sources has to be viewed with some scepticism due to the conflicting data reported from the various sources.
Medical

A February 2017 report from Doctor Chris Gilford (resident doctor at Mornington Island Hospital) concerning the impacts of home brew in the community on Mornington Island refers:

**The Effects of alcohol on the people of Mornington Island**

Alcohol was banned on Mornington Island in 2008, but since then a cottage industry of brewing alcoholic beverages on the island, "Home-brew", has sprung up so that the access to alcohol is now far greater than at any time in the past. This has resulted in a gradual increase in the number of residents of Mornington Island whose lives are being adversely affected.

Home-brew is produced in 10-litre containers and sells for about $250. It is manufactured in unhygienic dangerous ways and is of variable concentration and quality. The alcohol concentration in the samples that have been tested varies from about 3% (same as a light beer) to 13% (similar to wine).

The police have intercepted a package of Turbo Yeast which had been sent here for the purpose of making home brew. Turbo Yeast is manufactured by a British company and has been specifically formulated to produce a liquid containing high concentrations of alcohol. The manufacturer’s website states that one preparation can be expected to produce an alcohol concentration of 23%. The only ingredients needed are the turbo yeast, sugar and water. The resulting liquid is supposed to be mixed with an essence to produce a drink similar to a spirit or fortified wine. The clear intention of the brewers on Mornington Island is to produce a drink whose only merit is the high alcohol rather than taste. See the following link: http://www.hambletonbard.com/how-to-make-wine-beer-moonshine-alcohol/turbo-yeast-moonshine-alcohol

The 10-litre container is typically consumed by a small number of people who have contributed to its purchase, and they sit and drink it until it is empty or they fall asleep. Each person will therefore drink the equivalent of 3-4 bottles of wine.

The alcohol is a diuretic, that is it causes the excretion of urine, and if the drink has more than about 7% alcohol, the drinker passes a larger quantity of urine than the quantity of fluid that they have drunk. They therefore get dehydrated and have to drink more of the home-brew to relieve their thirst. This contributes to why, once they start drinking homebrew, they do not stop.

Mornington Island has a population of about 1200 Aboriginal and/or Torres Strait Islander people. Of these about 730 are in the age group 16-65. According to hospital records, about 195 drink alcohol to the extent that it is having a profound negative effect on their lives. This figure may be an underestimate. It is only the people we know about, and does not include those whose lives are affected indirectly by those around them who drink to excess. This figure is only the adults. Children of a parent/s who use homebrew in such a way that it causes problems in the child’s life are affected too. If their parent/s are intoxicated most of the time, the children often have difficulty in school, or are unlikely to go to school therefore having educational consequences. Often the children are preoccupied or tired because of home or neighbourhood events and unable to concentrate in school. A child’s health can also be compromised when a parent does not seek timely medical treatment for
a child’s illness, due being too tired to notice the symptoms the child might be displaying or too tired to take the child to clinic, and it can cause neglect on occasions due to a child being injured when they are not adequately supervised.

Alcohol also affects people in a number of ways:

- It has a direct toxic effect on most body organs, particularly the brain, liver, kidneys and heart;
- Drinkers do not look after themselves. Their hygiene standards fall so they get more infections. They tend not to eat properly. They lose weight and become deficient in some vitamins, which can lead to brain damage.
- Money is often spent on the homebrew, so there is little left over for the basic necessities of life.
- Drinkers who have other health problems ignore them. They don’t take their tablets or turn up for appointments;
- We see arguments with their family and friends, and often the only way they can express themselves is by threatening self-harm or suicide.
- People don’t seek treatment when they are drunk, so their illnesses which would be easily treatable early, then progress and become untreatable;
- Alcohol makes people more aggressive, and so increases domestic violence; children often witness this violence also
- Drinkers are more likely to be a victim of violence. They may say things they wouldn’t if they were sober, and are less able to avoid the punches when they come.

Many people arrive at the hospital in an intoxicated state, either by ambulance, or police, or they manage to get here on their own.

Alcohol in low doses causes an elevated mood, a feeling of well-being and disinhibition. In high doses alcohol is a nervous system depressant, causing stupor, unconsciousness and respiratory depression and ultimately death. However in moderate doses it has a variable effect as one of these states (up or down) may predominate. Some people with moderate doses move easily from being a happy drunk to just falling asleep. However in Mornington Island most of the drinkers of home brew show a different pattern. They become argumentative and aggressive, develop slurred speech and are incapable of standing, or at times walking unassisted. People under the effect of home brew show no insight into their condition and often reject offers of help. Their short-term memory is completely absent.

When an intoxicated person arrives at the hospital, they cannot be left alone and it often requires two nurses to deal with them, and as that is the normal complement of nurses on a night shift, the other patients who are more seriously ill or injured cannot be seen. The nurses often have to request help from the police station.

It is often very difficult to establish whether a person’s mental state is due to alcohol intoxication or due to a bleed in the brain from a head injury, because the symptoms are very similar. As we have no
CT scanner here the only way of differentiating these conditions is to wait and see how their mental state changes, and this takes up a lot of a nurse’s time.

Intoxicated patient often have wounds that need to be sutured. This is almost impossible to do while they are intoxicated as they often cannot keep still during the suturing.

We are seeing a very negative result of a seemingly well intended solution made in 2008 (Davies-Jones 2017).

A further report received from Doctor Chris Gilford on 10th July 2017 concerning the impact of Home-Brew on the Workload of Mornington Island Hospital refers:

**Introduction**

Theoretically Mornington Island is a ‘dry community’ as the importation and manufacture of alcohol has been prohibited for over ten years. However during that time, a large home industry of home-brewing has been established. The ‘home-brew’ has been manufactured from Turbo-Yeast purchased on the internet and sugar purchased from the local shop, possibly with other substances to give it some flavour, and is sold in containers of 10 litres. The shop sells approximately 600kg of sugar each week and it is not used for baking cakes. The home-brew containers are sold at a price of around $250, and there is no shortage of people willing to pay this amount. Some batches of the home-brew have been analysed and found to contain between 4 and 14% alcohol, mostly in the upper part of that range. Other substances have been found but it is the alcohol which is important. This concentration of alcohol is higher than is found in wine. Red wine is about 13%, white wine 11.5%.

Each container is drunk in one sitting by a small number of community members. Each person may well be drinking in one sitting about 2 litres, or about 28 units of alcohol. Current guidelines are to limit alcohol to 14 units a week. Most of the people who drink home-brew do so at least once a week. One Unit of alcohol is 10g, 100-120ml of wine, or 375ml of mid-strength beer. It is the high concentration of alcohol that is the main problem. Alcohol is a diuretic, meaning that it causes the kidneys to excrete urine. At a concentration of about 5% (as in beer) the kidneys excrete fluid at an appropriate rate for the amount of fluid that has been drunk. At concentration of more than 10% they excrete more urine than has been replaced by the fluid that has been drunk. So the person gets dehydrated and so has to keep drinking more fluids to stop feeling dry.

**Impact on the Hospital**

The hospital normally sees patients in the Emergency Department, in the GP Clinic and in Community Health. It is the patients who present to the ED that are relevant here. The figures given below refer to the Calendar Year 2016. They have been collected by me by systematic analysis of the charts, and may differ from the ‘official’ figures.

There were 2245 presentations to the ED. This figure is the number of patients with new problems; it does not include re-presentations such as wound dressings or removal of sutures. Of these 2245 presentations, the patient was recorded as being intoxicated on 794 occasions, or 35.4% of the total. This is probably an under-estimate, as minor degrees of intoxication are rarely recorded, and some nurses are reluctant to record the fact that a person is intoxicated. Of the 794 presentations, 499 or 63% were female.
The age distribution is shown in the model as follows:

![Age-Sex Distribution](image)

These figures are broken down as follows:

<table>
<thead>
<tr>
<th>Category</th>
<th>Intoxicated</th>
<th>Not Intoxicated</th>
<th>Total</th>
<th>Percent Intoxicated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Presentations</td>
<td>794</td>
<td>1451</td>
<td>2245</td>
<td>35.4</td>
</tr>
<tr>
<td>Admitted</td>
<td>78</td>
<td>115</td>
<td>193</td>
<td>40.4</td>
</tr>
<tr>
<td>Transferred</td>
<td>10</td>
<td>80</td>
<td>90</td>
<td>11.1</td>
</tr>
<tr>
<td>Victim</td>
<td>198</td>
<td>120</td>
<td>318</td>
<td>62.3</td>
</tr>
<tr>
<td>Perpetrator</td>
<td>16</td>
<td>34</td>
<td>50</td>
<td>32.0</td>
</tr>
<tr>
<td>Other trauma</td>
<td>19</td>
<td>51</td>
<td>70</td>
<td>27.1</td>
</tr>
<tr>
<td>EEO</td>
<td>36</td>
<td>17</td>
<td>53</td>
<td>67.9</td>
</tr>
</tbody>
</table>

‘Admitted’ means that the person was admitted to the ward. A large number of other intoxicated people may be kept in the ED up to four hours and then allowed to go home when they have sobered up sufficiently.

‘Transferred’ means that they have a medical condition that we cannot handle here and so they have been transferred to Mount Isa or Townsville by RFDS. I do not know the cost of a transfer but I believe that it is in the region of $10,000 to $15,000. For the intoxicated patients, all of the transfers were required because of an injury that had occurred because they were intoxicated.

‘Victim’ means someone who has been assaulted and received an injury as a result. The high proportion in those who were intoxicated is no doubt due to them saying something that they would not have said if they were sober, and then being too intoxicated to avoid the assault when it came.

‘Perpetrator’ means someone who has assaulted another person and have themselves been injured as a result. An example is a tooth-knuckle injury in which the person who punched someone has an infected wound on their finger as a result.
‘Other trauma’ means an injury when no one else was involved, such as falling over, or when they were fighting and it is not possible to say whether they were victim or perpetrator.

‘EEO’ means an Emergency Examination Order. This is where someone has threatened suicide or self-harm and have been brought to the hospital by the police or ambulance. The vast majority of these are in people who have been in an argument, and make the threat of suicide as part of attention-seeking behaviour. In very few cases is it in a person with a mental illness such as depression or psychosis. We have been fortunate in Mornington Island that there has been a dramatic reduction in the number of completed suicides in the last twenty years. In 1994-9 there were 8; 2000-04 4; 2005-09 5; then 2 in 2011. There were none after that until one late last year.

Many of those who present when intoxicated are quite aggressive. This is a large problem for the nursing staff who often have to call the police for assistance. The police cannot put someone who is intoxicated into the watch-house. If they suspect that someone is too intoxicated to be safely kept in the watch-house they call the ambulance, who then take them to the hospital.

**Alcohol Management Plan**

As I worked in Normanton from 2000 – 2013, I am able to describe the effect of the alcohol management plan that was implemented there in about 2004. Before then the favourite drink was ‘fruity’ a sweet wine (fruit elixir) that was sold in 4 litre casks for about $15. The Alcohol management plan banned the sale of cask wine but allowed almost unlimited sale of beer. The effect on the local population and therefore the hospital was dramatic. I estimate that the after-hours workload of the hospital halved, and the general health of the aboriginal people improved significantly.

I believe that a similar plan will work here provided that the production of home-brew ceases. According to the sign that was displayed at the Airport, the penalty for possession of home-brew is $70,000, which sounds like a good deterrent. However the average penalty handed down by Magistrates is in the range of $100 - $200, and as this can be added to someone’s SPER (State Penalties Enforcement Registry) account it is of no consequence.

At present the home-brew retails at $250 for 10 litres, which contains about 140 units of alcohol, so about $1.80 per unit. In comparison a cheap bottle of wine, containing 6 units of alcohol, costs about $10, or $1.60 a unit. A can of Mid-strength beer sells for about $3.60 each, or $36 for a carton which contains about 24 units, which is $1.50 per unit. Therefore the makers of home-brew will only have to reduce the price of a container a small amount to remain competitive.

The home-brewers will not be priced out of the market, so the only way to control the supply will be strict enforcement of the law. I do not think that education will have much success as many people will deny the ill effects, as it has been sold here for so long” (Guilford 2017).

Quantitative data received in February 2017 from the North West Health and Hospital Service with respect to presentations at the Emergency Department of the Hospital on Mornington Island is as follows:
### Mornington Island Alcohol Presentations to ED

<table>
<thead>
<tr>
<th>Month</th>
<th>Total ED Presentations</th>
<th>Alcohol Related Presentations</th>
<th>Comments/Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>September 2015</td>
<td>387</td>
<td>43</td>
<td></td>
</tr>
<tr>
<td>October 2015</td>
<td>398</td>
<td>58</td>
<td></td>
</tr>
<tr>
<td>November 2015</td>
<td>357</td>
<td>40</td>
<td></td>
</tr>
<tr>
<td>December 2015</td>
<td>305</td>
<td>74</td>
<td></td>
</tr>
<tr>
<td>January 2016</td>
<td>414</td>
<td>65</td>
<td></td>
</tr>
<tr>
<td>February 2016</td>
<td>417</td>
<td>68</td>
<td>Birri Pub closed in February 2016. An increase of alcohol-related afterhours presentations</td>
</tr>
<tr>
<td>March 2016</td>
<td>428</td>
<td>87</td>
<td></td>
</tr>
<tr>
<td>April 2016</td>
<td>411</td>
<td>84</td>
<td></td>
</tr>
<tr>
<td>May 2016</td>
<td>410</td>
<td>60</td>
<td></td>
</tr>
<tr>
<td>June 2016</td>
<td>-</td>
<td>-</td>
<td>Data not available</td>
</tr>
<tr>
<td>July 2016</td>
<td>417</td>
<td>79</td>
<td></td>
</tr>
<tr>
<td>August 2016</td>
<td>-</td>
<td>-</td>
<td>Data Not available</td>
</tr>
<tr>
<td>September 2016</td>
<td>-</td>
<td>-</td>
<td>Data Not Available</td>
</tr>
<tr>
<td>October 2016</td>
<td>-</td>
<td>-</td>
<td>Data not available</td>
</tr>
<tr>
<td>November 2016</td>
<td>705</td>
<td>73</td>
<td>39 involved violence</td>
</tr>
<tr>
<td>December 2016</td>
<td>543</td>
<td>78</td>
<td>32 involved violence</td>
</tr>
<tr>
<td>January 2017</td>
<td>560</td>
<td>35</td>
<td>16 involved violence</td>
</tr>
</tbody>
</table>

Also, here’s some alcohol related facts that you may want to know:

- **Decline in clinic attendance** e.g Deadly Ears Clinic- from 100% attendance last clinic it dropped to 61%.

- **Difficulty with staff retention and recruitment**- 6 out 16 applicants withdrawn their application due to isolation and total absence of alcohol on the island. (since closure of Birri pub)

- **Long term effect of home brew on health**- continuous increase in newly diagnosed diabetic clients; increasing number of patients on dialysis that may be linked to long term effects of home brew in the body” (Davies-Jones 2017).

Further quantitative data compiled by the North West Health and Hospital Service (Talbot 2017) is as follows:
1. Alcohol stats for Mornington Island and graphs associated

![Alcohol Presentations for new episodes 2014-2017](image1)

2. Suicide stats for Mornington - including ideation, attempts and completions

![Mornington Island 2014-2017](image2)
3. Comparison stats and graph for Mornington and a like community

### Suicidality (like Community) 2014-2017

<table>
<thead>
<tr>
<th>Year</th>
<th>Self Harm</th>
<th>Ideation</th>
<th>Attempt</th>
<th>Completion</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014 Like Community</td>
<td>5</td>
<td>24</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>2015 Like Community</td>
<td>8</td>
<td>48</td>
<td>19</td>
<td>1</td>
</tr>
<tr>
<td>2016 Like Community</td>
<td>4</td>
<td>36</td>
<td>18</td>
<td>0</td>
</tr>
<tr>
<td>2017 Like Community</td>
<td>2</td>
<td>18</td>
<td>4</td>
<td>0</td>
</tr>
</tbody>
</table>

### Suicidality (Mornington Island) 2014-2017

<table>
<thead>
<tr>
<th>Year</th>
<th>Self Harm</th>
<th>Ideation</th>
<th>Attempt</th>
<th>Completion</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014 Mornington Island</td>
<td>6</td>
<td>16</td>
<td>13</td>
<td>0</td>
</tr>
<tr>
<td>2015 Mornington Island</td>
<td>3</td>
<td>15</td>
<td>10</td>
<td>0</td>
</tr>
<tr>
<td>2016 Mornington Island</td>
<td>1</td>
<td>30</td>
<td>9</td>
<td>2</td>
</tr>
<tr>
<td>2017 Mornington Island</td>
<td>0</td>
<td>4</td>
<td>2</td>
<td>0</td>
</tr>
</tbody>
</table>
4. Comparison stats graph and table of alcohol presentations

<table>
<thead>
<tr>
<th></th>
<th>Self Harm</th>
<th>Ideation</th>
<th>Attempt</th>
<th>Completion</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017 Like Community</td>
<td>2</td>
<td>18</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>2017 Mornington Island</td>
<td>0</td>
<td>4</td>
<td>2</td>
<td>0</td>
</tr>
</tbody>
</table>

**Suicidality 2017**

**Alcohol Presentations for new episodes**

<table>
<thead>
<tr>
<th></th>
<th>2014/15 Like Community</th>
<th>2014/15 Mornington Island</th>
<th>2015/16 Like Community</th>
<th>2015/16 Mornington Island</th>
<th>2016/17 Like Community</th>
<th>2016/17 Mornington Island</th>
</tr>
</thead>
<tbody>
<tr>
<td>Presentations</td>
<td>23</td>
<td>77</td>
<td>40</td>
<td>89</td>
<td>46</td>
<td>100</td>
</tr>
</tbody>
</table>

45
Drug presentations for new episodes 2014-2017

Referral Source (Mornington Island) 2014-2017
In addition to the statistics outlined above cause for concern within the community is the number of residents that are dialysis dependent. Whilst it is arguable that alcohol consumption is not the only cause of this condition, the following statistics outline the number of dialysis patients from Mornington Island at present" (Shaw 2017).

<table>
<thead>
<tr>
<th>Number of patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Haemodialysis in the hospital(home haemodialysis) – Mornington Island</td>
</tr>
<tr>
<td>Peritoneal dialysis on Mornington Island</td>
</tr>
<tr>
<td>Mornington Island residents receiving haemodialysis in Mount Isa</td>
</tr>
<tr>
<td>Mornington Island residents receiving haemodialysis Townsville</td>
</tr>
<tr>
<td>Transplant patients</td>
</tr>
<tr>
<td>Total</td>
</tr>
<tr>
<td>Likely starting dialysis in the next 3-6 months</td>
</tr>
<tr>
<td>Other CKD patients</td>
</tr>
</tbody>
</table>
Further information with respect to medical services and health of community residents as provided by the Director of Mental Health and ATODS from the North West Hospital and Health Service, Sandra Kennedy is “Unfortunately we cannot tell from data collation how people are experiencing a level of dependence to alcohol, however I would suggest that such a figure would not be as useful to you as it would the whole figure that shows people accessing services due to experiencing difficulties with drugs and alcohol.

I have also included the mental health figure and suicidality figures, again we cannot pull data to see if these are specifically associated with alcohol or not, however on many occasions with regards to suicidal ideation, this is the case as alcohol intensifies emotions and increases impulsivity. It does not create thoughts of suicide, there is generally an underlying reason why people become suicidal when affected by substances” (Kennedy 2017).

<table>
<thead>
<tr>
<th>Mental Health (Mornington Island) Consumers</th>
<th>2014 - 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of Distinct Consumers</td>
<td>50 55 103</td>
</tr>
<tr>
<td>Total No. of Referrals &amp; Service Episodes</td>
<td>68 79 160</td>
</tr>
</tbody>
</table>

The extent and nature of data and information received from the medical sector throughout this review process must be viewed as unique to Mornington Island and caution should be used if compared to other communities as Mornington Island is like no other place.

Rather than each statistic or data item being viewed independently, overall analysis is addressed in the conclusions section of this document.

**Police and law enforcement**

Members of the Queensland Police Service are tasked with the responsibility of enforcement of legislation in respect to the Alcohol Management Plan on Mornington Island as they have the same powers as Liquor Inspectors under the Queensland Liquor ACT 1992; Part 7 of the Act as outlined in pages 343 to 362 which defines Investigators and their Powers as follows:

**Part 7 Investigators and their powers**

**Division 1A Preliminary**
Definition for part Division 1  Exercise of powers

174  Investigators
174AA  Production of identity card
174A  Powers of community police officers
175  Power to stop and search vehicles etc
176  Entry and search-monitoring compliance
177  Entry and search-evidence of crimes
178  General powers of investigator in relation to places
179  Monitoring warrants
180  Offence-related warrants
181  Warrants may be granted by telephone, facsimile, radio etc
182  Requirement to give name, address and age
183  Power to require answers to questions
183AA  Power to require production of documents
183A  Other powers of seizure
183B  Powers supporting seizure
184  Other powers of investigators
185  Obstruction of investigators,
186  Seizure of material associated with representation of age
187  Abatement of nuisance or dangerous activity

Information gathered during the formulation of this review from the Queensland Police Service in relation to the effects of home brew and alcohol consumption on Mornington Island is as follows:

“Persons entering custody at Mornington Island – as a result of nil diversion centres, alcohol shelters, men’s shelter and women’s shelter (Woman’s DV shelter – reluctant to take alcohol effected persons – predominantly for aggrieved and victims of Domestic and Family Violence) Over summer months Mornington Island Police can process and house 65+ persons per month and in the cooler month’s average 40+ person per month.

Predominantly majority of all persons entered custody is alcohol related.

Average breath test conducted for health reason is .250% although this is not a true reflection as 50% of persons entering custody. An alcohol reading is unable to be sourced upon initially entering custody. Persons either refuse to supply (fear of having reading used against them in court process) or “majority of the times are unable to supply” a specimen of breath. (Cant blow for 2-3 seconds) upon opportunity presents a breath test is taken hours later to get a reading of the persons current alcohol affected status in custody.

True reflection approximately .300% 

Observations in relation to breath tests.
In checking persons entering custody staff are now able to accurately estimate as to whether the offenders have been consuming homemade alcohol (home brew) or regulated alcohol (hot grog – sly grog)

Anything recorded over 0.250% is by far predominantly “homebrew”

Alcohol with a reading 0.150% – 0.180% is regulated alcohol (hot grog – sly grog)

Observations dealing with intoxicated persons –

Home brew -

Become intoxicated extremely quickly on home brew.

Extremely uncooperative, aggressive appear absolutely drunk.

Slurred speech glassy eyes, drippling, mucus from nose.

After sleeping off the effects of alcohol and upon release – persons experience complete memory loss of the incident that had originally come into custody for and become remorseful.

Regulated Alcohol

People affected by regulated alcohol, who have consumed (hot grog – sly grog) appear less aggressive and violent towards police. Much easier to deal with and more co-operative. Have memory of events / incidents that had occurred and why ended up in watch house facility” (O’Brien 2017).

Criminality

In addition to information presented earlier in this review strategy from Junkuri Laka – Wellesley Islands Law, Justice and Governance Association Incorporated, in respect to the Mornington Island Alcohol Management Plan and its relationship and impacts on the Criminal Justice system and community members, the following more recent observations apply.

“The following information relates to occurrences on Mornington Island from 1.7.2016 and is released for the purposes of your AMP submission only:

116 Applications for Domestic Violence orders,

145 Breaches of Domestic Violence orders,

We attended many more Domestic Violence incidents classified as other action or No Domestic Violence after investigation,

847 occurrences were recorded as liquor related. These are made up of serious assault offences, public nuisance, Domestic Violence, drink driving and wilful damage.
Information gathered from the Department of Prime Minister and Cabinet during the conduct of this review process indicates the following:

**“Offences against the person**
Significant increases in the annual rate of offences against the person were evident in Mornington Island in 2014–15, compared with 2013–14. Over the longer term, trends of rates for offences against the person showed that on Mornington Island there was evidence of a downward trend in offences against the person over the entire reporting period of 2000–01 to 2014–15. However, the magnitude of the downward trend for Mornington Island was impacted by a significantly higher 2014–15 annual rate compared with the previous year. There were also downward trends over shorter periods to 2014–15.

**Convictions for breaches of alcohol restrictions**
In 2014–15, Mornington Island experienced a significant increase in their annual rate of charges resulting in convictions for breaches of alcohol restrictions.

**Children subject of a substantiated notification of harm**
Over the period 2013–14 to 2014–15, significant increases in the annual rates of children who were the subject of a substantiated notification of harm were evident on Mornington Island” (Wettenhall 2017).

**Domestic Violence**
Intertwined with excessive consumption of alcohol and families is the frequency and seriousness of domestic and family violence occurrences. This in turn has a direct relationship to the number of personal protection orders that are initiated.

As outlined in the 2016 KPMG produced report for the Queensland department of the Premier and Cabinet “The regional analysis highlighted that regions like Cape York and the Gulf which have large Indigenous populations had the highest per capita rates of domestic and family violence. The Table below provides a breakdown by LGA of the communities with the highest rates of domestic and family violence which are all made up of the State’s Indigenous communities. This highlights further the appallingly high levels of reported domestic and family violence in the State’s discrete Indigenous communities where rates range from 111 incidents per 1000 people in Carpentaria to 278 per 1000 people in Cherbourg(refer Table 5.4). This compares to the State average of 15.5 incidents per 1000 people in 2014. For protection orders the prevalence rates range from 32 protection orders per 1000 people in Pormpuraaw to 1000 per 1000 people in Kowanyama. This is much higher than the State average of 4.32 protection orders per 1000 people” (Qld 2016).
Top 10 areas with large Indigenous populations and highest number of police incidents

<table>
<thead>
<tr>
<th>LGA</th>
<th>Incidents</th>
<th>Incidents per 1000 people</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cherbourg</td>
<td>357</td>
<td>277.6</td>
</tr>
<tr>
<td>Woorabinda</td>
<td>269</td>
<td>270.1</td>
</tr>
<tr>
<td>Kowanyama</td>
<td>248</td>
<td>222.4</td>
</tr>
<tr>
<td>Yarrabah</td>
<td>585</td>
<td>218.2</td>
</tr>
<tr>
<td>Doomadgee</td>
<td>278</td>
<td>201.2</td>
</tr>
<tr>
<td>Palm Island</td>
<td>497</td>
<td>191.9</td>
</tr>
<tr>
<td><strong>Mornington Island</strong></td>
<td><strong>199</strong></td>
<td><strong>163.9</strong></td>
</tr>
<tr>
<td>Wujal Wujal</td>
<td>37</td>
<td>129.8</td>
</tr>
<tr>
<td>Aurukun</td>
<td>162</td>
<td>115.6</td>
</tr>
<tr>
<td>Carpentaria</td>
<td>245</td>
<td>111.0</td>
</tr>
</tbody>
</table>

Top 10 areas with large Indigenous populations and highest number of protection orders

<table>
<thead>
<tr>
<th>Protection Orders</th>
<th>Court</th>
</tr>
</thead>
<tbody>
<tr>
<td>99.6</td>
<td>Kowanyama</td>
</tr>
<tr>
<td>76.3</td>
<td>Woorabinda</td>
</tr>
<tr>
<td>69.8</td>
<td>Yarrabah</td>
</tr>
<tr>
<td><strong>63.4</strong></td>
<td><strong>Mornington Island</strong></td>
</tr>
<tr>
<td>58.6</td>
<td>Doomadgee</td>
</tr>
<tr>
<td>35.9</td>
<td>Palm Island</td>
</tr>
<tr>
<td>35.1</td>
<td>Wujal Wujal</td>
</tr>
<tr>
<td>35</td>
<td>Aurukun</td>
</tr>
<tr>
<td>32.1</td>
<td>Lockhart River</td>
</tr>
<tr>
<td>31.6</td>
<td>Pormpuraaw</td>
</tr>
</tbody>
</table>

Blue Cards

One of the great misnomers that is widely believed by community members, service providers and a number of stakeholders on Mornington Island, in respect to the Alcohol Management Plans is that persons who commit offences in relation to home brew or who are convicted for liquor offences cannot obtain a “blue card” and therefore gain employment with any of the services provided in remote communities. As outlined in the 2016 short report – Alcohol management plans in Indigenous communities in Queensland (Australia) may have unintended implications for the care of children by Katrina Bird, Michelle S. Fitts and Alan R. Clough, “In Queensland, a Positive Notice Blue Card (PNBC) is a requirement for all persons working in any child-related employment, whether on a paid or volunteer basis, as well as for all foster and kinship carers (Commission for Children and Young People and Child Guardian 2014a; State of Queensland Public Safety Business Agency 2014; Tilbury, 2014).

The same report further addresses the issue in that “In the early stages of a formal evaluation of these alcohol control policies (Clough et al., 2014) it was found that key stakeholders, service providers and residents in some communities held a view that having a conviction for a breach of alcohol restrictions would limit a person’s eligibility to hold a PNBC. There was a parallel view expressed that a person’s capacity to work in child-related employment or activities, or to provide
foster care to Indigenous children in need, would be limited. This matter does not appear to be clearly understood in these settings as a breach of the Liquor Act, in and of itself, does not in fact, constitute a disqualifying offence (Working with Children (Risk Management and Screening) Act 2000)” (Bird, Fitts and Clough 2016).

General Information

Extrapolated from the information and statistics above and community knowledge, further examples of unintended consequences that have evolved as a result of the good intentions of the roll out of the 2003 and 2009 legislative reforms that introduced an Alcohol Management Plan to Mornington Island are:

A flourishing home brew industry where individuals brew alcohol for their own individual or family consumption and also a commercial side of the industry where “sly gorging” home brew is for sale to residents of Mornington Island with enough money to pay for it. The average price for a 10 litre of “sly gog” home brew at the time of production of this report is reputedly $250.00 to $300.00 per 10 litres. Sales of 2 litre bottles for $50.00 and 1.25 litres for $25.00 to $30.00 are now also commonplace. With a manufacturing cost in the vicinity of $40.00 to $50.00 per 10 litres the opportunity of profiteering is ever present and exploited. Reputedly it is also possible to “book up” some home brew at a higher cost of $400 for a ten litre container, drink now pay later.

Prohibition, home brew and “sly gorgging” are the only exposure the majority of the past two generations of young people on Mornington Island have had to behaviours involving alcohol. With no exposure or observations of behaviours involved with normal alcohol consumption, expectations and the possibility for responsible consumption of alcohol have been stymied. Examples of this include:

Binge drinking i.e. consumption of alcohol as fast as possible to limit potential to be caught by the police,

Drinking in secret i.e. indoors or places thought to be out of sight and sound of police for fear of being caught by the police.

An increase in cannabis use on Mornington Island is a by-product of the introduction of Mornington Island’s Alcohol Management Plan. Whilst this view is subject to debate by some, community members are prepared to support the view on terms of anonymity. The research paper - Unintended impacts of alcohol restrictions on alcohol and other drug use in Indigenous communities in Queensland (Australia) reports “Impact of AMPs on cannabis use. Despite the differences in perceptions between communities with ‘prohibition’ and ‘some alcohol available’ (Table 1), an increase in cannabis uptake was perceived by many to be related to the introduction of alcohol restrictions across communities general, with some indication of novice user groups emerging: “When the AMPs came in the drugs took over, the ya rndi (cannabis) took over”; “Few older (people) starting to smoke. People will get stoned if they can’t get alcohol”. This phenomenon was linked to both the comparative ease of access and the affordability of cannabis compared with alcohol”; “For some people it (cannabis) is easier to get than alcohol”; “More people are smoking, $250 for rum, a foil (of cannabis) for $50” (Robertson, Fitts and Clough 2016).
Review Process

After Alcohol Management Plans were introduced in 2002 there has been a constant state of changing policy positions and reviews in place for those affected communities such as Mornington Island.

Price Waterhouse Cooper’s Indigenous Consulting in their Alcohol Management Plan Review – General Review, produced for the Department of Aboriginal and Torres Strait Islander & Multicultural Affairs in 2015 and other references outline the following review process from 2005 to 2012.

Initial Review 2005

“The Queensland Government committed to reviewing AMP’s 12 months after their commencement in each community. This “initial review” occurred in 2005 and looked at the impact of supply restrictions on levels of alcohol-related harm, crime and violence in the community” (Queensland 2005). “It is reported that the review examined the impact of alcohol restrictions on communities, presented the views of stakeholders, and provided future direction and actions sought by the communities in reducing violence and harm and increasing community safety and well-being” (Elmes, P8)

AMP reform (from 2008)

“The Queensland Government conducted a further review of AMP’s in 2007 and identified a number of gaps in the original AMP arrangements. In particular this review found that while restrictions only applied to public places, police were limited in their capacity to respond to and seize alcohol before it was successfully transported through a community to a private residence, consumed or dispersed.

The 2007 Review indicated that four to five years since the commencement of the policy, there had not been sufficient or sustained improvement in the level of alcohol-related harm and that a “more concerted, intensive and sustained program of action” was needed that focussed on strengthening supply restrictions and demand reduction; strengthening individual, family and community; and strengthening service delivery” (Explanatory Notes 2008).

Based on their 2007 review findings, “the Government reformed their policy responses to include tougher restrictions for Queensland communities, but also a greater focus on harm reduction. Key focus areas proposed under the reform package included:

- an incentive package prioritised toward communities that volunteer to be alcohol-free, including an Alcohol Management Incentive Scheme to encourage councils to relinquish licences and agree to zero or reduced carriage limits
- non-negotiable removal of general liquor licences (canteens) from Councils by 30 June 2008
- toughened restrictions in relation to drinking in public places, roads and private residences from 1 July 2008
- revised carriage limits from 1 July 2008
- continued strict regulation of licensed premises in or servicing the communities” (Queensland Government 2007)
May 2012

Holding sway in 2012, the Queensland’s Newman led Liberal National Party made a foray into reviewing Alcohol Management Plans, “Alcohol management plans were among the topics of discussion when new Aboriginal and Torres Strait Islander Minister Glen Elmes met far north Queensland (Qld) mayors in Cairns on 5 May 2012. The management plans have been in place in 19 Indigenous Qld communities since 2002, in a bid to reduce alcohol-related violence. Before the election, current Premier Campbell Newman promised to review the plans, which he said were not working. A State Government review of the management plan laws is under way, and Minister Elmes has asked the Qld mayors to get back to him with suggestions for new strategies to manage alcohol in their communities” (Sydney Morning Herald 2012).

October 2012

In October 2012, the Newman Government acted on their election promise and ordered the review of the Alcohol Management Plans that had previously been announced by Minister Elmes.

As a consequence of this announcement, Junkuri Laka “Wellesley Islands Law, Justice and Governance Association Inc.” in conjunction with Mornington Shire Council, conducted a comprehensive review process and developed the 2014 AMP Review Mornington Island Core Strategy as a response see “Annexe 3”.

Despite protestations from some within the community on Mornington Island, successive Liberal and Labour Governments have labelled the 2014 AMP Review Mornington Island Core Strategy as unworkable and one they would not support.

July 2014

30th July 2014, meeting held at the Council Chambers on Mornington Island to discuss Mornington Islands Alcohol Management Plan. The meeting was convened in conjunction with attendee Greg Anderson, Department of Aboriginal and Torres Strait Islander Partnerships, Assistant Minister for Aboriginal and Torres Strait Islander Affairs, David Kempton and elected members of Mornington Shire Council. “At this meeting the Assistant Minister put forward his view that the key elements of the Mornington Island submission – standalone take-away outlet with individual drinking permits approved by a community process – was supported by the government” (Greg Anderson 2017).

August 2014

This announcement was soon recanted when, on the 26th August 2014, at a meeting held at the Council Chambers on Mornington Island to discuss Mornington Islands Alcohol Management Plan. The meeting was convened in conjunction with attendee Greg Anderson, Department of Aboriginal and Torres Strait Islander Partnerships and elected members of Mornington Shire Council. At this meeting follow up discussions with AMP policy representatives from Brisbane and Greg Anderson in his capacity as the Executive Director, Policy, outlined he “was advised that we had been unable to obtain support for this position (meeting 30th July 2014 stance) across Government and that it could not be met without substantial legislative change, which was not supported by the relevant agencies/Minister’s. It was also advised that we (DATSIP) could work with the community to explore
options that were available under existing Legislation - centred around establishing a social venue with consumption on premise under a restricted permit. Response from Council and the Community Justice Group was that this option was unpalatable and not worth pursuing” (Greg Anderson 2017).

May 2015

In January 2015, at the State elections, Queenslanders saw a change of government from the Liberal National Party to the Labour Party. At the 2015 Local Government Association of Queensland Indigenous Leaders Forum held at Palm Island in on the 28th of May 2015, recently elected Queensland Treasurer, Minister for Employment and Industrial Relations and Minister for Aboriginal and Torres Strait Islander Partnerships, The Honourable Curtis Pitt announced that he would oversee a review of all submissions for reviews of Alcohol Management Plans previously submitted to government within 3 months. He further announced that any new submissions for review would be received over the next six months. The following notes from that meeting relate “On day 1 of the ILF ON Palm Island at 2015 meeting, members discussed the AMP and adopted the following motion.

Title: Alcohol Management Plans (AMPs)

Motion: That this Aboriginal and Torres Strait Islander Leaders' Forum (ILF) call on the State Government to expedite and conclude the review into AMPs within three (3) months from receipt of this motion.

The motion was provided the next day to Ministers Pitt and Enoch and O'Rourke. Mayor Butcher also referred to it in his explanation of the previous day discussions and Minister Pitt began his response by saying

“Being Treasurer is important to the Indigenous Partnerships needed to get actions/cut through/move issues forward. He wants to be able to report back to the Premier and does not want to see the same discussion as 3 years ago still occurring – he wants to move issues forward” (Goode 2017).

September 2015

With the purported Pitt review underway, on the 16th September 2015, Council met with the then Deputy Director-General, Policy - Department of Aboriginal and Torres Strait Islander Partnerships, Ron Weatherall on Mornington Island to discuss the current Alcohol Management Plan review status. Advice was provided at that meeting was indicative of previous advice in that Mornington Islands previously submitted AMP Review Core Strategy “could not be met without substantial legislative change, which was not supported by the relevant agencies/Minister’s” (Greg Anderson 2017).

October 2015

On the 14th of October 2015, Council met with its recently appointed Government Champion, Kelvin Anderson, the Chief Executive Officer of the Public Safety Business Agency, Queensland and community stakeholders to discuss amongst other matters that Mornington Islands previously submitted AMP Review Core Strategy. Again advice provided at that meeting was indicative of
previous advice in that Mornington Islands previously submitted AMP Review Core Strategy “could not be met without substantial legislative change, which was not supported by the relevant agencies/Minister’s” (Greg Anderson 2017). Importantly out of the meeting came a commitment from the Government Champion to work with Council and community to find common ground in moving forward with further review processes.

February 2016

On the 22nd February 2016, the following advice was received from Council’s Government Champion “I was using the time to ask about the proposed AMP consultation process. Given that local government elections are just around the corner and that councils are in caretaker mode, department’s will need to wait until there is a clear result before plans for further discussion can be finalized.

However, I know staff from DATSIP are very aware of the unique circumstances of Mornington Island and know how keen the community is to discuss possible solutions” (Kelvin Anderson 2016).

In early 2016, with the appetite for reviews of Alcohol Management Plans by the current government improved and it was announced that Mornington Island would be assisted in a review process by Management staff from the Remote Indigenous Land and Infrastructure Program Office - Department of Aboriginal and Torres Strait Islander Partnerships, Cairns Office. This offer fell short of fruition not long after mid-year the appointed staff member took on other duties. Despite falling short of expectations, conversations continued with the Department of Aboriginal and Torres Strait Islander Partnerships, Cairns Office staff to progress the review process.

Current Mornington Shire Council led Alcohol Management Plan Strategic Review

After years of procrastination by community and government and the unpalatable 2014 AMP Review Mornington Island Core Strategy compiled by Junkuri Laka – Wellesley Islands Law, Justice and Governance Association Incorporated, one constant that is apparent leading up to this current Alcohol Management Plan Strategic Review, is that both the Queensland Liberal Government and the Queensland Labour Government have previously failed to fully commit to an Alcohol Management Plan Review for Mornington Island despite many assurances otherwise. The path for review has been a challenging, frustrating and a complex one to say the least and whilst it is not inclusive of all formal and informal discussions regarding the Alcohol Management Plan review process for Mornington Island never the less it is indicative of the process followed:

September 2016

With the appointment and opportunity for leverage of Council’s first Ministerial Champion, Jennifer Howard – then Assistant Minister for Local Government, now Assistant Minister to the Premier and a new Government Champion, Jim Reeves – Director General of Environment and Heritage Protection in place, review of Mornington Islands Alcohol Management Plan once again became a priority.

On Wednesday the 21st of September 2016, a combined Council, community stakeholder, Ministerial Champion, Government Champion, their support staff and Department of Aboriginal and Torres Strait Islander Partnerships Regional Management staff was held on Mornington Island. Support
for a review of the previous Mornington Island AMP Review Core Strategy was at the forefront of discussions and endorsement of support was unanimous from all in attendance.

With the impacts of home brew ever present, a seemingly stalled progress surrounding review of Mornington Islands Alcohol Management Plan, divided opinion and politicking within the community as to the appropriateness of any review came to the fore. Council, as the body of duly elected community representatives of Mornington Shire took up the mandate to undertake appropriate research and develop a new Alcohol Management Plan Strategic Review. This review when complete would provide the State Government with appropriate conclusions and recommendations that were endorsed by and meet the needs of all residents of Mornington Shire.

On the 28th of September 2016, Council arranged and held a community meeting at the “Festival Ground” in Gununa to discuss the development of a new AMP Core Strategy to take to the State Government. Key messages from the estimated 400 plus community members that included representatives from Queensland Police, Queensland Health funded agencies and programs, Education Queensland, North West Health and Hospital Services and a myriad of non-government service providers and agencies as well as the local population were:

- The desire for re-introduction of legal alcohol to replace home brew,
- The desire for rehabilitation and support services to meet the needs of community members suffering from the effects of alcohol exposure and consumption, and
- The desire for the formation of a committee of interested residents of Mornington Island to progress a review of Mornington Islands Alcohol Management Plan to get support of government for change.

October 2016

On the 24th of October 2016, after a community consultative process and acceptance of expressions of interest, the following were appointed as the first members of Council’s Alcohol Management Plan review committee:

Richard Sewter - Committee member,
Dwayne Rogers - Committee member,
Ashley Gavenor - Committee member,
Dr Berry Zondag - Committee observer.

Despite initial enthusiasm, the review committee failed to reach the potential expected and at the time of production of this review paper, Council is evaluating the review committee process to develop a more rigorous strategy for the committee to follow to ensure longevity and accountability of process.

January 2017

Through timely “leaking” of results of some home brew analysis and testing that was done in December 2016, the toxicity of home brew being consumed on Mornington Island brought the
Alcohol Management Plan review process squarely back into the government arena. Reactions were swift and positive and whilst it took such a dire situation to achieve positive outcomes, there is now an air of expectation and hope of the government finally getting behind the community to review and amend the Alcohol Management Plan in place for Mornington Island. The Department of Aboriginal and Torres Strait Islander Partnerships immediately took the lead role in forming a “home brew” working party to develop a strategy to deal with the issues on Mornington Island.

February 2017

On the 14th of February 2017, a meeting was held on Mornington Island that was attended by Council, it’s Government Champion Jim Reeves and support staff, Mr Allen Cunneen, Deputy Director General, Ms Simone Jackson, Executive Director, Mr Greg Anderson Regional Director, North Queensland representing the Department of Aboriginal and Torres Strait Islander Partnerships and support staff, Acting Superintendent Chris Hodgman and Acting Officer In Charge Mornington Island Police, Adam Hill representing the Queensland Police Service, Darran Kennedy Senior Advisor, Gulf & North Region and Tom Atu representing the Department of Prime Minister and Cabinet, Lisa Davies-Jones, Chief Executive Officer and Sandra Kennedy, Director, Mental Health and Alcohol Tobacco and Other Drugs Services representing North West Health and Hospital Service and Debbie Dixon-Searle, Acting Regional Manager, Office of Liquor and Gaming Regulation. The meeting focus was to deliver a strategy “to provide all information we can to the community about options to engage and educate re the home brew issues and alcohol management plans – both the past and positioning the Mornington Shire for a further conversation with government” (Simone Jackson 2017). The minutes, actions, papers and documents developed from the meeting can be seen at “annexe 8”.

April 2017

On the 11th of April 2017, the next meeting of the working party was held at the Department of Aboriginal and Torres Strait Islander Partnerships office in Cairns. The meeting was attended by Mayor Bradley Wilson, Deputy Mayor Sarah Isaacs, Councillor Jane Ah Kit, Councillor Bobby Thompson, Councillor Claire Farrell, Chief Executive Officer Frank Mills and Governance Coordinator Tatiana Ah Mat representing Mornington Shire Council. Representing Department of Aboriginal and Torres Strait Island Partnership, Allen Cunneen Deputy Director General, Simone Jackson Executive Director, Greg Anderson Regional Director, Phil Peachey Manager of Government Coordination, Office of Liquor and Gaming Regulation Debbie Dixon-Searle, Queensland Police Service Kev Guteridge, Chief Executive Officer North West Hospital and Health Services Lisa Davies-Jones and Mornington Island AMP Committee Richard Sewter, Dwayne Rogers and Susan Sewter. The meeting focus was on:

- Development of a communications strategy with regards to harms resulting from the consumption of homebrew and alcohol. The strategy to highlight homebrew initially in the context of alcohol related harm with long term components of strategy to focus on harm reduction relating to alcohol and other substances on Mornington island, and
- Assisting Mornington Shire Council with a review of Service Co-ordination, Design and Funding via a Service Mapping process and a service delivery strategy.
• Developing a plan for Mornington Island to progress options of legalised alcohol sale and consumption.

The minutes, actions, papers and documents developed from the meeting can be seen at “annexe 9”.

May 2017

On the 16th of May 2017, a meeting was held on Mornington Island that was attended by Deputy Mayor Sarah Isaacs, Councillor Claire Farrell, Councillor Jane Ah Kit, Councillor Bobby Thompson, Chief Executive Officer Frank Mills, and Governance Coordinator Tatiana Ah Mat representing Mornington Shire Council, Simone Jackson Executive Director Department of Aboriginal and Torres Strait Islander Partnerships, Marnie Wettenhall Regional Manager of Department of Prime Minister and Cabinet, Sandra Kennedy Director of Mental Health and Alcohol Tobacco and Other Drugs Services, Chris Hodgeman Acting Superintendent Queensland Police Service, Adam Hill Acting Officer In Charge Mornington Island Police, Mornington Island AMP Committee Members Richard Sewter, Dwayne Rogers, Charlie Anderson, David Barnes. The meeting focus was on:

• A power point presentation by Council Chief Executive Officer Frank Mills regarding the reintroduction of legal alcohol strategy for Mornington Island,
• Development of a draft community consultation plan by the Department of Aboriginal and Torres Strait Islander Partnerships and the Department of Prime Minister and Cabinet which was to be submitted to Council by the 26.05.2017, and
• Development of a community communication plan between Council and Sandra Kennedy via a meeting on the 24.05.2017.

The minutes, actions, papers and documents developed from the meeting can be seen at “annexe 10”.

On the 19th of May 2017, Mornington Shire Council Mayor, Bradley Wilson attended a “Closing the Gap Roundtable” meeting in Cairns with other Indigenous Local Government Mayors. At this meeting the Minister responsible for the Department of Aboriginal and Torres Strait Islander Partnerships, Mark Furner MP, gave a personal commitment to Mayor Wilson and Mayor Lacey of Palm Island Aboriginal Shire Council in relation to Alcohol Management Plan reviews in that he “will crack the whip on it and make sure the reviews happen as a priority of his and the government” (Furner 2017).

July 2017

On the 21st day of July 2017, a meeting was held on Mornington Island that was attended by Councillor Jane Ah Kit, Chief Executive Officer Frank Mills, Governance Coordinator Tatiana Ah Mat, Coreen Reading North West Health & Hospital Service, Josephine Wilson Queensland Health, Farrah Linden Mission Australia, Grace Barnes Mirndiyu Gununa Aboriginal Corporation, TJ Baker PCYC, Irene White and Adrian Hep North West Remote Health, Peter Linnehan Mornington Island State School & Education Queensland, Senior Sergeant Nick O’Brien Queensland Police Service, Tom Atu Department of Prime Minister and Cabinet, Joanne and Craig Bate RISE Employment Services, Vele
and Joan Rupa- Mission Australia, Susan Sewter Mornington Island Health Council and Richard Sewter  Save the Children and Community AMP Committee member. One focus from the meeting was the currency and status of the AMP review being conducted by Council and the support being received from various government agencies such as the Department of Aboriginal and Torres Strait Islander Partnerships and the Department of Prime Minister and Cabinet. There was unified support from all agencies and representatives present for the review and the need for Council, community, service providers and government to work collaboratively to support the review process. The minutes, actions, papers and documents developed from the meeting can be seen at “annexe 11”.

On the 27th day of July 2017, a meeting was held on Mornington Island that was attended by Councillor Jane Ah Kit, Chief Executive Officer Frank Mills, Governance Coordinator Tatiana Ah Mat, Simone Jackson Executive Director Department of Aboriginal and Torres Strait Islander Partnerships, Debbie Dixon-Searle, Acting Regional Manager, Office of Liquor and Gaming Regulation, Liz MacIntyre, Coreen Reading, Rae Horton, Christine Mann, Jan Falconer and J Shaw North West Health & Hospital Service, Farrah Linden Mission Australia, TJ Baker- PCYC, Adrian Hep North West Remote Health, Kim Maiszey Alcohol Tobacco and Other Drugs, Kellie Kremmer Mornington Island State School and Education Queensland, Richard Sewter Save the Children and Community AMP Committee member, Mary Wilson and Basil Gangala Mornington Island Community Police Officers, Adam Hill acting Officer in Charge Mornington Island Police Station, Queensland Police Liaison Officers M.Chong and B. Costello, Mel Riordan, Kaye Smith and Dallas Leon Gidgee, P.Lehmann Gidgee Healing and Normanton Recovery Centre, J.Silver Queensland Primary Health Network and Chris Bradley Department of Transport and Main Roads/Translink. This meeting coincided with the two day “taking back control” community forum that was conducted on Mornington Island on the 26th and 27th July 2017. The intent of the meeting was for all service providers to participate in developing both short and long term strategies for community communication and education strategies to deal with the effects of excessive consumption of alcohol – especially home brew. The minutes, actions, papers and documents developed from the meeting can be seen at “annexe 12”.

August 2017

On the 15th day of August 2017, a meeting was held on Mornington Island that was attended by Council’s Mayor, Bradley Wilson, Deputy Mayor Sarah Isaacs, Councillors Ah Kit and Thompson, the Minister responsible for the Department of Aboriginal and Torres Strait Islander Partnerships, Mark Furner MP, Jennifer Howard the Assistant Minister to the Premier, the member for Mount Isa Robbie Katter, Allen Cunneen Deputy Director General Department of Aboriginal and Torres Strait Island Partnership, Council Chief Executive Officer Frank Mills, Council executive team members, ministerial support staff and media. The primary focus of the meeting was for the ministers and local member to meet with Council and discuss first-hand the unique set of issues that the community of Mornington Island deal with on a day to day basis. Whilst process and conversations in respect to the Mornington Island Alcohol Management Plan were informal, all parties came away from the meeting unified in the desire to support the implementation of a change management process.
Moving forward

Forward movement in the review process for Mornington Islands Alcohol Management Plan is at the behest of the Department of Aboriginal and Torres Strait Islander Partnerships as they are the responsible arm of Government identified to carry out this role (Queensland 2017). The department’s web site outlines the following “The Queensland Government is committed to working with Aboriginal and Torres Strait Islander communities to review Alcohol Management Plans (AMPs).

The Review’s paramount consideration is the safety of residents in the communities, particularly women and children. Other considerations include improving school attendance and reducing child protection issues.

AMPs currently operate in 19 discrete Aboriginal and Torres Strait Islander communities across 15 Local Government Areas and were introduced to reduce alcohol related violence, particularly against women and children.

The AMP review will be community driven and led. Because each community is different, with unique histories and aspirations, the Review will adopt a community by community approach.

The Review will consider:

- Previous reviews and the evidence base regarding alcohol misuse and the causes of high levels of violence
- The strength of community leadership and capacity to manage alcohol misuse and reduce alcohol-related harm
- The effectiveness and impacts of current AMP supply and demand strategies to reduce alcohol-related harm
- The impact of AMPs on community members and regional centres
- Future strategies to manage alcohol misuse and reduce alcohol-related harm, in each community, with a view to transitioning from AMPs.

Community proposals

Indigenous local governments, community justice groups, residents and other stakeholders are encouraged to work together to develop community proposals outlining their plans to reduce alcohol-related violence and harm.

The Queensland Government is committed to consulting and considering the views of each community. This extends to seeking the views of local governments in neighbouring regional areas, as well as other stakeholders, on the impact of the AMPs. Government representatives will be available to assist with the development of community proposals.

Where a community wishes to move away from AMPs, transition plans will be developed based on their community proposal. The transition plans will be developed in consultation with each community and will outline ways to manage alcohol misuse, reduce alcohol-related violence, improve school attendance and reduce child protection issues” (Queensland 2017).
In line with this process in mind, advice was sought from the Department on the 18th of June 2017, requesting an interpretation of the legislative review process and how to progress Mornington Islands Review Strategy through to the Governor in Council to amend the required regulations. The following advice was received:

“The below is the formal position – I know it does not fully satisfy your question. However based on the below the process would be – in the coming months you will receive written advice from government regarding the AMP Review – it is reasonable that this is when you would be asked to put your position / proposition for community forward. The response would then be considered and you would be advised of the next step.

• The Review of AMPs is underway and the Minister has identified the finalisation of the Review as a priority for this Government
• DATSIP understands that Mornington Island is proposing a revised community proposal that seeks to reintroduce alcohol through a change to the carriage limit to allow for takeaways
• Any changes to carriage limits require whole-of-government consideration and legislative change and will be considered as part of the AMP Review
• An update on the Review process will be provided to communities in the coming months” (Jackson 2017).

Whilst this response is predictable, open ended, with no specific time frame attached to it and no guarantee of addressing the current “home brew” issues plaguing Mornington Island, there appears to be genuine support and intent on behalf of the Department of Aboriginal and Torres Strait Islander Partnerships and its minister to work with Council and community to achieve a positive outcome from this review.

Community Consultation

To support the formality of the Mornington Shire Council Alcohol Management Plan Strategic Review there is an overwhelming need for continuous extensive community consultation. It has also been identified that any community consultation that has validity to it must be all inclusive and every community member given the opportunity to provide their opinion or advice. Constraints of paternalistic behaviours need to be minimised and appropriate mechanisms developed to ensure integrity of process. With this in mind, in order to carry out a process of extensive community consultation:

• The Alcohol Management Plan Committee have been engaged in ongoing contact and dialogue with community members on an informal basis since the commencement of this review,
• A two day “taking back control” community forum was conducted on Mornington Island on the 26th and 27th July 2017. This forum was multi-faceted and involved:
  (a) meetings between Council and all service providers to develop short and long term communication and education strategies to deal with the effects of excessive consumption of alcohol – especially home brew.
(b) Service providers manning stalls and marquees to provide information to the community on services and resources available on Mornington Island to provide support to the community to deal with the effects of excessive consumption of alcohol – especially home brew.

(c) Provision of healthy foods and options for healthier lifestyles.

(d) Music, entertainment and cultural dance.

- A whole of community survey was designed and conducted within the community with the intent to capture the views of as many community members as possible over the age of 16 years in response.
- The survey process included:
  (a) Alcohol Management Plan Committee members assisting community members to fill out a survey at the “taking back control” two day forum,
  (b) Non-indigenous “non-island staff” completing the survey at their work place or after hours.
  (c) A door to door survey carried out by Council engaged community members from the 31st July 2017 to 13th September 2017. This involved surveyors going door to door to every indigenous community member’s house on Mornington Island and completing the survey with all those present and willing over the age of 16 years.
  (d) As part of the community consultation and survey process a total of 130 people participated in the survey (see format below).

INSTRUCTION

Where applicable please circle correct response – any reference to alcohol includes home brew – the information recorded in this survey remains confidential with no ability to identify any individual.

1. What is your age?

2. What is your gender?

   - Female
   - Male

3. What is your ethnicity?

   - Aboriginal and Torres Strait Islander
   - Aboriginal
   - Torres Strait Islander
   - Caucasian
   - Other

4. Have you ever consumed (drunk) alcohol?
5. At what age did you start drinking alcohol?

__________________

6. Why did you start drinking alcohol? Pick one
☐ Peer pressure
☐ Curiosity
☐ Because you 'felt like it' (Bored)
☐ Influence of an adult

7. Do you feel you are a responsible drinker?
☐ Yes
☐ No

8. How often do you drink alcohol?
☐ Every day
☐ 3-5 times a week
☐ Once a week
☐ Only on weekends
☐ On special occasions

9. Do you engage in binge drinking of alcohol? (5 or more drinks in a sitting)
☐ Never
☐ Sometimes
☐ Often
☐ Nearly Always

10. Estimate the number of hours you drank for the last time you were drinking alcohol?
☐ None
☐ One hour
☐ 2-3 hours
☐ 4-5 hours
☐ More than five hours

11. How many alcoholic drinks did you have during that time?
☐ 0
☐ 1-2
☐ 3-4
☐ 5-6
☐ 7-9
☐ More than 9
12. In the last two weeks, how many times have you had 5 or more alcoholic drinks at a sitting?
- 0
- 1-3
- 3-5
- 5-7
- More than 7 times

13. Are you able to stop drinking alcohol when you want to?
- Never
- Sometimes
- Often
- Nearly Always

14. Do you ever drink alcohol just to get drunk?
- Never
- Sometimes
- Often
- Nearly Always

15. Have you ever passed out or experienced memory loss due to drinking alcohol? (blackout)
- Never
- Sometimes
- Often
- Nearly Always

16. Do you drink alcohol to feel good or to function better?
- Never
- Sometimes
- Often
- Nearly Always

17. Do you have a history of alcohol or drug problems in your family?
- Yes
- No

18. Do you drink alcohol to escape pain, either physical or emotional?
- Never
- Sometimes
- Often
- Nearly Always

19. Have you ever become violent or aggravated while drinking alcohol?
- Never
- Sometimes
- Often
- Nearly Always
20. Have you ever got into any fights while drinking alcohol?
- Never
- Sometimes
- Often
- Nearly Always

21. Have you ever been the victim of acts of violence whilst drinking alcohol?
- Never
- Sometimes
- Often
- Nearly Always

22. Has drinking alcohol ever been the reason that your relationships with your family, friends or girlfriend/boyfriend broken down?
- Never
- Sometimes
- Often
- Nearly Always

23. Have you ever gotten into trouble at work or not gone to work because of drinking alcohol?
- Never
- Sometimes
- Often
- Nearly Always

24. Have you ever wanted to stop drinking?
- Yes
- No

25. Have you ever sought help for your alcohol drinking habits?
- No
- Yes ➤
  - If the answer is yes, then – What help did you seek?
    - Family
    - Doctor
    - ATODS
    - Hospital
    - Rehab
    - Alcoholics Anonymous

26. Have you ever ended up at the hospital as a result of drinking alcohol?
- Never
- Sometimes
- Often
- Nearly Always
27. Have you ever been arrested, even for a few hours, after drinking alcohol?
☐ Yes
☐ No

28. Do you find it hard to get thoughts about having a drink of alcohol out of your mind?
☐ Never
☐ Sometimes
☐ Often
☐ Nearly Always

29. Do you ever choose to spend your money on getting drunk instead of food?
☐ Never
☐ Sometimes
☐ Often
☐ Nearly Always

30. Do you plan your day around when and where you can drink alcohol?
☐ Never
☐ Sometimes
☐ Often
☐ Nearly Always

31. When you know that problems are caused by drinking alcohol, do you still drink too much?
☐ Never
☐ Sometimes
☐ Often
☐ Nearly Always

32. Are you able to stop drinking once you start?
☐ Never
☐ Sometimes
☐ Often
☐ Nearly Always

33. Are you aware that possessing or drinking alcohol is illegal on Mornington Island?
☐ Yes
☐ No

34. Are you aware that most people who drink alcohol on Mornington Island drink home brew or alcohol brought from the mainland?
☐ Yes
☐ No
35. Do you think there is enough help available for people who drink too much alcohol?

- Never
- Sometimes
- Often
- Nearly Always

36. Do you think people know who to go and see if they need help about drinking alcohol?

- Yes
- No

37. Do you think more employment opportunities on Mornington Island could reduce the number of people drinking alcohol?

- Yes
- No

38. Do you think there are enough activities for adults to do in your community?

- Yes
- No
  - If no, what would you like to see more of?
  (Write answer here)

39. Do you think there are enough activities for youth to do in your community?

- Yes
- No
  - If no, what would you like to see more of?
  (Write answer here)
40. Do you think there are enough activities for children to do in your community?

☐ Yes
☐ No ►
   If no, what would you like to see more of?
   (Write answer here)

41. Do you think there is enough education about the health risks and problems that drinking alcohol can cause people and their families in your community?

☐ Yes
☐ No ►
   If no, what would you like to see more of?
   (Write answer here)

42. If the Government was to support legal alcohol being available on Mornington Island, do you think that is a good idea?

☐ No
☐ Yes ►
   If yes, do you think this would stop people drinking home brew?
      ☐ Never
      ☐ Sometimes
      ☐ Often
      ☐ Nearly Always
Do you think this would make the community a better place to live?

☐ Never
☐ Sometimes
☐ Often
☐ Nearly Always

43. If the Government returned alcohol to the community what would this look like?

(Write answer here)

44. Please indicate your preference/s of the following:

Select all preferred:

☐ I want somewhere to sit and drink alcohol legally
☐ I want take away alcohol
☐ I do not want change with regard to alcohol in Mornington Island

The community consultation and survey process conducted during the development of this review document identified an air of ambivalence from non-indigenous residents in the uptake of the opportunity to participate in the survey and voice an opinion. Disappointingly a significant number of indigenous residents could or would not participate in the survey process due to reasons that included refusal, avoidance, denial, varying levels of intoxication and/or “shame” from a lack of understanding of process and all this despite surveyor’s efforts to assure confidentiality and integrity of process.

For comparison purposes and to ensure integrity and balance of results, the survey information is presented in two different categories:

1. Local – indigenous,
2. Visitor - non-indigenous,

The survey results that can be seen at “annex 13” are as follows:
Local survey participant responses

174 participants

Q2. Age of local survey participants

- Under 18 years: 36%
- 18-27 years: 18%
- 28-37 years: 22%
- 38-47 years: 13%
- 48-57 years: 5%
- 58-67 years: 2%
- 68-77 years: 1%
- 78-87 years: 1%

Q3. Gender of local survey participants

- Female: 44%
- Male: 56%
Q4. Ethnicity of local survey participants

- Aboriginal: 94%
- Aboriginal and Torres Strait Islander: 5%
- Torres Strait Islander: 1%
- Caucasian: 0%
- Other: 0%

Q5. Local survey participants:
Have you ever consumed alcohol?

- Yes: 89%
- No: 11%
Q6. Local survey participants: What age did you start drinking?

- 12-17 years: 27%
- 18-27 years: 60%
- 28-37 years: 3%
- 38-47: 1%
- Never: 8%
- Did not respond: 1%

Q7. Local survey participants: Why did you start drinking alcohol?

- Because you 'felt like it' (Bored): 32%
- Curiosity: 12%
- Influence of an adult: 8%
- Peer Pressure: 22%
- Did not respond: 26%
Q8. Local survey participants:
Do you feel you are a responsible drinker?

- Yes: 71%
- No: 23%
- Did not respond: 6%

Q9. Local survey participants:
How often do you drink alcohol?

- Every day: 0%
- 3-5 times a week: 26%
- Once a week: 22%
- Only on weekends: 15%
- On special occasions: 9%
- Did not respond: 28%
Q10. Local survey participants:
Do you engage in binge drinking (5 or more drinks in sitting)?

- Never: 25%
- Sometimes: 2%
- Often: 5%
- Nearly always: 34%
- Did not respond: 34%

Q11. Local survey participants:
Estimate the number of hours you drank for the last time you were drinking alcohol

- None: 23%
- 1 hour: 27%
- 2-3 hours: 9%
- 4-5 hours: 11%
- More than 5 hours: 10%
- Did not respond: 20%
Q12: Local survey participants:
How many alcoholic drinks did you have during that time?

- 0 drinks: 25%
- 1-2 drinks: 13%
- 3-4 drinks: 13%
- 5-6 drinks: 17%
- 7-9 drinks: 11%
- More than 9 drinks: 11%
- Did not respond: 10%

Q13: Local survey participants:
In the last two weeks, how many times have you had 5 or more alcoholic drinks at a sitting?

- 0 times: 29%
- 1-3 times: 24%
- 3-5 times: 14%
- 5-7 times: 10%
- More than 7 times: 12%
- Did not respond: 11%
Q14: Local survey participants: Are you able to stop drinking alcohol when you want to?

- Never: 12%
- Sometimes: 4%
- Often: 29%
- Nearly always: 17%
- Did not respond: 38%

Q15: Local survey participants: Do you ever drink alcohol just to get drunk?

- Never: 4%
- Sometimes: 12%
- Often: 23%
- Nearly always: 52%
- Did not respond: 9%
Q16. Local survey participants:
Have you ever passed out or experienced memory loss due to drinking alcohol (blackout)?

- Never: 11%
- Sometimes: 24%
- Often: 3%
- Nearly always: 3%
- Did not respond: 3%

Q17. Local survey participants:
Do you drink alcohol to feel good or function better?

- Never: 34%
- Sometimes: 39%
- Often: 2%
- Nearly always: 14%
- Did not respond: 11%
Q18. Local survey participants:
Do you have a history of alcohol or drug problems in your family?

- Yes: 24%
- No: 66%
- Did not respond: 10%

Q19. Local survey participants:
Do you drink alcohol to escape pain, either physical or emotional?

- Never: 51%
- Sometimes: 26%
- Often: 8%
- Nearly always: 4%
- Did not respond: 11%
Q20. Local survey participants:
Have you ever become violent or aggravated while drinking alcohol?

- Never: 1%
- Sometimes: 3%
- Often: 12%
- Nearly always: 37%
- Did not respond: 47%

Q21. Local survey participants:
Have you ever got into any fights while drinking alcohol?

- Never: 47%
- Sometimes: 37%
- Often: 6%
- Nearly always: 10%
- Did not respond: 0%
Q22. Local survey participants:
Have you ever been the victim of acts of violence whilst drinking alcohol?

- Never: 5%
- Sometimes: 10%
- Often: 5%
- Nearly always: 1%
- Did not respond: 10%
- Total: 46%

Q23. Local survey participants:
Has drinking alcohol ever been the reason that your relationships with your family, friends or girlfriend/boyfriend broken down?

- Never: 5%
- Sometimes: 20%
- Often: 9%
- Nearly always: 10%
- Did not respond: 5%
- Total: 56%
Q24. Local survey participants: Have you ever gotten into trouble at work or not gone to work because of drinking alcohol?

- Never: 68%
- Sometimes: 16%
- Often: 3%
- Nearly always: 12%
- Did not respond: 1%

Q25. Local survey participants: Have you ever wanted to stop drinking?

- Yes: 70%
- No: 19%
- Did not respond: 11%
Q26. Local survey participants:
Have you ever sought help for your alcohol drinking habits?

- No: 57%
- Yes, family: 10%
- Yes, doctor: 18%
- Yes, ATODS: 4%
- Yes, Hospital: 2%
- Yes, rehab: 0%
- Yes, alcoholics anonymous: 12%
- Did not respond: 8%

Q27. Local survey participants:
Have you ever ended up at the hospital as a result of drinking alcohol?

- Never: 60%
- Sometimes: 4%
- Often: 12%
- Nearly always: 1%
- Did not respond: 23%
Q28. Local survey participants:
Have you ever been arrested, even for a few hours, after drinking alcohol?

- Yes: 12%
- No: 41%
- Did not respond: 47%

Q29. Local survey participants:
Do you find it hard to get thoughts about having a drink of alcohol out of your mind?

- Never: 12%
- Sometimes: 3%
- Often: 11%
- Nearly always: 34%
- Did not respond: 40%
Q30. Local survey participants:
Do you ever choose to spend your money on getting drunk instead of food?

- Never: 71%
- Sometimes: 12%
- Often: 11%
- Nearly always: 4%
- Did not respond: 2%

Q31. Local survey participants:
Do you plan your day around when and where you can drink alcohol?

- Never: 29%
- Sometimes: 39%
- Often: 14%
- Nearly always: 6%
- Did not respond: 12%
Q32. Local survey participants:
When you know that problems are caused by drinking alcohol, do you still drink too much?

- Never: 45%
- Sometimes: 37%
- Often: 12%
- Nearly always: 2%
- Did not respond: 4%

Q33. Local survey participants:
Are you able to stop drinking once you start?

- Never: 33%
- Sometimes: 13%
- Often: 13%
- Nearly always: 21%
- Did not respond: 20%
Q34. Local survey participants:
Are you aware that possessing or drinking alcohol is illegal on Mornington Island?

- Yes: 84%
- No: 4%
- Did not respond: 12%

Q35. Local survey participants:
Are you aware that most people who drink alcohol on Mornington Island drink home brew or alcohol brought from the mainland?

- Yes: 86%
- No: 10%
- Did not respond: 4%
Q36. Local survey participants:
Do you think there is enough help available for people who drink too much alcohol?

- Never: 25%
- Sometimes: 33%
- Often: 19%
- Nearly always: 10%
- Did not respond: 67%

Q37. Local survey participants:
Do you think people know who to go and see if they need help about drinking alcohol?

- Yes: 21%
- No: 67%
- Did not respond: 12%
Q38. Local survey participants:
Do you think more employment opportunities on Mornington Island could reduce the number of people drinking alcohol?

- Yes: 79%
- No: 11%
- Did not respond: 10%

Q39. Local survey participants:
Do you think there are enough activities for adults to do in your community?

- Yes: 46%
- No: 44%
- Did not respond: 10%
Q40. Local survey participants:
Do you think there are enough activities for youth to do in your community?

- Yes: 44%
- No: 37%
- Did not respond: 10%

Q41. Local survey participants:
Do you think there are enough activities for children to do in your community?

- Yes: 51%
- No: 37%
- Did not respond: 12%
Q42. Local survey participants:
Do you think there is enough education about the health risks and problems that drinking alcohol can cause people and their families in your community?

- Yes: 67%
- No: 21%
- Did not respond: 12%

Q43. Local survey participants:
If the Government was to support legal alcohol being available on Mornington Island, do you think that is a good idea?

- Yes: 89%
- No: 6%
- Did not respond: 5%
Q44. Local survey participants:

If the Government returned alcohol to the community what would this look like?

Examples of the responses received are as follows:

No homebrew to make people sick & being on dialysis. No selling home brew.
Better place. No trouble
It be better to stop underage drinkers & people from this community could sit after work & have a drink.
Stop home brew drinking, improvement of health.
Stop or cut people off making & drinking home brew.
Less making & drinking home brew, peoples health improve (less issues with diabetes/less dialysis patients.
Stop illegal making & selling of home brew.
Less making & drinking home brew, peoples health improve (less issues with diabetes/less dialysis patients.
May change people’s attitudes & drink at home legally
Friendly
No homebrew in the community.
Will stop selling of home brew, health issues will drop down.
Stop illegal making & selling of home brew, consumption of home brew & health issues arising from home brew will drop.
Will stop people from getting sick from drinking home brew
Health issues will improve.

Q45. Local survey participants:
Please indicate your preference of the following:

- 45% I want somewhere to sit and drink alcohol legally
- 51% I want to take away alcohol
- 3% I do not want change with regard to alcohol in Mornington Island
- 1% Did not respond
Visitor responses

20 participants

Final Consultation

In addition to the community survey and other consultative actions taken throughout the development of this review strategy, a final round of consultation was undertaken upon completion of the final draft version of the Mornington Shire Council Alcohol Management Plan Strategic Review as follows.

20.09.2017 Final draft of the Mornington Shire Council Alcohol Management Plan Strategic Review reviewed and endorsed by Council as suitable for release to public for review and comment by 11.10.2017.


11.10.2017 Submissions and comments received, taken into consideration and included in the final draft version of the Mornington Shire Council Alcohol Management Plan Strategic Review for endorsement by Council.
Conclusions

Taking the Queensland Productivity Commission data into account and in conjunction with community knowledge, $59 million dollars, 45 service providers and 105 programs were invested into the community on Mornington Island during the 2016 – 2017 financial year. Without question, the majority of the funding, service providers and programs were in one form or another related to dealing with the effects of excessive consumption of alcohol. Disappointingly, despite the magnitude of the investment it failed to achieve many positive outcomes.

For the community on Mornington Island, contrary to intent, alcohol continues to dominate and control the lives and actions of many residents and the social impacts are arguably now worse than before the introduction of the Alcohol Management Plan.

“Mornington Island has been subject to alcohol management plans (AMP) since 2003. In 2008 the conditions were varied to a "zero carriage limit", meaning a total prohibition on alcohol. The assumption underlying this policy was that removal of alcohol would also remove all social ills associated with alcohol abuse.

However, due to the surge in illegally made alcohol (homebrew) the actual effect is that alcohol abuse has not in fact decreased at all” (NACLC 2015).

Alan Clough (PhD) a Professorial Research Fellow from the Community-based Health Promotion and Prevention Studies Group, Australian Institute of Tropical Health & Medicine (AITHM), James Cook University (Cairns Campus) has been conducting research on the impacts of Alcohol Management Plans in communities for many years. The 2017 research paper titled “Alcohol management plans in Aboriginal and Torres Strait Islander (Indigenous) Australian communities in Queensland: community residents have experienced favourable impacts but also suffered unfavourable ones” by Clough, Margolis, Miller, Shakeshaft, Doran, McDermott, Sanson-Fisher, Ypinazar, Martin, Robertson, Fitts, Bird, Honorato, Towle and West concludes “The dilemma facing policy makers reviewing AMPS would appear, on its face, to be insurmountable. With any risk of compromising community safety unacceptable, the evidence reported here suggests that alcohol restrictions should be maintained more or less in their current form for the foreseeable future in Queensland’s Indigenous communities. The present circumstances wherein AMPs are subject to review provide an important opportunity for a thorough and respectful consultation process which can target the issues of concern for communities identified, namely: reconciliation of the issues of criminalization and discrimination, addressing illicit alcohol and the provision of treatment and diversion services together with cultural awareness education for liquor retailers”. For the full research paper see “annexe 14”.

Supported by the information and data collated during this review process, the conclusions of the Mornington Island Alcohol Management Plan Strategic Review are as follows:
General

The Mayor and elected members of Mornington Shire Council supported by representative community organisations such as Mornington Island Health Council, The Junkuri Laka Wellesley Islands Aboriginal Law, Justice and Governance Association Inc, Mirndiyan Gununa Aboriginal Corporation and Mornington Island Aboriginal Corporation for Social and Economic Development, live with and see on a daily basis the effects the Alcohol Management Plan has on the community on Mornington Island. They know, feel and understand the true situation and are the authority that should have their voice heard, be taken note of and given the mandate and support by government to effect change as outlined in the recommendations contained herein.

Prohibition of alcohol under the Mornington Island Alcohol Management Plan did not achieve what it set out to. In fact that is not unique to Mornington Island as prohibition rarely does “Prohibition did not work even in the Garden of Eden. Adam ate the apple.” Those were the words of Vicente Fox, former President of Mexico who represented change people were hungry for in his country. If we look back in history it’s apparent that prohibition, wherever practised, has created parallel problems while failing to achieve its intended objectives” (Jaiveer Shergall 2017).

There is no single one thing that will solve all the problems affecting the community on Mornington Island as a result of their Alcohol Management Plan. To successfully treat the symptoms, the cause must be removed first. Once this is done a whole of community action plan must be developed to provide a cure to the ailments now evident. This particular conclusion is not unique to Mornington Island and in part, the following article in the Katherine Times reinforces that “The healing pathways plan covering the rehabilitation and treatment of people with alcohol related emotional and health issues is to be highly recommended – but by the time you get to rehabilitation the horse has well and truly bolted. There needs to be far more emphasis on prevention” et al (Tapp 2012).

Consumption of alcohol on Mornington Island is disproportionate to the findings of a comprehensive study DrinkWise took ten years to complete and released on the 21st of August 2017 – “The positive outcomes are reflective of a more mature Australian drinking culture than that of ten years ago, and in part reflect the work DrinkWise has done to improve this culture: Australians are drinking more moderately, and the rate of excessive drinking, and underage drinking, is decreasing. These trends suggest our relationship with alcohol is fundamentally changing to one that is more mature and responsible. An emphasis on personal health, lifestyle factors and a focus on moderation is an identifying factor influencing people’s decision to drink less. The DrinkWise report has demonstrated that the Australian drinking culture is maturing. Aussies are changing where and what we drink. Most people are drinking at home, typically while enjoying a meal, and socialising with friends and family. Our tastes are changing, too, and we’re opting for lower alcohol alternatives such as mid-strength beer. Dr Rochford said.

Of the reasons detailing why Australians drink, the main common factors remain as a way to enhance and celebrate social occasions, to wind-down and relax, and because the taste is enjoyed” DrinkWise 2017).
Mornington Island is well and truly at the cross road as far as its Alcohol Management Plan is concerned. Faced with the futility of prohibition and armed with the information now to hand, the status quo cannot remain lest exacerbation of significant problems will continue unabated.

The open ended and to date indecisive review process espoused by the Queensland Government represented by the Department of Aboriginal and Torres Strait Islander Partnerships has not arrested the downward spiral of community member’s behaviour and health as a result of excessive consumption of alcohol. More urgent and proactive action is required to put a stop to this cycle.

There is no evidence that any reintroduction of legal alcohol will be the immediate panacea for behavioural change for all residents of Mornington Island. However there is an expectation that access to legal alcohol will provide two things:

An alternative to home brew for those genuinely intent on change, and

Provide community members that currently abide by prohibition the opportunity for “normalised exposure” in terms of access to and consumption of alcohol.

History and experience has shown that any strategic approach to the introduction of Alcohol Management Plans or changes to current Alcohol Management Plans are not without risk and may have unforeseen consequences. The challenge is to minimise risk and this is what this strategic review can achieve through partnerships, commitment and support by government and community.

Whilst this review process has provided the opportunity and nexus for community, Council, the State and Commonwealth Governments and their departments and government and non-government service provider organisations to effect change through co-design, partnerships and commitment, there are elements of identified resistance to this process from within government departments and it is at the behest of both the State and Commonwealth Governments to support Council and community in their desire for change.

**Birri Fishing Resort Closure**

With the unexpected and unforeseen closure of the Birri Fishing Resort in February 2016, a decision that the traditional owners now rue, the consequences of their decision include:

The removal of the only opportunity for residents of Mornington Island to socialise in as normal an environment as possible where they could enjoy a meal and legally drink alcohol,

The removal of the only opportunity for residents of Mornington Island to socialise in as normal an environment as possible where they could celebrate special occasions such as birthdays, anniversaries, Christmas, New Year and the like in an environment where they could enjoy a meal and legally drink alcohol,

An immediate increase in the amount of home brew that was being made and consumed by community members on Mornington Island,

A dramatic increase in the number of emergency department presentations at the Mornington Island Hospital, and
An immediate increase in the number of candidates for employment with Queensland Health, Queensland Police Service, Mornington Shire Council and various service providers withdrawing their applications for employment once they realised there was no access to legal social alcohol consumption on Mornington Island.

Education

“Unless children are healthy, free from violence induced trauma, and able to access educational opportunities, they will not be able to develop and grow and participate productively in society” (Qld Govt 2004).

Living and working on Mornington Island provides an opportunity to observe the day to day movements and activities of the majority of the people that live on the island. There is no doubt that the large number of school aged children that are disengaged from the education system and roaming the community on a daily basis come from families that are dysfunctional due to excessive consumption of alcohol. The number of children disengaged and not attending school is evidenced by the school attendance data obtained during this review process.

Examination of this data clearly indicates there should be some concern with the information provided by the Mornington Island State School Principal (Linnehan 2017). Perhaps methodology of recording and reporting can be attributed to minor differences but information cited in respect to current school attendance rates differ greatly from those of other government departments and organisations.

What is evidenced by the overall data collated is that school attendance rates in 2017 are as bad as or worse than they have been for any period of time in over a decade. Attendance rates have been identified as low as 54.8% in week one of term 3 and at the time of this review being developed, averaging 64.2% for the 2017 school year. Albeit during this period of time exorbitant sums of money have been invested by State and Commonwealth Governments on programs to increase school attendance. Examples of these programs on Mornington Island at present are the “three meals a day” and “Remote School Attendance Strategy”.

Also questionable as to its worth and value towards encouraging children to attend school on a regular basis is the “exclusion policy” (by excluding community children from the school grounds, it will make school more attractive) as outlined by the Deputy Principal of Mornington Island State School, Kellie Kremmer, on the 27th of July 2017 at a meeting of service providers planning and strategy meeting during the “Taking Back Control” forum. The exclusion policy advocated is a direct contradiction to “children being able to access educational opportunities” (Qld Govt 2004).

Medical

Mornington Island is now facing arguably its greatest ever health crises, not unlike many other remote first Australian communities suffering the effects of alcohol and as outlined in the Forrest Report “The health impacts are shocking. Alcohol is a major factor in liver disease, pancreatitis, diabetes and some types of cancer. It is also a frequent contributor to motor vehicle accidents, falls, burns and suicides. It is also linked to mental health and other drug issues and has the potential to
lead to antisocial behaviour, violent assault, imprisonment recidivism and family breakdown” (Andrew Forrest 2014).

Hospital and medical services on Mornington Island are ill equipped and unable to deal with the outcomes of excessive consumption of alcohol and the often violent individuals who present themselves at the hospital. The time and resources spent by the hospital and health services on Mornington Island dealing with individuals suffering the effects of excessive consumption of alcohol comes at great cost to the hospital, health services and community with at least 40% of presentations to hospital being patients identified as intoxicated and the majority of other presentations relating to the effects of long term alcohol consumption.

Taking into consideration both the unsubstantiated and professional opinions of the home brew analysis as outlined earlier in this review strategy, Mornington Island not only has a crisis situation on its hands but the very real prospect of an epidemic of chronic organ failure or considerable loss of life in the immediate future.

Long term medical treatment for many residents of Mornington Island means they must leave the Island and community and travel to the mainland for treatment. This takes individuals away from their clan and country exacerbating social and family implications. The flow on effects from this situation includes:

- Hardships for other members of the family,
- Truancy and youth issues because of the inability of families to properly care for those whose parents/carers are off Island for treatment, and
- Youths starting to drink alcohol and experiment with drugs at an early age that has flow on long term effects.

Whilst there is some data to quantify the outcome, there is also wide held belief in the relationship to increased dependence and use of marijuana as a substitute to alcohol once the Alcohol Management Plan was introduced to the community on Mornington Island. This view is supported in the 2016 research paper by Robertson, Fitts and Clough – Unintended impacts of alcohol restrictions on alcohol and other drug use in Indigenous communities in Queensland (Australia) “Contrary to what was intended, Queensland’s alcohol restrictions in Indigenous communities were viewed by community residents as not significantly reducing the availability and use of alcohol. Furthermore, this was compounded by perceived increases in binge drinking and cannabis use; also unintended”(Robertson, Fitts and Clough 2016).

Recommendations from the Meeting Challenges, Making Choices report include reference to “Initiatives to be undertaken in response to alcohol issues included treatment and rehabilitation services” (Queensland 2002). The present Lower Gulf and Mornington Island treatment and rehabilitation services have proven to be less than successful or suitably adequate to meet the need or demands on Mornington Island.

As reported on the Today Show on Channel 9 on the 21st August 2017, “Australia wide there are 70,000 alcohol related emergency department admissions in public hospitals each year Australia”(DrinkWise 2017). Whilst this equates to a miniscule percentage of the Australian
population, by comparison, for the 2016 calendar year, records kept indicate there were a total of 2245 emergency department presentations, 794 involving alcohol with 63% female at the Mornington Island hospital. Whilst there is a marked difference between presentations and admissions, the figures for Mornington Island clearly show the enormity of alcohol related health issues being experienced on a day to day basis.

Of the 15 community members currently off Island receiving dialysis treatment, there is an expectation of one returning to Mornington Island to continue treatment. Sad and disturbing as it is for the families of the other 14, the reality is that the next trip the patient makes to Mornington Island is most likely to be in a coffin.

With no specialist treatment or rehabilitation facility on Mornington Island, hospital and health services are simply unable to cope with the demands or needs of the community in respect to the treatment of alcohol related conditions. Whilst this situation remains, the prospects for the communities’ alcoholics and those requiring support and assistance will be unaided and the downward spiral to being beyond help will continue.

From the data and statistics collated during this review process, it is clearly evident that the number of presentations for both mental health and alcohol, tobacco and other drugs is increasing alarmingly with a big spike in presentations since 2016.

One attempted suicide is too many and one suicide completion is unforgiveable, with Mornington Island experiencing 34 attempted suicides and 2 suicide completions between 2014 and July 2017 that can arguably be linked to alcohol consumption, this is an abhorrent and untenable situation.

Gerry Georgatos a leading academic and suicide prevention researcher in an article in the Cairns Post cited “The suicide rate of Far North’s remote indigenous population has climbed to become one of the highest in the world…..and it’s an accepted fact that for every suicide, for every loss, there could be anywhere between 10 and 20 attempted suicides” (Campbell 2017).

With Mornington Island’s current caseload of individuals receiving assistance and support for mental health issues directly/indirectly attributable to excessive consumption of alcohol and for those not yet receiving support or assistance, there is genuine concern that rates of suicidality will only increase in the future.

**Police and Law Enforcement**

Introduction of the Alcohol Management Plan for Mornington Island has seen a progressive diversion of police resources from preventative policing toward enforcement of alcohol related crimes such as domestic violence, public nuisance, assaults and drunkenness. This is resulting in a serious deterioration of the relationship between the police and the community.

Whilst there is recognition and acknowledgement that individuals are responsible for their own behaviours and actions, the State of Queensland is tasked with ensuring compliance with and enforcement of state legislature relating to Alcohol Management Plans and liquor. The Queensland Liquor Act 1992 and subordinate Liquor Regulation 2002 and the Aboriginal and Torres Strait Islander Communities (Justice, land and Other Matters) Act 1948, all as amended all fall within the
domain of the Queensland Police Service and the Office of Liquor and Gaming Regulation to ensure compliance and for enforcement. Consequently aside from straining relationships between the police and the community, time and resources spent by police in dealing with the effects of excessive consumption of alcohol (unsubstantiated but estimated to be as high as 85% of time and budget) comes at great cost to the police service and community.

The Queensland Police Service and its members stationed on Mornington Island are being used as a proxy sobering up shelter in lieu of any such suitable facility on Mornington Island. The absurdity of process is such that, the women’s shelter or safe house will not admit females that are under the influence of alcohol and there is no facility at all for men on Mornington Island that are under the influence of alcohol. This leaves the hospital which is not equipped or staffed to deal with either males or females under the influence of alcohol or the police lock up, which is invariably where individuals end up.

In support of any reintroduction of legal alcohol to “break the cycle” of home brew manufacture and consumption, there needs to be a vigilant and rigorous campaign of legislation compliance and enforcement in respect to those committing offences in relation to “home brewing”, “grog running” and “sly grogging”. Appropriate penalties should apply to those “cashing in” on these illegal activities.

Criminality

Prohibition, has not only affected those it is designed to protect, in the case of the Mornington Island Alcohol Management Plan, it has had an impact on all residents of the Wellesley Islands. To many families on Mornington Island, complete family units now have convictions for alcohol offences which leads to a perception of “normality and acceptance” of anti-social and illegal behaviours which flows to a cycle of continuance from one generation to the next. An inherent problem of prohibition is identified as “the more laws there are to break, the harder it is to prevent them from being broken, not only because law enforcement means are inadequate but, even more, because a larger and larger fraction of the laws fail to command the allegiance of the people. You can rigidly enforce only those laws that most people believe to be good laws, that is, laws that proscribe actions that they would avoid even in the absence of laws. When laws render illegal actions that many people regard as moral and proper, they can be enforced only by brute force. Speed laws an obvious example; alcohol prohibition, a more dramatic one” (Friedman 1993).

The concern over criminality appears to be at the low end of the scale for a considerable portion of the community on Mornington Island. An example of community members ambivalence towards criminality of offences involving alcohol includes, the author of this review document making the following observation “between 9.05 a.m. and 9.10 a.m. on Saturday the 26th August 2017, in the main street of the community observed these various groups of community members - 6 male youths – drinking home brew & intoxicated, 5 male youths - intoxicated, 3 females maybe in their twenties – drinking and intoxicated, 4 males & 3 females maybe twenties to middle aged – intoxicated, 5 males – intoxicated, 2 females – maybe late twenties – intoxicated and 3 males & 4 females – older youths – drinking and intoxicated. This is a total 23 males & 12 females drinking or noticeably intoxicated i.e. 35 people in all in a space of about 500 to 600 metres of the main street. All of the people were being observed by many more residents who were in the front yards of their houses”.
Domestic Violence

The process for review of Alcohol Management Plans by the Department of Aboriginal and Torres Strait Islander Partnerships as outlined on page 28 of this document is somewhat ambiguous when you take into consideration the enormity of the issues currently being experienced on Mornington Island in respect to “home brew” and the contents of the DATSIP 2016 – 2020 Strategic Plan. The “DATSIP 2016 – 2020 Strategic Plan – Strategic Outcomes – Safe and Connected Communities outlines amongst many, two specific key objectives:

- **Support the discrete communities to reduce alcohol-related violence, and**
- **Continue to work with partner agencies to prevent and address the impacts of domestic and family violence in Aboriginal and Torres Strait Islander communities** (DATSIP 2016).

Whilst Mornington Island residents do not experience the highest level of domestic violence recorded in Indigenous communities in Queensland, the levels of domestic violence and protection orders experienced on Mornington Island are in the area with the highest level of incidence and demand, the Gulf Region. “Mornington Island with 163.9 incident reports per 1000 people is more than ten times the state average of 15.5 per 1000 persons” (Qld 2016).

In terms of domestic violence, a concerning side effect is the safety and welfare of youth in the community who need to escape the home environment during episodes of domestic violence and alcohol abuse. Facilities are not available for a place of sanctuary for youth on the Island as the safe house is not an option without the intervention of Child Safety which is neither practical nor possible at short notice.

Community Survey

All graphs from the community survey have been outlined on pages 72 to 94 of this document. They indicate that despite the lack of overall participation in the community survey, the survey covered an in depth cross section of community members from teenagers through to octogenarians. It was identified that both “Drinkers” and “Non-drinkers” and marginally more females than males participated in the survey. In general, trends observed in the survey are supported by other data collated during this review process, interestingly though is that 71 per cent of those surveyed indicated they were responsible drinkers. Overwhelmingly and not unexpected 84 per cent of those surveyed indicated they knew that possessing or drinking alcohol on Mornington Island was illegal and 86 per cent knew home brew was drunk by most people on Mornington Island. Only 25 per cent of those surveyed identified insufficient support mechanisms for people with drinking problems but 67 per cent identified a need for better education on who to see for help. Eighty one percent of those surveyed identified additional employment opportunities as one solution to the problem of home brew drinking and those surveyed were fairly divided on whether the lack of activities in the community for adults, youth and children was an issue. 89 percent of those surveyed wished to see a return of legal alcohol to the community with a majority of comments indicating that this would contribute to a reduction in home brew consumption. Of the local indigenous people who completed the survey 51 per cent indicated they wanted to see take away alcohol as the preferred option and 45 percent identified a place to sit and drink as their preferred option. Of the visitor
people who completed the survey 55 percent identified a place to sit and drink as their preferred option and 30 per cent indicated they wanted to see take away alcohol as the preferred option.

Recommendations

A service delivery strategy developed as part of this review process that underpins many of the following recommendations has its roots set in the April 2002 Queensland Government response to the Cape York Justice Study where it committed to a strategy known as Meeting Challenges, Making Choices that foreshadowed the introduction of Alcohol Management Plans in 19 communities including Mornington Island. Meeting Challenges, Making Choices “aimed to foster community capacity and locally based solutions, with a focus on improving the health and wellbeing of those living in communities. The immediate focus was to arrest the level of alcohol abuse and related violence to create a more favourable environment for community, government and private sector initiatives aiming to achieve better quality of life. All Queensland Government agencies were required to play a role, working in partnership across government and with communities to progress the initiatives” (Queensland 2002). The service delivery strategy is outlined in this document on pages 84 to 105.

The following recommendations run parallel with and follow the tenets of the Meeting Challenges, Making Choices desired outcomes “Alcohol abuse and alcohol-related violence and other offences are central to the problems in the communities. There is an urgent need for a simple community action plan on alcohol management in each community which is immediately implemented. That should be the first priority” (Qld Govt 2004).

Whilst there is a deal of complexity involved in Mornington Island community recommendations to support planning, the plan itself is rather simple and also aligns with two of the key findings of paper titled “The Alcohol Management Plan Review – General Review PwC’s Indigenous Consulting” that was produced for the Department of Aboriginal and Torres Strait Islander and Multicultural Affairs in 2015.

- “comprehensive, community-led and adequately resourced measures have been consistently identified as key factors in facilitating effective alcohol abuse services and harm reduction strategies.
- the evidence related to alcohol-related harm and violence strongly promotes the need for integrated programs designed specifically for Aboriginal and Torres Strait Islander communities that applies a health based harm minimisation approach rather than a punitive criminal justice focussed approach” (PwC 2015).

Supported by the information and data collated during this review process the following recommendations have been developed:

General

These recommendations require support from both the State and Commonwealth Governments working together to be achieved:
The State of Queensland and the Commonwealth of Australia and their respective government departments and staff:

1. Recognise, respect and support the role of Mornington Shire Council, as the elected representatives of their community,
2. Recognise, respect and support the role of Mornington Shire Council the first point of contact for all matters relative to community,
3. Recognise, respect and support the role of Mornington Shire Council as the body that determines the need for and design of all services, programs and projects funded for delivery within the boundary of Mornington Shire Council.
4. Recognise, respect and support the role of Mornington Shire Council as the body that determines the success and accountability for all services, programs and projects funded for delivery within the boundary of Mornington Shire Council.
5. Recognise, respect and support the role of Mornington Shire Council as the body that determines, in conjunction with the State and Commonwealth Government, the process for the transition of all current services, program and projects funded for delivery within the boundary of Mornington Shire Council to fit within Councils proposed service delivery strategy as described on pages 91 to 95 herein.

The Minister for Local Government and the Department of Aboriginal and Torres Strait Islander Partnerships, Mark Furner and the Department of Aboriginal and Torres Strait Islander Partnerships and staff of the Department of Aboriginal and Torres Strait Islander Partnerships in conjunction with the Office of Liquor and Gaming Regulation, Department of Justice and Attorney-General continue to maintain their support and commitment to work collaboratively with Mornington Shire Council and the community of Mornington Island to achieve a successful review the Mornington Island Alcohol Management Plan.

The State of Queensland via the Department of Aboriginal and Torres Strait Islander Partnerships in conjunction with the Office of Liquor and Gaming Regulation, Department of Justice and Attorney-General support the reintroduction of legal alcohol to Mornington Island as outlined in the community survey i.e. take away alcohol and a place to sit and drink. The process for this is outlined further in the re-introduction of legal alcohol section on pages 127 – 130 of this review strategy document.

The State of Queensland, via the Department of Aboriginal and Torres Strait Islander Partnerships maintain their support and commitment to work collaboratively with Mornington Shire Council and all Queensland Government funded service providers on Mornington Island to complete the development of a whole of government service delivery strategy for Mornington Island. The strategy to provide a coordinated and co-design process that delivers employment and economic development opportunities through community designed culturally appropriate services employing local indigenous people wherever possible that meet the specific needs and nuances of the population of Mornington Island, including the provision of treatment and rehabilitation services and facilities to respond to alcohol related issues. Inclusive in this recommendation are the requirements for:
Provision of all service delivery program information requested and agreed to be supplied as per correspondence dated 04.04.2017 “see annex 15”

A review of the attached list of identified programs and services identified as Commonwealth funded and advice of any errors or omissions,

Details as to why the programs or services identified were implemented in the first place e.g. alignment with Commonwealth/State Government Policy or assessment of need etc,

Contact details of the program or service provider, the length of any contract or period of engagement and other relevant details for each program or service provider you may have,

The approved budget for each program or service and the actual spend for each program or service either annually or for program or service approved period,

The Key Performance Indicators or Performance Measures for each program or service or in the absence of these how you assess the value of the program or services delivered,

Details of all program or services results or evaluations against Key Performance Indicators, Performance Measures or other means of evaluation for all programs or services delivered,

Whether each program or service is based on the ground in Mornington Island or is a fly in, fly out (FIFO) program or service,

If the program or service is a FIFO, how often the program or service staff visit Mornington Island, and

What requirement is there for each program or service to employ local people and how many local staff are actually employed for each program or service?

- The Commonwealth of Australia via the Department of Prime Minister and Cabinet maintain their support and commitment to work collaboratively with Mornington Shire Council and all Commonwealth and Queensland Government funded service providers on Mornington Island to complete the development of a whole of government service delivery strategy for Mornington Island. The strategy to provide a coordinated and co-design process that delivers employment and economic development opportunities through community designed culturally appropriate services employing local indigenous people wherever possible that meet the specific needs and nuances of Mornington Island, including the provision of treatment and rehabilitation services and facilities to respond to alcohol related issues.

Inclusive in this recommendation are the requirements for:

Provision of all service delivery program information requested and agreed to be supplied as per correspondence dated 04.04.2017 “see annex 16” including:

A review of the attached list of identified programs and services identified as Commonwealth funded and advice of any errors or omissions,
Details as to why the programs or services identified were implemented in the first place e.g. alignment with Commonwealth/State Government Policy or assessment of need etc,

Contact details of the program or service provider, the length of any contract or period of engagement and other relevant details for each program or service provider you may have,

The approved budget for each program or service and the actual spend for each program or service either annually or for program or service approved period,

The Key Performance Indicators or Performance Measures for each program or service or in the absence of these how you assess the value of the program or services delivered,

Details of all program or services results or evaluations against Key Performance Indicators, Performance Measures or other means of evaluation for all programs or services delivered,

Whether each program or service is based on the ground in Mornington Island or is a fly in, fly out (FIFO) program or service,

If the program or service is a FIFO, how often the program or service staff visit Mornington Island, and

What requirement is there for each program or service to employ local people and how many local staff are actually employed for each program or service?

• In order to support Mornington Shire Council to “take back control” through the development and introduction of an effective long term service delivery strategy that supports community and its own indigenous organisations to have the capacity to control their destiny and lives, the State of Queensland and the Commonwealth of Australia including their respective government departments provide annual funding to Mornington Shire Council by the 31st of July each year equivalent to the amount of five per cent of all program funding allocated to programs and projects delivered within the boundaries of Mornington Shire Council each financial year.

Birri Fishing Resort Closure

These recommendations require support from the State Government to be achieved through co-operation for process change and/or amendment of legislation and the provision of resources:

• Continued support and guidance from the Queensland State Government and more specifically the Department of Justice, Office of Liquor and Gaming Regulation to assist community organisations and individuals to utilise the provisions of Section 103C of the Queensland Liquor Act 1992 - Authority of community liquor permit, to obtain “one off” liquor permits to celebrate special occasions and functions on Mornington Island.
• Continued support and guidance from the Queensland State Government and more specifically the Department of Justice, Office of Liquor and Gaming Regulation to assist Mornington Shire Council to utilise the provisions of Section 67B of the Queensland Liquor Act 1992 – Principal activity is the provision of accommodation (motel and visitor accommodation 65 rooms) to obtain a commercial liquor licence, similar in effect to the licence previously held at the Birri Fishing Resort.

Education

These recommendations require support from both the State and Commonwealth Governments to be achieved through the provision of funding and resources:

• The Department of Aboriginal and Torres Strait Islander Partnerships maintain their support and commitment to work collaboratively with Mornington Shire Council and all Queensland Government funded service providers on Mornington Island to develop a continuous education and communications strategy relative to Alcohol Management Plans and the behaviours and effects of alcohol consumption during the period an Alcohol Management Plan remains in place for Mornington Island.
• The Department of Prime Minister and Cabinet maintain their support and commitment to work collaboratively with Mornington Shire Council and all Queensland Government funded service providers on Mornington Island to develop a continuous education and communications strategy relative to Alcohol Management Plans and the behaviours and effects of alcohol consumption during the period an Alcohol Management Plan remains in place for Mornington Island.
• Education Queensland and Mornington Island State School to focus on the development and introduction of a cultural based curriculum that supports the “English as a Second Language initiative” and recognises that students must develop concepts and abstract knowledge in their first language to apply this to their second language. The curriculums focus to include partnerships with Indigenous teachers to enable by-lingual development, the use of skills and cultural knowledge of Indigenous teachers.

Medical

These recommendations require support from both the State and Commonwealth Governments to be achieved through the provision of funding and resources:

• More hospital support of staff for drunken and violent presentations through enhanced security.
• Expansion of the dialysis service model to include hospital based supported dialysis as well as the current home based Dialysis service model (delivered within the hospital) to support people returning home to country for long term treatment.
• Increase in local employment through the expansion in numbers of Mornington residents moving into health careers and also an increase in the number of health professionals identifying as indigenous.
• Gidgee & NWH&HS to continue to develop and streamline services to be more indigenous inclusive
Coordinated referral service between health providers with effective sharing of information to support integrated person centred care.

Provision of a suitable culturally appropriate and gender specific alcohol, tobacco and other drugs rehabilitation and referral service on Mornington Island that meets the needs of community.

**Police and Law Enforcement**

These recommendations may require support from both the State and Commonwealth Governments to be achieved through the provision of funding and resources:

- Support the Queensland Police Service by provision of the manpower and resources to address the progressive diversion of police resources from preventative policing toward enforcement of alcohol related crimes such as domestic violence, public nuisance, assaults and drunkenness, resulting in a serious deterioration of the relationship between the police and the community.
- Support the long term viability of the Mornington Island Community Police Program that was reintroduced to Mornington Island on the 1st of July 2017, through a co-design process that included Mornington Shire Council, the Queensland Police Service and the Department of Prime Minister and Cabinet.

**Criminality**

These recommendations require support from the State Government to amend legislation to be achieved:

- The Minister for Local Government and the Department of Aboriginal and Torres Strait Islander Partnerships, Mark Furner and the appropriate staff of the Department of Aboriginal and Torres Strait Islander Partnerships maintain their support and commitment to achieve whole of government support to amend legislation under Section 38 of the Aboriginal and Torres Strait Islander Communities (Justice, Land and Other Matters) Act 1984 to prohibit the possession of “turbo yeast” or similar like products in the community area or part community area.
- The Minister for Local Government and the Department of Aboriginal and Torres Strait Islander Partnerships, Mark Furner and the appropriate staff of the Department of Aboriginal and Torres Strait Islander Partnerships maintain their support and commitment to achieve whole of government support to amend legislation to support penalties that will act as a deterrent to home brew sellers by linking the penalties to those of drug dealers when the outcomes are arguably worse with home brew and so appropriate penalties should apply.

**Domestic Violence**

These recommendations require support from both the State and Commonwealth Governments to be achieved through the provision of funding and resources:
• Provision of suitable gender and culturally specific facilities on Mornington Island specifically for the purpose of a “sober up” centre for men and women.
• Provision of a suitable men’s shelter on Mornington Island that provides a place of sanctuary for those under threat of or who are victims of domestic violence.
• Provision of suitable gender and culturally specific facilities on Mornington Island for the purpose of providing a place of sanctuary for youth who cannot remain in the home environment due to domestic violence or alcohol abuse.

Service Delivery Strategy

Evidenced by the recommendations from the Cape York Justice Study that formed the Meeting Challenges making Choices Strategy fifteen years ago, attitudes of intent then relate as much as they should do today - “The Government’s role is to support and assist each community’s efforts to perform the tasks for which the people in the communities are best suited at this time and to provide other appropriate funding, facilities and services, together with the training required by the people to enable them to assume additional responsibilities and become increasingly self-sufficient. These recommendations include reference to how Government can best perform its functions, and, through appropriate consultation, assistance and services, help the communities to become harmonious and orderly.

The large amounts of public money spent on health, education, police, judicial and correctional services will be substantially reduced if social problems in the communities can be diminished. Further, the present system of multiple departments and agencies with separate agendas and programs, separate administrative support and innumerable meetings involves considerable waste and inefficiency and is counterproductive. Substantial progress will not be made in reducing the social problems in the communities and the associated public cost unless and until real authority and necessary resources are provided locally on Cape York, structures and processes are radically simplified and meaningful consultation takes place in the communities, with the people themselves, all leading to local action. If these recommendations are implemented, there will initially be some additional cost. However, over time, a number of existing structures will be found superfluous and will be able to be terminated and other significant savings will be achieved” (Qld Govt 2004).

Development of an appropriate service delivery strategy is not only commensurate to all stakeholders working in unison to achieve common goals, it must also provide for the implementation of activities and programs to meet the community needs.

With an undisputable correlation of issues affecting indigenous people worldwide, Karen Diver, Former Chairwoman Fond du Lac Band of Lake Superior Chippewa who left her leadership position with the Fond du Lac Band of Lake Superior Chippewa to serve in the White House as Special Adviser to President Barack Obama on Native American Affairs, has the following to say “Native American youth suffer from high out-of-home placement rates, suicide rates and school dropout rates. Prevention activities and programs offer the most cost effective options for breaking cycles of poverty, violence and addiction caused by generational trauma.
Generation Indigenous is a national effort started during the Obama Administration to build Indigenous youth voices and leadership. Tribal leadership and non-profit partners leverage resources to start youth councils, program development, mentoring and other activities” (Diver 2017).

Through the conduct of service delivery mapping exercise being conducted by Mornington Shire Council, it has been identified that currently over 105 service delivery programs being delivered by over 40 service providers on Mornington Island. There is little cohesion, information sharing or case management occurring between the myriad of agencies that are funded to address the needs of community members affected by manufacture and or consumption of alcohol including home brew. This is a situation that is untenable and must change and the strategy outlined herein is the next step in this process.

Alcohol Management Plan Committee

Underpinning the process of reviewing the Mornington Island Alcohol Management Plan and any implementation of recommendations or strategies as a result of the review has been the identified need for a robust and well informed committee that can provide advice to community, council and government in relation to the Alcohol Management Plan.

Following a whole of community on the 28th of September 2016, at the ordinary meeting of Mornington Shire Council on the 24th of October 2016, Council resolved to appoint a committee Council, known as the Alcohol Management Plan Committee. The purpose of this committee was to act as a conduit between Council and the community for discussions and consultations regarding review of the Alcohol Management Plan for Mornington Island.

Following the appointment of this committee there was an identified need for the following to occur:

- For the sake of continuity, accountability of process and probity the AMP Committee should continue to act as a sub-committee of Council before, during and after any amendment of the Alcohol Management Plan and reintroduction of alcohol,
- Development of a set of detailed and specific terms of reference, to be approved by Council after endorsement by the Department of Torres Strait Islander Partnerships and the Office of Liquor and Gaming Regulation for the AMP Committee to follow,
- Council to be vigilant and support the AMP Committee to maintain its strength, veracity and proactivity in engaging all residents and stakeholders in an advisory consultancy basis on all matters dealing with the Mornington Island Alcohol Management Plan.

The intent of the introduction of an Alcohol Management Plan Committee did not fully come to fruition as expected and whilst some positive actions occurred through the committee, as part of the review process an identified need for more rigour from the committee became apparent. In response to this need, at the ordinary meeting of Council on the 20th September 2017, Council resolved to reformat the committee and have it chaired by the Mayor or Deputy Mayor who along with one more Councillor and the Council Chief Executive Officer would be part of the committee. Invites have also been forwarded to the following organisations to provide an indigenous representative to be part of the committee, Mornington Island Health Council, Junkuri Laka-
Mornington Island Justice Group, Mirndiyani Gununa Aboriginal Corporation. Invites have also been forwarded to the following service providers to provide a representative to be part of the committee, Queensland Police Service - Officer in Charge of Mornington Island Police, North West Health & Hospital Service – Director of Nursing Mornington Island Hospital and Alcohol Tobacco and Other Drugs and Mental Health representative, Gidgee Health and Education Qld – Mornington Island State School Principal. The formalisation of an Alcohol Management Plan Committee made up with representatives of these organisations will provide opportunity for appropriate expertise, extensive community consultation and feedback all building upon the success of recent collaborative work being accomplished on Mornington Island in regard to the Mornington Island Alcohol Management Plan.

**Strategy Development**

It is acknowledged that the review of any Alcohol Management Plan is a complex and difficult process especially to ensure best practice is being promoted and that any review recommendations meet legislative requirements, community needs and expectations of all those involved. It is also imperative that any review recommendations do not exacerbate any illegal, unwanted or anti-social behaviours or trends currently occurring. For the Mornington Island Alcohol Management Plan review a tripartite approach to strategy formulation is proposed to support the review recommendations.

Mornington Shire Council in conjunction with the Institute for Public Policy and Governance, University of Technology Sydney has been carrying out a service delivery mapping exercise for all government funded programs on Mornington Island since December 2016. Council has formal commitment from both the State and Commonwealth Governments in support of this process with the intended outcome being the development of a long term strategic plan for service delivery for Mornington Island.

In terms of intent, the process of service delivery mapping and development of a strategic plan for service delivery that Mornington Shire Council is conducting was borne out of the desire for Council and community to take back control of their lives. This included the most basic of rights in terms of having responsibility for decisions that affect their well-being. Included in this desire is the need to have control over the myriad of services that are funded by State and Commonwealth Governments to be delivered on Mornington Island.

This belief and desire for change closely aligns to the Commonwealth Government backed Empowered Communities Empowered Peoples Design Report that outlines “Empowerment means simply that Indigenous people must exercise the right to take responsibility. This entails two key components:

- **first, that Indigenous people have the right to take responsibility for their own lives and futures**
- **second, that government has the responsibility to equip Indigenous people with the rights and supports necessary for this empowerment.**
In relation to the first, it is clear that empowerment will only come if Indigenous people make all possible efforts to empower ourselves. We cannot just rely on governments to hand us empowerment: we must take power in our own hands.

This is what Eleanor Roosevelt meant when she said, ‘There is nothing government can do for people that they are not willing to do for themselves.’

In practice, this includes leaders working together and taking on responsibility for crucial decisions, for driving reform in their organisations, communities and regions, and maintaining accountability to the people they seek to serve. More fundamentally, it means individuals taking on responsibility for their own lives and their families, contributing to their communities and pursuing opportunities for a better future. Empowerment means hard work.

However, Indigenous people acting alone is not enough to achieve empowerment. The structural problem of the elephant and the mouse—where the dominant institutions are not responsive to the demands of the mouse—means that disempowerment is structural, and is therefore resistant to reform. There has not been the right enabling environment through which meaningful empowerment can occur. Empowerment will require structural reform.

Governments must stop assuming Indigenous people need government intervention and leadership in all aspects of their lives. Instead, government must respond by providing Indigenous people with the means of their own empowerment. This must entail sharing or relinquishing certain powers and responsibilities and supporting Indigenous people with resources and capability building to assume these powers and responsibilities” (Empowered Communities 2015).

Whilst the Empowered Communities Empowered Peoples Design Report relates to a small number of communities i.e. “Empowered Communities is fundamentally about facilitating placed-based development. A critical component of this focus is a regional place-based approach covering the eight regions and including provisions for other regions to opt in down the track. The eight Empowered Communities are:

• Cape York, Queensland
• Central Coast, New South Wales
• East Kimberley, Western Australia
• Goulburn-Murray, Victoria
• Inner Sydney, New South Wales
• Ngaanyatjarra Pitjantjatjara Yankunytjatjara (NPY) Lands, Central Australia
• North-east Arnhem Land, Northern Territory
• West Kimberley, Western Australia” (Empowered Communities 2015).

The concepts outlined in the Empowered Communities Empowered Peoples Report are clearly suitable for adoption in other areas of Australia and arguably Mornington Shire Council has
unwittingly followed a similar path to empowerment and is leading the process for positive change in North West Queensland and other remote areas of Queensland and other States and Territories of Australia.

Not restricted to the Commonwealth Government and Mornington Shire Council, the current Queensland State Government and the Department of Aboriginal and Torres Strait Islander Partnerships that outlines its purpose as – “To increase the economic participation, improve the community participation, and promote the cultural recognition, of Aboriginal and Torres Strait Islander Queenslanders” (The State of Qld 2010-2017).

With Mornington Shire Council determined to take the lead in ensuring culturally appropriate, community designed services are funded to meet community identified needs and hold service providers and governments accountable at the same time, their vision is supported by the Department of Aboriginal and Torres Strait Islander Partnerships whose values include “customers first, ideas into action, unleash potential, be courageous and empower people” (The State of Qld 2010-2017).

It is further supported by the Empowered Communities Empowered Peoples Design Report that outlines “Our vision is straightforward ‘We want for our children the same opportunities and choices other Australians expect for their children. We want them to succeed in mainstream Australia, achieving educational success, prospering in the economy and living long, healthy lives. We want them to retain their distinct cultures, languages and identities as peoples and to be recognised as Indigenous Australians.’ (Empowered Communities 2015).

This sets the scene for a unique opportunity for empowerment of the community and people of Mornington Island by government and the following strategy to be adopted as part of the Mornington Shire Council Alcohol Management Plan Strategic Review.

Underpinning successful development and implementation of a service delivery strategy for Mornington Island are structure, resources and capacity. An intrinsic element of a successful service delivery strategy for Mornington Island is the need for partnerships and the capacity for co-design and delivery of services from the ground up. Supporting this precept, Council has identified the following “local indigenous” controlled organisations that are integral to a successful service delivery strategy. Each organisation is managed by a Board of Directors, the majority of who are respected local indigenous elders and community members.

**Mornington Island Aboriginal Corporation for Health** – also known and referred to as the Mornington Island Health Council.


Mornington Island Health Council Strategic Plan outlines as part of its objectives:

“Continue to strengthen the leadership capacity of the Mornington Island Health Council to be a shared decision-maker around all matters relating to health on Mornington Island; Actively support and enhance the health literacy of the Mornington Island Health Council to effectively participate in the planning, delivery and evaluation of health services; Formalises the roles and responsibilities of the Mornington Island Health Council in the planning, establishment, delivery and evaluation of health and wellbeing services on Mornington Island;"
Foster effective partnerships with service providers that will ensure best practice governance of services and favourable health gains” (Sewter 2017).

Mirndiyan Gununa Aboriginal Corporation


As outlined in the Mirndiyan Gununa Aboriginal Corporation rule book:

“The vision of the corporation is to maintain, develop and promote the cultures of the Wellesley Islands Community and provide assistance to other Gulf cultures and communities to do the same, through a professionally managed and well financed Aboriginal Corporation” (ORIC 2017).

Junkuri Laka Wellesley Islands Aboriginal Law, Justice and Governance Association Inc – most commonly referred to as Junkuri Laka.

“The Junkuri Laka Wellesley Islands Aboriginal Law, Justice and Governance Association Inc. is an incorporated society under Queensland law registered under number IA19908.

Junkuri Laka was first registered in the Australian Business Register on 1 July 2000 under ABN 29 458 490 746. The organisation has special tax status as a charitable organisation. It is registered for GST and has an income tax exemption.

As an incorporated association Junkuri Laka is a legal entity representing our membership” (Junkuri Laka 2017).

As outlined on the home page of the Junkuri Laka web site:

“Our work is in the areas of law, justice and governance, where we are involved in many activities. Our work goes from standing up for our people in court to organising community service projects; from assisting native title corporations to mediating conflicts in the community; from talking with the government about alcohol regulations to publishing a newsletter. All our work is aimed at making things right. Whether that is between people, between our people and the government or between individuals and the criminal justice system, or even about making things better for our people by making our community stronger and more independent” (Junkuri Laka 2017).

Mornington Island Aboriginal Corporation for Social and Economic Development – MIACSED

“A not for profit organisation first registered with the Office of the Registrar of Indigenous Corporations in 2013” (ORIC 2017).

Mornington Island Aboriginal Corporation for Social and Economic Development out lines its objectives as:

“The corporation aims to:
• Improve the social, cultural and economic life of Mornington Island residents by establishing new businesses, supporting existing organisations and carrying out special projects under the direction of a local board of directors.
• Training and development of local people for employment and career pathways.
• Develop and sustain strong partnerships with other organisations, service providers, government and non-government organisations.
• Deliver services in a culturally appropriate manner.
• Encourage and support youth in leadership, education, cultural, employment and training opportunities” (ORIC 2017).

Intrinsic to the development and implementation of any service delivery strategy is the identification of the capacity of the primary organisations involved. Mornington Shire Council and Junkuri Laka can quite adequately demonstrate their capacity to fill their respective roles as outlined in the strategic plan development. There is however identified need to build the capacity of Mornington Island Aboriginal Corporation for Health, Mirndiyan Gununa Aboriginal Corporation and Mornington Island Aboriginal Corporation for Social and Economic Development to a level where they can demonstrate they can fill their respective roles as outlined in the strategic plan development. This capacity varies with each organisation and Mornington Shire Council has identified this capacity building as a priority needing support from both the State and Commonwealth Governments to achieve.

The following diagrams provide a clear outline of the models of Council’s proposed service delivery structures; the model notes outline the relationship from Council to other organisations and addresses their resources and capacity. Where identified in the various diagrams, the Mornington Shire Council Service Delivery Manager, would not only act as the conduit between Council and service providers and government agencies involved in the delivery of programs this position would be responsible for ensuring the development of integrated programs that are kept in a community context and utilise resources including service providers to achieve best practice outcomes.

Diagram 1

This model clearly identifies Mornington Shire Council as the pivot and principal point of contact for both the State and Commonwealth Government and their departments in respect to service delivery for Mornington Island. The success of any reform process in terms of service delivery will be dictated to by how well this model is followed. Historically and even in the present day when both governments are aware of Council’s desire to develop a strategic plan for service delivery through an extensive mapping exercise, funding is being released to organisations with little or no prior knowledge to Council or community. In other words, non-government, non-Island based service providers are being funded direct from government for programs designed by others not engaged with the Mornington Island Community.

The essence of this model is quite simple, Council recognises that there are other Mornington Island Indigenous Organisations that can bring value to the table in terms of expertise and knowledge to determine if there is need for, assist in the development of and ensure accountability of any services or programs funded for Mornington Island. Of particular importance in this process is Mornington Island Health Council for all matters health, Mirndiyan Gununa Aboriginal Corporation for all matters art and culture, Junkuri Laka for all matters Justice and Traditional Law and Mornington Island Aboriginal Corporation for Social and Economic Development for matters including social and economic development. With government following process their first port of call would be
Mornington Shire Council who then has the expertise of each of their three partner organisations if required for expertise, advice or knowledge to assist in decision making.

Alternatively if there was an identified need within the community for the implementation of a new program or service it would be raised with Council through one of the Island agencies and then referred to government by Council.

Diagram 2

This model relates more specifically to all matters concerned with the Mornington Shire Council Alcohol Management Plan as long as a plan remains in place and/or thereafter. In addition to the three partner organisations referred to in Model 1 there is the addition of the Alcohol Management Plan Committee.

Again as per model 1, with government following process for any additions, deletions or variations to the Mornington Shire Council Alcohol Management Plan, their first port of call would be Mornington Shire Council who would then refer the situation to the Alcohol Management Plan Committee and/or each of the other partner organisations if required for expertise, advice or knowledge to assist in decision making.

Alternatively if there was an identified need within the community for variation, deletion or the implementation of a new program or service in respect to the Alcohol Management Plan, it would be raised with Council through the Alcohol Management Plan Committee and then referred to government by Council.
Diagram 3

This model is a more specific example of how the process of the service delivery strategy would flow. For the sake of this example the subject of school attendance has been selected.

By way of process, if there was a need by community, Council or government to address issues with each other in regard to school attendance which has a direct linkage to the Mornington Shire Council Alcohol management Plan, the process described in models 1 and 2 would be followed. In addition to that process, Council has nominated a position of Service Delivery Manager who would be the conduit between Council and service providers and government agencies involved in the delivery of programs in respect to school attendance.Whilst only Education Queensland, Remote School Attendance Strategy and Mornington Island State School have been nominated, other identified providers or interested parties can be added or deleted from the model at any given time.

As with the previous two models, this model operates from government to community through Council and from community through Council to government.
Diagram 4

This model is a more specific example of how the process of the service delivery strategy would flow. For the sake of this example the subject one of the domestic violence related programs that are being funded on Mornington Island has been selected.

By way of process, if there was a need by community, Council or government to address issues with each other in regard to domestic violence which also has a direct linkage to the Mornington Shire Council Alcohol management Plan, the process described in models 1, 2 and 3 would be followed. This includes the Council nominated position of Service Delivery Manager who would be the conduit between Council, the funded service provider (in this case Junkuri laka) and other service providers and government agencies involved in the delivery of programs in respect to school attendance.

Whilst only Junkuri Laka, Queensland Police Service, Mornington island Hospital, Men’s Support Services, the Women’s Shelter and the Safe House have been nominated, other identified providers or interested parties can be added or deleted from the model at any given time.

As with the previous three models, this model operates from government to community through Council and from community through Council to government.
Diagram 5

This model is a more complex and specific example of how the process of the service delivery strategy would flow. For the sake of this example the subject this model has been produced to support the introduction of a Men’s Support Service for Mornington Island (formerly known as the men’s group) that funding has been applied for by Mornington Shire Council.

By way of process, if there was a need by community, Council or government to address issues with each other in regard to men’s support services which also has a direct linkage to the Mornington Shire Council Alcohol management Plan, the process described in models 1, 2, 3 and 4 would be followed. This includes the Council nominated position of Service Delivery Manager who would be the conduit between Council and other service providers and government agencies involved in the delivery of programs in respect to men’s support. As can be seen there has been a substantial increase in the number of agencies nominated, there is still provision for other identified providers or interested parties to be added or deleted from the model at any given time.

As with the previous three models, this model operates from government to community through Council and from community through Council to government.
Tripartite Strategy

Coming to terms with the proposed service delivery models for Mornington Shire Council and community, there has been an identified need not to take a singular service delivery approach to progressing the community towards improved health and well-being and the responsible consumption of alcohol. That approach will be tripartite and consists of the development of communication and education, service delivery and reintroduction of legal alcohol strategies.

Communication and Education Strategy

The primary purpose of a communication and education strategy is to adopt a co-design and delivery process, led by Mornington Shire Council in conjunction with the Department of Aboriginal and Torres Strait Islander Partnerships, the Department of Justice, Office of Liquor and Gaming Regulation, North West Hospital and Health Services, Gidgee Healing, Western Queensland Primary Health Network and Education Queensland is to provide an appropriate public awareness and education campaign regarding the positive and negative aspects regarding the consumption of alcohol.

The development of a communication and education strategy is commensurate with these and other stakeholders working in unison to achieve common goals. Strategy development must be in a culturally appropriate manner that will meet the needs of community members of all ages from the youngest members of the community to the elderly.
A successful communication and education strategy must deliver both a short term and long term campaign and it is envisioned to run the entirety an Alcohol Management Plan remains in place for Mornington Island.

Evidence quite clearly indicates that early intervention and education of the youngest members of the community will provide the greatest opportunity for success in the future. It follows suit that a communication and education strategy should target children of all ages including pre-school, junior school, senior school and those disenfranchised from the school system of the same ages.

Whilst there should be a focus on early age intervention and education, it follows suit that remaining members of the community should be communicated the same information so they are aware of intervention, education and support services available.

To be fully effective, any communication and education strategy must be a “living” strategy that is open ended and has the capacity for change at any given point in time to meet identified need. This could include such things as legislative change, behavioural changes in the community, resources available and generational change.

Development of an effective communications and education strategy to date has run in tandem with the overall Mornington Shire Council Alcohol Management Plan Strategic Review and the meeting held for that process. In addition to those meetings previously outlined in this review document, on the 20th June 2016, a combined meeting of Mornington Shire Council, Chief Executive Officer Frank Mills and Governance Coordinator Tatiana Ah Mat, Queensland Police Service, Officer in Charge Mornington Island Police Nick O’Brien, North West Hospital and Health Services, Lisa Davies-Jones, Ben Jesser, Dr John Curry, Gidgee Healing’s Dallas Leon, Mel Riordan and Rhonda Fleming and Western Queensland Primary Health Network to progress formulation of a communications and education strategy was held.

Since that meeting further discussions regarding a communications and education strategy have again been combined in part with the overall Mornington Shire Council Alcohol Management Plan Strategic Review meetings. Additionally various meetings and teleconferences have been held between Council staff and co-design agency staff to progress development of a communications and education strategy.

Development of an effective communications and education strategy is in its infancy and will be subject to ongoing discussion and negotiation which will be dependent on community need, support from community service providers and government agencies and acceptance of design process. In the immediate future the following planning is underway:

**Social media platform**

Subject to each departments approval upon completion, Mornington Shire Council, Department of Justice and the Office of Liquor and Gaming Regulation co-design and creation of:—

- A closed Facebook page for Mornington Island residents and possibly government agencies and health professionals to join. This will serve as a safe environment for content to be published and questions answered.
• A fact series (see examples below as a starting point) that is simple, audience-focused and informative. Content will be partly translated into the local language. These facts will be graphically designed to be social media-friendly and in line with design concepts suitable to the audience.
• Posting of fact series to a section on the Mornington Shire Council website, (utilising traditional Lardil language where possible) to the community section on the Mornington Shire Council website, “Our Hub”.
• Posting of weekly educational/relevant fact series to Council Facebook page, Office of Liquor and Gaming Regulation social media and possible channels of the Department of Aboriginal and Torres Strait Islander Partnerships and North West Hospital and Health Service.

Example facts series:

Did you know?
By law, bar staff can’t serve people who are intoxicated.

Did you know?
Bar staff ask for ID to spot under-age drinkers in pubs, clubs and hotels.

Did you know?
If you supply alcohol to minors to be consumed unsupervised in a private place, you could be fined $10,092.

Did you know?
Bar staff and managers are required by law to encourage responsible drinking and minimise alcohol harm.

Did you know?
The law says that disorderly customers must be refused service of alcohol, must not be allowed to consume alcohol and must be warned about their behaviour.

Desert Pea Media

North West Health and Hospital Service North West Hospital Health Service have quarantined funding to engage Desert Pea Media for a visual and sound production to be developed on Mornington Island that will relate to family, health, culture and community.

Whilst Desert Pea Media cannot commit to this until 2018, dates have been arranged for April 2018, which will provide for a staggered and ongoing approach for the communications and education strategy and not lead to instant overload of information.

Services on Mornington Island

Throughout and post this review process, there will be an ongoing emphasis led Council involving all service providers to maintain commitment to the ongoing development and implementation of a communications and education strategy. Finalisation and distribution of this strategic review document for comment plays an important role in that process to keep all service providers and agencies up to date and provide the opportunity for advice, comment and feedback.
Service Delivery Strategy

The overarching models for service delivery proposed by Mornington Shire Council during their service delivery mapping and review process have been outlined earlier in this review document. The challenge now for Council, is weaving those models into the tenuous fabric of service delivery on Mornington Island and not only get their acceptance in the short term but also maintain the accountability of all services funded and delivered on Mornington Island in the long term.

The functionality of the proposed models identifies Mornington Shire Council as the primary denominator for all service delivery on Mornington Island which is in line with and follows the Commonwealth and State Governments ideology of community ownership of service delivery. The Commonwealth ideology is quite clearly spelt out by explaining the paradigm shift in the Empowered Communities Empowered Peoples Design Report as follows:

The paradigm shift

This Indigenous Empowerment policy necessitates a paradigm shift that will create a new centre of gravity in Indigenous affairs. As the reforms are pursued, their impact will expand over time, deepening in the original eight regions and spreading to other regions as well.

The problem with the current paradigm of Indigenous affairs is that it is sclerotic. Its centre of gravity is the old disempowerment, based on passive welfare and government overreach into areas where Indigenous people need to be responsible, and neglect in areas of proper government responsibility. It is not based on productivity and development. It is therefore not possible to reform the current space occupied by Indigenous affairs. Rather, a new space must be located— based on empowerment, productivity and development—and Indigenous affairs must be migrated to this new paradigm. This means that in the new space, every policy, every program and every investment must pass the Empowerment, Development and Productivity tests (as outlined in Figure 2.3) describes what is meant by the shift to a new paradigm (P31 Empowered Communities 2015).
Council is under no illusions their journey and vision for reforms to service delivery will be a long and at times arduous one. By embarking on this journey, Council is fully aware they must maintain vigilance, endurance and resolve in their quest in setting the foundations in place for not only the next group of elected members and staff but the community in the long term.

The Empowered Communities Empowered Peoples Design Report reiterates the need for the long term journey.

**It’s about the long term**

“Given our starting point, achieving the vision and closing the gap will be a long journey. The reforms proposed here—the headline policy and associated accords—provide the long-term, stable strategy necessary to guide this journey. By placing greater responsibility closer to the ground, these reforms also offer the flexibility required to make the tactical adjustments necessary to respond to circumstances on the ground. The following chapters provide greater detail of the institutional innovations required to successfully navigate this journey.

Committing for the long term is itself a reform. The headline policy will be wrong in the first place and on first principles if it is does not provide the correct policy for the long term. The correct policy will transcend changes in the political cycles and the waxing and waning enthusiasms of ministers and individual leaders. The correct policy today will be the correct policy in 10 years’ time” (P32 Empowered Communities 2015).

Council, like “The Indigenous leaders of the eight Empowered Communities that are proposing this reform policy have an unshakeable belief that the empowerment, development and productivity
To be fully effective, any service delivery strategy must be a “living” strategy that is open ended and has the capacity for change at any given point in time to meet identified need. This could include such things as legislative change, behavioural changes in the community, resources available and generational change.

To alter generational behaviours and produce positive results, there is a wealth of evidence to suggest that the process must start with early intervention and education processes designed in a culturally appropriate manner to meet the needs of those of all ages from the youngest members of the community to the elderly.

Within the current service delivery climate on Mornington Island, there is an identified service delivery need for immediate intervention with the youngest members of the community to reduce their exposure to the deleterious effects and behaviours caused by excessive consumption alcohol.
This should be ongoing and combined with diversionary activities that meet the social and cultural norms and expectations of the community.

Likewise there are similar needs identified for youth and young people in the community and these needs should also be combined with appropriate referral, treatment, diversionary activities that meet the social and cultural norms and expectations of the community.

Likewise there are similar needs identified for the adult population in the community with a greater emphasis to be paid to referral and treatment for individuals through service delivery from allied support services to achieve positive outcomes in terms of primary health care, clinical healthcare and specialist health care for alcohol and other drugs addiction, suicidality and mental health. Service delivery needs to be gender specific and focus on rehabilitation and treatment as opposed to education.

**Services on Mornington Island**

Throughout and post this review process, there will be an ongoing emphasis led Council to involving all service providers to maintain commitment to the ongoing development and implementation of a service delivery strategy. Finalisation and distribution of this strategic review document for comment plays an important role in that process to keep all service providers and agencies up to date and provide the opportunity for advice, comment and feedback.

**Reintroduction of legal alcohol strategy**

It is acknowledged that any reintroduction of legal alcohol to Mornington Island must follow a rigorous process to ensure its integrity and mitigate any risk of unintended consequences for the community on Mornington Island. The perception that reintroduction of alcohol will mean a return to the canteen days of the past must be clearly dispelled as a myth as current legislative and policy requirements would never permit that to occur.

Prior to the community survey conducted in conjunction with the development of this review strategy, consensus from the majority of the Mornington Island population was for the reintroduction of legal alcohol to be carried out in a number of stages. Between each stage there is an identified need for review of success or failure of each stage. Consensus also was that the progression from Stage 1 to Stage 3 may take up to 5 years or longer if at all.

Stage 1  Carriage limit and Detached Bottle Shop Licence
Stage 2  Community Club Licence and Detached Bottle Shop Licence to run in tandem
Stage 3  Hotel Licence

The results of the community survey overwhelmingly support the introduction of take away alcohol – via a detached Bottle Shop Licence. This in turn requires the introduction of a carriage limit for Mornington Shire Council. There was similar support for the introduction of a place for people to sit and drink in line with a Community Club Licence.
Post survey, the following stages for reintroduction of legal to Mornington Island is proposed with the recognition that this progression from Stage 1 to Stage 3 may take up to 5 years or longer if at all.

Stage 1  Carriage limit, Detached Bottle Shop Licence and Motel Licence.
Stage 2  Community Club Licence and Detached Bottle Shop Licence to run in tandem
Stage 3  Hotel Licence

To support the successful reintroduction of legal alcohol to Mornington Island, the following are considered paramount elements of process.

**Consultation and validation**

There is recognition that for any reintroduction of alcohol to be successful, continuous consultation, review and assessment would need to take place. Integral to this process is the involvement from day one of the department of Aboriginal and Torres Strait Islander Partnerships, the Department of Justice and Attorney General – Office of Liquor and Gaming Regulation, the Mornington Shire Council Alcohol Management Plan Committee, Mornington Shire Council, the Queensland Police Service, Junkuri Laka – Wellesley Islands Law, Justice and Governance Association Incorporated and the community of Mornington Island.

**Home brew**

With the deleterious nature of home brew being manufactured and consumed on Mornington Island being widely known and accepted:

- Subject to the reintroduction of legal alcohol there is an identified need for ongoing rigour by the police and judiciary in the enforcement and appropriate penalising of those convicted of:
  - Manufacturing home brew,
  - Sly grogging (sale of home brew) or importers of alcohol, and
  - Committing crimes after the consumption of alcohol or home brew!

- There is an identified need for coordination of all government funded services to deal with the ongoing effects of alcohol consumption past and present.

**Carriage limit**

Mornington Island has a multicultural population that are not stereotyped in behaviour and the community view is that any carriage limit introduced under the Alcohol Management Plan should not only apply to beer other alcoholic drinks as well. The following options have been suggested as appropriate to be available for all residents.
• 8 cans of mid strength alcohol per person per day e.g. beer or mixed drinks such as UDL, or
• Up to 1 litre of wine in a plastic bottle per person per day e.g. piccolos or 750ml bottle.

These limits are suggested with the intent that each resident is limited to only one of the above options daily. However, with this option, of concern to community is the ability for this carriage limit to effectively address the situation of community members wishing to travel to country for holidays and weekends and their desire to take more than 8 cans per person in total to do that i.e. “going bush for a week and take the equivalent of 8 cans per day out bush equals 40 to 56 cans depending on how long you are going”.

Takeaway licence – (detached bottle shop)

There is an expectation with a Detached Bottle Shop Licence that reviews would be conducted after 6 months and then 12 months to ensure compliance of conditions and also impact of the re-introduction into the community. A Detached Bottle Shop could be run from suitable, secure premises on Mornington Island and after finding a Commercial Hotel licence holder who is prepared to apply for a Detached Bottle Shop and an exemption of the 10 kilometre limit as per Part 3 Section 7 of the Liquor Regulations 2002 as amended (Liquor Act 1992 Liquor Regulation 2002, P 15-17).

There is clear understanding for this process to occur:

• Suitable secure premises must be available; the “old tavern” on Mornington Island after some renovations would be available,
• Identification of a current licence holder who is prepared to apply for a licence on Mornington Island; an expression of interest process was conducted to determine the success or not of this and,
• Appreciation that a Detached Bottle Shop Licence holder cannot “contract out” the licence, but Council and or community can rent a building and have an agreement for employment of staff with the licence holder.

Approval Process

There is recognition and understanding that a formal approval process for a Detached Bottle Shop Licence must consist of the following steps:

• Current licensee applies for a Detached Bottle Shop Licence,
• Office of Liquor and Gaming Regulation will require a community impact statement,
• Office of Liquor and Gaming Regulation will conduct a rigorous assessment process to determine if a licence would be granted,
• Office of Liquor and Gaming will make enquiries to ensure no sub-contracting out by licensee,
• Office of Liquor and Gaming Regulation will consult with a range of agencies including the Queensland Police, the Community Justice Group, the Mornington Shire Council, the Department of Aboriginal and Torres Strait Islander Partnerships, the Office of Regulatory Policy and the Office of Liquor and Gaming Regional Office,
Office of Liquor and Gaming Regulation will undertake regular inspections of the venue to ensure compliance with Legislation.

Review process

Ancillary to any Alcohol Management Plan review that includes the introduction of a carriage limit and reintroduction of legal alcohol is an identified need for a rigorous ongoing review process to evaluate the impact on the community and the degree of legislative compliance associated with the reintroduction of alcohol. It is contended that the review process for Mornington Island Alcohol Management Plan should be bi-annual and:

- Be open, consultative and carried out by the Alcohol Management Plan Committee, the Office of Liquor and Gaming Regulation and the Department of Torres Strait Islander Partnerships as lead agencies.
- Determine the success or failure of the reintroduction of alcohol process and model introduced and the impacts this is having in the community,
- Make recommendations to the Office of Liquor and Gaming Regulation and the Department of Torres Strait Islander Partnerships on the outcome of each review,
- Determine if the community has a desire to progress to a Community Club in tandem with a Detached Bottle Shop Licence at some stage in the future,
- Determine if the community has a desire to progress to a Hotel Licence at some stage in the future.

Motel licence

A motel licence could be run from suitable, secure premises on Mornington Island, with Council as the licence holder to provide amenities to the guests and visitors that occupy the visitor accommodation centre on Mornington Island. This would follow a similar model to the former Birri Lodge and be subject to rigorous reviews as specific to this licence but in general as outlined for a detached bottle shop licence.

Community Club licence

Subject to demand and with the identification and provision of suitable, secure premises on Mornington Island, and subject to rigorous reviews with positive outcomes with respect to a Detached Bottle Shop Licence and Motel Licence, the establishment of a community club facility be developed as stage two of the reintroduction of legal alcohol to Mornington Island.

Hotel licence

Subject to demand and with the identification and provision of suitable, secure premises on Mornington Island, and subject to rigorous reviews with positive outcomes with respect to a Detached Bottle Shop Licence and Motel Licence, the establishment of a Hotel Licence facility be
developed as stage three of the reintroduction of legal alcohol to Mornington Island. This stage would see the need for a detached Bottle Shop Licence no longer present.

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