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Consultation Submission on Draft Northern Territory Alcohol Action Plan

The Aboriginal Medical Services Alliance NT (AMSANT) wishes to submit feedback on the Northern Territory Draft Alcohol Action Plan. This is in addition to the submission provided to the Northern Territory Government on the three-year review of the NT Liquor Act 2019 on 10 March, and oral feedback to the Government's Alcohol Policy Coordination Unit this month in its update to APONT on 13 March.

AMSANT is the peak body for Aboriginal community-controlled health services (ACCHSs) in the Northern Territory. Our members provide comprehensive primary health care services including AOD services right across the Territory from Darwin to the most remote regions. Our sector provides care to approximately two thirds of Aboriginal people in the Northern Territory in cities, remote communities and remote homelands or outstations.

Introduction

As noted in our previous submission, AMSANT has a long-standing commitment to evidence-based alcohol control policies. Over many years to date, AMSANT and APONT have submitted numerous written and oral submissions on this issue and provided many recommendations for action.

We wish to applaud the Government's initiative to allow for license buy backs, which we have also raised in previous submissions including our submission on the Liquor Act Review 2019. There is strong evidence of the correlation between alcohol outlet density and alcohol-related harm. We also acknowledge that the Government has successfully implemented a Minimum Unit Price (MUP) for alcohol in the *Liquor Act*, amongst other significant alcohol reforms.

Given the disproportionate impact that alcohol-related harm has on disadvantaged Aboriginal populations of the NT, and the need to see an action plan that is user-friendly, practical and effective for communities, it is vital that Aboriginal perspectives are heard and integrated within the Plan.

As a general comment, the level of specific information included in the Plan is insufficient for an action plan and our submission identifies areas where additional information is required.

Our feedback is divided into:

1. Recommendations on the overall structure of the Northern Territory Alcohol Action Plan
2. Recommendations on the Alcohol Plan initiatives and actions.

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Recommendations on overall structure of Draft Northern Territory Alcohol Action Plan

We provide the following feedback focused on the following areas or themes:

1. **Evidence-Base and Context**
   The Draft Action Plan refers to taking an evidence-based approach, but does not provide an analysis of evidence to support the ideas and actions promoted in this plan. It also lacks a description of the context that the plan is responding to. A description of the severity of issues related to alcohol-related harm in the Northern Territory is essential in framing information about the alcohol reforms to date and the proposed future actions to drive progress. We recommend that these deficiencies be remedied in the plan.

   Analysis of the evidence and description of the context of reducing alcohol-related harm in the NT should include clear reference to the need to respond to the social, cultural and commercial determinants of health that continue to impact on communities.

   We recommend a robust review of this Plan's Actions to ensure that it aligns with evidence on addressing alcohol-related harm. For example, we note that international evidence does not support the effectiveness of action to:

   > *Develop targeted education campaigns for specific cohorts with the goal of improving drinking culture and minimizing harm in the community (Action #7)*

   The WHO, in its *Draft Action Plan for 2022-2030 on the Global Strategy to Reduce the Harmful Use of Alcohol As A Public Health Priority*, flagged to member states including Australia about "the ineffectiveness and risks of the current 'responsible drinking' campaigns designed as marketing campaigns by alcohol producers and distributors".

   Education campaigns are not in themselves an effective response. In addition, the concept of 'improving drinking culture' is both a loaded term and questionable goal in the context of the Northern Territory where alcohol consumption is so deeply embedded within our social fabric but a relatively high proportion of the Aboriginal community do not drink. The plan needs to acknowledge that there are many communities and families in the Northern Territory, for whom drinking is not a normalised custom or tradition in their home or community settings. Efforts to promote and normalise alcohol use for communities and families choosing to abstain would be irresponsible and feeding into the vested commercial interests of the alcohol industry.

   This reality highlights the balance required in following an evidence-based approach alongside ensuring that the voices of Aboriginal communities are at the decision-making table. It needs to be done with respect, compassion and a desire to work together.

2. **Action Plan lacks timelines and accountabilities**
   As a general comment, the Plan lacks transparency with little meaningful information that shows an overall timeline to guide how components of the Action Plan will be implemented. For example, many of the actions do not specify which government agency or body is responsible. The lack of information and accountabilities will make it near impossible to monitor progress against items in the Action Plan. Given the significant community harms related to alcohol in the Northern Territory, there must be transparency about information

and clarity about the steps taken and who is accountable for.

We recommend that the Draft Action Plan be drafted in a way that addresses basic communication and information needs and allows communities to clearly see actions and measures of progress. This includes information on the languages that it will be provided in.

On a specific note, the page at the start of the document that shows the National Strategy graph is missing the explanatory note and other information from the original National Strategy graphic publication that allows a reader to understand the graph.

3. **Aboriginal Self Determination, Community Control and Closing the Gap**

For Aboriginal communities, true partnership with government and industry must first recognise the principles of Aboriginal community control and self-determination. Such recognition is not clearly visible on issues impacting Aboriginal families and communities in relation to alcohol and alcohol-related harm. We have expressed this in our submission on the NT Liquor Act 2019 in relation to the implementation of Local Liquor Accords in the Northern Territory.

Of note is the omission in the Draft Action Plan of any reference to Closing the Gap. The omission is particularly significant given that the Closing the Gap Agreement constitutes the principal national and jurisdictional frameworks for reforming government provision of services to Aboriginal and Torres Strait Islander people and sets out priority reform areas that include commitments to partnerships and shared decision making, building the Aboriginal community-controlled sector to deliver services and programs, and transforming government organisations. The plan should clearly reference the significance of and need to engage with Closing the Gap.

Historically, Aboriginal people's voices and perspectives and self-determination have often been ignored on issues related to alcohol-related harm, particularly by the alcohol industry. This history needs to be acknowledged in any partnership with government and industry to address and reduce alcohol-related harm in the Territory, particularly for Aboriginal communities.

For example, the Woolworths Group fought relentlessly for almost five years (2016 to 2021) against the wishes of Aboriginal families, communities, leaders and community groups to build what would have been one of Australia's largest liquor stores, Dan Murphys, in Darwin. It was proposed to be built right on the doorstep of the Bagot community, a dry Aboriginal community in Darwin.[1]

After a five-year long battle, Aboriginal and Torres Strait Islander leaders, communities and health groups in the Northern Territory successfully stopped Woolworths from building its alcohol megastore. The opposition to what was an unnecessary, oversized and inappropriately located liquor outlet in the Northern Territory was entirely community-driven and a huge community victory for Darwin. It followed years of industry apathy and indifference to Aboriginal voices and concerns about alcohol-related harm from one of the

[1] The Woolworths development was opposed by Bagot, members of the public, organisations including AMSANT, APONT, Public Health Association of Australia NT branch, Danila Dilba. See Joint Submission by Foundation for Alcohol Research (FARE), AMSANT, Danila Dilba Health Service (DDHS), Northern Territory Council of Social Service (NTCOSS), Submission to Inquiry into how the corporate sector establishes models of best practice to foster better engagement with Aboriginal and Torres Strait Islander consumers, Federal Parliament House of Representatives Standing Committee on Indigenous Affairs, December 2021.

country's largest players in the alcohol industry[2].

Another example dates back to the 1970s when Yolngu people resisted the introduction of alcohol into the region following the commencement of mining in Gove Peninsula a decade earlier, all without the consent of Yolngu[3]. They unsuccessfully challenged the liquor license application by the Walkabout Hotel. Twenty years later, Yolngu protested Woolworths' moves to open a liquor outlet in its store at Nhulunbuy which was actively opposed by local Aboriginal people and their leaders at the time. But their opposition was ignored.

4. **Guiding Principles and Community Partnerships**

The consultation states that this draft "plan will be founded on partnering with communities to manage alcohol and prevent and minimise alcohol-related harms".

Community-driven partnerships are key. We recommend guiding principles in partnering that are shaped by communities, not solely driven by government and industry. The only reference in the Action Plan on partnering with communities is the line quoted above.

Successful partnering with communities, particularly Aboriginal communities, does not happen by chance or by simply stating it. Without articulating what the community partnership looks like, which communities, the principles that will define it, and identifying existing or potential mechanisms for community partnerships such as Local Liquor Accords, history suggests mistrust of government engagement on this issue will persist.

Further work is required to determine the steps this partnership should involve. The evidence is clear that community-driven partnerships particularly for Aboriginal communities are critical success factors.

We also raise concerns at the industry influence in alcohol policy focused on reducing alcohol-related harm and the placing of liquor licensing within a government department that is focused on industry, trade and tourism. We believe alcohol liquor licensing most appropriately sits within the Department of the Attorney General and Justice.

Furthermore, if this plan is to address alcohol related harm, then there needs to be an acknowledgement of the historical role that the alcohol industry has played in introducing the sale and supply of alcohol into Northern Territory remote Aboriginal communities, despite the opposition voiced by Aboriginal leaders over generations of time, as described in Point 3.

Considering the commercial determinants of health, the alcohol industry with its primary objective to sell and supply liquor should not be considered a stakeholder on the same level as community and health organisations, particularly Aboriginal communities. The latter has experienced the most harm, committed to addressing alcohol-related harm with personal and professional commitments to specific mandate to reducing alcohol-related harm, reducing secondary supply, and outlet density, and addressing the social, cultural and commercial determinants of health. With respect to the alcohol industry, reducing alcohol-related harm is not their primary or secondary purpose.

[2] FARE Blog, Editorial, May 16 2022, A story waiting to be told: Darwin community victory against Woolworths
[3] Peter d'Abbs, Gillian Shaw, Hope Rigby, Teresa Cunningham, Joseph Fitz, March 2011, an evaluation of the Gove Peninsula Alcohol Management System, A report prepared for the Northern Territory Department of Justice, Menzies School of Health Research.

5. **Commercial Determinants of Health in Alcohol Policy Development**
   We raise concerns about the commercial determinants of health as seen through the influence of liquor industry in the Northern Territory. It is also noted in some of the language used in this Plan, as well as the implementation of the Local Liquor Accords in the NT. We strongly assert that the concerns of the alcohol industry on alcohol sale and supply should not trump the concerns of communities and health groups related to alcohol-related harm, particularly Aboriginal communities. Community concerns and genuine community partnerships must be paramount before the vested commercial interests in the sale and supply of liquor, if the Northern Territory has any hope of seeing long term change and a reduction in alcohol-related harm.

Feedback on Work Streams

The following section provides feedback and recommendations specifically in relation to the four work streams identified in the Draft Northern Territory Alcohol Action Plan, as follows:

1. Strengthen and support community responses.
2. Comprehensive, collaborative and coordinated government approach
3. Research, data and evaluation.
4. Effective liquor regulation and compliance.

Work Stream 1: Strengthen and support community responses

1. Consult and work together with communities about their alcohol settings (including general restricted area conditions) and work with them to support settings to reduce harm and reduce demand.

Please refer our feedback in *Recommendations on overall structure of Draft Northern Territory Alcohol Action Plan*.

AMSANT notes that this section will require revision in the light of the 'opt out' model for interim APAs introduced on 16 February. AMSANT supports the proposed conditions for revoking an interim APA. AMSANT also supports the comments on interim APAs in Congress' submission, including the need for ongoing monitoring and the need to avoid a situation where the ending of the amendments to the Act results in a similar situation to the sunsetting of the Stronger Futures legislation.

AMSANT recommends the plan includes the need to consult with the Northern Territory Aboriginal Health Forum (NTAHF) and the Northern Territory Executive Council on Aboriginal Affairs (NTECAA) about the opt out process and how this will work (see also at point 10 below)

Any consultation process approach should recognise and address the social, cultural, and commercial determinants of health that contribute to alcohol-related harm in the community and be conducted in accordance with the Closing the Gap priority reform principles.

As noted in previous submissions, many remote Aboriginal communities in the Northern Territory - long before the Intervention - had opted to be dry communities. The principles of Aboriginal self-determination and Aboriginal community control need to be front and centre of engagement with First Nations communities. This is critical to success given the history of Aboriginal leaders and

communities as far back at 1970s actively opposing the introduction of liquor into their communities. Their voices were often ignored. During the Stronger Futures legislation, Aboriginal communities who participated in creating alcohol management plans experienced lengthy delays and frustrating processes, and most ultimately had their plans ignored by the Commonwealth.

If government efforts to reduce alcohol-related harm are to be trusted by Aboriginal people, there must be a change in how government responds to communities. If there is no change, it will only reinforce for many an ongoing mistrust of government and its messaging.

If Government consultation is to be trusted and for people to willingly participate, the communities' voices must be front and centre and the process of responding to and supporting community views must be transparent and accountable. It should also be informed by previous Aboriginal participation and feedback on alcohol-related harm and recommendations already made in numerous previous submissions.

Allowing Aboriginal communities to have a say and providing consultation information in a multichannel approach in community-accessible ways and in languages is critical.

Government and industry need to recognise the importance of traditional cultural practices that promote health and wellbeing, and the call from First Nations communities in the past and present to remain dry communities and reduce alcohol demand and outlet density.

2. Continue to lobby the Commonwealth Government for needs-based domestic violence funding to enable appropriate funding levels for services.

First, please refer our feedback in *Recommendations on overall structure of Draft Northern Territory Alcohol Action Plan*.

AMSANT strongly supports needs-based domestic violence funding. However, we also strongly advocate that this must come with strong Aboriginal governance and decision-making powers to ensure that funding goes to the right places in line with Closing the Gap principles.

3. Support individuals to obtain help and systems to respond – ensure our alcohol and other drug (AoD) treatment services and options are culturally safe and fit for purpose.

Models of care from an Aboriginal context need to support the whole family, given the impacts of an individual on the whole. Interventions aimed at treating an individual are often done in isolation from family which misses the context for Aboriginal families. Models of care that acknowledge the impacts and reality of family life and community-driven solutions are critical.

Aboriginal community-controlled organisations (ACCOs) should be the preferred provider for services where Aboriginal people are the main client group in line with Closing the Gap principles. Over the years, the AOD service landscape has become fragmented with many non-Aboriginal service providers competing for funds. ACCOs should be preferred providers for AOD treatment services given their holistic, culturally responsive models of care where Aboriginal staff are central and governance is responsive to the communities in which they operate.

We also note relevant findings from the 2019 Demand study for alcohol treatment services:[4]

- For those living remotely, the costs of travel to major urban centres can be a barrier to accessing these intensive models of treatment. This impacts Aboriginal families significantly.

- Currently accessing drug and alcohol treatment is not a valid reason to access the Patient Assisted Travel Scheme (PATS). This should be changed so that the person with the problem and affected family members can be supported to access treatment services for alcohol and other drugs not available in their area.

- Residential alcohol treatment services are being used to secure temporary housing and accommodation for clients (particularly clients exiting detention or seeking refuge from DFSV), rather than the primary focus of providing intensive treatment and therapeutic support.

- This highlights the desperate community crisis in housing and the emergency need for increased investment in supported accommodation and public housing options, to complement alternative community-based alcohol treatment options.

- The establishment of a more robust alcohol treatment service response within the Corrections systems is warranted. Alcohol is a contributing cause to many offences, therefore, it makes no sense that there is limited availability of treatment services for alcohol and other drugs in prisons. ACCHSs should be encouraged to provide these services with NTG funding to improve cultural safety and ensure a more integrated pathway to support after prison. The NTG and the ACCHS sector should advocate together to the Commonwealth for access to Medicare in custodial settings.

- Treatment options for clients transitioning in and out of the criminal justice system is also needed. The involvement of ACCHSs in providing AOD services within prisons would assist with continuity of care of service delivery in and out of custodial settings.

- Integrated approaches should be adopted between health, housing, and justice systems to support clients entering and exiting alcohol treatment services.

- Brief interventions have a strong evidence base for reducing harm at a population level. Primary health care services including ACCHSs have a key role in providing this service. Workforce shortages and other pressing demands (acute care as well as a growing chronic disease burden) can make this difficult. Accessible training is required for a wide range of staff including community workers who may have more capacity than overstretched doctors and nurses. Trained community workers could also support people with more serious issues to access treatments including residential treatments.

- ACCHSs provide Social Emotional Well-Being (SEWB) programs inclusive of both alcohol and other drug and mental health service delivery. This allows for a holistic approach which is critical given mental health and AOD problems commonly occur together. Aboriginal staff are central to the effectiveness and cultural safety of these models. This allows for a holistic approach. ACCHSs need to be resourced to provide the intensive wrap around support over the long term for those with more serious issues. Too often, in the mainstream system, people are offered minimal support after inpatient treatment and quickly relapse. The system needs to be able to provide long term counselling, and family and cultural support.

[4] Donna Stephens, Sarah Clifford, Richard Mellor, Katinka van de Ven, Alison Ritter, James A. Smith, Peter D'Abbs, Matthew Stevens, Danielle Dyall & Benjamin Christie, April 2019, Demand Study for Alcohol Treatment Services in the Northern Territory, Report Prepared for the Northern Territory, apo-nid237736_1.pdf

ACCHSs, rather than mainstream providers, should be resourced to provide this support in line with Closing the Gap principles.

4. Ensure that remote communities with a permit system are assisted to effectively administer the system.

AMSANT agrees with the need to assist remote communities to effectively administer access permit systems. For example, lack of support to enforce alcohol restrictions has been a major factor in undermining dry communities. Permit systems support communities in reducing alcohol-related harm and ensuring they can make decisions based on traditional authority structures that are tailored to the circumstances and priorities of the community. Aboriginal self-determination and Aboriginal community control are key principles.

5. Provide support for community education and programs which address alcohol demand reduction.

First, please refer our Point 5 feedback in *Recommendation on overall structure of Draft Northern Territory Alcohol Action Plan.* This needs to be done in genuine consultation with community and health organisations, particularly Aboriginal community-controlled organisations and families and communities. Support should be made available for the successful on ground efforts and initiatives within communities and families to address this.

6. Continue implementation of the Northern Territory FASD Strategy 2018-2024.

Without more information, this is a meaningless sentence for the public and community at large, particularly for Aboriginal communities. It tells us nothing about what actions are being taken or measures of progress. Implementation information including in the latest Strategy document, appears impossible to find. This highlights a lack of public information and accountability, particularly for those most impacted, which is Aboriginal families and communities.

As noted in earlier feedback, we strongly recommend that this Action Plan provides more information that clearly identifies actions that have been implemented, that are currently under implementation, which groups and agencies are implementing, and provide a publicly available location to access the Strategy and implementation updates.

7. Develop targeted education campaigns for specific cohorts with the goal of improving drinking culture and minimizing harm in the community.

This plan promoted at the start that it was taking an evidence-based approach. In line with that, we strongly advise against Action 7.

The World Health Organisation has already identified that there is little evidence to show that targeted education campaigns are in themselves effective and campaigns aimed at 'improving drinking culture' or responsible drinking are often used by industry as marketing campaigns in disguise.

This is an example of the commercial determinants of health where suppliers of alcohol have entered the discourse ideas under 'improving drinking culture' or responsible drinking to mask industry marketing campaigns.

As noted earlier in this submission, it is important to stress that many Aboriginal communities wish to remain dry. It is also the case that compared to the mainstream population, a greater proportion of Aboriginal people do not drink alcohol[5]. This situation has existed before the Intervention and since. For these communities, families and individuals, a drinking culture facilitates the devastation, harm and death that they have seen as a result of alcohol use. It is not part of their Aboriginal culture or tradition.

For those who do not drink, the government's focus on normalising a drinking culture highlights the impacts of the commercial determinants of health on alcohol demand and supply in the Northern Territory. Caution is required when considering campaigns that focus on improving drinking culture because many Aboriginal families and communities do not want that influence in their children's lives, or for their communities to be targeted to consider introducing alcohol.

More care needs to be taken with the language and approach used in this Action Plan to address the impacts of the commercial determinants of health in undermining community and health efforts to reduce alcohol-related harm and reduce demand in Aboriginal communities, and wider communities.

8. Investigate the establishment of a managed alcohol program in the NT (wet camp), similar to the one operating in Mt Isa. This is a recommendation following the feasibility study undertaken after the Riley Review.

Please refer to the *Final Report on Consultation findings on the development of a residential managed alcohol program for trial and evaluation in the Northern Territory.* This was produced by APO NT with funding provided by Northern Territory Health.

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

AMSANT strongly recommends that this aligns with the Closing the Gap priorities and the Second Action Plan. This should include:

- **Formal Partnerships and Shared Decision Making**
  Ensuring appropriate Aboriginal governance structures are in place through the newly established Aboriginal Board for DFSV and the existing CAWG to oversee implementation of the Action Plan;

- **Building the Aboriginal Community-Controlled Sector**
  Dedicated planning and investment towards building the capacity of Aboriginal organisations to deliver specialist DFSV services. Including considerations for the establishment of a peak body

- **Transforming Government Organisations**
  Require Government and mainstream service providers to demonstrate culturally safe and trauma-informed approaches, including through funding contracts.

- **Shared access to data and information**

[5] Australian Government, Department of Health and Aged Care, Alcohol and Aboriginal and Torres Strait Islander peoples. https://www.health.gov.au/topics/alcohol/alcohol-throughout-life/alcohol-and-aboriginal-and-torres-strait-islander-peoples

Work Stream 2: Comprehensive, collaborative and coordinated approach (government alone cannot reduce alcohol related harm in the Territory, everyone needs to work together.

10. Transfer responsibility for alcohol policy and coordination to CM&C.

AMSANT supports the transfer of responsibility for alcohol policy and coordination to the Department of The Chief Minister and Cabinet. (Note: Spell out acronyms so it is clear to communities reading this what that means.) The reasons for this change should be stated, so it is known to the public and communities at large.
There are also additional changes and bodies relevant to responsibility for alcohol policy and coordination that should be included in the plan. The following should be included in the plan (noting these are also supported in the submission from Congress):

- *The Liquor Commission* should be transferred from the Department of Industry, Tourism and Trade to the Department of Health. This change would recognise that decisions regarding the regulation of liquor licences and complaints under the Liquor Act need to be made primarily from a public health rather than a business or industry perspective. Given the health and social impacts of alcohol, we believe that the Health Department requires a key role here.

- *The Northern Territory Alcohol Data Monitoring Group*, which has been recently established, should be identified in the plan and acknowledged as the key forum for progressing a coordinated approach to data and monitoring of alcohol related harm.

- *The Northern Territory Aboriginal Health Forum (NTAHF)* should be identified as the peak NT planning body for policy advice and decision-making on funding of services relating to Aboriginal health including SEWB, mental health and AOD. The involvement of the NTAHF should be included in the plan.

- *The Northern Territory Executive Council on Aboriginal Affairs (NTECAA)* should be identified as the peak Northern Territory governance body which oversees the coordination and implementation of the National Agreement on Closing the Gap in the NT. Given the relevance of CTG targets to alcohol and the underlying determinants of alcohol related harm, the involvement of the NTECAA needs to be included in the plan.

AMSANT considers that alcohol policy discussions and planning around enhanced alcohol treatment services should come through the NTAHF and the NTECAA as the appropriate structures for these issues and to avoid the duplication or setting up of new structures.

Amendment of the Governance and Oversight section is required to reflect the roles of these two bodies, in addition to the more specific recommendation above to include Closing the Gap in the plan.

11. Develop a Social Order Response Plan for Alice Springs and the region to identify social order challenges and their solutions. To be implemented by the Social Order Response Team established by the Department of Territory Families, Housing and Communities.

AMSANT questions the appropriateness of including such a plan in an alcohol action plan as it gives the impression that alcohol alone causes social disorder which is of course untrue. We also note the effect of the language, which implies a command-and-control rather than a community-inclusive

response. It also adds to the already overblown negative publicity about Alice Springs which has had a significant detrimental impact on morale, recruitment and retention of staff and tourism.

A Social Order Response Plan should be community-driven if it is to address community needs and done collaboratively with local Aboriginal leaders and Aboriginal community-controlled health and community organisations such as Congress and Tangentyere.

It would be very counterproductive and highly damaging to building trust and partnership with Aboriginal communities and leaders for a government and/or industry initiative like this to go ahead without direct collaboration and partnership with Aboriginal leaders and organisations. Such an approach would continue to cause significant cultural damage and offence, disenfranchisement, and disempowerment to Aboriginal communities, families and organisations, and would be unlikely to succeed.

12. Use Multi-Agency Community and Child Safety Teams across the NT to identify issues, create local actions plans for child, family and community safety and carry out actions together.

See feedback to Number 11. It is critical to ensure that there is Aboriginal leadership included as partners from the ground up who have a say in the operations of these teams. Too often these teams are dominated by non-government NGOs and without enough Aboriginal leadership included on matters to do with Aboriginal children and families.

13. APC Unit to report to Minister for Alcohol Policy, Government and the public on the Government's progress under the NT Alcohol Action Plan 2022-2024.

Considerations needs to be given to addressing the communication needs of remote First Nations communities where English is often not the first or second language.

Often there is a reliance on one or two channels to communicate information. But there needs to be a multichannel and multilingual distributions approach to public communication, rather than relying on singular channels of communications.

As general feedback, please spell out acronyms and use a glossary for them in the Action Plan. We also refer back to the initial feedback at the start of this submission on the Action Plan requiring more meaningful information, clear timelines, and accountabilities on which agencies and actions are being undertaken.

14. Work with the Aboriginal Peak Organisations of the Northern Territory and National Indigenous Australians Agency to include culturally appropriate and effective remote Aboriginal alcohol harm minimisation initiatives/services in the proposal to the Commonwealth Government for a future NT Remote Aboriginal Funding Agreement.

We support this action, acknowledging the collaborative, co-design process that is being undertaken in developing the future agreement, and the need to ensure that the measures in the agreement are integrated and consistent with a comprehensive evidence-based response to alcohol across the NT.

15. Continue to work with Larrakia Nation to connect those individuals engaged in anti-social behaviour in the Greater Darwin are with support services and return to country programs.

First, please refer to our feedback in *Recommendations on overall structure of Draft Northern Territory Alcohol Action Plan* at the start of this submission.

Work Stream 3: Research, data and evaluation (making evidence-based decisions and ensuring that we are transparent about our progress with regular reporting of alcohol-related data).

16. Work with the Commonwealth Government to create an NT Government integrated data system for alcohol data across important social determinate areas.

This action needs to be guided by the Closing the Gap Priority Reform 4 on shared access to data and information at a regional level. Closing the Gap data principles include making data more transparent so that people know what data is available and how it can be accessed including at a regional and NT level. It should provide that communities and organisations have access to the same data and information government uses to make decisions. Local Aboriginal governance structures should have access to non-public data at a more regional and community level.

Government also needs to ensure that privacy considerations are met with sufficient levels of disaggregation in a timely and accessible way and that Aboriginal communities and organisations are supported by governments to build capability and expertise in collecting, using and interpreting data in a meaningful way.

We raise concerns about the need for transparency on the existing data that the Northern Territory holds on the effects of changes in alcohol restrictions under the Stronger Futures legislation. The lack of release of relevant data raises concerns about alignment with the Closing the Gap Priority Reform 4.

However, AMSANT supports the recent establishment of the Northern Territory Alcohol Data Monitoring Group, which, as noted above, should be identified in the plan and acknowledged as the key forum for progressing a coordinated approach to data and monitoring of alcohol-related harm.

17. Establish a refreshed website for alcohol-related indicators and relevant alcohol policy and reform information.

AMSANT is pleased that monitoring of alcohol data will be provided through a public data portal that outlines a set of baselines and provides up-to-date data as it becomes available. It is our strong position that such information needs to be proactively shared if it is to be useful for communities and so that progress can be monitored.

The 'monitoring progress' section of the document lists a number of data items with baseline figures that would be measured through this public portal. However, there are no clear targets to indicate what improvements this plan is aiming to achieve. For example, the National Alcohol Strategy 2019–2028 sets a goal of a 10% reduction in harmful alcohol consumption.

Information needs to be transparent particularly regarding public and industry consultations and alcohol legislation/regulatory reviews from industry, community and any other government agency

alike. For example, all submissions should be posted on the website for transparency particularly given liquor licensing sits under the Department of Industry, Trade and Tourism.

18. Develop a publicly available online map setting out communities that are under a general restricted area and other key facts (link to BushTel).

This needs to be easy to find and easy to navigate. This information is presently available as lists on the Government website but very hard to find.

19. Undertaken a baseline survey and subsequent three yearly attitudinal survey in the NT to assess attitudes of Territorians towards the use of alcohol (Riley Review Recommendation 1.2.3).

We raise a number of questions with this Action. How and what this survey will be used for, and how it will help reduce alcohol-related harm? Who will benefit from this survey? How would Aboriginal people in remote communities who may not read or write English well participate?

Work Stream 4: Effective liquor regulation and compliance.

20. Undertake a review of the *Liquor Act 2019* in accordance with section 320.

AMSANT has submitted on this on the 10 March 2023. We continue to urge a holistic view of alcohol legislation and policies that are fully informed by the social, cultural and commercial determinants of health.

AMSANT believes it is important that action on the Liquor Act Review ensures that there is no weakening of its measures.

In summary our Liquor Act review submission advocates for:

- supporting amendments to the transfer of licenses and the composition and implementation of Local Liquor Accords to include relevant community and health partnerships, particularly Aboriginal community voices in the local areas.
- That there is independence from the alcohol industry in Local Liquor Accords, and transparency of information given the perceived lack of independence.
- Secondary supply distinctions and the issue of criminalisation. We do not support punitive measures and heavy financial penalties that penalise remote communities.
- We support the extension of the moratorium of takeaway licenses beyond 31 August 2023. We also recommended further restrictions including the license buy backs in areas with high density of outlets.

We also note the additional recommendations in the submission on the Liquor Act Review from Congress which are also supported by AMSANT. These include:

- Supporting a risk-based Licensing model.
- Strengthening the Banned Drinkers Register coverage through a requirement for licensed pubs and clubs to scan patrons to ensure people on the BDR are not permitted entry.

- Applying an increased restriction on the proportion of permitted sales of alcohol by grocery stores to 15% of total sales, as recommended in the Riley Review.

- Amending the *Liquor Act Regulations* to ensure that indexation is applied to the minimum unit price for alcohol on 1 July each year.

21. Commence analysis regarding use of the Banned Drinker Register (BDR):

- consider expansion of non-clinical pathways
- identify actions to maximise current pathways for referrals; and
- consider changes to maximise the efficacy of the BDR.

Further information is required to explain what is meant by expansion of non-clinical pathways. AMSANT is currently conducting a research project in collaboration with Menzies School of Health Research and Deakin University to gather more information and evidence about people's experiences on the BDR. The results and final report are not expected to be ready until towards the end of this year.

22. Examine the use of police resources, including PALIs, with a view to utilising NT Government resources most effectively to achieve alcohol harm minimisation in NT communities (Riley Review Recommendation 3.6.5).

The introduction of full time PALIs at bottle shops has been effective at reducing alcohol related harm. The combination of full-time PALIs and Alcohol Protected Areas have been very effective in preventing harmful drinking in uncontrolled circumstances.

23. Consider the findings of the evaluation into the minimum floor price.

AMSANT is on the record as supporting the minimum floor price and advocating to continue the reform and for the better collection and monitoring of data to better understand the alcohol reforms.

24. Examine liquor related data collection and analysis to explore data trends and identify insights, including improving the licensing database in conjunction with Licensing NT and others.

We recommend that data related actions in this Plan is best organised as a grouping, rather than separate standalone actions under different streams.

25. Work with Licensing NT to improve approaches to enforcing the 25% threshold for alcohol sales that is a liquor licence condition for grocery stores.

As noted above, AMSANT supports applying an increased restriction on the proportion of permitted sales of alcohol by grocery stores to 15% of total sales, as recommended in the Riley Review. This aside, improved enforcement of the restrictions is essential to ensuring it is an effective measure.