

**A survey of the attitudes of Aboriginal town camp residents  
to the Alice Springs liquor licensing restrictions**

**A submission to the Northern Territory Licensing Commission**

by

**Tangentyere Council**

in conjunction with

**National Drug Research Institute, Curtin University of Technology**

and

**Centre for Remote Health, a joint centre of Flinders University of South Australia  
and the Northern Territory University**

**28th May 2003**

Additional restrictions on the availability of alcohol have been introduced, and evaluated in various locations in the Northern Territory and Western Australia.<sup>1-8</sup> In light of the success of restrictions in these locations, various interest groups lobbied over several years for the introduction of similar restrictions in the town of Alice Springs. In late 1999, one of these groups, the Alice Alcohol Representative Committee (AARC)—through the Alice Springs Town Council—called for tenders:

To conduct research (using both qualitative and quantitative measures) to establish the perceptions of a representative sample of Alice Springs residents on the consumption of alcohol and how best to encourage the minimisation of the consumption of alcohol at excessive levels.<sup>9</sup>

The tender was won by Hauritz and Associates and they produced the report *Dollars Made From Broken Spirits*.<sup>10</sup> Although flawed in some regards, this report showed that a majority of people believed that alcohol represented a significant problem in the town, and that there was strong support for:

- increased restrictions on the availability of alcohol;
- controls on public consumption of alcohol; and
- responsible service of alcohol.<sup>11</sup>

There was considerable controversy over the Hauritz report and, over the months following its release, the Northern Territory Licensing Commission—under apparent pressure from the then NT Government—called for further community consultation and then the development of complementary intervention measures to supplement any proposed restrictions. Such measures were put in place, and—after a series of hearings held in December 2001 and February 2002—in March 2002 the Commission handed down a decision introducing a one-year trial of additional restrictions commencing on 1st April 2002. These additional restrictions were:

**For the sale of liquor for consumption away from the premises**, (commonly referred to as “take-aways”), trading shall not commence before 2:00PM on any weekday and shall cease no later than 9:00PM.

“Take-away” trading hours will remain unaltered on Saturdays, Sundays and Public Holidays.

No liquor of any type or description shall be sold or supplied for consumption away from the premises in containers larger than two (2) litres.

**For the sale of liquor for consumption on the premises**, no liquor other than light beer shall be sold or supplied prior to 11:30AM on any weekday.

This condition shall not apply on any weekday that is a gazetted Public Holiday.

For the purposes of the trial “light beer” shall be defined as a brewed beverage of not more than three per-cent (3%) ethyl alcohol by volume.<sup>12</sup>

The restrictions are being evaluated by the Northern Territory Department of Health and Community Services (DHCS) in consultation with an Evaluation Reference Group consisting of key stakeholders. As part of the evaluation, levels of alcohol consumption and key indicators of harm have been monitored on a regular basis. Preliminary reports by DHCS show that the restrictions have had little effect on consumption levels. This is because as soon as the ban on sales of alcohol in containers of more than two litres was implemented, two litre casks of equally cheap, higher alcohol content port were introduced into the market place. As the results of this survey show, this is a concern for people in the town camps (as elsewhere in Alice Springs) but the Licensing Commission has not seen fit to address the problem, and hence the potential of the restrictions has been circumscribed.

As previous evaluations have emphasised the importance of community support for the success of restrictions, and as the Licensing Commission is legally obliged to consider public opinion in such matters, the Department of Health and Community Services is conducting a telephone survey of the attitudes of Alice Springs town residents to the restrictions. Concern has been expressed that the telephone survey will not capture the opinion of the substantial number of Aboriginal people residing in the town who do not have telephones.

Representatives of Tangentyere Council had expressed similar concerns that the voice of town camp residents would not be reflected in any survey which focused only on the town itself. For this reason, Tangentyere Council made a decision to conduct a survey of the town camps in conjunction with the National Drug Research Institute at Curtin University of Technology, and the Centre for Remote Health (a joint centre of Flinders University of South Australia and the Northern Territory University).

## **Methods**

The study consisted of a cross-sectional survey of Alice Springs town camp residents aimed at documenting their:

- attitudes to the liquor licensing restrictions that were introduced in April 2002; • views on the future of those restrictions; and,
- suggestions on other measures to reduce alcohol-related harm in Alice Springs.

Prior to the commencement of the project, Tangentyere Council staff explained to representatives of each of the town camp housing associations: the purpose of the study; arrangements to conduct the survey; the use to which the information will be put by Tangentyere Council; and, arrangements for feeding back the results of the study to residents of each of the town camps.

### ***Study population***

The study population is comprised of all residents of, and visitors to, the 19 Aboriginal town camps in Alice Springs, aged 18 years or more. According to Tangentyere Council's Housing Office, within the camps there is a total of 206 dwellings, and based on Australian Bureau of Statistics 2000 Census of Population and Housing data these are occupied by approximately 1435 people, of whom approximately 989 are aged 18 years or over.

### ***Study sample***

The sample size was calculated so as to ensure that—in answer to a particular question—there would be less than five chances in 100 (ie, that we will be 95% confident) that responses obtained from the sample will differ from those in the total town camp population by no more than 5%.

The formula used for the calculation of the sample size was:

$$n = Nn'/N+n'$$

where

$N$  = town camp population aged 18 years = 989

$n'$  =  $CI^2 \cdot P \cdot Q/SE^2$

$CI$  = 95 % confidence interval = 1.96

$P$  = estimated proportion of population giving a response to a question = 50%

$Q$  =  $100 - P = 100 - 50$

$SE$  = relative standard error = 5%

This yielded a sample size of

$$\begin{aligned} &= \{989 \times [1.96^2 \times 50 \times (100-50)/5^2]\} / \{989 + [1.96^2 \times 50 \times (100-50)/5^2]\} \\ &= 277 \end{aligned}$$

There is no complete list of town camp residents to use as a sampling frame.

Accordingly, the sample was selected from town camp households, with the number being proportionate to the number of households in each camp. Only twelve people declined to be interviewed. These people were replaced in the sample by another person from the same household or by a person from the next adjacent household. Similarly, if, after three visits to a particular household, no eligible person was available, a replacement was made from the next adjacent household. Within households, for a variety of reasons—including individual and family mobility, culturally-based deference to the household head, and problems associated with alcohol dependence—it was difficult to select individuals at random. Despite this problem, the final sample was broadly representative of the town camp population, if not random in a strictly statistical sense.

The number of people we proposed to interview in each town camp and the number actually interviewed is set out in Table 1. At the time the survey was conducted, one of the camps was inaccessible to interviewers because of ‘sorry business’, and the number of people to have been selected from that camp was selected from the other camps. As can be seen from the table, the sample reflected the distribution of people throughout the camps.

Table 1: Number of persons to be selected from each Town Camp

Town Camp	Number of households	Proportion of households	Proposed sample	Actual sample
Ilperle Tyathe	7	0.03	9	8
Aper-Alwerrknge	6	0.03	8	9
Basso's Farm	2	0.01	3	1
Mount Nancy	11	0.05	15	18
Anthelk-Ewlpaye	18	0.09	24	16
Nyewente	16	0.08	22	28
Akngwetnarre	9	0.04	12	12
Ewyenper-Atwatye	22	0.11	30	32
Yarrenyty-Arltere	21	0.10	28	30
Anthepe	8	0.04	11	8
Inarlenge	13	0.06	17	25
Ilperenye	8	0.04	11	12
Ilparpa	11	0.05	15	17
Mpwetyerre	5	0.02	7	6
Ipeye-Ilpeye	9	0.04	12	12
Karnte	12	0.06	16	16
Lhenpe Artnwe	11	0.05	15	14
Anhelke	5	0.02	7	14
Irrkerlantye	12	0.06	16	-
Total	206	1.00	277	277

There was a statistically significant difference in the age structure of the sample selected for the survey and that enumerated by the Australian Bureau of Statistics in the 2001 Census of population and housing ( $\chi^2_{df3} = 9.23$   $p < 0.05$ ). In the sample, we selected slightly fewer people in the 18 – 24 and 44 year age categories and more in the 25 – 34 year category (see Table 2). However, there were no statistically significant differences by age category with regard to responses to key questions about attitudes to any of the current restrictions or to the future of restrictions. Thus, weighting the responses to reflect the proportion of the population in each age category would not result in any significant difference in the results. As a consequence, in the results section of this report, the *observed* numbers of responses and associated percentages are reported—rather than age-weighted results.

Table 2: Percentage of town camp population as enumerated by ABS (2001), and survey sample (2003) by age category

Age category	ABS N = 683 %	Survey n = 277 %
18 – 24 years	18	15
25 – 34 years	26	31
35 – 44 years	26	27
44 years and over	30	26

### ***Data collection***

The survey was conducted by a team of ten Aboriginal people selected by Tangentyere Council on the basis of their ability to relate to people living in the town camps. The interviewers were trained and supervised by staff from the National Drug Research Institute and the Centre for Remote Health. The survey questions were based on those agreed upon by the Evaluation Reference Group and asked in the telephone survey of town households conducted on behalf of the Northern Territory Department of Health and Community Services. However, the Tangentyere Council research team modified the questions so that they were worded in a way that was more understandable to town camp residents. In addition to these questions, an open-ended question was asked with the aim of eliciting more detailed suggestions about ways to address alcohol-related problems in Alice Springs. Where appropriate, research team members asked the questions in the Aboriginal language usually spoken by the person being interviewed. An outline of the questions asked in the survey is set out in Table 3. In addition to the questions about the restrictions and their impact, participants were also asked their age and the Aboriginal language usually spoken in their households. Their gender and camp of residence were also recorded.

Table 3: Outline of survey questions

---

Do you know that pubs aren't allowed to sell anything but light beer before half past eleven in the morning on week days?

- What kind of change did this have on your life and the life of your family and community?
- Did you like the idea of them only selling light beer before half past eleven when it first came in?
- Do you like the idea of them only selling light beer before half past eleven now?

Do you know that, before, you could buy take-away grog at 12 o'clock but they changed that to 2 o'clock?

- What kind of change did this have on your life and the life of your family and community?
- When they first did it, did you like the idea of them changing the opening of takeaway from 12 o'clock to 2 o'clock?
- Do you like it now?

Do you know that, you can't buy five litres of grog any more, only two litres?

- Did this have any kind of change? Was it a good change or a bad?
- When they first stopped selling five litres of grog, did you like the idea?
- Do you like it now?

How did you find out about the new grog rules?

Do you know that day patrol started to help the new grog rules?

- What kind of change did this have on your life and the life of your family and community?
- Did you like the idea of them starting day patrol when it first came in?
- Do you like the idea of them having day patrol now?

Do you know that the sobering up shelter is open longer now to help the new grog rules?

- What kind of change did this have on your life and the life of your family and community?
- Did you like the idea of opening the sobering up shelter longer when it first came in?
- Do you like the idea of them having the sobering up shelter open longer now?

What kind of effect have the new grog rules and the other changes had for Alice Springs?

Do you think the new grog rules and the other changes have slowed down drinking?

What do you think should happen to the new grog rules now?

To slow down grog problems in Alice Springs, what should be done?

---



Figure 1: Tangentyere Council Research Team



### ***Data analysis***

Quantitative data from the completed interview schedules were entered into a *Microsoft Excel* spreadsheet. Summary tables and descriptive statistics of this data were produced using the program *SPSS 11.0 for Windows*. Qualitative data from the open ended question were entered into a *Microsoft Word* table. These qualitative data were reviewed by various research team members, both explicit and implicit themes in these identified, and they were classified into broad thematic categories.

The results of the survey and the analyses made by the research team were reviewed by Tangentyere Council's Executive Health Sub-Committee and by the full Executive Committee. On the basis of both the results and the reviews, recommendations on the future of the restrictions and complementary measures were developed.

### ***Ethical issues***

The project was conducted within the framework to the National Health and Medical Research Council's *Guidelines on Ethical Matters in Aboriginal and Torres Strait Islander Health Research*.<sup>13</sup> Approval to conduct the study was given by the Central Australian Human Research Ethics Committee. The study was developed as a collaborative project between the participating organisations to provide Tangentyere Council with information regarding its constituents' views on the trial restrictions, and to enable it to make an evidence-based decision about any position it takes on the future of those restrictions.

## **Results**

### ***Awareness of the restrictions and complementary measures***

All but six (2.2%) of those interviewed were aware of at least one of the restrictions or key complementary measures (Table 4). However, the level of knowledge about the restrictions was greater than that of the complementary measures—with 90.6, 85.2, and 75.8 percent, respectively, knowing of the restriction on takeaway hours, the restriction on container size and the restrictions on the sale of other than light beer before 11:30 am, compared to only 51.3 per cent who knew about the extended sobering up shelter hours and 44.4 per cent who new about the establishment of the day patrol. As Table 5

shows, most of those interviewed (50.2%) learnt about the restrictions by word-of-mouth or through media reports on the radio or television (30.0%). A smaller percentage had learnt about them when they actually went to purchase alcohol at particular times or when they tried of purchase four litre casks of wine (14.8%). However few had been informed directly by any government or non-government agency about the impending introduction of the restrictions.

Table 4: Level of awareness about the restrictions and key complementary measures among people in the town camps (n = 277)

Restriction or measure	Aware of restriction/ measure %	Unaware of restriction/ measure %
Bar trading restriction	75.8	24.2
Takeaway restriction	90.6	9.4
Container restriction	85.2	14.8
Day patrol	44.4	55.6
Sobering up shelter hours	51.3	48.7
Aware of some, or all, restrictions/measures	97.8	2.2

Table 5: Initial source of information about the restrictions

Source of information	Number	Percentage
Word-of-mouth	139	50.2
Radio, television and other	83	30.0
Tried to purchase	41	14.8
Told by government or non-government agency	7	2.5
Not aware of restrictions	7	2.5
Total	277	100.0

### *Attitudes to the restrictions*

At the time they were introduced, about a third of those interviewed were not in favour of the restrictions (Table 6). About half were in favour of the restrictions on the hours of takeaways sales (50.9%) and the restriction on container size (48.0%) and about 38

per cent were in favour of the restriction on bar sales. Although far fewer people were aware of the two key complementary measures, among those that knew about them there was virtually no opposition to them.

At the time the survey was conducted, there were reductions of about four and seven per cent in the number of people who were not in favour of the bar and takeaway restrictions, but virtually no reduction in the number of those who did not favour the restriction on container size (Table 7). There were also slight reductions in the number of people who did not know whether they were in favour of each of these restrictions. Together, these changes were reflected in slight increases in those in favour of the bar trading and container restrictions and in an increase of 8.7 per cent in those favouring the restriction on takeaway hours. Thus, 44.4 percent were in favour of the bar trading restriction, 59.6 per cent in favour of the restriction on takeaway hours, and 51.3 per cent in favour of the restriction on container size.

Table 6: Percentage of town campers in favour of the restrictions and key complementary measures when they were introduced (n = 277)

Restriction or measure	Not in favour	In favour	Don't know/ No response	Unaware of restriction
Bar trading restriction	30.0	37.9	8.0	24.2
Takeaway restriction	33.9	50.9	5.8	9.4
Container restriction	28.9	48.0	8.3	14.8
Day patrol	1.8	39.0	3.6	55.6
Sobering up shelter hours	2.5	44.8	4.0	48.7

Table 7: Percentage of town campers in favour of the restrictions and key complementary measures at the time of the survey (n = 277)

Restriction or measure	Not in favour	In favour	Don't know/ No response	Unaware of restriction
Bar trading restriction	25.6	44.4	5.8	24.2
Takeaway restriction	27.1	59.6	3.9	9.4
Container restriction	27.8	51.3	6.3	14.8
Day patrol	1.1	40.1	3.2	55.6
Sobering up shelter	0.7	49.5	1.1	48.7

### *Views on the effectiveness of the restrictions and key complementary measures*

Views about the effect that each of the restrictions had were mixed (Table 8). The restriction seen by most as having a positive effect was the restriction on the hours in which takeaways could be purchased (38.3%). This was followed by the restriction on container size (32.1%) and the bar trading restriction (23.5%). However, while the largest percentages of people were of the view that the restrictions had a positive effect, they were not in the majority. Between about a fifth and a quarter of those interviewed said the restrictions had no effect. Furthermore, about a quarter said that the restrictions on takeaway trading hours and container size had a negative effect, while a small percentage (13.4) said that the restriction on front bar trading also had a negative effect. In contrast, most of those who knew about the complementary measures thought that they had a positive effect.

Table 8: Percentage of people holding views on the effects of each of the restrictions and key complementary measures (n = 277)

Restriction or measure	Positive effect	No effect	Negative effect	Don't know/ No response	Unaware of restriction
Bar trading restriction	28.9	23.5	13.4	10.3	24.2
Takeaway restriction	38.3	23.5	23.5	5.4	9.4
Container restriction	32.1	21.7	23.1	8.3	14.8
Day patrol	29.0	8.7	2.2	4.3	55.6
Sobering up shelter	38.3	6.1	2.2	4.7	48.7

As well as being asked about the effect of *individual* restrictions and complementary measures, those interviewed were also asked if they thought the restrictions and complementary measures *as a whole* had ‘led to a slow-down in drinking’ (that is, to a reduction in drinking and related problems) and what effect they had on people’s families and communities. As indicated in Table 9, 54.5 per cent of participants thought that the restrictions had not led to a reduction in drinking, with less than a third (31.0%) believing that they had led to a reduction, and 12.3 per cent not knowing whether they had made a difference. With regard to the effect of the restrictions and complementary

measures on family and community, 40.1 percent identified positive effects associated with them, but 22.4 per cent said they had no effect, and 20.6 per cent that they had a negative effect (Table 10).

Table 9: Effect of the restrictions and key complementary measures on levels of drinking

	Number	Percentage
No effect	151	54.5
Led to a reduction in drinking	86	31.0
Don't know	34	12.3
Not aware of any restrictions or complementary measures	6	2.2
Total	277	100.0

Table 10: Effect of the restrictions and key complementary measures on family and community

	Number	Percentage
Positive effect	111	40.1
No effect	62	22.4
Negative effect	57	20.6
Don't know	41	14.8
Not aware of any restrictions or complementary measures	6	2.2
Total	277	100.0

### ***Views about efforts to reduce alcohol-related harm***

Despite the somewhat negative assessments of effects of the current restrictions, there was a majority of people in favour of either keeping (22.0%) or strengthening them (45.1%). In contrast, only 17 per cent thought that the restrictions should be dropped, and 15.5 per cent did not know what should be done with them (Table 11). As well as there being a majority in favour of keeping or strengthening the existing restrictions, a majority (61.2%) suggested other actions that should be taken to reduce alcohol-related harm in Alice Springs (Table 12). This included relatively large percentages of those who thought the existing restrictions should be dropped (59.6%) or who said that they did not know what should be done with regard to the present restrictions (46.5%). Of the 47 people who thought that the existing restrictions should be dropped, about 28

(59.6%) suggested other actions to reduce alcohol-related harm. This included 10 people who proposed other restrictions—usually prohibiting two litre casks of port.

Table 11: Views on the future of the existing restrictions

	Number	Percentage
Drop	47	17.0
Keep	61	22.0
Strengthen	125	45.1
Don't know	43	15.5
Total	276	100.0

Table 12: Percentage suggesting other actions to reduce alcohol-related harm by views on the future of the existing restrictions

Suggested other actions	Future of existing restrictions				Total n=276 (100%)
	Drop n=47 (17.0%)	Keep n=61 (22.0%)	Strengthen n=125 (45.1%)	Don't know n=43 (15.5%)	
Yes	59.6	54.1	70.4	46.5	61.2
No	40.4	45.9	29.6	53.5	38.8
Total	100.0	100.0	100.0	100.0	100.0

In all, 169 people (61.2%) made a total of 345 suggestions as to what could be done to reduce alcohol consumption and related harm in Alice Springs (Tables 12 and 13). Of these people, the largest number (74 or 26.7%) suggested further restrictions on the availability of alcohol. The most common suggestion from these people was the banning of particular beverages—usually two litre casks of port, but also spirits or ‘hot stuff’. Other suggestions included: further reductions in trading hours; bans on trading on particular days (usually Thursdays or Sundays); reducing the number of liquor licenses in the town or placing more restrictive conditions upon them; and a range of less common suggestions such as restricting the amounts of alcohol individuals are able to purchase.

After the various suggestions to further restrict the availability of alcohol, the next most common category of suggestions was to discourage public drinking. Suggestions in this category included establishment of drinking areas adjacent to the camps, banning alcohol in town camps, and encouraging or pressuring people to drink on licensed premises. This set of suggestions was closely linked to the third category of suggestions—measures to control the activities of visitors to the town camps.

Table 13: Suggestions regarding other actions that could be taken to reduce alcohol problems in Alice Springs

Suggested actions	Number of people	Percentage of sample
Further restrictions*		
• Banning particular beverages—especially port, but also spirits ('hot-stuff')	30	
• Further reduction in trading hours—especially for takeaways	19	
• No trading on at least one day per week	14	
• Reductions in licenses or placing more restrictive conditions on them	12	
• Amount purchased by individuals	5	
• Other—no walk-through takeaways, maintain restrictions, prohibition, etc.	15	
	74	26.7
Discourage public drinking—establish drinking areas, ban grog in town camps, encourage drinking on licenses premises	43	15.5
Control visitors to town camps	40	14.4
Health promotion	35	12.6
Provide alternative activities	30	10.8
Community development	18	6.5
Drop restrictions	14	4.7
Increased patrol activities	13	4.7
Treatment and support	13	4.7
Enforce existing laws	10	3.6
Other	20	7.2

\* 74 people made 95 suggestions regarding additional restrictions

Other suggestions included: health promotion activities; the provision of alternative activities to drinking, such as recreation and employment; community development; increased night patrol activities; provision of treatment and support for alcohol

dependent people and their families; the enforcement of existing laws, such as the ‘two kilometre law’ and those against serving minor and intoxicated people; and the dropping of current restrictions. It is important to note, however, that of the 14 people who advocated this, 12 did so because they believed that the substitution of two litre casks of port for four litre casks of table wine had exacerbated the situation.

### **Discussion and recommendations**

The results of the survey show that there was a high level of awareness about the restrictions but a much lower level of awareness about the key complementary measures that were introduced in support of the restrictions. Although there was concern about inadequate consultation with town camp residents about the introduction of the restrictions, about half the residents were in favour of the most important restrictions—the restriction on takeaway trading hours and the ban on the sale of beverages in containers of more than two litres. Over the course of the trial period support for the restriction on takeaway trading hours increased, but for the ban on containers of more than two litres it remained static—largely because of the adverse effect of the substitution of two litre casks of port for four litre casks of table wine.

Views on the effectiveness of the restrictions were mixed, but those who were aware of the key complementary measures were more likely to view them as having a positive impact; and over half the residents thought the restrictions had no effect in reducing drinking and related problems. Nevertheless, a majority of people believed that the existing restrictions should be retained or strengthened. While there was some opposition to the existing restrictions, in part, this was due to recognition of the fact that the substitution of fortified wine for table wine has had an adverse effect.

These findings reflect the fact that a majority of people in the town camps are concerned about the misuse of alcohol and believe that something should be done to address it. As well as supporting the existing restrictions, they made a number of suggestions as to how else the problem could be addressed. These focused on further restrictions on availability (particularly the banning of two litre casks of port),



discouraging public drinking, and taking measures to curb problems caused by visitors to the camps.

***Recommendations***

On the basis of the survey, Tangentyere Council makes the following recommendations.

***Recommendation 1***

The current restrictions should be strengthened.

Tangentyere Council recommends that the Licensing Commission continue supporting measures that restrict the consumption of alcohol in Alice Springs. Existing measures should be strengthened to address the increased consumption of fortified wines and spirits that has occurred as a result of the restrictions. Despite there being no evidence in a reduction in the consumption of alcohol, this should not be regarded as a failure. Instead, the overall findings should be considered and used to inform implementation of further restrictions to enhance the effectiveness of existing measures.

***Recommendation 2***

No takeaway alcohol should be sold on Sunday.

Tangentyere Council recommends that takeaway trade should be fully restricted on one day per week. While there were suggestions that restrictions may be better placed on a week day to target more problematic times, there was agreement that Sunday is a day people identify as a family day and a day where there is an existing reduction in patterns of drinking behaviour. Tangentyere Council believes that this may be more viable for traders.

***Recommendation 3***

That the Licensing Commission support any future applications by town camp Housing Associations to be declared as a restricted area under section 74 of the N.T. Liquor Act.

***Recommendation 4***

Where possible, there should be a reduction in liquor outlets in Alice Springs. No new licenses should be granted unless it can be demonstrated to the Licensing Commission that such licenses are part of a strategy to reduce alcohol related harm.

Where licences are granted to a trader for service to a restricted clientele (e.g. Elke's Backpackers) provision should not be made to extend such licences in the future to allow for general public access—as happened in the case of Melanka Lodge.

Takeaway outlets should be restricted to public hotels. They should not be granted to small shopping centres, petrol stations or other retail traders such as stock and station outlets. Alcohol should not be sold in the same premises as other goods for trade (such as food, petrol, consumables) and should only be sold from premises which provide independent access to the public. Investigations should take place regarding the ability to revoke takeaway licences attached to shopping centres and petrol stations. This should include strategic measures taken by Government to purchase smaller outlets and allowing licences to lapse.

***Recommendation 5***

Restrict the supply of fortified wine and spirits.

Measures should be implemented to restrict the consumption of fortified wine and spirits. Measures should be considered to ensure that the cheapest alcoholic beverage on the market at any time is beer. While Tangentyere Council recognises that beer also presents health and social problems to the community, it sees this measure as one of harm minimisation. Tangentyere Council supports the current proposal by Central Australian Aboriginal Congress regarding pricing of alcoholic beverages.

***Recommendation 6***

Strengthen laws and consequences for traders selling alcohol to intoxicated persons and minors.

Tangentyere Council recommends measures that strengthen adherence to laws prohibiting the sale of alcohol to intoxicated persons and minors. This could include the adoption by the Licensing Commission of stronger punitive measures, including suspension or revoking of licences where this occurs.

***Recommendation 7***

In the case of future restrictions, provision should be made for an interim review to address measures that may adversely affect the outcome of the restriction and the community as a whole.

This recommendation is made so that if actions are taken to circumvent the spirit of the restrictions—as occurred with the introduction of two litre casks of port—they can be addressed in a timely manner.

***Recommendations regarding complimentary measures***

***Recommendation 8***

Decrease drinking in public spaces by increasing the range of safe and responsible drinking environments.

A strategy should be developed and implemented for the creation of drinking places that support social and responsible drinking within the town. This strategy should also include making existing licensed premises more attractive to those who presently drink in public places and, establishing alternative designated safe drinking areas.

Tangentyere Council sees this strategy being developed by the representative organisations of the existing Evaluation Reference Group as well as Lhere Artepe.

***Recommendation 9***

Maintain the Day Patrol and the extension to the opening hours of the Drug and Alcohol Services Association's (DASA) Sobering Up Shelter.

***Recommendation 10***

Develop a comprehensive strategy to address the problems of visitors on Town Camps.

Tangentyere Council sees this strategy being developed in collaboration with the Central Land Council, ATSIC, Lhere Artepe, Four Corners Council and Alice Springs Town Council.

***Recommendation 11***

Increased advertising of Night Patrol, Day Patrol and Wardens programs.

This recommendation will be implemented by Tangentyere Council.

***Recommendation 12***

Increased advertising of DASA's Sobering Up Shelter and CAAAPU.

The most critical component of this research project has been the consultation process with Housing Association residents. This is the first occasion in which these residents have been strategically involved in the debate and strategies to address the alcohol problem in Alice Springs. There was an overwhelming response by residents who engaged in lengthy discussions regarding the restrictions and the future measures to address alcohol consumption. These same residents received little formal information regarding the restrictions. Their willingness and enthusiasm to participate in the survey and interview process reflects the keen interest residents have in addressing alcohol-related problems in their own community.

There is some frustration that the research had to be conducted within the restricted time set by the Licensing Commission and the ERG. This has resulted in broad rather than specific recommendations. However, Tangentyere Council will continue to work with residents to refine the recommendations.

The trial and this research form part of a continual struggle to successfully address the debilitating effect of alcohol in our community. Tangentyere Council strongly advocates that the issue of alcohol can only be affected through a strategic approach that addresses the social and structural determinants that continue to undermine the well-being of the community. Tangentyere Council submits these recommendations for consideration by the Licensing Commission and welcomes further discussion.

---

### **Acknowledgements**

First and foremost, acknowledgement must be made of the Aboriginal town camp residents who willingly gave their time to participate in the survey. Funding for the project was provided by the Central Australian Division of Primary Health Care, from a grant provided by the Centre for Remote Health. In addition, Tangentyere Council, the National Drug Research Institute, and the Centre for Remote Health each provided staff time and other resources. The National Drug Research Institute is funded by the National Drug Strategy.

### **References**

1. d'Abbs P, Togni S, Crundall I. *The Tennant Creek Liquor Licensing Trial, August 1995 – February 1996: An Evaluation*. Darwin: Menzies School of Health Research and NT Living With Alcohol Program, 1996.
2. d'Abbs P, Togni S. *The Derby Liquor Licensing Trial: A Report on the Impact of Restrictions on Licensing Conditions Between 12 January 1997 and 12 July 1997*. Darwin: Menzies School of Health Research, 1998.
3. d'Abbs P, Togni S, Duquemin A. *Evaluation of Restrictions on the Sale of Alcohol from Curtin Springs Roadside Inn, Northern Territory: A Report Prepared for the Office of Aboriginal and Torres Strait Islander Health Services*. Darwin: Menzies School of Health Research, 1998.
4. d'Abbs, P. & Togni, S. (2000) Liquor licensing and community action in regional and remote Australia: a review of recent initiatives. *Australia and New Zealand Journal of Public Health* 24(1):45–53.
5. d'Abbs P, Togni S, Stacey N, Fitz J. Alcohol restrictions in Tennant Creek: a review prepared for the Beat The Grog Committee, Tennant Creek, Northern Territory. Darwin: Menzies School of Health Research, October 2000
6. Douglas M. Restriction of the hours of sale of alcohol in a small community: a beneficial impact. *Australian and New Zealand Journal of Public Health* 1998; 22(6): 714–9.

7. Gray D. Indigenous Australians and liquor licensing restrictions (invited and refereed editorial). *Addiction* 2000; 95: 1469–1472.
8. Gray D, Siggers S, Atkinson D, Sputore B, Bourbon D. Beating the grog: an evaluation of the Tennant Creek liquor licensing restrictions. *Australian and New Zealand Journal of Public Health* 2000; 24(1):39–44.
9. Alice Springs Town Council. *Alice Springs Alcohol Availability Community Survey*. Contract No 99/2310.2. Alice Springs: Alice Springs Town Council, 1999.
10. Hauritz M, McIlwain G, Finnsson F. *Dollars Made From Broken Spirits. Alice Springs: Determining its Well-Being and Responsible Alcohol Management as Part of Everyday Life. A Whole of Community Deal*. Brisbane: Hauritz and Associates, July 2000.
11. Gray D. Comment on *Dollars Made from Broken Spirits*: a report prepared for Central Australian Aboriginal Congress and Tangentyere Council. Perth: National Drug Research Institute, Curtin University of Technology, September 2000.
12. Northern Territory Licensing Commission. *Reasons for Decision: Trial of Restriction of the Sale of Liquor in Alice Springs*. Darwin: Northern Territory Licensing Commission, 1st March 2002.
13. National Health & Medical Research Council. *Guidelines on Ethical Matters in Aboriginal and Torres Strait Islander Health Research*. NH&MRC: Canberra, 1991.