Medium Term (24 months) Outcomes Evaluation of the Banned Drinker Register

8 April 2020
Ms Tania Davidson  
Mental Health, Alcohol and Other Drugs Branch  
Northern Territory Department of Health  
87 Mitchell St, Darwin City NT 8000

8 April 2020

Medium term outcomes and impacts of the Banned Drinker Register

Dear Tania,

In accordance with our Engagement Agreement dated 29 November 2019 (“Agreement”), Ernst & Young (“we” or “EY”) has been engaged by the Department of Health (“you”, “NTH” or the “Client”) to provide evaluation services (the “Services”) in relation to the Banned Drinker Register (BDR) program (the “Project”).

The enclosed report (the “Report”) sets out the outcomes of our work. You should read the Report in its entirety. A reference to the report includes any part of the Report.

Purpose of our Report and restrictions on its use

Please refer to a copy of the Agreement for the restrictions relating to the use of our Report. We understand that the deliverable by EY will be used for the purpose of recording the Evaluation for the Banned Drinker Register (medium term outcomes) (the “Purpose”).

This Report was prepared on the specific instructions of NTH solely for the Purpose and should not be used or relied upon for any other purpose.

This Report and its contents may not be quoted, referred to or shown to any other parties except as provided in the Agreement. We accept no responsibility or liability to any person other than to NTH or to such party to whom we have agreed in writing to accept a duty of care in respect of this Report, and accordingly if such other persons choose to rely upon any of the contents of this Report they do so at their own risk.

Nature and scope of our work

The scope of our work, including the basis and limitations, are detailed in our Agreement and in this Report.

Our work commenced on 20 January 2020 and was completed on 8 April 2020. Therefore, our Report does not take account of events or circumstances arising after 8 April 2020 and we have no responsibility to update the Report for such events or circumstances.

In preparing this Report we have considered and relied upon information from a range of sources believed after due enquiry to be reliable and accurate. We have no reason to believe that any information supplied to us, or obtained from public sources, was false or that any material information has been withheld from us.

We do not imply, and it should not be construed that we have verified any of the information provided to us, or that our enquiries could have identified any matter that a more extensive examination might disclose. However, we have evaluated the information provided to us by the Department as well as other parties through enquiry, analysis and review and nothing has come to our attention to indicate the information provided was materially mis-stated or would not afford reasonable grounds upon which to base our Report.

This letter should be read in conjunction with our Report, which is attached.
Thank you for the opportunity to work on this project for you. Should you wish to discuss any aspect of this Report, please do not hesitate to contact Mark Galvin on 0422 009 710 or by email at mark.galvin@au.ey.com.

Yours sincerely

Mark Galvin
Partner, Government and Public Sector Practice
Oceania Evaluation Practice Network Lead Partner
Release notice

Ernst & Young ("EY") was engaged on the instructions of the Northern Territory Department of Health (NTH) to evaluate the Banned Drinker Register (medium term 24 month outcomes).

The results of EY’s work, including the assumptions and qualifications made in preparing the Evaluation, are set out in EY’s report dated 8 April 2020 ("Report"). The Report should be read in its entirety including the applicable scope of the work and any limitations. A reference to the Report includes any part of the Report. No further work has been undertaken by EY since the date of the Report to update it.

The Report will be used for the purpose of recording the Evaluation for the Banned Drinker Register (medium term outcomes) (the “Purpose”).

EY has prepared the Report for the benefit of NTH and has considered only the interests of the NTH. EY has not been engaged to act, and has not acted, as advisor to any other party. Accordingly, EY makes no representations as to the appropriateness, accuracy or completeness of the Report for any other party’s purposes. Our work commenced on 20 January 2020 and was ongoing until 8 April 2020. Therefore, our Report does not take account of events or circumstances arising after 8 April 2020 and we have no responsibility to update the Report for such events or circumstances. The Report should be read in its entirety including the applicable scope of the work and any limitations as outlined within the Report. A reference to the Report includes any part of the Report.

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Acknowledgement of Country

EY acknowledges Aboriginal and Torres Strait Islander people as the first peoples of Australia and Traditional Custodians of this land its waters. We pay our respects to Elders, knowledge holders and leaders both past and present.

We respectfully acknowledge Traditional Owners whose country EY’s offices are located including Turrbal, Gadigal, Nggunawal, Wurundjeri, Karuna, Whajuk, and Larrakia Nations.

We acknowledge the traditional owners of the lands in which we conducted our stakeholder consultation; Central Arrernte people, Waramungu, J awoyn, Larrakia and the Yolngu.

We respect Traditional Owners’ relationship, connection and association to “country” and that it is an integral part of their identity and cultural expression.

We understand and respect that Country is sacred, and we will work diligently and culturally responsively in partnership to build a strong future for the People and Country.
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Glossary of Acronyms

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<th>Acronym/key term</th>
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<tr>
<td>AGD</td>
<td>Northern Territory Department of the Attorney-General and Justice</td>
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<tr>
<td>AHMAP</td>
<td>The Alcohol Harm Minimisation Action Plan</td>
</tr>
<tr>
<td>AHW</td>
<td>Aboriginal Health Workers</td>
</tr>
<tr>
<td>AMSANT</td>
<td>Aboriginal Medical Services Alliance Northern Territory</td>
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<tr>
<td>AOD</td>
<td>Alcohol and Other Drugs</td>
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<tr>
<td>ASPWG</td>
<td>Alcohol Substitution Products Working Group</td>
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<tr>
<td>BDO</td>
<td>Banned Drinker Order</td>
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<tr>
<td>BDR</td>
<td>Banned Drinker Register</td>
</tr>
<tr>
<td>CBD</td>
<td>Central Business District</td>
</tr>
<tr>
<td>Court order</td>
<td>A court may make orders it considers appropriate in relation to a BDO for a banned adult appearing in court relating to the matter that led to a police officer making a BDO for the adult</td>
</tr>
<tr>
<td>ED</td>
<td>Emergency Department</td>
</tr>
<tr>
<td>Grog running</td>
<td>Term given to the illegal supply of alcohol</td>
</tr>
<tr>
<td>ID</td>
<td>Identification card or document</td>
</tr>
<tr>
<td>IJ IS</td>
<td>Integrated Justice Information System</td>
</tr>
<tr>
<td>MFP</td>
<td>Minimum Floor Price</td>
</tr>
<tr>
<td>MPG</td>
<td>Metropolitan Patrol Group</td>
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<tr>
<td>NTH</td>
<td>Northern Territory Department of Health</td>
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<td>NT</td>
<td>Northern Territory</td>
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<td>NT Government</td>
<td>Northern Territory Government</td>
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<tr>
<td>PAC</td>
<td>Pure Alcohol Content</td>
</tr>
<tr>
<td>PALI</td>
<td>Police Auxiliary – Liquor Inspector</td>
</tr>
<tr>
<td>POS</td>
<td>Point of Sale</td>
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<td>POSIs</td>
<td>Point of sale interventions</td>
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<td>The Territory</td>
<td>Northern Territory</td>
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<td>Take-away alcohol</td>
<td>Alcohol that is purchased at a licensed premise for consumption elsewhere</td>
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<tr>
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<td>The volume of alcohol supplied by wholesalers (converted to an estimate of litres of pure alcohol)</td>
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The figures and tables found in this report from the onset and throughout have been produced by various Northern Territory Government Agencies and provided to EY for interpretation and inclusion. See Limitations section for more information.

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1. Executive Summary

EY was commissioned by the Northern Territory (NT) Department of Health (NTH) to conduct an evaluation of the medium-term impacts (24 months) of the Banned Drinker Register (BDR). A summary of the evaluation background, aims, methodology and findings and future directions are contained in the following report.

1.1 Background

The NT has a long history of heavy alcohol consumption with associated implications for health, justice and community wellbeing. Territorians consume higher volumes of alcohol per capita and experience more frequent alcohol related morbidity and mortality than residents of any other Australian State or Territory.\(^1\)

Given the nature of excessive alcohol consumption and the societal impacts observed in the NT, the NT Government has implemented a series of policies, initiatives and programs to reduce the burden of alcohol abuse in the NT community. In 2017 the NT Government sourced an independent review into alcohol policy in the NT, the NT Alcohol Policies and Legislation Review.\(^2\) The Alcohol Harm Minimisation Action Plan (AHMAP) 2018 - 2019\(^3\) sets out the NT Government’s current action plan in response to this review, which included 220 recommendations to develop an integrated alcohol harm reduction framework in the Territory.

1.2 The Banned Drinker Register

The BDR is an alcohol supply reduction measure intended to reduce harmful behaviour associated with excessive alcohol consumption. It involves adding individuals who consume alcohol at harmful levels to a register which prohibits them purchasing alcohol from take-away alcohol outlets within the NT. Across the NT, individuals purchasing take-away alcohol must have their photo ID scanned, with those registered on the BDR are refused sale.

There are various ways an individual can receive a Banned Drinker Order (BDO), which places them on the BDR. Banned Drinker Orders must be approved by the BDR Registrar. The BDR Registrar is the decision maker for the authorised person referral pathways to the BDR. The Registrar also accepts applications for self-referrals and arranges clinical assessments, case reviews and income management deliberations. A BDO is an order made under the Alcohol Harm Reduction Act 2017 (NT), banning a person from purchasing, possessing or consuming alcohol during the order period.

Police officers can make a BDO in particular circumstances which places a person on the BDR. A first Police BDO is for a period of three (3) months; if this is breached, a second Police BDO is issued for six (6) months in length from the date of issue; if this is breached, a subsequent Police BDO is issued of 12 months in length from the date of issue. Continued breaches result in continued subsequent 12 month BDOs.

The courts may also make an order in relation to a BDO, placing a person on the BDR. The resulting bans vary in length depending on the length of the order. The Parole Board may make a parole order that puts a person on the BDR. Parole bans may be for life. Authorised persons and family members may refer people to the BDR Registrar, and people may self-refer to the BDR Registrar. Where appropriate, the BDR Registrar makes a BDO, placing that person on the BDR.

An initial version of the BDR was introduced in the NT on 1 July 2011, and was removed after a change of government in 2012. No formal evaluation was conducted on the previous version of the

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\(^3\) Alcohol Harm Minimisation Action Plan: www.alcoholreform.nt.gov.au/?a=485315.
BDR. The current BDR was introduced on 1 September 2017 and is governed by the Alcohol Harm Reduction Act 2017 (NT). The initiative supports the NT Government in achieving the aims of the AHMAP and has been subject to previous evaluation at 12-months post implementation conducted by Menzies Health.

1.3 Banned Drinker Register Use

The number of persons on the current BDR peaked at 3,915 in February 2019.\(^4\) Since then, numbers have been relatively stable, averaging 3,819 persons with one or more active bans between February and August 2019. Figure 1 shows the breakdown of active bans by type.

Of the individuals who were on the BDR in 2019:

- 71% were male and 29% were female
- 15% were between the age of 18-24
- 84% were Aboriginal or Torres Strait Islander people

1.4 Banned Drinker Register Objectives

The objective of the NT Government’s implementation of the BDR is to improve the health, safety and wellbeing of people in the Territory by providing a legislative framework to enable adults to be registered on the BDR.

Its aims include achieving:

- Reduced contact for problem drinkers with the justice system (such as fewer drink-driving infringements, less frequent use of protective custody, reduced domestic violence, fewer alcohol-related offences, and reduced time spent in custody)
- Improved health outcomes for problem drinkers (such as reduced consumption of alcohol, fewer alcohol-related emergency department presentations, fewer alcohol-related injuries, less

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\(^4\) Data provided by NT Government.
frequent admissions to sobering up shelters, more frequent access of therapeutic support services, and more frequent access of generalist health care services)

► Reduced harm for problem drinkers
► Increased protection for people, particularly children.

The current evaluation focuses on the medium-term, 24-months post implementation outcomes of the BDR.

1.5 Evaluation Questions

In order to examine 24-month outcomes of the current BDR, EY applied a co-design process throughout the evaluation. The following evaluation questions underpinned our exploration of the impacts of the BDR:

► Are the aims of the BDR legislation being met?
► How effective is the BDR in reducing access to alcohol for problem drinkers?
► Is there improved amenity of areas around licensed premises (such as improved feelings of safety and cleanliness of areas around licensed premises)?
► Do Territorians, visitors and licensees understand that the BDR is a health-based intervention to make communities safer and healthier, and the reasons why they are required to produce photo ID to purchase alcohol at a take-away outlet?
► Has the BDR resulted in improved health for participants?
► Are the therapeutic support programs suitable and readily available, particularly for Aboriginal and Torres Strait Islander clients (including the delivery of culturally competent training for Alcohol and Other Drugs (AOD) staff; development of best practice protocols; reduced waiting times for support; and delivery of a comprehensive therapeutic support model, including aftercare)?
► Are alcohol-related contacts with the justice system changing for those on the BDR, and are there any changes for those who don’t go on the BDR?

1.6 Evaluation Methodology

A Participatory Action Research model was applied throughout the evaluation to explore medium-term BDR outcomes, encompassing a cycle of evaluation co-design, data collection, analysis and review to inform practice development.

Data and evidence to support the evaluation was obtained from four primary sources, being:

► A review of relevant policy documentation and other available NT Government documents
► Administrative data analysed by NTH and NT Department of the Attorney-General and Justice (AGD) and provided to the evaluation team
► Stakeholder consultations conducted via face to face interview
► Two online surveys of Therapeutic Service Providers and Licensed Premises Managers.

Upon evaluation commencement, stakeholder mapping was completed in consultation with NTH, to identify relevant BDR stakeholders for consultations in Darwin, Nhulunbuy, Katherine, Tennant Creek and Alice Springs. Stakeholder groups consulted across these locations included:
1.7 Evaluation Limitations

Several key limitations were present in the current evaluation, including:

- Attribution limitations: The BDR is not a stand-alone measure and sits within a general suite of policy initiatives designed to reduce the impact of harmful drinking behaviour on the NT community. Generally, the evaluation seeks to illuminate the role performed by the BDR within the broader suite of complementary policy initiatives, rather than attempting to directly attribute impacts to the BDR, relative to other measures.

- Scope of data analysis: All quantitative data analysis on key health and justice indicators was undertaken by various NT Government departments, and provided to the evaluation team. While EY and Departmental teams collaborated on the evaluation data requirements, EY did not have access to underlying data for the purposes of the evaluation.

- Data granularity: Key indicator trends may be observed at the population level only. Available datasets currently do not enable analysis of indicator outcomes for individuals who are currently on the BDR, or had a previous BDR event.

- Selection bias for key stakeholder groups: Access to some stakeholder groups was dependent on their presentation at licensed venues and take-away outlets during consultation periods and on their consent to participate in interviews. We acknowledge that key stakeholders included licensees whose views of the BDR may be impacted by their perception of its impact on their businesses, however, their views as community members and key stakeholders were within scope and of relevance for the current evaluation. The evaluation scope did not extend to direct consultation with banned drinkers and thus information was obtained from secondary sources to ascertain the impact of the BDR on banned drinkers themselves.

1.8 Key Findings

The introduction of the current BDR has been associated with a range of positive trends in health, justice, sobering up shelter and alcohol consumption per capita indicators that suggest positive impacts of the BDR alongside the suite of alcohol harm minimisation measures being implemented by the NT Government. Nevertheless, the weight of anecdotal evidence suggests there are opportunities for improvement.

Stakeholder consultations highlighted a range of opportunities for strengthening the BDR. These included increasing formal links to therapeutic service provision, better monitoring to reduce issues of secondary supply, improved community understanding of the practices of Police Auxiliary – Liquor Inspectors (PALIs) in Alice Springs, Tennant Creek and Katherine, the locations that they operate, who are viewed by the community as effectively enforcing the initiative in these communities, and undertaking more tailored data linkage and collection to monitor BDR impacts over time.
Key evaluation findings are summarised in the table below in relation to each evaluation question, and presented in more detail alongside underpinning qualitative and quantitative evidence in the body of the report.

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<th>Short form findings</th>
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| Are the aims of the BDR legislation being met?                                      | ▶ While crime associated with alcohol consumption has decreased since the introduction of the BDR, it is difficult to attribute these trends to BDR in isolation due to the range of other initiatives which were introduced in the same period. Nevertheless, there are promising signs that the range of alcohol interventions introduced in the (two) 2-year period, including the BDR, have been effective in reducing crime  
▶ Health improvements across the NT were observed during the post-BDR introduction period, attributed to the broader alcohol policy reform, in which the BDR plays a crucial role  
▶ EY’s consultations highlighted that opportunities remain for providing enhanced policing to reduce harm for individuals who are on the BDR and who may now engage in crime and/or anti-social behaviour in more secluded locations to avoid redetection  
▶ Although there were promising signs that the BDR may improve safety, it was difficult to attribute improvement in community safety to BDR in isolation. We also noted that in some specific instances the BDR may have a mixed impact on community safety, for example in reporting of domestic violence incidents. |
| How effective is the BDR in reducing access to alcohol for problem drinkers?        | ▶ By its very nature, the BDR creates an impediment for banned drinkers in accessing alcohol from take-away outlets  
▶ There are promising results from the Wholesale Alcohol Supply data post BDR implementation. In 2018 there was less consumption of Pure Alcohol Content (PAC) per capita than in the previous year, suggesting demand for alcohol across the Territory decreased slightly in the first year post implementation  
▶ Despite evidence of a positive impact in reductions of per capita alcohol consumption, the weight of anecdotal evidence suggests that alcohol remains relatively freely available via secondary supply. Acquiring alcohol in unregulated environments can lead to increased health and safety risks for both banned drinkers and the community  
▶ There are specific cultural pressures on Aboriginal and Torres Strait Islander people which place certain obligations on some members of the community. This can make it difficult for these people to resist requests by other members of the community to purchase alcohol on their behalf  
▶ There are opportunities to strengthen current BDR technology, which stakeholders reported can be inefficient, is open to risks of banned drinkers bypassing the system, through fake or altered identification, and does not allow for automated recording of information to support effective enforcement of the BDR  
▶ In the locations PALIs operate, their activities indirectly contribute to the effectiveness of the BDR, for example by acting as a deterrent to would-be secondary suppliers of alcohol. Community stakeholders generally misunderstood the role of PALIs with regard to the operation of, and compliance with, the BDR.  
▶ Where there are liquor purchasing restrictions in place, the BDR equipment is effective in supporting compliance with restrictions. |
| Is there improved amenity of areas around licensed premises?                         | ▶ Stakeholders perceived that the BDR has reduced the incidence of crime and anti-social behaviour in the immediate environments of some licensed premises, however this may also be attributed to the presence of PALIs in the areas that they operate. |
| Do Territorians, visitors and licensees understand that the BDR is a health-based intervention to make communities safer and healthier, and the reasons why they are required to produce photo ID to purchase alcohol at a take-away outlet? | ▶ Stakeholders expressed concerns over the lack of awareness, information and education available regarding all aspects of the BDR and suggested actions such as targeted education campaigns, clear signage and better dissemination of information would be beneficial  
▶ The community members interviewed generally viewed the BDR as a punitive response to problem drinkers rather than a health-based initiative  
▶ Tourists were not aware of the aims of the BDR and viewed the additional procedure at Point of Sale (POS) as an inconvenience |
### Evaluation question | Short form findings
--- | ---
Concerns about community perspectives of the over-representation of Aboriginal and Torres Strait Islander people on the BDR were raised by stakeholders. |

| Has the BDR resulted in improved health for participants? | There is an indication of improved health outcomes from data on alcohol-related emergency department presentations and assault offences. There is opportunity for improved data collection and linkage to better monitor and identify BDR outcomes. |
| Where people have self-nominated to go on the BDR there have been notable health improvements described by Therapeutic Service Providers. |
| The suite of alcohol reform initiatives is changing patterns of drinking in the NT. |
| Further consideration into how the BDR can address the underlying causes of problem drinking may result in better outcomes. |

| Are the therapeutic support programs suitable and readily available, particularly for Aboriginal and Torres Strait Islander clients (including the delivery of culturally competent training for AOD staff; development of best practice protocols; reduced waiting times for support; and delivery of a comprehensive therapeutic support model, including aftercare)? | Therapeutic Service Providers were confident of their capability to deliver therapeutic support programs and the suitability of the programs for participants, including Aboriginal and Torres Strait Islander clients. |
| The evidence suggests that there has been an upward trend of admissions to sobering-up shelters across NT. |

| Are alcohol-related contacts with the justice system, is changing for those on the BDR, and are there any changes for those who don’t go on the BDR? | Post-BDR over half of banned drinkers had no further contact with the justice system during follow up periods. |
| The evidence suggests that alcohol-related contacts with the justice system are showing signs of improvement in follow-up periods (noting that length of follow-up period varied). |
| There is an opportunity for more effective reporting of the relationship between the BDR and reductions in alcohol-related contacts with the justice system through linked datasets. |

### 1.9 Future Directions
There were a range of opportunities identified to strengthen the BDR identified during the course of the evaluation. These include:

- Improved formal links to therapeutic service provision: Consultations suggest that only a limited number of banned drinkers accessed therapeutic support services as a result of being on the BDR, despite its health promotion aims. The opportunity exists to strengthen the BDR referral pathway to better link banned drinkers to Therapeutic Service Providers.

- Better monitoring of transactions to track secondary supply: Secondary supply has been identified as a profound inhibitor to the BDR achieving its intended outcomes. To mitigate this risk, the opportunity exists to expand the capability to record suspicious transactions and identify and monitor secondary supply in real time.

- Standardising practices of PALI in supporting BDR: PALIs were uniformly perceived as linked to the success of the BDR where they exist, with opportunities to strengthen the standardisation of their practice highlighted, although we note that this may be out of NTH’s remit given PALIs differential role relative to the BDR.

- Data Linkage to monitor BDR impacts over time: In order to better understand the impacts of the BDR, there is an opportunity for data linkage to compare those on the BDR as compared with those who are not in a range of administrative datasets, and explore their outcomes at an individual level through comparison of outcomes and trends.
1.10 Report structure

The following sections of this report detail the 24-month BDR evaluation methodology, activities and findings, including:

- A general background to the program alongside a description of the evaluation objectives and questions
- Evaluation methodology including the co-design process, approach to data collection and limitations
- Key findings for each evaluation question, examining both qualitative and quantitative data collected
- Discussion of opportunities for future directions.
2. Background

2.1 Overview

2.1.1 Alcohol and the Northern Territory

The NT has a long history of heavy alcohol consumption and associated harm. Alcohol consumption in the NT has been well above the national level since at least the 1980s.\(^5\) Death rates attributed to high-risk drinking in the NT during the 1990s were three times those for the national population, and alcohol related hospitalisations were at least 50% higher than the national average.\(^6\) The NT also has the highest rate of alcohol consumption per capita in Australia, where apparent per capita consumption of pure alcohol for both Aboriginal and Torres Strait Islander and non-Aboriginal populations in the NT has been about 14 litres or more per year for many years, approximately 50% higher than for Australia as a whole.\(^7\)

Reflecting the patterns of drinking in the NT, the NT has fewer alcohol abstainers, fewer lower risk drinkers and more risky and high-risk drinkers compared with Australian averages.\(^8\) In the 2016-2017 period, one in every 33 people in the NT sought treatment or therapeutic intervention for alcohol problems.\(^9\)

2.1.2 Alcohol reform in the Northern Territory

Given the nature of alcohol consumption and the societal impacts observed in the NT, a series of policies, initiatives and programs have been implemented in the NT to reduce the burden of alcohol abuse in the NT community. Key initiatives are summarised below, with a timeline of their implementation presented in Figure 2.

1. Moratorium of new takeaway licenses: A moratorium, or a temporary ban, on new takeaway licenses was applied, except in exceptional circumstances.

2. Current Banned Drinker Register (BDR) implemented: This iteration of the BDR is the focus of the current evaluation and is described in more detail in the following sections of this chapter.

3. Increased alcohol purchase restrictions in the Barkly Region: restrictions implemented to limit the amount of alcohol an individual can purchase in a day. Restrictions are based upon the number of standard drinks being purchased and volume of alcohol.

4. Introduced Police Auxiliary Liquor Inspectors (PALIs): The Police Auxiliary Liquor Inspectors scheme employs sworn officers for policing duties that do not require fully trained police officers, including enforcement of liquor purchasing legislation and policy.\(^10\)

5. Minimum Floor Pricing: Introduced a minimum price at which alcoholic beverages can be sold, which is currently set to $1.30 per standard drink.

6. Point-Of-Sale (POS) interventions: Police officers were implemented outside liquor retail outlets full-time in Tennant Creek, Alice Springs and Katherine.


\(^6\) Ibid.

\(^7\) Ibid.

\(^8\) Ibid.


\(^10\) Please note, PALIs currently operate in Alice Springs, Tennant Creek and Katherine. They are not in operation in Darwin or Nhulunbuy.
In 2017 the NT Government sourced an independent review, the NT Alcohol Policies and Legislation Review (the review), into alcohol policy in the NT.\textsuperscript{11} As a part of the review, 220 recommendations were presented to the NT Government, 186 of which were endorsed in principle, marking a point of significance for NT in addressing and responding to harm relating to alcohol in the NT.

The NT Government responded to the review through the release of the Alcohol Harm Minimisation Action Plan (2018-2019),\textsuperscript{12} with the aim of reducing incidents relating to alcohol in the NT. The action plan includes a number of strategies aimed at reducing:

- demand for alcohol
- supply of alcohol
- harm caused to individuals, families and the community from alcohol.


\textsuperscript{12} Alcohol Harm Minimisation Action Plan: www.alcoholreform.nt.gov.au/?a=485315.
To achieve these outcomes, the NT Government breaks the action plan down into four key focus areas, highlighted in Figure 3: AHMAP (2018-2019).

**Figure 3: AHMAP (2018-2019)**

The BDR falls under focus area two, effective liquor regulation, and adds to the rigour of the NT’s compliance and enforcement activities relating to alcohol reform in the NT.

### 2.1.3 What is the Banned Drinker Register?

The BDR is a policy reform mechanism to reduce alcohol related harm across the NT. An initial version of the BDR was introduced on 1 July 2011, and was removed after a change of government in 2012. No formal evaluation was conducted on the previous version of the BDR.

The introduction of a new BDR was an election commitment of the Labour government in 2016, with clear indications that a new iteration of the BDR would be introduced within 12 months of re-election. As such, the second iteration of the BDR was introduced on 1 September 2017. The BDR is currently governed by the Alcohol Harm Reduction Act 2017 (NT).

The BDR is an alcohol supply reduction measure that is aimed to reduce the accessibility of takeaway alcohol to individuals who consume alcohol at harmful levels to themselves or others. BDOs are issued which prohibit the purchasing, possessing or consumption of alcohol for a period of time. People on BDOs are then placed on the register. The register is only routinely enforced at takeaway outlets through the scanning machines. However, Police can enforce BDOs in the community.

The Alcohol Harm Reduction Act provides the legislative framework for making BDOs to enable adults to be registered on the BDR. The Act specifies that a BDO may be made by a:

- A police officer (Division 2 Section 10)
- Court orders relating to BDO (Division 2 Section 12)
- Self-application (Division 3 Section 14) or
Application by others (Authorised Persons) (Division 4 Section 18). Current authorised persons include a:

- Police officer
- Child protection worker
- Person registered under the Health Practitioner Regulation National Law (Doctors, Nurses, Aboriginal Health Workers (AHW), psychologists)
- Family member, guardian or carer of the adult, Public Guardian
- Social Worker
- Commissioner of Correctional Services
- Sobering Up Shelter manager
- Public Housing Safety Officer
- Australian Counselling Association Counsellor level 4;
- Person employed by a member of the Aboriginal Medical Services Alliance Northern Territory (AMSANT) whose primary role is to provide medical services to people of Aboriginal and Torres Strait Islander background.

A person can be banned from buying takeaway alcohol and placed on the BDR for the following reasons:

- Being apprehended for an alcohol-related offence
- A combination of three alcohol related protective custodies or alcohol infringement notices in two years
- Being the defendant on an alcohol related domestic violence order
- An alcohol prohibition condition on a court order (including child protection orders), bail or parole order
- By decision of the BDR Registrar after being referred by an authorised person such as a doctor, nurse or child protection worker, or a family member or carer
- Self-referral for any reason.

A person can be placed or self-nominate to be placed on a BDR for three (3), six (6) or 12 months, depending on the severity or frequency of circumstances leading to being put on the BDR. People can, and often do, spend longer than 12 months on the BDR if they breach an order.

Those on the BDR can voluntarily access services to support them to reduce alcohol misuse. A person with a ban of six (6) months or more may apply to the BDR Registrar to determine if the criteria for ban reduction in the Act is met.
2.2 Banned Drinker Register Use

2.2.1 Persons on the BDR

The number of persons on the BDR peaked at 3,915 in February 2019.\textsuperscript{13} Since then, numbers have been relatively stable, averaging 3,819 persons with one or more active bans between February and August 2019 (Figure 4). During this time, a police ban was the most recently issued ban for 65\% of persons on the BDR; a court ban was the most recent ban for 26\% a Corrections (parole) ban for 3\% and a BDR Registrar ban for 6\%.

Figure 4: Number of persons on the BDR by date and type of most recently issued active ban

![Figure 4](image)

Of those individuals subject to police notified bans, 46\% were associated with alcohol-related offending (including alcohol protection order bans). Another 34\% were on protective custody bans, and 14\% were on infringement bans. Of those on court bans, 69\% were on suspended sentence bans and 22\% were on bail bans.

The number of individuals on Police bans has remained relatively steady, despite reductions in the number of alcohol-related assaults recorded by Police in all regions of the NT between August 2018 and August 2019.\textsuperscript{14} There are various reasons for this, including:

- Bans may be issued for a wide range of alcohol-related circumstances, not just assault offences
- Persons with active police bans may go on to receive other types of bans and so be counted in different categories
- Police bans are active for up to 12 months after issue, meaning that changes in the issuing of bans may not appear in the number of persons on the BDR for some time.

2.2.2 Demographics of persons on BDR

Of the 3,775 individuals on the BDR on 31 August 2019, 84\% were Aboriginal and Torres Strait Islander people and 11\% were non-Aboriginal (Aboriginal and Torres Strait Islander status was unknown for 5\% of individuals, primarily those on BDR Registrar bans, as Aboriginal and Torres Strait Islander status was not recorded in that process). Less than a third (29\%) of the individuals

\textsuperscript{13} Data analysis provided by NT Government.
\textsuperscript{14} Data analysis provided by NT Government.
on the BDR were female, and 71% were male (a very small number of individuals did not have gender recorded). Aboriginal and Torres Strait Islander males were slightly younger than non-Aboriginal males (36.1 years versus 36.9 years) while non-Aboriginal females averaged four years younger than Aboriginal and Torres Strait Islander females (33.5 years versus 37.8 years).

Figure 5 shows the demographics of individuals on the BDR at the end of August 2019.

Figure 5: Demographics of individuals on the BDR at the end of August 2019 (average age in brackets)

Males made up 83% of those whose latest ban was associated with criminal offending (alcohol-related offence bans, court bans, and parole bans), but only 58% of those whose latest ban at the end of each month was associated with non-criminal behaviour (protective custody, infringement, domestic violence not resulting in an offence, and BDR Registrar bans) as of end August 2019. Of all males on the BDR, 63% had a most recent ban associated with criminal offending, compared with 33% of females on the BDR.

The current evaluation explored the 24-month outcomes of the current BDR. Its methodology and findings are described in more detail in the following sections of this report.
3. Evaluation Methodology

3.1 Co-design process

In order to examine 24-month outcomes of the current BDR, EY applied a co-design process throughout the evaluation. EY and NTH established a Working Group consisting of key Government stakeholders upon mobilisation. This allowed existing data, internal knowledge and capability to be leveraged in refining:

- Evaluation questions
- Identifying indicators necessary to address the evaluation questions
- Determining the data and information requirements to address these indicators
- Identification of internal and external stakeholders for interviews and focus groups, including sampling of key stakeholders across the locations of Darwin, Nhulunbuy, Katherine, Tennant Creek and Alice Springs.

3.2 Evaluation questions and approach

The 24-month evaluation focused on the medium-term impacts of the BDR as it pertains to alcohol related violence, prevalence of anti-social behaviour, harm-minimisation, heightened community safety and improved health status of banned drinks. The following focus evaluation questions were devised to explore the 24 month impacts of the implementation of the BDR:

- Are the aims of the BDR legislation being met?
- How effective is the BDR in reducing access to alcohol for problem drinkers?
- Is there improved amenity of areas around licensed premises (such as improved feelings of safety and cleanliness of areas around licensed premises)?
- Do Territorians, visitors and licensees understand that the BDR is a health-based intervention to make communities safer and healthier, and the reasons why they are required to produce photo ID to purchase alcohol at a take-away outlet?
- Has the BDR resulted in improved health for participants?
- Are the therapeutic support programs suitable and readily available, particularly for Aboriginal and Torres Strait Islander clients (including the delivery of culturally competent training for AOD staff; development of best practice protocols; reduced waiting times for support; and delivery of a comprehensive therapeutic support model, including aftercare)?
- Are alcohol-related contacts with the justice system changing for those on the BDR, and are there any changes for those who don’t go on the BDR?

A Participatory Action Research model\(^{15}\) was applied throughout the evaluation to address these questions, encompassing a cycle of evaluation co-design, data collection, analysis and review to inform practice development.

3.3 Data collection

Data and evidence to support the evaluation was obtained from four primary sources, being:

\(^{15}\) Evaluation research model which includes co design and an emphasis on iterative cycles to support program refinement.
3.3.1 Stakeholder consultation and survey procedure

Existing networks and relationships were leveraged to undertake a combination of both focus group and structured one-on-one interviews, supplemented by surveys with key stakeholder groups. This multi-faceted approach to data collected was tested with the Working Group to ensure confidence in adequately capturing information and ensuring appropriateness for the target groups prior to finalisation.

Upon evaluation commencement, stakeholder mapping was completed with NTH to identify relevant BDR stakeholders in locations spanning Darwin, Nhulunbuy, Katherine, Tennant Creek and Alice Springs for consultations.

Design and development of interview tools including interview schedules (which articulated interview prompts), focus group prompts and survey measures was then undertaken specific to these stakeholder groups. An overview of stakeholder consultations, key topics and questions is contained in Appendix 5.2.

Supporting the overarching evaluation aims, interviews were delivered in a semi-structured interview format following the key engagement questions, focused on exploring whether the BDR has been effective in achieving its desired outcomes.

Consultation sites and stakeholder categories are presented in Figure 6 below.

Figure 6: Stakeholder Mapping
Two online-delivered surveys were designed to capture a range of views of stakeholders supplementing consultations by providing breadth of analysis, with one survey focused on Therapeutic Service Providers and the other on Licenced Premises Managers. These were circulated via email to contact lists provided by the NT Government and NT Hospitality. The NT Government provided the contact details of a number of NGO Therapeutic Service Providers and NT Hospitality contacted their membership on behalf of EY. 14 Therapeutic Service Providers were contacted and ~300 of NT Hospitality’s membership were contacted.

Administrative and document data analysis, survey results and consultation findings were then synthesised to provide a comprehensive overview of the functioning of the BDR in relation to each evaluation question, with these findings presented in the subsequent chapter of this report.

3.4 Limitations

3.4.1 Attribution of findings to BDR

► As previously discussed, the BDR is not a stand-alone measure and sits within a general suite of policy initiatives designed to reduce the impact of harmful drinking behaviour on the NT community

► Generally, the evaluation seeks to illuminate the role performed by the BDR within the broader suite of complementary policy initiatives, rather than attempting to directly attribute impacts to the BDR relative to other measures

► The evaluation refers to non-BDR policy initiatives where there is evidence that these initiatives influence the performance of the BDR, and within the context of the evaluation questions

► It is notable that stakeholders rarely distinguish between the different policy initiatives. For example, PALIs are widely thought to be responsible for enforcing BDR compliance in the areas that they are in operation, which doesn’t include Darwin or Nhulunbuy.

3.4.2 Data availability and analysis arrangements

► The quantitative data and analysis contained in this report was conducted based on the various administrative datasets that exist across the NT Government with analysis provided by NTH and AGD. Raw datasets were not available to the evaluation team. EY and the NT Government data custodians worked closely throughout the evaluation process to identify relevant and available data, guide analysis, distil key insights and share knowledge

► A key limitation of the main data-sets supporting the evaluation is that impacts are available at the population level and cannot be observed specifically for persons who are, or have been, on the BDR as compared to those who are not. Ongoing refinement of data collection and linkage of datasets to support program monitoring would provide a more robust means of identifying the true quantitative impact of the BDR on community outcomes. Such observations can be made as it relates to the justice sector only for those on the BDR, however, the absence of health data linkage means gaps exist and complete data-linkage and reporting is not possible. Such data linkage with inclusion of BDR identifiers could be considered in relation to a range of administrative NT Government datasets with relevance to BDR outcomes including health, housing and child protection and would enable improved monitoring of BDR outcomes with comparison to general population trends

► EY has relied on the quantitative data provided as being true and accurate and has not sought to undertake a formal verification of its accuracy.
3.4.3 Selection bias for key stakeholder groups

- Limited access to stakeholder groups across the Territory, most notably tourists and licensed venue patrons, is a key limitation for this evaluation, as access to such groups was dependent on their presentation at licensed venues and take-away outlets during consultation periods and their consent to participate in interviews. During consultations, we actively worked to ensure engagement of these key stakeholder groups across sites, but acknowledge that bias in consenting for participation in consultation sessions may impact on the ability to generalise findings to some extent.

- The evaluation scope did not extend to direct consultation with banned drinkers and thus information was obtained from secondary sources on the impact of the BDR on banned drinkers themselves.
4. Findings

4.1 Summary of key findings

In general, the BDR was seen to have contributed positively to improving outcomes for problem drinkers and the wider community. This was supported by evidence of positive trends in a range of key health and justice indicators. Reductions in per capita alcohol consumption and increased utilisation of some support services were also observed since the current BDR was introduced.

Stakeholders interpret the primary objective of the BDR as preventing the supply of alcohol to banned drinkers, and thus have high expectations for the BDR in terms of preventing secondary supply. In light of this, many stakeholder views were focussed on perceived loop-holes of the BDR that allowed banned drinkers access to alcohol via secondary supply.

We discuss our key findings against each evaluation question in the subsequent sections of this report.

4.2 Are the aims of the BDR legislation being met?

Key Insights

► While crime associated with alcohol consumption has decreased since the introduction of the BDR, it is difficult to attribute these trends to BDR in isolation due to the range of other initiatives which were introduced in the same period. Nevertheless, there are promising signs that the range of alcohol interventions introduced in the 2-year period, including the BDR, have been effective in reducing crime.

► Health improvements across the NT were observed during the post-BDR introduction period, attributed to the broader alcohol policy reform, in which the BDR plays a crucial role.

► EY’s consultations highlighted that opportunities remain for providing better crime prevention and detection to reduce harm for individuals who are on the BDR who now engage in crime and/or anti-social behaviour in more secluded locations to avoid redetection.

► Although there were promising signs that the BDR may improve safety, it was difficult to attribute improvement in community safety to BDR in isolation. We also noted that in some specific instances the BDR may have had a negative impact on community safety, for example in reporting of domestic violence incidents.

As discussed in Section 2.2, the Alcohol Harm Reduction Act 2017 (NT), under which the BDR sits, has a number of aims, which include achieving:

► Reduced contact with the justice system

► Improved health outcomes

► Reduced harm for problem drinkers

► Increased protection for people, particularly children.
4.2.1 Reduced contact with the justice system

Administrative data shows encouraging signs of BDR success in reducing contact with the justice system. Since the introduction of the current BDR, there has been a decline in domestic violence assault offences, alcohol-related assault offences, alcohol related infringement notices and high range drink-driving offences.

Stakeholders acknowledged the broader alcohol reform has reduced banned drinkers contact with the justice system, with the BDR playing a role in this function. Administrative data highlights this point; within the first year of the introduction of the current BDR, a number of other interventions were also introduced and/or strengthened, for example the introduction of PALIs which is seen from administrative data to be associated with a substantial downward trend in many justice indicators. It is however also likely that the impact of the BDR may be cumulative as banned drinkers enter the register incrementally, and thus provide slower evidence of benefits over time. This cumulation of benefits may also contribute to the delay in trends post-BDR implementation which are evident in the figures below.

Figure 7: Alcohol-related assault offences, assault apprehensions and protective custody episodes, Northern Territory*

*Note: in all charts, fine lines show monthly values and bold lines show 12-month rolling averages

Since the introduction of the current BDR, alcohol related offences and protective custody episodes across the Territory have trended down after an initial pre-existing upward trend. Figure 7 highlights a steep decline in alcohol related assault offences over time. Figure 8 highlights a similar decline in high range blood alcohol readings in persons charged with alcohol-related driving offences.
There appeared to be a similar pre-existing upward trend in alcohol-related domestic violence prior to the introduction of the BDR, followed by a more recent decline, as shown in the figure below. Non-alcohol-related domestic violence assaults did not show the same trend. Stakeholder consultations suggested that alcohol restrictions lead to some individuals becoming more violent in the short term in response to their inability to access alcohol, which may provide some contextual background to these trends.

The downward trend in alcohol-related domestic violence assaults reporting over time post BDR implementation was supported by similar qualitative data. This was, however, suggested by stakeholders to have mixed drivers. Consultations suggested that in some instances domestic
violence victims were reluctant to present at Women’s Refuges, at therapeutic support services or to the Police for fear that the perpetrator would be placed on the BDR which would lead to further instances of domestic violence or anti-social behaviour. This may partially explain the downward trends in domestic violence reporting over time beyond the initial period of slight increase.

Direct consultations on the issue of domestic violence and child protection with at-risk women to explore the impact of the BDR on family violence are warranted by these findings.

“A lot of women aren’t reporting domestic violence because the moment they report the husband goes back on the BDR”

Community member, Tennant Creek

4.2.2 Improved health outcomes

Administrative data indicated a range of positive health outcome trends occurring following the current BDR implementation including alcohol-related emergency department presentations. Increased sobering up shelter admissions are also observed, although increases in shelter capacity over the same period are likely to account for much of this trend. Further details on these trends are contained in subsequent sections of this report.

Many participants, most notably Therapeutic Service Providers, outlined that there have been health improvements in the Territory attributed to the broader alcohol policy reform, of which the BDR is a component. In addition, given the ability of banned drinkers to access alcohol through other means, it was suggested that any health impacts of BDR would be marginal without the support of the range of measures working concurrently to improve outcomes in this area, such as the broader alcohol policy reform activities and effective therapeutic support provision. There was, however, a general sense that the BDR was enabling more positive health outcomes for the community.

“It helps people who are banned drinkers. It helps the families”

Therapeutic Service Provider, Alice Springs

A more detailed discussion of the health impacts of the BDR is outlined in Section 4.6.

4.2.3 Reduced harm for problem drinkers

The majority of stakeholders consulted suggested that, in combination with other measures, the BDR is working well in reducing harm for problem drinkers including reducing violence and anti-social behaviour, particularly around take-away outlets. A range of positive health indicators were also observed which are described in more detail in Section 4.6.

Despite positive indicators and generally positive views from stakeholders, findings were mixed by stakeholder groups. For example, 75% of licensed premises manager survey respondents indicated that they felt that the BDR was either ‘not very effective’ or ‘had no impact on reducing harm and increasing wellbeing in the community’.

In addition, various comments were made regarding the relocation of some crime and anti-social behaviour to areas that are not as visible to Police or PALIs at higher rates than would have occurred in the absence of these intervention measures, which increased risk of harm to problem drinkers. An example was provided in Katherine, where it was outlined that people on the BDR would re-locate from the main streets in town to drink by the river in order to avoid detection and having their alcohol confiscated.
You're not seeing the Mob in the street because they're being turned away at the bottle-o, and they're accessing grog through secondary supply. Police have the power to pour out alcohol, the Mob drink down near the river where police struggle to access them, it does not stop anti-social behaviour it just moves it

Therapeutic Service Provider, Katherine

To the extent it is occurring, the apparent relocation of such anti-social behaviour provides heightened risk, as there is limited ability for police and first-responders to identify and respond to harmful situations which may arise in these areas.

4.2.4 Increased protection for people

Consultations revealed that the community perceived mixed benefit of the BDR on community safety. However, community members generally attributed improvements to the broader alcohol reform, of which the BDR performs a role. Commenting specifically on the impacts of the BDR, in some instances there was a view that the BDR may have led to a decrease in community safety. This was in contradiction to measures of alcohol related offences as described above, which showed positive trends downwards during the BDR period.

Given that the measures of alcohol related offences are showing positive downward trends, and community perception of BDR impact is polarising, it would seem there is an opportunity to communicate the BDR impact with the general public as there is a disparity between stakeholder efficacy perceptions and data trends.

"The BDR has not made Alice Springs a safer place - it’s made things worse"

Take-away outlet, Alice Springs

The community members consulted unanimously believed that alcohol is easily accessible through secondary supply, and that this was a cause of concern for many people. Community members also provided insight into the unintended consequences as a result of the BDR, including community members stealing or fighting over alcohol if they are unable to readily obtain it.

"The BDR hasn't improved community safety. People either steal grog, pay twice as much for it or fight for it."

Licensee, Tennant Creek

It is, however, notable that despite these perceptions, general community safety and protection appeared to be strengthened by the introduction of the current BDR, given the downward trends in assaults and violence previously described. Data linkage to break down child protection activity by a perpetrator’s BDR status would be beneficial to further explore the BDR’s role in the protection of people in the community, but is not currently available.

Acknowledging individuals form their views based on personal experiences and understanding, community members perceptions may differ from that which is conveyed in the data, further communication regarding community safety improvements as reflected in the data may mitigate this.
4.3 How effective is the BDR in reducing access to alcohol for problem drinkers?

Key Insights

► By its very nature, the BDR creates an impediment for banned drinkers in accessing alcohol from take-away outlets

► There are promising results from the Wholesale Alcohol Supply data post BDR implementation. In 2018 there was less consumption of Pure Alcohol Content (PAC) per capita than in the previous year, suggesting demand for alcohol across the Territory decreased slightly in the first year post implementation\(^\text{16}\)

► Despite evidence of a positive impact in reductions of per capita alcohol consumption, the weight of anecdotal evidence suggests that alcohol remains relatively freely available via secondary supply. Acquiring alcohol in unregulated environments can lead to increased health and safety risks for both banned drinkers and the community

► There are specific cultural pressures on Aboriginal and Torres Strait Islander people which place certain obligations on some members of the community. This can make it difficult for these people to resist requests by other members of the community to purchase alcohol on their behalf

► There are opportunities to strengthen current BDR technology, which stakeholders reported can be inefficient, is open to risks of banned drinkers bypassing the system, through fake or altered identification, and does not allow for automated recording of information to support effective enforcement of the BDR

► In the locations PALIs operate, their activities indirectly contribute to the effectiveness of the BDR, for example by acting as a deterrent to would-be secondary suppliers of alcohol. Community stakeholders generally misunderstood the role of PALIs with regard to the operation of, and compliance with, the BDR.

► Where there are liquor purchasing restrictions in place, the BDR equipment is effective in supporting compliance with restrictions.

There is evidence to suggest that the BDR is an effective mechanism for reducing access to alcohol for banned drinkers in some circumstances. By its nature, the BDR creates an impediment or inconvenience for banned drinkers in accessing alcohol from take-away outlets, which deters some banned drinkers, though issues of secondary supply remain and are discussed below.

“It is contributing to the overall strategy of reducing the adverse consequences of drinking in the Territory, we would be in favour of it continuing.”

Liquor Commission, Northern Territory

4.3.1 Liquor transactions

There are some promising trends from the Wholesale Alcohol Supply data, showing that in 2018 there was proportionately less consumption of alcohol per capita amongst drinking age individuals, and less sales of Pure Alcohol Content (PAC), suggesting per capita demand for alcohol across the

\(^{16}\) This is the most recent data available at the time of report writing and is currently embargoed by the NT Government.
Territory has decreased slightly since BDR introduction, as has pure alcohol volume sold. It is notable, however, that these sales figures do not account for secondary supply sourced outside of the regulated NT environment.

Table 2: Annual Liquor consumption data

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Consumption</td>
<td>13.20</td>
<td>13.31</td>
<td>12.82</td>
<td>12.06</td>
<td>11.73</td>
<td>11.90</td>
<td>11.55</td>
<td>11.27</td>
</tr>
<tr>
<td>PAC Supply</td>
<td>2,662,887</td>
<td>2,733,964</td>
<td>2,687,080</td>
<td>2,661,435</td>
<td>2,603,013</td>
<td>2,628,448</td>
<td>2,619,364</td>
<td>2,538,633</td>
</tr>
<tr>
<td>Population Estimates</td>
<td>201,755</td>
<td>205,351</td>
<td>209,630</td>
<td>220,708</td>
<td>221,932</td>
<td>220,915</td>
<td>226,737</td>
<td>225,212</td>
</tr>
</tbody>
</table>

Likewise, Figure 10 shows the number of monthly liquor transactions by year of BDR operation. In the first year of the BDR operation, liquor transactions averaged 485,156 per month, while in the second year, transactions averaged 457,010 per month (a drop of 5.8%). The monthly pattern of transactions was similar in both years, with the highest number of transactions in July and August, and the lowest in January and February. Monthly transactions in the second year ranged from 3.2% to 8.5% less than in the corresponding month the year before.

Figure 10: Number of monthly liquor transactions recorded at takeaway outlets by year of BDR operation

Patterns of liquor transactions across the reporting period are largely consistent (when seasonally adjusted) in Darwin, Palmerston, Alice Springs, Tennant Creek and across the NT as a whole. Observed in the charts below was a slight upward trend in transactions in Katherine.
Figure 11: Number of monthly liquor transactions recorded at regional takeaway outlets

Stakeholders highlighted that individuals who are on the BDR are highly unlikely to attempt to purchase alcohol at take-away outlets, due to the BDR.

“The people here who know they’re on the BDR, they don't even try”

Licensed venue, Tennant Creek

This was supported by recorded percentages of ‘no sale’ results at POS where the intending purchaser was found to be on the BDR. Only a very small percentage of NT liquor transactions across the two years (0.13%) resulted in ‘no sale’, presumably for this reason (see Figure 12). These values peaked in January-February 2018 (0.16%-0.17%) and again in January 2019 (0.16%), with lower values recorded in May-June 2018 and July-August 2019.
4.3.2 Secondary Supply

While the banned drinker’s ability to access alcohol through licensed premises and take-away outlets directly is prohibited, the weight of evidence suggests that alcohol may be readily available from other regulated and unregulated sources to people on the BDR who seek to access it. Secondary supply, or ‘grog running’ were highlighted as the main to mechanisms in which banned drinkers use to do so.

“The BDR doesn't stop people buying or accessing alcohol, it just makes it harder”

Therapeutic Service Provider, Alice Springs

“The BDR hasn’t made the community a safer place. I am sure that the statistics look good because access to alcohol has been reduced from takeaway outlets, but people access grog from other ways”

Therapeutic Service Provider, Katherine

Given secondary supply is a somewhat of a straightforward way for banned drinkers to access alcohol, whereby non-banned drinkers purchase alcohol on behalf of banned drinkers at take-away outlets, it was often cited to be the most frequently utilised method to bypass the BDR. Almost all stakeholders raised serious concerns relating to secondary supply of alcohol to people on the BDR.

“BDR is punitive and irrelevant. If people want a drink, they will get it, they will steal it or get it from secondary supply.”

Therapeutic Service Provider, Tennant Creek

Participants suggested secondary supply is presenting particular issues for Aboriginal and Torres Strait Islander people. Cultural circumstances dictate that younger people in the community are obliged to follow the instructions of their elders. In the context of the BDR, consultation participants expressed that individuals are often pressured to buy alcohol for banned drinkers. This was perceived to be placing individuals in unsafe situations where they are pressured to break the law.
“Family and community pressure for Indigenous people is huge. There is an expectation that the younger people do as they're told - it takes a strong person to say no in that situation.”

Police, Tennant Creek

Secondary supply is problematic for authorities and the Territory, as it presents significant opportunities for banned drinkers to access alcohol in unregulated environments and situations. Stakeholders expressed concerns regarding ‘grog runners’ selling alcohol at heightened prices, often at two or three times the market value, and taking advantage of banned drinkers’ inability to source alcohol through legitimate means.

“We are hearing of people buying grog by the pallet and storing it in their sheds.”

Therapeutic Service Provider, Katherine

As stakeholders reported that secondary supply is providing banned drinkers with opportunity to access alcohol, it poses significant challenges for the BDR to achieve its intended impact. Secondary supply can be difficult to identify for police. This is highlighted by the low numbers of individuals charged with the offence of secondary supply under the Alcohol Harm Reduction Act 2017 compared to the number of banned drinkers who were found to have breached their ban.

A person who is charged with such an offence may be issued a ban by a Police officer, and persons found guilty of this offence are subject to a 12-month ban on purchasing alcohol. As at 31 August 2019, only 14 individuals have been charged with this offence (Table 3).

Table 3: Individuals charged with the offence of secondary supply and outcomes

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ban outcomes</td>
<td></td>
</tr>
<tr>
<td>On BDR already</td>
<td>3</td>
</tr>
<tr>
<td>Received Police ban</td>
<td>12</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>14*</td>
</tr>
<tr>
<td>Court outcomes</td>
<td></td>
</tr>
<tr>
<td>Charge did not proceed</td>
<td>6</td>
</tr>
<tr>
<td>Charge withdrawn/dismissed</td>
<td>6</td>
</tr>
<tr>
<td>Fined and given 12-month ban</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>14</td>
</tr>
</tbody>
</table>

*One person was on the BDR already and received a new Police ban, so the sum of the categories exceeds the total.

As highlighted in the table above, all charged individuals who were not already on the BDR received a Police ban. Eight (8) charges proceeded to court, with two resulting in fines. The other six (6) were withdrawn or dismissed.

A much higher number of individuals were found to have breached their ban. This included being apprehended for an alcohol-related offence, receiving an alcohol-related infringement notice, being taken into alcohol-related protective custody, or being issued with a Police contravention ban while already being on the BDR.
The percentage of people on the BDR who breached their bans reached a peak of nearly 20% in March 2018 and has since declined, with 11% of persons on the BDR breaching their bans in August 2019. In general, females were more likely to breach their bans than males, possibly due to a greater proportion of males spending most or all of their banned period in prison. Additionally, Aboriginal and Torres Strait Islander people were found to be more likely to breach their ban than non-Aboriginal people, though the issue of monitoring bias may impact this figure and is described in more detail in subsequent sections of this report.

The significantly higher number of breaches, combined with qualitative data suggesting a high level of secondary supply as compared to charges for secondary supply suggests that banned drinkers remain capable of accessing alcohol, and the system has yet to effectively identify and prosecute those who are providing illegitimate supplies.

“\nWe would like the BDR to be expanded so that we can identify people who purchase regular large amount of alcohol as to monitor secondary sale.

Liquor Commission, Northern Territory

There is an opportunity to encompass enhanced data recording and analysis as a way to identify and monitor secondary supply across the NT. Sporadic examples were provided where suspicious transaction information was passed onto authorities by take-away outlets. Consistency of the recording of suspicious transactions, and the development of a criteria for what constitutes a suspicious transaction could enable greater policing of secondary supply and support the BDR in achieving its outcomes.

“\nIf there is some way that the BDR can be targeted to address these problematic transactions, we may not need to pay to have police officers at each take-away outlet outside Darwin

Liquor commission, Northern Territory
4.3.3 Technology and process

Another factor which stakeholders reported as limiting the impact of the BDR is the technology used to identify banned drinkers and record data associated with their alcohol purchasing activities.

Overall, the BDR scanners were seen to be effective in identifying banned drinkers at the POS. Most take-away outlets outlined that POS identification has now become a part of business-as-usual and workers responsible for conducting scans are well versed in the process. This also holds true for residents of the Territory in most cases, whereby the POS requirements have become a normal part of visiting a take-away outlet.

However, capability and scanner-wear issues were raised as an impediment to efficient banned drinker identification at POS. Take-away outlet managers and employees highlighted that the scanning process can be slow, clunky and inefficient. Some take-away outlets also expressed concerns that the BDR scanning technology is a business impediment.

“ The machinery is out of date; they should be quicker

Take-away outlet, Alice Springs

“ [The BDR scanning is a] slow process and customers think it’s annoying, which impedes on business

Licensee, Alice Springs

There were concerns voiced by stakeholders that banned drinkers are able to take advantage of limitations in the technology to bypass the BDR system. For example, banned drinkers may use false identification or modify their names on their photo identification. As the BDR scanners search for exact matches in the system, the system may fail to identify the individual’s status as a banned drinker, allowing them to purchase alcohol from a take-away venue despite being a banned drinker.

“ There are so many ways to get around the BDR, false identification is a huge issue for us

Northern Territory Police, Alice Springs

Take-away outlet managers and employees also highlighted that scanners can easily become scratched, inhibiting their ability to correctly read information presented on identification. In this situation, the teller who is processing the POS transaction needs to manually enter the information into the BDR system to conduct a BDR check, leading to the risk of human error and allowing banned drinkers to potentially avoid being picked up by the system.

“ There are issues with the technology and its effectiveness - they often read the date of birth and names wrong

Take-away outlet, Alice Springs
Additionally, as the BDR system requires scanning photo identification, consultations found that there was confusion across the Territory as to whether the scanner would also check to ensure that the customer is over the age of 18. The limitation of the scanner to include this function raised questions around the appropriateness of a system built in isolation of other practical needs of vendors.

“\n
It is absurd that a system in this day and age that scans photo identification does not at the same time scan the date of birth details and indicate a ‘check further’ notification to the vendor if the age would equate to someone being under the age of 18.

This does not abrogate the responsibility of the vendor to appropriately check the ID of people who look underage, but it really does show what happens when bespoke systems are designed in isolation from practical application and real-world utility.

Peak body, Northern Territory

Stakeholder consultation also revealed the view that BDR technology and processes could be expanded to collect and store BDR data to assist with further policy development, particularly in regard to assessing policy effectiveness and compliance. Many stakeholders highlighted that expansion of BDR data gathering and reporting capability was not only warranted, but viewed as essential if the BDR was to meet its objectives in supporting authorities, take-away outlets and licensees to address secondary supply. Such data may include real time data on alcohol purchases, volume of alcohol and venue-by-venue data, which would assist regulators and authorities to more effectively monitor the BDR, ensure it meets the intended outcomes and improve community safety.

“\n
A glaring deficiency of the register is when an ID is scanned, none of the sale information is recorded, like frequency of sale [to the same individual], location and quantity purchased

Northern Territory Police, Alice Springs

Stakeholders indicated that PALIs and take-away outlets currently record information on suspicious sales. Where a sale meets the quota, set by the Liquor Commission, the take-away outlet employee will record the transaction at a time of earliest convenience and report information to the NT Police. However, this information is recorded manually and not directly linked to the BDR, raising questions of both the effectiveness and efficiency of such a process. There were also safety concerns described relating to employees at take-away outlets, where customers would potentially become irritated and anti-social during the recording of their details. In areas such as the Barkly Region, and Nhulunbuy, however, POS and BDR dictate purchase limits which mitigates concerns in relation to such processes.

“\n
My team members are put into a position of threat due to them having to note down people details to report to police

Take-away outlet manager, Alice Springs
4.3.4 Application of the BDR

It was reiterated during consultations that despite being a separate program, PALIs were perceived by stakeholders to enforce the BDR at each take-away outlet where they were located. This is perhaps understandable given that the stated ‘key function’ of the PALI role is:

- To communicate effectively with staff, licensees and customers of liquor outlets to ensure alcohol-harm minimisation strategies are undertaken in a professional and appropriate manner.\(^{17}\)

Having PALIs placed at take-away outlets was seen to be an effective way to filter the entrance of individuals into the outlets, and as such, prevent subsequent sales of alcohol to people on BDR. Whilst the role of the PALI is not specific to the BDR, they were perceived by stakeholders as being inherently linked to the BDR success in areas where they were placed.

“The PALIs stop people buying grog at bottle shops”

Community member, Alice Springs

PALIs have legislated discretionary powers over and above those of a take-away outlet employee, in the context of allowing an individual to purchase alcohol or not. In this respect, PALIs perform a vital role in deterring banned drinkers and would-be secondary suppliers from entering the take-away premises. In line with their legislative mandate, their focus is on reducing the impact of alcohol offences in restricted areas. This necessitates a focus on Aboriginal and Torres Strait Islander communities but appeared not to be well understood within the community.

Stakeholders raised concerns regarding the application of PALI discretionary power. This may be reflective of a misunderstanding of the role and focus of the PALIs which necessitates a focus on Aboriginal and Torres Strait Islander communities to reduce drinking offences.

“All the PALIs are different, they all interpret their role differently, they are very discriminate. They will always scrutinise Indigenous customers and that pushes people into secondary supply”

Licensee, Alice Springs

“I've been in the bottle-o and they've skipped my car, but the countrymen get asked”

Therapeutic service provider, Katherine

4.4 Is there improved amenity of areas around licensed premises?

Key Insights

► Stakeholders perceived that the BDR has reduced the incidence of crime and anti-social behaviour in the immediate environments of some licensed premises, however this may also be attributed to the presence of PALIs in the areas that they operate.

Almost all licensees and take-away venue staff interviewed identified the BDR as having improved the amenity of their venues as well as the areas directly surrounding their venues. Theft reduction and reduced anti-social behaviour across the NT were highlighted as improvements post current BDR implementation. Almost all participants outlined that where they operate, PALIs have made the community a safer place, and have reduced anti-social behaviour in the immediate environments of the take-away outlets where they are stationed.

“Anti-social behaviour around our venue has been reduced

Take-away outlet, Katherine

However, stakeholders also noted that this was particularly the case where PALIs were on premises, as the presence of PALIs is a significant deterrent for illegal activity at take-away outlets as previously described. As PALIs do not operate in Darwin and Nhulunbuy, it is important to note that experiences in these locations may vary.

57% of licensed premises managers surveyed stated that they felt that the BDR itself caused no change to the safety of premises and presence of anti-social behaviour, while almost 43% felt that BDR had no impact on the amenity of licensed venues. This again highlighted the polarised stakeholder experiences of the BDR.

4.5 Do Territorians, visitors and licensees understand that the BDR is a health-based intervention to make communities safer and healthier, and the reasons why they are required to produce photo ID to purchase alcohol at a take-away outlet?

Key Insights

► Stakeholders expressed concerns over the lack of awareness, information and education available regarding all aspects of the BDR and suggested actions such as targeted education campaigns, clear signage and better dissemination of information would be beneficial.

► The community members interviewed generally viewed the BDR as a punitive response to problem drinkers rather than a health-based initiative.

► Tourists were not aware of the aims of the BDR and viewed the additional procedure at POS as an inconvenience.

► Concerns about community perspectives of the over-representation of Aboriginal and Torres Strait Islander people on the BDR were raised by stakeholders.

Community perceptions of the BDR varied across the Territory. A key observation of the current evaluation was that there is significant scope to improve the understanding of the BDR. Amongst Therapeutic Service Providers and NT Government stakeholders was a sound understanding of the BDR and its intended outcomes.
Almost all participants across key stakeholder groups expressed concerns around the lack of education, awareness and information available regarding the BDR. Many participants felt that there was a missed opportunity in educating the general public, tourists and problem drinkers about the BDR. A targeted education campaign could clearly and succinctly outline the objectives of the BDR, intended outcomes, delivery mechanisms and what it means for people in their everyday lives, framed around ensuring that banned drinkers are able to access therapeutic support services and in turn improve health and community safety. Participants also highlighted the need for clear signage and dissemination of information across the Territory, particularly for tourists, to raise awareness of the BDR.

“There is a lack of education around the BDR, people don't understand the purpose of the BDR and the positive health impacts it could have

Therapeutic Service Provider, Tennant Creek

“There isn't enough education for people to understand why we do things the way we do. Particularly to tourists

Licensee, Alice Springs

The lack of education for the BDR was consistently raised in the context of supporting banned drinkers and the NT community. Participants stressed that because of the lack of awareness and level of understanding of the BDR, many people think of the BDR as a justice or police based punitive response, rather than as a health based response, aimed at improving health outcomes of banned drinkers and the NT holistically.

“People who are most affected by the BDR don't understand that it’s a health based response - to them it's a punitive, racially profiling response

Licensee, Alice Springs

There was evidence that tourists found the process of complying with the POS requirements an inconvenience. They did not understand the BDR or its aims, nor how it applied to them, which leads to take-away outlets having to explain the BDR to tourists and slowing up POS transactions. This has business implications where sales are slower than anticipated, particularly during peak and busy periods, impacting negatively on business owners’ perceptions of BDR.

“Tourists in general don't know what it is [BDR] and don't understand it, they don't understand local restrictions and we have to explain the process to them

Take away outlet, Tennant Creek

Concerns about community perspectives of the over-representation of Aboriginal and Torres Strait Islander people on the BDR were also raised by stakeholders, with a sense that the outcome of disproportionate representation of Aboriginal and Torres Strait Islander people on the BDR results in Aboriginal and Torres Strait Islander people being positioned as ‘the problem’. This was perceived to create an opportunity for people in the NT to unfairly attribute social issues onto Aboriginal and Torres Strait Islander people despite the health and community wellbeing aims of the initiative.
In Katherine it is so segregated, people think this is an Indigenous problem, people don’t want to be associated with the problem, so the BDR separates us further

Therapeutic Service Provider, Katherine

4.6 Has the BDR resulted in improved health for participants?

Key Insights

► There is an indication of improved health outcomes from data on alcohol-related emergency department presentations and assault offences. There is opportunity for improved data collection and linkage to better monitor and identify BDR outcomes

► Where people have self-nominated to go on the BDR there have been notable health improvements described by Therapeutic Service Providers

► The suite of alcohol reform initiatives is changing patterns of drinking in the NT

► Further consideration into how the BDR can address the underlying causes of problem drinking may result in better outcomes.

Statistics on alcohol-related emergency department presentations and assault offences suggest promising trends since BDR introduction.

Figure 14: Alcohol-related emergency department presentations and assault offences, Northern Territory

Figure 14 demonstrates that since the introduction of the BDR, both alcohol-related ED presentations and alcohol-related assault offences across the Territory have been trending down. A pertinent observation from Figure 14 is that while the two alcohol-related data series are from two distinct sources, they show similar patterns across the same time periods, increasing the likelihood that the trends reflect genuine changes in alcohol misuse, rather than changes in policing or health coding.
Location specific data shows that alcohol-related emergency department presentations and assault offences have been trending downward in Darwin, Katherine, Tennant Creek and Alice Springs. However, in Nhulunbuy, the same data series have shown to be trending up since the introduction of the current BDR (Appendix 5.4).

I think the BDR and the permit system are helping [community health]

Community member, Nhulunbuy

Alongside the previously noted limitation of multiple interventions occurring simultaneously, another key limitation of the data above is its reflection of general population trends, which does not separate health impacts for people who are on the BDR from those who are not. Given that banned drinkers represent only a very small percentage of the population, changes attributed to the BDR may be very minor in comparison to policies impacting the broader population.

Collection of qualitative data provided a more in-depth understanding into changes in community health as a result of the BDR, which were perceived as variable. Some stakeholders reported that as a consequence of the BDR, banned drinkers are attempting to access alcohol through secondary supply and hence achieving minimal positive health outcomes. Stakeholder consultation also suggested that where individuals self-nominate to go on the BDR, they generally achieve better health outcomes than those placed on the BDR through contact with the justice system.

Clients who self-nominate to go on the BDR generally get the best outcomes

Therapeutic Service Provider, Darwin

In the context of the broader initiatives impacting banned drinkers, stakeholders felt that in order to avoid PALI scrutiny, individuals would buy smaller quantities of heavier alcohols. The introduction of the Minimum Floor Pricing (MFP) also caused concerns where the price of alcohol generally consumed by people who are not on the BDR but are heavy drinkers (e.g. various forms of wine) would go up and individuals would turn to purchasing harder liquor. Changes in purchasing behaviour can impact on both the likelihood of being registered on the BDR due to heavier drinking as well as secondary supply activities.

It is notable that this perception was not supported by the general wholesale alcohol data presented previously, which indicates a reduction in per capita alcohol consumption and in the pure alcohol content wholesale supply obtained via legal sales. It is plausible that these stakeholder concerns reflect isolated regional issues and/or the impact of secondary supply, therefore are not reflected in overall NT alcohol wholesale data trends.

People are now going for heavier substances because they want the biggest bang for their buck. If somebody is in the secondary supply space, it’s easier to on sell heavier products. In the past 24 months the sale of wine has decreased because of the red flags its triggers

Licensee, Alice Springs

The implementation of restricted trading times and maximum purchasing quantities, particularly in Tennant Creek and Nhulunbuy, has added to the complexity of the issue. Stakeholders indicate that higher rates of binge drinking were observed due to the shorter time frames alcohol is available for purchase.
Stakeholders outlined the opportunities which the BDR could provide to individuals who need support and address the underlying causes of why individuals may be problem drinkers in order to improve their health. The opportunities stakeholders referred to were further encouragement to access therapeutic programs, access to support through community organisations and ensuring that people on the BDR are holistically supported to improve their health.

“We don't address the underlying problems of why people drink - trauma, over-crowding, lack of identity, lack of opportunity, profiling, domestic violence - these people are self-medicating, people think no one else cares so why should I care, there is nothing here, there are no jobs

Therapeutic Service Provider, Katherine

4.7 Are the therapeutic support programs suitable and readily available, particularly for Aboriginal and Torres Strait Islander clients?

Key Insights

► Therapeutic Service Providers were confident of their capability to deliver therapeutic support programs and the suitability of the programs for participants, including Aboriginal and Torres Strait Islander clients.
► The evidence suggests that there has been an upward trend of admissions to sobering-up shelters across NT.

All Therapeutic Service Providers spoke confidently about their ability to deliver services for Aboriginal and Torres Strait Islander clients and believed their organisations had a high level of cultural capability. Therapeutic Service Providers highlighted their ability to form positive relationships with community members and individuals who utilise their support services, particularly in smaller towns such as Tennant Creek and Katherine. They also noted that programs were co-designed with relevant stakeholders to best suit the needs of the community.

“Our programs are well suited to the demographic here.

Therapeutic Service Provider, Tennant Creek

Quantitative data suggested that therapeutic services are readily available across the NT however their links to the BDR were unclear to many stakeholders. Residential rehabilitation services highlighted that they do not have capacity issues and are capable of meeting demand. However, concern was raised regarding aftercare. Given the voluntary nature of therapeutic services, individuals will at times leave the facility before completing a program, highlighting aftercare as an area of further consideration.

“There are only two residential rehab facilities in Alice Springs and they are both run really well, the programs are great

Therapeutic Service Provider, Alice Springs
“We don’t have capacity issues in our residential rehab. Our outreach teams are completely stretched.”

Therapeutic Service Provider, Alice Springs

Quantitative data demonstrates that admissions to sobering-up shelters across NT since the introduction of the current BDR have increased (Figure 15). Sobering-up shelters provide overnight accommodation to homeless and displaced people who are under the influence of alcohol or other drugs and are at risk of harm, complemented by a suite of therapeutic wrap around services. There are also encouraging signs of increases in self-admission as shown in Figure 16, which may suggest that more banned drinkers are accessing voluntary therapeutic services. However, the increase in sobering-up shelter admissions may also be partially explained by individuals wanting to avoid going on the BDR through a protective custody incident by presenting at a sobering-up shelter.

“Since the BDR has been introduced numbers of people presenting here have been increasing.”

Therapeutic Service Provider, Tennant Creek

Figure 15: Sobering-up shelter admissions and protective custody episodes, Northern Territory

![Figure 15: Sobering-up shelter admissions and protective custody episodes, Northern Territory](image-url)
The Darwin sobering-up shelter in particular, has experienced a rapid increase in admissions in recent months.

The rapid increase in sobering-up shelter admission and protective custody episodes in Darwin and Palmerston since mid-2018 are not able to be directly attributed to the BDR. Stakeholders noted that there were increased opening hours from 1 May 2018. Shelters increased from 16 to 18 hours per day and from 1 November 2018, shelters opened 24 hours a day. The Larrakia Nation Night Patrol had four additional vehicles added in late October-early November 2018, which also contributed to the increase in referrals resulting in admissions to the shelter. The increase of patrol referrals can be seen in Figure 16.
There is also evidence to suggest movement of problem drinkers to Darwin from areas where there are higher alcohol restrictions in the NT. Qualitative insights suggest that the compounding impact of the BDR, strict liquor purchasing restrictions and PALI scrutiny in other locations across the Territory is leading to increased numbers of community members moving from these areas to Darwin as a way to bypass liquor restrictions and scrutiny. This may have also led to an increase in sobering-up shelter admissions in Darwin. This view is supported by quantitative data which shows a reduction in admissions in Alice Springs and Nhulunbuy post BDR introduction (see Appendix 5.5). Further analysis into population movements in response to alcohol policy in the Territory could provide further and more robust insights.

Stakeholders suggested that the BDR can better support banned drinkers in accessing therapeutic support. Many NGO based Therapeutic Service Providers highlighted they had either had no known or only a small number of individuals on the BDR present for therapeutic support.

“The BDR hasn't helped people access therapeutic services, I have never heard a client say I am coming to you because I am on the BDR

Therapeutic Service Provider, Katherine

“I've never seen anyone referred to us because they're on the BDR

Therapeutic Service Provider, Tennant Creek

The vast majority of therapeutic service provision concerns were mentioned in the context of the lack of understanding of health referral pathways. Therapeutic Service Providers engaged during consultations stressed that without sufficient understanding of the referral pathways for banned drinkers to access therapeutic support, the BDR is limited as a mechanism for supporting or facilitating access to therapeutic support. Current processes reduce the efficiency of identifying, assessing and referring the individual to a therapeutic support program and increases the risk that they will not receive support in a timely manner.

“There needs to be a better referral pathway

Therapeutic Service Provider, Tennant Creek

4.8 Are alcohol-related contacts with the justice system changing for those on the BDR, and are there any changes for those who don’t go on the BDR?

Key Insights

► Post-BDR over half of banned drinkers had no further contact with the justice system during follow up periods

► The evidence suggests that alcohol-related contacts with the justice system are showing signs of improvement in follow-up periods (noting that length of follow-up period varied)

► There is an opportunity for more effective reporting of the relationship between the BDR and reductions in alcohol-related contacts with the justice system through linked datasets.
To examine changes in alcohol-related justice system contacts, the transition of individuals between pre and post-BDR was examined using latent class analysis (Figure 23). This analysis separated individuals on the basis of their prior offending pathways to provide a comparator between four differing groups of individuals to better conceptualise trajectories post BDR admission.

Latent class analysis is a statistical measurement model in which individuals can be classified into mutually exclusive and exhaustive types, or latent classes, based on outcomes and categorical indicator variables. In this case, individuals on the BDR were included in the model.

4.8.1 Pre-BDR classification

Four indicators of alcohol-related justice system contacts were used in the pre-BDR classification construction: protective custody episodes, infringements, apprehensions for traffic offences, and apprehensions for non-traffic offences in the year prior to being placed on the BDR. Broadly, these tend to represent a spectrum of seriousness from protective custodies which are non-criminal in nature, to infringements given for minor offences (e.g. consuming alcohol in a regulated area), to apprehensions for offences such as drink-driving and alcohol-related assaults. Time spent in prison (not necessarily alcohol-related) in the year prior to being placed on the BDR was also included in the classification. All measures of justice system contact were binary (i.e. 0 = no protective episodes in the prior year verses 1 = one or more protective episodes in the prior year, 0 = had spent no time in prison during the prior year verses 1 = one or more days spent in prison during the prior year). This means that the resulting classification reflects the types of contact that banned drinkers had with the justice system, rather than the frequency of contact.

The sample consisted of 9,112 individuals who had received one or more valid justice system bans (bans issued by the NT Police, courts, or Parole Board) by 31 August 2019, and were thus placed onto the BDR. Latent class analysis identified four distinct classes from the data. The largest class represented 45% of individuals in the sample. They had an approximately 50% likelihood of having had one or more non-traffic apprehensions and having spent time in prison during their prior year, but a very low probability across the other three types of justice system contacts (Figure 18). Thus, this class was designated as “Criminal Contact”.

18 Banned drinkers with a BDR Registrar ban who received no additional police, court, or parole bans were excluded from this analysis.
Most individuals in the Criminal Contact class were Aboriginal and Torres Strait Islander males (Figure 19) with a first ban type of Alcohol-related Offence or Court ban.

Figure 19: Demographic characteristics of pre-BDR latent classes.

![Bar chart showing demographic characteristics of pre-BDR latent classes.]

Figure 20: Proportion of individuals in each pre-BDR latent class by first ban type received

![Bar chart showing proportion of individuals in each pre-BDR latent class by first ban type received.]

- Criminal Contact
- Mixed Criminal and non-Criminal Contact
- Non-Criminal Contact
- Traffic Contact

Latent Class
- Aboriginal and Torres Strait Islander Male
- Non-Aboriginal Male
- Aboriginal and Torres Strait Islander Female
- Non-Aboriginal Female

First Ban Type
- Alcohol Related Offence
- Alcohol Protection Order
- Court Ban
- Infringement
- Protective Custody
- Parole Order

Ernst & Young’s liability is limited by a scheme approved under Professional Standards Legislation.
The second, and smallest, class represented 9% of individuals in the sample. They had a near 100% likelihood of having had one or more non-traffic apprehensions, and a high probability of having spent time in prison during their prior year. However, unlike the Criminal Contact class, this class also had a high probability of having had one or more protective custody episodes and infringement notices. Thus, this class was designated as “Mixed Criminal and non-Criminal Contact”. Most of the individuals in the Mixed Criminal and non-Criminal Contact class were Aboriginal and Torres Strait Islander males with a first ban type of Alcohol-related Offence or Alcohol Protection Order.

The third class, “non-Criminal Contact”, represented 23% of individuals in the sample. They were characterised by predominately non-criminal contact (high probability of one or more protective custody episodes) and/or relatively minor offending behaviour (high probability of having been issued one or more infringement notices). These individuals had an almost zero probability of having had either traffic or non-traffic apprehensions, and had rarely spent time in prison during the prior year. The demographic characteristics of the non-Criminal Contact class were distinct from those of the Criminal Contact and Mixed Criminal and non-Criminal Contact classes, in that there was a relatively even proportion of Aboriginal and Torres Strait Islander males and Aboriginal and Torres Strait Islander females. Unsurprisingly, the vast majority of individuals in the non-Criminal Contact class had a first ban type of either Protective Custody or Infringement.

The fourth class, “Traffic Contact”, also represented 23% of individuals in the sample. This class had a 100% probability of having one or more traffic apprehensions, but low probabilities across the other types of justice system contacts. As distinct from the other classes, the Traffic Contact class was comprised of a relatively high proportion of non-Aboriginal individuals, with the overwhelming majority having a first ban type of Alcohol-related Offence.

4.8.2 Post-BDR classification

The post-BDR classification used the same justice system indicators and sample cohort of 9,112 individuals that were used for the pre-BDR analysis. Because individuals went on the BDR at different times, the length of available follow-up period varied, from a maximum of two years for those placed on the BDR on by its inception on 1st September 2017, to a minimum of one day for those placed on the BDR on 31 August 2019. Most (87%) of the individuals in the analysis had at least six months of follow-up time.

Similar to the pre-BDR classification, the post-BDR analysis identified four distinct classes from the data. The largest class represented 51% of individuals in the sample. It was notable in that these individuals very seldom had any further alcohol-related protective custody episodes, infringements, or apprehensions after being placed on the BDR. While individuals in this class did have about a 25% probability of having spent some time in prison, this was overwhelmingly related to offending which occurred prior to being placed on the BDR, or non-alcohol related offending after going on the BDR. Thus, this class is best described as having no alcohol related justice system contact after being placed on the BDR, and were designated as “No Further Contact”. While just over half of individuals in the No Further Contact class were Aboriginal and Torres Strait Islander males, this group also had comparatively large proportions of non-Aboriginal individuals – both male and female (Figure 21).
The smallest class represented 8% of individuals in the sample. Similar to the pre-BDR class of Mixed Criminal and non-Criminal Contact, these individuals had post-BDR contact of both a serious criminal nature (near 100% probability of one or more non-traffic apprehensions) and less serious/non-criminal nature (infringements and protective custody episodes). Thus, they were also designated as “Mixed Criminal and non-Criminal Contact”. Nearly all (95%) of individuals in the post-BDR Mixed Criminal and non-Criminal Contact class were Aboriginal or Torres Strait Islander people.

The post-BDR “Non-Criminal Contact” class represented 17% of individuals in the sample, and was very similar to the pre-BDR Non-Criminal Contact class, having high probabilities of infringements and/or protective custody episodes, but generally no other recorded alcohol-related justice system contact. Nearly three-quarters (73%) of individuals in the Non-Criminal Contact class were Aboriginal and Torres Strait Islander males. The post-BDR “Criminal Contact” class was similar to the equivalent pre-BDR class, having had one or more non-traffic related apprehensions and often having spent time in prison, but with generally no contact across the other alcohol-related justice system measures. Again, 73% of individuals in this class were Aboriginal and Torres Strait Islander males.
4.8.3 Comparative analysis of pre versus post-BDR classifications

Over half (57%) of the individuals who had predominantly criminal contact with the justice system prior to their BDR entry had no further recorded alcohol related contact after being placed on the BDR. While this is promising, it cannot be assumed that all of these individuals abstained from harmful drinking post-BDR. It is possible that some may have left the NT, been incarcerated or relocated to an area where they are less likely to come into contact with the justice system for alcohol related events.

Furthermore, variable follow-up periods also limited this analysis. A further 31% of the pre-BDR Criminal Contact group were also in the post-BDR Criminal Contact group, indicating that their behaviour was largely unchanged by the BDR, at least in a categorical sense.
The pre-BDR Mixed Criminal and non-Criminal Contact class showed a relatively high degree of variability in terms of their behaviour post-BDR. The largest group (39%) transitioned to the Criminal Contact class; while they continued their association with criminal apprehensions post-BDR, they generally no longer had infringements or protective custody episodes in the period following BDR entry. In some cases, this could be because they were in prison.

A large proportion (44%) of the pre-BDR non-Criminal Contact group exhibited broadly the same type of alcohol-related contacts after being placed on the BDR. A further 29% of the pre-BDR non-Criminal Contact class transitioned to having no further contact post-BDR, and again while this is promising, as already discussed, it must be interpreted in light of the fact that individuals may have relocated or in some cases had limited follow-up time. The large majority (77%) of the pre-BDR Traffic Contact class had no further contact after being placed on the BDR. In contrast with the pre-BDR analysis, there was no post-BDR class that was characterised as having a high probability of traffic-related apprehension(s).

Further analysis of the trajectories of the four groups analysed through latent class analysis with examples of individual cases are presented in Appendix 5.6. These analyses highlight variable impacts of the BDR relative to prior offence histories, suggesting that the BDR is more effective at reducing problem drinking behaviour for some groups of individuals than for others. This echoes findings from consultation which highlighted that the BDR was particularly effective for some groups, e.g. where participants were motivated for self-entry.

Whilst this analysis provides a view of the pathways of those who enter and exit the BDR system, it is difficult to draw conclusions on the efficacy of the BDR in changing behaviour given the limitations of confounds, variable follow up times and lack of non-BDR matched comparator groups as previously mentioned. Linked datasets with BDR identifiers, across all relevant agencies and including outcomes for non-BDR participants which enable comparison on a range of outcome measures would overcome these limitations and better enable ongoing monitoring of BDR impacts to determine which trends are specific to BDR participants rather than the general community.

4.9 Summary and Future Directions

As a policy initiative aimed at improving community health and safety by reducing alcohol related harms, the introduction of the current BDR has been associated with a range of positive trends in key indicators including health, justice, sobering up shelter and alcohol consumption per capita, since its introduction on 1 September 2017.

On these indicators, it is suggested that the BDR is performing a useful role as part of a broader suite of alcohol harm minimisation measures being implemented by the NT Government which include measures to reduce demand for alcohol, supply of alcohol and reducing the harm caused to individuals, families and the community from alcohol.

Nevertheless, anecdotal evidence from stakeholder consultations highlighted a range of opportunities for strengthening the BDR. These included strengthening formal links to therapeutic service provision, better monitoring to reduce issues of secondary supply, standardising the practices of PALIs who, in practice, perform a role in the effectiveness of the BDR, and undertaking more tailored data linkage and collection to monitor BDR impacts over time. These future directions are discussed below:
Improved formal links to therapeutic service provision

The opportunity exists to strengthen the BDR referral pathway to better link banned drinkers to therapeutic service providers. Consultations suggest that only a limited number of banned drinkers accessed therapeutic support services as a result of being on the BDR, despite its health promotion aims. Improved direct contact between the BDR registrar and therapeutic service provider NGOs could improve referral pathway clarity, with more direct means of referral developed.

Improved linkages to therapeutic services could be complemented by education and awareness raising activities to provide information on the individual and increase the awareness of societal impacts of problem drinking, as well as the benefits of therapeutic support, and to promote referral pathways with service providers.

Better monitoring of transactions to track secondary supply

Anecdotal evidence suggests that secondary supply remains a significant issue that undermines the aims of the BDR. To mitigate this risk, the opportunity exists to expand the recording capability of the BDR to record suspicious transactions for the purposes of identifying secondary supply. Variable recording arrangements for suspicious transactions currently exist across the NT, however these are uncoordinated manual processes. There is an opportunity to consider standardisation in practice of the collection and analysis of data to support limiting secondary supply.

Clarifying and standardising practices of PALIs in supporting BDR

In practice, PALIs perform a role in supporting the effectiveness of the BDR and this is the perception of the majority of stakeholders consulted. There are opportunities to further clarify and standardise the role of PALIs in the direct and indirect support of the BDR’s aims to restrict the supply of alcohol to persons on the BDR. These efforts should consider ways of ensuring that the levels of scrutiny applied to members of the community are unbiased.

Data Linkage to monitor BDR impacts over time

Data availability presents a challenge in the examination of BDR outcomes, given that no current datasets include BDR indicators to examine outcomes for the subgroup of the NT population who are on the BDR as compared to those who are not. In order to better understand the impacts of the BDR, there is an opportunity for data linkage to identify those on the BDR in a range of administrative datasets, and explore their outcomes at an individual level so that trends can be discerned which are specific to BDR participants. The latent class analysis relied on data linkage for BDR participants on justice and police outcomes, but did not include the full span of data which would be of benefit to fully examine efficacy such as health, housing and child protection data linkage.

Ongoing refinement of data collection and linkage of datasets to support program monitoring could provide a more robust means of identifying the true quantitative impact of the BDR. Such data linkage could be considered in relation to a range of administrative NT Government datasets including health, justice, police, housing and child protection. Developing key indicators which are informed by such linked datasets would support ongoing BDR efficacy monitoring and program refinement.
5. Appendix

5.1 Approach to ethics

Consent was provided by all consultation and survey participants, whereby it was ensured that participants were fully informed on the evaluation objectives and understood that they were free to decline participation without impact on their relationships with the NT Government or program.

Confidentiality was maintained, such that information which may reveal participant identification was not revealed at any stage in the analysis, including anonymising participant details in reporting.

Interviews were undertaken by experienced evaluation staff who have worked with vulnerable cohorts, including Aboriginal and Torres Strait Islander populations. EY’s Indigenous Sector Practice team brought specialist expertise pertaining to engaging with and improving outcomes for Aboriginal and Torres Strait Islander communities to ensure that all Aboriginal and Torres Strait Islander stakeholder engagements were undertaken in culturally sensitive and appropriate means led by Aboriginal evaluators.

Given the main demographic of individuals on the BDR are Aboriginal and Torres Strait Islander, our data gathering activities were designed and delivered by Aboriginal evaluators.
### 5.2 Stakeholder engagement questions

**Figure 24: Stakeholder Evaluation Questions**

<table>
<thead>
<tr>
<th>Stakeholder</th>
<th>Type of consultation</th>
<th>Topic of focus</th>
<th>Key questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>BDR Program management staff and NT Department of Health</td>
<td>Focus group and semi-structured interviews</td>
<td>Are the aims of the BDR legislation being met?</td>
<td>Has the BDR been implemented as intended?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>How effective is the BDR in reducing access to alcohol for problem drinkers?</td>
<td>Were there any barriers to BDR implementation and effective delivery? If so, how can these be mitigated in future iterations?</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>Do you think the territory has benefited from the implementation of the BDR?</td>
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<td>Are there any improvement to the BDR you would like to recommend?</td>
<td>Are problem drinkers?</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Do you think the sale of alcohol to people who misuse alcohol has been reduced?</td>
</tr>
<tr>
<td>Licensed premises managers</td>
<td>Semi-structured interview on premises and survey</td>
<td>Are the aims of the BDR legislation being met?</td>
<td>Do you think the sale of alcohol to people who misuse alcohol has been reduced?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>How are effective is the BDR in reducing access to alcohol for problem drinkers?</td>
<td>What do patrons say about the BDR? How do you explain it?</td>
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<tr>
<td></td>
<td></td>
<td>Is there improved amenity of areas around licensed premises (such as improved feelings of safety and cleanliness of areas around licensed premises)?</td>
<td>What impact do you think the BDR is having?</td>
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<td>Do you think the BDR has a positive impact around your venue?</td>
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<td>What issues do you currently see with the BDR?</td>
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<td>Do you think banned drinkers can still get alcohol? If so, how?</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Has anyone you believe to be on the BDR approached you to purchase alcohol for them from a takeaway dispensary?</td>
</tr>
<tr>
<td>Community members, patrons, tourists, and alcohol purchasers</td>
<td>Semi-structured interviews on premises and survey</td>
<td>Are the aims of the BDR legislation being met?</td>
<td>Why do you think the BDR was introduced?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>How effective is the BDR in reducing access to alcohol for problem drinkers?</td>
<td>Do you understand why you, and other people are required to produce ID to purchase alcohol at a takeaway outlet across the territory?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Do the Territorians, visitors and licensees understand that the BDR is a health-based intervention to make communities safer and healthier, and the reasons why they are required to produce photo ID to purchase alcohol at a takeaway outlet?</td>
<td>Do you believe the BDR is making the territory and its communities safer?</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>What impact do you think the BDR is having?</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Has anyone you believe to be on the BDR approached you to purchase alcohol for them from a takeaway dispensary?</td>
</tr>
<tr>
<td>Therapeutic service providers</td>
<td>Semi-structured interviews and survey</td>
<td>Are the aims of the BDR legislation being met?</td>
<td>Do you think the BDR has helped improved the health status of banned drinkers?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>How effective is the BDR in reducing access to alcohol for problem drinkers?</td>
<td>Do all clients understand what the BDR is and why they are on the BDR?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Has the BDR resulted in improved health for participants?</td>
<td>Do you think the BDR reduced the frequency and/or severity of alcohol related incidents and harm?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Are the Therapeutic support programs suitable and readily available, particularly for Aboriginal clients (including the delivery of culturally competent training for AOD staff; development of best practice protocols; reduced waiting times for support; and delivery of a comprehensive therapeutic support model, including aftercare)?</td>
<td>Do you think the BDR reduced the frequency and/or severity of banned drinkers contact with the justice system?</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Do you think the BDR has helped individual access therapeutic services?</td>
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<tr>
<td></td>
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<td></td>
<td>Do you think the available therapeutic support programs are suitable?</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Do you think the available therapeutic support programs are suitable for Aboriginal clients?</td>
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<td></td>
<td>Do you feel as though you have the level of cultural competency required to delivery services to Aboriginal clients?</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Do all BDR participants have access to relevant therapeutic support programs?</td>
</tr>
<tr>
<td>Northern Territory Police</td>
<td>Semi structured interviews</td>
<td>Are the aims of the BDR legislation being met?</td>
<td>Has the BDR reduced the frequency and/or severity of alcohol related incidents and severe harm?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>How effective is the BDR in reducing access to alcohol for problem drinkers?</td>
<td>Ha the BDR reduced the frequency and/or severity of banned drinkers contact with the justice system?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Are alcohol-related contacts with the justice systems, is changing for those on the BDR, and are there any changes for those who don’t go on the BDR?</td>
<td>Has the BDR increased public safety?</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Do you think there are any differences in the participation of those on the BDR compared to other regions? What are the specific considerations we should be aware of for your jurisdiction?</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Has the BDR been effective in reducing the occurrence of domestic violence?</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Do you think the BDR has reduced anti-social behaviour?</td>
</tr>
</tbody>
</table>
### 5.3 Timing of Recent NT Alcohol-related Interventions

**Table 4: Timing of recent NT Alcohol-related Interventions**

<table>
<thead>
<tr>
<th>Intervention type</th>
<th>Dates</th>
<th>Locations</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Banned Drinker Register 1</td>
<td>1 Jul 2011 – end August 2012</td>
<td>All of NT</td>
<td>SMART court orders that were already in place at the end of August 2012 continued in force after scanning ceased.</td>
</tr>
<tr>
<td>Alcohol Mandatory Treatment</td>
<td>July 2013 – 1 September 2017</td>
<td>Darwin, Alice Springs, Katherine, Tennant Creek, Nhulunbuy</td>
<td>Act began July 2013: program components were operational within 6 months. Assessment and treatment services in Nhulunbuy discontinued in 2014 and discontinued in Tennant Creek in January 2016. Act amended multiple times and repealed on 1 Sept 2017 when the current BDR began.</td>
</tr>
<tr>
<td>Point of Sale Intervention 1</td>
<td>September 2013 – December 2017 (full) then sporadic</td>
<td>Tennant Creek</td>
<td>Police inspectors outside liquor retail outlets full time from September 2013 to December 2017—the requirement for a full-time POSI was removed after BDR came in.</td>
</tr>
<tr>
<td>Point of Sale Intervention 2</td>
<td>February 2014 – early 2015 (full) then sporadic</td>
<td>Alice Springs</td>
<td>Had been trialled as Temporary Beat Locations since 2012 but implemented full time on all bottle shops in Feb 2014 through to 2015, with part-time implementation between 2015 and the introduction of PALIs.</td>
</tr>
<tr>
<td>Sobering-up shelter 1</td>
<td>1 Jul 2014 – 1 March 2017</td>
<td>Tennant Creek</td>
<td>Went from 16 beds down to 6 beds during this time, then back to 16 beds from 1 March 2017.</td>
</tr>
<tr>
<td>Point of Sale Intervention 2</td>
<td>December 2014 – November 2015 (full) then sporadic</td>
<td>Katherine</td>
<td>18 Dec 2014 – Operation VETO commenced in Katherine, staffed by Darwin-based members from the Metropolitan Patrol Group (MPG) for a 12-month period. At the conclusion of the operation, the intervention was staffed sporadically by available Katherine members.</td>
</tr>
<tr>
<td>Moratorium on new takeaway alcohol licenses</td>
<td>October 2016 – ongoing</td>
<td>All of NT</td>
<td>Moratorium applies except in exceptional circumstances</td>
</tr>
<tr>
<td>Liquor infringements</td>
<td>July 2017</td>
<td>Darwin</td>
<td>Police determined that liquor infringements were not reducing the issue of public drinking and associated behaviour, and were resulting in individuals being issued with large numbers of fines that they had no capacity to pay. Issuing of such infringements dropped substantially, and the infringeable offence of drinking in a public place was removed from the Liquor Act 2019, which came into force on 1 October 2019.</td>
</tr>
<tr>
<td>Banned Drinker Register 2</td>
<td>September 2017 - ongoing</td>
<td>All of NT</td>
<td>Individuals pre-loaded onto the BDR from 19 August 2017, with scanning beginning outside Darwin at this time; full implementation from 1 September 2017.</td>
</tr>
<tr>
<td>Refined police alcohol management operations</td>
<td>September 2017 - ongoing</td>
<td>Alice Springs</td>
<td>Zero tolerance for alcohol-related offending resulted in an enhanced point of sale intervention (POSI). Reforms to protective custody allowed for more proactive policing and issuance of alcohol-related infringement notices.</td>
</tr>
<tr>
<td>Increased alcohol restrictions</td>
<td>28 February 2018 – present</td>
<td>Tennant Creek</td>
<td>Initially temporary but made ongoing.</td>
</tr>
<tr>
<td>Sobering-up shelter 2</td>
<td>11 March 2018</td>
<td>Tennant Creek</td>
<td>Open 7 nights a week from 11 March 2018; prior to this was open 5 nights a week</td>
</tr>
<tr>
<td>Sobering-up shelter 2</td>
<td>1 May 2018</td>
<td>Darwin-Palmerston</td>
<td>Opening hours increased from 16 hours per day to 18.</td>
</tr>
<tr>
<td>Police Auxiliary Liquor Inspectors</td>
<td>20 August 2018 (1st group graduation)</td>
<td>Alice Springs</td>
<td>Full operational deployment was 3 October 2018, but had been doing on job training prior to that—from 2015 to PALI introduction, Alice Springs maintained at least part-time POSI coverage, with some periods of full coverage.</td>
</tr>
<tr>
<td>Intervention type</td>
<td>Dates</td>
<td>Locations</td>
<td>Comments</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>------------------------------</td>
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</tr>
<tr>
<td>Minimum Unit (Floor) Price</td>
<td>1 October 2018</td>
<td>All of NT</td>
<td>The minimum price at which alcoholic beverages can be sold retail is set to $1.30 per standard drink.</td>
</tr>
<tr>
<td>Alcohol Policing Division</td>
<td>October 2018 – ongoing</td>
<td>Darwin and Alice Springs</td>
<td>Consists of the Social Order Unit in Darwin (reducing alcohol-fuelled anti-social behaviour) and the Alcohol Policing Units in both Darwin and Alice Springs (focused on licensee compliance improvement, secondary supply)</td>
</tr>
<tr>
<td>Point of Sale Intervention</td>
<td>October 2018 – December 2018</td>
<td>Katherine</td>
<td>Full-time point of sale intervention at takeaway liquor outlets reinstated by NT Police prior to the introduction of the PALIs.</td>
</tr>
<tr>
<td>Larrakia Nation Day Patrol</td>
<td>November 2018</td>
<td>Darwin and Palmerston</td>
<td>Service was cut in 2015; a single vehicle was reintroduced in 2017, and four additional day patrol vehicles added in late October-early November 2018</td>
</tr>
<tr>
<td>Sobering-up Shelter</td>
<td>1 November 2018</td>
<td>Darwin-Palmerston</td>
<td>From 1 November 2018 the sobering up shelter began operating 24 hours a day, 365 days a year.</td>
</tr>
<tr>
<td>Police Auxiliary Liquor</td>
<td>26 December 2018 – ongoing</td>
<td>Tennant Creek</td>
<td>The first group graduated on this date and began working shortly afterwards.</td>
</tr>
<tr>
<td>Police Auxiliary Liquor</td>
<td>27 December 2018 – ongoing</td>
<td>Katherine</td>
<td>The first group graduated on this date, and on 3 January 2019, they took over the role on a full-time basis. From this day, all Katherine CBD takeaway outlets have had 100 per cent coverage, also known as lockdown.</td>
</tr>
<tr>
<td>Point of Sale Intervention</td>
<td>September-October 2019</td>
<td>Mataranka</td>
<td>From 19 September through 23 October 2019, operated Wednesdays or Thursdays through Sundays, after operating on isolated days since May-June 2019.</td>
</tr>
<tr>
<td>Updated Liquor Act comes into force</td>
<td>1 October 2019</td>
<td>All of NT</td>
<td>Infringement offence for drinking in a public place removed from the Liquor Act 2019.</td>
</tr>
</tbody>
</table>

5.4 Alcohol-related emergency department presentations

Figure 25: Alcohol-related emergency department presentations, Royal Darwin Hospital, and assault offences, Darwin (whole period) and Palmerston (through August 2018 only)
Figure 25 highlights that since the introduction of the current BDR in Darwin and Palmerston, alcohol-related ED presentations have steadily been trending down, and alcohol-related assault offences, after a slight increase, has also been consistently trending down, showing positive signs.

Figure 26: Alcohol-related emergency department presentations and assault offences, Tennant Creek

Figure 26 suggests that since the introduction of the current BDR in Tennant Creek, alcohol-related ED presentations and alcohol-related assault offences have been trending down, showing promising signs.

Figure 27: Alcohol-related emergency department presentations and assault offences, Nhulunbuy

Figure 27 suggests that since the introduction of the current BDR, alcohol-related ED presentations have been trending up, whereas alcohol-related assault offences have been relatively consistent.
Alcohol-related ED presentations and alcohol-related assault offences in Alice Springs are showing promising signs of improving, after a slight increase following the introduction of the current BDR.

Figure 29: Alcohol-related emergency department presentations and assault offences, Katherine
5.5 Sobering-up shelter admissions and protective custody episodes

Figure 30: Sobering-up shelter admissions and protective custody episodes, Katherine

Similar observations can be made to sobering-up shelter admissions in Alice Springs and Nhulunbuy.

Figure 31: Sobering-up shelter admissions and protective custody episodes, Alice Springs
Figure 32: Sobering-up shelter admissions and protective custody episodes, Nhulunbuy
5.6 Banned drinkers’ rate of alcohol-related justice system contact over time

For each of the four post-BDR latent classes identified in analysis performed by NT Government, the rate of alcohol-related events (protective custody episodes, infringements, or apprehensions) before and after going on the BDR was assessed by charting the number of event days per 100 opportunity days (Figure 33: 14 day moving average of event days/100 opportunity days for each post-BDR class, relative to date of first going on the BDR). This was defined as the number of individuals in the sample with an alcohol-related event on a given day (event days) divided by the number of individuals in the sample who were in the community, as opposed to custody, on that day and therefore had the opportunity to drink (opportunity days), multiplied by 100. As individuals differed in the date on which they went on the BDR, the x-axis values (time) were aligned from t-365 (a year before the person went on the BDR) to t0 (the date the person went on the BDR) to t730 (two years after the person went on the BDR, up to a maximum of 31 August 2019). To better illustrate some particularly relevant patterns, examples of individual banned drinker profiles are presented which show their contact timelines during the three-year analysis period.

Figure 33: 14 day moving average of event days/100 opportunity days for each post-BDR class, relative to date of first going on the BDR

Individuals in the post-BDR Mixed Criminal and non-Criminal Contact class had a high rate of contact relative to the other classes, both before (as would be predicted on the basis of their classification in this group) and after going on the BDR. While their rate of contact has declined substantially over the post-BDR period, the average number of event days/100 opportunity days (2.132) was higher than during the pre-BDR period (1.864). This is largely driven by particularly high rates of contact in the first 12 months after being placed on the BDR. However, it is likely not that going onto the BDR causes an escalation in alcohol-related contacts, but rather that entering a period of frequent contact triggers being put onto the BDR. The individual profile presented in Figure 34 is an example of this: this person has a succession of three protective custody episodes within a short time frame that triggers the threshold criteria for being placed onto the BDR, and from there the frequent contact continues, broken only by periods in prison.
Alcohol misuse and the justice system contacts associated with this behaviour can be episodic; for example, triggered by a change in life circumstances like temporarily moving from a remote dry community to an area where alcohol is more readily available, or in the initial period after being released from prison. This episodic behaviour does not necessarily correlate with actually being on the BDR (i.e. an individual can be on the BDR and accumulate many alcohol related contacts, or conversely can be on the BDR but have no further contacts).

For instance, Figure 35: Profile of an individual from the Post-BDR class "Mixed Criminal and non-Criminal Contact", with a considerable period of time from late 2017 to mid-2018 in the community and no recorded no alcohol-related justice system contacts, despite not being on the BDR during that time. Illustrates an individual who had a considerable period of time from late 2017 to mid-2018 in the community and despite no longer being physically banned from purchasing alcohol (as their first period on the BDR had ended), recorded no alcohol-related justice system contacts.

Figure 35: Profile of an individual from the Post-BDR class "Mixed Criminal and non-Criminal Contact", with a considerable period of time from late 2017 to mid-2018 in the community and no recorded no alcohol-related justice system contacts, despite not being on the BDR during that time.
In contrast, Figure 36: Profile of an individual from the Post-BDR class “Mixed Criminal and non-Criminal Contact”, with protective custodies triggering the threshold for being placed on the BDR, and continued frequent contact thereafter, represents an individual who had a number of protective custody episodes in quick succession, triggering a period on the BDR, despite a relatively long period of no contact prior to that. Frequent alcohol-related justice system contacts have continued while on the BDR, extending the banned period and indicating the individual is still finding a means to access alcohol.

While the overall average number of events/100 opportunity days was higher after going on the BDR for the post-BDR Mixed Criminal and non-Criminal class, between 12 and 24 months post-BDR the rate had decreased to an average of 1.721 events/100 opportunity days. Between 18 and 24 months post-BDR the rate had further decreased to an average of 1.486 events/100 opportunity days. It is promising that even for this small group of individuals who had frequent criminal and non-criminal alcohol-related justice system contacts after going on the BDR, their rate of such contact appears to decrease substantially over time to below pre-BDR levels. Nevertheless, it is of concern that some of that some of individuals are evidently still able to access alcohol despite being on the BDR, at levels which likely cause continuing harm themselves and the broader community. This speaks to issues in secondary supply noted within the evaluation consultations. It should also be noted some of the eventual decline in alcohol-related justice system contacts may be driven by the apparently cyclical nature of such episodes for some individuals, rather than specifically attributable to being on the BDR.

The post-BDR non-Criminal Contact class demonstrated a generally gradual but steady decline in alcohol-related contacts after going on the BDR. The average contact rate for this class after going on the BDR (0.767) was lower than in the year prior to going on the BDR (1.004). Similar to the post-BDR Mixed Criminal and non-Criminal Contact class, the rate of contact was noticeably high in the months immediately following being placed on the BDR. Again, this is largely due to individuals triggering a BDR ban through the accumulation of alcohol-related contacts, and such an episode of contacts can often last for some months thereafter.

After about six months post-BDR, the contact rate of the non-Criminal Contact class reached pre-BDR levels, and continued to decline substantially thereafter. The average rate from six months to two years post-BDR (0.633) was 37% lower than the overall pre-BDR rate. For some individuals there was a gradual decline in contacts with increasing time since first being placed on the BDR. This is illustrated by the profile in Figure 37: Profile of an individual from the post-BDR class “non-Criminal Contact”, with a rapid alcohol-related infringement triggering a BDR ban, but a gradual
In some cases, individuals with very frequent infringements and/or protective custody episodes prior to the BDR showed a substantial decline in contact frequency after some months on the BDR. For example, the individual in Figure 38: Profile of an individual from the post-BDR class “non-Criminal Contact”, with a rapid alcohol-related infringement triggering a BDR ban had a very large number of alcohol-related infringements and protective custody episodes prior to being placed on the BDR. Post-BDR these contacts continue to occur but at a decreased frequency, before stopping altogether in June 2018. With no further contact, the individual completed their ban in June 2019 and went off the BDR. Even once they could purchase alcohol once more, this person continued to have no further contacts as at the end of the follow-up period on 31 August 2019. However, it is possible that this individual left the NT sometime after their last recorded alcohol related infringement in June 2018, as there were no further justice-system contacts of any kind to confirm their continued residence after that date.

Both the individuals presented in Figure 37: Profile of an individual from the post-BDR class “non-Criminal Contact”, with a rapid alcohol-related infringement triggering a BDR ban, but a gradual decline in contact frequency thereafter and Figure 38: Profile of an individual from the post-BDR class “non-Criminal Contact”, with a rapid alcohol-related infringement triggering a BDR ban were among the 44% of people in the pre-BDR class of “non-Criminal Contact” who transitioned to the equivalent post-BDR class of non-Criminal Contact, thus indicating that even though the broad type of contact may appear unchanged by the BDR, frequency of contact may be altered.

Figure 37: Profile of an individual from the post-BDR class “non-Criminal Contact”, with a rapid alcohol-related infringement triggering a BDR ban, but a gradual decline in contact frequency thereafter
The average contact rate for the post-BDR Criminal Contact class after going onto the BDR (0.437) was not materially different from their pre-BDR rate (0.440). Non-traffic related apprehensions tend to be relatively rare events and are often accompanied by time in prison. Moreover, 16% of individuals in this class had BDR trigger events in the prior year, having gone on the BDR for a court or parole order as a result of alcohol-related offending in the more distant past, for example. For these reasons, there has yet been little opportunity for individuals with a Criminal Contact profile to demonstrate a measurable reduction in the frequency of alcohol related contacts, even within the two-year follow-up period. For example, the individual profiled in Figure 39: Profile of an individual from the post-BDR class “Criminal Contact”, who did not begin a ban until over a year after the BDR was implemented did not go onto the BDR until a year after its implementation, having had no trigger events prior to that. In contrast, the individual profiled in Figure 40: Profile of an individual from the post-BDR class “Criminal Contact”, who went onto the BDR at the time of implementation, but has subsequently spent most of the follow up period in prison went onto the BDR at the time of its implementation having not had any prior trigger events, but has subsequently spent the majority of their follow up time in prison. Despite these limitations, the average number of event days/100 opportunity days between 12 and 24 months post-BDR had reduced to 0.339.
The No Further Contact class was the only post-BDR class that exhibited a rapid drop in contact rate shortly after beginning on the BDR. The overall average rate of this class decreased by 90% from 0.21 event days per 100 opportunity days in the pre-BDR period to a negligible level (0.02 event days per 100 opportunity days) in the post-BDR period. A large proportion of this class transitioned from the pre-BDR Criminal Contact class, and while it is promising that these individuals have had no further contacts since going onto the BDR, caveats similar to those already discussed for the post-BDR Criminal Contact class apply. That is, many individuals in the class may have had limited follow up time, and alcohol-related non-traffic apprehensions tend to be relatively rare events for an individual, frequently accompanied by prison time.

Most individuals who had been in the Traffic-Contact class pre-BDR transitioned to the No Further Contact class post-BDR, resulting in there being no traffic-related class in the post-BDR analyses. This suggests that for individuals whose only alcohol related contact with the justice system is in
the form of traffic apprehension(s), spending time on the BDR may act as a significant deterrent to further engagement in similar behaviour. It is also possible that the traffic apprehension that resulted in them being placed on the BDR led to the loss of their drivers’ license, meaning that they are no longer legally eligible to drive during some or all post-BDR period. This could reduce future traffic apprehensions among this group, though the loss of a licence does not deter some individuals from continuing to drive, including under the influence of alcohol.

While the results for all classes of banned drinkers analysed show a promising decline in rate of alcohol related justice system contact with time, it must be stressed that this cannot necessarily be attributed specifically to the BDR. Over the time the BDR has been operating, the NT Government has also implemented a multitude of other measures targeted at reducing alcohol-related harm in the community. Moreover, the interventions are likely to have synergistic effects, such that outcomes should be viewed within the context of the whole suite of alcohol harm reduction policies that have been undertaken.
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