# “It fits the needs of the community”: Long-term evaluation of the Norseman Voluntary Liquor Agreement

## Researchers

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## Summary

In the early 2000s, members of Norseman’s Indigenous community became increasingly concerned that heavy alcohol consumption was the main cause of chronic health problems in their town. There was also a clear recognition that certain types of packaged liquor were particularly associated with this problematic drinking.

As a result of extensive community consultation, the Norseman Voluntary Alcohol Agreement was implemented in 2008 and remains to this day.

The agreement restricted alcohol sales from the town’s liquor outlet to between midday and 6pm, and placed a cap on cask wine limiting purchases to one cask per person per day. In 2009, this was extended to also include a limit of one 750ml bottle of fortified wine and full strength beer a day.

This report builds on the original evaluation of these restrictions, conducted in 2009, to assess whether the Agreement has been able to maintain its initial benefits. A mixed methods approach has been employed, with secular (long-term), quantitative, alcohol consumption and harm data and qualitative interview data collected from a number of different sources.

There is a gap in the alcohol data from May 2009 to October 2012 because of a change in wholesale supplier. This resulted in three distinct periods when data was reported:

* before the initial restrictions (December 2006 to February 2008)
* after the initial restrictions (March 2008 to May 2009)
* and follow-up (October 2012 to December 2014).

Accordingly, differences in consumption have been measured between these three periods. Beer consumption has not been included because the wholesale sales data was unreliable.

## Outcomes

The consumption of cask wine declined significantly from before to after the initial restrictions and this difference remained at follow-up. The consumption of fortified wine did not change from before to after the initial restrictions. However, there was significant decline from both before and after the initial restrictions to follow-up. Spirit consumption, similarly, did not change from before to after the initial restrictions, but increased significantly from both before and after the initial restrictions to follow-up. Total consumption of all beverages, measured by volume of pure alcohol, did not change at any point.

Alcohol harm data was collected from January 2004 to December 2014. All comparisons were made between the period before the initial restrictions and the period after the additional restrictions. There was a downward trend in the presentation rate of Indigenous people to the Norseman Hospital emergency department prior to the initial restrictions, which stabilised at a lower level subsequent to the additional restrictions. This was possibly due to the high profile community consultation process on restrictions influencing consumption patterns in anticipation of implementation. The difference was not significant. There was no discernible trend in the non-Indigenous presentations. There was a significant decrease in rates of burglary, domestic violence and assaults by Indigenous people between these two periods. Non-Indigenous burglary and assault rates also decreased significantly. Rates of driving under the influence did not change for either group. Police tasking rates (call outs), decreased significantly post restrictions. These changes suggest the restrictions have led to improved social behaviour, but it is less clear as to their impact on health.

The qualitative data from interviews with the community key informants and focus group participants indicated that the Indigenous community was the driving force for introducing the restrictions, in response to the domestic violence, chronic disease and death that was associated with heavy drinking. The reason given for not allowing alcohol sales, other than between midday and 6pm, was to limit the period of drinking so there was a break for heavy drinkers to sober up. There was almost universal agreement that the behaviour of drinkers, the amount of alcohol consumed and alcohol-related harms had all changed for the better since the introduction of restrictions. The common perspective was that street drinking had decreased and more drinking was occurring in homes during the evening. However, drinking parties at home in the evenings were affecting children’s schooling. The health workers, in particular, considered that the health consequences of drinking had reduced. Community climate was better because of less public drunkenness. Family function had improved and domestic violence had decreased, with a number of comments that drunkenness at home has improved since the restrictions. There was general agreement that the restrictions should remain in place. Most of the suggestions for dealing with alcohol problems in the town in the future went beyond a focus on drinkers and drinking. The need for jobs, employment skills and education was repeatedly mentioned by the key informants and focus group participants.

On balance, the findings from the secular, quantitative data indicate there was improvement in the pattern of alcohol consumption and harm post the introduction of voluntary restrictions. This was reinforced by strong perceptions of improvement from within the community. These perceptions should be privileged because they represent the community voice, and add considerable detail as to what has changed and what problems remain. The other important consideration is that the restrictions have remained in place since their introduction at the behest of the community in March 2008 and are talked about with pride because of the manner of their genesis.

The initial evaluation of the Agreement stated it demonstrated that a community could achieve change and reduce harm from alcohol misuse through its own action. It was also unique in that government agencies worked with the Norseman community and the Hotel Licensee to enable these changes to occur without regulation or enforcement (Schineanu et al., 2010). Such a voluntary agreement would, however, be difficult to replicate in larger communities with several licensed premises, and the lack of reliable wholesale beer data means there is a gap in the overall profile of alcohol consumption in Norseman.

While it is important to acknowledge these limitations, the benefits for the Norseman community are clear. The restrictions are still in place; have increased social order; are still overwhelmingly supported by the community, including the Licensee; and have remained effective in keeping in check those beverages identified from initial community discussions as problematic. This does not obviate the need for a reappraisal of the restrictions in light of changing patterns of alcohol consumption and harm, particularly the increase in consumption of spirits and the recent trend of increasing police call outs. These may be early signs that the effects of the restrictions are diminishing. However, any changes have to come with community support, as this underpins the current arrangements.

[view the report](https://www.fare.org.au/wp-content/uploads/Long-term-evaluation-of-the-Norseman-Voluntary-Liquor-Agreement-web.pdf)

[view the media release](https://www.fare.org.au/wp-content/uploads/RESEARCH-NORSEMAN-VOLUNTARY-LIQUOR-ACCORD-SUCCESS-Final-09022016.pdf)