RESPONSE TO
BDR EVALUATION REPORT RECOMMENDATIONS

JULY 2018

NORTHERN TERRITORY GOVERNMENT

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The Process Evaluation of the Banned Drinker Register (the BDR Evaluation Report) was undertaken by Menzies School of Health Research. It covers the first 6 months of operation and was released in June 2018.

The BDR Evaluation Report shows that the BDR is meeting its policy objectives. The review made 23 recommendations for enhancements and improving the impact of the BDR. The recommendations are closely aligned and complementary to the Riley Review, and with work underway through the Alcohol Harm Minimisation Action Plan 2018-19.

14 recommendations are supported, with a further 9 supported in principle. Recommendations are supported in principle where they have resource implications, privacy concerns or will require new policy positions or legislation changes. This means that the general concept of the recommendation is endorsed, but there may be alternative ways to achieve the outcome.

The recommendations can be organised under 5 themes:

1. IMPROVING THERAPEUTIC SUPPORT

These are supported and work has already commenced to increase therapeutic support options and encourage more uptake of the self-referral pathway.

2. COMMUNITY ENGAGEMENT AND EDUCATION

These are supported and work is continuing on recommendations which are directed at enhancing community education and engagement, linked to initiatives in the Alcohol Harm Minimisation Action Plan.

3. TECHNOLOGY IMPROVEMENTS

These are supported in principle, and will require consultation with stakeholders and assessment of resource needs to enable implementation plans to be developed.

4. LEGISLATION AND POLICY

These are supported in principle, and will require consultation with stakeholders to ensure alignment with major reforms underway from the Riley Review recommendations.

5. RESEARCH AND DATA

These are supported in principle, and will require consultation with stakeholders and assessment of resources to enable implementation plans to be developed.

The next evaluation of the BDR will cover the first 12 months of operations and will be reported in December 2018.

THE REPORT RECOMMENDATIONS

1. IMPROVING THERAPEUTIC SUPPORT – SUPPORTED

4 Targeted health interventions for people using SUS

7 Standard health referral forms

9 Promote self-referral pathway

10 Promote therapeutic options available

11 Provide health promotion services to people on a BDO

12 Strategies to increase uptake of treatment options for people on BDR

21 Access to MVR records for BDR Registrar to confirm identity

2. COMMUNITY ENGAGEMENT AND EDUCATION - SUPPORTED

6 Community education about BDR to help people with problem drinking

14 Target secondary supply in high risk populations

15 Increase health promotion efforts NT wide to reduce harmful consumption

3. TECHNOLOGY IMPROVEMENTS - *SUPPORTED IN PRINCIPLE

5 Link IJIS with relevant IT systems available*

19 Digitize photo identification sources for BDR*

20 Data quality improvements; alternate technology solutions for implementation in other licensed venues *

4. LEGISLATION AND POLICY – SUPPORTED /*SUPPORTED IN PRINCIPLE

2 Remove discretionary approach for alcohol-related DV offences to become an automatic trigger for BDO

22 Amend regulations to expand approved referrer sources

8 Mandate courts to notify BDR Registrar of variation to a BDO *

13 Trial BDR scanners at on-premises venues in regions with PALIs*

16 Better identify place of residence and event location for people on the BDR*

18 Record name and details of person on BDR attempting alcohol purchase for health follow-up*

5. RESEARCH AND DATA *SUPPORTED IN PRINCIPLE

1 Monitor trends and data associated with BDR and alcohol related harms

23 Undertake independent long term impact and outcome evaluation of BDR

3 Include BDR status on person's health record*

17 Record volume of alcohol sales via the BDR*

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RECOMMENDATION	POSITION	RESPONSE
1. IMPROVING THERAPEUTIC SUPPORT – SUPPORTED		
4. Investigate appearances of people on the BDR in Sobering-Up Shelters to assist with targeted health interventions for these clients.	Supported	The Department of Health and the Department of the Attorney-General and Justice will undertake work on existing data collections and linkages. The Sobering Up Shelters Review outlined in the Alcohol Harm Minimisation Action Plan 2018-2019 will report at end of 2018. *Linked to recommendations in section 4.5 Alcohol Policies and Legislation Review Final Report*
7. Implement a standard referral template for health assessments.	Supported	The Department of Health is currently working with government and non-government treatment providers to streamline referral pathways between agencies.
9. Promote the BDR self-referral pathway more actively to people with patterns of risky drinking behaviours. This requires tailored social marketing efforts to different sub-sets of people who misuse alcohol.	Supported	The Department of Health developed and distributed 8000 BDR cards in July 2018 highlighting self-referral to AOD, Emergency services and Legal Aid services NT-wide. Work is also underway with the Aboriginal Interpreter Service, to prepare materials in Aboriginal languages.
10. Develop strategies to better promote the array of therapeutic services available to assist people placed on the BDR.	Supported	The Department of Health has recently updated the BDR website to have information available about all therapeutic services in the 5 regions listed. All people who are issued a BDO receive a letter from the BDR Registrar outlining services available in their location.
11. Develop assertive health promotion outreach strategies and resources (particularly health education, the provision of health information, and more detailed information about therapeutic services) for people issued with a BDO.	Supported	The Department of Health is leading the development of appropriate protocols with AOD specialist services and staff based in primary health care settings to respond to the needs of people who may benefit from therapeutic interventions. *Linked to recommendation 1.2.1 Alcohol Policies and Legislation Review Final Report*

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RECOMMENDATION	POSITION	RESPONSE
1. IMPROVING THERAPEUTIC SUPPORT – SUPPORTED		
12. Prioritise implementation of practical levers and strategies to increase the voluntary uptake of therapeutic services among people on the BDR. A targeted and culturally responsive approach will be required to reach different sub-sets of people on the BDR. Potential options could include:	Supported	
a. Police referring people on a police initiated BDO to the BDR Registrar for referral for therapeutic support and/or consideration of income management order, with a rationale as to why this option would be beneficial.		The BDR Registrar will work with police to determine the most appropriate mechanisms for this.
b. Courts referring people with a Court Order with alcohol prohibition conditions to the BDR Registrar for therapeutic support.		The BDR Registrar will work with courts officers to determine the most appropriate mechanisms for this, including automatic notification when orders are made.
c. Assertive follow-up and coordinated therapeutic support options discussed with people on a BDO by locally-based alcohol treatment services.		See recommendation 11.
21. Consider providing the BDR Registrar access to the Motor Vehicle Registry records to help streamline processes associated with the legislative requirement for the BDR Registrar to be satisfied with a person's identity.	Supported	This will require amendment to the *Alcohol Harm Reduction Regulations* section 3: Person who may apply to BDR Registrar for making of BDO.
2. COMMUNITY ENGAGEMENT AND EDUCATION - SUPPORTED		
6. Develop a more robust community education campaign about the aim and purpose of the BDR to increase public understanding of the BDR. There is an opportunity to use success stories from people on the BDR to inform a campaign of this nature.	Supported	A BDR community education campaign will run from September 2018-December 2018, with a specific focus on remote communities and secondary supply. Further work will occur through the NT Government cross-agency Alcohol Education Campaign Working Group to inform and develop long term education campaigns about reducing consumption of alcohol at harmful levels. *Linked to recommendation 1.2.1 Alcohol Policies and Legislation Review Final Report*

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RECOMMENDATION	POSITION	RESPONSE
2. COMMUNITY ENGAGEMENT AND EDUCATION – SUPPORTED		
14. Implement policy responses that address the secondary supply of alcohol and grog running, in tandem with investments in the BDR. It is proposed that such responses are targeted at high risk population groups, such as the recent announcement of an additional 12 police officers and 3 prosecutors with a specific focus on secondary supply.	Supported	The Alcohol Harm Minimisation Action Plan 2018-2019 has a strong focus on secondary supply, with specific initiatives including: • Police last drinks survey to identify where a person in Police custody obtained their last drink, in addition to their drinking behavior/ pattern prior to coming into custody. This will also assist in identifying if a person obtained their alcohol via secondary supply. • A targeted education campaign for remote communities to raise awareness of the damage that the illegal supply of alcohol can cause.
15. Substantially increase health promotion efforts across the NT community to reduce the risks and harms of alcohol consumption, with the intent of reducing BDOs issued over the longer term. This requires investment in a workforce with specific expertise and skill-sets in community development and health promotion; and should align with the NT Strategic Health Promotion Framework.	Supported	This aligns with recommendation 1.2.1 of the Alcohol Policies and Legislation Review Final Report and is being addressed within the Alcohol Harm Minimisation Action Plan, including: • Re-instating the PARTY (Prevent Alcohol and Risk-Related Trauma in Youth) Program through the Royal Darwin Hospital. The program is a health promotion initiative that seeks to build resilience in young people to prevent alcohol and risk-related trauma; and • Developing targeted education campaigns focusing on identified groups that are most at risk from alcohol-related harms.
3. TECHNOLOGY IMPROVEMENTS – *SUPPORTED IN PRINCIPLE		
5. Upgrade IJIS to support enhanced integration with other NTG IT systems.	Supported in principle	Assessment of costs and linkage to SerPro (NTPFES) will need investigation. IJIS is at the end of life and is currently being replaced, so the investment should be made in the new environment.
19. Over the longer-term, invest in the digitisation of photo identification (such as Driver's Licenses and Australia Post KeyPass card) used for the BDR. This could also provide a solution for other public policy responses requiring photo identification.	Supported in principle	This would be a major project for the NTG, and would need to be led by the Department of Infrastructure, Planning and Logistics, as it would impact on many NTG systems – not just BDR.

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3. TECHNOLOGY IMPROVEMENTS – *SUPPORTED IN PRINCIPLE		
20. Resolve data quality issues through integrated information technology solutions that address errors due to multiple entries (i.e. alias or date of birth) of people placed on the BDR. Expanding the BDR to additional settings (e.g. on premises, or late-night venues) may also require the implementation of alternative technology solutions.	Supported in principle	Department of the Attorney-General and Justice and NTPFES will undertake a scoping exercise to investigate what improvements to business practices are required, and what resources may be required for alternative technology enhancements.
4. LEGISLATION AND POLICY – SUPPORTED /*SUPPORTED IN PRINCIPLE		
2. Consider removing the current discretionary approach to alcohol related domestic violence offences, and making them an automatic trigger for a 3 month BDO.	Supported	Will require amendments to Section 10 of *Alcohol Harm Reduction Act* from 'may' to 'must' • 10(1)(a) A police officer may make a BDO for an adult who, in relation to an alcohol-related offence, is arrested and charged; or is summoned; or is served with a notice to appear before a court. And may also require a new subsection to the effect that a Police officer must make a BDO for an adult, who, in relation to an alcohol-related offence that also involves domestic violence, is arrested and charged; or is summoned; or is served with a notice to appear.
22. Expand the list of persons authorised to refer to the BDR Registrar, including Level 4 counsellors registered with the Australian Counselling Association.	Supported	This will require amendment to the *Alcohol Harm Reduction Regulations* section 3: Person who may apply to BDR Registrar for making of BDO.
8. Consider mandating courts to notify the BDR Registrar if they vary or revoke a person's BDO.	Supported in principle	Further policy work and Industry engagement will be required to assess the legislative changes that may be required to achieve the intention of this recommendation.
13. Consider trialing BDR scanners at on-premises venues in Alice Springs, Katherine and Tennant Creek where Police Auxiliary Liquor Inspectors (PALIs) are deployed.	Supported in principle	Further policy work and Industry engagement will be required to assess the legislative changes that may be required to achieve the intention of this recommendation. *Linked to recommendation 3.3.3 Alcohol Policies and Legislation Review Final Report*

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4. LEGISLATION AND POLICY – SUPPORTED /SUPPORTED IN PRINCIPLE		
16. Develop more sophisticated ways to more accurately identify place of residence and event location for people on the BDR to assist with the tailoring of location-specific alcohol harm minimisation policy and program responses.	Supported in principle	Department of the Attorney-General and Justice and NTPFES will undertake a scoping exercise to investigate options, including IT improvements, to enable this as this is not a current BDR function. Resource requirements will also be considered.
18. Investigate ways to record the name and contact details of individuals on the BDR who attempt to purchase alcohol (i.e. those considered by law to have breached) to assist in strengths-based and assertive health promotion outreach activities.	Supported in principle	Further policy development will be required to assess the most appropriate and feasible options for collecting information to aid efforts in providing help to those who seek it.
5. RESEARCH AND DATA – SUPPORTED /*SUPPORTED IN PRINCIPLE		
1. Continue to monitor trends associated with takeaway liquor transactions, persons on the BDR, and associated alcohol related data, as per the descriptive analysis included in this report.	Supported	The Department of Health publishes monthly reports of BDR transaction and therapeutic engagement numbers The Alcohol Harm Minimisation Action Plan 2018-2019 details a range of initiatives underway to address recommendations concerning data in the Alcohol Polices and Legislation Review Final Report, including: • regular collection and publication of alcohol-related data (including wholesale supply, consumption, criminal justice statistics, hospital and health data) and ensuring that wherever practicable they align with indicators used under the National Alcohol Strategy 2018-2026 (draft), as well as useful Territory specific indicators; • Endeavouring to collect data on online alcohol sales in the NT • Building on the work of the Criminal Justice Research and Statistics Unit within the Department of the Attorney-General and Justice to inform government policy and investment; and • Trialing the Cardiff model in the emergency departments of our hospitals to link emergency department data with assault statistics to inform policy development and minimize alcohol related trauma in the Territory.

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5. RESEARCH AND DATA – SUPPORTED /*SUPPORTED IN PRINCIPLE		
23. Invest in an independent longer-term comprehensive impact and outcome evaluation of the BDR.	Supported	The NTG is partnering with a research consortium to apply for an ARC linkage grant to bring additional resources to this approach. The Alcohol Harm Minimisation Action Plan 2018-2019 commits to undertaking independent evaluations and monitoring of all initiatives implemented under the Action Plan, which includes the BDR.
3. Consider including BDR status information as a standard part of a person's health record in hospital and primary health care clinical settings.	Supported in principle	A range of clinical systems records are currently being developed. The feasibility of adding this will be considered. Privacy issues will need to be assessed and also, a review will have to be conducted of consent issues where information about 'BDR status' can be stored and used.
17. Investigate ways to record volume of alcohol sales as part of the BDR. This could be linked to work currently underway within Licensing NT to examine existing data collection requirements from licensees.	Supported in principle	Additional consultation will be required with Industry representatives to determine the capacity of current systems.

You can contact the Department of Health by emailing BannedDrinkerRegister.DOH@nt.gov.au.

Progress against the Response to the BDR Evaluation Report will be incorporated in future Alcohol Harm Minimisation Action Plan 2018-2019 progress reports.

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