



Submission to the Northern Territory Government's Alcohol Policies and Legislation Review

Thank you for the opportunity to provide a submission to the Northern Territory (NT) Government's *Alcohol Policies and Legislation Review*. This review process provides the NT Government with an important opportunity to implement comprehensive reforms to strengthen the regulation of alcohol and reduce alcohol-related harms in the NT, and we welcome the opportunity to contribute to this process.

About CatholicCare NT

CatholicCare NT is a not-for-profit organisation, providing counselling services and programs to individuals, couples, families, children, groups, schools and agencies across the Northern Territory. We provide counselling and other support services in Darwin, Katherine, Alice Springs, Ltyentye Apurte, Finke, Titjikala, Tennant Creek, APY Lands, Nauiyu, Palmerston, Tiwi and Wadeye.

Specifically to this, CatholicCare NT provides Alcohol and Other Drug (hereon referred to as 'AOD') support programs to individuals, families and communities within the Greater Palmerston region, Tiwi Islands, Wadeye and Alice Springs. These AOD programs are described below.

Drug and Alcohol Intensive Service for Youth (DAISY): Greater Darwin and Palmerston Region:

DAISY is an intensive outreach service providing case management, counselling and harm reduction education to youth aged between 12 years and 18 years old (and up to 25 years where a continued relationship has occurred). The focus of this program is to support youth experiencing harms associated with AOD to reduce their harmful consumption, provide education on harmful alcohol and other drug use as well as promoting national drinking guidelines, and to provide support to families experiencing harm. This program also provides education within schools and youth centres promoting the delay of alcohol through prevention based frameworks.

Kids in Focus: Darwin, Palmerston and Alice Springs Regions:

The Kids in Focus program is targeted at parents who are experiencing harm from AOD use, and providing practical and useful tools to promote safer use, better parenting practices, and increase the knowledge and understanding of the impacts of their AOD use on their children.

AOD Urban: Greater Palmerston Region:

This program provides counselling, case management and harm minimisation information to adults experiencing harms associated with their AOD use.

AOD Remote: Tiwi Islands and Wadeye Regions:

This program provides counselling, case management and harm minimisation information to adults and young people in community experiencing harms associated with their AOD use. In addition to

this, the program raises awareness through prevention based initiatives, information and education dissemination to groups and the wider community and engages with Elders to support cultural practices that ensure relevance and connection.

Key Points for Consideration

As identified within the Issue Paper published by the Northern Territory Alcohol Policies and Legislation Review, the Northern Territory continues to report the highest level of alcohol consumption per capita within Australia. The greatest number of alcohol-related problems occurs in people who often drink moderately, and drink to harmful levels only occasionally (referred to as 'Binge drinking'), and a large proportion of the Australian general public have this pattern of consumption (WA Health promotion Strategic Guidelines 2017-2021. p180).

The risks associated with harmful drinking levels can be reduced by addressing harm minimisation through a multi-tiered approach; supply, demand and harm reduction framework. The controlling of alcohol sales and supply through location, density and type of licensed outlets (WA Health promotion Strategic Guidelines 2017-2021. P52), partial or complete bans on advertising and promotion of alcohol, treatment interventions in primary care to reduce hazardous alcohol consumption, addressing community perceptions around what constitutes harmful drinking levels, and an increase in preventative initiatives to delay the onset of particularly young people consuming alcohol are all areas that require focus when addressing alcohol related harms.

To ensure a successful approach to minimising the harm associated with harmful alcohol use within the Northern Territory, it is crucial that each tier be weighted as significantly as the other. Whilst both supply and demand reduction strategies are often initially unpopular in the community, they are evidenced as being extremely effective in reducing harm alongside an effective treatment framework for those already experiencing harm. (WA Introduction to Alcohol and other Drug Prevention: Guidelines 2014). It is for this reason that identifying at-risk groups, understanding the process to behavioural change, recognising the links between alcohol consumption and psychological harm (including family and domestic violence and trauma), physical harm (including injury and illness) and intergenerational patterns within culturally secure practices and implementation of evidence-based strategies are essential to addressing reform. In addition to this, planning a comprehensive evaluation process is crucial to the success of policy reform.

It is noted that much of the research pertaining to the psychological harm associated with alcohol misuse, culturally secure practices and supply and demand strategies have been identified through the submissions prepared by Central Australian Aboriginal Congress, Danila Dilba, Domestic & Family Violence Network, FARE and PAAC, and various other crucial organisations. As such, CatholicCare NT will focus much of the detail of this submission on Demand and Harm Reduction recommendations through outlining the various forms of community-based initiatives which have been evidenced to show a reduction in harmful alcohol use within Australia and internationally which we hope will be taken into consideration.

Priority Groups

There are a number of sub-groups within our population who experience greater harm relating to AOD use, and it is important to note that these sub-groups will be impacted by policy changes, and strategies developed need to ensure they are appropriate to the climate. These key populations include:

- Children and Young people
- People with co-occurring mental health and AOD problems
- Aboriginal and Torres Strait Islander people
- People in rural and remote areas
- Offenders

Evaluation Strategy

Underpinning the pillars of harm minimisation is the importance of evaluating the effectiveness of strategies implemented. The recommendations proposed by CatholicCare NT are founded on evidence-based prevention activities that have been evaluated as having positive effects on behaviour change and community safety. For the Northern Territory to be able to demonstrate success of the changes to be implemented within the policy and legislation, it is crucial that initiatives be evaluated from the implementation phase through regular periodical stages to ensure that:

1. Policies continue to be effective and relevant in changing communities
2. All funded programs continue to develop and respond to need
3. Programs can demonstrate ongoing positive impact
4. A behavioural or attitudinal shift occurs across the general public
5. Child and youth, family, individual and community wellbeing increase
6. Harmful alcohol consumption has reduced
7. That the NT develops an evidence base that demonstrates effective program delivery in an NT context.

Our Recommendations

Supply Reduction:

CatholicCare NT supports the recommendations submitted by the Central Australian Aboriginal Congress in relation to recommendations 6 through to 11 around Supply Reduction methods. In addition to point 10.a CatholicCare also encourages that the Banned Drinkers Register work alongside current community-led alcohol programs and alcohol permit schemes to ensure this process does not undermine the positive actions of community.

1. All Alcohol liquor license applications/reviews to be sent for consultation to the peak bodies (eg: AADANT) and Alcohol Management Groups for dissemination to relevant agencies prior to being granted.

2. Tighter regulations around ensuring licensed venues are complying with RSA regulations, and enforcement of penalties for those who do not comply.
3. Support Liquor Accords across the Northern Territory with a recommendation of a community representative and NGO representative to increase localised decision making around harm minimisation.

Demand Reduction:

4. Support the development and maintenance of Alcohol Management Groups and Alcohol Action Initiatives throughout the NT to support locally driven decision making and prevention-based initiatives.
5. Development and support of high-quality public campaigns that are relevant to the Northern Territory to reduce short-term and long-term harmful levels of alcohol consumption, in line with best-practice frameworks for harm minimisation and National prevention campaigns (eg: DrugAware, Alcohol.Think.Again, Strong Spirit, Strong Mind, Respect Yourself).
6. Increasing the amount of public events serving mid-strength alcohol as an alternative to full-strength alcohol.
7. Increasing and promoting a larger quantity of alcohol free events across the Northern Territory.
8. Support effective controls at all levels of government to reduce the exposure of children and adolescents to alcohol consumption and promotion of alcohol.
9. Implement evidence-based alcohol and drug education as a core component of the curriculum in schools, and support the associated workforce development for teachers to deliver such programs.
10. Supporting incentives for sporting programs to reduce alcohol being sold or promoted at events (eg: Goodsports programs).

Harm Reduction:

11. Increasing the diversity of AOD treatment options (including community-based treatment models, residential treatment models, harm-minimisation approaches, cultural focused models, trauma-informed models, sobering up shelters and night patrols) and recognise the correlation between substance use and trauma, violence, homelessness, mental health and physical health concerns etc.
12. Increased support and focus on youth specific Alcohol and Other Drug programs (including prevention, education and treatment focuses).
13. Implementing Therapeutic Jurisprudence models into the Court system to address Alcohol/Drug related offences and associated criminogenic needs (eg: Drug Court, MERIT, TIP programs).
14. Development of a workforce strategy to upskill relevant workforce (eg: public health, broader health, education system, industry etc) to address harmful levels of alcohol use in their programs, policies and plans through brief intervention to support a 'no wrong door' approach.

Key Strategies for Recommendation based on evaluated programs within Australia

There are several well evaluated strategies that support a holistic prevention model for alcohol use, and these should be referenced when implementing policy change. The Western Australian Drug and Alcohol Office (now known as the Mental Health Commission) have documented several examples of community-led and government actions which have resulted in a decrease in alcohol harm and a raised awareness of the harms associated with harmful alcohol consumption (referenced within the 'Introduction to Alcohol and other drug Prevention: Guidelines 2014).

Below are some key strategies which CatholicCare NT support in regards to demand and harm reduction methods:

Education Awareness Strategies and Media Campaigns:

In line with the National Drug Strategy 2016-2025, Objective 1 outlines that prevention of alcohol uptake and delaying the onset of Alcohol and Drug use is a key component of a harm minimisation strategy. Education awareness strategies are an important aspect to use when aiming to address behavioural change. In the Northern Territory, there is a high incidence of individuals engaging in one-off harmful alcohol consumption patterns (binge drinking), and this has a direct correlation to the normalised behavioural culture within Australia around alcohol. The systems model has been used within Australia as an effective strategy to support behavioural change and in informing and developing AOD prevention-based activities. Areas where the systems model within an education and persuasion strategy have been extremely successful include raising awareness of the risks associated with smoking tobacco, and the dangers associated with not wearing seatbelts. Both of these examples where a systems model was implemented as a part of a wider harm minimisation strategy, demonstrate the effectiveness that information and education can have on positively influencing behavioural changes in Australian. In addition, the strategy utilised around tobacco and car seatbelts had resulted in both community perception changes as well as significant legislative changes within Australia.

There is especially a need for ongoing public education about the harms of underage drinking, the dangers of supplying alcohol to young people and the importance of delaying initiation to alcohol use (WA Health Promotion Strategic Framework 2017-2021). For this reason, education and persuasion strategies that target audiences through a wide-range of media avenues, that are evidence-based, and align with national campaign strategies, are strategically implemented alongside various other forms of prevention models, are shown to have success in enacting positive behavioural and attitudinal change (Pettigrew S & Donovan R, 2003. P36).

Related Recommendations:

- *Development and support of high-quality Northern Territory relevant public campaigns to reduce short-term and long-term harmful levels of alcohol consumption, in line with best-practice frameworks for harm minimisation and national prevention campaigns (eg: DrugAware, Drinking Nightmare, Alcohol.Think.Again, Strong Spirit, Strong Mind, Respect Yourself).*

Children and Youth: Implementing School Alcohol and Drug Education Programs and Youth Sports Programs:

Young people are identified as a key sub-group within Australia as being at high risk of harm and associated harms from alcohol exposure. School based alcohol and drug education programs which are delivered on a consistent basis, align with national and Territory/State campaigns and incorporate a mixture of informative and consequential materials, are relevant and interesting and involve participant input into design and delivery, are shown to be an effective compliment to other forms of harm minimisation strategies. (Pettigrew S & Donovan R, 2003. P39).

In addition to this, it is important to note that emphasis needs to be placed on encouraging a whole of school approach and developing a workforce development plan for teachers (who are identified as key personal to deliver the content) is essential. (Pettigrew S & Donovan R, 2003). Effective school alcohol education programs have been utilised in Victoria and Western Australia, and should be considered when implementing such programs to ensure it is within best-practice guidelines and are evaluated.

In addition to school education programs, reducing licenced events where children and young people are involved has a significant impact on the overall community's wellbeing and safety. A recent evaluation was published into the 'Good Sports' program developed by the Australian Drug Foundation, which includes implementing the accredited program into sporting clubs to reduce harmful alcohol consumption at sporting events. This is done at incremental levels to support committed perception changes. The evaluation noted the Good Sports program as successful in reducing alcohol related harm and risky drinking, with members of Good Sports 37% less likely to drink to risky levels and 42% less likely to experience alcohol-related harm. (Australian Drug Foundation, 2017).

Related Recommendations:

- *Tighter regulations around ensuring licensed venues are complying with RSA regulations, and penalties for those who do not comply.*
- *Increasing and promoting a larger quantity of alcohol free events across the Northern Territory.*
- *Support effective controls at all levels of government to reduce the exposure of children and adolescents to alcohol consumption and promotion of alcohol.*
- *Implement evidence-based alcohol and drug education as a core component of the curriculum in schools, and support the associated workforce development for teachers to deliver such programs.*

Therapeutic Jurisprudence:

The introduction of specialist Courts within the Northern Territory is identified as an important component to harm reduction within the community. As stated within the National Drug Strategy 2016-2025 "Early intervention and diversion programs... have become an established and successful part of the harm minimisation approach" and highlighted that there needed to be an increase in the range of supports available within best-practice frameworks for better access and links (National Drug Strategy 2016-2025, p11). Evaluations of the NSW Drug Court and the NSW Magistrates Early

Referral into Treatment (MERIT) program have both been evaluated as being successful in reducing reoffending recidivism rates. The evaluation conducted by the NSW Drug Court in 2008, demonstrated a 37% reduction in convictions for any offence, and 65% of participants less likely to be reconvicted of an offence against a person; demonstrating a significant decrease in violent offences which ultimately results in an increase in overall public safety. (NSW Govt, Drug Court Re-evaluation, 2008). Additionally, the NSW Alcohol MERIT program evaluation showed the health and wellbeing of participants improved after engagement on the program in addition to a reduction in their alcohol dependence. (NSW Govt, Alcohol MERIT Program, 2014).

Related Recommendation:

- *Increasing the diversity of AOD treatment options (including community-based treatments models, residential treatment models, harm-minimisation approaches, cultural focused models, trauma-informed models, sobering up shelters, night patrols).*
- *Increased support and focus on youth specific Alcohol and Other Drug programs (including prevention, education and treatment focuses).*
- *Implementing Therapeutic Jurisprudence models into the Court system to address Alcohol/Drug related offences and associated criminogenic needs (eg: Drug Court, MERIT, TIP programs).*

Conclusion:

CatholicCare NT would again like to thank you for the opportunity to contribute to the Alcohol Policy and Legislation Review process, and conclude through highlighting the importance of ensuring policy and legislation is within best-practice frameworks, provide a greater focus on early intervention, prevention and diversion strategies and ensure that all recommendations are considered through taking into account the established community-lead programs which are already having significant impact on reducing alcohol related harm within the Northern Territory.

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