

Dealing with alcohol in Alice Springs:
an assessment of policy options and
recommendations for action

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Foreword

The report was prepared for a working group made up of Richard Preece the Regional Manager of the Aboriginal and Torres Strait Islander Commission (ATSIC), Alice Springs office, John Elferink MLA (Country Liberal Party, (CLP)), Peter Toyne MLA (Australian Labor Party), Gary Stoll (Lutheran Church) and Bernie Kilgariff (retired Northern Territory CLP Senator). The authors are anthropologists with many years of experience working with indigenous Australians and both have carried out major work relevant to the issue of substance abuse.

Whilst this report was written from the perspective of minimising the damaging impact of alcohol abuse on the Alice Springs Aboriginal community, it has wider relevance. It is important to recognise that whilst social misbehaviour is more obvious amongst homeless and transient Aboriginal people in Alice Springs, high levels of alcohol consumption are very common in many parts of the Alice Springs community. The extremely high levels of alcohol consumption, even by Northern Territory standards as demonstrated by the consumption figures quoted in the report, is an issue for all in the Alice Springs community.

The report's recommendations are intentionally restrained. This is because in order to implement change the working group and the authors felt that change strategies are more likely to be adopted if they are politically sustainable and incremental, but can be practically applied. The strategies proposed here are not intended as a critique of other different approaches supported by ATSIC or any other agency.

Indigenous drinking patterns are, in the main, those of opportunistic drinkers, and contrast with the behaviour of mainstream heavy drinkers. The report proposes that the most successful strategies must include a focus on the supply issue. Strategies such as wet canteens in bush communities and attempts to remove people from Alice Springs back to their communities will almost certainly be unsuccessful and likely to be counterproductive. Education and other programs are important, but are unlikely to be successful whilst the supply issue is not addressed.

The report proposes a strategy which, most importantly, seeks to encourage a responsible server culture. It also proposes that: existing programs are supported but enhanced; high-risk consumption and sales practises are targeted; changes in licenses and hours of sale are considered; activities of relevant government agencies are coordinated; and that an information database from which informed decisions can be made is developed.

While this is a somewhat different research project for the Centre for Aboriginal Economic Policy Research (CAEPR), we are keen to see it electronically published to facilitate widespread dissemination and transparency. It is self-evident, we believe, that 'dealing with alcohol' is an important precursor to facilitating economic development options for indigenous Australians.

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Introduction

The excessive consumption of alcohol and associated behaviour is a potentially intractable issue with no easy policy solutions. Altering drinking behaviour will inevitably involve changing attitudes over the long term and indeed will need generational change. Such change must come from the individuals who make up the 'demand' side of the drinking equation. However, change must also come from the 'supply' side of the equation, from those who sell and serve alcoholic beverages, since the availability of alcohol affects attitudes and behaviours at both the individual and community levels. Above all, change of the sort that could make a difference will require a degree of political will. It will take bipartisan political determination to bring about the changes that could contribute to a long-term improvement in the amounts, type and style of alcohol consumption that are now commonplace in Alice Springs (and in other parts of the Territory). We must face up to the fact that Alice Springs has an unusually high density of liquor outlets. According to Lyon (1990), in 1988 it had 40 per cent more licenses per head of population than the rest of the Northern Territory, itself high by Australian standards. While by 1998, the total number of licenses in Alice Springs per 100,000 population over the age of 15 years had dropped marginally, there is little doubt that the ready availability of alcohol can be linked to the high per capita consumption levels (see further discussion on p. 6).

Opposing views as to 'solutions'

The first point to make is that disagreements and controversies over what needs to be done to address alcohol problems usually arise from quite different views as to what is the underlying nature of the grog problem, and as a result what action is needed to 'solve' the problem. It is most unlikely that these deeply held opinions in the Northern Territory and Alice Springs contexts could be reconciled in any simple fashion.

Thus, one approach is to adopt public health programs or other interventions targeting the whole community, which seek to reduce overall alcohol consumption. These can include, for example, education programs which aim to encourage responsible drinking practices across all sectors of the community, or changes in the availability of alcohol (for example, through restrictions on hours or numbers of outlets) which affect all consumers.

Such approaches often produce opposition from those who consider themselves 'moderate' drinkers, or 'average' members of the community, who may claim that they will have to pay for what they see as the sins of the few. This is despite the fact that the available aggregate consumption figures for all sectors of the Alice Springs community suggest that a long-term and broadly based public health strategy is required to reduce alcohol consumption levels. Furthermore, broad restrictions on alcohol availability can also alienate licensees who may lose significant income as a result of restrictions when, arguably, their cooperation (as a group) is required for long-term improvements to the situation.

The other widely held set of views focus on what is seen as the 'problem drinker'. From this perspective, most of the alcohol-related problems in Alice Springs are seen as being associated with a relatively small group of people who habitually drink to excess and cause themselves and others harm. According to this view,

Disagreements and controversies in Alice Springs over what needs to be done to address alcohol problems usually arise from quite different views on the underlying nature of the grog problem, and it is most unlikely that these deeply held opinions can be reconciled in any simple fashion.

interventions should be aimed at the identified problem drinkers, not at the community as a whole. This approach often allows for a focus on Aboriginal drinkers which can be seen as discriminatory or even racist, and leads to opposition from Aboriginal individuals and organisations. It tends to alienate those people in a position to coax cooperation from both the 'grassroots' and from umbrella organisations.

It is clear that the differences of opinion in Alice Springs about what to do about the problem of public drunkenness and other alcohol related problems is, in fact a struggle over which of the two above approaches is going to be the dominant one: the generalised approach on the one hand, or the targeted approach on the other. The struggle between proponents of these two views has merely succeeded in polarising the Alice Springs community, and making it extremely difficult to propose actions which are acceptable to all or even most stakeholders.

It is also difficult to persuade people who drink in a low-risk manner that they should drink less, or have less easy access to alcohol, but most people seem willing to support sensible strategies that are focused on reducing alcohol-related harm, or on deterring behaviour which renders such harm likely (Stockwell et al. 1997). Furthermore, all the research supports the finding that drinking large amounts of alcohol on particular occasions is a strong predictor of subsequent intoxication-related problems such as disputation, violence, and accidents. This suggests a focus on particular high-risk situations and practices may be the most useful but, before returning to this point, we wish to discuss some of the options raised with us.

Organisation of the report

This report aims to provide a broad overview of possible policy directions to address the particular alcohol problems in Alice Springs. It seeks to do this in the context of international and national best practice, while recognising the considerable steps in this area already undertaken at a number of levels, including community-based organisations. The report, therefore, is organised around a number of core themes which emerge in the literature on alcohol policy and, where appropriate examines these in the light of international best practice, relevant examples from the wider Australian situation, and circumstances in the Northern Territory and Alice Springs in particular.

Setting the scene: consumption

International and national context

International historical data show that it is quite common to have large-scale ebbs and flows in overall consumption rates over time, as well as shifts in beverage choices (Edwards et al. 1995: 33). Between the end of World War II and the 1970s, in almost all countries that collected accurate statistics, consumption was shown to have increased. In most countries, the rate of increase then slowed, and in some it actually declined. Some examples of consumption changes are shown in Table 1, below. In traditional wine-drinking countries such as France, consumption, while high, continues to decrease, while many central and eastern European countries are facing a disturbing increase in alcohol consumption and associated problems. Edwards et al. (1995: 39) note:

The one firm overall conclusion to be drawn for any country must be ... that levels and patterns of drinking are not set for all time. That fact carries profound implications for health and social policies.

Table 1. Per capita alcohol consumption in selected OECD countries, 1970–90

	1970	1980	1990
Australia	8.1	9.6	8.4
Great Britain	5.3	7.3	7.6
France	16.2	14.9	12.7
New Zealand	7.6	9.6	7.8
United States	6.7	8.2	7.5

Source: Edwards et al. (1995: 35).

Northern Territory and Alice Springs situations

As discussed on p. 17, 30 per cent of men and 12 per cent of women in the Northern Territory in 1992 were consuming alcohol at harmful or hazardous daily levels but, by 1997, this had decreased to 22 per cent of males and a marginally lower 10 per cent for females (Bertram and Crundall 1997).¹ Per capita consumption of alcohol had also decreased, from a figure of 18.31 litres of pure alcohol per person for those aged 15 years and over, to 14.55 litres, a drop of over 20 per cent (Living With Alcohol Program n.d.). This is, however, still high by international and Australian standards.

Lyon (1990: 2–3) estimated consumption figures for Alice Springs in 1987–88 as 27.1 litres of absolute alcohol per year per person aged 15 and over. During this period, this was nearly 38 per cent higher than for Territorians generally, and nearly two-and-a-half times the Australian average of 11.1 litres per year. Lyon notes that wine sales contributed significantly to the extremely high level of consumption in Alice Springs, and that per capita wine consumption had increased some 123 per cent between 1980–81 and 1987–88. As shown in Table 6 (on p. 9), this pattern of increased wine sales continues to the present.

While per capita alcohol consumption in Alice Springs has dropped over the past decade, it is still more than one and a half times that of the Northern Territory as a whole and some three times that of Australia as a whole.

Using the same methodology as Gray et al. (1998: 7–8), we estimated alcohol consumption in Alice Springs for 1997/98 to be 23.8 litres per year per person aged 15 years and over (see Appendix A

Table A1. Calculations of per capita alcohol consumption 1997–98). This is a reduction of some 12.2 per cent during the past decade, but is still more than one-and-a-half times the current average Northern Territory consumption level, itself still very high.

Consequences

International data

International research (Edwards et al. 1995: 67–8) confirms what is now essentially commonplace knowledge: drinking increases the risk of casualties and social problems, and heavy drinking markedly increases these risks. Research confirms a quantitative relationship between drinking and the long-term health consequences of a range of chronic and life-threatening illnesses. Evidence has however accumulated that light or moderate drinking can reduce the risk of coronary heart disease.

The public health messages that emerge are complex. With regard to the individual drinker, as Edwards et al. (1995: 68) note, surveys consistently find that regular drinkers substantially underestimate their own consumption levels, and the practice of drinking no more than one drink a day is very rare in societies such as the USA, and presumably Australia. For wider populations, the overall consumption levels are shown to be significantly related to the level of alcohol-related problems which that population will experience.

The messages that emerge from the evidence ... are for the individual and society outstandingly clear—less is better, more drinking carries more risk for a wide range of adverse happenings, and heavy drinking is a distinctly dangerous behaviour (Edwards et al. 1995: 68).

Northern Territory and Alice Springs data

This report does not aim to provide a comprehensive account of the social and economic consequences of alcohol misuse. However, data on the economic costs of alcohol misuse in the Northern Territory (up to 1990) are presented in the Sessional Committee Report 'Measures for Reducing Alcohol Use and Abuse in the Northern Territory' (see Appendix 5, pp. 233–45). Nor does this report present data on the social and economic costs of alcohol abuse on Aboriginal people in the Alice Springs area in the manner, for example, that Lyon (1990) has done. Nonetheless, figures on vehicle accidents and homicides in the Alice Springs region provide compelling evidence of the disproportionate involvement of alcohol in mortality amongst Aboriginal people in the Alice Springs region.

Table 2, below, presents data on both urban and rural road fatalities in the Alice Springs region. The data suggest the overwhelming involvement of alcohol in Aboriginal road fatalities in comparison with the non-Aboriginal population; for example, in the Alice Springs rural area, alcohol was involved in 82 per cent of Aboriginal deaths between 1992 and 1997, compared with 35 per cent of non-Aboriginal deaths.

Figures provided for the Alice Springs urban area indicate that 92 per cent of Aboriginal deaths during this period involved alcohol.

Between 1992 and 1997, alcohol was involved in 82 per cent of Aboriginal road deaths in the Alice Springs rural area compared with 35 per cent of non Aboriginal deaths, and in the Alice Springs urban area, 92 per cent of Aboriginal road deaths during this period involved alcohol.

Table 2. Alcohol in road fatalities, Aboriginal and non-Aboriginal, 1992–97

Year	Alice Springs urban				Alice Springs rural			
	Aboriginal		Non-Aboriginal		Aboriginal		Non-Aboriginal	
	Alcohol related	Not alcohol related	Alcohol related	Not alcohol related	Alcohol related	Not alcohol related	Alcohol related	Not alcohol related
1992	0	0	0	1	13	1	2	3
1993	3	0	1	0	5	1	0	3
1994	1	0	0	0	2	1	2	8
1995	3	0	0	0	6	2	3	3
1996	0	0	2	0	9	2	3	6
1997	4	1	1	1	5	2	4	3
	11	1	4	2	40	9	14	26
Total	12		6		49		40	

Source: Pers. comm. Trevor Parsons, Northern Territory Road Safety Council.

The figures for homicides in the Alice Springs area between 1 July 1990 and 30 June 1996 reveal a similar pattern of alcohol involvement, and also demonstrate that homicide is overwhelmingly an intra-racial phenomenon, where victims and

offenders are disproportionately Aboriginal. The data in Table 3 show that only 17 per cent of the 30 victims during this period were non-Aboriginal, and that in 80 per cent of homicides, *both* victim and offender were Aboriginal. These figures are even more startling when it is recognised that Aboriginal people comprise only some 15 per cent of the total Alice Springs population (p. 23).

Table 3. Aboriginality of homicide victims and offenders in Alice Springs area, 1 July 1990–30 June 1996

Victim	Offender	
	Non Aboriginal	Aboriginal
Non-Aboriginal	4	1
Aboriginal	1	24
Total	5	25

Source: Australian Institute of Criminology, National Homicide Monitoring Program.

While cross-tabulated data were not obtained which would have allowed the determination of the Aboriginality of victim and offender in Table 4, a comparison of the data in Table 3 and Table 4 suggest that by far the greatest proportion of Aboriginal homicides involved alcohol, for both victim and offender.

Table 4. Involvement of alcohol in homicides in Alice Springs area, 1 July 1990–30 July 1996

Victim	Offender	
	Not under influence of alcohol	Under influence of alcohol
Not under influence	3	2
Under influence	1	24
Total	4	26

Source: Australian Institute of Criminology, National Homicide Monitoring Program.

Such figures, of course, must be seen as the tip of the iceberg in terms of the overall impact of heavy alcohol consumption on Aboriginal individuals and society.

Availability of alcohol

There is persuasive international and Australian evidence that limiting or controlling access to alcohol is likely to significantly influence the consumption of heavy drinkers. For example, the experimental closing of liquor stores in Sweden in 1981 showed how even minor changes in the availability of alcohol can have a selective effect on heavy drinkers. It resulted in a decrease in public drunkenness, domestic disturbance, and violent crimes. An explanation advanced was that socially isolated heavy drinkers have difficulty in planning their drinking and in stocking up to circumvent restrictions in supply.

International and Australian research suggests that limiting or controlling access to alcohol has a selective effect on heavy drinkers, without unduly inconveniencing moderate drinkers.

The available international data do not support the view that control on access to alcohol will merely inconvenience the moderate drinkers while the harmful drinking of the heavy consumers goes untouched (Edwards et al. 1995). In summary:

- The weight of international empirical evidence is that limitation on the availability of alcohol can be an effective part of a public health approach to reduce alcohol consumption, and thus alleviate associated problems.
- The counter argument, that people will obtain alcohol no matter the difficulty, is not valid on the empirical evidence.
- Research findings suggest that these findings are not specific to any particular culture;
- While many of these policies are established at State and national levels, others can operate effectively at the community level.
- However, without sufficient popular support, enforcement and maintenance of any restrictions are handicapped. Given such support, many types of restriction will produce public health benefits, particularly if they are developed from a situation of existing widespread availability.
- Also, because the question of 'availability' and its relationship with 'harm' is so broad, it is useful to narrow it down to the specific relationships between *types of availability* and *types of alcohol harm* (Stockwell 1993: 122).

Do these findings apply to Aboriginal heavy drinkers in this country? We know that Aboriginal drinking patterns demonstrate that people binge-drink opportunistically, consuming heavily when cash is available, and obtaining credit from family and friends. Aboriginal drinkers are group drinkers, not socially isolated drinkers like the European 'skid row' drinker. Nonetheless, evidence from within Australia shows that Aboriginal consumption *can* be modified by changes in hours and days of opening.

The number of liquor outlets in a community is only one factor making up the complex of issues covered by 'availability', and curtailing the availability of alcohol will not make alcohol abuse disappear. Lyon (1990: 121) warns that the large number of liquor outlets in Alice Springs specifically and the Northern Territory generally, has been an 'easy target' for criticism. Nevertheless, strategies to control the availability of alcohol can play a core role as instruments of governments' public health and wider policies. This section examines various options directed at availability in the light of international and, where available, Australian and Alice Springs experience.

Density of alcohol outlets

International experience

Limiting on the number and location of alcohol outlets is a strategy which has been implemented in various countries. While some earlier studies suggested that this factor had little effect on alcohol consumption, more recent studies including one based on data from 50 USA States over five years, have demonstrated that geographical density of alcohol outlets does have a significant effect on alcohol sales.

The Alice Springs situation

A number of commentators point to the fact that Alice Springs has a very high ratio of liquor outlets per head of population, and that this can be linked to its high per capita consumption levels. Table 5, below, allows us to estimate this ratio, from population figures from the 1996 Census.

It is the total number of liquor outlets rather than the relative number per capita which is arguably the critical supply factor.

This data indicates that while the total number of licenses per 100,000 population aged 15 and over is still high by national standards, it has in fact dropped nearly 4 per cent over the sample period, from 404.86 to

388.71, continuing the gradual reduction in the relative number of outlets noted in 1990 by Lyon (1990). Nonetheless, it could be argued that it is the total rather than the relative number of outlets which is the critical supply factor, since problem drinkers tend to be opportunistic and the availability of alcohol to such drinkers is a function more of the number of outlets than of the number of outlets per head of population.

In view of the high density of outlets in Alice Springs, it could be argued that closing down one or two outlets would have minimal impact on problem Aboriginal drinkers. Furthermore, being seen to arbitrarily close down one or two licenses could make it politically more difficult to bring about other necessary changes. On the other hand, there is widespread anecdotal evidence that there are three or four problem liquor outlets that contribute disproportionately to Aboriginal drinking problems, all situated along the Todd River and most near Town Camps.

Table 5. Alice Springs liquor outlets, 1988-97

Category	June 1988	June 1997
Hotel	17	22
Tavern	2	4
Restaurant	13	17
Other on-license Store	6	10
Liquor merchant	14	11
Licensed club	5	3
Total	13	13
	70	80

Sources: Lyon (1990: 116); Northern Territory Liquor Commission (1997: 26).

It is difficult to predict with any degree of certainty whether closing or placing restrictions on these particular outlets would differentially affect the purchasing patterns of heavy drinkers. It could also be argued that given the potential effects on the viability of licensees' businesses, the grounds for any closures or restrictions must be more than anecdotal. Nonetheless, we are of the view that there is a good case for targeting drinking environments and sales outlets associated with high-risk drinking, as we will discuss on p. 26.

There are additional arguments which support the replacement of licenses which focus primarily on the Aboriginal takeaway trade by more responsible ones which will also value-add to the local economy. One proposal which attracted our interest was to maintain the overall number of licenses in Alice Springs at no more than its present level, but to allow the development of licensed cafes with outdoor tables along the Todd Street mall, selling alcohol with meals.

Such a scheme could have a number of attractions. The number of problematic licenses could be reduced, and thus, in conjunction with other proposals canvassed later in this report, reduce the number of alcohol-related incidents. Also, there are potential economic benefits from this conversion. Outdoor cafes are much more likely to value-add to the local economy than takeaway licenses targeted at Aboriginal drinkers, which essentially recirculate welfare dollars.

Types of alcohol and retail availability

International experience

Restrictions on the availability of specific alcoholic beverages have been implemented at various times in several countries, including Finland, Norway, Iceland and Sweden, as well as in parts of the USA. Studies indicate, not

unexpectedly, that increases in the availability of specific forms of alcohol, such as spirits or full-strength beer, encourage consumption. The increased retail availability of wine appears to produce an overall net increase in alcohol consumption, even though some substitution can occur. Conversely, increased availability of low-strength beers reduces the opportunity of drinkers to reach high blood alcohol levels.

In general, the evidence supports the potential of retail monopolies, *if operated as a public health strategy*, to reduce alcohol consumption and thus alcohol-related problems.

Australian experience

Australian research has clearly demonstrated that cask wine consumption (rather than bottled wine) is highly predictive of indicators of harm (for example night assaults and acute hospital admissions) in the general population (Stockwell et al. 1998: 241).

Australian research has clearly demonstrated that cask wine consumption (rather than bottled wine) is highly predictive of indicators of harm (for example, night assaults, acute hospital admissions) in the general population.

A number of centres have introduced restrictions on the availability and types of alcohol on sale, including cask wines. The cases of Tennant Creek and Derby are discussed on p. 16 and 17. At the Curtin Springs Roadhouse, two consecutive six-month trials of licensing restrictions have been implemented. The first (until June 1997) banned takeaway liquor sales to Anangu Aboriginal people, and the second, operating until the end of December 1997, banned on-premises sales to Anangu but allowed limited takeaway sales of beer. An evaluation of these restrictions conducted by the Menzies School of Health Research (d'Abbs, Togni and Duquemin 1999) found:

- No evidence of an increase in motor vehicle accidents since the introduction of the alcohol restrictions and, in fact the number of crashes involving Aboriginal people in the relevant police districts was 60 per cent lower in 1996 and 67 per cent lower in 1997.
- The decrease in revenue from alcohol sales at the roadhouse was offset to a limited extent by increasing sales of other products including meals and accommodation as a result of increased tourist trade after the restrictions came into effect.
- There was no evidence that the drop in sales at Curtin Springs was offset by sales increases from other liquor outlets in this region.
- However, admissions to the Alice Springs Sobering-up Shelter suggest that there may have been some increase in people from Mutitjulu and Amata communities travelling to Alice Springs to drink following the Curtin Springs restrictions. There are many other factors that may have contributed to this trend.
- The number and proportion of trauma contacts at the Amata clinic involving alcohol fell sharply, from more than half of all incidents to between 18 per cent and 22 per cent in 1997.
- Assaults recorded by Yulara Police station dropped from 29 during the six-month period immediately preceding the trial to eight during the second phase of the trial in the second half of 1997.
- Committed Anangu drinkers, mostly young adult men, continued to be strongly opposed to the restrictions, and stressed the extra expense and danger inherent in having to drive to Alice Springs for alcohol. Other Anangu though, including senior men, stressed the marked benefits to the community since the restrictions had been instituted.

Alice Springs

Following the introduction of the Tennant Creek restrictions, and as a result of community concerns, Alice Springs licensees introduced voluntary restrictions limiting the sale of cask wine to four litres or less per person per day. It was also agreed that all counter staff were to undergo server training courses run by the Drug and Alcohol Services Association (Northern Territory Liquor Commission 1996: 9). These restrictions were in force in Alice Springs between February and November 1996. As a result there were increases in sales of port and sherry in bottles according to the Liquor Commission. These restrictions, however, are no longer in force and, in fact, sweet wine continues to be available in Alice Springs at under \$15 for five litre casks in November 1998.

Figures from the Northern Territory Liquor Commission provide a suggestive indication of changes in patterns of liquor purchases in the Alice Springs area between 1995 and 1998. The data in Table 6 below, a subset of those provided by the Commission, show the volume of purchases of those beverages known to be preferentially consumed by heavy Aboriginal drinkers—cask wine and full strength beer—from three specific categories of outlet in the area, public hotels, stores, and liquor merchants.

Table 6. Volume sales of selected liquor categories: Alice Springs area, 1995–98 (Litres purchased 1 July 1995 to 30 June 1996 and 1 July 1997 to 30 June 1998)

	Cask wine (litres)		Full strength beer (litres)		Low strength beer (litres)	
	1995/96	1997/98	1995/96	1997/98	1995/96	1997/98
Public Hotel	169,638	353,588	956,249	841,085	206,390	157,157
Store	474,689	748,017	2,082,996	2,020,339	627,817	582,533
Liquor merchant	7,898	17,841	123,718	94,579	33,502	57,856
Subtotal	652,225	1,119,446	3,162,963	2,956,003	867,709	797,546
Total, all outlets (including above)	691,548	1,164,160 +68 %	3,993,636	3,790,904 -5%	1,176,278	1,064,606 -9%

Source: Northern Territory Liquor Commission.

Table 7. Volume sales of selected liquor categories: whole Northern Territory, 1995–98 (Litres purchased 1 July 1995 to 30 June 1996 and 1 July 1997 to 30 June 1998)

	Cask wine (litres)		Full strength beer (litres)		Low strength beer (litres)	
	1995/96	1997/98	1995/96	1997/98	1995/96	1997/98
Northern region	1,373,800	1,634,408 +19%	16,012,336	16,766,301 +5%	7,029,227	6,882,817 -2%
Southern region	794,926	1,231,612 +55%	5,590,808	5,260,317 -6%	1,469,491	1,336,305 -9%
Total NT	2,168,726	2,866,020 +32%	21,603,144	22,026,618 +2%	8,498,718	8,219,122 -3%

Source: Northern Territory Liquor Commission.

It is noteworthy that over the three-year period to July 1998, while sales of full strength and light beers in the Alice Springs area have reduced by 5 per cent and 9 per cent respectively, *that of cask wine has increased by a very significant 68 per cent*. This is despite the fact that the Liquor Commission recognises the antisocial behaviour caused by excessive consumption of cask wine in Northern Territory urban areas, and has introduced a specific levy of 35 cents per litre to fund

initiatives to address this issue (Northern Territory Liquor Commission 1996: 30). This shift to the consumption of wine is clearly a long-term trend, as it was identified by Lyon (1990: 24), who noted an increase of nearly 123 per cent in the sales of wine between 1980–81 and 1987–88.

This increase in the sale of cask wine over the past three years is not confined to the Alice Springs area. Liquor Commission figures also show a marked increase in cask wine sales in both northern and southern regions of the Northern Territory over this period. However, Table 7 demonstrates that while sales of cask wine in the northern region increased by 19 per cent, in the whole southern region they increased by 55 per cent. A comparison of the sales volumes shown in Table 6 and Table 7 shows that most of this increase in the southern region is accounted for, not unexpectedly, by the increase in sales in the Alice Springs area itself. Furthermore, at the same time as cask wine sales increased significantly in the southern Northern Territory region, sales of full strength and low strength beer decreased by 6 per cent and 9 per cent, respectively.

Of course, it is not possible to disaggregate Liquor Commission data on the basis of the groups-of-origin of purchasers, and thus it is not possible to state with any certainty what proportion of this increase in cask wine sales in the Alice Springs and southern regions might be to Aboriginal drinkers. Also, it is not within the brief of this report to investigate in detail as to why there has apparently been such a major increase in cask wine sales over the past three years in the southern region of the Northern Territory generally, and in Alice Springs particularly.² However, given the research referred to above, which indicates that cask wine consumption in particular is highly predictive of harm indicators, this is a worrying trend for the whole population of the area, which, arguably, requires address at the policy level. It is our view that policies to address this should be integrated with others directed towards high-risk practices which we discuss later in this report (p. 26 and following).

Given that research links cask wine consumption in particular to high-risk behaviours, the large increase in cask wine sales in the Alice Springs area between 1995 and 1998 requires urgent address at the policy level.

Hours and days of sales

International experience

Twenty years of studies have provided strong empirical evidence that limitations on the availability of alcohol can be an effective part of a public health approach to reduce problems associated with alcohol.

Most of the international studies of changes in hours of sale and opening days for alcohol outlets have demonstrated increased drinking and alcohol-related problems associated with increased opening hours, and decreased drinking and related problems with the elimination of specific days of sale.

We now have evidence from studies of predominantly Aboriginal drinking, that changing hours and days of sale can have an impact, primarily through changes in off-premises availability.

Australian experience

Australian (mainstream population) evidence suggests that adjusting hours of on-premises sales does *not* bring about much change in drinking practices (cited in Stockwell 1993: 136). However, we now have evidence from studies of predominantly Aboriginal drinking, that changing hours and days of sale can have an impact, and

that this impact seems to be primarily as a result of changes in off-premises availability.

The best known Australian experiment (apart from 6 o'clock closing) in changing hours or days of sale, has been in Tennant Creek from 1994 onwards. The reasoning behind such changes was to avoid the wholesale expenditure of weekly pension and other pay cheques (distributed on Thursdays) on alcohol, so as to allow for purchases of food and other items, and to reduce alcohol-related incidents.

Tennant Creek

Changes to availability in Tennant Creek came about as a result of locally voiced concerns from hospital staff, town councillors and members of Julalikari Council. After meetings, negotiations, and the involvement of the Liquor Commissioner, trials of different types of restrictions—to affect everyone in the town, not just Aboriginal residents—were held over a six-month period. These were based on the principle that most alcohol problems were associated with Thursday payday which is a high-risk consumption day. It was designed so that the families of heavy drinkers could be given a chance to buy their food first, before pays were spent on alcohol.

At Tennant Creek:

- The first phase trialed restrictions on sales on Thursdays from hotel front bars or takeaway outlets. The second phase trialed sales from front bars and bottleshops only between 3pm and 9pm on Thursdays.
- An independent evaluation was undertaken by Living With Alcohol Program and the Menzies School (d'Abbs et al. 1996). During Phase I the evaluation found that incidents attended by police on Thursdays was 55 per cent lower than at the same time the previous year. During Phase II the number was 13 per cent lower than the previous year.
- During Phase I, assaults, criminal damage, unlawful entry, stealing and interfering with motor vehicles was 14 per cent lower than the same period the year before.
- During Phase I, the number of presentations to hospital emergency associated with alcohol was 34 per cent lower than during the same period in 1994. Assaults, fractures, head injuries, injuries, lacerations and stab injuries were all fewer. This was particularly noticeable among Aboriginal women.
- Sixty-nine per cent of people interviewed thought the trial had positive effects, including less drinking, improvements in personal welfare, less violent behaviour, and cleaner and quieter streets. Overall 58 per cent of people in the town were in favour of the trial measures, 21 per cent were against, and 16 per cent had a mixed reaction.
- After this, alcohol restrictions included: no hotel front bar sales or off-license sales on a Thursday; no sales of casks of wine larger than 2 litres, and these were limited to one container per person per transaction per day; on days other than Thursdays, front bars opened at 10am but only to sell low alcohol beer until midday; bottle shops opened at midday every day except Thursdays; no off-license sales were permitted to taxi drivers suspected of selling to third parties; and exceptions were made for bush orders to customers with accounts who live outside town.

The Tennant Creek trial has resulted in reduced alcohol consumption including lower sales of cask wine, a reduction in criminal behaviour, and fewer admissions to the women's refuge, with only slight increases in sales from outlets outside the town and little measurable negative impact on the town's economy.

- A second evaluation was completed in 1998 by a team of experienced researchers from Perth (Gray et al. 1998). Overall findings were extremely positive. Mean annual per capita alcohol consumption has dropped from 25 litres to 22 litres since the restrictions, with a reduction in the sales of cask wine; there has been a consistent reduction in criminal behaviour; and a reduction in admissions to the women's refuge. There was a slight displacement effect with increases in sales from clubs and from outlets beyond town.
- The licensees suggested that there has been an adverse effect on the economy because of tourists not being able to purchase takeaway alcohol on Thursdays, but the researchers could find no evidence of this. Tourist complaints were not about the inability to purchase alcohol but about drunken behaviour. Limited data available from the tourist office found that there had been an increase in tourism.
- The Northern Territory Liquor Commission received the liquor restrictions following the evaluation, on 19 November 1998. It was decided that all existing restrictions shall be retained (Allen 1999).

Derby

A second evaluated trial of changes in hours and days of sale was done in Derby, Western Australia in 1997 (d'Abbs and Togni 1997).

As with Tennant Creek, the liquor licensing intervention in Derby came about as a result of expressed concerns from all sections of the community and the establishment of an Alcohol Action Group. After unsuccessful attempts to bring about a voluntary agreement on restrictions with licensees, the group invited the Liquor Licensing Commissioner to Derby, who conducted a hearing. He imposed the following restrictions for six months from January 1997:

- the sale of packaged takeaway liquor was prohibited on Thursdays;
- sales of packaged liquor to be permitted only between 12 noon and 10pm on all other days;
- no sales of 4 litre wine casks; and
- exceptions to be made for orders of alcohol together with general goods for locations 20km beyond Derby.

There was a series of legal objections and appeals following this which are fully documented in d'Abbs and Togni (1997). The evaluation was designed to find out whether the restrictions contributed to a reduction in alcohol related harm. It found:

- a significant drop (37 per cent) in the incidence of police offences categorised as assaults, sexual offences, damage and threatening behaviour;
- because of data collection problems there was not sufficient evidence to show that the trial restrictions had an impact on the level of injuries;
- overall majority support among Derby residents, although opinions were divided and qualified; and
- widespread support from outlying Aboriginal communities for a ban on four litre casks, but no clear support for the Thursday ban.

It is true that generally changes in hours and / or days of sale do not affect overall consumption rates. But these changes *do* produce reductions in problems such as drunkenness, domestic disturbances, and violence.

Alice Springs experience

It does not appear that changes to hours and days of alcohol sale have as yet been utilised to address the problems in the Alice Springs area itself. In submissions

to the Northern Territory Sessional Committee in 1991, the Alice Springs Town Council as well as several other agencies and organisations, supported the proposition of reducing hours of takeaway sales (Legislative Assembly of the Northern Territory 1991: 199). At the time, the Country Liberal Party's Central Council Working Party opposed this suggestion on the grounds that no relationship between hours of sale and quantities consumed had ever been demonstrated. It is certainly true that generally speaking, changes in hours and/or days of sale do not affect overall *consumption*. But we now know that such changes do affect resultant alcohol-related *problems*. Research cited in the World Health Organisation best practice review (Edwards et al. 1995:137) demonstrates that changes to hours and days of sale can produce measurable reductions in adverse consequences such as drunkenness, domestic disturbances, and violence.

Using the price of liquor as a policy tool

International situation

Research findings substantiate the contention that like any person who purchases any commodity, drinkers are likely to be responsive to price. Available data indicate that the price of alcohol is related to the incidence of alcohol-related problems (Edwards et al. 1995: 120). The authors note that while the impact of taxation on alcohol consumption should be viewed as an intervention in a complex system, they ultimately conclude that taxation on alcoholic beverages is a potentially useful public health mechanism (Edwards et al. 1995: 121).

Australian situation

The existing Australian tax structure on alcoholic beverages means that low-alcohol beer is taxed at four times the rate of cask wine per standard drink of alcohol. Beer and spirits are subject to a federal excise tax as well as sales taxes, but wines are only subject to a 25 per cent sales tax that greatly favours those varieties that are cheap to manufacture, such as the sweet cask wines popular with some many drinkers in Alice Springs. Current Federal Government tax reform proposals will mean that the price of cask wine will remain the same, whereas bottled wine may rise slightly in price. Beer taxes will not change significantly, meaning that on-premises beer will rise slightly, while off-premises beer will probably be slightly cheaper. Low alcohol beer drinkers will still pay more than five times the tax per standard drink than cask wine drinkers. These proposals have been criticised by leading drug and alcohol spokespeople in Australia (Alcohol and other Drugs Council of Australia (ADCA) 1998).

To summarise the arguments:

- There is debate over whether increasing alcohol taxes would reduce levels of harm, although international experience suggests that it is a useful policy tool as part of public health measures.
- However, current taxation arrangements do not provide financial incentives for drinkers to choose alcoholic drinks that are least associated with harm.
- There is good evidence that the consumption of certain types of alcohol is more likely to lead to harm (for example, to assaults and to hospital admissions).
- Cask wine (rather than bottled wine) consumption levels are highly predictive of morbidity (illness).

However, there is doubt that raising the price of alcohol in general or of certain types of alcohol (for example, as a result of increased taxes or targeted levies) would have a significant impact on the committed Aboriginal drinkers who are most at risk, since research has demonstrated that for many the demand for alcohol is essentially independent of its price (Martin 1998).

Responsible serving of liquor and server liability

International experience

Training of staff serving alcohol and other interventions of this kind have been popular in North America, Australia, and the Netherlands in recent years. The research indicates that changes in server behaviour can produce differences in the blood alcohol content of patrons leaving licensed premises, and thus their subsequent risk of becoming involved in alcohol-related accidents or other problems.

The civil liability of alcohol retail outlets which serve alcohol to intoxicated patrons has been established in a number of countries, often based upon common law. This has been primarily used as a means of redress after service to an intoxicated person results in a personal loss or injury. However, more recently it has been proposed as a preventative policy measure to encourage and reward safer serving practices. One study in the USA has found fewer vehicle accidents after increased liability measures were introduced.

Australian experience

Training in server responsibility appears to be more common now than previously, although there is some evidence that Alice Springs licensees have not been exposed to as much training as those in Darwin (for example, the National Centre for Education and Training in Addictions (NCETA) training on reducing violence near licensed premises). Nonetheless, recent Australian research on server training had discouraging results (Lang et al. 1998). Western Australian researchers studied a responsible service training program of one to two hours duration in seven sites. They found that there was no significant reduction in patrons with blood alcohol levels greater than 0.15 per cent (that is those who were 'very drunk'), or in the number of drink driving offences from the intervention sites. Researchers who pretended to be drunk were rarely refused service, and identification was rarely checked.

It is the licensees, not the servers, who will bring about improvements in sales practices.

The less than satisfactory outcome was attributed to poor implementation of the training and a lack of support among managers. Problems included the training timetable not being adhered to, hotel managements imposing time constraints on the training, and the Hotels' Association trainer giving priority to other training commitments. Some managers scheduled training at inconvenient times and some made it clear that profit came first. Overall, despite the cooperation of peak bodies in the hospitality industry, only a handful of venues agreed to cooperate, and only two-thirds of the available bar staff took the opportunity to have training, despite a financial incentive. The researchers recommended that training be mandatory, and that routine enforcement of licensing laws are essential if the goals of responsible service are to be met.

Sanctions against recalcitrant licensees may be necessary to achieve real changes in server practices.

An expert review of liquor licensing laws across Australia warned against concentrating on training servers alone, when licensees and permit holders are often themselves under-trained (Stockwell 1993). These are the people who establish and enforce the house rules, and hire and fire staff. If significant improvements are going to be made in licensed operations, it is the licensee, not the servers who will bring about improvements in licensed operations.³ This clearly then raises the question of whether sanctions against recalcitrant licensees may be a productive policy avenue, in addition to specifically targeted training of licensees as well as servers.

Additionally, it is crucial that policy implementation links licensees and servers, police, and Liquor Commission inspectors. Police involved in licensing work must know their legislation intimately. Australian towns and cities which pursue a coordinated approach have shown measurable improvements in alcohol-related assaults and willful damage to property. For example, the Licensed Premises Linking Project in the Hunter Valley links Hunter District Licensing Police, the Hunter Centre for Health Advancement, and ultimately will also link the Department of Gaming and Racing (Hunter Centre for Health Advancement 1996).

The Kings Cross Licensing Accord aims to coordinate action across a range of agencies, and key signatories to it are the Kings Cross Police local area command, New South Wales Health, South Sydney Council, New South Wales Department of Gaming and Racing, and the New South Wales Premier's Department. It is envisaged that most, if not all, Kings Cross licensees will become signatories to the Accord. Kings Cross police have allocated additional resources to licensing issues, and will actively monitor compliance with liquor laws and all other aspects of safety in and around licensed premises. It is planned that an Accord Monitoring Group, convened by the police and including government, local community and licensee representatives, will be established to review and monitor the Accord. Key police data will be supplied to the Monitoring Group. Also, the Kings Cross Liquor Consultative Forum will be convened on a quarterly basis, with all licensees expected to attend. A formal evaluation of the Accord will be conducted by the New South Wales Health Department (New South Wales Health Department 1997).

The Surfers Paradise Safety Action Project is a community-based initiative started in 1993 and designed to reduce violence in, and around, licensed premises. Key features of its implementation included channelling funding through local government, creating a representative steering committee and community forum, forming Task Groups to address the safety of public spaces, the regulation of managers through 'risk assessments' and through a community-based Monitoring Committee, using managers committed to the reform process from another city to bring pressure to bear on local licensees, training police through enforcement courses, and employing a female Project Officer with considerable interpersonal skills. Safety Action Projects were initiated in 1994 in Cairns, Mackay and Townsville, which adopted many of the features of the Surfers Paradise project (Hauritz et al. 1998).

Alice Springs situation

Responsible server training

Training in server responsibility appears to be more common now than was previously the case. The Drug and Alcohol Services Association (DASA) conducts an accredited training module (BFB9) in Responsible Service Practices which is a six-hour course of national standard. The Northern Territory Branch of the Australian Hotels and Hospitality Association (NTHHA) ran an accredited four-hour Patron Care course, which included the requirements of the Liquor Act. Currently, Responsible Service Training is undertaken by The Hospitality Industry Professionals. In 1996 training was conducted in the Northern Territory by NCETA as part of a national project to reduce violence near licensed premises. This training involved police, licensees and Aboriginal groups. It was conducted in Darwin and there was little or no involvement from Alice Springs.

Between June 1995 and 11 December 1997, 372 people completed the NTHHA course in Alice Springs. Between 1995 and May 1998, DASA trained 239 staff across a range of liquor traders in Alice Springs. Initially servers of takeaway liquor had separate training but there is now no distinction made.

Responsible server training is not compulsory for staff working in licensed premises. However licensees may not appoint a manager unless they are accredited, and new applications for licenses must be accredited. The Liquor Commission is attempting to ensure that special license holders (such as those relating to football events) undertake a course. Clearly there is a high turnover of casual staff in a town like Alice Springs, but Liquor Commission staff advise that it is increasingly difficult for people to obtain work involving the serving of liquor unless they have had training.

Enforcement

An expert review of enforcement of licensing laws in Australia reveals that authorities concentrate their resources on maintaining public order and punishing drinkers in licensed premises, rather than on licensees for breaching the terms of their licenses when serving drunks (Stockwell 1993: 87). The Liquor Commission has two inspectors based in Alice Springs, and eight in Darwin. Three complaints involving intoxicated people on premises in Alice Springs were lodged in May 1998 as a result of proactive raids that included inspectors being flown in. One complaint was ultimately withdrawn, one was dismissed, and one was in progress at the time of preparing this report.

The recognition of provider liability does not require the creation of a new duty of care in this country, but merely the even handed application of the principles which already govern parents, teachers, police and others.

Liability

In 1996, a national drug and alcohol research centre in Perth published an important report on alcohol liability, comparing the legal situation here with that in Canada. The authors, Solomon and Payne, found that the duty to control has expanded in Australia. They suggest that the recognition of provider liability does not require the creation of a new duty of care in this country, but merely the even handed application of the principles which already govern parents, teachers, police and others. In Canada, civil liability has helped deter irresponsible hospitality practices, and given rise to a variety of server education programs (Solomon and Payne 1996). It is worth mentioning that off-premises alcohol providers have been successfully sued in Canada for sales to already intoxicated purchasers.

There have already been cases in Australian jurisdictions where alcohol providers have been held liable for injuries caused by their intoxicated patrons. Solomon and Payne (1996) suggest that Australian Courts may well be poised to expand the scope of alcohol-related liability, as occurred in Canada in the early 1980s. This may provide a powerful impetus to policy development in this area.

Education as a strategy

International experience

The empirical evidence for a major impact from education programs in preventing alcohol-related problems is not strong (Edwards et al. 1995: 180). However, there is evidence that they can have a contributory effect, dependent upon the overall mix of the messages. For example, restrictions on alcohol advertising and mass media educational programs may have their most significant impact on the social climate surrounding alcohol use rather than a direct effect on the individual's behaviour. When evaluated in isolation, the popular interventions of school-based education and moderation mass-media campaigns have not been found to be effective (Edwards 1995).

Australian experience

Research findings suggest that education programs about alcohol or other drugs are unlikely on their own to change the ideas of committed drinkers. The results of school-based education are equivocal, and there is evidence that school-based education in Australia may actually *increase* the likelihood of adolescents using alcohol, analgesics and smoking tobacco (Hawthorne, Garrard and Dunt 1995). There is clearly a need for a policy and educative emphasis on long-term attitudinal and generational change—and this arguably links, in part, into policies directed towards restricting the availability of alcohol (Martin 1998).

Northern Territory experience

In 1992, the Northern Territory introduced the innovative Living With Alcohol Program, funded by a levy on liquor with an alcohol content greater than 3 per cent. The program focuses on the core areas of treatment and care, community education, domestic violence, the criminal justice system. It includes an Aboriginal Living with Alcohol program specifically directed at people, professional development and training, and research and evaluation.

Prior to the introduction of the program in 1992, 30 per cent of men and 12 per cent of women in the Northern Territory were consuming alcohol at harmful or hazardous daily levels, but by 1997, this had decreased to 22 per cent of males and a marginally lower 10 per cent for females (Bertram and Crundall 1997). Per capita consumption of alcohol had also decreased, from a figure of 18.31 litres of pure alcohol per person aged 15 and over, to 14.55 litres, a drop of over 20 per cent (Alcohol and Other Drugs Program n.d.). Prior to the introduction of the alcohol levy, the light beer market in the Northern Territory was less than one per cent, whereas 1997 figures put it at around 28 per cent, compared with around 18 per cent interstate. Prior to 1992, alcohol was implicated in 62 per cent of fatal road accidents, whereas the corresponding figure for 1997 was 29 per cent (Alcohol and Other Drugs Program n.d.). However, the data in Table 2 (p. 4) demonstrate that alcohol was still implicated in 66 per cent of road fatalities in the Alice Springs region in 1997.

Individually directed interventions

International experience

The USA Institute of Medicine produced a state-of-the-art report in 1990. Its emphasis is reflected in the title *Broadening the Base of Treatment for Alcohol Problems*. The report makes definitive statements which sum up current thinking on intervention and treatment, including the following:

- individuals experience many different kinds of problems around their alcohol consumption (that is, not only 'alcoholics' experience problems);
- alcohol problems themselves are heterogeneous;
- there are now many different methods of treatment;
- people with differing backgrounds are providing treatment in a variety of settings;
- reducing the burden of alcohol problems is not solely the responsibility of specialised treatment programs, but of generalist health programs (for example, doctors intervening early with patients before problems become entrenched);
- for humanitarian reasons it is necessary to focus on those with more serious problems; and
- for practical reasons it is necessary to also give attention to those with less serious problems as well (Institute of Medicine 1990: 16).

The Alice Springs experience

The literature overwhelmingly suggests that Aboriginal drinking is best understood as a group, not an individual, issue. Nonetheless individuals do decide to 'give away the grog' and do so in a variety of ways. The Central Australian Aboriginal Alcohol Planning Unit (CAAAPU) has recently received funding to reopen its residential function with ten beds.

Central Australian Aboriginal Congress has adopted a substance abuse policy which includes encouraging medical practitioners and other primary care workers to open discussion of alcohol use with clients ('brief interventions').

The Mental Health Act has changed the criteria for psychiatric admission to hospital from 'mental illness' to 'mental disturbance'. This has allowed more scope for admissions to Ward 1 at Alice Springs hospital for individuals suffering from alcohol-related mental symptoms.

The Alice Springs Sobering-up Shelter has been operating since 1986 under DASA management. The Shelter provides alternative accommodation to the police cells for those taken into protective custody for intoxication. It aims to provide a well designed secure and caring environment for clients, including showering and clean clothing, appropriate food and drink, and first aid where necessary. While the centre does not see itself as primarily having an educative function, nonetheless it provides clients with an opportunity to discuss their drinking with staff, and to be referred to other programs if appropriate.

Admission data collected by the Shelter provide a good indication of their client base. If we look at DASA's 1996 figures:

- Overwhelmingly they were Aboriginal (99 per cent).⁴
- There was a total of 1,906 individuals who were admitted to the shelter, but these individuals accounted for 6,101 admissions.
- 72 per cent of these individuals were admitted only once or twice.
- 5.7 per cent were admitted 11 or more times, and accounted for over 36 per cent of admissions to the Shelter.

DASA data demonstrate an increase of only about 8 per cent in admissions between 1993 and 1996, but it is not possible to say with any certainty if this comparatively small increase is due to supply or demand factors. It is significant that there has been an increase of nearly 35 per cent in female admissions during this period; DASA's view is that this is because the Shelter provides a secure environment for women, but it could also conceivably be related to an increase in heavy drinking by women.

The data are particularly useful in identifying clients' places of residence, as shown in Figure 1, below. In 1996:

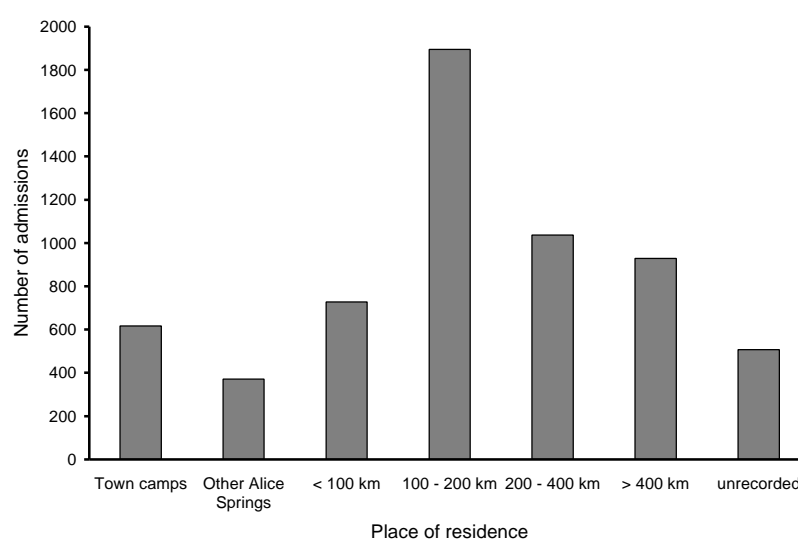
- 987 admissions (16.0 per cent) were residents of Alice Springs, of whom only one-third were from Town Camps.
- 1,895, or nearly 30 per cent, of admissions were residents of communities 100–200 kilometres from Alice Springs, and of these 1,053 (56 per cent) were from Hermannsburg. That is, some 17 per cent of total admissions were residents of just the one community, Hermannsburg.
- 1,037 (17 per cent) of admissions were residents of communities 200–400 kilometres from Alice Springs. The largest single source from these communities was Yuendumu, whose 465 admissions constituted 8 per cent of the total.
- Admissions data over the 1993–96 period show that the proportions of admissions from these specific communities has been fairly constant.
- The data also indicate that the high admission rate individuals (80–100 each year) are not just the same people each year, but are drawn from a group of

around 250 people. DASA's published data do not allow the origins of these individuals to be determined.

Figure 1 of course, only refer to individuals who are apprehended and voluntarily admitted to the DASA Shelter, and do not directly refer to the characteristics of those involved in the much larger number of other alcohol-related incidents in Alice Springs. Nonetheless, they do suggest that:

- a relatively small core of committed drinkers are disproportionately represented in the statistics;
- Alice Springs Town Camp residents are not the major source of intoxicated individuals; and
- The residents of specific communities, most prominently Hermannsburg and secondarily others such as Papunya and Yuendumu, are disproportionately represented in the alcohol statistics.

Figure 1. Admissions to DASA Sobering-up Shelter, 1996



It follows from this that one set of responses to the alcohol situation within Alice Springs could usefully focus on reducing alcohol intake by the relatively small proportion of committed heavy drinkers, and another would be directed at the residents of specific communities in the 'catchment' region. While the proposal to establish alcohol outlets on Aboriginal communities would seem to be given some support from this perspective, there are compelling arguments against this, which are dealt with below (pp. 20-22).

Discussing some common 'solutions'

Reintroduce criminalisation of drunkenness

This proposal has been raised for discussion by a number of commentators. The current situation is that while drunkenness has been decriminalised, intoxicated persons can be apprehended by the police. Those that in the judgement of the police pose a danger to themselves or others are held in custody, while others can be taken to sobering-up facilities where available, such as that run by DASA in Alice Springs. Thus, mechanisms are already in place to remove intoxicated individuals from situations where they pose a potential danger to others or to themselves.

The only argument for re-criminalising drunkenness would appear to be its potential deterrent effect. However, there are no convincing arguments that the

possibility of getting a criminal conviction would be any deterrent for committed Aboriginal drinkers.

Install canteens on bush communities

There has been recent debate about the potential benefits of licensed social clubs on Aboriginal communities in the region. It is not clear in much of this debate whether the benefits would be mainly for the communities concerned, or for the town of Alice Springs. It is also unclear whether there is indeed strong support for the installation of canteens in the communities themselves, since while there are certainly committed drinkers, there is also deeply entrenched opposition to drinking amongst significant sections of their residents.

There are a number of issues and assumptions underlying this proposal which need to be considered.

The involvement of remote community residents in Alice Springs problems

The evidence does seem to suggest that visitors from a number of regional Aboriginal communities, particularly Hermannsburg, are disproportionately represented in alcohol-related incidents in Alice Springs. This can be seen, for example in the DASA data on admissions to its Sobering-up Shelter (see p. 19), in which only 16 per cent were residents of Alice Springs. This can also be seen in data from Tangentyere Council's Social Behaviour Project, which suggests that between 39–45 per cent of incidents between June and September in 1995 involved people whose primary places of residence were outside Alice Springs (Tangentyere 1996).

However, a basic assumption of the proposal to establish licensed social clubs on Aboriginal communities in the region is that it would reduce the number of heavy drinkers and associated problems within the Alice Springs town area. This assumption is highly questionable for a number of reasons.

Firstly, the available evidence does not support the argument that establishing liquor outlets on Aboriginal communities reduces problems in nearby towns. On the contrary, d'Abbs (1987) found that the three communities with the highest rates of Aboriginal Protective Custody Apprehensions (APCA) in Darwin all had licensed clubs. Conversely, the community with the lowest APCA had no club, and had the most restrictive dry area provisions. d'Abbs also noted that Alice Springs APCA data in 1986 failed to support the argument in favour of licensed clubs (1987: 92).

Secondly, the available evidence does not demonstrate that the major reason Aboriginal people come into Alice Springs is to drink. It would be more accurate to say that while undoubtedly some community residents come to Alice specifically to drink, as indeed do, for example, some non-Aboriginal pastoral workers, there are many other reasons why Aboriginal people come into town. This is discussed further on p. 24. Building canteens on communities will not change this situation.

The evidence from throughout Australia suggests that licensed clubs on remote Aboriginal communities are associated with the development of heavy drinking cultures, whatever their rationale in terms of promoting more responsible drinking practices (see below). This may conceivably reduce the numbers of heavy drinkers who travel to urban centres specifically to drink, although it is just as likely that drinkers will move between centres where they can get access to alcohol. Research suggests, furthermore, that the increased social problems caused by liquor outlets in the remote communities could, in fact, lead to a growth in net Aboriginal migration into urban centres (d'Abbs 1987; Taylor 1988).

Canteens promote the development of more responsible drinking

A further reason advanced for establishing licensed clubs on Aboriginal communities is that it will lead to a reduction of expenditure from the communities on alcohol from other sources, including illicit alcohol or 'sly grog'. The available evidence does not support this contention. For example, a recent study by Martin on community canteens in Cape York found that the illicit alcohol trade continued to flourish after licensed community-run outlets were opened (Martin 1998). Pastor Paul Albrecht states that this was also the case at Hermannsburg (cited in *Alice Springs News*, 4 (42) November 1997: 3). Brady (1995) reports this was also the case at Yalata, South Australia, where the canteen did not deter grog running.

Another argument is that licensed clubs encourage the development over time of more responsible drinking patterns in Aboriginal communities. There is little evidence to support this view, and considerable evidence against it. In fact, the overwhelming evidence is that the establishment of liquor outlets on remote Aboriginal communities leads to a pervasive and heavy drinking culture there, with drinking practices which pose severe threats to individual health and community wellbeing (d'Abbs cited in *Alice Springs News* 4 (42) November 1997: 3; d'Abbs 1998; Martin 1998). This is particularly the case where the community council or organisation running the outlet is largely or wholly dependent on alcohol sales for its financial base.

The overwhelming evidence is that the establishment of liquor outlets on remote Aboriginal communities leads to a pervasive and heavy drinking culture there, with drinking practices which pose severe threats to individual health and community wellbeing.

In these remote Aboriginal communities, a complex of related factors militate against responsible sales practices. These include:

- little or no capacity to manage and operate canteens on the required professional basis;
- the pressure to maximise sales in order to maintain a secure funding base;
- the fact that profits are often for nominally 'community' purposes, which allows for pressure to increase sales to be rationalised as providing wider benefits;
- the absence of effective controls on sales practices in these remote communities by licensing authorities;
- pressure on the management boards and their staff by community members who are committed drinkers; and
- an absence of the necessary professional support for staff.

Research clearly associates the increased availability of alcohol through Aboriginal community canteens with a decreased proportion of non- or occasional drinkers, as social life revolving around drinking and heavy consumption become the norm (see, for example, Martin 1998). One likely outcome of establishing licensed clubs in remote communities is that they will increase the proportion of Aboriginal residents of the region who are committed drinkers. Because of the mobility between communities and urban areas, this course of action is as likely to increase the number of problem drinkers in centres such as Alice Springs at any given time as to reduce it.

The available evidence does not demonstrate that the major reason Aboriginal people come into Alice Springs is to drink.

Community canteens would reduce road trauma

Another common contention is that the number of alcohol-related road deaths of Aboriginal community members would be reduced if alcohol were available where

people live, rather than at roadhouses or from urban centres such as Alice Springs. This is possibly true, although not easily verifiable. However, while alcohol-related road accidents in the rural/remote Alice Springs region are a significant cause of Aboriginal deaths (see Table 2, p. 4), so are alcohol-related homicides in the urban areas where alcohol is easily available (see p. 5). Experience here and elsewhere (for example, Cape York and western Arnhem Land) indicates that the establishment of liquor outlets on the remote communities would lead to an increase in homicides there. Furthermore, just as the number of accident-related deaths are only a proportion of the total number of people affected by serious injuries and other traumas from road accidents, so too is the number of homicides only a small indication of the total adverse effects of alcohol abuse on the Aboriginal urban communities.

These remote Aboriginal communities do not have the same level of medical and support services as the urban centres, and so the problems associated with excessive drinking are likely to be compounded. The social and cultural viability of these remote communities will almost inevitably be severely compromised by the ready availability of alcohol. The consequences of alcohol abuse in Alice Springs amongst some Aboriginal residents and visitors are already disquieting enough. Arguably they would be far worse on the remote communities in the absence of sobering-up centres, emergency medical services including hospitals, effective policing, and the like. These services are deficient or entirely absent in most remote communities, whose social and physical infrastructure would be overwhelmed by the results of greatly increased drinking.

Canteens would bring economic benefits

Lastly, while profits from community liquor outlets can be used to provide community infrastructure, rehabilitation programs, sport and recreation programs and so forth, the net effects on communities are almost always overwhelmingly negative (d'Abbs 1998; Martin 1998). Furthermore, they would, in all probability, be a net drain on the regional economy. For example, from the experience elsewhere (for example, western Arnhem Land, Cape York), they lead to increased demand on policing, emergency evacuation, health and other such publicly funded services, and would increase the already high rate of attrition in community housing and public infrastructure.

Pay Aboriginal people in vouchers

Food vouchers are already in use in Alice Springs. Aboriginal people who cash their cheques at the Tangentyere bank agency can get an advance in the form of a food voucher on part of their cheques to purchase food at the local Tangentyere-owned supermarket. The vouchers can only be exchanged for food, not for alcohol or tobacco. The value of the food voucher is then taken off the next welfare cheque that the person receives.

An advantage of such a scheme is that the very poor can get credit for essential supplies that would not otherwise be available, and vulnerable people such as pensioners have a way out of being harassed for cash when they collect their pension cheques. Crucially, too, the present scheme is voluntary in nature. There are major disadvantages to the proposal to replace welfare benefits with vouchers, not least of all the potential legal and political implications of a move which could well be construed as at best paternalistic and at worst discriminatory. Furthermore, food vouchers create a form of dependency which is itself arguably implicated in the alcohol problem. In any event, given the nature of the Aboriginal cash economy, committed drinkers will always be able to obtain either alcohol directly or money to purchase it from others who are not on vouchers.

Send people back to their communities

In considering such a proposal, a number of factors and issues need to be considered.

Firstly, as a general point, arguably it is neither politically nor legally feasible, nor indeed ethical, to institute policies which restrict the rights of Aboriginal people to access to the better resources and facilities available in towns (see d'Abbs 1998). This is particularly the case given the relatively poor facilities on the Aboriginal communities in the region. Such a move would be a reversion to the policies of the last century where Aboriginal people were kept out of the towns, and would be counter to the image the Northern Territory is portraying in the Asia-Pacific region as a progressive, modern and dynamic society.

Secondly, problem drinkers do not constitute a particularly high proportion of the Aboriginal population resident in Alice Springs. DASA's data, for example (p. 19), indicate that in 1996, 1,906 individuals were admitted to the Sobering-up Shelter, but only 16 per cent of these were Alice Springs residents, that is some 7.8 per cent of the Aboriginal residential population.⁵ On the other hand, as discussed on p. 18, it does seem from available information that temporary urban visitors from certain communities in the region are disproportionately represented in alcohol-related incidents in Alice Springs. This would suggest that programs directed at specific over-represented communities might be more appropriate.

Furthermore, Aboriginal populations throughout Australia are characterised by their relatively high mobility in comparison with non-indigenous ones (see, for example, Taylor 1998), and the central Australian region is no exception. Many factors, including specifically Aboriginal cultural ones, underlie this mobility. The relative attractiveness of life in the towns is an Australia-wide and indeed international phenomenon, driven in large part by precisely such factors as the better facilities and increased opportunities offered in urban areas. This mobility is reflected in the reasonably significant numbers of Aboriginal short-term visitors and residents in Alice Springs. In the 1991 Census for example, nearly 8 per cent of the Aboriginal population recorded in Alice Springs stated that their usual place of residence was elsewhere in Australia and, of these, just over half were from elsewhere in the central Northern Territory (Taylor 1998: 128). Such figures are likely, in fact, to be under estimates.

It is arguably neither politically nor legally feasible, nor indeed ethical, to institute policies which restrict the rights of Aboriginal people to have access to the better resources and facilities available in towns. This is particularly the case given the relatively poor facilities on the Aboriginal communities in the region.

Table 8. Aboriginal population in Alice Springs, 1986–96

1986	1991	1996
3,454	3,708	3,911

Source: Australian Bureau of Statistics.

The data in Table 8 indicate that there has been an increase of some 13 per cent in the Alice Springs Aboriginal population between 1986 and 1996 as recorded by the Australian Bureau of Statistics, which certainly indicates net Aboriginal migration into the town over this period. Even so, the 1996 Aboriginal population of Alice Springs was only some 15 per cent of the total town population of just under 26,000.

The evidence indicates that Aboriginal people move into, or spend time in, Alice Springs and other urban centres for a variety of reasons, not just to drink. These reasons include to access hospitals and other health services, to be near children in educational facilities, shopping, attendance at meetings and conferences, as well as visiting family and general socialising (see, for example, Taylor 1988; Tangentyere 1996).

Another reason for many Aboriginal people visiting Alice Springs is to take part in the Aboriginal Community Football League competition, and some observers have associated this with problematic drinking practices and suggested it be held on the participating communities. It does appear that the financial straits the League found itself in led to the decision to sell alcohol at fixtures. However, banning the competition from Alice Springs appears to be neither a feasible nor a defensible response, in part because of the lack of suitable venues on the participating communities, and also because alcohol is a part of many sporting and cultural events in Alice Springs, not just the CAFL competition. It may be more useful to reassess the heavy beer policy of the CAFL, as recommended by Tangentyere Council, and to use a combination of education and sanctions to ensure responsible serving practices at events.

Finally, much heavy drinking, including Aboriginal heavy drinking, is opportunistic in nature. People who come to town to access other services and facilities may end up drinking and thus involved in associated problems. Rather than removing Aboriginal people from town, a more practicable, effective, and less contentious option would be to target high-risk behaviours and practices by both drinkers and liquor outlets (as is discussed on p. 26).

Sobering-up shelters just support drinkers' bad habits

It is true that sobering-up shelters do not prevent people from drinking too much. However, this is not their role. Their only job is to provide a safe, clean and caring place for people to sober up. Furthermore, when people are sober, they have a chance to think about their drinking. They are told by staff that their behaviour is not acceptable. By treating drinkers with respect, trust is built up between clients and staff, and people have a chance to talk with alcohol workers if they want to. They can be referred to other agencies.

Shelter staff have noticed that some repeat clients have shown improved self esteem and improved health, and that some have reported cutting down on their drinking. The process of being picked up and sobered up at the shelter helps to educate people about what is acceptable behaviour. Each time someone is apprehended by police or the night patrol and taken to the shelter, a potentially harmful drinking episode is stopped. This has clear benefits for the drinkers, but it is also, arguably, highly cost-effective, given the significant resources that have to be devoted to emergency medical treatment and law enforcement incidents.

Making alcohol less easily available can be inconvenient for some people, but there is good international and Australian evidence that controlling physical access to alcohol does preferentially lower the consumption of heavy drinkers, and thus lead to fewer alcohol related problems.

Inconveniencing the majority to cope with minority 'trouble-makers'

As we have earlier discussed, changes to the availability of alcohol differentially affect heavy drinkers. For example, altering the hours and days of sale have brought about decreases in violence and assaults in Tennant Creek. We can assume that this is because there is less consumption, and that much of this lower consumption is among usually heavy drinkers. Similarly, restrictions on takeaway alcohol in the

vicinity of Yalata community, South Australia, had an impact on the consumption of heavy drinkers. For example, a study of alcohol-related presentations to the clinic showed that the number of individual men *each with twenty alcohol related attendances* (that is heavy consumers) dropped from four before the restrictions, to one after the restrictions. All alcohol-related presentations decreased by 68 per cent, particularly laceration injuries, and there was a 43 per cent reduction in the number of people attending as a result of assaults (Brady 1995).

We are of the view that broad-level restrictions which affect the overall Alice Springs population's access to alcohol are not likely to be effective in influencing committed Aboriginal drinkers. Nonetheless, even selected restrictions (for example, for specific identified problem outlets) are likely to have some impact on the non-target population. However, there are many instances where the general public are all 'inconvenienced' by public health measures. Wearing seat belts is one example, and restrictions on smoking in certain public places and random breath testing are others.

Making alcohol less easily available can be inconvenient for some people. However, there is good international and Australian evidence that controlling physical access to alcohol through various kinds of restrictions does preferentially lower the consumption of heavy drinkers, and thus lead to fewer alcohol related problems. The question ultimately comes down to one of whether the greater public good is served by marginal curtailment of individuals' choices. The Northern Territory, in common with the rest of Australia, has clearly taken the view that in certain circumstances, this is appropriate, as in the case of smoking restrictions.

What has already been achieved?

While alcohol consumption rates are high in the Northern Territory, there are a range of positive achievements which can be built on to address the issues in Alice Springs. For example:

- Drunkenness was decriminalised in the Northern Territory in 1974.
- The Northern Territory was the first jurisdiction in Australia to introduce legislation giving primary emphasis to the objective of reducing harm associated with alcohol consumption.
- Aboriginal organisations have increased their awareness and involvement in alcohol issues over the last ten years (Hill 1989). There have been public demonstrations and marches by Aboriginal people in the town, showing concern over alcohol abuse.
- There is now once more a residential facility in Alice Springs catering to Aboriginal people affected by alcohol. CAAAPU ran training and treatment (to varying degrees) between 1991 and the present and has just reopened with ten residential beds.
- Many Aboriginal communities have made use of the 'dry areas' provision in the Liquor Act.
- Alice Springs established a Sobering-up Shelter in 1986. The concept of the shelter received a boost as a result of the Royal Commission into Aboriginal Deaths in Custody.
- An innovative alcohol levy has been in place since 1992. It will collect up to \$7 million per annum until mid 2000, most of which has thus far been channelled into the Living With Alcohol Program (LWA).⁶ Alice Springs agencies have benefited from this; for example, between 1992 and 1995 DASA received \$640,165 from LWA using it for counsellors, the gaol program, counselor training, school drug information, the sober driver project, Operation Drink Sense, and remote area night patrol work.

- As a result of the levy, the Northern Territory has been rated as the best performing government in Australia in its expenditure to reduce drug problems. Its revenue from alcohol and tobacco taxes was \$59 million in 1996–97 and its expenditure was \$14 million, \$74 per capita. By comparison New South Wales with revenue of \$1,250 million, spent \$37 million, \$6.60 per capita (ADCA 1998).

More contentious has been the introduction of the 'two kilometre law'. This has major implications for the Alice Springs township, since the net effect of the law given the high density of liquor outlets in the central area of the town is that all of the Todd River area lies within its provisions.

It is expected that within two months there will be a provision in license conditions preventing sales to a person whom the licensee reasonably suspects will consume within 2km of the outlet. The Liquor Commission is considering exempting some areas from 2km law (excluding the Todd River area and the Central Business District).

There was a call in 1991 at the Sessional Committee for the 2km law to be better publicised—the Alice Springs Town Council proposed that the Liquor Commission insist that all takeaway outlets should display the provisions of the law in several languages (presumably in Aboriginal and other languages). Education regarding the 2km law is the responsibility of the police, not the Liquor Commission.

An alternative approach: targeting high-risk situations

We have come to the view that a useful way of approaching the current problems in Alice Springs is to supplement the existing community based and other programs with an approach which *specifically targets high risk situations, behaviours, and the liquor outlets which are associated with them*. In this more targeted approach no choice has to be made between one or the other of the opposing views mentioned in the opening sections (p. 1). Instead, a little of each is used, and there are already some examples of this approach working well in other Australian locations (for example, Newcastle, New South Wales) which have a high density of liquor outlets.

Rationale

There is ample evidence that level of alcohol consumption is related to the level of alcohol-related harm, both on an individual level and for the whole population. In other words, the more an individual or the population as a whole drinks, the more likely it is that they will suffer from alcohol-related harm.

This has been the basis for the policies that try to reduce *everyone's* consumption. This is comparable to encouraging everyone in the population to eat less salt and fat in order to improve hypertension rates, even if a significant proportion are in fact at low risk of hypertension.

The problem with this approach is that the policies can impinge on people who drink moderately, and who are at low risk, *as well as* those who drink harmfully. Such policies tend to be unpopular among segments of the population, particularly in regions where drinking is an intrinsic part of everyday life as it is in the Northern Territory. Most people do not believe they need to drink less and they do not want their access to alcohol to be fettered. For both Aboriginal and non-Aboriginal people, restrictions on drinking can be portrayed as restrictions on basic rights and entitlements. Reducing total consumption policies have also been unpopular in the alcohol industry and with governments, because if successful, they necessarily reduce profits and the revenues generated by taxation. The question here is less

There needs to be a move away from trying to reduce the alcohol consumption of the population as a whole, to also include a specific focus on minimising harmful and hazardous drinking and sales practices.

whether a particular view is 'right', and more what policies might have a reasonable chance of implementation in the current political climate.

Researchers in Australia have now suggested a change in policy from an emphasis on reducing the alcohol consumption of the population as a whole, to *specifically reducing harmful and hazardous drinking*. That is, it is proposed there should be a particular focus on problems related to intoxication, and at-risk occasions (Roche 1996; Stockwell et al. 1997).

Stockwell and his colleagues (1997: 5) state:

A policy which stresses the need to reduce harmful and hazardous drinking [rather than one which tries to get everyone to drink less] is harder to oppose and, in fact, is frequently espoused by alcohol industry advocates. We submit that such an approach is more likely to win support from politicians and draw less effective resistance from the alcohol industry than approaches which stress the need to reduce total consumption.

Because heavy drinkers tend to use particular outlets in Alice Springs to make their purchases, it is, in our view, worth considering targeting high-risk drinking environments, and sales outlets associated with high-risk drinking.

Australian examples

There are some examples of this more targeted approach getting results in Australia, and we have been particularly interested in the strategies which have been adopted in Newcastle, which we feel could be adapted to the Alice Springs situation. In Newcastle, alcohol related assaults were down in 1996-97 by 15 per cent and malicious damage down by 36 per cent as a result of a highly proactive police licensing strategy.

There is now a Licensed Premises Linking Project under way in Newcastle operated through a multi-agency advisory group (Hunter Centre for Health Advancement 1996). The goals of the project are:

- To collate information on alcohol-related incidents (ARI) in the Hunter Police District.
- To provide feedback to licensed premises on the number of times they are being cited as the last place of consuming alcohol, by those involved in ARI.
- To evaluate the effectiveness of the project; to disseminate information on the project to other Police Districts in New South Wales.

The project has developed procedures to identify the last premises where an individual drank before being involved in an alcohol-related incident (including an assault in another location, drink driving up to 50 kms from the outlet, or causing a disturbance). Every individual involved in any alcohol-related incident is asked where they obtained their last drink.

The police then map the number of incidents linked to particular outlets, utilising a computer database and mapping program. Once particular outlets are found which tend to be associated with alcohol-related incidents, this information is used to provide feedback to the licensees. The licensee's view is often that their premises are *not* problematic, and the police themselves often have incorrect perceptions of which are the real trouble spots. The data collection and mapping exercise thus helps to provide firm and unambiguous information upon which action can be taken.

Of the 437 licensed premises in the Hunter District, only 54 were cited as the last place of drinking by people involved in alcohol-related incidents, as part of the Linking Project. Of these, four premises accounted for 37 per cent of all incidents.

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The Newcastle project is aimed at education, rather than enforcement. It involves police and licensees working closely together once police identify 'black spots', and the data will be used as a basis for a special education program for licensed premises. It also enables the police to allocate resources to particular identified problem areas and time periods. The project has thus far demonstrated that even highly troublesome outlets can be improved.

While the Newcastle Linking Project emphasises cooperation and education of licensees, there is the potential under New South Wales legislation for sanctions to be used against recalcitrant licensees if warranted. It allows licensing police to immediately close premises for up to 72 hours if they are implicated in serious affrays or breaches. This period can be extended to six months. Such closures can of course cause serious loss of revenue to licensees, and thus are a major sanction; in New South Wales this provision has been used three times in the last twelve months.

Potential for Alice Springs

We are of the view that a similar approach targeting high-risk situations but adapted for Alice Springs, could prove feasible. One issue which would immediately arise is that the Newcastle Linking Project applies to on-premises purchases, and methodologies would have to be adopted in Alice Springs to incorporate takeaway sales, which it would seem are implicated in many of the identified problems. Such an approach would complement existing programs in the region, particularly the community-based work undertaken by organisations such as Tangentyere, the Central Australian Aboriginal Congress, CAAAPU, DASA, and others. The detailed elements of the scheme would, however, need to be carefully negotiated with all stakeholders.

We feel that a scheme of this nature could have a number of advantages. It would target only those outlets which police data demonstrate are implicated in unacceptable sales practices and consequent high-risk behaviours by their patrons, and thus would not run the same risk of coordinated opposition from licensees. The program would place much more onus on licensees to institute and maintain effective responsible serving practices. It would also be non-discriminatory, since *all* alcohol-related incidents in Alice Springs would be recorded, not just those of one particular group.

The program is also likely to gain support from the Police Service, since while it would place some additional load on officers in terms of specific types of data being collected, it would, arguably, be the type of program which could attract specifically directed resources to Alice Springs police, with cost benefits to offset these in the longer term through reduced problem incidents. Resources would be required, for example, for detailed program development, training, data mapping and analysis, and program monitoring and evaluation.

There are, of course, particular issues which would have to be addressed in the Alice Springs context. One important matter relates to identifying the source of the liquor purchased or consumed by the individual apprehended by the police. There has evidently been some difficulty in the past in obtaining good information on this matter in Alice Springs through questioning those concerned. One remedy, which

Licensees could be required to mark cask wines and other beverages associated with high-risk behaviours with labels identifying their point of sale. This would assist police in identifying the locations from which alcohol was purchased by individuals involved in alcohol-related incidents.

would not impose a particularly onerous burden on licensees, would be to require the marking of products with labels unambiguously identifying their point of sale.

Given the very large increase in sales of cask wine over recent years in Alice Springs, and given the demonstrated relationship between cask wine consumption and high-risk behaviours, a trial could be undertaken in which licensees were required to mark cask and fortified wines with such labels. This would not put an undue burden on the licensees, and would provide a very useful indication of whether the program was going to produce results. It could then later be extended to cartons of full strength beer and possibly other appropriate products.

Summary findings and recommendations

Build on existing programs

- The following recommendations for action must be seen as supplementing a range of existing programs and actions which are being undertaken by community-based and other organisations, such as Tangentyere, CAAAPU and the Central Australian Aboriginal Congress, and government agencies including the Liquor Commission and the Police Service.

Continue to target high-risk consumption practices

- The available data would suggest that the Living With Alcohol program has had demonstrable success in reducing aggregate alcohol consumption since its introduction to the Northern Territory in 1992.
- The program has also provided invaluable funding and other resources for a whole range of programs aimed at developing a more responsible drinking culture.
- However, contemporary research suggests that there needs to be a move away from an emphasis largely on reducing total alcohol consumption in the population as a whole, to including a *specific focus on reducing harmful and hazardous drinking and sales practices*.
- Thus, one set of responses to the alcohol situation within Alice Springs should continue to focus on reducing alcohol intake by the relatively small proportion of committed heavy drinkers.
- Another set of responses would usefully be directed at the residents of specific communities in the 'catchment' region which are identified as being over-represented in alcohol-related apprehensions.
- However, there are compelling arguments against establishing liquor outlets on these communities as a policy response to the perceived problems some of their residents cause in the town.
- Neither re-criminalising public drunkenness nor paying people in vouchers rather than cash are viable options.
- The problems associated with alcohol misuse in the Alice Springs town area are caused by only a relatively small percentage of the Aboriginal people resident in the town.
- Both short- and long-term movement of Aboriginal people into the town are phenomena found world wide, and relate more to the better facilities and resources of towns than simply to the desire to drink.
- Sending people back to their communities is not ethically, legally, nor politically feasible.

Target high-risk sales practices

- Liquor Commission data indicate that sales of cask wine in the Alice Springs area have increased 68 per cent between July 1995 and June 1998. We are not in a position to attribute the possible causes of this increase.
- However, given that research links cask wine consumption levels in particular to high-risk outcomes, this very large increase in sales urgently requires addressing at the policy level.
- A program should be trialed which seeks to identify problematic liquor outlets and sales practices, supplementing existing Liquor Commission tactics.
- Police practices should be amended so that data is collected identifying the last premises where an individual drank or purchased alcohol before being involved in any alcohol-related incident. This would apply to *all* individuals, and this would help to reduce fears that the program was unfairly directed at Aboriginal drinkers.
- In the Alice Springs context, this may require the labelling of specific categories of alcohol to enable the location of the point of sale to be clearly identified.
- Given the implication of cask wine consumption in particular in high-risk behaviours, a trial could be undertaken in which Alice Springs licensees were required to mark cask and fortified wines with such labels.
- This data would then be mapped, for example through a Geographic Information System, so that liquor outlets disproportionately associated with intoxicated patrons and high-risk behaviours could be unambiguously identified.
- A coordinated program would need to be resourced and implemented linking servers, police, and Liquor Commission inspectors.
- There needs to be a focus on the licensees, rather than the servers, to ensure that responsible liquor sales practices are implemented.
- Since experience elsewhere has shown that purely voluntary agreements are not successful in changing licensees' practices, there should be a gradation from voluntary negotiated agreements between police, the Liquor Commission, and licensees to restrictions on hours of takeaway sales or types of alcohol sold, and to short-term closures or conditions placed on licenses of recalcitrant licensees.
- The particular agreements or restrictions could be tailored to what the data indicate are the specific problems being generated by that outlet. For example, if the recorded incidents demonstrate that cask wine sold early on pension days is disproportionately the cause of the problems, then the agreements or restrictions could focus on this particular practice.
- If there are restrictions placed on a particular outlet because of this program, committed drinkers may of course simply shift their patronage elsewhere. This is the major argument against selective closing of problematic outlets in the present policy climate. However, since the proposed monitoring and data collection program would be ongoing, the same imperative for responsible server practices would apply to the alternative outlets.
- The program should use a combination of education, negotiation, and sanctions *to inculcate a culture of responsible serving in Alice Springs by all outlets to all segments of the population*, and thus to ultimately affect drinking practices. It is recommended that this be adopted as a core objective of the program.

The core objective of the program should be to inculcate a culture of responsible alcohol serving in Alice Springs by all outlets to all segments of the population.

Liquor outlet density

- It is clear that Alice Springs has a disproportionately high ratio of liquor outlets per capita. The international literature clearly implicates density of outlets with increased consumption of alcohol.
- While there has been a slow decrease in the per capita ratio over the past decade, it is arguably the actual number of liquor outlets, not the per capita ratio, which is the determining factor for the opportunistic heavy drinker.
- On the other hand, it may not be seen as politically feasible to significantly reduce the number of outlets, at least in the short to medium term.
- Nonetheless, there may be arguments for closing particular outlets for which the evidence is clear that they are disproportionately implicated in alcohol-related problems, for example through the program suggested above.
- One possible option which would value-add to the local economy would be to allow the development of licensed cafes with outdoor tables along the Todd Street mall, selling alcohol with food, in place of the current problematic licenses which primarily target the Aboriginal trade.
- However, to focus on closing down one or two problematic liquor outlets as the primary policy option for addressing current problems would be of little benefit, and would in all likelihood make it politically more difficult to bring about more fundamentally needed changes.
- It may be more valuable to concentrate on negotiating new hours and/or days of sale, as discussed below.

Hours and days of sale

- Given the demonstrable success of the Tennant Creek trial, the reluctance in Alice Springs to consider options such as Thursday closing of outlets needs to be re-examined.
- At the very least, there should be trial restrictions on takeaway sales on Thursdays before 4pm.
- Any changes to hours and days of sale could include exceptions being made for out-of-town orders with store supplies, as has been done in Derby and Tennant Creek.
- Admittedly, the proportion of Aboriginal residents is much smaller than that in Tennant Creek. Nonetheless, it is arguable that the significant reduction in alcohol-related problems on pay days which would on the Tennant Creek experience, be repeated in Alice Springs, may bring wider benefits including to the tourist industry, making it worthy of further consideration.
- If it proves impossible to negotiate such restrictions across all liquor outlets, they should be considered as options for particular problem outlets identified in the program outlined above.

Server training/patron care

- It is the licensees, not the servers, who will bring about improvements in sales practices, and both education and sanctions should focus on them in particular.
- There should be a stronger focus on Patron Care/Responsible Server programs, with training being made a mandatory condition of liquor licenses.
- In the Alice Springs context it should be mandatory for all staff, existing and new, to undergo accredited Patron Care training.
- There should be a particular emphasis on workers in off-premises sales, since the Liquor Act expressly states that takeaway alcohol may not be sold to persons who are intoxicated.
- The DASA Patron Care course should continue to receive support.

Police training and coordination

- It is crucial to link police, liquor licence inspectors and servers in a coordinated approach, and the police involved in licensing work must be intimately familiar with their legislation.
- Mechanisms to ensure this coordination will have to be developed for the particular Alice Springs circumstances. However, key features from Accords and Safety Action Projects in other states include:
 - the creation of a Task Group or Consultative Forum to incorporate major stakeholders and provide overall guidance and input;
 - engaging a pro-active and highly skilled Project Officer to provide clear management to the process;
 - clear delineation of responsibilities between participating agencies and other groups;
 - establishment of clearly defined and agreed objectives for each stage of the project, for example through Performance Agreement Objectives as was done in the Hunter Licensed Premises Linking Project;
 - the creation of a formalised monitoring process, for example through a Monitoring Committee which is provided with relevant data on an ongoing basis; and
 - a formalised process for review at an agreed time after initial implementation.
- It may be fruitful to use the experience already developed by the Hunter District Police and the Hunter Centre for Health Advancement in training Alice Springs police.
- The Liquor Commission would clearly play a crucial role in this program. In view of the potential workload, and the number of liquor outlets in Alice Springs, the Liquor Commission could consider basing more inspectors in Alice Springs.

Appendix A

Table A1. Calculations of per capita alcohol consumption 1997-98

Type	Litres sold*	Conversion factor**	Litres pure alcohol
f/s beer	3,790,904	0.048	181,963.39
l/a beer	1,064,606	0.030	31,938.18
cask wine	1,164,159	0.119	138,534.92
bottle wine	306,063	0.119	36,421.50
fortified wine	41,280	0.175	7,224.00
spirits standard	142,764	0.385	54,964.14
spirits mixed	108,777	0.050	5,438.85
f/s cider	107,849	0.063	6,794.49
l/s cider	1,827	0.030	54.81
			463,334.28
Population 15+			19,441
Per capita consumption			23.83

Note: Contribution of visitors to consumption ignored.

* Figures from Northern Territory Liquor Commission.

** Conversion factors used in Tennant Creek evaluation.

Source: 1996 Census.

Table A2. Estimation of population aged 15 years and over, 1997–98

SLA	Population 15+	Overseas visitors	Local 15+
Charles SLA	2,391	114	2,277
Heavitree SLA	3,952	172	3,780
Larapinta SLA	5,893	27	5,866
Ross SLA	5,361	267	5,094
Stuart SLA	2,984	560	2,424
	20,581	1,140	19,441

Note: assumed that visitors are all adult.

Source: 1996 Census.

Notes

1. Figures also supplied by the Living With Alcohol Program, in an undated manuscript (Alcohol and Other Drugs Program n.d.) claim that the reduction in levels of harmful drinking were from 76 per cent for males and 49 per cent for females in 1992, to 50 per cent for males and 33 per cent for females in 1997. We have not sought to account for this discrepancy.
2. It is difficult to estimate what, if any, proportion of this increase may be due to removal of the temporary restrictions on cask wine imposed between February and June 1996.
3. In this context, the move by brewing giant Lion Nathan's Tooheys Brewery (reported in the *West Australian* 18 November 1998 p. 3) to start trials of 15 vending machines in New South Wales which rely on smartcard access, has to be seen as extremely worrying. Like phone cards, the beer smartcard will be sold at the bar and will be able to be used when the bar is busy or closed. When buying the card the drinker will select a PIN number that must be entered in the machine to operate it. Drinkers will be able to buy a smartcard at the bar for between \$25 and \$35, with a \$5 refundable card deposit. Lion Nathan's managing director Walter Bugno, said cards could not be used by under age drinkers; they would only be sold on presentation of ID and the PIN would stop theft. If the trial is successful, Swan Brewery is keen to bring the machines into Western Australian nightclubs. However, Western Australia's Alcohol Advisory Council says this would be a public health disaster. It would make beer easier to get, and taking it out of the hands of trained bar staff would lead to a higher road toll and more alcohol-related violence campaign director Mark Schneider said. The Australian Drug Foundation too, expressed concern at what it said was a new opportunity for under-age drinkers to buy alcohol.
4. There could be many factors underlying the fact that the Sobering-up Shelter's clientele are overwhelmingly Aboriginal. These could include heavier consumption rates by a higher proportion of drinkers, the typically public nature of Aboriginal drinking in comparison with much non-Aboriginal drinking, and differential policing practices.
5. DASA notes that its data depend on information given by those admitted to its shelter, and that there is thus no independent verification of its reliability regarding place of residence and so forth. Nonetheless, it would be difficult to advance plausible explanations for systematic errors for these data.

DASA's data on places of residence of admissions relates to percentages of admissions, not of individuals as such. That is, 16 per cent of *admissions* were from the Alice Springs area. We have therefore assumed that the admission profile of individuals is the same for both town and out-of-town residents, in stating that 16 per cent of *individuals* admitted were from the Alice Springs area.
6. Following a High Court decision on a constitutional issue, the Northern Territory is no longer authorised to collect the 'alcohol levy'. The Commonwealth has agreed to fund the Northern Territory for the LWA Program in lieu of the income from the levy. LWA is

negotiating with the Northern Territory Government for their funding to be part of core Territory funding in the absence of that hitherto resulting from the levy.

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