NATIONAL ALLIANCE FOR
ACTION ON ALCOHOL

Submission on the review of alcohol policies and legislation in the Northern Territory

A preventable problem

Australians know this country has a drinking problem, and want action to stop things getting worse. A recent poll found that almost three-quarters of the population are concerned that this situation will not improve over the next five to ten years.[i] We also know that the Northern Territory has the highest rates of alcohol harm in this country, with some of the highest consumption rates globally.

The adverse effects of alcohol consumption are enormous:

- Alcohol plays a role in an extraordinary range of health problems, including cardiovascular disease, cancers, diabetes, nutrition-related conditions, overweight and obesity as well as the immediate impacts of alcohol for both the drinker and others.[ii]
- The harms to others from somebody's drinking are often indiscriminate and far reaching, ranging from random acts of drunken violence to child maltreatment.[iii]
- The total cost of alcohol problems in Australia each year exceeds $36 billion, including the cost to the health system, law enforcement, lost productivity in the workplace, and the pain, suffering and harms to drinkers and those around them.[iv,v]
- Indigenous Australians experience disproportionate rates of alcohol-related harm. Mortality rates from alcohol-related diseases are 4-times higher among Indigenous than non-Indigenous populations.[vi]
- In young people, drinking can adversely affect brain development and lead to alcohol-related problems in later life.[vii]
- Alcohol can trigger or worsen pre-existing mental health conditions (e.g. anxiety, depression, schizophrenia).[viii]
- Alcohol is a substantial factor in fatal road crashes in Australia.[ix]
- Nearly half of all homicides in Australia are preceded by alcohol consumption, either by the victim or the offender.[x]
- Prenatal exposure to alcohol can result in Fetal Alcohol Spectrum Disorders (FASD), leading to learning difficulties, a reduced capacity to remember tasks from day to day, anger management and behavioural issues, impaired speech and muscle coordination, and physical abnormalities in the heart, lung and other organs.[xi]

The NAAA sees this huge toll from alcohol as completely unacceptable because much of it is preventable. No medical breakthroughs are required for a solution. There is already ample scientific evidence and expertise to guide the policy action needed to prevent alcohol related harm.

The NAAA's Alcohol Policy Scorecard provides an assessment of how well Australian states and territories are currently working to reduce alcohol related harm and where their efforts can be strengthened.

Governments have important roles to play in minimising harm from excessive alcohol consumption. State and territory governments' main responsibilities include: regulation of the physical availability of alcohol; modifying the drinking environment; drink driving countermeasures; delivering treatment and early intervention programs; and, regulation of marketing on public transport and on- and off-licence promotions. Policy areas where both Federal Government and state and territory governments can be active include: developing whole-of-government strategic plans; education and persuasion; data management and research; and, developing transparent and independent policy. It should be noted that local government also has some important responsibilities for alcohol policy in Australia relating to land use planning and social planning, community safety, event and facilities management, and liaising with and supporting local businesses and communities. State and territory governments can facilitate local governments in the discharge of many or all of these responsibilities.

With alcohol issues in the Northern Territory having been recognised long before now, numerous approaches have been tried in the past, with mixed success. However, the common theme has been that of short-term, piecemeal strategies, without adequate time and financial resourcing for the monitoring and evaluations required for effective, evidence-based approaches to be supported.

This current review of both policies and legislation provides an opportunity to establish a comprehensive and integrated package of policies and programs to make a real difference in the Northern Territory. Risky alcohol consumption and the harms associated with it is a whole-of-population problem in the Northern Territory, and requires population level approaches. Using the principles of harm minimisation in line with the Australian Drug Strategy, such a package would need to address supply reduction, demand reduction and harm reduction. Strategies must recognise the social determinants of health including social exclusion and racism, housing, education, employment, poverty, and early childhood development.

Supply reduction

- Temporary Beat Locations (TBLs), while controversial, appear to have had some success [xii] and should be formally evaluated.
- The Banned Drinkers Register (BDR), linked to identification scanning at the point of sale, should similarly be resourced for a comprehensive evaluation. Given the early evidence that it works to reduce harmful drinking, it should be reinstated with a clear evaluation strategy in place.
- Wholesale alcohol sales data is an important measure of alcohol supply and consumption, and should be maintained in the Northern Territory [xiii].
- Liquor accords are not supported by existing evidence as being effective [xiv] and may detract from support for other strategies whose effectiveness is proven [xv].
- The Northern Territory is the only jurisdiction in Australia with no annual fees for liquor licences, and the fee which does apply is the lowest in the country. In line with other jurisdictions, annual liquor licence fees, indexed annually, should be introduced with revenue funding the administration of the system, monitoring and enforcement of licencing and harm reduction approaches.

- Risk-based licencing, whereby fees are determined by the likely risk of harm of the venue, has been successfully introduced in other jurisdictions and should be considered for the Northern Territory.
- It is critical that local communities are able to have real input into licensing decisions. This should be facilitated by genuine notification and consultation with residents in an area. This includes a clearly visible and simple process for community members to raise objections. It also requires transparent decision-making process so that community members have faith that their concerns will be respected. The problems from excessive alcohol consumption do not have strict geographical boundaries, and the ability to object to a license should not be geographically limited.
- There are currently no standard trading hours, with hours determined during the licence application process on a case-by-case basis. Alcohol-related harm such as assaults have been successfully reduced through modest restrictions on the availability of alcohol through late-night liquor outlet trading hours [xvi]. Trading hours in the Northern Territory should be reviewed accordingly, and standardised to ensure consistency. The standard trading hours should represent a maximum, with shorter hours traded where appropriate according to risk.
- Trading restrictions such as one take-away free day per week in areas of high risk should be considered.
- Liquor licence density is associated with violence and injury [xvii, xviii]. The density of liquor licences should be monitored and reduced, with measures such as cluster control strategies and licence buy-backs to limit high density areas.
- With online purchase and delivery of alcohol increasing, regulation must keep up. Currently, there is a lack of regulation around online purchases, which needs to be rectified, to ensure that responsible service of alcohol provisions such as proof of age, and refusing sale to intoxicated individuals are maintained.
- Regulation of liquor licencing must be independent of political and industry interests, and have a harm reduction objective.
- Compliance of liquor licences must be monitored, with appropriate sanctions in place for breaches including suspension and revocation.

Demand reduction

Demand reduction needs to consider the underlying social determinants of health. Problematic alcohol use is both a cause and a symptom of social disadvantage, so if this is not addressed, restrictions on the availability of alcohol may simply result in substitution for another substance. Significant progress in reducing demand for alcohol and reducing alcohol-related harms can be made through a comprehensive approach to addressing social disadvantage and social determinants of health.

- Health education campaigns can build the community's knowledge about risky-alcohol consumption, and preparation for legislative and regulatory change. Such campaigns should be adequately funded, sustained, independent of the alcohol industry, and included messages addressing long-term harms of alcohol and information about low-risk drinking guidelines. [xix]
- The Banned Drinkers Register (BDR), linked to identification scanning at the point of sale, should similarly be resourced for a comprehensive evaluation.
- Recent prices in the Northern Territory indicated that alcohol was available for purchase at a lower price than bottle water [xx]. Minimum pricing is a highly effective strategy for reducing

alcohol consumption, [xxi, xxii] is non-discriminatory and immediate. The NT's Liquor Act should be amended to allow the price of alcohol to be set, and an indexed minimum price to be set at approximately $1.50 per standard drink.

- Taxation on alcohol based on the alcohol content, with differentiated rates for products of different strengths, is considered the most effective taxation method for reducing alcohol harm. [xxiii, xxiv] The Northern Territory Government should advocate to the Commonwealth for the Wine Equalisation Tax to be abolished and a volumetric tax applied to all alcohol products.
- Independent regulation of advertising and promotion of alcohol, particularly to young people, is required, with appropriate sanctions, to counter the negative effects of alcohol advertising on young people's attitudes and drinking behaviours. [xxv, xxvi] In conjunction with minimum pricing, this regulation would prohibit harmful price discounting.
- The influence of the alcohol industry must be curtailed through a ban on political donations from all alcohol industries and representatives.

Harm reduction

- Adequate funding should be provided for the full implementation of the recommendations in the 2015 report of the Northern Territory's Select Committee on Action to Prevent Foetal Alcohol Spectrum Disorder.
- Treatment for alcohol and other drugs is cost effective, with a 7:1 return. [xxvii] The availability of treatment services should be increased and allow a range of options in recognition of the diverse needs of clients and their families. This must include increasing the availability of culturally appropriate treatment programs, including diversionary programs for Aboriginal and Torres Strait Islander clients.
- The Alcohol Mandatory Treatment (AMT) program criminalised a medical problem, was costly and lacked an evidence-base for long-term health benefits, and should not be re-introduced. [xxviii]
- Locally driven Alcohol Management Plans (AMPs) have the benefits of being voluntary and including a range of activities and resources suited to issues in the local community, and building on their strengths. AMTs should be utilised in areas where a need has been identified and agreed upon, with assessment and implementation through the Northern Territory Government.

A public health approach focusing on prevention is required for the health issues associated with alcohol. Community engagement is essential for the success of alcohol harm minimisation strategies, with an awareness of the significant harm to all members of the community. All approaches need to be supported by adequate resourcing for monitoring and evaluation to ensure that effective strategies are maintained.

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About the National Alliance for Action on Alcohol:

The National Alliance for Action on Alcohol (NAAA) is a national coalition representing more than 40 organisations from across Australia. NAAA's members cover a diverse range of interests, including public health, law enforcement, local government, Aboriginal and Torres Strait Islander health, child and adolescent health, and family and community services.

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