

NT: More cannabis use following intervention: study

By Tara Ravens

DARWIN, March 4 AAP - A move from petrol sniffing and alcohol to smoking cannabis is creating a whole new set of problems in remote Aboriginal communities, a new study shows.

The growing use of marijuana has also extended beyond youth to adults, says the report in the Australian Journal of Rural Health, using research from one Arnhem Land community in the Northern Territory.

The growth in cannabis use follows alcohol restrictions imposed by the federal intervention in the territory, and the roll-out of non-sniffable Opal fuel to combat petrol sniffing.

Report authors Dr Kate Senior and Dr Richard Chenhall, from the Menzies School of Health Research in Darwin, said marijuana was smoked at home and often had a more immediate impact on domestic violence and neglect than alcohol.

"The move from alcohol and petrol sniffing to marijuana use has created a new set of problems, many of which arise in the domestic setting, not outside the community," the report said.

"Rather than being a practice confined to distinct sub-populations - as was the case for drinking and sniffing petrol - marijuana use is widespread among both adults and youth."

As a result, Dr Senior said the prohibition of alcohol within the remote Aboriginal community "without any attendant efforts to address underlying social causes" had created a new set of problems.

"The existing marijuana market has grown and its use has extended beyond youths to include adults," she said.

According to national statistics, marijuana use is highly prevalent in Australia, with at least 11 per cent of the urban non-indigenous population using the drug.

This compares to 22 per cent of Aboriginal people.

"Current evidence suggests that rates of marijuana use may be much higher in remote indigenous communities throughout the Northern Territory," said Dr Chenhall.

"Efforts to control licit substances, such as alcohol, should address the dynamics of alcohol and drug use in totality, as well as interventions that are able to contend with the underlying social determinants of indigenous health."

Dr Chenhall said there was still a lot going on in Aboriginal communities that authorities did not know about.

"One of the most important things from our findings would be to sit down with community members and talk about marijuana issues in their community," he said.

"We know very little about what's happening out there, and I think talking to people, users, non-users in the communities is an important first step to understanding the problem and how we might respond."

As part of the commonwealth intervention, alcohol was banned in remote communities with harsher penalties for grog runners and restrictions on takeaway purchases.

But the report said efforts to control substances such as alcohol in remote communities needed to be addressed "in the context of the dynamics of alcohol and drugs" and taking into account the "underlying structural and social inequalities".

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