

Kava and after in the Nhulunbuy (Gulf of Carpentaria) Hinterland

Helen Hughes

EXECUTIVE SUMMARY

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*We hold these truths to be self-evident, that all men are created equal, that they are endowed by their Creator with certain unalienable Rights, that among these are Life, Liberty and the pursuit of Happiness. **

- Worldwide, people strive to educate their children, to work, to own or rent a decent dwelling, to enjoy family and friends and to participate in social, political and cultural activities of their choosing. When work is done, they may take pleasure in a glass of beer or wine in pleasant surroundings.
- While most Australians enjoy these basic rights, they are denied to almost all the Aborigines in the Nhulunbuy hinterland. These Aborigines have been deprived of education and jobs, relegated to welfare dependence and to overcrowded, derelict communal housing. Their squalid living conditions lead to such poor health that they probably live some 20 years less than other Australians. It has been argued that such deprivation is necessary to their preservation of their culture. But hunting and gathering life-styles inevitably degenerated into welfare dependence, followed by alcoholism, other drug abuse and family and social dysfunction. At the margin, traditional culture has been perverted, characterised by endemic violence, particularly against women.
- Instead of providing mainstream education to the Nhulunbuy hinterland Aborigines, so that they can have access to jobs, and thus the life-style choices that other Australians enjoy, the Northern Territory sought to mitigate the violence engendered by alcohol abuse by supplying kava, a traditional Pacific Island stimulant. Drinking kava is followed by a brief period of mood elevation, but soon, particularly if drunk in large quantities, it has an anaesthetic effect. Thus, unlike excessive alcohol consumption, it is rarely followed by violence.
- The Northern Territory Government's Kava Management Programme linked kava sales to income for deprived settlements. With this incentive, kava consumption grew until some settlements became incapacitated for several days each week. High kava consumption, typically of more than 240–400g a week, has had significant ill-health effects, often contributing to early death.
- The Commonwealth Government had no option but to end the import of kava in June 2007. Not surprisingly, those who had benefited from the Northern Territory's kava import programme have objected to its demise. Incongruously, they claim that, among other social costs, ending kava sales will affect the ability to fund women's night patrols against violence! At the grass-roots level, however, there is quiet satisfaction among remote settlement leaders, and particularly among women, at the ending of debilitating kava sessions and the potential release of perhaps \$90 weekly to family budgets.

Helen Hughes is a Senior Fellow at the Centre for Independent Studies

* From the United States Declaration of Independence

Ending kava sales and CDEP payments are essential steps to realising the potential of the Nhulunbuy hinterland.

- The ending of kava sales will, however, have positive effects *only* if the factors that make the Nhulunbuy hinterland dysfunctional are tackled. If underlying deprivation is not ended, alcohol and drugs are likely to replace kava—not because Aborigines, or their culture, are particularly susceptible to substance abuse, but because that is the widespread consequence of economic and social squalor.
- The Nhulunbuy hinterland, unlike many ‘homeland’ locations, has rich economic opportunities. The Alcan bauxite mine and alumina refinery has been the Northern Territory’s largest commercial employer. Yet after almost 40 years of operations, including a recent doubling of capacity, only a few Aborigines from the region are employed in skilled positions. Rio Tinto, the new owner, intends to recruit Indigenous workers. Most public sector employees in the Nhulunbuy hinterland are non-Indigenous. Commercial opportunities for seafood and tourist industries abound but have not been exploited. Together these industries could employ all the Aborigines in the region. Ending kava sales and Community Development Employment Projects (CDEP) sit-down money are steps towards realising the region’s economic prospects, but they will only be effective if they are followed by the introduction of mainstream education and programmes supportive of the transition to mainstream work. This will involve major institutional changes within the Nhulunbuy hinterland and in the bureaucracies dealing with Aboriginal issues.
- The Aborigines of the Nhulunbuy hinterland are entitled to the same rights as other Australians. They must have education to mainstream standards so that they can choose the lifestyles they wish to follow, including skilled jobs and professional careers in place of welfare dependence. With education and jobs, Aboriginal culture could flourish instead of being stultified by substance abuse. At the end of a day’s work, many Aborigines in the Nhulunbuy region are then likely to opt for a relaxing glass of beer or wine in pleasant surroundings—just like other Australians.

Introduction

Kava is the rhizome of the plant *Piper methysticum*, a member of the pepper family. Cultivated kava is a leafy green plant harvested when it is approximately eight feet in height. The plants are grown from cuttings in a manner similar to sugar cane in the Pacific Islands.

The specific pharmacological effects of drinking ground kava mixed with water vary with kava varieties, but in general kava acts as a sedative and muscle relaxant. In the absence of medical and dental services in the Nhulunbuy region's 'homelands', kava is often the only pain killer available. Drinking kava initially makes a person feel happy and relaxed. A moderate use of kava thus has similar effects to a glass of wine or a beer.

The effects of kava have not been as well researched as those of drugs such as cocaine and heroin but the principal findings are clear.

A recent study by the World Health Organisation (WHO) on the impact of kava on the liver responded to an emerging conflict of interest between, on the one hand, consumers of kava containing medications, and, on the other hand, kava product sellers and their South Pacific Island suppliers.¹ The study found mixed evidence of liver damage from the use of kava in medications, but WHO recommended that kava products should only be available on prescription. Kava is available in Australia in bottles of 60 two-gram tablets, one to be taken daily as a relaxant (at a cost of \$30 a bottle). Even if swallowed at a sitting this would amount to 120g.

Australian research has been carried out for Darwin's Menzies School of Health in the Nhulunbuy region. There, kava is sold in 100g packs. The maximum recommended consumption by the Northern Territory Licensing Division/Commission was 800g a week until 2006. The researchers concluded that kava consumption of more than 240–400g per week is unhealthy.² High kava consumption is followed by loss of muscle control, sleepiness, tiredness and a feeling of numbness in the mouth and limbs. Mood swings alternate with a general state of apathy. This may lead to psychological problems. Kava suppresses appetite and thus contributes to malnutrition. In extreme cases, its effects are comparable to anorexia. Drinking quantities of kava is followed by lethargy that diminishes exercise. Poor diet and lack of exercise contribute to endemic diabetes and coronary diseases. High kava consumption frequently leads to skin rashes and results in mild fever, nausea, vomiting and upset stomachs, unexplained bruising and bleeding. The long-term effects of substantial kava consumption include chronic skin inflammations, jaundice and adverse effects on liver function.

The importation, advertising and sale of kava in Australia have been controlled by the Commonwealth since 1990.³ Further measures were introduced when the Commonwealth *Therapeutic Goods Act* came into effect in 1993. Then in the same year the National Health and Medical Research Council rescinded a decision to ban kava. The Therapeutic Goods Administration, after heavy lobbying, followed suit, declaring that kava under most circumstances would not be regulated as a therapeutic good. In March 1994, however, the National Food Standards Council included kava in a list of 'prohibited botanicals'. Kava was thus listed as a controlled substance under the *Customs (Prohibited Imports) Regulations Act* so that it could be imported into and sold in Australia only with appropriate licences and permits. Kava could be imported for medical and scientific purposes. Up to two kilograms of kava could be brought into Australia by persons of 18 years of age and over in their accompanying luggage to cater for ceremonial and traditional use by immigrants of South Pacific island origin. Three months' supplies of preparations containing kava extract could also be imported in accompanying baggage.⁴

Many Pacific Island immigrants to Australia evidently drink kava socially, in groups, as a recreational drug. It is also used by sportsmen of Island descent as a relaxant; for example after football games. Imports to Australia reached 80 tonnes in 2002 and 2005 but fell to 71 tonnes in 2006 (Table 1). The Northern Territory's Kava Management Programme, plus estimated illegal consumption, accounted for about 40 per cent of total kava imports for 1,235 registered drinkers in 2005 (see below, page 7). The other

Traditionally, in the Pacific Islands, kava was a sedative and muscle relaxant, but in the welfare dependent Nhulunbuy hinterland it came to paralyse whole communities.

Kava was introduced to Aborigines because it was believed that they had addictive personalities so that it was better that they drink kava than alcohol because its numbing effects prevented violence.

60 per cent of consumers were presumably widely spread, among both purchasers of kava containing medication and immigrants from the South Pacific (122,000 of whom lived in Australia in 2005),⁵ so that such weekly consumption was modest and did not lead to health risks.

Table 1. Imports of kava into Australia, volume, value and unit value, 1997–2007⁶

	Kilograms	\$'000	\$/Kg
1997	9,688	144	\$14.84
1998	47,242	621	\$13.14
1999	46,135	477	\$10.35
2000	47,427	535	\$11.28
2001	68,220	666	\$9.76
2002	80,106	795	\$9.93
2003	67,369	585	\$8.68
2004	58,749	682	\$11.61
2005	81,350	979	\$12.03
2006	73,211	1,159	\$15.83
Jan–Jun 2006	26,627	391	\$14.69
Jan–Jun 2007	17,741	364	\$20.53

Source: Communication from the Australian Bureau of Statistics, 7.9.07

2. Kava in the Nhulunbuy hinterland

Kava was introduced into Northeast Arnhem Land in the early 1980s, when South Pacific Islander missionaries persuaded some Aborigines that kava was preferable to alcohol as a recreational drink because it did not make drinkers violent.⁷ South Pacific Islanders in the Nhulunbuy region have instructed Aborigines in the preparation and drinking of kava ever since.

Between 1983 and 1985, the Northern Territory Department of Health took the view that kava should not be classed as a drug and argued that its substitution for alcohol was beneficial for Aborigines. A paper by Alexander, Watson and Fleming, published twenty years ago, was influential in the adoption of these findings.⁸ Kava use quickly spread across the eight major communities of the East Arnhem Nhulunbuy hinterland: Minjilang (Croker Island) Warruwi, Ramingining, Milingimbi, Galiwinku (Elcho Island), Gapuwiak (Lake Evella) and Yirrkala. It also appeared on Groote Eylandt.

In the Pacific Islands, respect for its potent qualities traditionally limited kava consumption through ceremonial. By the 1980s, however, while ceremonial still limited kava consumption in traditional rural societies, in urban areas (with higher discretionary incomes), kava consumption had increased and in some instances was regarded as a health and social problem. Thus employers in Fiji who used to supply employees with kava at work as an incentive became convinced that it led to the breakdown of safety, so that such kava supplies were discontinued.

Northern Territory kava policy became ambivalent, despite the Department of Health's views, as kava consumption increased. Reports of deleterious health effects of kava consumption led to the prohibition of sales except by Aboriginal Councils, typical of the Northern Territory's exceptionalist policies toward Aborigines. The Northern Territory then licensed a Darwin importer to bring in kava for Aborigines. When an attempt was made to extend marketing to the Kimberleys, local Aborigines objected, so that Western Australia restricted supplies in 1988. In East Arnhem Land consumption continued to increase.

With the Commonwealth's declaration of kava as a 'prohibited botanical', the Northern Territory's regulatory system came into conflict with the Commonwealth. The Northern Territory suspended existing licence sales, but in February 1995 sought exemption from the Commonwealth's kava prohibition. The Commonwealth agreed to take no action pending a National Food Authority inquiry into the issue of kava regulation. This inquiry culminated in November 1995 in the release of a Draft National Kava Management Strategy to address health concerns. A national system of restricting and monitoring kava imports, a national code of kava management for all importers, wholesalers, retailers and distributors, and an addition to the Food Standards Code that prohibited kava as an ingredient in other food and required labelling for all packages of kava was adopted. There was an option, however, for States and Territories to impose their own, more restrictive legislation.⁹

The suspension of the Northern Territory's kava régime was interpreted as freeing up imports and sales into the Northern Territory, so that consumption in the Nhulunbuy hinterland increased to an estimated 15 to 20 tonnes a year in the mid-1990s. Kava was being sold in at least five settlements that had not applied for permits under the 1990 legislation. The total amount imported was considered to be the same as in the early 1990s, but prices had risen. A 50g pack of kava that had retailed at \$5 to \$10 in the early 1990s was costing a minimum of \$20 by 1997. Illegal supplies were also being flown to Nhulunbuy from Sydney.¹⁰

The Northern Territory Government initiated discussions to determine whether kava sales should be banned or regulated, commissioning Dr d'Abbs and Dr Burns of the Menzies School of Health to advise the Government.¹¹ D'Abbs and Burns acknowledged that kava consumption had risks. They also reported that Aboriginal views about the desirability of kava availability were divided. They nevertheless strongly recommended the resumption of kava distribution with a harm-minimisation programme to be controlled by the Northern Territory. On balance, they argued, Aborigines should be protected from the likely worse effects of alcohol consumption. Non-Indigenous Territorians were evidently not entitled to such protection.

The continuing desire of the settlements already dependent on kava—despite the almost total absence of knowledge in these communities of its deleterious health effects—was a crowning 'self-determination' argument for kava sales to Aborigines.

A draft Kava Management Bill was tabled in the Legislative Assembly on 21 October 1996, and the *Kava Management Act* came into force on 21 May 1998, but licensing was not implemented until 2000. A further Kava Management Act was enacted on 22 March 2001, though licensing did not begin until the following year.¹² The laudable objectives of harm minimisation and eliminating the black market in kava were countermanded by the financial structure created by the Act. The kava distribution mechanisms were 'to encourage and empower local Aboriginal communities to become involved through the development of Kava management plans, in the operation of the kava licensing system within their community'. But by fixing prices so as to provide the principal discretionary income accruing to the communities, kava sales made the Nhulunbuy hinterland kava-dependent. Income and power in the region was skewed toward the sole wholesaler, Ganybu.

3. The Northern Territory's Kava Management Programme

Northern Territory legislation placed responsibility for kava management with the Division of Racing, Gaming and Licensing within the Treasury, now the Licensing Commission in the Department of Justice.

The Government appointed Ganybu Wholesalers, operating from the Laynhapuy Homelands Association at Yirrkala, as the monopoly wholesaler. Designated retailers sold kava in four areas: the Laynhapuy Homelands (including Barraratjpi, Yilpara (Baniyala), Yuduyudy, Yangunbi, Wandawuy, Gutjangan, Gurrumuru and Rurrangala), Yirrkala, Ramingining and part of the surrounding area and Waruwi Community (Goulburn

The Northern Territory kava programme made Aboriginal communities dependent on kava sales for discretionary income.

Kava regulation has been ineffective in limiting kava consumption.

Island). Gapuwiak and part of the surrounding area and Croker Island were to follow. Other communities that had previously consumed kava have steadily refused to agree to kava licences because of their understanding of kava's health and social effects.

A number of settlements in the Nhulunbuy hinterland have banned alcohol consumption and in some of these kava has become a substitute for alcohol. Elsewhere, alcohol, as in the rest of Australia, is freely available. As in many other welfare-dependent areas, binge drinking is a serious problem. In the Nhulunbuy region, alcohol and kava are thus often consumed together. Tobacco smoking is heavy in most Indigenous settlements in the region. Cannabis is readily available—as it is in most of Australia.

The Licensing Division/Commission prescribed packaging quantities and prices by the wholesaler, as well as retail prices, areas of distribution, hours of sales and limits of quantities to be sold. No kava was to be sold to persons under the age of 18. Ganybu prepared a computerised system of distribution records that was to be used by its 16 retail outlets.

Detailed schedules prescribed the areas in which kava could be sold and identified the store or private retail licence-holder who could sell it. Kava drinking areas were not only designated in general, notably with reference to public highways, but also in detail in each location. The stores to which kava could be delivered or the retail licensees were identified. Kava was to be securely held in those premises. The weekly limit was 800g per person, until it was halved by the Licensing Commission in 2006 after the ill-health effects of larger doses became evident. Days and hours of sale were specified for each locality. Community expectations were laid down. Monitoring requirements were established. Health measures were required to be in place in the form of 'signs, brochures, training, counselling and asset budgeting'. Were a community to become aware of 'irresponsible' kava consumption, the Licensing Commission was to be able to review the conditions of licence. 'An introductory education program concerning responsible kava use' was to be undertaken by each 'homeland' centre.

Annual Licensees Forums were held in Yirrkala to facilitate administration and promote harm minimisation. An elaborate Kava Education and Health Advisory Group, with its own budget (funded by a charge of 15 per cent on kava sales), was established after the first Kava conference in 2005, to fulfil the harm-minimisation objectives of the legislation. The Ganybu wholesaler acted as the administrator of this Advisory Group which was to meet quarterly.

There appeared to be no statutory provision for reporting sales data to the consuming settlements or to the public. The quantitative information provided by the Ganybu wholesaler has been periodic, sketchy and contradictory. The limited data available, however, reinforce the observations of visitors to the region that kava consumption had become so high that it was damaging health and that it also contributed to family and social dysfunction. It was nevertheless argued that kava prevented the excesses of alcoholism that are evident in Yirrkala and Ski Beach.¹³

4. The effects of the Northern Territory's Kava Management Programme

The initial impact of kava regulation was said to have reduced kava purchases from 1997 to 2000 when 15 tonnes were consumed.¹⁴ By 2005, consumption was officially estimated at 26 tonnes with an annual retail spending value of \$3.9m for 1,255 registered drinkers.¹⁵ Weekly sales figures by area in the Ganybu document used here give somewhat lower number of registered drinkers, consumption and expenditures. The distribution also seem odd because the Yuyung Nyanning Aboriginal Corporation's number of 'safe drinkers' at 563 is almost as high as the total population of Ramingingining (581 Indigenous adults in the 2006 Census), where the Corporation operates. It was also five times the consumption of the Laynhapuy Homelands that reported 538 Indigenous adults in the 2006 Census, but where, despite observations of heavy consumption in several communities, the number of registered 'safe' drinkers was reported as only 97. The Ramingingining figures may in

part be explained by illegal kava sales from the licensed area into communities that had rejected retail kava licences.¹⁶ Breaking the harm-minimisation conditions, the ‘licensees’ must have had implicit knowledge of excessive and illegal sales but were driven by the considerable sales profits they could earn.

Table 2. Kava consumption, July 2004 to June 2005

	Bags of 100 sachets of 100g per week	Minimum number of ‘safe’ drinkers at 400g a week	Community expenditure per week
Laynhapuy Homelands Association Inc.	3.9	97	5,798
Warruwi Community Inc	4.7	118	7,096
Yirrkala Dhanbui Community Association Inc.	11.4	286	17,163
Yuyung Nyannung Aboriginal Corporation	22.5	563	33,808
Total annual	22.1 tonnes	1,064	3,320,980

Source: 2006 Kava Licensee’s Conference, Report and Outcomes, 29–30 November 2006, Yirrkala: p.1.

Black-market kava, brought in through the southern states, was estimated to be another 8 tonnes, worth \$2m,¹⁷ so that consumption was 34 tonnes in 2005, or more than twice the level of 2000.

The official consumption reported was 380g per person per week in 2006. Coincidentally this was the upper limit considered safe by Alan Clough, the leading Australian authority on the health effects of kava. In March 2006, Clough and his Menzies School of Research collaborators wrote a letter to the *Medical Journal of Australia* to stress that the then official 800g weekly maximum allowable amount was ‘more than double the known harmful consumption levels (240–440g per week)’.¹⁸

Licensing Division staff admitted that it reduced the weekly amount that could be purchased to 400g in November 2006 because ‘the most current research ... indicates that there are minimal health impact when less than 400g per person is consumed’. Disputing the findings of Clough and his team, however, albeit without further evidence, Licensing staff went on to claim that ‘beyond this amount there is insufficient research to know a safer limit’.¹⁹

It is impossible to estimate actual consumption from the few figures published. Although detailed records of kava sales were supposed to be recorded, they were not made available by the Ganybu wholesaler or the Licensing Division/Commission. Not all registered drinkers were regular drinkers. Teenagers under 18 commonly participated in kava sessions. Black market distributors had well-established connections with the Nhulunbuy hinterland settlements. Large packages of kava were passed frequently in the region’s airports. Kava supply did not seem to be a problem at funerals. Indications of the effects of excessive kava consumption—photophobia, inflamed eyes, lethargy to the point of inability to function for three or four days, and severe malnutrition—were all reported by visitors to the region. Where kava consumption was high, some families were affected adversely.

Harm Minimisation

Annual licensee conferences and the meetings of the Kava Education and Health Advisory Group, both organised by the Ganybu wholesale licensee, evidently failed to halt increases in kava consumption in the Nhulunbuy hinterland. A cursory reading of licensees and Advisory Group meetings could suggest that the problems of unhealthy levels of kava

Leading kava researchers argued that prevailing levels of kava consumption had serious ill health effects.

The Northern Territory's kava management programme harm minimisation component was not effective.

consumption in the region were understood and that a programme was in place to carry out the harm-minimisation mandate. Not only were some retail licensees present at these meetings, but other local Aboriginal agencies participated. Aboriginal Resource Development Services had assisted in providing educational materials in the Yolngu language and had an agenda of incorporating kava drinking into such social occasions as Christian fellowship meetings and ceremonial singing. The Mitwatj Health Aboriginal Corporation, representatives of the Laynhapuy Homelands Association, consulting anthropologists, representatives of the Racing, Gaming and licensing Department, participated as did the Northern Territory police. The Christian Nungalinya College, which was developing a plan to include kava harm minimisation in its training of health workers, was invited together with Amity Community Services. These organisations had a financial interest in earnings from 'training'.

Unfortunately most of the Indigenous retailers did not have enough English to be able to participate effectively in the discussions. There were indications that some of those engaged in retailing understood the high costs of 'humbug' (begging for kava money), 'book-up' (buying on credit) and excessive kava consumption. They learned useful marketing and book keeping skills and improved their literacy and numeracy. Such skills could be extremely useful in running settlement stores. But attempts to translate 'harm minimisation' messages into simple Yolgnu Matha did not overcome the inability of the Nhulunbuy region Aborigines to participate in discussions about the medical evidence of potential ill-health.

While harm minimisation was on the agenda, there was little evidence that the health and other risks of heavy kava consumption were properly explained. The emphasis was clearly on the benefits that increasing sales brought to the retailers and their communities. For the retail licensees it was evident that the more kava was sold, the better off their community would become. Besides, kava sales were promoted as preventing alcoholism. The cash benefits were laid out in front; the costs were hidden. Though many Aborigines in the region recognised the high costs of kava dependence, they did not understand how their communities had been persuaded to get knocked out by kava for several days each week or what had to be done to change the situation.

Economic Effects

Direct and indirect economic effects of kava consumption were also evident throughout the region. Kava drew nearly \$4m annually out of the taxpayer-funded welfare and CDEP incomes on which most of the Nhulunbuy hinterland dwellers depended. This was more than \$60 weekly for each of the registered drinkers or more than \$3,000 annually—perhaps a quarter of an individual's income, and bit severely into funds available for food and other household expenses. Most Nhulunbuy region dwellers also smoke tobacco (because of the same anomie that turns them to kava) and some in addition smoke marihuana and drink alcohol. In Yirrkala in 2006 kava sales were \$1.3 million while sales of groceries, toiletries and so in the shop were \$1.7 million.

Alan Clough suggested that \$1.9m was being removed out of \$3.8m annual kava sales in the form of profit. The implicit import price of kava rose from about \$10 per kilogram in 2001 to about \$15 per kilogram in 2006 (Table 1, above). In the Northern Territory Kava Management Programme it was being retailed at \$15 per 100g.²⁰ The \$15 per 100g price charged by retailers thus appeared to represent very high mark-ups. High retail prices were presumably excused as a form of taxation that suppressed consumption and funded community benefits. In that case there should have been transparent accounting. As wholesale prices were not published, it was not clear where the mark-up occurred. Five executive Laynhapuy Homelands positions, including that of the CEO and kava manager, were said to be kava funded. Nor was it clear how much of the profit was spent on the administrative and meetings costs such as board and committee remuneration, travel, accommodation, sitting fees, representation and the other 'administrative' costs that typically absorb large proportions of most Indigenous budgets in the 'homelands'.

In Ramingining, for example, the Yuyung Nyaynung Aboriginal Corporation that retailed kava employed five staff members, including a non-Indigenous manager. The Bullocky kava shop (a secure container on the outskirts of town) had an overhead canopy to protect patrons who were either drinking or waiting to be served. The sale of kava was said to be a maximum of 600g a week per person. The figures in Table 2 suggest a figure closer to 800g per week. Perhaps not surprisingly ‘it was reported that the manager and staff regularly experience threats of violence from patrons resulting in the closure of the outlet for anywhere up to a week, sometimes more’.²¹

A typical Kava Education and Health Advisory Group kava education workshop planned for Gapuwiak for Mala leaders was estimated to have cost \$25,000.

The Laynhapuy Homelands Association claimed that losses arising from ‘recent investment and contractual liabilities directly related to the operation of the kava wholesaling business’ amounted to \$1.8m, which would be nearly half of the value of annual legal kava sales in the region. Ganybu has never reported its sales or the profits on these sales, but claims to have spent profits in the Laynhapuy Homelands on Kava Education and Health Advisory Group activities, payments to the Northern Territory Department of Health, workshops for ARDS, a basketball court, patient escorts, a veranda programme for existing housing, and, of course, funerals. Retail profits in the settlements tended to be expended when stores or transport facilities collapsed, or for getting in food or flying a child to hospital. Some were given to schools. Funerals and ceremonies were funded. But as annual accounts have not been published, it is impossible to know how expenses were disbursed or profits allocated. There is no evidence of capital investment flowing from kava profits in the settlements.

The indirect economic costs of the Kava Management Programme were even more serious. Kava drinking undermined the opening of primary schools and school attendance. It is important, however, to stress that the inappropriate curriculum content of the Nhulunbuy region’s primary schools, the absence of teaching materials, poor levels of teaching and the frequent closure of schools for ‘teacher training’, funerals and other reasons were the principal causes of poor attendance. Children and parents cannot be blamed for the lack of schooling. There has been no mainstream standard secondary or vocational education in the Nhulunbuy hinterland. Only the handful of youngsters who attended Nhulunbuy High School received a secondary education.²²

Kava consumption reduced economic activity, notably painting and the production of traditional artefacts by the region’s artists. The low returns that artists received for their work was, of course, also a factor. Kava reduced other initiatives such as the growing of fruit and vegetables to improve diets, fishing, hunting and participation in ceremonial activities. It interfered with efforts to introduce real skills such as construction. It reduced interest in adult education.

Ending Kava Imports

The accumulation of evidence of the harmful effects of kava consumption in the Nhulunbuy hinterland gave the Commonwealth Government no option but to ban all imports except for medical and/or scientific purposes in June 2007. ‘Recognising that kava has traditional ceremonial and cultural uses for people of South Pacific Islander descent ... the import of up to 2 kilograms of kava in the accompanied baggage of an incoming passenger (aged 18 years or over) to Australia will continue.’²³

5. After Kava

In contrast to many ‘homelands’, the Nhulunbuy hinterland is extremely well-located in relation to the Gove bauxite mine and alumina refinery that are the largest employers of labour in the Northern Territory. Many workers could commute daily to these jobs. Those from more distant areas and those who wished to move for education for their children could live in the Nhulunbuy mining township and travel to a ‘homeland’ second home at weekends and for holidays as many other Australians do. Yolgnu and other languages

Kava drinking has undermined the ability to work, to engage in traditional pursuits and attend school.

The Nhulunbuy region with its bauxite mine, alumina refinery, agricultural and tourism potential has enormous economic possibilities from which Aborigines are at present excluded.

and the celebration of traditional culture could be enjoyed and would flourish. Other commercial possibilities include seafood and tourism industries. It is high time, too, that Aborigines from the region took over the public service jobs currently carried out by non-Indigenous immigrants to the region. The gifted artists of the region require transparent access to the art market to be rewarded for their efforts so that they may increase their output. With such substantial income opportunities, secondary employment activities would rapidly develop, turning the Nhulunbuy region into a development hub in which all those local Aborigines who seek to leave welfare dependence behind them could be employed.

The critical bottleneck which denies employment to Aborigines in the Nhulunbuy region is a thirty-year educational deficit. The skills, knowledge and discipline of effort acquired by 10 to 12 years schooling are the normal prerequisite for work or post-secondary education throughout Australia. The Aborigines of the Nhulunbuy hinterland have been denied such education. Most of the children in the region have not reached mainstream Year 6 levels. The secondary education on offer, isolated from mainstream schooling, does not enable youngsters to reach mainstream Year 10, let alone Year 12 standards. It is extremely unlikely that the seven students awarded Northern Territory Certificates of Education by the Yirrkala Community Education Centre in 2006 could proceed to tertiary education in mainstream TAFEs or Universities without substantial remedial assistance. In a travesty of educational effort, the Northern Territory 'dumbs down' so-called vocational education because trainees do not have basic literacy in English or elementary numeracy. Vocational courses are a welcome break from long hours and days of boredom in remote settlements, but the certificates granted have only been valid for CDEP jobs. With the ending of CDEP, they have been exposed as completely worthless—as the recipients have always known them to be. The only beneficiaries are the training institutions and their staff.

The Nhulunbuy region has two imperatives for regeneration.

The first is the immediate provision of mainstream standards of pre- and primary schooling for all the children in the region. This would require a complete revision of curriculums to mainstream standards, the teaching of English from pre-school, the use of up-to-date teaching aids, and full-time school years of professional teaching with after-school activities such as music, drama and sports as well as supervised homework. Children from non-English speaking backgrounds clearly need longer hours of schooling than English speakers to compensate for the additional time it takes to learn English. Remedial vacation schools would have to be organised to help children needing additional assistance. Teenagers who do not have Year 6 reading, writing and arithmetic urgently need intensive remedial classes. To achieve mainstream standards, secondary and vocational education will have to be concentrated in Nhulunbuy, with appropriate hostel facilities, to enable youngsters to progress when they have completed primary school. By specialising in skills required for the Gove mining and refining enterprises, a Nhulunbuy High School/TAFE college could become a quality institution while also preparing youngsters for further study in other disciplines. There will have to be scholarships to mainstream boarding schools for the region's future doctors, lawyers, accountants, engineers and other professionals.

The second imperative is to ensure that the CDEP is replaced with preparation for real work for those already of working age. To enable teenagers and working-age adults who have not had any schooling to move from CDEP to real work is a formidable challenge. It is naïve to think that youngsters and men and women not accustomed to sustained effort and discipline through years of schooling will be able to move smoothly to the demands of an 8-hour day and 40-hour working week. Transitional programmes and a considerable mentoring effort will have to be made and suitable real employment will have to be found if the ending of CDEP is to lead to such a transition. Intensive adult literacy in English and numeracy instruction will have to be a major component of getting CDEP participants into real work.

An opportunity that must be explored is to facilitate the employment of young men and women from the region in fruit-picking, which offers unskilled work for those wishing to earn real money. This will require support in recruitment, transport and, initially at least, accommodation and associated life-skills in a supervised environment in the fruit-picking areas.

The privatisation of housing on the basis of 99-year leases, followed by repairs to existing housing stock and the addition of new housing and associated infrastructure, presents the possibility of creating real jobs in the near future. Repairs could be undertaken and kit houses could be constructed by the prospective home-owners and other local workers. Home ownership would encourage individuals to grow fruit and vegetables to exploit the region's climate and ample water, so improving nutrition and health. This would mean a complete reorganisation of the way that housing is maintained and built, with a new breed of contractors whose function would be to assist and train the local labour force not, as at present, to substitute for it. Local workers would similarly be engaged and trained in constructing infrastructure facilities.

The principal employment opportunities in the region are in the Gove bauxite mine and alumina refinery. These enterprises must fall into line with the growing number of other mines that are now making major efforts to recruit and train local Aboriginal workers. Nhulunbuy should immediately become a centre for such recruitment and training, establishing remedial English literacy and numeracy courses and appropriate TAFE training with hostel facilities. Annual recruiting, training and employment targets should be set following the example of other mines. The enterprises should sponsor the best academic performers in primary schools for mainstream boarding schools to ensure a future supply of local Aboriginal professional staff.

Health in the Nhulunbuy hinterland is appalling. Serious ill health is neglected. The incidence of unmanaged diabetes, high blood-pressure and cardiac conditions is thought to be very high, accounting for the short expectation of life. The region will have a large kidney dialysis problem unless steps are taken immediately to enable patients to manage diabetes. Dental services are urgently needed, particularly for children. Infant and child health—diarrhoea, chest diseases, ear infections, ulcers and sores—need attention. Major improvements will only come with improved public health, better hygiene facilities (such as hot water) and better nutrition; these will only come with the end of welfare dependence and the privatisation of housing. Immediate improvements in health services are urgently needed—for example, ophthalmic photography to identify eye diseases and diabetic conditions that can be followed up by treatment is available from Darwin and Alice Springs.

The transformation of the Nhulunbuy hinterland can not be accomplished without substantial changes in the institutions that serve the area. At present there is a frustrating tangle of fragmented and inefficient local government and organisations for housing, education and health, which devote a large proportion of their considerable incomes to the payment of representatives and administrators, duplicate functions without providing real services and are totally lacking in administrative and financial transparency. Annual reports, including accounts, are not publicly available. The Northern Territory's local government reform will hopefully reduce and simplify local government, so that it can become professional and efficient. Commonwealth CDEP funding allowances can be added to Northern Territory's local government funding to pay for decent infrastructure development that would provide local employment in real jobs. Education will require additional funding and new standards. The functions of the Nhulunbuy Indigenous Cooperation Centre will have to be transformed if it is to become concerned with the development of an educated, rapidly-developing region rather than being the financial provider for a stagnating, destitute corner of Australia.

If the absence of education, jobs, decent housing and health is not overcome, the ending of kava supplies is likely to lead to its substitution by alcohol, cannabis and other drugs. The economic wealth of the Nhulunbuy region has to be harnessed to the well-

The ending of kava must be accompanied by a transformation of education, access to jobs, good health and decent housing if it is not to lead to a greater consumption of alcohol, cannabis and other drugs.

being of the region's Aboriginal inhabitants so that they may be sure that they and their children may soon have the same life choices as other Australians.

Endnotes

- ¹ World Health Organization, *Assessment of the Risk of Hepatotoxicity with Kava Products*, 2007.
- ² BJ Currie and AR Clough, 'Kava hepatotoxicity with Western herbal products: does it occur with traditional kava use', *Medical Journal of Australia*, 178(9), 2003, pp.421–22; and AR Clough, BJ Currie, MW Yunupingu and KM Conigrave, 'Action is required to reduce kava supply in Arnhem Land ... again!', *Medical Journal of Australia*, 184(2), 2006, pp.91–2. The findings of the detrimental health and social effects of 'high' and 'very high' kava consumption have been endorsed by L. Rytchetnik and C. Madronium, Sydney Health Project Group, School of Public Health, *A Kava Literature Review*, University of Sydney, May 2007.
- ³ P d'Abbs and C Burns, *Draft Report on Inquiry into the Issue of Kava Regulation*, prepared for the Sessional Committee on the Use and Abuse of Alcohol by the Community, Northern Territory Legislative Assembly, September 1997.
- ⁴ Australian Drug Foundation, Drug Information Clearing House, at <http://www.druginfo.adf.org.au/article.asp?ContentID+kava>.
- ⁵ Australian Bureau of Statistics, *Migration Australia 2004–05*, Cat.No 3412.0.
- ⁶ Data in tonnes appear to contain major errors.
- ⁷ P d'Abbs, 'Kava use in Arnhem land: the challenge for policy', Darwin, Menzies School of Health Research, 1993.
- ⁸ K Alexander, C Watson and J Fleming, 'Kava in the North: A research report on current patterns of kava in Arnhem Land Aboriginal communities', Darwin, Australian National University, North Australia Research Unit, 1987.
- ⁹ Kava is also regulated by public health, occupational health and safety and privacy legislation and by drug scheduling and food labelling.
- ¹⁰ P d'Abbs and C. Burns, *Draft Report*, p.32.
- ¹¹ P d'Abbs and C. Burns, *Draft Report*.
- ¹² Subsequently the *Kava Management Act*, 22 March 2001, 'An Act to prohibit and regulate the cultivation, manufacture, production, possession and supply of kava, to encourage responsible practices and procedures in relation to the possession, supply and consumption of kava and for related purposes'; Northern Territory, Treasury, Gaming and Licensing Division, *National Competition Policy, Review of the Kava management Act*, July 2002, p.12.
- ¹³ Frances Morphy writes of children getting drunk at the age of 12, consuming ganja and other drugs in Yirrkala, '... beginning the spiral down in the anomie and alienation'. She comments on an epidemic of suicide and attempted suicide among the young at Yirrkala and especially at Gunuyngara (Ski Beach), the settlement located close to the alumina processing plant: F Morphy, 'The future of the homelands in north-east Arnhem Land,' Centre for Aboriginal Economic Policy Research, Reconciliation Australia ICG Project Workshop with Northern Territory and Australian Government Partners, Darwin, 11 January 2005.
- ¹⁴ Northern Territory, Treasury, Gaming and Licensing Division, *National Competition Policy, Review of the Kava management Act*, July 2002, p.26. This 'reduction' in consumption is extremely dubious because the estimated consumption in 1997 was a range of 27 to 38 tonnes.
- ¹⁵ 2006 Kava Licensee's Conference, 29–30 November 2006, Yirrkala, *Report and Outcomes*, p.3.
- ¹⁶ A Clough, 'Kava's grip on NT communities must be loosened', ABC News, 29 August 2007, <http://www.abc.net.au/stories/2007/08/29/2018191.htm>.
- ¹⁷ AR Clough, BJ Currie, MW Yunupingu and K.M Conigrave, 'Action is required ...', pp.91–2.
- ¹⁸ AR Clough, BJ Currie, MW Yunupingu and K.M Conigrave, 'Action is required ...', pp 91–2.
- ¹⁹ 2006 Kava Licensee's Conference, p.1.
- ²⁰ Mark-ups in East Arnhem Land were already said to be seven or eight times those in Sydney in 2002: Evidence to Northern Territory, Treasury, Gaming and Licensing Division, *National Competition Policy, Review of the Kava management Act*, p.50.
- ²¹ Commonwealth Government, Department of Employment and Workplace Relations and the Local Government