

ROYAL AUSTRALASIAN COLLEGE OF SURGEONS



**NORTHERN TERRITORY ALCOHOL
POLICIES AND LEGISLATION REVIEW**

JUNE 2017

INTRODUCTION

The Royal Australasian College of Surgeons (RACS) is the leading advocate for surgical standards, professionalism and surgical education in New Zealand and Australia. RACS is a not-for-profit organisation that represents more than 7000 surgeons and 1300 surgical trainees and international medical graduates across New Zealand and Australia. It also supports healthcare and surgical education in the Asia-Pacific region and is a substantial funder of surgical research.

RACS provides training in nine surgical specialties, cardiothoracic surgery, general surgery, neurosurgery, orthopaedic surgery, otolaryngology head and neck surgery, paediatric surgery, plastic and reconstructive surgery, urology and vascular surgery. The College plays an active role in the setting of standards of surgical care, the training of surgeons and their participation in continuing medical education throughout their lifetime of surgical practice.

As part of our commitment to standards and professionalism RACS strives to take informed and principled positions on issues associated with the delivery of health services. Our College has consistently advocated against the harmful effects of alcohol misuse over a number of years; not only for the increased risk of complication that alcohol related harm poses to surgical patients, but also for the broader ramifications it has on our public health system and society as a whole.

Background

As surgeons we are very aware of the devastating effect of heavy alcohol consumption on the lives of Territorians. The dangerous availability, oversupply, promotion and misuse of alcohol is strongly implicated in our high rates of injury due to interpersonal violence, road traffic accidents, family violence and misadventure such as drownings or falls.. It is also responsible for our high rate of deaths from alcohol related diseases including cancers, liver disease and the heartbreaking lifelong disability that results from foetal alcohol syndrome. Daily, surgeons are confronted by and treat the trauma that alcohol misuse generates, particularly in the Northern Territory which has easily the highest per capita consumption rates of alcohol in Australia and comparatively one of the highest per capita consumption rates of anywhere in the world. Perhaps it is unsurprising therefore, that the Northern Territory also has the worst road safety and domestic violence rates in Australia.

The Government is to be congratulated for its consultative approach in addressing alcohol related harm, and we hope that from the Review the Government is able to develop the appropriate policy and legislative framework to deal with the considerable burden that alcohol related harm is placing on the Northern Territory. Surgeons, alongside other health professionals, are first-hand witnesses to the damage that alcohol-related harm causes on a day to day basis. Whether it is through the extra strain on emergency departments and operating rooms, or the long-term suffering caused by non-communicable disease, the burden that alcohol-related harm places on the Northern Territory is considerable. RACS is well placed to offer advice in this area and we thank the Government for the opportunity to be part of the Review process.

WHAT IS REQUIRED TO REDUCE CRIME

Elevating harm prevention and minimisation as the central consideration of the legislative framework

Harm minimisation is mentioned in the objects of Liquor Acts across Australian jurisdictions; however, only Victoria and Queensland identify its primacy.¹ As an example, the Victorian approach elevates harm minimisation as the primary object by adding a supplementary clause within the Objects section of the Act. This supplementary clause states unequivocally that all decisions made under the Act must give due regard to harm minimisation and alcohol harms.

In the Northern Territory harm minimisation is currently mentioned as one of several statutory objects of equal standing. We are pleased that the issues paper recognises the importance of a harm minimisation approach. However, in order to be effective harm prevention and minimisation must be recognised as the primary objective of the legislative framework.

RACS recommends:

- **Alcohol Harm prevention and minimisation is recognised as the primary object of the Liquor Act and all the legislative prescriptions reflect this emphasis accordingly.**

TRADING HOURS, DENSITY AND OUTLET SIZE

Trading hours and outlet density

Research on the relationship between the trading hours and density of licenced premises and alcohol related harm has consistently demonstrated that increased trading hours are associated with increased harms. This has been particularly predominant in areas with higher concentrations of licenced premises and has corresponded with higher levels of assault and domestic violence.

Alcohol-related assaults increase significantly after midnight. Time of night and proportion of younger patrons had a strong association with patron intoxication adding further support for the strong body of evidence that ceasing service of alcohol earlier in the evening will reduce intoxication levels.² An evaluation by the NSW Bureau of Crime Statistics and Research examined the relationship between alcohol and crime, and found that the percentage of alcohol-related assaults increased substantially between 6pm to 3am, with the highest rates of alcohol-related assaults occurring between midnight and 3am. This evaluation, published in April 2015, showed that since the reduced trading hours were introduced in Sydney, assaults in Kings Cross have declined by 32 per cent. Assaults in the Sydney CBD Entertainment Precinct dropped by 26 per cent, and in the sub-section area of George Street South, by 40 per cent. Reduced trading hours for pre-packaged liquor outlets across NSW have been matched by a 9 per cent decrease across the state.³ Since reduced trading hours have been shown to reduce assaults in NSW it is logical that other jurisdictions adopt the same measures.

RACS supports limiting the number of outlets where alcohol is sold. There is a positive relationship between alcohol outlets (general, on premise, and packaged) and increased rates of violence. The latest research suggests there is a sharp increase in domestic and non-domestic violence where there are more than two hotels and one bottle shop per 1,000 residents with licenced premises being the third most common Australian setting for assault leading to hospitalisation.⁴ Research conducted in Sydney, Australia, finds that 44 per cent of all assaults (excluding domestic violence) and 60 per cent of alcohol related violence occurs in and around drinking establishments.⁵

Studies also demonstrate that intentional and unintentional traumatic injuries occur more commonly in areas with greater concentrations of off-premise alcohol outlets, and that chain outlets contribute most substantially to trauma risk. These relationships may extend to areas adjacent to where the outlets are located. Importantly, chains also have cheaper alcohol available than independent outlets, and this relationships could not be explained by land and structure rents or other features of the alcohol market (for example, cheaper outlets are located in disadvantaged areas).⁶

The evidence is increasingly suggesting that lockouts do work. It is disappointing that the NSW government has made the decision to relax laws which are showing a positive reduction in the level of alcohol related violence and harm. RACS encourages the Northern Territory Government to give due

consideration to the evidence on the effectiveness of lockout laws in the Northern Territory context. Currently lockout restrictions for late night venues take effect from 3am across the Northern Territory. The majority of which are located in the Darwin Central Business District. RACS recommends that the Government conduct a trial of 1.30am lockouts across all late night trading venues in the Northern Territory with a view to making this a permanent policy should the trial show a reduction in alcohol related crime and violence.

Outlet Size

RACS recently wrote to the NT Government to offer support for the rejection of an 1800 square metre 'superstore' proposed by Dan Murphy's. High volume warehouse type stores, such as the proposed Dan Murphy's store, have potential to lead to an increase in alcohol related harm in our community. We applaud and support the Government's stance against vested interests from the alcohol industry. RACS recommends that the Government maintain existing legislation which prevents liquor outlets from operating in premises greater than 400 square metres.

RACS recommends:

- **Trading hours and outlet density are reduced**
- **The Review considers the growing evidence for the effectiveness of lockout laws.**
- **A trial of 1.30am lockout laws is conducted across the Northern Territory similar to that which was recently conducted in the Sydney CBD, with 3am last drinks and a package of other safety measures**
- **Liquor outlets are not permitted to operate in premises greater than 400 square metres in area.**

ALCOHOL SERVICE PROVISION IN REMOTE COMMUNITIES

Link between excessive alcohol consumption and domestic violence

Women in rural and remote areas are more likely to experience domestic violence than those in metropolitan areas, and Aboriginal and Torres Strait Islander people are much more likely than non-Indigenous people to experience domestic violence and to be hospitalised for injuries arising from assault. This is of particular relevance to the Northern Territory given the higher population of Aboriginal and Torres Strait Islander people, and also the geographic distribution of the population, with many people living in isolated areas and having limited access to important community services.

While domestic and family violence is an issue for all levels of government it is a particularly pertinent issue for the Northern Territory. According to the National Homicide Monitoring Program conducted by the Australian Institute of Criminology, the rate of homicides per 100,000 population in the Northern Territory (5.5)⁷, is far higher than any other jurisdiction. Whilst care should be taken when interpreting statistics, similar results were not observed in other smaller states. Tasmania and South Australia both recorded rates below 1.5 per 100,000. Furthermore, the likelihood of a homicide in the Northern Territory being committed by a close friend or relative as opposed to 'others' is double that of the national average.

Around two thirds of family violence homicides involve alcohol and/or illicit drugs. The use of alcohol may have an effect on the severity of the abuse or the ease with which the offender can justify their actions, but some domestic violence experts assert that a person that uses violence within their intimate relationship does not become violent because drinking causes them to lose control of their temper. Domestic violence is used to exert power and control over another; it does not represent a loss of control, therefore domestic violence and alcohol abuse should be treated as independent problems.

A study which draws on 2011 statistics reports there were 29,684 police-reported incidents of alcohol-related domestic violence in Australia for states and territories, where data is available. The Hidden Harm: Alcohol's impact on children and families, found that over a million children (22 per cent of all Australian children) are affected in some way by the drinking of others, 142,582 children (3 per cent) are substantially affected and 10,166 (0.2 per cent) are already within the child protection system where a carer's problematic drinking has been identified as a factor.⁸ The Northern Territory has the highest rate of alcohol consumption per capita of any state or territory, particularly amongst Indigenous communities. Consequently, these communities are at much greater risk of experiencing alcohol related harm.

In 2013-14 Indigenous women were 22 times more likely to be victims of domestic violence than non-Indigenous women, and represented 73 per cent of all domestic violence victims in the Northern Territory.⁹ Children notice domestic violence and are not immune to its impacts.

Dry Areas

RACS supports the continuation of dry areas throughout the Territory. We also reiterate the importance of comprehensive data collection in order to measure the program's effectiveness and to guide any potential expansion of declared dry areas.

Banned Drinkers Register (BDR)

The previous Government's decision to overturn the BDR was widely condemned by the Federal Government, the Federal opposition and many public health and specialist organisations, such as the Foundation for Alcohol Research and Education. RACS supports the reintroduction of the BDR, as one of several measures to combat alcohol related harm in remote communities and across the Northern Territory. We note that funding for the BDR has been closely linked to the abolition of the Alcohol Mandatory Treatment program (AMT). The recent [review of the AMT](#) questioned the effectiveness of the policy, and stated that the evaluation was difficult because of a lack of "sound program logic, theory of change model or evaluation framework." Despite the difficulties associated with the AMT, RACS urges the Government to continue to invest in alcohol rehabilitation and treatment services, as this is an essential component of the harm minimisation package.

RACS recommends:

- **The Review recognises the link between alcohol abuse and domestic violence, and what impact any proposed changes will have on the Government's objective to reduce domestic violence.**
- **Dry areas are maintained across the Northern Territory**
- **The Government maintains the BDR and continues to monitor the effectiveness of this policy**
- **The Government continues to invest in alcohol rehabilitation and treatment services.**

ENSURING SAFE AND VIBRANT ENTERTAINMENT PRECINCTS

The focus on vibrancy presents an opportunity to consolidate a safer drinking culture in the Northern Territory. Vibrancy should not be viewed as attainable by easing restrictions on the sale and consumption of alcohol in a misguided attempt to generate economic activity and to appease industry concerns. As discussed, statistics show that increased outlet density and unrestricted trading hours puts the public at much greater risk of harm, and places considerable strain on public resources. In order to create a successful vibrant culture, it is crucial to recognise the intrinsic link between vibrancy and safety. Vibrancy cannot be achieved when the community does not feel secure to enjoy a safe night out, and that adequate safety measures are established to protect them.

An example of a city that has successfully managed to transform a violent late night culture into a vibrant one is Australia's seventh largest city, Newcastle. Prior to the introduction of a range of safety measures in 2008, Newcastle had one of the worst late night safety records of anywhere in Australia. Following the introduction of the new measures, the rate of violent assaults has consistently and significantly dropped over a number of years. Far from reducing vibrancy to the area, the reduction in availability of alcohol has led to a diversification of the night-time economy, with alcohol sales being replaced by food sales. A survey found that community support for the increased measures was overwhelming. According to the results 83 per cent of respondents supported the reduction in late night trading hours, including 77 per cent of young people who identified as patrons of late night establishments.¹⁰

RACS recommends:

- **The Review recognises the intrinsic link between vibrancy and safety and does not ease restrictions on liquor sales and promotions in a misguided attempt to generate increased economic activity.**

OTHER MEASURES TO REDUCE CRIME AND HARM

Alcohol Advertising

The issues paper identifies several demand, supply and harm reduction strategies to reduce crime and to develop a safer drinking culture in the Northern Territory. However, one clear omission is the role that alcohol advertising plays in influencing consumer behaviour. The National Health and Medical Research Council recommends that parents of adolescents delay the age of drinking initiation as long as possible to protect the health and wellbeing of young Australians. This is because exposure to alcohol advertising influences young people's beliefs and attitudes about drinking, and increases the likelihood that they will start to use alcohol and will drink more if they are already using alcohol.

Half of all alcohol advertising aired on Australian television appears during children's popular viewing times. Over 94 per cent of Australian students aged 12 to 17 years report having seen alcohol advertising on television. Nearly half of all alcohol ads broadcast on television are aired during sport, despite sport only making up 29 per cent of all programming.¹¹ Legislation exists to restrict alcohol advertising during children's viewing time, but there is a clear loophole when it comes to live sporting broadcasts.

As a consequence some of our most popular sporting events, such as the AFL Grand Final, the NRL State of Origin and the Spring Racing Carnival, are all largely exempt from the restrictions that normally apply to alcohol advertising. This not only has the effect of increasing young people's exposure to advertising, but it also develops and effectively 'normalises' the link between these sporting occasions and alcohol consumption. While alcohol advertising on television is primarily the responsibility of the federal government all governments have expressed and made a commitment to reducing alcohol related harm across Australia, and therefore this responsibility is shared. We encourage the Northern Territory Government to play a much greater advocacy role in this area, particularly when it comes to alcohol advertising during live sporting broadcasts.

The Northern Territory Government also has a role to play in restricting young people's exposure to alcohol advertising in public places, particularly government owned property. As an example, the South Australian Government conducted a similar review of the state's liquor licensing framework in 2016. Based on the findings of the review the Government announced a ban on alcohol advertising on all busses, trains and trams from 2017. We recommend the Northern Territory adopt a similar policy.

Retail Sale of Alcohol

In our submission to the review of the South Australian liquor licensing framework RACS strongly opposed any proposal to permit the sale of alcohol at supermarkets. We have also objected to the increasingly intrusive push from the alcohol industry to expand the sale of their products in venues frequented by children, such as fast food outlets and petrol station. We welcomed the South Australian Government's decision to reject this proposal and, we are also pleased that this issue was not raised as a potential consideration for the Northern Territory as part of this review. However, we believe it is important to reiterate our opposition to this prospect should it be considered by future Northern Territory Governments. Below is an excerpt from our submission to the South Australian review:

Alcohol should not be available in supermarkets next to other household items. We know that supermarkets use various marketing and point of sale techniques to influence impulse buying, and to promote the sale of products that would not have otherwise been purchased. The decision to buy alcohol should be a considered process, and not one undertaken at a venue frequented by hundreds and thousands of young Australians every day. Allowing supermarkets to sell and promote alcohol in this manner sends the wrong message to children and creates the perception that it is normal to buy alcohol alongside other common household items as part of a regular grocery shopping routine. For this reason, it is important that the distinction between a supermarket and a retail liquor outlet remains firmly in place.

Mandatory collection of alcohol-related ED presentations

Government agencies monitor and report incidents of alcohol-related harm and some of the costs associated with alcohol abuse. However, agencies do not monitor or report the total costs to the community through alcohol-related trauma and law enforcement, meaning we do not have a complete

picture of the harm caused by alcohol. Data on alcohol-related hospital presentations is not routinely collected in Western Australian hospitals. Subsequently, independent studies are relied upon as one of the few sources of information in this area.

As an example, a study conducted by the Australasian College of Emergency Medicine (ACEM), found that one in twelve presentations to emergency departments in Australasia are alcohol related. This figure increases to one in seven on weekends. According to ACEM "This is the biggest public health challenge facing our emergency departments."¹² While such studies are useful, their ad-hoc nature means they cannot be relied upon in the ongoing development and monitoring of public policy.

RACS appreciate that government resources are scarce, however, such an investment of funds should be regarded as a long term saving. The increased availability of high quality data allows for more effective policies to be implemented and evaluated. If managed properly, this will result in significant long-term savings to the health, social welfare and policing budgets, all of which will always face resourcing constraints by their nature.

Education and Awareness Campaigns

RACS notes that the Northern Territory Government is also consulting the community regarding the development of a new Road Safety Action Plan. RACS has a longstanding history of advocating for improved road safety, and we will also be making a submission to this consultation. The Government's own figures highlight this link and report that alcohol is a contributing factor to 44 per cent of road deaths. This suggests that there is a strong correlation between alcohol and road trauma. We hope that the simultaneous timing of these reviews will ensure clear communication between the relevant policy-makers and government departments, and ensure a consistent and complementary approach to decision making.

As part of our submission to the Road Safety Action Plan RACS will be recommending that the Government increases its investment in educational activities to highlight the dangers involved with engaging in risk related behavior when under the influence of alcohol. While RACS supports any education campaign that will encourage its audience to consider the consequence of their actions, we have been particularly supportive of the Prevent Alcohol and Risk Related Trauma in Youth (P.A.R.T.Y) program. To date the Northern Territory is the only jurisdiction in Australia where the P.A.R.T.Y program has yet to be launched. Below is an excerpt from our submission to the Review of the Road Safety Action Plan.

One of the worst things a surgeon or any other medical professional will ever have to do in their job is to tell a young person's parents that their child has been killed in a car accident, or fallen off a balcony because they've had too much alcohol. It's tragic, and it's preventable. As part of the P.A.R.T.Y program students follow the journey of a trauma patient from occurrence right through to rehabilitation. Throughout the process they interact with medical teams, patients and families of trauma victims. The aim is to educate students and to provide them with a different perspective. At times the program can be confronting and emotional, but most importantly it is highly effective. Students often report a change in attitude and that the interactive nature of the program has given them greater comprehension of the consequences that can occur when they engage in risk-related behavior. Participation has been associated with a reduced subsequent risk of committing violence- or traffic-related offences, injuries, and death, including among juvenile justice offenders.

The P.A.R.T.Y program is a relatively low cost/high impact program. As an example, the Western Australian Government recently provided \$402,000 worth of funding to allow the program to remain operational throughout 2016-2017, and announced that further funding has been underwritten for the program until 2020. By comparison the health costs of a quadriplegic are estimated at roughly \$8 million for the rest of their shortened life.

RACS recommends:

- **The Northern Territory Government plays a greater advocacy role in calling for increased restriction of television advertising of alcohol during children's viewing times, and particularly during live sporting broadcasts**
- **The Northern Territory Government restricts alcohol advertising in public places and on government owned property.**

- **The Review rules out any changes to the sale of liquor at supermarkets and maintains current restrictions**
- **Funding is provided for more comprehensive data collections on alcohol related hospital presentations.**
- **Funding is provided for the P.A.R.T.Y program to launch in the Northern Territory**

Northern Territory Waterways

Recent media reports have highlighted research from the National Critical Care Trauma Response Centre, which suggests that alcohol was a key factor in 52 per cent of deaths and 31 per cent of injuries in Northern Territory waterways over the last 10 years.¹³ The Northern Territory is the only jurisdiction not to have clearly developed legislation regarding alcohol consumption while skipping a boat.

RACS recommends:

- **Further research and consultation is conducted in this area, and consideration is given to a potential review of the current legislation if determined necessary.**

¹ Various state and Territory legislation

² The Glenn Inquiry (2014) *The People's Blueprint: Transforming the way we deal with child abuse and domestic violence in New Zealand*. Available from: https://glenninquiry.org.nz/uploads/files/The_Peoples_Blueprint_Electronic_Final.pdf. Accessed 29/7/17

³ NSW Bureau of Crime Statistics and Research. *Lockouts and Last Drinks*. 2015.

⁴ McFadden, A.J., Young, M. & Markham, F. *Int J Ment Health Addiction*. 2015. 13: 506

⁵ *Ibid*

⁶ Foundation for Alcohol Research and Education. *Disaggregating relationships between off-premise alcohol outlets and trauma*. 2015

⁷ Australian Institute of Criminology. *Homicide in Australia 2010-2011 to 2011-2012: National Homicide Monitoring Program Annual Report*. From http://aic.gov.au/media_library/publications/mr/mr23/mr23.pdf. Accessed 22/6/2017.

⁸ Foundation for Alcohol Research & Education, Centre for Alcohol Policy Research. *The Hidden Harm: Alcohol's impact on children and families*. 2015.

⁹ Northern Territory Government. *Territory Families*. From: <https://territoryfamilies.nt.gov.au/domestic-violence/domestic-and-family-violence-reduction-strategy>. Accessed 22/6/2017.

¹⁰ Wiggers, J. Tindall J, Gillha, K. Lecathelinis, C. *Reducing alcohol-related assaults in city entertainment precincts: a tale of three cities*. Hunter New England Health; 2013. Available from: http://www.aic.gov.au/media_library/conferences/2014-crimeprevention/presentations/wed-102-1120-John-Wiggers.pdf. Accessed 22/6/2017.

¹¹ McCusker Centre for Action on Alcohol and Youth. *Alcohol Advertising Review Board Annual Report 2013-2014*. 2014. From: https://www.alcoholadreview.com.au/resources/AARB_Annual_Report_2014_FINAL-FOR-PUBLICATION.pdf. Accessed: 22/6/2017.

¹² Egerton-Warburton, D., Gosbell, A., Wadsworth, A., Fatovich, D., & Richardson, D. *Survey of alcohol-related presentations to Australasian emergency departments*. Australasian College of Emergency Medicine. From: <https://www.mja.com.au/journal/2014/201/10/survey-alcohol-related-presentations-australasian-emergency-departments>. Accessed: 22/6/2017.

¹³ Northern Territory News. *Darwin Doctor Wants Discussion About Legislating Blood Alcohol Limits for Boat Skippers*. From: <http://www.ntnews.com.au/lifestyle/darwin-doctor-wants-discussion-about-legislating-blood-alcohol-limits-for-boat-skippers/news-story/6332c1a1db6498593a1ec99dd086e423>. Accessed: 18 June 2017.