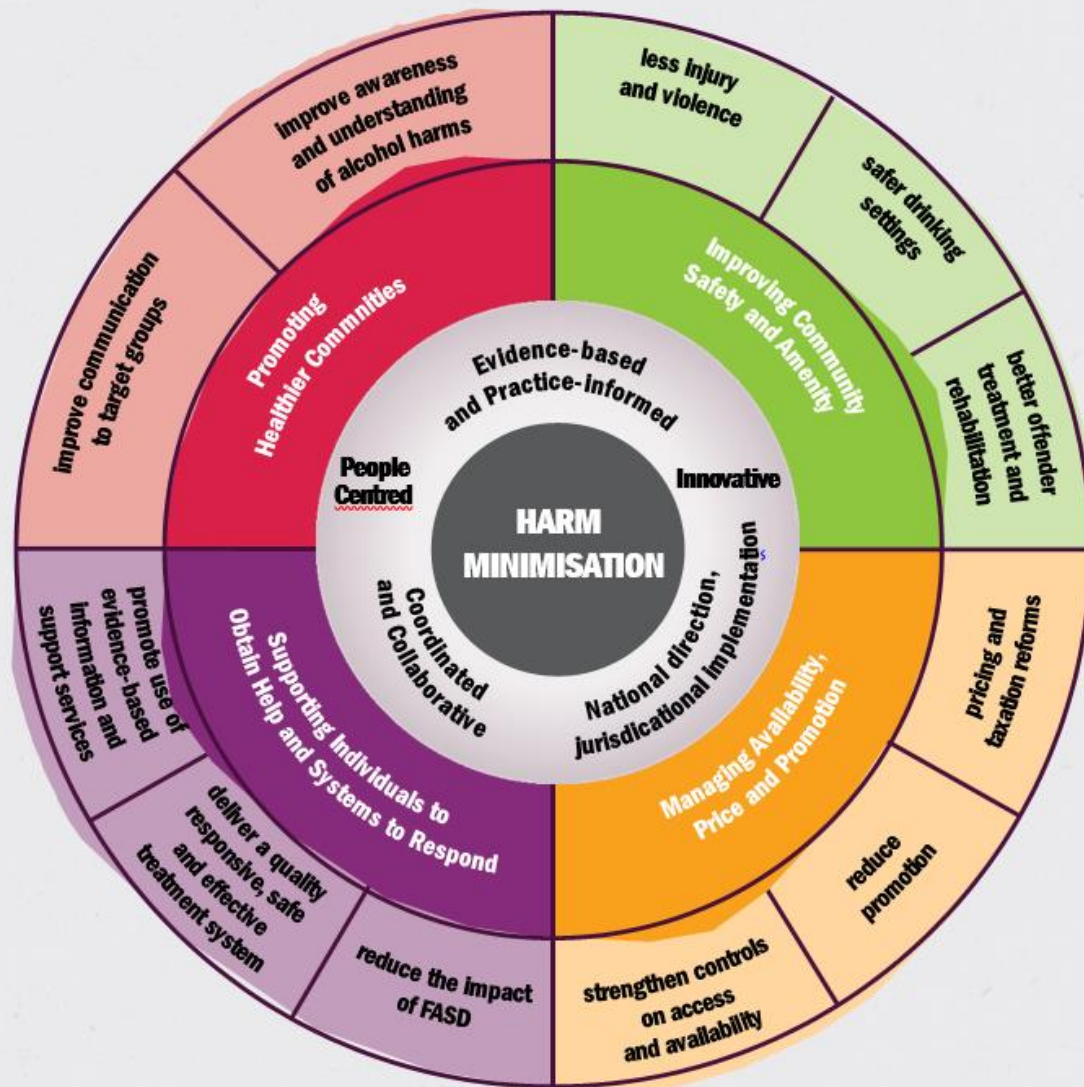


DRAFT Northern Territory Alcohol Action Plan

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National Alcohol Strategy at a glance



Minister's foreword

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Introduction

This Northern Territory Alcohol Action Plan (the Action Plan) is guided and informed by the National Alcohol Strategy 2019-2028, and sets out actions to reduce alcohol-related harm for Territorians, whilst recognising that the provision and consumption of alcohol are legitimate activities.

The over-consumption of alcohol and its consequences are complex issues. We know that the best outcomes are achieved when Government, community and industry work together, share information, expertise and local knowledge, implementing approaches that have strong local support, and are community-led.

This Action Plan will be founded on partnering with communities to manage alcohol and prevent and minimise alcohol-related harms among individuals, families and communities. Everyone has a role in reducing alcohol-related harm in the Northern Territory (NT).

Responses to alcohol-related harm must be evidence based in order to successfully tackle the causes of harmful alcohol use and minimise the harm to the community.

The Action Plan builds on the work completed by the Northern Territory Alcohol Harm Minimisation Action Plan 2018-2019, but with a particular focus:

- empowering communities to determine alcohol strategies;
- initiatives to reduce demand; and
- measure and reduce alcohol-related harm.

This Action Plan comprises four work streams:

1. Strengthen and support community responses (healthy communities and effective and accessible treatment).
2. Comprehensive, collaborative and coordinated approach (government alone cannot reduce alcohol related harm in the Territory, everyone needs to work together).
3. Research, data and evaluation (making evidence based decisions and ensuring that we are transparent about our progress with regular reporting of alcohol-related data).
4. Effective liquor regulation and compliance.



Alcohol reforms to date

As part of the response to the Riley Review, the NT Government took a number of immediate actions and delivered the following initiatives:

- established the Alcohol Review Implementation Team within the Department of the Chief Minister and Cabinet to drive reforms and coordinate engagement with stakeholders (2018-19);
- reinstated the NT Liquor Commission to regulate liquor licensing in the NT;
- extended and expanded the moratorium on takeaway licences through regulation;
- implemented risk based licensing for licensed premises (prior to this no annual fees were paid);
- enacted an entirely new *Liquor Act 2019* (with harm minimisation its primary purpose, implementing over 70 Riley Review recommendations);
- established 75 Police Auxiliary Liquor Inspectors in Alice Springs, Tennant Creek and Katherine;
- reintroduced the Banned Drinkers Register to assist in reducing alcohol-related harm by restricting access to takeaway alcohol;
- the first Australian jurisdiction to introduce a minimum floor price for alcohol (at \$1.30 per standard drink);
- commenced quarterly publication of key alcohol harm indicators; and
- released the first Addressing Fetal Alcohol Spectrum Disorder (FASD) in the Northern Territory 2018-2024 (the FASD Strategy).

Action Plan initiatives and actions

1. Strengthen and support community responses

1. Consult and work together with communities about their alcohol settings (including general restricted area conditions) and work with them to support settings to reduce harm and reduce demand^{*1}.
2. Continue to lobby the Commonwealth Government for needs-based domestic violence funding to enable appropriate funding levels for services.
3. Support individuals to obtain help and systems to respond – ensure our alcohol and other drug (AoD) treatment services and options are culturally safe and fit for purpose.
4. Ensure that remote communities with a permit system are assisted to effectively administer the system.
5. Provide support for community education and programs which address alcohol demand reduction.
6. Continue implementation of the *Northern Territory FASD Strategy 2018-2024*.
7. Develop targeted education campaigns for specific cohorts with the goal of improving drinking culture and minimizing harm in the community.
8. Investigate the establishment of a managed alcohol program in the NT (wet camp), similar to the one operating in Mt Isa. This is a recommendation following the feasibility study undertaken after the Riley Review.

¹ Actions marked with an (*) align with priority areas of focus in the National Strategy.

9. Roll-out Action Plan two 2022-25 under the *Northern Territory's Domestic, Family and Sexual Violence Reduction Framework 2018-2028*.

2. Comprehensive, collaborative and coordinated government approach

10. Transfer responsibility for alcohol policy and coordination to CM&C.
11. Develop a Social Order Response Plan for Alice Springs and the region to identify social order challenges and their solutions. To be implemented by the Social Order Response Team established by the Department of Territory Families, Housing and Communities.
12. Use Multi-Agency Community and Child Safety Teams across the NT to identify issues, create local actions plans for child, family and community safety and carry out actions together.
13. APC Unit to report to Minister for Alcohol Policy, Government and the public on the Government's progress under the NT Alcohol Action Plan 2022-2024.
14. Work with the Aboriginal Peak Organisations of the Northern Territory and National Indigenous Australians Agency to include culturally appropriate and effective remote Aboriginal alcohol harm minimisation initiatives/services in the proposal to the Commonwealth Government for a future NT Remote Aboriginal Funding Agreement.
15. Continue to work with Larrakia Nation to connect those individuals engaged in anti-social behaviour in the Greater Darwin are with support services and return to country programs.

Case Study: Alcohol Harm Minimisation Projects in Communities

The Alcohol Harm Minimisation Unit within the Northern Territory Department of Health has leveraged funding from the Commonwealth Government since 2015 to work with remote Aboriginal communities to deliver tailored programs including supply, demand and harm reduction strategies to minimise harm caused by the consumption of alcohol.

These Alcohol Action Initiatives (AAIs) are programs to reduce alcohol-related harm within communities. The NT's Local Decision Making framework is at the centre of these initiatives and each AAI must be identified and endorsed by each community. The Commonwealth Government provides funding through the National Partnership on Northern Territory Remote Aboriginal Investment, and reviews the effectiveness of the overall program on a regular basis.

This collaborative, locally focused method encourages greater community participation and leadership, and allows each community to exercise their autonomy and self-determine their own solutions. This has encouraged greater community harmony and ensures that programs are needed, supported and targeted.

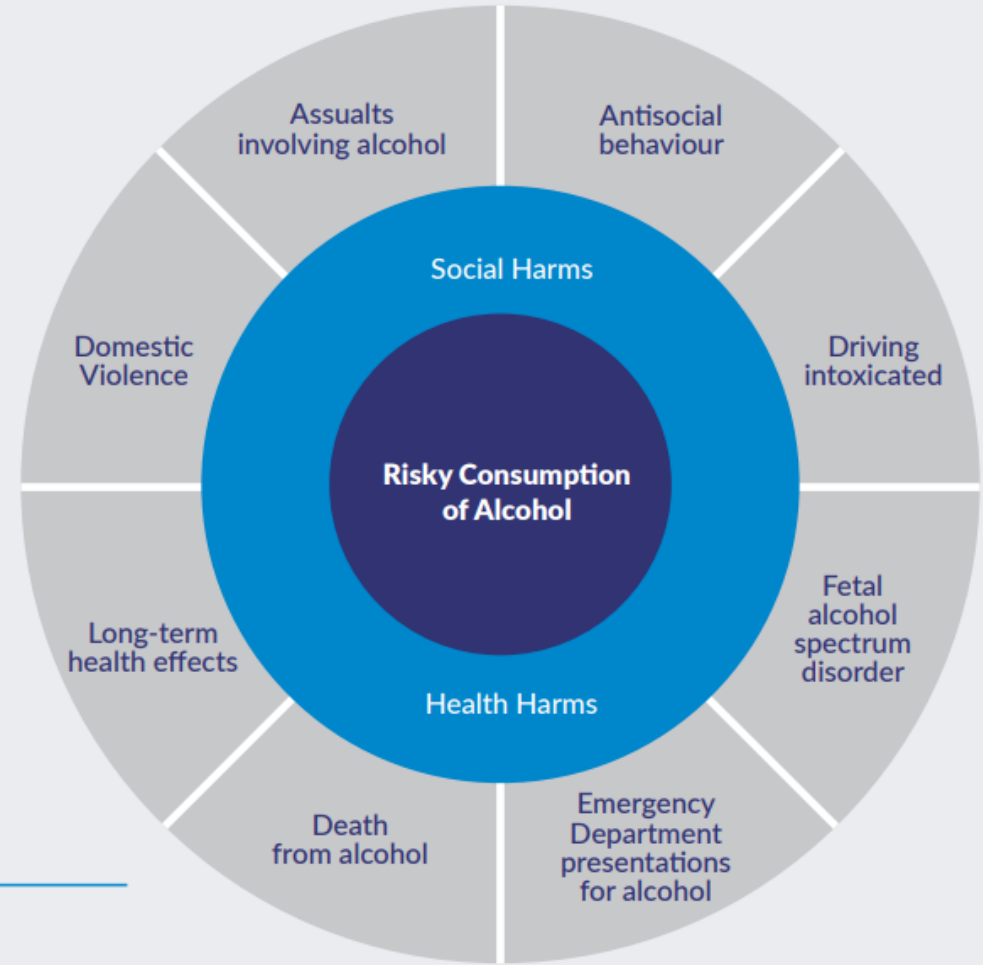
AAIs tackle the social determinants of health and are not always specifically branded as having an alcohol or other drugs focus. Some examples of AAI's that have been implemented in the past include:

- Ali Curung Youth Leadership and Development
- Nhulunbuy, Yirrkala, Gunyangara Safe Strong Sober Program
- Yuendumu and Yuelumu AOD Male Leaders
- Tiwi Islands 'Tour de Tiwis' Bike Race
- Ngukurr Sport and Recreation AOD Diversion

3. Research, data and evaluation

16. Work with the Commonwealth Government to create an NT Government integrated data system for alcohol data across important social determinate areas.
17. Establish a refreshed website for alcohol-related indicators and relevant alcohol policy and reform information.
18. Develop a publicly available online map setting out communities that are under a general restricted area and other key facts (link to BushTel).
19. Undertaken a baseline survey and subsequent three yearly attitudinal survey in the NT to assess attitudes of Territorians towards the use of alcohol (Riley Review Recommendation 1.2.3).

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The scope of research and evaluation needs to be broad because risky and high levels of alcohol consumption often appear as factors in:

- Anti-social behaviour (in public places)
- Domestic violence (in private and public spaces)
- DUI, road accidents, and trauma
- Hospital visits (emergency and admissions)
- Poorer health outcomes (measured in various ways).

*note: the following is a example of a conceptual consideration of the effects of alcohol consumption and is not comprehensive

4. Effective liquor regulation and compliance

20. Undertake a review of the *Liquor Act 2019* in accordance with section 320.
21. Commence analysis regarding use of the Banned Drinker Register (BDR):
 - consider expansion of non-clinical pathways
 - identify actions to maximise current pathways for referrals; and
 - consider changes to maximise the efficacy of the BDR.
22. Examine the use of police resources, including PALIs, with a view to utilising NT Government resources most effectively to achieve alcohol harm minimisation in NT communities (Riley Review Recommendation 3.6.5).
23. Consider the findings of the evaluation into the minimum floor price.
24. Examine liquor related data collection and analysis to explore data trends and identify insights, including improving the licensing database in conjunction with Licensing NT and others.
25. Work with Licensing NT to improve approaches to enforcing the 25% threshold for alcohol sales that is a liquor licence condition for grocery stores.

Banned Drinker Register Monthly Report - June 2022

This report presents activity data related to the Banned Drinker Register (BDR), Banned Drinker Orders (BDOs) and related therapeutic treatment for the month of June 2022. The BDR commenced full implementation on 1 September 2017.

Section 1: Banned Drinker Activity

Point of Sale Transactions

There were 502,592 BDR-related point of sale transactions through online and takeaway outlets in June (Table 1). Of these, there were 263 (0.05%) refusals due to the person being on the BDR. As of 30 June 2022, there have been 29,679 transactions ever declined because the person was on the BDR1.

Table 1: Count of takeaway alcohol point of sale BDR-related² transactions by region, outcome and month³

	2022					
	Jan	Feb	Mar	Apr	May	Jun
Darwin	171,662	165,394	192,612	195,288	205,840	211,100
Sale	171,438	165,230	192,431	195,236	205,741	211,003
No sale	194	164	161	192	99	97
Palmerston	73,058	69,270	78,220	78,913	79,028	84,590
Sale	72,993	69,237	78,164	78,872	78,990	84,533
No sale	65	33	56	41	38	27
Alice Springs	43,269	43,211	49,751	51,944	53,074	56,680
Sale	43,245	43,287	49,722	51,898	53,034	56,622
No sale	23	24	29	46	40	38
Katherine	18,515	18,417	21,344	22,919	25,218	27,905
Sale	18,493	18,399	21,325	22,901	25,204	27,902
No sale	22	18	19	18	14	3
Tennant Creek	8,241	9,027	11,219	11,169	11,258	11,341
Sale	8,234	9,028	11,207	11,153	11,252	11,331
No sale	7	9	12	16	6	10
NT Balance	79,052	71,564	84,528	91,173	96,434	100,109
Sale	78,972	71,505	84,423	91,092	96,345	100,042
No sale	80	59	105	81	89	67
Online Sale	3,490	4,933	7,199	8,312	8,615	8,866
Sale	3,490	4,933	7,199	8,312	8,615	8,866
No sale	0	0	0	-	-	1
Unknown	0	0	2	-	-	1
Sale	0	0	2	-	-	1
No sale	0	0	0	-	-	-
NT	397,287	381,928	444,875	459,818	479,567	502,592
Sale	395,896	381,820	444,493	459,484	479,281	502,229
No sale	391	308	382	334	286	263

Source: Criminal Justice Research and Statistics Unit, Department of the Attorney-General and Justice, Mental Health, Alcohol and Other Drugs Branch, Department of Health.

¹ This includes transactions in August 2017 prior to the full implementation of the BDR in all regions.

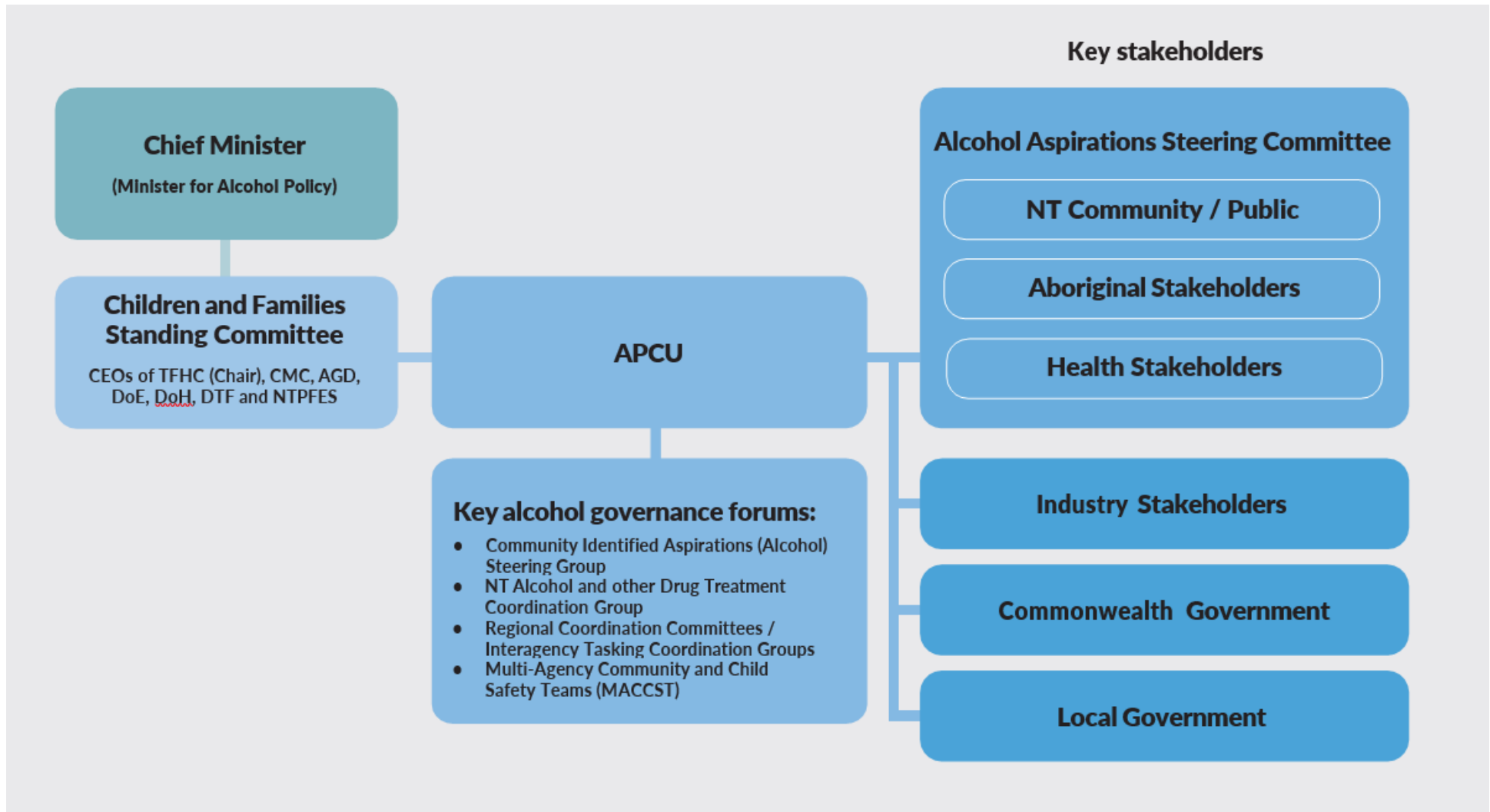
² This table counts all transactions where there is a sale and all transactions where there is no sale because the person is on the BDR.

³ The content of this table has been updated and should not be compared to previous editions of this report.

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Ongoing monitoring of key initiatives will inform any future refinements

Governance and oversight



Monitoring progress

Progress will be monitored through a public data portal that outlines the following baselines and provides up-to-date data as it becomes available.

	Harm/Initiative	NT Baseline (Average)
Health	Number of Emergency Department presentations attributed to alcohol consumption	9367 presentations per year (2016-2018)
	Rate of alcohol-induced deaths (per 100 000 people)	16.7 (2017)
Crime	Alcohol-related road incidents causing serious injury or death	106.6 injuries per year 15 fatalities per year (2012-2021)
	Number of Domestic Violence incidents involving alcohol (and as a percentage of total DV incidents)	2651 per year (57.66%) (2018-2021)
	Number of assaults involving alcohol (and as a percentage of total assaults)	3857 per year (51.42%) (2018-2021)
Alcohol consumption	The amount of alcohol consumed per person per year	11.7 litres (2013-2020)
	Number of Territorians drinking above the guidelines for lifetime risk	28.02% (2007-2019)
	Number of Territorians drinking above the guidelines for single occasion risk	36.34% (2007-2019)
	Number of Territorians abstaining from drinking	18.72% (2007-2019)