

THE NEED FOR ALCOHOL CONTROL

Alcohol misuse is having devastating impacts on Aboriginal lives and communities. It is a major factor contributing to the burden of ill health and premature deaths in Aboriginal communities. In addition to serious short and long-term health conditions, alcohol is a major cause of premature deaths due to suicide, cirrhosis of the liver, homicide, manslaughter, haemorrhagic stroke and motor vehicle accidents, and the NT has amongst the highest premature death rates from these conditions. Within the NT, the Aboriginal population of Central Australia has almost twice the death rate from these conditions as the Top End.¹ It is a contributing cause in domestic violence and sexual and other assaults, the neglect and abuse of children, and the disruption and dysfunction of communities.

At 17.3 litres of pure alcohol per year, the NT has the second highest per capita consumption in the world and almost double the national average of 9.79 litres.² Over-consumption is a serious problem amongst both the Indigenous and non-Indigenous populations.³

LISTEN TO ABORIGINAL COMMUNITIES

Aboriginal communities have sought to address alcohol misuse through various mechanisms, including opposing the opening of liquor outlets or by declaring their communities dry. However, their efforts have often been undermined by a lack of support from governments. In some cases alcohol has been forced on communities against their wishes. Governments have also failed to provide sufficient policing to enforce alcohol restrictions, or to ensure that the granting and conditions of liquor licenses do not undermine community wishes to restrict alcohol availability.

The Aboriginal community-controlled health sector has a key role in addressing alcohol and other substance misuse issues. Key underlying principles for controlling alcohol misuse include the need for an holistic approach addressing the broad determinants of substance misuse, based on community control and harm minimisation principles, and improved coordination and collaboration between Commonwealth and Territory governments and Aboriginal communities.

PROPOSED ALCOHOL CONTROL MEASURES

The following measures for controlling alcohol misuse have been developed utilising the experience of Aboriginal community-controlled health services in the Northern Territory and evidence-based research on alcohol misuse from Australia and overseas⁴.

▼ Alcohol supply reduction

Restricting the availability of alcohol is the most effective means of reducing alcohol consumption and related harm. There is extensive research from both Australia and overseas which demonstrates the effectiveness of alcohol supply reduction measures.⁵ AMSANT believes that evidence-based supply reduction measures should continue to be introduced until per capita population alcohol consumption has reduced by at least one third of the current level, which would see the NT drinking at about the same level as the national average. The following specific measures are recommended:

I. Reduce the number and types of liquor outlets

The NT has the highest density and diversity of liquor outlets in Australia. Strong evidence exists showing a relationship between outlet density and alcohol-related harm.⁶ The number of NT liquor outlets should be reduced by buying back take-away licenses from petrol stations, corner stores and roadhouses. Appropriate population-based outlet densities should be established through evidence-based research (see I5 below).

2. Reduce trading hours

Reducing trading hours, particularly for takeaway alcohol sales, has been shown to be an effective measure for reducing alcohol consumption and related harm. Reductions in trading hours should be achieved by:

- reducing takeaway sales hours, eg, from 12 noon to 8pm;
- reducing on-site sales hours, eg, by limiting trading hours to 11am to 2am;
- adopting restricted alcohol sales days, eg, Thursdays and Sundays, where no alcohol sales are permitted or take-away sales are banned (see also 5 below).

3. Ban or tightly restrict takeaway sales

Takeaway outlets are the main source of alcohol for chronic and dependent users. Provision must be made for the outright banning of takeaways in communities supporting such a measure. There is also the need to develop a set of minimum Territory-wide standards for restricted takeaway trading hours (see 15 below).

4. Restrict cheap alcohol products and adopt a minimum price benchmark

Price is the single-most determinant of consumption and harm.⁷ The availability of cheap alcohol products results in increased consumption at risky levels. Banning such products, eg 4 litre wine casks and 2 litre port, has been shown to reduce levels of over-consumption and related harms.⁸ It is essential to ensure the comprehensive removal of such products to prevent chronic users from substituting with cheap alternative products. In order to prevent product substitution, the NT should introduce a minimum price benchmark or volumetric tax for alcohol products based on a price of 90 cents per standard drink. This would ensure that as a benchmark, the cheapest form of alcohol would be full strength beer as sold in half for full cartons.⁹

▼ Demand reduction: encourage responsible drinking

Evidence shows that banning alcohol, while dramatically reducing alcohol-caused harms, does not eliminate alcohol abuse and related harm altogether. In addition, there are positive effects in the proper use of alcohol and, drunk in moderation, it may be good for health. Although prohibition is a legitimate option supported by many remote Aboriginal communities, evidence shows that those who wish to drink will move to places where they can obtain alcohol or try to obtain it via illegitimate means, such as grog runners. Some remote communities also choose not to ban alcohol completely and alcohol will continue to be available in regional centres. Consequently, it is very important that over time Aboriginal people learn to drink responsibly and that measures be introduced which promote the responsible use of alcohol:

5. Align Centrelink payments to restricted alcohol days

A significant reduction in alcohol-related harm and community disruption in remote and regional communities could be achieved by aligning Centrelink payments to a single day per week (Thursdays) on which no takeaway sales are permitted.

6. Introduce permit systems to encourage responsible drinking

There are successful examples in the NT of the use of permit systems to link responsible drinking to continued access to alcohol and withdrawing access for irresponsible drinking. The alcohol permit system introduced on Groote Eylandt in 2005 has led to significant reduction in crime and anti-social behaviour and improvement in health outcomes.¹⁰ A similar system is being introduced in near-by Nhulunbuy. Critical elements of successful permit systems include the need for extensive consultation and community support, an agreed community-controlled model of enforcement and complementary restrictions on trading hours and takeaway sales.

7. NT-wide ban on alcohol advertising and promotions

Alcohol advertising encourages irresponsible drinking behaviours and should be banned in the NT. Promotions such as the linking of cheap petrol to the purchase of alcohol should also be banned.

▼ Demand reduction: provide adequate treatment & rehabilitation services

There are insufficient alcohol treatment and rehabilitation services and to cope with current levels of demand in the NT.

8. Need for increased treatment services

Provide for increased alcohol treatment and rehabilitation services, including detoxification and residential treatment facilities, based on evidence-based need and comprehensive regional coverage. Such services need to be supported to implement quality improvement systems and be accountable through reporting on key performance indicators so that outcomes can be assessed

9. Integrating Alcohol & Other Drug and Mental Health services in Primary Health Care

There is a need for improved integration and coordination of Alcohol and Other Drug services and Community Mental Health services with the Primary Health Care sector. The Primary Health Care sector should be funded to provide community-based treatment and rehabilitation, including screening, brief interventions, assessment, care planning, support for home based and supported withdrawal programs, provision of pharmacotherapies and community-based structured counselling.

10. Return of alcohol sales revenue into alcohol programs

There needs to be a return of monies generated by alcohol sales into alcohol programs, as occurred with the successful Living With Alcohol Program. This could include:

- Funding for alcohol-free community events on Sundays and at other times. Such events would provide positive community experiences and, where combined with alcohol-free days, a respite from alcohol-related violence and disruption.
- Funding for alcohol treatment and rehabilitation services.
- Funding for night patrols.

▼ Harm Minimisation: community-based services and facilities

Given the reality that many Aboriginal people will continue to drink it is also important to attempt to reduce the harms that occur when drinking occurs.

11. Enhanced night patrols and policing in remote communities

There is the need for enhanced night patrols and community policing in remote communities. These are essential and effective community-based harm minimisation measures.

12. Aboriginal Social Clubs

Where communities decide to allow drinking, there is the need for community venues that encourage responsible drinking patterns and reinforce community standards. Many wet canteens have not been effective in this regard, and have resulted in increased consumption.¹¹ However, there are successful examples, such as the Kalkaringi Social Club. This model, based on extensive community consultation and agreement on governance and policing of rules, and no provision for takeaway alcohol, should be considered for use in other communities. There is the need for a level of sustained government funding as a harm minimisation measure, and the potential for employment and training opportunities, eg, training a community member in hospitality.

▼ Develop effective alcohol management strategies

As communities in the NT differ in their circumstances and attitudes with respect to alcohol issues, there is the need for regional and local approaches to alcohol management which are developed and managed by Aboriginal communities and relevant non-Aboriginal stakeholders.

13. Develop alcohol management strategies

There is the need for an increased priority on the development of local and regional Alcohol Management Plans and Liquor Supply Plans. It is of concern that there are no minimum standards or

requirements set by government in relation to processes and content for such plans. This includes issues of Aboriginal input and appropriate evidence-based standards relating to the supply reduction measures outlined in this paper (see above and 15 below). These should be adopted as minimum requirements in all Alcohol Management Plans and Liquor Supply Plans.

▼ Establish strong alcohol licensing, control and standards

The ability to implement alcohol restrictions and alcohol management strategies depends on the effective operation of, and standards relating to, liquor licensing and alcohol legislation.

14. Reform of the Licensing Commission and NT Liquor Act

Reform of the Licensing Commission and the *NT Liquor Act* is required to ensure that appropriate community input, evidence-based measures and powers of control are achieved. This includes:

- Greater general community and Aboriginal representation on the Commission;
- Toughening sanctions against outlets that breach their license conditions;
- Powers for the Commission to inquire into and promulgate Local or Regional Liquor Supply Plans, and to inquire into alcohol-related matters and recommend Alcohol Policy Guidelines;
- Establishing harm minimisation audits for liquor licenses;
- Legislating to provide Aboriginal community leaders with powers to control problem drinkers.
- Ensuring that the Department of Health and Community Services is required to give an opinion on each application;
- Ensuring that objections can be entered by all interested people or parties and not simply by people or parties in the vicinity of the proposed new license.

15. Establish evidence-based Territory-wide standards

Territory-wide minimum standards on key alcohol policy measures, such as outlet densities and types, and takeaway sales restrictions, should be developed through evidence-based research and applied as minimum standards for Alcohol Management Plans and Liquor Supply Plans by the Licensing Commission. It is not appropriate that such work is left to local or regional committees which lack the necessary resources, expertise and impartial objectivity.

16. Better data collection and evidence reporting

There is the need for better data collection and evidence in relation to issues such as alcohol sales, alcohol-related harm and the effectiveness of alcohol treatment and control measures. The following data should be publicly reported on every 3 months except for the survey data which should be annual.

	Indicator	Source
	<i>Consumption</i>	
1	Apparent per capita consumption by region	Wholesale sales to liquor outlets data currently collected by Racing, Gaming and Licensing.
	<i>Health</i>	
2	Hospital separations for selected acute and chronic alcohol caused conditions	DHCS hospital data collection
3	Mortality rates for suicide, homicide, cirrhosis of the liver and haemorrhagic stroke by region	ABS mortality reports and NT Coronial reports
	<i>Crime</i>	
4	Confirmed assaults	NT Police data collection (PROMIS)
	<i>Road injury</i>	
5	Serious road injuries (fatalities or injuries requiring hospitalization)	Transport and Works data collection.
	<i>Drinking patterns¹</i>	
6	Proportion of alcohol consumed at risky and high risk levels.	Survey data

7	Proportion of the population drinking at risky and high risk levels.	Survey data
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▼ Reform Federal Emergency Intervention alcohol measures

The prospect for improved coordination and collaboration between the Commonwealth and Territory governments and Aboriginal communities has been undermined by the unilateral alcohol measures contained in the Federal Government's Emergency Intervention legislation.

17. Reform of the Federal Emergency Intervention alcohol measures

The Federal Emergency Intervention alcohol measures should be amended to ensure:

- dry areas are determined according to the wishes of communities¹² and supported by the provision of adequate policing, the retention of permit access (where on Aboriginal land), and that nearby liquor outlets, such as roadhouses, are subject to appropriate alcohol restrictions;
- 'wet' canteens on communities are well-run and do not permit takeaway alcohol;
- the measures do not over-ride existing alcohol management plans and liquor supply plans;
- there are adequate treatment and rehabilitation programs according to need.

END NOTES

¹ *National Alcohol Indicators Bulletin No 11*, "Trends in alcohol-attributable deaths among Indigenous Australians, 1998-2004". National Drug Research Institute. January 2007. Alcohol is the leading cause of years of potential life lost amongst the Aboriginal community (Central Australian Aboriginal Congress, 1997, 'Position Paper: Substance Misuse in Central Australia').

² The Northern Territory consistently has the highest alcohol-caused death and hospitalisation rates of all Australian jurisdictions (National Drug Research Institute 2003, *Australian Alcohol Indicators, 1990-2001*).

³ However, of those who currently drink, 70% of Aboriginal men and women drink at harmful levels compared with only 15% of non-Aboriginal people (>6 standard drinks per day), (Gray et al. 2004, *Substance misuse and primary health care among Indigenous Australians*, Consultant Report 7).

⁴ Babor, T et al 2003, *Alcohol: no ordinary commodity*, Oxford University Press, New York.

⁵ Eg, Stockwell, T. Alcohol policy, harm reduction and the prevention paradox. *Journal of Health promotion for Northern Ireland*. 2001; 15:22-25.

⁶ Donnelly, N, S Poynton, D Weatherburn, E Bamford & J Nottage, 2006, 'Liquor outlet concentrations and alcohol-related neighbourhood problems', in *Alcohol Studies Bulletin*, No 8, April 2006.

⁷ Heavier and younger drinkers usually respond more to price controls than other drinkers (Godfrey, C, 1997, 'Can tax be used to minimise harm? A health economist's perspective'. In Plant, M, Single E, Stockwell T (eds), *Alcohol. Minimising the Harm. What works?* London. Free Association Books Ltd, 1997;29-42).

⁸ In 1995/96 the banning of 4 and 5 litre cask wine in Tennant Creek resulted in a significant decrease in alcohol-related harm (Gray, D, S Siggers, D Atkinson, B Sputore & D Bourbon, 2000. 'Beating the Grog: An evaluation of the Tennant Creek Liquor Licensing Restrictions' in *Australian and New Zealand Journal of Public Health* 24(1):39-44).

⁹ By comparison, the average cost per standard drink of a range of cheap bulk alcohol (2 and 4-litre port and 4 and 5-litre wine casks) is between 26c to 28c for further detail see Hogan et al, 'What price do we pay to prevent alcohol related harms in Aboriginal communities? The Alice Springs Trial of Liquor Licensing restrictions', *Drug and Alcohol Review*, 2006, (25), 1-6,

¹⁰ Introduction of the permit system along with restrictions on takeaway sales from the licensed club have resulted in an 80% reduction in confirmed cases of interpersonal violence over 12 months and a 67% reduction in confirmed sexual assault.

¹¹ Evidence from the NT and North Queensland has shown that increased alcohol availability from clubs and canteens has resulted in an increased culture of heavy drinking in some communities, including amongst previously occasional or non-drinkers, particularly Aboriginal women (*Alice Springs Town Camps Review Task Force Report*, June 2006, p71).

¹² Many Aboriginal communities in the NT have banned alcohol. As of March 2006, there were 97 'dry' areas designated in the NT.