



Submission to the parliamentary inquiry into the health impacts of alcohol and other drugs in Australia



September 2024

The Association of Alcohol and other Drug Agencies Northern Territory (AADANT) is the peak body for Alcohol and Other Drugs treatment services in the Northern Territory (NT). As an independent, membership-driven, not-for-profit association, we work with our members to support and strengthen Alcohol and Other Drugs (AOD) service delivery for people who experience harmful substance use in the NT.

Our mission is to build and maintain a strong, sustainable and culturally diverse AOD sector that works together to reduce alcohol and drug-related related harm across the NT. AADANT acknowledges the Traditional Owners of the land on which we live, work and walk.



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Executive Summary

“A psychiatric, drug or alcohol episode is happening on that day, not in 2 weeks when a bed is available”¹

Alcohol and other drug (AOD) impacts are complex and intersect with social, economic, and psychological factors. Simplistic, punitive responses to these complex AOD issues fail to consider the social context and systemic causal factors that contribute significantly to harms. Such ineffective and harmful approaches also perpetuate stigma, creating barriers to accessing treatment and support.

We need to respond to AOD issues in the NT, and elsewhere in Australia, with an evidence-based, public health approach grounded in human rights, rather than stigmatising people who use AOD. Alcohol policies and programs must take a preventive, harm reduction approach, which is proven to deliver more effective and humane outcomes. A health response to AOD issues will support an environment where people are encouraged to seek help without fear of judgment or discrimination.

AADANT has incorporated policy expertise and evidence-informed best practice to respond to this inquiry. It also consulted with its members and other stakeholders. This submission is structured around the terms of reference as follows:

- a) **AOD sector service delivery** - equity, value for money and best outcomes for people and communities.
 1. Develop an NT alcohol action plan and an NT drug strategy (with lived experience)
 2. Fund accessible AOD treatment services (culturally responsive, trauma-informed)
 3. Invest in AOD workforce development (recruit and retain a skilled workforce)
- b) **Programs and initiatives** - effectiveness of prevention and reduction of AOD harms (health, social and economic), and equitable access to treatment and prevention services.
 4. Facilitate community-driven programs (follow engagement strategy)
 5. Ensure banned drinkers register and mandatory treatment are evidence informed.
 6. Deliver effective education campaigns (non-stigmatising, evidence-based)
- c) **Sectors beyond health** (education, employment, justice, social services and housing) - contribution to prevention, early intervention, recovery and reduction of AOD harms.
 7. Fund accessible social services and healthcare screening (culturally responsive)
 8. Support the justice and youth justice systems to respond to AOD as a health issue.
 9. Address commercial determinants (end political donations / industry partnerships)
 10. Implement licensing review and reforms (eg. regulate online sales & delivery)

The inquiry’s terms of reference indicate that it is examining AOD across all jurisdictions. AADANT’s submission focuses mainly on the Northern Territory, with the recommendations applying primarily to the NT Government. However, many of these are also likely to be relevant to other jurisdictions, and to the Commonwealth Government.

AADANT welcomes the Commonwealth Government’s prioritisation of alcohol and other drug health issues by holding this inquiry. AADANT thanks the House of Representatives Standing Committee on Health, Aged Care and Sport for the opportunity to make this submission to the *“inquiry into the health impacts of alcohol and other drugs in Australia”*.

¹ Standing Committee on Health, Aged Care & Sport (2024) [Submissions received by the Committee](#)

AADANT Recommendations

a) AOD sector service delivery - equity, value for money and best outcomes for people.

Recommendation 1. Develop an NT alcohol action plan and an NT drug strategy. That the NT Government update the NT Alcohol Action Plan with funded commitments and develop a long-term NT Drug Strategy aligned with the National Drug Strategy. Ensure lived experience, human rights principles and the role of AOD in gendered violence are incorporated into the plan and strategy.

Recommendation 2. Fund accessible AOD treatment services. Ensure that people experiencing problematic AOD use have equitable access to culturally responsive, trauma-informed and non-stigmatising AOD treatment and support services by providing secure and indexed funding. This should cover specialist community-based AOD services, residential accommodation costs, and fleet and facility upgrades, and incorporate shared models of care with domestic violence, health, housing and community services.

Recommendation 3. Invest in AOD workforce development. Develop an updated AOD workforce development strategy with targeted planning, resourcing, accessible training and career pathways, to recruit, retain and train a skilled workforce, (including peer workers) in the NT AOD sector.

b) Programs and initiatives - effectiveness of prevention and reduction of AOD harms (health, social and economic), and equitable access to treatment and prevention services.

Recommendation 4. Facilitate community-driven programs. Follow the NT Government's 'Remote engagement strategy' principles in supporting communities to develop and implement community-driven approaches, including community alcohol plans (CAPs) for opting out of alcohol restrictions.

Recommendation 5. Ensure banned drinkers register (BDR) and alcohol mandatory treatment (AMT) are evidence informed. Defer any further implementation of BDR and AMT until current review recommendations can be implemented. Ensure consistency with human rights obligations and adequate public consultation with all relevant stakeholders on the findings and reform options.

Recommendation 6. Deliver effective education campaigns. Implement targeted, non-stigmatising, evidence-based education campaigns to reduce harm, eg. on National alcohol guidelines, Fetal Alcohol Spectrum Disorder (FASD), drink driving and school education programs.

c) Sectors beyond health (education, employment, justice, social services and housing) - contribution to prevention, early intervention, recovery and reduction of AOD harms.

Recommendation 7. Fund accessible social services and healthcare screening. Ensure that communities have equitable access to culturally responsive, trauma-informed and non-stigmatising health, social, domestic and family violence, housing and community services by providing adequately secure and indexed funding. Provide AOD screening and brief interventions in primary healthcare settings.

Recommendation 8. Support the justice and youth justice systems to respond to AOD as a health issue. Raise the age of criminal responsibility to 14 years and establish an inquiry into decriminalisation of illicit drugs. Expand AOD diversion programs, prioritising treatment over incarceration. Ensure treatment is accessible for people in the justice and youth justice systems, and support for those exiting the systems.

Recommendation 9. Address commercial determinants. Implement industry conflict of interest policies; a strong regulatory framework with strict enforcement and independent AOD research and public health programs free from industry involvement. End political donations from the alcohol industry and end industry partnerships in public health programs.

Recommendation 10. Implement licensing review and reforms. Implement effective, comprehensive and transparent reviews of licencing laws to meet National Cabinet agreement. NT Government to continue to implement Riley Review reforms, eg. retain risk-based licencing (RBL) with higher penalties for licence breaches, and further extend the licence moratorium. Regulate online sales and delivery (OS&D) of alcohol.

Alcohol and other drug use, harms & treatment in the NT

Alcohol and other drug use. Alcohol is the most common principal drug of concern for people presenting to NT AOD services. Since at least the 1980s the NT's per capita alcohol use has exceeded the national average and is the highest of all states and territories.^{2,3} Similar statistics are reflected in the Australian Institute of Health and Welfare (AIHW) National Drug Strategy Household Survey:⁴

- 2 in 5 people in the NT used alcohol at levels putting their health at risk (40%).
- 1 in 4 used an illicit drug in the previous 12 months – also the highest rate in Australia (25%).
- 1 in 8 smoked tobacco daily (13%), and 1 in 15 were current users of e-cigarettes (7%).

Alcohol and other drug harms. The number and rate (per 100,000 people) of alcohol-induced deaths in Australia are at 20-year highs.⁵ Meanwhile, although the rate of alcohol-attributable deaths in the NT has been declining since 2017, it remains significantly higher than the national average.⁶ Alcohol is a factor in 67% of family violence incidents in the NT.⁷ Alcohol-related assaults and hospitalisations improved significantly in the first year after the Riley Review alcohol reforms were introduced. However, alcohol-related assaults, family violence and hospitalisations all increased again in the following two years during COVID.⁸ Alcohol-related assaults and alcohol-related family violence offences have increased to a 10-year high in 2023.^{9,10}

Alcohol and other drug treatment. There are a range of publicly funded AOD treatment agencies in the NT. Most specialist services are concentrated in the three main population centres of Darwin, Alice Springs and Palmerston. In 2017-18, there were 26 AOD treatment agencies identified in the NT, 21 of which were NGOs.¹¹ In 2021–22, for people accessing AOD treatment in the NT:

- **alcohol** was the most common principal drug of concern for clients (65% or 3,800 episodes)
- **cannabis** (13% or 770 episodes) and **amphetamines** (12% or 685 episodes) were the second and third most common principal drugs of concern.
- **volatile solvents** (5.3% or 310 episodes) were the next most common principal drug of concern, with proportions higher than the national level (less than 1%).¹²

2024 AADANT member survey

- Members deliver rehabilitation, counselling, education, screening and brief intervention services in residential, outreach, community, outpatient and primary healthcare settings.
- Most are based in or near Darwin or Alice Springs, but some service all of NT.
- The scale of the services ranges from one to over 50 staff, with some engaging peer workers and many staff having AOD lived experience.

² NT Government (2024) [Alcohol Policy in the Northern Territory – Data – Consumption](#)

³ Smith J, Whetton S & d'Abbs P (2019) [The social and economic costs and harms of alcohol consumption in the NT.](#)

⁴ AIHW (2024) [National Drug Strategy Household Survey 2022-23](#)

⁵ AIHW (2024) Figure IMPACT 1 [Alcohol, tobacco & other drugs in Australia](#)

⁶ NT Government (2024) [Alcohol Policy in the Northern Territory – Data – Alcohol-induced deaths](#)

⁷ NT PHN (2019) [Program Needs Assessment 2019: Mental Health & Suicide, Psychosocial Support, AOD, Practice Support](#)

⁸ Edward Tilton Consulting (2021) [Alcohol-related harm in the Northern Territory, 2015 to 2021.](#)

⁹ NT Government (2024) [Alcohol Policy in the Northern Territory – Data – Alcohol-related assaults](#)

¹⁰ NT Government (2024) [Alcohol Policy in the Northern Territory – Data – Domestic violence alcohol-related assaults](#)

¹¹ NT PHN (2019) [Program Needs Assessment 2019: Mental Health & Suicide, Psychosocial Support, AOD, Practice Support](#)

¹² AIHW (2023) [Alcohol and other drug treatment services in Australia annual report – Northern Territory](#)

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- Current caseloads vary from 5 up to over 50 clients per week, with waitlists also up to 50 clients or 6 weeks.
- The primary drugs of concern are 1. Alcohol, 2. Cannabis 3. Amphetamines and 4. Tobacco.
- The proportion of clients presenting with co-occurring AOD, and mental health issues was estimated to be from 40% to 100%.



Policy principles

Australian Governments must ensure that all AOD policies and programs are funded to:

- a) **Reduce harm.** Align with National Drug Strategy pillars: reduce harm, supply and demand.
- b) **Treat AOD as a health and social issue.** Recognise that AOD issues are primarily health and social issues that should be addressed with evidence-based health interventions.
- c) **Embed self-determination.** Reflect a commitment to justice and self-determination for Aboriginal and Torres Strait Islander peoples by prioritising their voices in decision-making.
- d) **Integrate lived experience.** Build AOD lived experience into co-design, implementation and evaluation.
- e) **Prevent stigma.** Avoid and reduce stigma and discrimination towards people who use AOD, ensuring access to health services, housing and employment.
- f) **Incorporate evidence.** Ensure all approaches and measures are evidence informed.

a) AOD sector service delivery - equity, value for money and best outcomes for people and communities

Priority 1. Develop an NT alcohol action plan and an NT drug strategy.

Since NT self-government in 1978, the NT and Commonwealth Governments have implemented many different policy measures targeting the supply of, and demand for, AOD in the NT, intended to reduce AOD harm in the NT. Each of the following National AOD strategies are based on a policy of harm minimisation, resting on the three 'pillars' of demand-, supply- and harm- reduction.

- National Alcohol Strategy 2019-2028
- National Drug Strategy 2017-2026
- National Aboriginal and Torres Strait Islander Peoples Drug Strategy 2014–2019

Likewise, the NT government has AOD plans and strategies based on a harm minimisation, (although all have either ended or will conclude within a year):

- NT Alcohol Harm Minimisation Action Plan 2018-2019
- Addressing Fetal Alcohol Spectrum Disorder (FASD) in the NT 2018-2024
- NT Alcohol and Other Drugs Workforce Development Strategic Framework 2019-2024
- DRAFT NT Alcohol Action Plan 2023-2025

The NT needs an alcohol action plan with funded commitments, and a long-term whole-of-government AOD strategy, incorporating social and commercial determinants of health, and addressing AOD harms with evidence-based approaches. Plans and strategies must reflect the principles outlined above, (including integrating lived experience). They must also reflect problematic AOD use being a significant contributor to gendered violence, playing a key role in family violence, intimate partner violence, sexual violence, and violence against women and children.

Recommendation 1. Develop an NT alcohol action plan and an NT drug strategy. That the NT Government update the NT Alcohol Action Plan with funded commitments and develop a long-term NT Drug Strategy aligned with the National Drug Strategy. Ensure lived experience, human rights principles and the role of AOD in gendered violence are incorporated into the plan and strategy.

Priority 2. Fund accessible AOD treatment services.

Research demonstrates that AOD treatment services are a cost-effective strategy to reduce AOD-related harm, returning a saving of \$8 for every dollar invested.¹³ AOD treatment reduces the frequency of ambulance attendances and hospitalisation.¹⁴ Residential rehabilitation is more cost effective than prisons, saving over \$200,000 per person.¹⁵

AOD treatment services must be available to support people when they need it the most. There is often a small window of opportunity to support people at risk who want to access these services. Governments need to fund and co-ordinate evidence-based, culturally responsive, non-stigmatising, trauma-informed AOD treatment and mental health services. This will support people to obtain help when they need it and ensure services are culturally safe and fit for purpose. Services need to include specialist community-based AOD services in addition to residential rehabilitation.

Accessibility is also impacted by how well different service sectors are integrated. Establishing shared models of care between the AOD sector and other services such as domestic violence, health, housing and community services, can improve early identification, referral pathways, and create a 'no wrong door' service system.

Some of the barriers to accessing AOD residential treatment arise due to people needing to pay accommodation costs for residential placements. This makes it difficult if they may have to continue paying rent to social housing bodies. The NT Government could either facilitate and fund agreements around pausing rent for social housing or directly fund the cost of residential placements in addition to the program delivery. Low capital investment in AOD residential facilities also means that many are in a state of disrepair which also means that facilities can very rarely be improved. Likewise, AOD services struggle to maintain modern fleets with limited opportunities to expand or replace vehicles.

Recommendation 2. Fund accessible AOD treatment services. Ensure that people experiencing problematic AOD use have equitable access to culturally responsive, trauma-informed and non-stigmatising AOD treatment and support services by providing secure and indexed funding. This should cover specialist community-based AOD services, residential accommodation costs, and fleet and facility upgrades, and incorporate shared models of care with domestic violence, health, housing and community services.

Priority 3. Invest in AOD workforce development.

In 2017, the National Centre for Education and Training on Addiction (NCETA) at Flinders University, was commissioned by the NT Primary Health Network (PHN) to develop a five-year NT AOD Workforce Development (WFD) Strategic Framework.¹⁶ The framework includes the identification, development and implementation of AOD workforce development initiatives to strengthen the capacity of the NT AOD service delivery system.

The framework took a systems approach and identified both new strategies and a range of existing WFD initiatives underway in the NT. For the framework to be effective it needs to be embedded in government policy supported by high-level endorsement, and appropriately funded to achieve the goals identified. The WFD Strategic Framework covered the period from 2019 to 2024, so it is now due for renewal.

Workforce development needs to be accessible and appropriate for a wide range of abilities in the AOD workforce. Many current courses require good numeracy and literacy which makes can make it

¹³ Coyne J, et al (2015) [Methamphetamine Focusing Australia's National Ice Strategy on the problem, not the symptom](#)

¹⁴ Manning V, et al (2017) [Substance use outcomes following treatment: findings from Australian Patient Pathways Study](#).

¹⁵ ANCD (2012) [An economic analysis for Aboriginal and Torres Strait Islander offenders prison vs residential treatment](#).

¹⁶ NCETA (2019) [Northern Territory Alcohol and Other Drugs Workforce Development Strategic Framework](#)

difficult for and some people to access. We need opportunities that meet the needs of different learning types. The role of lived experience is also valuable in the AOD workforce. Peer workers are able to use their personal lived experience in uniquely valuable ways in supporting people seeking AOD help. Some of these roles in AOD services are voluntary, but consideration should be given to professionally recruiting, training and adequately remunerating peer workers.

Recommendation 3. Invest in AOD workforce development. Develop an updated AOD workforce development strategy with targeted planning, resourcing, accessible training and career pathways, to recruit, retain and train a skilled workforce, (including peer workers) in the NT AOD sector.

b) Programs and initiatives - effectiveness of prevention and reduction of AOD harms (health, social and economic), and equitable access to treatment and prevention services

Priority 4. Facilitate community-driven programs.

Community control and interpersonal relationships. d'Abbs and Hewlett note that dealing with AOD harms requires a sustained commitment.¹⁷ A high level of local community involvement, support and control needs to be maintained in identifying problems and prioritising solutions. Successful AOD programs at a community level also include the presence of strong interpersonal relationships among key stakeholders, that are marked by mutual familiarity, trust and respect. One example of a community-controlled AOD program would be place-based healing programs in remote communities. These reduce the need for people to leave country and allow more opportunities for people to receive culturally appropriate access to healing and recovery. They build capacity for communities to address AOD and social and emotional wellbeing (SEWB) issues.

Stronger Futures and community alcohol plans. Following the lapse of the Stronger Futures (SF) program, the NT Government initially established an *Opt-In* model where the previous alcohol protected areas (APAs) all lapsed, and communities could apply to opt back in to alcohol restrictions. Multiple NGOs criticised the lack of consultation about the removal of restrictions that suddenly made alcohol available in nearly 400 dry communities. Following evidence of increased alcohol harms, (particularly in Alice Springs), the NT Government reversed its position and changed from *Opt-In* to an *Opt-Out* Model. This process required communities to develop a community alcohol plan (CAP), with specified requirements, as part of applying to *Opt-Out* of alcohol restrictions.

Community-based restrictions. Restricting access to alcohol is an effective method to reduce alcohol-related harm but must be done in a way that does not disempower communities or criminalise individuals. Reducing the trading hours or number of outlets is an evidence-based measure shown to reduce alcohol-related harm.^{18,19} However, alcohol policy should not reinforce policies that marginalise communities, particularly Aboriginal communities. Communities should be supported and empowered to make decisions about alcohol availability based on evidence and adequate support to implement measures that minimise alcohol-related harms.

Engagement Strategy. Meaningful consultation with communities is vital to ensure that restrictions are not heavy-handed, and particularly to avoid criminalisation of individuals. The *NT Remote Engagement Strategy* outlines principles of community engagement including ensuring the process is genuine, open and honest, has enough time and space for dialogue, and suits the local needs, language, timeframes and cultural protocols.²⁰

¹⁷ d'Abbs P & Hewlett N (2023) [Learning from 50 Years of Aboriginal Alcohol Programs - Beating the Grog in Australia](#)

¹⁸ Wilkinson C, Livingston M, Room R (2016) [Impacts of changes to trading hours of liquor licences on alcohol-related harm](#).

¹⁹ Sherk A, Stockwell T, Chikritzhs T, et al. (2018) [Alcohol Consumption and the Physical Availability of Take-Away Alcohol](#)

²⁰ NT Government (2019) [Remote engagement and coordination strategy](#)

Recommendation 4. Facilitate community-driven programs. Follow the NT Government’s ‘*Remote engagement strategy*’ principles in supporting communities to develop and implement community-driven approaches, including community alcohol plans (CAPs) for opting out of alcohol restrictions.

Priority 5. Ensure banned drinkers register and mandatory treatment are evidence informed.

Many of the different AOD policy measures in the NT, have not been adequately evaluated for effectiveness or for compliance with human rights principles. Programs like the banned drinkers register (BDR) and the alcohol mandatory treatment (AMT) should be evaluated by a panel of human rights experts for compliance with human rights obligations.

Banned drinkers register (BDR). The BDR prohibits people identified as using alcohol at harmful levels from being sold alcohol at takeaway outlets in the NT. The Riley Review recommended an independent evaluation of the BDR, however previous BDR evaluation recommendations have not been implemented.²¹ The most recent study suggests that the BDR appears to have minimal population level impact on police recorded underage assault perpetration and victimisation. It recommended that future policies need to ensure Aboriginal leadership across NT communities are supported and engaged in all parts of decision-making.²² That study was part of a wider evaluation of the BDR, being done by Deakin University and the Menzies School of Health Research. Given mixed results and the incomplete evaluation, any decision about the BDR should be deferred until the completion of the wider review.

Alcohol mandatory treatment (AMT). AMT is treatment against someone’s will, justified when a person is at immediate and serious risk of harm, from severe alcohol dependence. NT had an AMT program from 2013 to 2017 focused on public intoxication. It did not have criteria for alcohol dependence. As a result, the 2017 independent evaluation of AMT found little difference in outcomes for people in AMT.²³ A 2024 Menzies review of mandatory treatment confirmed AMT to be very expensive, costing three to ten times more than voluntary treatment.²⁴ It also indicated that evidence from places other the NT, showed that for people with severe alcohol dependence, AMT can be as effective as voluntary treatment. However, checks and balances are needed to ensure it does not result in harm or trauma. If AMT is reintroduced in the NT, the model would need to more closely mirror other Australian models and include input from Aboriginal peoples to minimise harms.

Recommendation 5. Ensure banned drinkers register (BDR) and alcohol mandatory treatment (AMT) are evidence informed. Defer any further implementation of BDR and AMT until current review recommendations can be implemented. Ensure consistency with human rights obligations and adequate public consultation with all relevant stakeholders on the findings and reform options.

Priority 6. Deliver effective education campaigns.

National alcohol guidelines. Campaigns focussed on the National Health and Medical Research Council (NHMRC) Australian guidelines to reduce health risks from drinking alcohol,²⁵ can provide clear and authoritative guidance on lower risk alcohol use.

²¹ Menzies (2019) [Final Recommendations from the Banned Drinker Register Process Evaluation](#)

²² Baldwin R, Miller PG, Coomber K, et al (2024) [Impacts of NT banned drinker register on police recorded youth assault](#)

²³ PWC Indigenous Consulting (2017). *Evaluation of the Alcohol Mandatory Treatment program*. NT Department of Health.

²⁴ Clifford S, O’Reilly K, Lee KSK, et al (2024). [Mandatory Alcohol Treatment: discussion paper](#). Menzies.

²⁵ NHMRC (2020) [Australian guidelines to reduce health risks from drinking alcohol](#)

National Fetal Alcohol Spectrum Disorder (FASD). The ‘*Strong Born*’ component of the National FASD program,²⁶ is an example of an effective, evidence-based, non-stigmatising campaign. This initiative plays a vital role in raising awareness about FASD in First Nations communities, underscoring the importance of avoiding alcohol during pregnancy to prevent the irreversible harm that FASD causes. The National FASD program avoided stigma by involving an expert steering committee, people with FASD lived experience, guiding briefs for the creative agency, concept testing and evaluation research.

School education programs. By incorporating alcohol education into the school curriculum, young people can learn about the risks associated with alcohol use from an early age. By engaging educators, parents, and community leaders in these programs, schools can create a supportive environment that reduces the likelihood of alcohol-related harm among youth. Alcohol companies must be excluded from any involvement in funding, designing or delivering these programs.

Drink driving campaigns. Drink driving counter measures is one of the World Health Organisation’s most cost-effective interventions to reduce alcohol related harm.²⁷ Road users who are impaired by alcohol have a significantly higher risk of being involved in a crash. This can be prevented by Investing in reducing drink driving using evidence-informed strategies, visible enforcement and community and public campaigns to change drink driving attitudes.

Recommendation 6. Deliver effective education campaigns. Implement targeted, non-stigmatising, evidence-based education campaigns to reduce harm, eg. on National alcohol guidelines, Fetal Alcohol Spectrum Disorder (FASD), drink driving and school education programs.

c) Sectors beyond health (education, employment, justice, social services and housing) - contribution to prevention, early intervention, recovery and reduction of AOD harms

Responses to AOD issues must address the underlying social and commercial determinants and risk factors, and *simultaneously* provide the community and individual support required to reduce AOD harms. As d’Abbs and Hewlett note in ‘*Learning from 50 Years of Aboriginal Alcohol Programs*’:²⁸

“Alcohol interventions address symptoms, rather than causal factors: poverty, marginalisation, intergenerational trauma and the ongoing legacy of colonisation. Alcohol programs themselves can only focus on a few components of large and complex causal chains. Other components, often conceptualised as social, political and economic determinants of AOD misuse, must be addressed in their own right.”

Priority 7. Fund accessible social services and healthcare screening.

Social services, including domestic violence, health, housing and community services, provide many benefits to communities including improved health, safety and wellbeing. This establishes strong protective factors against experiencing AOD harms. Social services can also provide accessible locations for early identification and referral for people experiencing AOD harms, with adequately trained staff and co-ordinated referral pathways. To achieve this, there needs to be equitable access to culturally responsive, trauma-informed and non-stigmatising social services. Services need to be well co-ordinated and integrated with AOD services where possible to provide wrap-around care.

AOD is a significant contributor to gendered violence, so domestic and family violence services play an important role in identifying and responding to AOD harms, for both perpetrators and victim /

²⁶ NACCHO (2022) [Strong Born Campaign](#)

²⁷ WHO (2018) [Advance and enforce drink driving counter measures](#)

²⁸ d’Abbs P & Hewlett N (2023) [Learning from 50 Years of Aboriginal Alcohol Programs – Beating the Grog in Australia](#)

survivors. Men's Behaviour Change Programs and Women's Safety Services need resourcing to build specialisation in responding to AOD issues with their clients.

AOD screening and brief interventions delivered in primary healthcare settings are also effective in helping to prevent alcohol-related harms. However, there are several barriers, including competing demands on health practitioners' time, reluctance by health providers to question people about AOD use, and a lack of referral options for follow-up support or treatment. These can be addressed with improved training and support for staff and adequately resourced and coordinated referral pathways.

Recommendation 7. Fund accessible social services and healthcare screening. Ensure that communities have equitable access to culturally responsive, trauma-informed and non-stigmatising health, social, domestic and family violence, housing and community services by providing adequately secure and indexed funding. Provide AOD screening and brief interventions in primary healthcare settings.

Priority 8. Support the justice system to respond to AOD as a health issue.

Raise the minimum age of criminal responsibility. Raising the minimum age of criminal responsibility from 12 to 14 years old, would bring the NT line with the United Nations Convention on the Rights of the Child. This would acknowledge that children and young adolescents are not fully capable of understanding the consequences of their actions in the way adults do.

Sadly, the new NT Government has already indicated an intention to lower the age of criminal responsibility from 12 back to 10 years old. This will be a breach of human rights, a defiance of the evidence of what measures actually reduce crime, and result in increased recidivism. Instead of criminalising their behaviour, we should provide them with the support they need to address their issues, including AOD, mental health and neurological disorders like FASD.

Investigate decriminalising drug use. Establishing an inquiry into the decriminalisation of the use and possession of small quantities of illicit drugs, can pave the way for more evidence-based policies that prioritise health and social responses over incarceration. This would better focus on social and commercial determinants, improve public health outcomes and significantly reduce the economic burden on the justice system.

AOD diversionary programs. AOD diversionary programs redirect people from the criminal justice system to treatment and rehabilitation services, emphasising recovery rather than incarceration. Prioritising treatment addresses the causes of AOD use and helps people build healthier lives. Diversion programs should be widely accessible and tailored to meet the diverse needs of the population, ensuring that everyone who requires help can receive it. This approach not only benefits the people involved but also reduces recidivism rates and alleviates the overall strain on the justice system. When properly designed, diversionary programs avoid net-widening effects including the risk of further criminalisation or incarceration.²⁹

Justice AOD treatment. It is also essential to ensure that treatment services are available to people within the justice and youth justice systems and that support mechanisms are in place for those exiting the system. Providing comprehensive treatment services in correctional centres can help people overcome AOD issues and prepare for reintegration. Post-release support helps people maintain recovery and reduces the likelihood of reoffending. This support can include access to housing, employment opportunities, and continued healthcare services. Creating a continuum of care that extends from incarceration to community reintegration, promotes long-term recovery and enhances public safety.

²⁹ Hughes C, Seear K, Ritter A, & Mazerolle L (2019). [*Criminal justice responses relating to personal use and possession of illicit drugs: the reach of Australian drug diversion programs and barriers and facilitators to expansion*](#)

Recommendation 8. Support the justice and youth justice systems to respond to AOD as a health issue. Raise the age of criminal responsibility to 14 years and establish an inquiry into decriminalisation of illicit drugs. Expand AOD diversion programs, prioritising treatment over incarceration. Ensure treatment is accessible for people in the justice and youth justice systems, and support for those exiting the systems.

Priority 9. Address commercial determinants.

The National Cabinet met on 6 September 2024, to discuss gendered violence. Following the meeting, the Prime Minister indicated that tackling the impacts of alcohol on violence was one of the top four areas of action.³⁰ The meeting media statement indicated that the Prime Minister, Premiers and Chief Ministers agreed to address the role that systems and harmful industries, like the alcohol industry, play in exacerbating violence.³¹

Addressing the commercial determinants of health includes holding harmful industries, like alcohol companies, accountable for the harms caused by their products. There is a conflict of interest between the profit motive of the alcohol industry and the harm minimisation objectives of AOD strategies and alcohol laws. A ban on alcohol company political donations needs to be part of transparency reforms to ensure the health and wellbeing of the people in the NT are placed first.

Other steps that can help prevent alcohol industry influence on policies include: strict conflict-of-interest policies; policies based on scientific evidence; strong regulatory frameworks (not ineffective self-regulation); and independent research and public health programs free from industry involvement, (in the same way as has been done with the tobacco industry).

Case study: Darwin Dan Murphy's. In April 2021, Woolworths finally decided not to proceed with an alcohol megastore in Darwin. For almost five years until then, Woolworths had relentlessly fought to build what would have been one of Australia's largest liquor stores, an 1800-square-meter Dan Murphy's, on the doorstep of the Bagot community, a dry Aboriginal community in Darwin. Woolworths had pursued this store in the face of strong community opposition.³²

Recommendation 9. Address commercial determinants. Implement industry conflict of interest policies; a strong regulatory framework with strict enforcement and independent AOD research and public health programs free from industry involvement. End political donations from the alcohol industry and end industry partnerships in public health programs.

Priority 10. Implement licensing review and reforms.

National Cabinet commitment to review alcohol laws. On 6 September 2024, National Cabinet also agreed to review alcohol laws and their impact on family and domestic violence.³³ This review is intended to identify and share best practice and reforms and to report back to National Cabinet on progress. All states and territories must establish effective, comprehensive and transparent review processes. This should include taking public submissions from alcohol policy experts and people with lived experience of alcohol harms. Alcohol harm reduction laws should prioritise the health and wellbeing of women and children by implementing the recommendations of the '*Report of the Rapid Review of Prevention Approaches*',³⁴ prepared for National Cabinet, including:

³⁰ Prime Minister of Australia (2024) [Press conference – Canberra Transcript](#)

³¹ Prime Minister of Australia (2024) [Meeting of National Cabinet Media statement](#)

³² FARE (2021) [After a 5-year battle, Woolworths decided not to proceed with the alcohol megastore in Darwin.](#)

³³ Prime Minister of Australia (2024) [Meeting of National Cabinet Media statement](#)

³⁴ Rapid Review Expert Panel (2024) [Unlocking the Prevention Potential Accelerating action to end domestic, family and sexual violence](#)

- clear primary objectives in state and territory liquor regulatory regimes to prevent gender-based violence, alongside existing objectives around alcohol harm reduction.
- restrictions on alcohol sales, delivery timeframes and advertising.

Implement 2017 Riley Review. Many successful reforms were implemented as a result of the 2017 Riley Report recommendations and the NT Liquor Act 2019. The NT Government should continue to fully implement these reforms, including further extending the original 5-year moratorium on new liquor licences; and retaining risk-based licencing (RBL) with higher penalties for licence breaches and reduced reductions for compliance. Ensure that all licence transfers are 'like-for-like' and go through the liquor commission to ensure harms are adequately considered.

Regulate online sales and delivery of alcohol. Alcohol harm is exacerbated by the rapid expansion of online sales and delivery (OS&D), which vastly increased availability and accessibility. Regulations designed for public, physical premises have not kept pace with the changes. Reforms are needed to address the risks of harm from OS&D that happens in private, digital spaces:

- A 2-hour safety pause between order and delivery to prevent extending drinking sessions.
- Effective online sales ID-checks so alcohol is not given to children or left unattended.
- Ban push notifications and buy now buttons to prevent predatory marketing of alcohol.
- Require digital health warnings linked to the national alcohol guidelines.
- Test purchasing to monitor and enforce compliance.

Recommendation 10. Implement licensing review and reforms. Implement effective, comprehensive and transparent reviews of licencing laws to meet National Cabinet agreement. NT Government to continue to implement Riley Review reforms, eg. retain risk-based licencing (RBL) with higher penalties for licence breaches, and further extend the licence moratorium. Regulate online sales and delivery (OS&D) of alcohol.

Conclusion

This AADANT submission has described how Commonwealth, State and Territory Governments can improve outcomes for people impacted by alcohol and other drugs. To achieve these outcomes, it is critical Governments focus on improving systemic determinants, while adequately funding essential AOD services, instead of stigmatising and criminalising individuals. This will more appropriately deliver an effective health response to a health issue.

References