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Alcohol Policies and Legislation Review
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Dear Review Manager

SUBMISSION TO THE *ALCOHOL POLICIES AND LEGISLATION REVIEW* from the Deakin University Centre for Drugs, alcohol and addiction Research (CEDAAR)

Thank you for the opportunity to provide a submission to the Northern Territory (NT) Government's *Alcohol Policies and Legislation Review*.

Conditions around the availability of alcohol (especially the implementation of a minimum price for alcohol, a banned drinker's register and limits on bottle shop density and size) and restricting trading hours will decrease costs to the community. The evidence is overwhelming in regards to this and the reality is that the policies will succeed most in reducing expenditure on hospital beds and police cells. The measures proposed which decrease access to alcohol in the community, and particularly sales in bottle shops and supermarkets, and the reintroduction of the banned drinkers register, will lead to decreases in family and domestic violence (Gilmore et al., 2015). The evidence is also very clear regarding the long-term and intergenerational effects of family and domestic violence, of which 40-60% are alcohol-related (Miller et al., 2016). The proposed policies contained in the review will result in reductions, not only immediate harm, but in intergenerational levels of increased family and domestic violence which cost many billions of dollars and thousands of lives.

Moderate restrictions on the hours (e.g. 3 am) of service of alcohol has strong research backing for achieving reductions in violent events. Our studies have shown long-term positive benefit to local communities with little or no comparative cost. While other post-hoc measures such as CCTV, ID scanners and radio networks may have some benefit in the solution of crime (certainly a positive outcome), they are comparatively expensive and preventing harm from bashings, rapes and tragic injuries is a much better outcome (Miller, Curtis, Chikritzhs, & Toumbourou, 2015; Miller, Tindall, et al., 2012).

Most importantly, the Newcastle measures saw a DOUBLING of the number of licensed venues. People went out earlier and spent more money in the night-time economy. The same was seen in Kings Cross, where **more people were out** at midnight post interventions (http://www.smh.com.au/comment/flawed-city-of-sydney-report-fuels-alcohol-lobby-20160207-gmnmgg.html). These are the people spending money, not the ones clogging up hospitals and needing police attention.

Whilst patron banning has the potential to be an effective way of reducing alcohol-related harm, it is reliant on identification of banned individuals, without which enforcement of the ban cannot occur. Currently, there is not adequate evidence to support the effectiveness of patron banning as a means of reducing alcohol-related harm. However, if introduced alongside state-wide networked ID scanners, patron bans have better chance of an impact (Miller, Curtis, Palmer, Warren & McFarlane, 2016). This would allow banned persons to be identified on entry into any licensed venue across the state, preventing them from simply attending venues outside of the main entertainment precinct. However, it is important to note that simply banning problematic patrons from licensed venues is unlikely to change their behaviour, and instead patron banning would be best utilised as a way to identify high-risk individuals, and to divert them into interventions, focussed on substance use or aggression, which will be more likely to result in behaviour change (Zanhow, de Andrade, Ferris, Coomber & Miller, 2017).

Risk based licensing schemes have yet to receive adequate evidence to support their effectiveness. Existing literature on this policy highlights that the effectiveness of a risk based licensing framework is reliant on consistent monitoring and enforcement, and strong consequences including temporary and permanent closure, rather than small monetary fines currently utilised in other jurisdictions. Enforcement is of particular importance to the success of any risk based licensing scheme, given that such schemes usually incorporate a focus on compliance, with breaches of compliance resulting in increased fees. Without adequate monitoring, enforcement, and strong consequences for breaches, risk based licensing fees become another cost that can be absorbed in the annual cost of running the business.

The violent venues register in NSW, on the other hand, has some evidence for reducing rates of assaults in and around licensed premises. The violent venues register involves publicly listing licensed venues who have high rates of assaults, their trading hours restricted and had other conditions applied. Menendez, Tusell and Weatherburn ((Menéndez, Tusell, & Weatherburn, 2015) report that this may have contributed to the downward trend in assaults in New South Wales in 2008.

We would also note that the evidence regarding Liquor accords, although small, suggests that there is no demonstrable benefit in terms of harms such as police reported assaults or emergency department attendances (Curtis et al., 2017; Curtis et al., 2016; Miller, Sonderlund, et al., 2012). Indeed, the modern versions of Liquor Accords have been found to consume the resources of local stakeholders, especially police, while also being open to 'industry capture'. Recent reviews have suggested that potential benefits in terms of communication have long been redundant in the face of modern technology and social media platforms (Curtis et al., 2017; Miller, Curtis, et al., 2015).

It should also be noted that there is currently no evidence to support the provision of Sobering Up Shelters, nor is there any literature on the best practice for such shelters. As with Liquor accords, there is potential for these services to undermine the implementation of effective interventions while wasting community resources.

In addition to the proposed measures, we would recommend a number of additional interventions for consideration.

Improved data collection

A 'last drinks' monitoring system be implemented by police to mandatorily identify where persons involved in alcohol-related crime purchased and consumed their last drinks. This intervention has been found to significantly reduce alcohol-related harm in NSW (Wiggers et al., 2004; Wiggers, 2007) and forms the basis of the violent venues scheme (Menéndez et al., 2015).

More broadly, the capacity for our State and Territory health and legal systems to monitor alcohol-related harm is fundamentally flawed. Despite the burden that alcohol-related harms place upon primary service providers - and the demonstrable opportunity for health interventions within these settings - Australia's emergency health systems and first responders have no systematic method of logging alcohol-related cases, or comparing trends between service providers. This information deficit weakens efforts at public and individual level health interventions.

Alternative systems that offer improvements over current practice via mandatory data collection, data-linkage, and community data- sharing partnerships are available and successfully implemented internationally. Most prominent of these is the TASC Project from Wales, UK (Tackling Alcohol-related Street Crime Project; Florence, Shepherd, Brennan, & Simon, 2011; Shepherd, 2007b).

The TASC project was a multi-component effort. Apart from targeted policing of confirmed problematic venues, it also involved local council lobbying to influence alcohol policy and an extensive media focus on alcohol-violence, RSA training for hospitality staff and rehabilitation therapy for repeat offenders. The most important element of the intervention to emerge was the use of emergency department records to identify the sources of alcohol-related harm in the

community (Florence et al., 2011). Initially in Wales, and later in Scandinavia, studies matching data from emergency departments and police have shown that ***only a quarter to one third of violent incidents that result in treatment in an emergency department appear in police records*** (Sutherland, Sivarajasingam, & Shepherd, 2002). Florence et al. (2011) point out that even the most serious violence might not be known to the police. Indeed, 13 percent of shootings resulting in emergency department care in Atlanta, GA, were not included in city-wide police records (Kellermann, Bartolomeos, Fuqua-Whitley, Sampson, & Parramore, 2001). Therefore, using ED attendances as an additional, and possibly less biased, source of information about the sources of alcohol-related harm in the community has a substantive and convincing evidence base, more so when it is linked with police data (Florence et al., 2011).

This approach has been found very effective in reducing alcohol-related harm in Wales and England (Droste, Miller, & Baker, 2014), and is an effective injury prevention tool more broadly (Shepherd, 1996; Shepherd, 2007a; Shepherd, 2007b; Shepherd, Shapland, Pearce, & Scully, 1990; Shepherd, Shapland, & Scully, 1989; Shepherd, Sivarajasingam, & Rivara, 2000). The data collection method has been successfully trialled in Australia (Miller, Droste, Baker, & Gervis, 2015) and the intervention is now being trialled in Victoria, New South Wales, and the ACT (http://lastdrinks.info).

As such, we strongly endorse the **adaptation of Emergency Department data collection to include mandatory questions on:**

- **Location of event**
- **Have you consumed alcohol in the past 12 hours?**
- **Where was your last drink consumed?**
- **Where was the majority of the alcohol purchased?**

We would also recommend the systematic collection of illicit drug use data via the same methods, but potentially on a systematic selection of times, rather than of all arrestees/patients.

As reference material, we have attached journal articles and major reports generated by our research team along with a number of key peer-reviewed articles. Within the reports there are a wide range of recommendations for the implementation of further successful measures to reduce alcohol-related violence.

Thank you once again for the opportunity to raise these important issues with you.

Yours sincerely

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