SUBMISSION TO REVIEW OF NORTHERN TERRIT0RY ALCOHOL POLICIES AND LEGISLATION

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INTRODUCTION: THE ALCOHOL AND DRUG FOUNDATION

Founded in 1959, the Alcohol and Drug Foundation (ADF) has contributed nearly 60 years of continuous service to the community. The ADF is one of Australia's leading bodies working to prevent alcohol and other drug problems in local communities around the nation. It is one of the few national, primary prevention-focused organisations in the alcohol and drug field.

Our focus is prevention and early intervention and our strategies include community action, health promotion, education, information, policy, advocacy and research. Our vision is an Australia that is composed of 'Healthy People, Strong Communities'.

The ADF is working towards alcohol culture change through the provision of information and education services, community capacity building programs and advocacy. We reach millions of Australians through our work in the home, in the workplace and in grassroots community and professional sporting clubs.

The ADF is the pre-eminent national source of accurate, up-to-date, high quality information regarding alcohol and other drugs, accessible free of charge for all community members. Our telephone, email and web drug information services receive over a million contacts each year. The ADF also conduct regular seminars and webinars which attract members of the general public, professionals working in the AOD field, researchers, academics and policy makers, as well as hosting other information and education events.

We have developed alcohol harm reduction programs for workplaces (Good Hosts, ADF Inform, Workplace Consultancy Services) that have been implemented in over 40 Australian workplaces, including the Australian Defence Force, Comcare, RioTinto, St George Bank, NRMA, local government, and the tertiary education sector.

We are active in community and professional sport. Our multi-award winning *Good Sports* program has transformed the drinking culture of thousands of community sport clubs, assisting them to become healthier, safer and more family friendly places.

We are committed to social inclusion and closing the gap in health and life expectancy between Indigenous and non-Indigenous Australians through partnerships and collaborations with Indigenous communities across the country.

While we work to address all types of drug related harm, our main focus is on alcohol because of its major contribution to personal and social harms and overall cost to the Australian community compared to other drugs. Alcohol is second only to tobacco as a preventable cause of drug-related harm in Australia.

RECOMMENDATIONS

RECOMMENDATION 1. The Liquor Act should be amended to prohibit the sale of liquor for off-premises consumption (packaged liquor) after 10.00pm without exception. This should apply to all licence categories that currently supply alcohol for off-premises consumption after 10pm

RECOMMENDATION 2. The Liquor Act should be amended to prohibit the supply of liquor for on-premises consumption beyond ordinary trading hours after 2.00am without exception.

RECOMMENDATION 3. The NT should seek to reduce the density of on-premise and off-premise liquor outlets and apply a strict public interest test to all applications for new or varied licences.

RECOMMENDATION 4. The NT should not expect Liquor Accords to contribute to a reduction in risky drinking or a reduction in any of the adverse consequences of risky drinking.

RECOMMENDATION 5. Indigenous people should lead efforts to reduce harmful alcohol use and the associated harms in Indigenous communities. They should be supported by health professionals to act on evidence-based interventions that are modified to incorporate culturally specific practices where appropriate.

RECOMMENDATION 6. The NT Government should reinstate the Banned Drinkers Register, the Alcohol and Other Drugs Tribunal and the SMART Court.

RECOMMENDATION 7. The NT Government should give priority to culturally sensitive actions to prevent FASD within Indigenous and disadvantaged communities and provide early interventions to ameliorate the effects of FASD.

RECOMMENDATION 8. That the NT Liquor Act be amended to require all servers of alcohol to be formally trained in the Responsible Service of Alcohol

RECOMMENDATION 9. That the NT adopt a Risk Based Liquor Licensing system

RECOMMENDATION 10: That the Liquor Act be amended to enable regular review of all licensed venues to determine whether the licence should be renewed or discontinued.

RECOMMENDATION 11. That the NT establish a Community Defenders Office to support the participation of community members in liquor licensing processes.

ADF ROLE IN THE NORTHERN TERRITORY

GOOD SPORTS

The Good Sports program is a preventive health initiative implemented through voluntary community sporting clubs and assists clubs to be healthier, safer and family friendly. The core Good Sports program has been helping community sporting clubs to control the use of alcohol and to promote community safety for two decades. A randomised control trial showed the Good Sports program reduces the likelihood of risky drinking (by 37%) and alcohol related harms (by 42%) in community sporting clubs. (Kingsland, et al., 2013) Additional benefits include positive role modelling through coaches and senior players, increased community engagement and support, participation in sport, and development of amenity.

Good Sports NT is positioned strongly within the peak sporting structure in the Northern Territory. We are currently working with thirty-nine different sports, including peak sporting bodies and associations, to reduce harm caused by risky alcohol and other drugs. We focus on priority sports which represent both the potential for most harm from risky use of AOD and the best opportunity to facilitate change. These priority sports are AFL, Rugby League, Rugby Union, Football (soccer), Cricket, Netball, Basketball and Hockey.

Our partnerships strengthen the capacity of sport to influence behaviour change more broadly through their membership and media networks in line with the principles of the Good Sports framework. In 2015 and 2016 we partnered with AFL Central Australia. This focused our resources on the major priority sport of AFL in the priority location of Central Australia, where the risks of alcohol and drug related harm are significant due to the percentage of young males participating in the sport and the socio-economic and cultural disadvantage prevalent in this region. This partnership provided the platform for Good Sports to achieve significant reach throughout Alice Springs and the surrounding remote communities. The objective of engaging existing Good Sports clubs and encouraging new enquiries significantly exceeded with 80% of the AFL clubs participating in the Premier League competition achieving Level 2 Good Sports accreditation.

To broaden this work and strengthen health outcomes in Indigenous communities, we have recently partnered with the Central Australian Aboriginal Health Congress to deliver and evaluate a program delivery model which will provide leadership and resources to facilitate primary prevention interventions for up to 2000 male and female community members, through structured football and other sporting programs.

Good Sports NT also partners with local councils to enhance club engagement in the Good Sports program and achieve shared community health outcomes. Our joint action plan with the City of Darwin has engaged more Darwin based clubs in 2017 and will continue to do so through the Healthy Darwin Program and the City of Darwin's liquor licence approval processes. Through this partnership from 2017 the City of Darwin approval for special continuing liquor licences will be contingent on the sporting club being accredited as a Level 2 Good Sports club (or willing to work to become accredited at Level 2).

LOCAL DRUG ACTION TEAMS

In December 2016 the ADF implemented the national Local Drug Action Teams (LDAT) program. The LDAT program is funded by the Australian Government as part of the response to the Final Report of the National Ice Taskforce 2015 and the 2015 National Ice Strategy. This innovative work provides a platform and resources to support communities to develop and deliver evidence-informed social change projects that prevent and reduce alcohol and other drug harms and issues.

Under this program local organisations and groups collaborate to form an LDAT. When they have established a partnership and identified local priorities, they can apply for funding for between 1-4 years. Communities with high levels of unemployment, population growth, social disadvantage and those with a significant Indigenous population are a priority for the LDAT program. Their plans are expected to include action on school retention; pathways to employment; increased access to mental health services, support for young parents, though they are not limited to those issues.

The ADF provides LDATs with leadership, support, access to strategies that have worked in other communities, and training to build capacity within the partnerships. LDATs are required to align their local community action plans to broader social and health plans of local, regional or state authorities. LDATs typically include combinations of non-government organisations, community groups, local government, police, sporting clubs and health services.

At present one LDAT is operating in the Territory: the Central Australian Aboriginal Congress Aboriginal Corporation at Alice Springs has support from the LDAT program. More LDATs are expected to be formed in communities throughout the Northern Territory as the program develops.

REVIEW TERMS OF REFERENCE

The ADF is pleased to respond to the Review of Alcohol Policies and Legislation in the Northern Territory. The purpose of the review is to develop an integrated harm reduction framework based on the recommendations of the Expert Advisory Panel. The panel will consider broad policy and legislative matters as well as some key matters, as follows:

Alcohol Policy

1. analyse and assess the Northern Territory' alcohol policies, their implementation and effectiveness
2. consider best practice policies from other places and how they would translate to the Northern Territory
3. advise the government on the development of an evidence based alcohol harm reduction framework

Alcohol Legislation

1. consider best practice liquor and related legislation from other places and how it would translate to the Northern Territory
2. advise the Government on reforms that could be considered in relation to the Northern Territory's Liquor Act

In addition, the Issues Paper nominates several key matters for consideration of the Expert Advisory Panel

- Evidence based policies required to reduce alcohol-fuelled crime
- Ensuring safe and vibrant entertainment precincts
- Alcohol service provisions and management in remote communities
- Decision-making under the Liquor Act
- The density of liquor licenses and size of liquor outlets

CONTEXT: ALCOHOL IN THE NORTHERN TERRITORY

The ADF believes it is significant for the Minister for Health to note the Northern Territory (NT) has the highest alcohol consumption in the country and that alcohol has an alarming impact on the lives of people in the Territory. In 2011/12 the NT's per capita alcohol consumption was 13.27 litres of pure alcohol compared to the national per capita consumption of 10.04 litres (Loxley, Gilmore, Catalano, & Chikritzh, 2016). In specific areas of the NT, consumption is even higher as at Katherine, where per capita consumption is 21.1 litres of pure alcohol per year (KRAG, 2013).

The Minister's statement conceded that alcohol in the NT causes 'significant levels of violence and crime', 'excessive rates of road accidents, assaults, injuries, illnesses and deaths', and 'high rates of alcohol-related domestic violence and child neglect' (Fyles, 2017). This level harm in the Territory cannot be acceptable and extensive reform of the policies and legislation governing the ways alcohol is supplied and sold is required. The Minister for Health is right to state that 'alcohol abuse is the biggest single social issue that the Territory faces' and the ADF looks forward to the NT Government taking serious steps 'to build a safer and stronger Territory' (Fyles, 2017).

As a toxic substance that is implicated in 5500 deaths and 170000 hospital admissions in Australia each year, the sale and supply of alcohol is deserving of robust regulation (Gao, Ogeil, & Lloyd, 2014). Governments can reduce much of that harm by placing reasonable controls on the sale and consumption of alcohol. The critical role of liquor licensing and related legislation in that regard was recognised by the Victorian Auditor-General's Report into Effectiveness of Justice Strategies in Preventing and Reducing Alcohol-Related Harm which concluded that "[a] fundamental change in approach to strategy development, licensing and enforcement is required before any noticeable impact on reducing harm is likely" (Victorian Auditor-General, 2012).

KEY MATTERS

The Issues paper nominates several key matters for consideration of the Expert Advisory Panel

- Evidence based policies required to reduce alcohol-fuelled crime
- Ensuring safe and vibrant entertainment precincts
- Alcohol service provisions and management in remote communities
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INTERRELATIONSHIP OF KEY MATTERS

The five key matters are interrelated: the incidence of alcohol-related crime, which includes assault and sexual assault, is a direct determinant of safety within entertainment precincts; in turn, the density of alcohol outlets and the quality of service provision within those precincts, influences levels of intoxication among patrons that facilitates and results in aggressive behavior. The terms of the NT Liquor Act and the decision making that it empowers, can contribute to reducing the incidence of intoxication, and by extension the incidence of crime, not only within entertainment precincts but in domestic precincts as well.

The relationship between alcohol and crime is extensive: 'crime' is a broad category that includes offences such as vandalism, offensive behaviour, drink driving, various forms of violence (assault, aggravated assault, sexual assault) and homicide (Miller P., The role of alcohol in crime and disorder, in Prevention Research Quarterly, 18, ADF.2012). Assault can incorporate violence directed toward strangers, toward intimate partners and other family members, and forms of child abuse, maltreatment and neglect (Dawe, Hartnett, & Frye, 2008).

In statistical terms alcohol is implicated as a factor in 40% of homicides (Dearden & Payne, 2009), 30% of road fatalities (Morgan & McAtamney, 2009) and 38% and between 23% and 73% of all recorded assaults The role of alcohol in in the commission of criminal acts is underscored by the finding that 43% of people detained by police believe alcohol was a contributor to their offending behaviour (Australian Institute of Criminology, 2008). The facilitating role of alcohol in violence is suggested by the finding that a BAC of 0.11 is reported among participants in conflicts that occur without violence, whereas violence is more likely to occur when participants have a BAC of 0.19 (Murphy, O'Farrell, Fals-Stewart, & Feehan, 2001). This finding supports the notion that policy should try aim to prevent severe intoxication.

PSYCHO-PHARMACOLOGICAL EFFECT OF ALCOHOL

The psycho-pharmacological effect of alcohol is an important trigger for uninhibited behavior (Graham, Osgood , Wells, & Stockwell, 2006) (Boyle, Mortensen, Gronbaek, & Barefoot, 2008). Alcohol has a disinhibiting effect which can produce increased impulsivity, recklessness and risk-taking; a reduction in anxiety or fear regarding social or physical sanctions or danger; heightened emotionality; and narrowing of the perceptual field (Graham & Homel, 2008) (Wells, Graham, & Tremblay, 'Every male in there is your competition': young men's perceptions regarding the role of the drinking setting in male-to-male barroom aggression, 2009). This effect undermines the drinker's ability to assess and resist situations they otherwise might avoid when not affected by alcohol and can result in adverse consequences. In short, acute alcohol intoxication is often predictive of aggressive responses and violence (Miller, Tindall, Sonderlund, & al, 2012) (Wells, Tremblay, & Graham, 2013). Intoxication cannot excuse violent behavior, as many instances of intoxication occur without the incidence of aggression or assault. Nevertheless extensive research evidence has shown that liquor licensing policies can moderate the risk of intoxication and subsequent, related, reckless and criminal behavior.

CRIMINALITY IN AND AROUND LICENSED PREMISES

High availability of alcohol promotes increased consumption within communities (Livingston, 2011; Livingston, Chikritzhs, & Room, 2007). Increased availability is associated with a range of adverse consequences, including heavy drinking, violence, chronic disease and family violence (Livingston, 2011; Gruenewald, 2007), as well as child abuse and neglect, sexually transmitted diseases and greater access to alcohol by young people (Gruenewald, 2007).

Researchers agree that reducing the availability of alcohol will significantly improve public health and safety outcomes (Stockwell & Gruenewald, 2004). Consumption is discouraged as the average drinker needs to make to more effort, in time and distance travelled, to gain a supply of alcohol (Livingston, Chikritzhs, & Room, 2007).

DOMESTIC AND FAMILY VIOLENCE

Risky alcohol use increases the likelihood of family violence and the severity of the harms associated with family violence. This association is recognised by the World Health Organization (WHO) (World Health Organization, 2006)

and the recent Royal Commission into Family Violence in Victoria (State of Victoria, 2016). In Victoria alcohol has been implicated as a factor in up to 53% of reported family violence incidents in Victoria (Sutherland, McDonald, & Millsteed, 2016). Australian and international research has found that the number and density of liquor outlets in a particular geographic zone, particularly of packaged liquor outlets, is associated with increased consumption of alcohol and the occurrence of family violence (Livingston, A longitudinal analysis of alcohol outlet density and domestic violence, 2011) (Morrison, et al., 2016). Of additional significance is the concentration of packaged liquor outlets in areas of socio-economic disadvantage (Livingston, Using geocoded liquor licensing data in Victoria: The socio-economic distribution of alcohol availability in Victoria, 2011) (Livingston, The social gradient of alcohol availability in Victoria, Australia, 2012).

Family violence has long term consequences for the children who witness such violence as they are likely to experience depression, anxiety, low self-esteem and impaired cognitive functioning. A recent government report on childrens' health, *The State of Victoria's Children*, determined that early negative experiences can compromise a child's long term neurological development, with devastating effects on learning and physical and mental health (Department of Education and Training, 2016).

Children in abusive families are five times more likely than other children to exhibit behavioural or emotional problems which can compromise their psychosocial development, cognitive capacity and educational development, as measured by a lower attainment in NAPLAN testing in year 3 (Department of Education and Training, 2016). A child who witnesses family violence is on the highest rating of vulnerability and equal to a child who is actually abused (Department of Education and Training, 2016). Current alcohol related family violence contributes to future domestic violence through the transmission of intergenerational trauma and the establishment of norms and expectancies in the rising generation.

REDUCING DOMESTIC AND FAMILY VIOLENCE

The NT *Liquor Act* should be used to contribute to reducing the risk of family violence by encouraging less aggressive forms of drinking, by males in particular, and by reducing known drivers of aggressive behaviour during drinking sessions in all locations. It follows that policies that reduce the incidence and level of heavy drinking will reduce the incidence and level of intoxication and in turn should reduce the incidence and severity of family violence.

The incidence of alcohol related violence in and around licensed venues has been demonstrated to be greater when on-premise venues engage in late night/early morning trading and extensive evidence links the number and density of packaged liquor outlets with increased domestic consumption and family violence.

The Liquor Act can lower the incidence of heavy drinking, and subsequent adverse consequences including the incidence of family violence, by more thorough regulation of the availability of alcohol. More thorough regulation includes reductions in trading hours, ending the practice of discounting the price of packaged alcohol, and reducing the density of liquor outlets. These measures will reduce risky drinking, alcohol problems and harms while enabling Territorians to continue having liberal access to alcohol.

RECOMMENDATION 1. The Liquor Act should be amended to prohibit the sale of liquor for off-premises consumption (packaged liquor) after 10.00pm without exception. This should apply to all licence categories that currently supply alcohol for off-premises consumption after 10pm

ENSURING SAFE AND VIBRANT ENTERTAINMENT PRECINCTS

Safer entertainment precincts require less risky consumption of alcohol within on-premises venues including hotels, nightclubs and bars. Less risky forms of consumption will reduce intoxication, uninhibited and reckless behavior and the subsequent harms. Two tested strategies for reducing risky and harmful drinking are restrictions on trading hours, resulting in earlier closing times, and lowering the density of liquor outlets.

REDUCTION OF TRADING HOURS

A large body of Australian and international research has established a strong relationship between liquor outlet trading hours and levels of alcohol-related harm (Manton, Room, Giorgi, & Thorn, (eds.) 2014). A Norwegian study that encompassed changes in late night trading in 18 cities found that for every additional hour of trading, there is a 16 per cent increase in assaults, and for every hour of reduced trading there is a 20 per cent reduction in assaults (Kypri, Jones, McElduff, & Barker, 2011).

Recent Australian studies support that finding:

- A study in Newcastle, New South Wales found that changing liquor outlet closing times (from 5am to 3am and then to 3.30am) produced a 37 per cent reduction in assaults between 10pm and 6am compared to a control area. In empirical terms, having the outlets close earlier saved 33 assaults per quarter (Miller, Tindall, Sonderlund, & al, 2012)
- An evaluation of interventions in Sydney Central Business District and Kings Cross, including last drink service at 3am, found that the interventions resulted in a 45.1% per cent reduction in non-domestic assaults in Kings Cross and a 20.3% per cent reduction in Sydney CBD, while most proximate areas showed no increase in assaults (Bureau of Crime Statistics and Research, 2016).

RECOMMENDATION 2. The Liquor Act should be amended to prohibit the supply of liquor for on-premises consumption beyond ordinary trading hours after 2.00am without exception.

OUTLET DENSITY

Research in Australia has shown associations between liquor outlet density and rates of alcohol related hospitalisations, police records of family violence and incidence of alcohol-specific disease 57-9. Longitudinal research over ten years in Melbourne found that a 10 per cent increase in in the density of packaged liquor outlets was associated with approximately 3.3 per cent increase in domestic assaults (Livingston, A longitudinal analysis of alcohol outlet density and domestic violence, 2011). Each new packaged liquor outlet per 1000 residents within a postcode increased family violence by an average of 29 per cent. A cross sectional study in Western Australia incorporated measures of alcohol density and volume of alcohol sales. This study concluded that the major variable that influenced levels of violence associated with packaged outlets was the amount of alcohol sold by the outlet (Liang & Chikritzhs, 2011). Australian research shows that packaged liquor sales contributes to harm within entertainment precincts due to the practice of 'preloading' (drinking at home prior to going out) and 'sideloading' (drinking packaged liquor during a night out) (Miller, 2013). A majority (60 per cent) of people presenting at regional Victorian hospital emergency rooms for alcohol rated reasons had purchased their last drinks from a packaged liquor outlet. Victorian study found that packaged liquor outlet density was associated with higher levels of violence in suburban zones whereas on-premises density was associated with higher incidence of violence A study in California of changes in packaged liquor density over a period of six years was associated with levels of child maltreatment.

RECOMMENDATION 3. The NT should seek to reduce the density of on-premise and off-premise liquor outlets and apply a strict public interest test to all applications for new or varied licences.

LIQUOR ACCORDS

Liquor Accords are voluntary agreements entered into by key stakeholders of the local liquor industry. Typically, Liquor Accords aim for participants to communicate and cooperate in sharing knowledge and improving business practices, to improve the safety and amenity of the venues and surrounding areas, with the primary objective of minimising alcohol-related harm in their communities (Manton, Liquor Accords: Do They Work?, 2014). While few Accords have been evaluated, there is no evidence in the existing literature that they are effective in reducing alcohol related harms (Curtis, et al., 2016). In a recent study, Curtis and colleagues found that despite the presence of the Geelong Liquor Accord, emergency department presentations for alcohol-related assaults in Geelong rose consistently between the years 2005-2009.

Accords involve participants regularly meeting to find practical solutions to liquor-related problems. However as membership is voluntary and no sanctions exist for non-compliance with Accord agreements, Liquor Accords struggle to achieve substantial outcomes. In a study of 46 stakeholders from two major Accords, Curtis *et al* (2016) found that issues discussed at the meetings rarely was resulted in action. While some accords have implemented programs to support alcohol education in schools (Manton 2014, p160), they are often reluctant to implement policies, such as reduced opening times, that may reduce their revenue and profits (Curtis *et al* 2016). Despite the best intentions, based on the experience of Liquor Accords throughout Australia, there is no reason to believe that Liquor Accords will be successful in reducing alcohol related harms.

RECOMMENDATION 4. The NT should not expect Liquor Accords to contribute to a reduction in risky drinking or a reduction in any of the adverse consequences of risky drinking.

ALCOHOL WITHIN INDIGENOUS COMMUNITIES

The impact of alcohol upon Aboriginal and Torres Strait Islander populations is well documented: excessive consumption of alcohol is directly and indirectly responsible for high rates of mortality and morbidity. It is implicated in a multitude of acute harms such as injury, motor vehicle accidents, and antisocial behaviours including assault, street violence, domestic violence, homicide and suicide and is a contributor to family breakdown (DHA, 2012) DHA reports Aboriginal and Torres Strait Islander people are four times more likely to be hospitalised for alcohol use. Alcohol is the fifth leading cause of disease among Aboriginal and Torres Strait Islander Australians and the burden of disease that is attributable to alcohol among Aboriginal and Torres Strait Islander people is twice the level of non-Aboriginal and Torres Strait Islander Australians (MacRae et al., 2013).

Major contributors to the burden of disease for Aboriginal and Torres Strait Islander people are 'injury, mental disorders and cancer' (MacRae, et al., 2013). Excessive acute or chronic alcohol use is implicated in each one of those factors. The gap in life expectancy between Aboriginal and Torres Strait Islander people and non-Aboriginal and Torres Strait Islander people highlights the inequity of health outcomes in Australia. Aboriginal and Torres Strait Islander men can expect to live for 67.2 years and Aboriginal and Torres Strait Islander women for 72.9 years, which in each case is a decade less than the average for non-Aboriginal and Torres Strait Islander Australian men and women (ABS, 2006).

The rate of alcohol related deaths among Aboriginal and Torres Strait Islander youth aged 15–24 years is estimated at almost three times higher than for non-Aboriginal and Torres Strait Islander youth. In 2003, the Indigenous population made up 2.4% of the total Australian population; however even with its much younger age structure, the Indigenous Australian population carried 3.6% of the total burden of disease (Vos, Barker, Stanley, & Lopez, 2003) and alcohol use was responsible for 8.3% of the total burden of disease among Aboriginal and Torres Strait Islander people with a further 22% of total burden of disease attributed to mental and substance use disorders, injury (19%) and gastrointestinal diseases (15%) (AIHW, 2016). The NT had the highest Aboriginal and Torres Strait Islander death rate from alcohol (37 per 100,000) which was 5.1 times the rate for non-Indigenous people in the NT (Australian Indigneous HealthInfoNet, 2016). Alcohol related harm, which includes chronic disease, accidents and injury, is not limited to the drinker, but extends to families and the broader community (National Health and Medical Research Council, 2009).

THE STRONGER FUTURE LEGISLATION

The Northern Territory National Emergency Response Act 2007 (NTNER Act) modified existing law and prescribed a range of areas in the NT into which it is an offence to take alcohol, or be in possession or control of alcohol, or consume or sell alcohol, with limited exceptions in certain licensed premises (Parliamentary Joint Committee on Human Rights, 2016). The prescribed areas applied to most Indigenous land in the NT. The Stronger Futures legislation introduced in 2012 which superseded the NTNER continued these restrictions turning the areas into 'alcohol protected areas (APAs) under individual governance.

When the Stronger Future measures were introduced it was intended that communities subject to existing restrictions would be transitioned to community-driven alcohol management plans (AMPs) in direct consultation with the community (FARE, 2016). The Stronger Futures Act set out a process by which a person or group could apply for approval of an AMP and encourage solutions to be developed at the local level in accordance with specific need (Parliamentary Joint Committee on Human Rights, 2016). This process was intended to allow communities to play an active role in continuing to reduce alcohol related harm and to tailor community specific solutions.

ALCOHOL MANAGEMENT PLANS

The term 'restricted area' or 'dry area' as used in the context of alcohol consumption in general, refers to an assortment of by-laws, regulations and statues which restrict or ban the consumption of alcohol within a certain area.

The restrictions may apply continuously or for a designated time period; may encompass all or only some types of alcohol; and there may be provision for certain people to be exempted (Stronger Futures, 2012).

Currently, there are more than 50 areas in the NT where alcohol is totally prohibited under the Stronger Futures Act (2011). The Act provides that AMPs must meet five minimum standards:

1. Consultation and engagement
2. Managing the alcohol management plan
3. Alcohol management plan strategies – supply, demand and harm reduction
4. Monitoring, reporting and evaluation
5. Clear geographical boundaries.

The Australian Government and Northern Territory Government are expected to work with Aboriginal communities to develop and implement AMPs (Australian Government, 2013). Alcohol Management Plans (AMPs) are based on the principle of harm minimisation and include supply, demand and harm reduction measures. The AMPs are designed to facilitate the empowerment of local communities to develop solutions most appropriate at a local level. (Smith, et al., 2013)

Evaluations of AMPs has shown variable results but in some cases they have recorded notable improvements: AMPs are reported to have reduced alcohol consumption significantly in Alice Springs; reduced alcohol related injury rates in Cape York; and reduced alcohol related violence at Groote Eylandt and Bickerton (Smith et al., 2013). However, an evaluation of an AMP at Katherine revealed an initial decrease in alcohol related problems followed by an increase in harm at a rate higher than rates prior to the AMP (Smith, et al., 2013). A review of AMPs concluded that they were most effective when they were established with a high level of involvement of local people and when the interventions adopted by AMPs were soundly based; overall it found the AMP approach was worthy of support and further research and evaluation (Smith et al., 2013).

Thus caution is required when considering the effectiveness of AMPs due to the limited number of published evaluations or studies. In many cases, evaluations have been limited to addressing only one aspect of harm, supply or demand reduction limiting (Smith, et al., 2013).

Core policy issues in relation to AMPs include:

1. The need to simplify multi-layered bylaws, policy and legislation to allow for greater cohesiveness, comprehensibility and flexibility;
2. The need to ensure AMPs are adequately funded and resourced to ensure implementation and that the full suite of mechanisms / services required are available to communities;
3. To ensure the uneven power balance between different (and competing) stakeholders are addressed appropriately;
4. To ensure regional interconnectivity when developing AMPs and any other overlaying alcohol interventions to minimise simply relocating problems (Smith, Langton, & Chenhall, Alcohol policy and assemblages of intervention: Managing alcohol in Indigneous communities, 2015).

Recognising individual community driven solutions is essential to the effectiveness of interventions. There is no one best alcohol intervention for Aboriginal and Torres Strait Islander peoples. A range of options should be made available including evidence-based mainstream interventions that have had culturally specific practices integrated into them and whenever possible services and programs should be delivered by Aboriginal and Torres Strait Islander communities (NIDAC, 2014).

Recommendation 5. Indigenous people should lead efforts to reduce harmful alcohol use and the associated harms in Indigenous communities. They should be supported by health professionals to act on evidence-based interventions that are modified to incorporate culturally specific practices where appropriate.

BANNED DRINKERS REGISTER

In July 2011 the NT government introduced banning notices and a Banned Drinkers Register (BDR) as part of a package of reforms to address alcohol related harms. Banning and Treatment orders (BAT) were issued to people taken into police custody three times in three months, issued with three alcohol related infringement notices within a 12-month period, or given two infringement notices for low range drink driving within the previous three years. People on the BDR were banned from purchasing takeaway alcohol for three months. A person issued with a BAT was encouraged to participate in a treatment program and if completed, the length of the ban on purchasing, consuming or possessing alcohol may be reduced (FARE, 2016).

Two more initiatives introduced alongside the BDR; the Alcohol and Other Drugs (AOD) Tribunal for non-criminal matters; and the Substance Misuse Assessment and Referral for Treatment (SMART) court. The AOD tribunal dealt specifically with offences presenting to the tribunal with three or more breaches of a BAT notice. Further to this, Police, health practitioners and family members were able to refer a person to the AOD Tribunal for assessment. Once referral was made, treatment may became mandatory by decision of the registrar. If a person chose not to attend their assessment at the AOD Tribunal, a general alcohol prohibition (GAP) order was made. This order prohibited the person from consuming, possessing and purchasing alcohol and remained in place for three months or until the person attended the assessment and was registered on the BDR (FARE, 2016). The GAP could be renewed if the person did not undertake an assessment and did not attend further assessment sessions.

The SMART Court had the power to refer people who had been found guilty of certain offences involving or related to alcohol or other drugs to be referred to treatment rather than jail. Treatment was voluntary (if refusal then original sentence inclusive of a jail sentence may be imposed).

In September 2012 the BDR was dismantled by the then new Government amid claims it was ineffective. According to the NT Department of Justice Annual Report (2012), 2491 people were registered with the BDR and 16,490 potential alcohol sales had been declined. The AOD tribunal had received 676 mandatory referral applications and conducted 49 hearings; the SMART court had received 175 referrals and issued 125 SMART court orders for treatment; of these 24 people had completed the requirements of the SMART court order (FARE, 2016) (Department of Justice , 2012).

No formal evaluation of the program was undertaken. However the Alice Springs People's Alcohol Action Coalition (PAAC) obtained data from the Alice Springs emergency department and hospital admissions under Freedom of Information Legislation. This data was analysed by the National Drug Research Institute at Curtin University to ascertain the impact of the banned drinkers register (NDRI, 2014). The NDRI study indicators suggested strongly that the BDR was effective in reducing alcohol-related harms to health in Alice Springs.

The chief executive of the Aboriginal Medical Services Alliance of the NT favours the ban being re-introduced: "The Aboriginal community-controlled organisations all believe that since the abolition of the BDR, there's anecdotal evidence and lots of observations from Aboriginal people that the anti-social behaviour, the hum-bugging that was dropping off since the BDR was in place, has now risen to the surface" (NIRS, 2013). Community members and clinicians report problems that were evident prior to the BDR are re-emerging, such as money for living expenses, (e.g. school lunches), is being diverted to purchase alcohol (NACCHO, 2013).

Given the statistical and anecdotal evidence that the BDR was effective at reducing problematic drinking, and simultaneously improving community living standards, reintroducing the BDR, as planned by the new government, is

warranted. In order to avoid racial profiling it will be important to implement the BDR consistently across all licensed venues. The proposal to require all patrons to produce show photo ID to buy take-away alcohol is also warranted. It is not yet clear how the AOD tribunal will be a part of this new BDR and if the SMART court will be re-instated.

RECOMMENDATION 6. The NT Government should reinstate the Banned Drinkers Register, the Alcohol and Other Drugs Tribunal and the SMART Court.

FETAL ALCOHOL SPECTRUM DISORDER – FASD

The prevalence of FASD in Australia is currently unclear although it can appear where ever alcohol is consumed. It is more common in populations that experience high rates of poverty and social disadvantage, such as Indigenous groups (Bower C, 2016). A population prevalence study of FASD in the remote Aboriginal community of Fitzroy Crossing reported a prevalence of 12% (in 108 children) (Fitzpatrick JP, 2015). This is the highest reported rate in Australia and similar to that of other global vulnerable populations elsewhere.

Prioritising prevention, particularly in vulnerable communities, is required as is the provision of adequate screening and diagnostic tools to ensure early intervention for children with existing FASD (Bower, 2016). Awareness of FASD must "engage women, men and families; be culturally sensitive; be informed by community knowledge, attitudes, values and drinking practices; and to be consistent with national guidelines" (Elliot, 2015).

RECOMMENDATION 7. The NT Government should give priority to culturally sensitive actions to prevent FASD within Indigenous and disadvantaged communities and provide early interventions to ameliorate the effects of FASD.

DECISION MAKING UNDER THE ACT

The ADF considers there is a number of changes to the liquor licensing system that are warranted based on the data that has been presented earlier in this submission.

REVERSE THE ONUS OF PROOF FOR LIQUOR LICENCE APPLICATIONS

Given the evidence that a high density of on-premises and off-premises liquor outlets are associated with higher levels of alcohol related harm Including crime, violence, acute and chronic disease and social dislocation, the ADF recommends that the Liquor Acts be amended to reverse the onus of proof in applications for the grant, variation or relocation of a licence. The absolute and relatively high levels of alcohol related harm in the NT indicates Territorians already have ready and liberal access to alcohol. It would be difficyly tio mount an argument that morew licensed venues are needed.

Consequently in conformity with the harm minimisation object, the Liquor Act should provide that the licensing authority must not grant a licence application unless satisfied that the grant:

a) will not contribute to harm in the area (harm test);
b) is in the public interest (public interest test); and
c) is consistent with the objects of the Act.

Reversing the onus of proof in licence applications and requiring licence applicants to satisfy tests based on public interest would follow the Western Australian model (under the Liquor Control Act 1988), and amendments proposed in the South Australian draft Liquor Licensing (Liquor Review) Amendment Bill 2016. This approach is similar to the Gambling Regulation Act 2003 (Vic), which places the onus of proof on gaming venue operator licence applicants to

demonstrate that their business will not result in a net detrimental economic and social impact on the wellbeing of the community (Gambling Regulation Act 2003).

The LCRA should include clear definitions of harm and public interest, and set out factors for assessing whether a licence application satisfies the two tests. The ADF's recommended definitions of harm and public interest are outlined below

PUBLIC INTEREST

The public interest should be defined to include non-exhaustive factors that the decision maker must take into account in determining whether a licence application is in the public interest, including:

a) the likely impact of the application on the amenity of the area; and
b) the cumulative impact of existing licences in the area.

The Liquor Act should state that the decision maker must not have regard to convenience for consumers, or economic impact on a licensee or the alcohol industry, in determining whether the grant of an application is in the public interest. It would be contrary to harm minimisation and the public interest if ease of buying alcohol, or commercial benefit or detriment to a licensee, were relevant factors in determining licence applications.

HARM TEST

Requiring the licensing authority to be satisfied that a licence will not contribute to harm would ensure that licence applicants provide evidence specifically relevant to harm, and would require the licensing authority to give appropriate consideration and weight to harm minimisation in all determinations (including of uncontested applications), consistent with the primary object of the Act.

The LA should include a definition of harm. The definition should set out a non-exhaustive list of types of harm:

a) Excessive or risky consumption of alcohol;
b) Violence, including family violence.
c) Adverse effects on children, young people, other vulnerable people or groups, or communities;
d) Adverse short-term and long-term effects on health;
e) Anti-social behavior;
f) Property damage;
g) Personal injury or death;
h) Road accidents;
i) Drink driving;
j) Underage drinking;

Factors for assessing harm
The Liquor Act should also set out a non-exhaustive list of factors to which the licensing authority may consider in assessing the likelihood that a licence application would contribute to harm. The factors should include features of the licence that are relevant to the likelihood of harm, such as:

a) licence type;
b) location;
c) trading hours;
d) venue capacity or retail floor space;
e) patron or customer numbers;
f) types of alcohol to be sold;
g) past and/or projected alcohol sales; and

h) in the case of applications for licence variation or relocation, compliance history of the licensee, management of the licensed premises, and any licence conditions.

The factors should also include characteristics of the area in which the premises would be situated that are relevant to the likelihood of harm, such as:

i. rates or trends of alcohol-related harm in the area,
ii. 'at risk' groups or sub-communities in the area, such as children and young people, Aboriginal people and communities, people from remote and regional communities, families, migrant groups from non-English speaking countries, tourists and visitors,
iii. sensitive uses in the area, such as schools, childcare centres and educational institutions, hospitals, drug and alcohol treatment centres, recreational areas, dry areas, areas frequented by young people, and
iv. socio-economic and social factors, such as rates of crime, violence and family violence, unemployment, homelessness, and the socio-economic profile of the area.

The LA should also set out a non-exhaustive list of evidence that will be relevant to determining whether a licence application is likely to contribute to harm. This should include research, statistics, reports or complaints in relation to alcohol-related crime, ambulance attendances, emergency presentations, hospital admissions and chronic health conditions.

RESPONSIBLE SERVICE OF ALCOHOL

The ADF is concerned that servers of alcohol in venues that hold a Special Licence are not required to be trained in the responsible service of alcohol (RSA). The ADF is aware through its Good Sports program that some sports clubs retain a Special Licence and may be resistant to the Good Sports requirement that servers of alcohol need RSA training. In the case of the Special Licence only the nominee is required to hold an RSA certificate so that in those venues alcohol may be served by volunteers who are not necessarily informed about liquor regulations or understand the importance of not serving minors or intoxicated persons. Most importantly they may not have been trained in the refusal of service to those patrons. This arrangement increases the risk of excessive serving and consumption with the attendant hazards not only to the individual drinkers but to all other members of the community.

RECOMMENDATION 8. That the NT Liquor Act be amended to require all servers of alcohol to be formally trained in the Responsible Service of Alcohol

RISK BASED LICENSING SYSTEM

The ADF recommends the NT adopt an annual licensing fee and a risk based licensing system that would charge each licensee an additional variable annual sum based on the risk of harm that the sale of alcohol in the venue is likely to produce. Other jurisdictions such as Victoria already operate a risk based licensing system. A number of factors contribute to the risk of harm: they include, length of trading hours, late night trading, size of venue, numbers of patrons, venue location and record of compliance with liquor legislation and regulation. It is appropriate and fair for venues that contribute greater risk of harm to be charged a higher licence fee than venues that pose a smaller risk: a risk based licensing also offers licensees an incentive to manage the venue more carefully, serve alcohol in a low risk manner and provide a safer venue. A risk based licensing system should be applied to packaged liquor venues in a base annual fee would be subject to a multiplier effect based volume of sales or, if this data is not available, based on retail floor space.

In the same vein the ADF supports the Northern Territory Government view that packaged liquor venues should occupy floor space no great than 400m^2.

RECOMMENDATION 9. That the NT adopt a Risk Based Liquor Licensing system

RENEWAL OF LIQUOR LICENCES

The ADF is surprised that under Section 30 of the Liquor Act a licence to serve liquor is treated as permanent as there is not a regular review of the licence. A regular review (e.g. bi-annual), with the possibility that a licence might be revoked or suspended for serious or sustained mismanagement, would provide an incentive for managers and licensees to comply with licensing obligations, including the responsible service of alcohol and maintenance of safe premises. Among other authorities, NT Police are in a position to assist such a review by providing advice on the recent record of a licensed venue based on police interactions with the premises.

RECOMMENDATION 10: That the Liquor Act be amended to enable regular review of all licensed venues to determine whether the licence should be renewed or discontinued.

COMMUNITY OBJECTIONS

As alcohol licensing decisions can have a profound effect on communities as well as individuals, the ADF believes any individual or organisation ought to be able to participate in a licensing decision including objecting to an application for a liquor licence: the impact of a liquor licence on community members is not limited to a specific geographic or spatial area around the premises. A Community Defenders Office should be developed to support community members to participate fully and fairly in the licensing process and to assist with objections to applications for liquor licences. Following the model of the environmental defenders office, this measure would ensure that the interested community members have access to expert legal advice and representation on licensing matters.

RECOMMENDATION 11. That the NT establish a Community Defenders Office to support the participation of community members in liquor licensing processes.

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