

NORTHERN TERRITORY 2016 ELECTION PLATFORM:

Calling time on too much grog in the NT



About PAAC

The People's Alcohol Action Coalition (PAAC) is an Alice Springs-based community alcohol reform group. It developed in response to a growing awareness of excessive alcohol use and associated harm in the central Australian region, providing a platform for community action to reduce alcohol-related harm, and followed a public rally on alcohol problems instigated by the late Dr Charles Perkins, Aboriginal activist and Australian and Torres Strait Islander Commission (ATSIC) Central Zone Commissioner.

PAAC aims to work towards reducing the impact of alcohol-related harm through a number of strategies including:

- developing constructive reforms to the sale of alcohol
- advocating controls on public consumption
- advocating responsible service of alcohol and
- promoting healthy lifestyles.

Members include social workers, lawyers, medical practitioners, Aboriginal organisations, trade unions, churches, social service organisations and individuals. Collaborating organisations include the Central Australian Aboriginal Congress, Central Land Council, Aboriginal Medical Service Alliance Northern Territory, Northern Territory Council of Social Services, Central Australian Youth Link Up Service, Ngaanyatjarra, Pitjantjatjara Yankunytjatjara Women's Council, churches and the Public Health Association of Australia NT.

About FARE

The Foundation for Alcohol Research and Education (FARE) is an independent, not-for-profit organisation working to stop the harm caused by alcohol. Alcohol harm in Australia is significant. More than 5,500 lives are lost every year and more than 157,000 people are hospitalised making alcohol one of our nation's greatest preventative health challenges.

For over a decade, FARE has been working with communities, governments, health professionals and police across the country to stop alcohol harms by supporting world-leading research, raising public awareness and advocating for changes to alcohol policy. In that time FARE has helped more than 750 communities and organisations, and backed over 1,400 projects around Australia.

FARE is guided by the World Health Organization's *Global strategy to reduce the harmful use of alcohol* for stopping alcohol harms through population-based strategies, problem directed policies, and direct interventions.

The case for change

Territorians have had enough. They are sick of the Northern Territory (NT) being the booziest jurisdiction of Australia. And they are sick of the death, injury, disease, violence, criminal offences, child maltreatment and other problems associated with too much grog.

Territorians want, and rightly demand, a government interested in taking real action to stop this preventable harm; political representatives and leaders that will protect families and give children and young people a future alive with hope and opportunity.

The statistics are stark.

Two deaths, 52 hospitalisations and 69 assaults occur each week as a result of alcohol consumption. Alcohol is involved in almost 60 per cent of domestic assaults and more than half of all assaults.¹

Governments are aware of these harms and have introduced a range of alcohol policies over the last 50 years to reduce them. These measures have varied and include approaches such as: product and opening hour restrictions, voluntary minimum pricing by supermarkets, criminalising alcohol consumption, Alcohol Mandatory Treatment, Alcohol Protection Orders, a Banned Drinkers' Register, individual responsibility, dry areas, and attempts to teach 'responsible drinking' as seen at the Tyeweretye Club in Alice Springs in the 1980s. Many of these approaches are inspired by the vested interests of the alcohol industry and have no evidence-base to support them.

While there have been some successful efforts at harm reduction, the result is often short-lived because the approach is ad hoc or policies change as governments change. Many are terminated before there is an opportunity to see whether they will be successful.

We need to do better. No one is suggesting this is easy. After all, the Territory has the highest proportion of people who drink alcohol daily and the lowest proportion of people who abstain. More Territorians drink at risky levels for both short and long term risk^a compared to national levels.²

Added to this is the unique nature of the Territory, with its vast open spaces and remote locations. This jurisdiction has the least dense population in the country and the highest proportion of Aboriginal and Torres Strait Islander people.

All Territorians experience high levels of alcohol-related harm, including both males and females, Aboriginal and Torres Strait Islander peoples and other Australians. Indeed, the Territory has the highest proportion of deaths and hospitalisations attributable to alcohol in Australia.³

Alcohol-related harm is one of the Territory's greatest health challenges. But thankfully, this is not a problem without solutions.

The Northern Territory needs a comprehensive approach to reducing alcohol-related harm that focuses on targeting alcohol's availability, supporting community initiatives, and supporting those who are affected by alcohol problems. Governments cannot on the one hand say they are concerned about alcohol consumption levels while continuing to approve liquor licences and relax regulation. This plan must be embraced by all sides of politics to ensure that it lasts beyond political cycles.

It is time to address excessive grog consumption in the Territory in an intelligent, properly planned, evidence-based way that looks beyond headlines and election cycles, towards a future without the devastation we've seen for so long. This change must be led by a government with a strong commitment to action. Future generations depend on this change.

The Peoples Alcohol Action Coalition (PAAC) and the Foundation for Alcohol Research and Education (FARE) *Northern Territory 2016 election platform* calls on all political parties and representatives to commit to 18 actions across nine priority areas to prevent and reduce the harm caused by too much grog.

^a The National Health and Medical Research Council (NHMRC)'s *Australian guidelines to reduce health risks from drinking alcohol provide advice on the health risks that arise from consuming alcohol*. The guidelines outline the level of drinking alcohol that will enable Australians to minimise their risk of an alcohol-related accident or injury in the short term, or of developing an alcohol-related chronic disease in the long term.

Priority areas

PAAC and FARE have identified nine priority areas for urgent action.

1. Reintroduce a Banned Drinkers' Register and associated measures, including identification (ID) scanning for all customers.
2. Introduce a minimum price for alcohol.
3. Increase the capacity of treatment services.
4. Reduce the number of liquor outlets.
5. Prevent, diagnose, and manage Fetal Alcohol Spectrum Disorder (FASD).
6. Introduce a risk-based licensing scheme.
7. Review trading hours.
8. Increase community involvement in liquor licence regulation.
9. Ban political donations from the alcohol industry.

Policy asks

- Reintroduce the Banned Drinkers' Register in conjunction with scanning of photo identification (ID) cards in all licensed venues (including those licensed to sell alcohol for consumption on the premises), the Alcohol and other Drug Tribunal, and the collection of comprehensive criminal justice, hospital and health data.
- Retain point-of-sale interventions, including Temporary Beat Locations, as needed based on police operational decision making, once the Banned Drinkers' Register is reinstated.
- Reintroduce therapeutic specialist courts for problem drinkers who commit offences.
- Conduct independent evaluations of the Banned Drinkers' Register and the therapeutic specialist court upon implementation and report two years after the measures have been reintroduced.
- Amend the *Liquor Act* to allow Licensing NT to set the price of alcohol.
- Introduce a minimum price for alcohol products equivalent to the existing minimum price of takeaway full-strength beer, currently at approximately \$1.30 per standard drink.
- Review the *Alcohol Mandatory Treatment Act* in light of the current independent evaluation due to be completed in early 2017.
- Fund additional voluntary, evidence-based, culturally safe, alcohol treatment and rehabilitation services, including aftercare, across all regions in the Northern Territory.
- Introduce a moratorium on new, transferred, and reactivated liquor licences for all licensed premises, with no exemptions.
- Introduce a buy-back scheme for liquor licences in the Northern Territory.
- Respond to the Select Committee on Action to Prevent Foetal Alcohol Spectrum Disorders' (FASD) final report and its 26 recommendations, which was tabled in the Northern Territory Legislative Assembly in February 2015. The response must include funded action to prevent, diagnose, and manage FASD in the Northern Territory.

- Introduce a risk-based liquor licensing scheme in the Northern Territory which includes:
 - establishing three-yearly liquor licences
 - differentiated fees for all licence types commensurate with the risk of alcohol-related harm
 - annual indexation of all licence fees.
- Introduce 12am last drinks and a 1am closing time for late night trading venues across the Northern Territory.
- Introduce mandatory licence conditions for all venues in the Northern Territory. This needs to include placing restrictions on alcoholic drinks such as the sale of ‘shots’, ready-to-drink beverages with more than five per cent alcohol, time limitations on sales, and no drink stockpiling by patrons.
- Introduce a takeaway sales free day each week in locations where a need is identified.
- Reinstate the Northern Territory Licensing Commission and its full functions and powers as it operated under the *Northern Territory Licensing Commission Act*. Major decisions and determinations must be made by the Commission, with hearings conducted by a panel of members selected by the Chairperson of the Northern Territory Licensing Commission to ensure transparency.
- Provide \$4 million over four years to develop and fund a Northern Territory community defenders office, based on the successful ‘Alcohol Community Action Project’ pilot.
- Ban political donations from the alcohol industry and its representatives.

Key facts

The Northern Territory has the highest level of alcohol consumption (83%) in Australia.⁴

- Consumption has been consistently higher than the national average since the 1980s.⁵
- Approximately 13.3 litres of pure alcohol were consumed per person in the Territory in 2010-11, compared to 10.3 litres per person nationally.⁶
- The Northern Territory has the highest proportion of people who drink daily and the lowest proportion of people who have never consumed alcohol of any Australian jurisdiction.^{7,8}
- The majority (40%) of the population aged 14 and above consume alcohol at a level that puts them at risk of short term harm at least once a month, compared with the national average of 26 per cent of Australians.
- Nearly one in three (30%) drinkers in the Northern Territory consumes alcohol at a level that puts them at risk of long term harm.⁹

Alcohol harms are significant in the NT

- Alcohol is responsible for the majority of presentations to alcohol and other drugs treatment services, with 62 per cent of clients seeking treatment for alcohol in 2013-14 compared to 14 per cent for cannabis the next highest drug of concern.¹⁰
- The Territory has the highest proportion of deaths and hospitalisations attributable to alcohol in Australia.¹¹
- Alcohol is associated with approximately 53 per cent of all assaults¹² and up to 65 per cent of family violence incidents reported to police.¹³
- Territory drivers are 20 times more likely to return a breath test above the legal limit (0.05 per cent blood alcohol content) than drivers in other Australian jurisdictions.¹⁴
- Alcohol was a factor in at least 42 per cent of road deaths between 2008-09 and 2012-13.¹⁵

Alcohol harms disproportionately impact on Aboriginal and Torres Strait Islander peoples

- In 2012-13, alcohol-related hospitalisations were nine times higher for Aboriginal and Torres Strait Islander peoples than for other Australians in the Territory.¹⁶
- Alcohol-related deaths were five times higher for Aboriginal and Torres Strait Islander peoples than other Australians in the Territory between 2008 and 2012.¹⁷

Alcohol is too readily available

- There are currently 512 licensed premises in the Territory, with the majority located in Darwin and the surrounding area.¹⁸
- The Territory has one licence for every 353 people aged 18 years and above.^b

^b Based on the number of licensed premises as at 8 July 2016 and the Northern Territory population of 180,970 aged 18 and over at 30 June 2015 [Australian Bureau of Statistics (2016) 3101.0 - Australian demographic statistics, Dec 2015. Population by age and sex tables]

1. Reintroduce the Banned Drinkers' Register and associated measures

The Banned Drinkers' Register (BDR) was introduced in 2011 as part of a range of measures to address alcohol-related harms in the Northern Territory. Under the scheme, people who had been taken into police custody three times in three months or committed an alcohol-related offence were given a Banning Alcohol and Treatment (BAT) notice banning them from purchasing takeaway alcohol for three months. This was achieved through the use of identification (ID) scanners at takeaway outlets that were linked to the BDR. Identification was requested when purchasing alcohol and those registered on the BDR were barred at the point of sale. It was an offence to sell alcohol to a person on the BDR, however breaching a notice was not.^{19,20} A person issued with a BAT notice was encouraged to undertake treatment and if they did so, the period for which they were banned from purchasing, consuming, or possessing alcohol could be reduced. However, treatment was voluntary and the person could choose to stay banned for the duration of the notice.²¹

Other reforms introduced at the time included an Alcohol and Other Drugs (AOD) Tribunal for non-criminal matters and a Substance Misuse Assessment and Referral for Treatment (SMART) Court.

The AOD Tribunal dealt with non-criminal offences such as three or more breaches of a BAT notice. Police, health practitioners, and family members could refer a person to the AOD Tribunal for assessment. Once someone was referred, treatment became mandatory and the person was required to undertake a clinical assessment.

If the person did not attend the assessment, the tribunal could make what was called a general alcohol prohibition (GAP) order. The GAP order was a ban on consuming, possessing and purchasing alcohol that operated for a three-month period or until the person attended the assessment, and was registered on the BDR. However, ID scanners were not installed in hotels, clubs and other on-licence premises, except for two bars in Alice Springs where licensees volunteered to trial their use, and therefore there was little or no monitoring of the BDR in these venues. The GAP order could be renewed if the person did not undertake an assessment. If they did, and were found to be misusing a substance, they could be required to undertake treatment under a banning alcohol and other drugs treatment (BADT) order.²²

The SMART Court had the power to refer people who had been found guilty of certain criminal offences involving or related to alcohol or other drug use to treatment, rather than sending them to jail.²³ Treatment was voluntary and those who completed treatment had the double benefit of addressing their substance issue and avoiding jail.

In September 2012, the new Country Liberal Party (CLP) Government dismantled the BDR and associated initiatives amid claims that the BDR had been ineffective in reducing hospital presentations. The associated requirement for scanning ID before purchase was also removed.²⁴

Point of sale interventions have been part of the CLP Northern Territory suite of measures to reduce consumption from takeaway sales. Known as Temporary Beat Locations (TBLs), these interventions involve police being stationed outside takeaway liquor outlets to check customer ID and determine where the alcohol purchased, or to be purchased, will be consumed. The aim is to prevent people from taking alcohol to areas where drinking is prohibited.

What we know works

As at 30 June 2012, the BDR had 2,491 people on its list and 16,490 potential alcohol sales had been declined. The AOD Tribunal, which became operational in January 2012, 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 (12 from Darwin and 12 from Alice Springs) had completed the requirements of a SMART Court Order.²⁵

The SMART Court was an effective way of dealing with people who had a health problem, allowing them to address their substance use and the cause of their offending and ultimately returning them as productive members of society. It reduced the impact on the health system, the justice system and the child protection system.²⁶

While no formal evaluation of the BDR was undertaken, the National Drug Research Institute (NDRI) undertook an analysis of the Alice Springs Hospital's emergency department and hospital admission data following the introduction of the scheme. NDRI concluded that the BDR resulted in a reduction in alcohol-related harms at Alice Springs, after

accounting for a change in police practice where all people in protective custody were automatically taken to the emergency department for a medical assessment.²⁷

The House of Representatives Standing Committee on Indigenous Affairs final report into the harmful use of alcohol in Aboriginal and Torres Strait Islander communities noted that, “evidence shows... that the BDR was working effectively to reduce the supply of alcohol to problem drinkers, and that its abolition was associated with increases in alcohol-related harm”.²⁸ It recommended the Northern Territory Government “re-introduce the Banned Drinker’s Register and set up a comprehensive data collection and evaluation program which monitors criminal justice, hospital and health data”.

TBLs appear to be effective in reducing alcohol consumption and related behaviour.²⁹ However, criticisms include that they are resource intensive,^{30,31} some people simply move elsewhere to source their alcohol, and they divert police away from other activities.³²

What we are calling for

- Reintroduce the Banned Drinkers’ Register in conjunction with scanning of photo identification (ID) cards in all licensed venues (including those licensed to sell alcohol for consumption on the premises), the Alcohol and other Drug Tribunal, and the collection of comprehensive criminal justice, hospital and health data.
- Retain point of sale interventions, including Temporary Beat Locations, as needed based on police operational decision making, once the Banned Drinkers’ Register is reinstated.
- Reintroduce therapeutic specialist courts for problem drinkers who commit offences.
- Conduct independent evaluations of the Banned Drinkers’ Register and the therapeutic specialist court upon implementation and report two years after the measures have been reintroduced.

2. Introduce a minimum price for alcohol

Health advocates have been calling for a minimum price for alcohol for many years. A minimum price sets a price per standard drink (or unit of pure alcohol) below which alcoholic beverages cannot be sold. It is a regulatory measure that increases the price of the cheapest alcohol products, and decreases discounting and product bundling of more expensive products. It can prevent retailers from using alcohol as a loss leader to attract customers into their stores and can guarantee that a product will not be discounted below a certain amount.

The Northern Territory Select Committee on *Action to Prevent Foetal Alcohol Spectrum Disorders* (the ‘Select Committee’) recommended that a minimum price of at least \$1.30 per standard drink be introduced.³³

A de-facto minimum price has been established in some areas of the Northern Territory on a number of occasions over the past 15 years. This has been achieved through the removal of four and five litre casks from sale. Consumers in Darwin can purchase a 750ml bottle of red wine for \$5.00, which equates to 54 cents per standard drink and costs not much more than a bottle of water of the same size.^{c,d}

^c Based on the online price of a 750ml bottle of Pump Pure Still Water from Woolworths, viewed on 28 July 2016 at <https://www.woolworths.com.au/Shop/Search/Products?searchTerm=bottled%20water>

^d Based on price of Riverside Landing Shiraz available for \$5.00 per bottle, based on an average 14 per cent alcohol by volume for Australian shiraz which provides 8.3 standard drinks per bottle. Available on weekend of 30-31 July 2016 at Woolworths (pers comm)

What we know works

Increasing the price of alcohol has repeatedly been shown to be one of the most effective ways to reduce the level of alcohol consumption and related problems such as mortality rates, crime and traffic accidents.³⁴

In Canada, a ten per cent increase in the minimum price of alcohol resulted in a reduction in alcohol consumption in both provinces and across all types of beverages. Saskatchewan saw an 8.4 per cent³⁵ and British Columbia a 3.4 per cent overall reduction in alcohol consumption³⁶ with differences due to implementation.

Alice Springs introduced supply restrictions (the Liquor Supply Plan) in October 2006 that banned the sale of four and five litre cask wine and fortified wine in containers of more than one litre. Only one cask of wine (either variety) per person per day could be purchased and only after 6pm. This action resulted in a *mean* standard drink price increasing from 80 cents to \$1.10 per standard drink and the *minimum* price per standard drink increasing from 25 cents to 50 cents per standard drink.³⁷

Following the introduction of the Alice Springs restrictions, there was a 20 per cent reduction in pure alcohol sales³⁸ and a significant reduction in alcohol-related harm. Protective custody orders halved between October to December 2006 compared to the same period in the previous year and there was an overall reduction in alcohol-related crime of 12 per cent from October to December 2006.³⁹

The Northern Territory Government currently has the power to introduce a minimum price for alcohol. Section 6 of the Northern Territory (Self-Government) Act 1978 gives power to the Northern Territory Legislative Assembly to amend the Liquor Act to control liquor pricing without needing consent from the Australian Government. In addition, the provisions of Part XA of the Liquor Act authorises restrictive trade practices by licensees (section 120C).

What we are calling for

- Amend the *Liquor Act* to allow Licensing NT to set the price of alcohol.
- Introduce a minimum price for takeaway alcohol products equivalent to the existing minimum price of takeaway full-strength beer, currently at approximately \$1.30 per standard drink.

3. Increase treatment services capacity

There are approximately 18 publicly funded alcohol and other drug (AOD) treatment services in the Northern Territory, a drop from the 22 services identified in 2013-14.⁴⁰ These services provide residential and outreach services to urban, rural and remote locations and offer withdrawal, assessment, rehabilitation and aftercare programs as well as health promotion, education and prevention activities. However, there are not enough services to meet current needs and better integration and coordination is required across the alcohol and other drugs, community mental health, and primary healthcare sectors.

In 2013, Alcohol Mandatory Treatment (AMT) was introduced to reduce alcohol-related and anti-social behaviour. While AMT is aimed at adults who are taken into police protective custody three or more times within a two-month period for being intoxicated in public, a disproportionate number of people who are subject to AMT are Aboriginal and Torres Strait Islander. An independent tribunal refers these people to either a secure or community residential treatment facility, or subjects them to another form of community management for up to three months.

When first introduced, people could be imprisoned for three months if they absconded from treatment service.⁴¹ This changed in 2014 after a review of the legislation however the CLP Government is reportedly considering making it a crime to abscond from treatment again.⁴²

The Northern Territory Government has invested significant funding in AMT, with approximately \$100 million committed between 2013-16^{43,44,45} During 2013-14, 418 people were referred to the program, at a cost of approximately \$64,000 per person.⁴⁶ An evaluation of AMT is currently underway and is expected to be completed in early 2017.

What we know works

Treatment is an important part of any response to alcohol and other drug harm in the community. It has been proven effective in reducing demand for alcohol and other drugs through decreasing consumption, improving health, reducing criminal behaviour, improving psychological wellbeing, and participation in the community.⁴⁷ Alcohol and other drugs treatment has also been shown to be cost effective, providing a return of just over \$7 for every \$1 invested.⁴⁸

Treatment options must be culturally sensitive and adapted to the particular cultural context and settings.⁴⁹ A recent study found that while Aboriginal and Torres Strait Islanders people use mainstream AOD services, treatment could be improved by providing access to Aboriginal and Torres Strait Islander staff, peer support groups, and by providing options to integrate the healthcare needs of individuals, families and communities.⁵⁰

Unfortunately, the community sector as a whole is plagued by a struggle to meet demand, with an overwhelming majority (80 per cent) of sector services reporting that they were unable to meet demand. The largest gaps are in areas of the greatest need.⁵¹ Over half (56 per cent) of services delivering AOD treatment are in the community sector. A key factor in insufficient service provision is the lack of adequate and sustained funding.

The Northern Territory Government claims that AMT “is a harm reduction strategy designed to help some of the most chronic abusers of alcohol in our community”.⁵² However, evidence to support its efficacy is limited.⁵³ A recent review of the AMT and other inquiries have questioned the lack of evidence, the adequacy of legal safeguards, the criminalisation of alcohol problems, the ethics associated with it and the cost effectiveness.^{54,55,56} The Northern Territory Government is yet to release any data to support the effectiveness of this treatment.

It has been recommended that AMT be replaced by voluntary treatment and evidence-based supply-side interventions.^{57,58} Voluntary treatment needs to include a range of service delivery options to accommodate the diverse needs of clients and their families. In addition to primary prevention and residential rehabilitation programs, there is a need for evidencebased non-residential treatment for Aboriginal and Torres Strait Islander clients with alcohol problems.⁵⁹ More alcohol diversion programs are also needed to address the overrepresentation of Aboriginal and Torres Strait Islander peoples in the Northern Territory’s criminal justice system.

What we are calling for

- Review the *Alcohol Mandatory Treatment Act* in light of the current independent evaluation due to complete in early 2017.
- Fund additional voluntary, evidence-based, culturally safe, alcohol treatment and rehabilitation services, including aftercare, across all regions in the Northern Territory.

4. Reduce the number of liquor outlets

There are 710 licensed premises in the Northern Territory, 512 of which are currently active. Most are located in Darwin and the surrounding area, with the remainder generally clustered in towns such as Alice Springs, Tennant Creek and Katherine.⁶⁰ In 2011, 68 per cent of licensed venues were located in the major urban areas and account for 79 per cent of alcohol sales by value.⁶¹

Approximately 70 per cent of licensed venues are licensed to sell takeaway liquor, with roughly 100 of these licensed to sell takeaway only.⁶² A large increase in takeaway licences led to a moratorium being introduced in the Northern Territory in 2007.⁶³ This meant that no new takeaway liquor licences could be granted, although licences could still be transferred from one licensee to another.

In 2014, the Northern Territory Government relaxed the moratorium to again allow new takeaway licence applications. New applications could be considered in certain circumstances such as being located in a new residential development, in an area that has experienced substantial and recent population increase, or where there is a very clearly established public need.⁶⁴

The relaxation of the moratorium in 2014 has led to an increase in the number of takeaway liquor licence applications in the Territory, even though objections have been lodged. In October 2015, a takeaway liquor licence was approved for a Rosebery IGA in the Darwin region, despite the application receiving a total of 28 objections related to the proximity of the proposed IGA to local schools and childcare centres, its close proximity to a number of other takeaway liquor outlets, and the potential for increased anti-social behaviour in the area.⁶⁵

A buy-back scheme was introduced by the Australian Government in 2007 as part of the measures associated with the Northern Territory National Emergency Response ('the Intervention'). Two takeaway licences were bought by the government. In 2009, the Northern Territory Government indicated that it would introduce its own buy-back scheme⁶⁶ but this did not eventuate.

What we know works

Licensed venues are a high risk setting for alcohol-related violence and injury. This risk increases as the density of liquor outlets (the number of active liquor licences in an area) increases and both on- and off- premises are associated with harm. These harms include assaults, domestic violence, drink driving, homicide, suicide, child maltreatment, adolescent drinking, and alcohol-related chronic disease.^{67,68,69,70}

Takeaway chain outlets also contribute more substantially to risk, with recent research estimating that each additional chain outlet was associated with a 35 per cent increase in intentional injuries and a 22 per cent increase in unintentional injuries.⁷¹ A study also found a strong association between the concentration of takeaway outlets in an area and domestic violence, with a ten per cent increase in off-licence liquor outlets associated with a three per cent increase in domestic violence.⁷²

Moratoriums on liquor licences are an effective way to control alcohol outlet density and are often used as an interim measure while governments and communities consider how best to address the issue of alcohol availability and related harms. However, to be successful, moratoriums should be applied without exemptions. There are a number of examples where moratoriums failed to protect the community because exemptions were provided.

In 2009, the Queensland Government introduced a moratorium on applications from on-licensed premises seeking to extend trading hours between midnight and 5am. However, this did not apply to off-licence venues and venues operating in an extended trading hours' precinct. The moratorium was originally in place for 12 months and was extended a number of times until it was removed on 1 September 2014. An analysis of applications to extend late night trading hours in the first six months after the moratorium was lifted showed there had been a significant increase in the number of late night trading hours in Queensland. Although only a small percentage of all licensees sought to extend trading hours, this amounted to a large increase in the number of additional trading hours in Queensland.

What we are calling for

- Introduce a moratorium on new, transferred, and reactivated liquor licences for all licensed premises, with no exemptions.
- Introduce a buy-back scheme for liquor licences in the Northern Territory.

5. Prevent, diagnose, and manage Fetal Alcohol Spectrum Disorder (FASD)

Fetal Alcohol Spectrum Disorders (FASD) is an umbrella term for a range of disabilities resulting from prenatal alcohol exposure.⁷³ The primary disabilities associated with FASD are directly linked to the underlying brain damage caused by prenatal alcohol exposure. This can result in a variety of conditions, including poor memory, difficulties with speech and language, cognitive deficits, difficulty with judgement, reasoning or understanding consequences of actions, as well as social and emotional delays.⁷⁴ The Northern Territory Government funds a number of programs and services which address alcohol consumption and pregnancy to differing extents, however there is no comprehensive approach towards addressing FASD.

The true prevalence of FASD in Australia is difficult to ascertain. Health workers, educators, and communities have indicated that there is a high incidence of FASD in the Territory.⁷⁵ The issue of FASD has been on both past and current government agendas, with an inter-agency FASD Working Group established in 2011 and a Select Committee on *Action to Prevent Foetal Alcohol Spectrum Disorders* (‘the Select Committee’) appointed in 2014. In its final report, the Select Committee stated that prevention of, and treatment for, FASD is, “both a moral and an economic imperative for Government” due to the significant cost of FASD to individuals, families and communities.⁷⁶ Despite the Select Committee tabling its final report, *The preventable disability*, which included 26 recommendations, to the Northern Territory Legislative Assembly in February 2015, the Northern Territory Government is yet to respond to the report.

What we know works

FASD is the leading preventable cause of non-genetic, developmental disability in Australia.⁷⁷ It can be prevented through a combination of pre-natal screening and brief interventions, such as increasing the price of alcohol and introducing culturally safe health promotion initiatives.^{78,79} Population-wide education programs have been effective in raising awareness about the effects of alcohol consumption during pregnancy and in reducing FASD.⁸⁰ FASD’s impact can also be limited through early intervention.^{81,82}

In May 2016, the Australian Government released the *Australian FASD Diagnostic Instrument* and a Referral Guide. The availability of the resources to support clinicians to make a FASD diagnosis will provide the foundation to improve rates of diagnoses of FASD in Australia. The recommendations made in the Select Committee final report, *The preventable disability*, address this issue. Many of the recommendations focus on improving screening and support.

What we are calling for

- Respond to the Select Committee on *Action to Prevent Foetal Alcohol Spectrum Disorders*’ (FASD) final report and its 26 recommendations, which was tabled in the Northern Territory Legislative Assembly in February 2015. The response must include funded action to prevent, diagnose, and manage FASD in the Northern Territory.

6. Introduce a risk-based licensing system

Venues that sell alcohol should contribute to the cost of managing the regulatory system, policing, and other services.

Risk-based licensing (RBL) systems have been introduced into New South Wales, Victoria, Queensland and the Australian Capital Territory to mitigate the risks associated with alcohol, and are under consideration in Western Australia and South Australia. No such system exists in the Northern Territory despite a recommendation made by the Allen Consulting Group in 2010.⁸³

To make matters worse, licensees in the Territory pay the lowest fees in the nation for liquor licences. Every other state and territory charges higher application and annual fees. The fees payable for each licence type and other relevant details are detailed below.^{84,85}

LICENCE	FEE	PAYABLE	NOTES
Liquor licence	\$200	Upon application	Licence provided in perpetuity
Continuing special licence (not-for-profit)	\$20	Upon application and renewal	Annual renewal required
Special licence	\$20	Upon initial application	One-off licence
Transfer liquor licence	\$2	Upon application	One-off fee

Applicants are also required to pay a fee for police checks as part of the application and renewal processes, ranging from a police history name check costing \$57 to a police history fingerprint check costing \$161.⁸⁶ Once these fees are paid, liquor licences are granted in perpetuity and no annual fees are required, unless applying for a continuing special licence. The same fee applies to all venues, regardless of the location, type or size of the venue or its trading hours and revenue turnover. These fees have not changed for at least the last six years.⁸⁷

What we know works

Under a RBL system, on-licence fees are commensurate with their likely risk of alcohol-related harm according to their trading hours, patron capacity and in some cases, their location, venue type, and compliance with licensing legislation. Off-licence fees are paid according to the wholesale value of liquor sold. Higher risk licensees pay higher fees than lower risk ones.

The additional revenue received following the introduction of an RBL scheme is available to recover the costs associated with policing and regulation of alcohol-related incidents. It can also provide an incentive to modify risk factors such as trading hours and occupancy.

In 2010, the Australian Capital Territory introduced a RBL scheme which calculates licensing fees according to risk factors such as venue type, occupancy, trading hours and volume of gross liquor sold (for takeaway liquor outlets). In this scheme, higher risk licensees pay more than lower risk licensees. The impact of this scheme has been positive, with a study identifying declines in the absolute number of all offences, including those involving alcohol, since the introduction of RBL in December 2010.⁸⁸

What we are calling for

- Introduce a risk-based liquor licensing scheme in the Northern Territory which includes:
 - establishing three-yearly liquor licences
 - differentiated fees for all licence types commensurate with the risk of alcohol-related harm
 - annual indexation of all licence fees.

7. Review trading hours

Trading hours for on-licensed premises are determined on a case by case basis in the Northern Territory. Unlike any other jurisdiction in Australia, there are no standard or late trading hours. Some venues are known to trade until 4am, particularly in Darwin and Alice Springs. Takeaway alcohol restrictions are in place in all regions of the Territory except the Darwin region, with hours ranging between 2-9pm during the week, 10am-9pm on Saturdays, and 12-9pm on Sundays from a restricted number of off-licence premises.

What we know works

Trading hours have been identified as a key strategy to manage alcohol-related harm. An increase in trading hours has been shown to be associated with an increase in harms⁸⁹ and alcohol-related assaults have been shown to increase significantly after midnight.^{90,91} Extended trading hours have been shown to increase the availability of alcohol which in turn is associated with an increase in assaults,^{92,93} domestic violence,⁹⁴ road crashes,⁹⁵ child maltreatment,⁹⁶ and harmful consumption.^{97,98}

These harms are substantial. If you increase trading hours, there is a 16-20 per cent increase in assaults for every additional hour of trading and conversely, if you decrease trading hours, there is a 20 per cent reduction in assaults.^{99,100} Research by the New South Wales Bureau of Crime Statistics and Research (BOCSAR) found that the proportion of alcohol-related assaults in New South Wales increased considerably between 6pm to 3am, with the highest rates of alcohol-related assaults occurring between midnight and 3am.¹⁰¹

Over the past two years, last drinks policies have been introduced in both Sydney, New South Wales, and Queensland. In 2016, the Queensland Government demonstrated strong leadership and introduced earlier last drinks measures state-wide. These measures included a 2am last drinks for all late night trading venues across the state, except for venues in large entertainment precincts known as Safe Night precincts where a 3am last drinks with a 1am restricted entry policy^e applies from 1 February 2017, and a 10pm close for all new takeaway liquor outlets. New South Wales introduced a suite of measures in 2014 including 3am last drinks and 1.30am restricted entry in the Kings Cross and Sydney Central Business District Entertainment precincts, and a 10pm close for takeaway sales throughout the state.¹⁰²

In New South Wales, the reform measures have been effective in reducing alcohol-related violence across the Sydney Entertainment Precinct. Evidence has shown significant reductions in assaults in the Kings Cross and Sydney CBD precincts (32 per cent and 26 per cent, respectively).¹⁰³ This result was consistent with the effect of similar liquor regulation in Newcastle in 2009, where assaults dropped by 29 per cent (133 per year).¹⁰⁴

Health services in Sydney have also experienced a decrease in alcohol-related presentations. Research has shown that since the introduction of the policies there has been a 24.8 per cent reduction of seriously injured patients presenting to St Vincent's Hospital emergency department in Sydney during high alcohol times.¹⁰⁵ In both jurisdictions, the last drinks policies have been introduced with Responsible Service of Alcohol (RSA) measures that support the reduction of violence in and around licensed premises. These include the cessation of the sale of ready-to-drink (RTD) beverages with more than five per cent alcohol after 10pm, and not allowing patrons to be sold more than four drinks at one time.¹⁰⁶

For some time PAAC has recommended that there should be one day each week that is free from takeaway sales in parts of the Northern Territory.¹⁰⁷ Where possible, this day should correspond to the day on which Centrelink payments are made. Apart from the benefit that this would have for drinkers, it would also offer respite to those affected by problem drinkers, such as family members.

Takeaway alcohol free days have been shown to be effective in reducing alcohol-related harm. In August 1995, Tennant Creek introduced 'Thirsty Thursday' restrictions for a six-month trial. Alcohol was restricted on Thursdays to coincide with the timing of welfare payments. Initially no takeaway sales were allowed on Thursday, but in November 1995 this was modified to allow takeaway sales from the bottle shop and front bar between 3pm and 9pm on Thursdays.

^e Also known as a lockout, the restricted entry policy will be introduced in Queensland from 1 February 2017.

Alcohol-related emergency department presentations and incidents attended by police reduced considerably following the introduction of these measures with a 34 per cent and 55 per cent drop respectively observed compared to the same period in the previous year. However, when alcohol sales were reintroduced on Thursday afternoons the reduction in harms was not as high, with only a 13 per cent reduction in incidents attended by police. This pilot clearly showed that the tighter the restrictions, the greater the reduction in alcohol-related harm.¹⁰⁸

The restrictions were introduced on a permanent basis following the trial but these were modified over time. Eventually the Thursday takeaway restrictions were abolished in July 2006.

What we are calling for

- Introduce 12am last drinks and 1am closing time for late night trading venues across the Northern Territory.
- Introduce mandatory licence conditions for all venues in the Northern Territory. This needs to include placing restrictions on alcoholic drinks such as the sale of 'shots', ready-to-drink beverages with more than five per cent alcohol, time limitations on sales, and no drink stockpiling by patrons.
- Introduce a takeaway sales free day each week in locations where a need is identified.

8. Increase community involvement in liquor licence regulation

Currently there is limited opportunity for the community to engage in the liquor licensing process.

The community can object to a liquor licence application, but there is not a level playing field in the complaints process. An objection must be lodged within 30 days of the licence application notice being published and, should a hearing be held, the grounds for the objection can only be based on what was laid out in the complainant's original objection. The applicant however is not restricted in the time available to respond to the objection and is not limited to only addressing the objections laid out in the complaint when making their response. An appeal can be lodged once a decision is made through the Northern Territory Civil and Administrative Appeals Tribunal, but the cost required to lodge an application for a proceeding (\$155 in 2015-16)¹⁰⁹ is a financial barrier and a deterrent to many people.

The process offers little transparency and undermines confidence in the liquor licensing process. In the past, the community has had the opportunity to contribute to liquor licensing decisions in the NT through a consultative process conducted by the then Northern Territory Licensing Commission. The Commission was an independent statutory authority which was required to conduct hearings under the *Liquor Act*.¹¹⁰ These hearings involved community members and were conducted by a panel at or near the location which was the subject of the complaint.¹¹¹ This meant that people were easily able to engage with the process, even if they lived in remote communities.

In January 2015, the Northern Territory Licensing Commission was abolished and Licensing NT established in its place. Unlike the Commission, there is no requirement for the Director-General to conduct a hearing under the liquor licensing legislation, making it extremely challenging for communities to have a say in licensing decisions. Liquor licensing decisions are currently made by one person and decision making authority can be delegated down to other licensing staff.

The current arrangements effectively transformed what was previously a consultative, semi-judicial process into more of an administrative function. Such a process provides little incentive for the community to engage on important matters such as liquor licensing and provides no support to those wishing to contribute to liquor licensing decisions that affect their community.

What we know works

The need for consultation with Aboriginal and Torres Strait Islander communities has been understood for many years. In the early 1990s the Race Discrimination Commissioner recommended as part of his investigation into alcohol abuse by Aboriginal and Torres Strait Islander people in the Territory that the then Northern Territory Liquor Commission

“should hear licensing matters relevant to Aboriginal communities in a place and a manner which facilitates the expression of Aboriginal views”.¹¹²

The appointment of the Director-General of Licensing in 2015 has been a step backwards in facilitating engagement by Aboriginal and Torres Strait Islander people with the liquor licensing process, with decisions apparently being delegated to licensing staff rather than being made through any consultation process.¹¹³ There has been a significant reduction in the number of liquor licensing complaints and liquor decisions being made in the Territory since Licensing NT was established. In 2014-15, there was only one requested review against a DirectorGeneral decision, five complaints were received and actioned, and eight liquor decisions were made. This compares to 51 hearings, 42 liquor hearing decisions, and 30 complaints in 2010-11 when the Liquor Commission existed.¹¹⁴

The noticeable decrease in complaints received and liquor licensing decisions made during this period, could be an indication that the community is not engaged in the process and that real or perceived barriers exist to community involvement in decisions.

A Community Defenders Office based on the Alcohol Community Action Project (ACAP) pilot in New South Wales would strengthen community engagement in the Northern Territory. The pilot was developed to help individuals and organisations who wanted to reduce alcohol-related harm in their community through the liquor licensing and planning systems. The ACAP pilot assisted communities in New South Wales to lodge objections to liquor licence and related applications and provided advice to individuals who were not aware of their rights. The strong demand for support through ACAP demonstrated the need within the community for such a service. It is likely that there would also be good demand for this service by Territorians in light of the levels of engagement seen when the Liquor Commission was in place.

In addition, any consideration of policy changes to alcohol availability in Aboriginal and Torres Strait Islander communities must involve the whole community; this includes in particular women, non-drinkers, and service providers such as police, education, and health agencies. This process must be transparent so there is independent evidence that a decision to declare a community dry, or to amend, or lift its dry status, is one that is supported by the whole community. Aboriginal communities that declare themselves dry have had some effect in reducing alcohol-related harm where the communities have had some control over alcohol policy.¹¹⁵

What we are calling for

- Reinstatement of the Northern Territory Licensing Commission and its full functions and powers as it operated under the *Northern Territory Licensing Commission Act*. Major decisions and determinations must be made by the Commission, with hearings conducted by a panel of members selected by the Chairperson of the Northern Territory Licensing Commission to ensure transparency.
- Provide \$4 million over four years to develop and fund a Northern Territory community defenders office based on the successful ‘Alcohol Community Action Project’ pilot.

9. Ban political donations from the alcohol industry

Any person or organisation who donates to a registered political party, candidate or associated entity is required to lodge a financial disclosure return in the Northern Territory. At the last Territory election, two of the biggest donors to political parties in the Territory were from the construction and alcohol industries.¹¹⁶ The amounts involved exceed \$100,000 each.

In the past few years, audits of the disclosure returns have been conducted in light of concerns over discrepancies between returns and a failure by some to disclose donations.

Donations have been repeatedly shown to have influence.

We know what works

Political donations are one way in which the alcohol industry can influence decision making. The NT Treasurer, David Tollner has been reported as saying that donations would open his door, “if you ever need to talk to me about something”. He reportedly went on to say that people who don’t make a political donation may have to wait a while to get an appointment.¹¹⁷

Concerns about reporting of political donations appear to be well founded, with a recent audit of the political disclosure returns for 2012-13 and 2013-14 finding that there was a real possibility that political party and branch annual returns did not accurately represent the donations made to them.^{118,119} A follow up review of the 2014-15 financial year found that political parties continued their failure to properly disclose all donations and other financial information to the Northern Territory Electoral Commission.¹²⁰ A separate review undertaken by former auditor-general Frank McGuinness also raised concerns over political donations, recommending that the Electoral Act be reviewed in its entirety.¹²¹

The ability to influence ministerial or government decisions raises questions of fairness, independence and quality such as whether decisions are made in the public interest or some private or commercial interest. The World Health Organization (WHO) Director-General Dr Margaret Chan has stated that, “In the view of WHO, the alcohol industry has no role in the formulation of alcohol policies, which must be protected from distortion by commercial or vested interests”.¹²²

The community is also concerned about the ability of the alcohol industry to influence policy. Over half (52 per cent) of Australians believe that the alcohol industry makes donations to influence government decision making¹²³ and almost two thirds (69 per cent) believe that political parties should not be able to receive donations from the alcohol industry.¹²⁴

What we are calling for

- Ban political donations in the Northern Territory from the alcohol industry and its representatives.

References

- 1 Northern Territory Police (2016). *Northern Territory crime statistics*. Retrieved 3 August 2016 from: <http://www.pfes.nt.gov.au/Police/Community-safety/Northern-Territory-crime-statistics.aspx>
- 2 Australian Institute of Health and Welfare (AIHW) (2014). *National drug strategy household survey 2013. State and territory comparisons chapter, online data tables*. Canberra: AIHW. Retrieved 5 July 2015 from: <http://www.aihw.gov.au/publication-detail?id=60129549469&tab=3>
- 3 Gao, C., Ogeil, R.P., & Lloyd, B. (2014). *Alcohol's burden of disease in Australia*. Canberra: Foundation for Alcohol Research and Education (FARE) and VicHealth in collaboration with Turning Point.
- 4 Gao, C., Ogeil, R.P., & Lloyd, B. (2014). *Alcohol's burden of disease in Australia*. Canberra: Foundation for Alcohol Research and Education (FARE) and VicHealth in collaboration with Turning Point.
- 5 Chikritzhs, T.N., Stockwell, T.R., Hendrie, D. et al. (1999). *The public health, safety and economic benefits of the Northern Territory's living with alcohol program, 1992/3 to 1995/6*. NDRI Monograph No. 2. Perth: National Drug Research Institute (NDRI), Curtin University of Technology.
- 6 Loxley, W., Gilmore, W., Catalano, P. and Chikritzhs, T. (2014). *National alcohol sales data project (NASDP) stage four report*. Perth: National Drug Research Institute (NDRI), Curtin University.
- 7 Australian Institute of Health and Welfare (AIHW) (2014). *National drug strategy household survey detailed report 2013*. Drug statistics series no. 28. Cat. no. PHE 183. Canberra: AIHW.
- 8 Gao, C., Ogeil, R.P., & Lloyd, B. (2014). *Alcohol's burden of disease in Australia*. Canberra: Foundation for Alcohol Research and Education (FARE) and VicHealth in collaboration with Turning Point.
- 9 Australian Institute of Health and Welfare (AIHW) (2014). *National drug strategy household survey detailed report 2013*. Drug statistics series no. 28. Cat. no. PHE 183. Canberra: AIHW.
- 10 Australian Institute of Health and Welfare (AIHW) (2015). *Alcohol and other drug treatment services in Australia 2013-14*. Canberra: AIHW, Table SC NT.4: Clients by principal drug of concern, Northern Territory, 2013-14. Retrieved 7 July 2016 from: <http://www.aihw.gov.au/publication-detail?id=60129551120&tab=3>
- 11 Gao, C., Ogeil, R.P., & Lloyd, B. (2014). *Alcohol's burden of disease in Australia*. Canberra: Foundation for Alcohol Research and Education (FARE) and VicHealth in collaboration with Turning Point.
- 12 Northern Territory Police (2016). *Northern Territory crime statistics*. Data through to April 2016. Retrieved 30 June 2016 from: <http://www.pfes.nt.gov.au/Police/Community-safety/Northern-Territory-crime-statistics.aspx>
- 13 Foundation for Alcohol Research and Education (FARE) (2015). *National framework for action to prevent alcohol-related family violence*. Canberra: FARE.
- 14 Stefano, M. (2014). NT alcohol attitude fuels high drink driving rates. *ABC News*. Retrieved 30 June 2016 from: <http://www.abc.net.au/news/2014-01-24/nt-drinking-culture-fuels-high-rates-of-drink-driving/5217488>
- 15 Northern Territory Government (2014). *Submission to the inquiry into the harmful use of alcohol in Aboriginal and Torres Strait Islander communities*. April 2014, p.3
- 16 Steering Committee for the Review of Government Service Provision. (2014). *Overcoming Indigenous disadvantage: Key indicators 2014*. Canberra: Productivity Commission.
- 17 Steering Committee for the Review of Government Service Provision. (2014). *Overcoming Indigenous disadvantage: Key indicators 2014*. Canberra: Productivity Commission.
- 18 Department of Business (2016). *Licensing, regulation and alcohol strategy*. Northern Territory Government. Retrieved from: <http://notes.nt.gov.au/ntt/dibrgllr.nsf/WebByMajorRegion?OpenView>
- 19 Buckley, T. (2014). A criminal shift: Alcohol regulation in the Northern Territory. *Indigenous Law Bulletin*. May/June, Volume 8, Issue 12.
- 20 National Drug Research Institute & Curtin University (2014). *Alcohol control measures: Central Australia and Alice Springs*. Submission to the Inquiry into the harmful use of alcohol in Aboriginal and Torres Strait Islander communities, Submission 84 – Attachment 3.
- 21 Lawrie, D. (2011). Alcohol reform (Prevention of alcohol-related crime and substance misuse) Bill (serial 158) *Hansard*, 30 March 2011, Second reading speech. Retrieved 27 July 2016 from: <http://notes.nt.gov.au/lant/hansard/hansard11.nsf/webSearchView/8B6D62FDD69E2D4E692578930020C0B7?opendocument>
- 22 Lawrie, D. (2011). Alcohol reform (Prevention of alcohol-related crime and substance misuse) Bill (serial 158) *Hansard*, 30 March 2011, Second reading speech. Retrieved 27 July 2016 from: <http://notes.nt.gov.au/lant/hansard/hansard11.nsf/webSearchView/8B6D62FDD69E2D4E692578930020C0B7?opendocument>
- 23 Buckley, T. (2014). A criminal shift: Alcohol regulation in the Northern Territory. *Indigenous Law Bulletin*. May/June, Volume 8, Issue 12.
- 24 Mills, T. (2012). *Scrapping the scan*. Media release. Retrieved 1 May 2014 from: <http://newsroom.nt.gov.au/index.cfm?fuseaction=viewRelease&id=9782&d=5>
- 25 Department of Justice (2012). *Annual report 2011-12*. Northern Territory Government.
- 26 Rawlinson, C. (2013). 'SMART courts' elimination worries Chief Magistrate as mandatory rehab begins. *ABC*. 1 July 2013. Retrieved from: <http://www.abc.net.au/local/stories/2013/07/01/3793167.htm>
- 27 National Drug Research Institute & Curtin University (2014). *Alcohol control measures: Central Australia and Alice Springs*. Submission to the Inquiry into the harmful use of alcohol in Aboriginal and Torres Strait Islander communities, Submission 84 – Attachment 3.

- 28 House of Representatives Standing Committee on Indigenous Affairs. (2015). *Inquiry into the harmful use of alcohol in Aboriginal and Torres Strait Islander communities report. Alcohol, hurting people and harming communities*. Canberra: The Parliament of the Commonwealth of Australia.
- 29 Taffa, V. (2015). Temporary beats having a lasting effect. *The Southern Thunderer*. Retrieved 5 August 2016 from: <http://www.southernthunderer.com.au/success-with-temporary-beat-locations-in-katherine/>
- 30 Hope, Z. (2015). Costs attached to temporary beat locations are not recorded, police say. *NT News*. Retrieved 5 August 2016 from: <http://www.ntnews.com.au/news/northern-territory/costs-attached-to-temporary-beat-locations-are-not-recorded-police-say/news-story/1e0b38e648078435feee71a7b29117f6>
- 31 Schubert, S. (2015). Adam Giles' alcohol policy draining police resources, says Police Association president Vince Kelly. *ABC*. Retrieved from: <http://www.abc.net.au/news/2015-02-11/bottle-shop-cops-draining-resources,-says-police-association/6085626>
- 32 Northern Territory Police Association (2016). Facebook post. Retrieved 5 August 2016 from: <https://www.facebook.com/NTPoliceAssociation/posts/1049267721798893>
- 33 Select Committee on Action to prevent Fetal Alcohol Spectrum Disorder (2015). *The preventable disability*. Legislative Assembly of the Northern Territory, February 2015.
- 34 Babor et al. (2010). *Alcohol: No ordinary commodity. Research and public policy, 2nd edition*. Oxford University Press.
- 35 Stockwell, T., Zhao, H., Giesbrecht, N., Macdonald, S., Thomas, G. & Wettlaufer, A. et al (2012). The raising of minimum alcohol prices in Saskatchewan, Canada: Impacts on consumption and implications for public health. *American Journal of Public Health* 102(12):e103-e110
- 36 Stockwell, T., Auld, M.C., Zhao, J. & Martin, G. (2012). Does minimum pricing reduce alcohol consumption? The experience of a Canadian province. *Addiction*. 107: 912-920
- 37 National Drug Research Institute & Curtin University (2014). *Alcohol control measures: Central Australia and Alice Springs*. Submission to the Inquiry into the harmful use of alcohol in Aboriginal and Torres Strait Islander communities, Submission 84 – Attachment 3.
- 38 People's Alcohol Action Coalition (2011). *Minimum floor price on take-away alcohol*. Retrieved 7 July 2016 from: http://www.paac.org.au/PAAC_Position_Statement_Minimum_floor_price_July_2011.pdf
- 39 Northern Territory Licensing Commission (2007). *Reason for decision relating to an application by Alice Springs Town Council for a Public Restricted Area, 9 May 2007*.
- 40 Australian Institute of Health and Welfare (AIHW) (2012). *Alcohol and other drug treatment services national minimum data set 2012-13: specifications and collection manual*. Drug treatment series no. 17. Cat. no. HSE 123, Canberra: AIHW.
- 41 Department of Attorney General and Justice. (2014). *Alcohol mandatory treatment act*. Retrieved from: <http://notes.nt.gov.au/dcm/legislat/legislat.nsf/linkreference/ALCOHOL%20MANDATORY%20TREATMENT%20ACT?opendocument>
- 42 Oaten, J. (2016). 'Take back homeless' NT Chief Minister Adam Giles tells WA Premier Colin Barnett. *ABC News*. Retrieved 15 June 2016 from: <http://www.abc.net.au/news/2016-06-15/take-your-homeless-indigenous-people-back-giles-tells-wa/7514348>
- 43 Northern Territory Department of Treasure and Finance. (2013). *Budget strategy and outlook 2013-14, Budget Paper No.2*. Retrieved from: <http://www.treasury.nt.gov.au/PMS/Publications/BudgetFinance/BudgetPapers/l-BP02-1314.pdf>
- 44 Northern Territory Department of Treasure and Finance. (2014). *The Budget 2014-14, Budget Paper No.3*. Retrieved from: <http://www.treasury.nt.gov.au/PMS/Publications/BudgetFinance/BudgetPapers/l-BP03-1415.pdf>
- 45 Northern Territory Government. (2015). *Budget 2015-16 overview*. Retrieved from: http://www.treasury.nt.gov.au/PMS/Publications/BudgetFinance/BudgetPapers/Budget-2015-16_Overview.pdf
- 46 Lander, F., Gray, D. & Wiles, E. (2015). The alcohol mandatory treatment act: evidence, ethics and the law. *MJA*, 2013(1) 47-50.
- 47 Ritter, A., Berends, L., Chalmers, J., Hull, P., Lancaster, K. & Gomez, M. (2014). *New horizons: The review of alcohol and other drug treatment services in Australia*. Drug Policy Modelling Program, National Drug and Alcohol Research Centre, UNSW.
- 48 Ettner, S.L., Huang, D., Evans, E. et al (2006). Benefit-cost in the California treatment outcome project: does substance abuse treatment "pay for itself"? *Health Services Research* 2006; 41: 192-213
- 49 Gray, D., Wilson, M., Allsop, S., Saggars, S., Wilkes, E., & Ober, C. (2014). Barriers and enablers to the provision of alcohol treatment among Aboriginal Australians: a thematic review of five research projects. *Drug and Alcohol Review*, 33(5), 482-490.
- 50 Teasdale, K.E., Conigrave, K.M., Kiel, K.A., Freeburn, B., Long, G. & Becker, K. (2008). Improving services for prevention and treatment of substance misuse for Aboriginal communities in a Sydney Area Health Service. *Drug and Alcohol Review*, 27, 152-9.
- 51 Australian Council of Social Services (ACOSS). (2014). *Australian community sector survey*. Canberra: ACOSS.
- 52 Northern Territory Government. (n.d.). *Alcohol mandatory treatment. Frequently asked questions*. Retrieved from: http://health.nt.gov.au/library/scripts/objectifyMedia.aspx?file=pdf/82/60.pdf&siteID=1&str_title=Alcohol%20Mandatory%20Treatment%20-%20Frequently%20Asked%20Questions.pdf
- 53 Lam, T., Allsop, S. (2012). *The effectiveness of civil commitment: compulsory treatment of non-offenders with drug addictions*. Perth: National Drug Research Institute.
- 54 Lander, F., Gray, D. & Wiles, E. (2015). The Alcohol Mandatory Treatment Act: evidence, ethics and the law. *MJA*, 2013(1). 47-50

- 55 House of Representatives Standing Committee on Indigenous Affairs. (2015). *Inquiry into the harmful use of alcohol in Aboriginal and Torres Strait Islander communities report. Alcohol, hurting people and harming communities*. Canberra: The Parliament of the Commonwealth of Australia.
- 56 NSW Legislative Council Standing Committee on Social Issues. (2004) *Report 33: Report on the Inebriates Act 1912*. Sydney: NSW Parliamentary Library.
- 57 House of Representatives Standing Committee on Indigenous Affairs. (2015). *Inquiry into the harmful use of alcohol in Aboriginal and Torres Strait Islander communities report. Alcohol, hurting people and harming communities*. Canberra: The Parliament of the Commonwealth of Australia.
- 58 Lander, F., Gray, D. & Wiles, E. (2015). The Alcohol Mandatory Treatment Act: evidence, ethics and the law. *MJA*, 2013(1). 47-50
- 59 d'Abbs, P., Togni, S., Rosewarne, C., & Boffa, J. (2013). The grog mob: lessons from an evaluation of a multi-disciplinary alcohol intervention for Aboriginal clients. *Australian and New Zealand journal of public health*, 37(5), 450-456.
- 60 Department of Business (2016). *Licensing, regulation and alcohol strategy*. Northern Territory Government. Retrieved from: <http://notes.nt.gov.au/ntt/dibrgllr.nsf/WebByMajorRegion?OpenView>
- 61 The Allen Consulting Group (2011). *A risk based licensing system for the Northern Territory. Final Report to the Department of Families, Housing, Community Services and Indigenous Affairs, November 2011*. Department of Business and Industry website. *Liquor licence fees*. Retrieved 7 July 2016 from: <https://nt.gov.au/industry/hospitality/liquor-licence-fees>
- 62 The Allen Consulting Group (2011). *A risk based licensing system for the Northern Territory. Final Report to the Department of Families, Housing, Community Services and Indigenous Affairs, November 2011*. Department of Business and Industry website. *Liquor licence fees*. Retrieved 7 July 2016 from: <https://nt.gov.au/industry/hospitality/liquor-licence-fees>
- 63 Northern Territory Police Association (2014). *Submission to the inquiry into the harmful use of alcohol in Aboriginal and Torres Strait Islander communities*.
- 64 Tollner, D. (2014). *New guidelines for takeaway alcohol licence applications*. Northern Territory Government. Media release. Retrieved from: <http://newsroom.nt.gov.au/mediaRelease/9577>
- 65 Northern Territory Government. (2015). *Director-General of licensing decision notice – Application for grant of store liquor licence – Rosebery IGA*. Retrieved from: <https://business.nt.gov.au/publications/director-general-decisions>
- 66 Bolton, K. (2009). Grog licence buy back scheme a fizzer. *ABC News*. Retrieved 2 August 2016 from: <http://www.abc.net.au/news/2009-07-30/grog-licence-buy-back-scheme-a-fizzer/1372714>
- 67 Livingston, M. (2011). Alcohol outlet density and harm: Comparing the impacts on violence and chronic harms. *Drug and Alcohol Review*, 30, 515-23.
- 68 Michigan Department of Community Health (MCDH) Bureau of Disease Control, Prevention & Epidemiology. (2011). *The association of increased alcohol outlet density & related harms: Summary of key literature*. MDCH: Michigan.
- 69 Livingston, M. (2008). A longitudinal analysis of alcohol outlet density and assault. *Alcoholism: Clinical and experimental research* 32(6): 1074-1079.
- 70 Livingston, M. (2011). A longitudinal analysis of alcohol outlet density and domestic violence. *Addiction* 106(5): 919-925.
- 71 Morrison, C., & Smith, K. (2015). *Disaggregating relationships between off-premise alcohol outlets and trauma*. Canberra: Foundation for Alcohol Research and Education.
- 72 Livingston, M. (2011). A longitudinal analysis of alcohol outlet density and domestic violence. *Addiction* 106(5):919-925.
- 73 Barr, H.M., & Streissguth, A.P. (2001). Identifying maternal self-reported alcohol use associated with fetal alcohol spectrum disorders. *Alcoholism: Clinical and Experimental Research*, 25(2), 283-287.
- 74 Drug Education Network Inc. (2011). *Living with foetal alcohol spectrum disorder: A guide for parents and caregivers*. Retrieved from: <http://www.den.org.au/wp-content/uploads/2014/11/Living-with-FASD-A-Guide-for-Parents-and-Caregivers.pdf>
- 75 Select Committee on Action to prevent Fetal Alcohol Spectrum Disorder (2015). *The preventable disability*. Legislative Assembly of the Northern Territory, February 2015.
- 76 Select Committee on Action to prevent Fetal Alcohol Spectrum Disorder (2015). *The preventable disability*. Legislative Assembly of the Northern Territory, February 2015.
- 77 O'Leary, C. (2002). *Foetal Alcohol Syndrome: A literature review. National Alcohol Strategy 2001 to 2003-04 Occasional Paper*. Commonwealth Department of Health and Ageing, Canberra.
- 78 Handmaker, N. & Wilbourne, P. (2001). *Motivational interventions in prenatal clinics*. National Institute on Alcohol Abuse and Alcoholism. Retrieved 5 July 2016 from: <http://pubs.niaaa.nih.gov/publications/arh25-3/219-299.htm>
- 79 McLean, S. & McDougall, S. (2014) *Fetal alcohol spectrum disorders. Current issues in awareness, prevention and intervention*. CFCA Paper No 29, Child Family Community Australia
- 80 Chersich, M., Urban, M., Olivier, L., Davies, L.A., Chetty, C. & Viljoen, D. (2012). Universal prevention is associated with lower prevalence of Fetal Alcohol Spectrum Disorders in Northern Cape, South Africa: A multicentre before–after study. *Alcohol and Alcoholism* Vol. 47, No. 1, pp. 67–74
- 81 Foundation for Alcohol Research and Education (FARE) (2012). *The Australian Fetal Alcohol Spectrum Disorders action plan 2013-2016*. Canberra: FARE.
- 82 Closing the gap clearinghouse (2015). *Fetal alcohol spectrum disorders: a review of interventions for prevention and management in Indigenous communities*. Resource sheet no. 36 February 2015

- 83 The Allen Consulting Group (2011). *A risk based licensing system for the Northern Territory*. Final Report to the Department of Families, Housing, Community Services and Indigenous Affairs, November 2011.
- 84 Department of Business and Industry (2016). *Liquor licence fees*. Retrieved 7 July 2016 from: <https://nt.gov.au/industry/hospitality/liquor-licence-fees>
- 85 The Allen Consulting Group (2011). *A risk based licensing system for the Northern Territory*. Final Report to the Department of Families, Housing, Community Services and Indigenous Affairs, November 2011.
- 86 Department of Business and Industry (2016). *Liquor licence fees*. Retrieved 7 July 2016 from; <https://nt.gov.au/industry/hospitality/liquor-licence-fees>
- 87 The Allen Consulting Group (2011). *A risk based licensing system for the Northern Territory*. Final Report to the Department of Families, Housing, Community Services and Indigenous Affairs, November 2011.
- 88 Mathews, R. & Legrand, T. (2013). *Risk-based licensing and alcohol-related offences in the Australian Capital Territory*. Canberra: Foundation for Alcohol Research and Education (FARE) and the Australian Research Council (ARC) Centre of Excellence in Policing and Reporting.
- 89 Babor et al (2010). *Alcohol no ordinary commodity: Research and public policy. Second Edition*. Oxford University Press.
- 90 Jochelson, R. (1997). *Crime and place: An analysis of assaults and robberies in Inner Sydney*. Sydney: New South Wales Bureau of Crime Statistics and Research.
- 91 Briscoe, S. & Donnelly, N. (2001). Temporal and regional aspects of alcohol-related violence and disorder. *Alcohol Studies Bulletin*.
- 92 Jochelson, R. (1997). *Crime and place: An analysis of assaults and robberies in Inner Sydney*. Sydney: New South Wales Bureau of Crime Statistics and Research.
- 93 Briscoe, S. & Donnelly, N. (2001). Temporal and regional aspects of alcohol-related violence and disorder. *Alcohol Studies Bulletin*.
- 94 Livingston, M. (2011). A longitudinal analysis of alcohol outlet density and domestic violence. *Addiction* 106: 919–25.
- 95 Chikritzhs, T., Stockwell, T. (2006). The impact of later trading hours for hotels on levels of impaired driver road crashes and driver breath alcohol levels. *Addiction*, 101(9):1254-64.
- 96 Laslett, A.M., Mugavin, J., Jiang, H., Manton, E., Callinan, S., MacLean, S. & Room, R. (2015). *The hidden harm: Alcohol's impact on children and families*. Canberra: Foundation for Alcohol Research and Education.
- 97 Stockwell, T. & Chikritzhs, T. (2009). Do relaxed trading hours for bars and clubs mean more relaxed drinking? A review of international research on the impacts of changes to permitted hours of drinking. *Crime Prevention and Community Safety*. 2009,11, 153-170.
- 98 Hobday, M., Chikritzhs, T., Liang, W. & Meulners, L. (2015). The effect of alcohol outlets, sales and trading hours on alcohol-related injuries presenting at emergency departments in Perth, Australia, from 2002 to 2010. *Addiction*, 110, 1901–1909.
- 99 Kypri, K., Jones, C., McElduff, P., Barker, D.J. (2010). Effects of restricting pub closing times on night-time assaults in an Australian city. *Addiction*, 106 303-310
- 100 Rossow, I. & Norström, T. (2011). The impact of small changes in bar closing hours on violence. The Norwegian experience from 18 cities. *Addiction*. Vol 107, Issue 3.
- 101 Briscoe, S. & Donnelly, N. (2001). Temporal and regional aspects of alcohol-related violence and disorder. *Alcohol Studies Bulletin*.
- 102 New South Wales Government (nd). *New alcohol laws now in place*. Retrieved 2 August 2016 from: <http://www.nsw.gov.au/newlaws>
- 103 Menendez, P., Weatherburn, D., Kypri, K. & Fitzgerald, J. (2015). *Lockouts and last drinks: The impact of the January 2014 liquor licence reforms on assaults in NSW, Australia*. NSW Bureau of Crime Statistics and Research BOCSAR bulletin no.183, 16 April 2015.
- 104 Jones, C., Kypri, K., Moffatt, S., Borzycki, C., & Price, B. (2009). Impact of restricted alcohol availability on alcohol-related violence in Newcastle, NSW. *BOCSAR NSW Crime and Justice Bulletins*, 23. Retrieved from: <http://www.bocsar.nsw.gov.au/Documents/CJB/cjb137.pdf>
- 105 Fulde, G.W., Smith, M., & Forster, S.L. (2015). Presentations with alcohol-related serious injury to a major Sydney trauma hospital after 2014 changes to liquor laws. *Medical Journal of Australia (MJA)*, 203(9).
- 106 Pennay, A., Lubman, D. & Miller, P. (2011). Combining energy drinks and alcohol: A recipe for trouble? *Australian Family Physician* 40(3): 104-107.
- 107 People's alcohol action coalition (nd) *What works is what we want* viewed on 12 July 2016 at http://www.paac.org.au/html/what_works.html
- 108 d'Abbs, P., Togni, S. & Crundall, I. (1996). *The Tennant Creek Liquor Licensing Trial, August 1995 – February 1996: An Evaluation* Menzies Occasional Papers No. 2/96, Darwin: Menzies School of Health Research and NT Living With Alcohol Program.
- 109 Northern Territory Civil and Administrative Tribunal (NCAT). (2016). Retrieved 14 July 2016 from: http://www.ncat.nt.gov.au/fees.shtml#_ftn1
- 110 Northern Territory Licensing Commission. (2011). *Annual report 2010-2011*. Retrieved from: https://www.nt.gov.au/__data/assets/pdf_file/0010/170857/nt-licensing-commissions-annual-report-2010-11.pdf
- 111 Northern Territory Licensing Commission. (2011). *Annual report 2010-2011*. Retrieved from: https://www.nt.gov.au/__data/assets/pdf_file/0010/170857/nt-licensing-commissions-annual-report-2010-11.pdf
- 112 Australian Government. (1995). *Race discrimination commissioner's alcohol report*. Canberra, Australia: Australian Government Publishing Services.
- 113 Northern Territory Department of Business. (2015). *Director-General of Licensing Annual Report 2014-15*. Retrieved from: <https://business.nt.gov.au/publications/annual-reports>

- 114 Northern Territory Licensing Commission. (2011). *Annual report 2010-2011*. Retrieved from: https://www.nt.gov.au/__data/assets/pdf_file/0010/170857/nt-licensing-commissions-annual-report-2010-11.pdf
- 115 Chikritzhs, T., Gray, D. et al (2007). *Restrictions on the sale and supply of alcohol: evidence and outcomes*. Perth: National Drug Research Institute, Curtin University of Technology.
- 116 Smee, B. (2014). Biggest political donors revealed. *NT News*. 4 February 2014. Retrieved from: <http://www.ntnews.com.au/news/northern-territory/biggest-political-donors-revealed/story-fnk0b1zt-1226817292737>
- 117 ABC News (2014). Former NT deputy chief minister David Tollner defends political donations for access to government 105.7 ABC Darwin, 24 October 2014. Retrieved from: <http://www.abc.net.au/news/2014-10-23/political-donations-open-my-door-says-david-tollner/5835752>
- 118 Oaten, J. (2015) Review of Northern Territory political donations finds widespread violation of NT electoral laws. *ABC News*, 21 May 2015. Retrieved from: <http://www.abc.net.au/news/2015-05-21/nt-political-parties-fail-to-properly-disclose-donations/6485666>
- 119 Cardellini, M. (2015) *Compliance review with focus on Political Disclosure Returns in relation to election contributions and annual political party returns, as relevant, made by political parties and their donors, related entities, publishers, broadcasters and candidates during the 2012-13 and 2013-14 financial years* BDO for the Northern Territory Electoral Commission. Retrieved from: <http://www.ntec.nt.gov.au/MediaAndPublications/ElectionReportsAndSubmissions/Documents/Compliance%20Review%20Report%20on%20Political%20Disclosure%20Returns.pdf>
- 120 Walsh, C. (2016). NT political parties in strife after failing to properly disclose donations to NT Electoral Commission. *NT News*. 12 March 2016. Retrieved from: <http://www.ntnews.com.au/news/northern-territory/nt-political-parties-in-strife-after-failing-to-properly-disclose-donations-to-nt-electoral-commission/news-story/b1112d7976c3f6b0f7ff44a7af27338f>
- 121 Brooks, S. & La Canna, X. (2015). Final report by former auditor Frank McGuinness recommends complete review of NT Electoral Act. *ABC News*, 30 April 2015. Retrieved from: <http://www.abc.net.au/news/2015-04-30/former-auditor-recommends-nt-electoral-act-be-reviewed/6433028>
- 122 Chan, M. (2013). Doctors and the alcohol industry: an unhealthy mix? *BMJ* 2013; 346: f1889. Retrieved from: <http://www.bmj.com/content/346/bmj.f1889/rr/640534>
- 123 Foundation for Alcohol Research and Education (FARE). (2016). *Annual alcohol poll 2016: Attitudes and behaviours*. Canberra: FARE. Retrieved from: <http://fare.org.au/2016/05/annual-alcohol-poll-2016-attitudes-and-behaviours/>
- 124 Foundation for Alcohol Research and Education (FARE) (2015). *Annual alcohol poll 2015: Attitudes and behaviours* Canberra: FARE.

ISBN: 978-0-9945787-5-4

FOUNDATION FOR ALCOHOL RESEARCH AND EDUCATION
PO BOX 19 DEAKIN WEST ACT 2600 | 02 6122 8600 | info@fare.org.au | www.fare.org.au

PEOPLE'S ALCOHOL ACTION COALITION
0401 077 483 | info@paac.org.au | www.paac.org.au

fare
Foundation for Alcohol
Research & Education

people's alcohol action coalition