

The Northern Territory Emergency Response and cannabis use in remote Indigenous communities.

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The Australian and international evidence clearly demonstrates that controls over availability are among the most effective means of reducing alcohol-related harm.¹ In recognition of this, additional restrictions on availability have been introduced as part of both the Commonwealth Government's Northern Territory Emergency Response (NTER) and the Northern Territory Government's Alcohol Management Plans.² However, it has been widely asserted in public debate – particularly by those opposed to them – that these restrictions have had the unintended consequence of diverting people in remote communities from alcohol to cannabis consumption and that as a consequence there is an epidemic of cannabis use in such communities.³

Generally, the international evidence is limited but indicates that the substitution of one drug for another is variable and complex, and not a simple one-to-one phenomenon.⁴ More specifically, there is a paucity of empirical data which could directly verify the assertion that cannabis has been substituted for alcohol as a consequence of the additional alcohol restrictions in the NT. However, while there may well have been some substitution, the increase in cannabis consumption was occurring *prior* to those restrictions. Such an increase was reported by Clough *et al.* in Arnhem Land in 2004 and by Putt and Delahunty in 2006.^{5,6} Furthermore, Putt and Delahunty reported such an increase in Queensland, WA and SA – jurisdictions that were not later subject to the NT restrictions.

Thus, while there *may* have been some substitution of cannabis for alcohol following introduction of the NTER restrictions and Alcohol Management Plans, it seems clear that the increase in use *cannot* be attributed primarily to these interventions. Furthermore, regardless of the cause, the problem needs to be addressed, but it will not be addressed simply by relaxing alcohol restrictions.

References

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